BioWeapons Prevention Project

MX report #4

Thursday 27th August 2009

The Third Day: cooperation and capacity building

The third day of the 2009 Meeting of Experts (MX) of the Biological and Toxin Weapons Convention (BWC/BTWC) opened on Wednesday morning with Ambassador Marius Grinius of Canada in the Chair. The day's conference room proceedings consisted of working sessions on selected themes, however these themes ended up somewhat intermingled. As in Tuesday's working sessions, each presentation was followed by a chance for delegates to ask questions. Many of the presentations were delivered by experts. This arrangement led to some slightly surreal moments, such as when a member of the German delegation giving a presentation was asked a question from the floor by another member of the German delegation!

Wednesday also saw the first presentation by a 'Guest of the Meeting' at the end of the morning's working session. Prof. Barry Kellman of the newly-formed International Security & Biopolicy Institute spoke on 'Surveillance and Detection for Promoting Compliance with the Prohibition Against BW'. An additional activity was a private meeting convened by the EU for experts on EU delegations to draft materials to be used as part of the BWC Joint Action efforts to promote submission of returns under the BWC's Confidence-Building Measures (CBMs) arrangements.

Scheduling the thematic working sessions

The morning's working session had been scheduled to started on the theme of 'Opportunities for international cooperation' which had been held over from Tuesday afternoon. As there was likely to be significant overlap with the following scheduled session on the theme of 'Specific capabilities and experiences in providing assistance for capacity-building; sources of assistance and mechanisms for promoting capacity building' it was decided to combine them into one session. Indeed, the selection of which of the two sessions to deliver any particular presentation within would have been relatively arbitrary in many cases as a number of presentations contained elements of both. The afternoon had been meant to be on the theme of 'Specific needs for capacity-building and challenges in dealing with disease' but there was a sufficient number of requests to make presentations on the morning themes that these continued into the afternoon. There was some further mixing of the scheduling of themes as some experts had to depart Geneva according to their original schedules and so certain presentations were brought forward to allow these experts to leave on time. The decision was taken to drop the discussion panel on Thursday morning on integrating responses as this subject had received substantial coverage in presentations with the hope that the time freed would enable the MX to return to its scheduled running order.

Presentations were made in the following order: Canada & Mexico, Argentina, Georgia & United States, Canada, Japan, Germany, Republic of Korea (x2), China, United Kingdom, the United States, [lunch break], Canada (x2), Georgia & United Kingdom, India, France, Japan, Germany, Kyrgyzstan & Canada, Iran, Indonesia and France.

As can be seen from the list, a number of joint presentations were made by partners cooperating on particular activities and some States Parties made more than one presentation. Owing to space limitations, the specific needs and challenges theme will be covered in tomorrow's report.

Cooperation opportunities and specific experiences

The diversity of activities described in the presentations indicates there are a variety of cooperation opportunities and experiences, from the state-to-state trilateral arrangements between Canada, Mexico and the United States to lab-to-lab cooperation. There was also a perceptible difference in emphasis on particular diseases with many donor states making specific reference to illnesses such as influenza while recipients stressed the impacts of diseases such as HIV/AIDS, malaria and tuberculosis – this difference in emphasis was more striking in corridor discussions.

The human factor was considered important. Equipment is useless without adequate training for personnel to use it and turnover of staff means training has to be on-going. This is a key factor in making assistance efforts sustainable. For effective capacity building, training has to go far beyond simply technical aspects of donated equipment. For example, the collaboration between the Bernhard Nocht Institute for Tropical Medicine in Germany and the Kwame Nkrumah University of Science and Technology in Ghana to form the Kumasi Centre of Collaborative Research in Tropical Medicine includes access to Hamburg University postgraduate programmes including sponsorship for two PhD students. Gender issues were also raised, not only in relation to access to higher education, but also as the capacity of a society as a whole to contain the spread of infectious disease is reliant on the levels of education and understanding of the causes of disease by the primary providers of care within families.

Within some donor countries capacity building falls within general development aid while for others there are specific progammes in this area. Japan, for example, has a Program of Funding Research Centers for Emerging and Reemerging Infectious Diseases (PFRC). A number of assistance activities are funded from counter-terrorism budgets of donors. Some recipients are also donors. For example, India both receives and provides capacity building assistance and now has a pan-African assistance project of its own.

Limitations to capacity go beyond the financial. The Director of the Pasteur Institute of Iran stated that transfer controls meant his researchers were unable to receive routine pathogens for research, such as those that cause tetanus, mumps or diphtheria.

Side events

There were two side events on Wednesday. The first was the provision of breakfast outside the main conference room by the Verification Research, Training and Information Centre (VERTIC) <http://www.vertic.org> an hour before the start of the working session. This provided an opportunity for informal discussions with delegates regarding VERTIC's 'National Implementing Measures' project.

The second side event was a lunchtime panel discussion, hosted by the United States on the subject of 'National Experiences and Response to H1N1'. Presentations were given by Dr Lalit Kant, Senior Deputy Director-General, Indian Council of Medical Research; Dr Ethel Palacios Zavala, Ministry of Health, Mexico; and Dr Andrea Olea, Head of the Surveillance Unit, Department of Epidemiology, Ministry of Health, Chile. The panel was chaired by José Fernández, US Department of Health and Human Services.

This is the fourth report from the Meeting of Experts for the Biological and Toxin Weapons Convention which is being held from 24 to 28 August 2009 in Geneva. The reports are designed to help people who are not in Geneva to follow the proceedings.

The reports are prepared by Richard Guthrie on behalf of the BioWeapons Prevention Project (BWPP) in co-operation with the Verification Research, Training and Information Centre (VERTIC). Copies are available via <http://www.bwpp.org/reports.html>.

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