

**Ninth Review Conference of the States Parties
to the Convention on the Prohibition of the
Development, Production and Stockpiling
of Bacteriological (Biological) and
Toxin Weapons and on Their Destruction**

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Item 10 of the provisional agenda

**Review of the operation of the Convention
as provided for in its Article XII**

Implementation of Article VII of the Convention

**Background information document submitted by the Implementation
Support Unit**

Summary

The Preparatory Committee decided to request the Implementation Support Unit (ISU) to prepare a background information document on the implementation of Article VII, to be compiled from information submitted by States Parties, (see BWC/CONF.IX/PC/10, paragraph 35(g)). The ISU duly requested submissions from States Parties, and all submissions provided to the ISU by 30 November 2022 are included in this document. Any further submissions from States Parties will be included in an addendum to this document. The information in this document is reproduced as submitted by States Parties, in some cases with minor editing. Information submitted in official languages other than English has been translated into English.



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Colombia

1. Article VII of the Biological Weapons Convention provides that:
“Each State party to this Convention undertakes to provide or support assistance, in accordance with the United Nations Charter, to any Party to the Convention which so requests, if the Security Council decides that such Party has been exposed to danger as a result of violation of the Convention.”
2. Compliance: Colombia has neither received any request to provide assistance under article VII, nor has it invoked that article itself to request assistance.

Finland

3. Finland has not been requested to provide assistance under Article VII, nor has it invoked Article VII to receive assistance. Finland is prepared to comply with Article VII should it be invoked.

Effective national network of cooperation and infrastructure

4. The Finnish Strategy to Secure Vital Functions of Society (2003 and 2006), as well as the Security Strategy for Society (2017) have defined vital functions of Finnish society and established targets and development policies that guide each administrative branch of the government in dealing with its strategic tasks. In 2017 Finland released its first national CBRNE Strategy. These strategies call for co-operation between each government sector in combating against new threats towards society. According to the Government Reports on Finnish Security and Defense Policy of 2004, 2009, 2012 and 2021 and the Government's Defense Reports 2017 and 2021 biological threats epidemics caused by infectious diseases were listed as one of the key threats affecting national security.
5. The Centre for Bio Threat Preparedness started operations in Helsinki in May 2005. The Centre combines Finnish scientific and laboratory know-how on biological defense, as well as on bio threat assessment and preparedness. The Centre has actively sought domestic and international collaboration, especially in the field of rapid detection and identification methodologies of selected biological agents. The Centre is composed of three units: the Biological defense Sector of the Finnish defense Forces, the Department of Infectious Diseases at the Finnish Institute of Health and Welfare (THL), and the Finnish Food Authority. Scientific work is carried out at biological safety laboratories with level up to BSL 3. In addition, the Centre functions within the Biomedicum Helsinki Institute, where work is carried out at the Research and Development Department of the Centre for Military Medicine (SOTLK).
6. The Deployable CBRN laboratory of the Finnish Defense Forces, is equipped with a deployable, diagnostic biological and chemical laboratory. The development of the laboratory was led by Army Staff in cooperation with the Defense Forces Technical Research Centre (now The Finnish Defence Research Agency) and the Centre for Bio Threat Preparedness, together with the Centre for Military Medicine. The Centre for Bio Threat Preparedness has established the biosafety, biosecurity and microbial identification requirements for the laboratory. Deployable CBRN laboratory was in the NRF Response Forces Pool (RFP) in 2012 and in the NRF Follow On Forces Group (FFG) in 2017. Parts of the Deployable Laboratory were deployed in the Mission to Remove Syrian Chemical weapons in 2013 – 2014.

France

7. Article VII of the BTWC provides that, "Each State Party to this Convention undertakes to provide or support assistance, in accordance with the United Nations Charter, to any Party to the Convention which so requests, if the Security Council decides that such Party has been exposed to danger as a result of violation of the Convention".

8. The implementation of this Article is recognized as a key obligation under the Convention. However as acknowledged by previous outcome documents and discussions in the BTWC, there is a lack of detailed procedures or mechanisms for its implementation. Thus there is a need to set up an effective way to facilitate provision of assistance to ensure a timely and adequate response to a situation involving the implementation of the provisions of Article VII. It is also essential to underline the concrete benefits of accession to the Convention.

9. It is widely recognized that international assistance should be considered in case of a biological outbreak, but this assistance would not necessarily need to be channelled through the BTWC, as the outbreak might not be due to a biological weapon. The provisions of Article VII refer to the specific situation in which the Security Council has decided that a State party has been exposed to a danger as a result of a violation of the Convention. However as noted in past Review Conferences, “in view of the humanitarian imperative, pending consideration of a decision by the Security Council, timely emergency assistance could be provided by States Parties, if requested”.

10. India and France submitted a proposal for the establishment of a database for assistance in the framework of Article VII at the 2018 BTWC Meeting of States Parties. The proposal is for the BTWC ISU to establish, administer and maintain a database on a secure web-based platform, open to all States Parties and to be hosted on the BTWC ISU website. The purpose of a database on Article VII would be solely to implement Article VII of the BTWC and allow matching specific offers and requests for assistance.

11. The proposal seeks to respond to the need for developing effective measures and coordination with relevant international organizations to respond to biological or toxin weapons occurrences, while providing benefits to States Parties in terms of awareness, information exchange, national and international preparedness, and capacity-building for such an event. Setting-up a database in the framework of the BTWC would not mean duplicating emergency assistance mechanisms already provided by regional or international organizations or bilateral arrangements. The database would include assistance in various forms including emergency assistance, containment measures and recovery assistance. The database would also serve as a concrete incentive for universalization of the Convention by providing a roadmap for operationalizing Article VII. The establishment of a voluntary trust fund under Article VII may also be considered.

12. The dedicated database could be established on the BTWC website and maintained by the ISU, along the same lines as the database established for assistance under Article X, but separate from it. Its purpose would be to provide for a confidential clearing-house tool for assistance requests and offers. It would be easily searchable and accessible to States Parties and could provide both for national points of contact, able to promptly examine demands in accordance with domestic procedures and/or for specific offers for assistance. These may include one or more of the following: expertise, information, protection, detection, decontamination, prophylactic and medical and other equipment that could be required to assist the States Parties in the event that a State Party is exposed to danger as a result of a violation of the Convention. The offers of assistance could emanate from States parties, individually or together with other States, as well as relevant international organizations. The database could also include agreed procedures for States Parties to seek and receive assistance. A regular update of information and resources available on the database would be essential.

Republic of Serbia

13. In order to respond to the obligation under Article VII, the Republic of Serbia is advancing its national preparedness to contribute to regional, as well as to the international response capacities.

14. The Centre for Nuclear-Biological-Chemical Defence (hereinafter the CBRN Centre) in Krusevac, in accordance with its purpose and mission, implements training tasks and courses in the field of CBRN, including the field of biological weapons and toxicology. Since its formation in 2007, the CBRN Centre has performed training and courses for the needs of the Ministry of Defence and Serbian Armed Forces, civilian institutions from the Republic

of Serbia, foreign countries' armed forces and organizations from abroad. The CBRN Centre has a toxicology ward, biological weapons department and toxicology department for the realization of theoretical classes for course participants, devices and kits for biological disinfection and decontamination of people and means, but is not in possession of devices for biological detection and identification.

15. The Republic of Serbia promoted the CBRN Centre as a national capacity that can be made available for regional and wider international needs. On this basis, three directions of further development of the Centre have been defined: national needs, needs of the countries of the region through the South East Europe Clearinghouse and as a Partnership Training and Education Center – PTEC.

16. Since 2016, the CBRN Centre has been carrying out the international course "Biological Weapons and Toxicology - Basic Course", which is designed as a course to which guest lecturers from the country and abroad are invited. The aim of the course is for participants to acquire basic knowledge of biological weapons and toxicology and to practice the use of means and military equipment for the protection against biological weapons, for biological decontamination and to get acquainted with techniques and methods for biological detection and identification. The course was successfully completed by 113 participants from 18 countries, as follows:

- In 2016, in the period from 24 to 28 October 2016: 21 participants from 9 countries (Kingdom of Spain - 2, Arab Republic of Egypt - 2, Republic of Macedonia - 4, Montenegro - 2, United States of America - 2, Republic of Belarus - 1, Kingdom of Norway - 2, United Arab Emirates - 4 and Italian Republic - 2). Instructors from Montenegro and the Republic of Macedonia were course participants and guest lecturers on the course.
- In 2017, in the period from 16 to 20 October 2017: 22 participants from 10 countries (Kingdom of Spain - 5, Hellenic Republic - 1, Hungary - 2, Italian Republic - 2, Republic of Cyprus - 2, Montenegro - 2, Czech Republic - 2, Arab Republic of Egypt - 2, People's Republic of China - 2 and United Arab Emirates - 2). Instructors from Montenegro were course participants and guest lecturers on the course.
- In 2018, in the period from 19 to 20 March 2018: 21 participants from 12 countries (Kingdom of Spain - 1, People's Democratic Republic of Algeria - 2, Hungary - 2, United States of America - 2, Republic of Cyprus - 2, Bosnia and Herzegovina - 1, Montenegro - 2, Czech Republic - 2, Arab Republic of Egypt - 2, People's Republic of China - 3, United Arab Emirates - 1 and Vinca Institute of Nuclear Sciences - 1). Instructors from Montenegro, the People's Liberation Army of China and the Vinca Institute of Nuclear Sciences were course participants and guest lecturers on the course.
- In 2019, in the period from 18 to 22 March 2019: six participants from five countries (Kingdom of Spain - 1, Hellenic Republic - 1, Russian Federation - 1, People's Republic of China - 2 and United Arab Emirates - 1). Instructors from the People's Liberation Army of China were course participants and guest lecturers on the course.
- In 2020, in the period from 9 to 13 March 2020: 16 participants from eight countries (Kingdom of Spain - 2, Hellenic Republic - 2, Italian Republic - 2, Republic of Cyprus - 2, Bosnia and Herzegovina - 2, United States of America - 4, Republic of Belarus - 1 and Republic of North Macedonia - 1). Persons from the Military Medical Academy, the Vinca Institute of Nuclear Sciences and one person from Bosnia and Herzegovina (also a course participant) were guest lecturers on the course.
- In 2021, in the period from 15 to 19 November 2021: ten participants from five countries (Italian Republic - 2, Republic of Cyprus - 1, Bosnia and Herzegovina - 2, Hungary - 3, Republic of Serbia - 2). Persons from the Military Medical Academy (2 lecturers), the Vinca Institute of Nuclear Sciences (1 lecturer), as well as one person from the COVID Hospital in Krusevac were guest lecturers on the course.
- In 2022, in the period from 14 March to 18 March 2022: 17 participants from 9 countries (Italian Republic - 2, People's Democratic Republic of Algeria - 2, United States of America - 2, Arab Republic of Egypt - 2, Republic of Slovenia - 1, Bosnia

and Herzegovina - 2, Montenegro - 2, Republic of North Macedonia - 2, Republic of Serbia – 2). Persons from the Military Medical Academy (2 lecturers), the Vinca Institute of Nuclear Sciences (1 lecturer), as well as one person from the COVID Hospital in Krusevac were guest lecturers on the course.

Saudi Arabia

1. The Kingdom of Saudi Arabia has not received any requests for assistance or support under article VII of the Biological Weapons Convention, nor has it requested assistance under that article.
2. The Kingdom of Saudi Arabia is willing to provide assistance or support under article VII, depending on available resources, should it receive any requests.

South Africa

3. The primary objective of Article VII is to provide or support assistance to a State Party that has been exposed as to danger a result of a violation of the Convention. Therefore, the purpose of the assistance provided in terms of this Article should be humanitarian in nature.
4. South Africa attaches great importance to Article VII and it was for this reason that a paper was drafted proposing a set of voluntary guidelines to assist a State Party when submitting a request/application for assistance. South Africa believes that the guidelines would assist with the implementation and operationalisation of this Article.
5. The guidelines are voluntary and it is the prerogative of the requesting State Party to decide whether or not to use the guidelines and provide additional information with the request for assistance. The information accompanying the request for assistance would be useful to States Parties in their consideration and preparation to provide assistance, however such information should not be a prerequisite for the provision of such assistance.
6. The following information could be useful when submitting a request for assistance:
 - (a) Name of the State Party.
 - (b) National Point of Contact of State Party.
 - (c) Date and place of first reported case. If there was a related event, a description of the event. To the extent possible, the date and time, when the alleged event(s) took place and/or became apparent to the requesting State Party and, if possible, the duration of the alleged event(s).
 - (d) Severity of the event. Number of cases and the number of fatalities, if any.
 - (e) Symptoms and signs – diagnosis if possible. Information on the initial treatment and the preliminary results of the treatment of the disease.
 - (f) A description of the area involved.
 - (g) All available epidemiological information.
 - (h) Actions taken to manage the outbreak.
 - (i) International organisations already involved in the provision of assistance.
 - (j) States already involved in the provision of assistance.
 - (k) Indications of why the outbreak is considered to be the result of a biological attack.
 - (l) Characteristics of the agent involved, if available.
 - (m) Types and scope of assistance required.
 - (n) Indication of any investigations conducted or being conducted.

- (o) Contact details for coordination of assistance if different from National Point of Contact.
- (p) Licensing requirements for health care personnel and measures to address such requirements.
- (q) Immigration processes for personnel and equipment for the provision of assistance.

7. It is proposed that a set of voluntary guidelines as above be developed and maintained at the ISU to aid a State Party, if required for the application for, and implementation of assistance in case of alleged use of biological weapons against it.

Sweden

8. Sweden has not received any request for assistance nor requested assistance under Article VII of the Convention.

I. International assistance

9. The Eighth Review Conference reaffirmed that the international community should be prepared to dispatch emergency assistance in case of use of bacteriological (biological) or toxin weapons, and also to provide assistance, including humanitarian and other assistance to the requesting State Party.”¹ Further, the Eighth Review Conference noted “the need for a procedure for assistance by which timely emergency assistance can be provided, including to better identify accessible information on the types of assistance that might be available in order to ensure prompt response and timely emergency and humanitarian assistance by States Parties, if requested in the event of use of biological weapons”².

10. Sweden has capabilities to provide and support international assistance. The Swedish Civil Contingencies Agency (MSB), tasked by the Swedish Government to develop national societal capability to prevent and handle crises, can also participate in rapid response crisis operations and support efforts aimed at strengthening crisis preparedness and recovery in other countries. MSB is the national contact point for the European Civil Protection Mechanism (ECPM) with the mandate to operate as a point of contact for international crisis assistance, from and to Sweden. MSB coordinates Swedish assistance and supports international coordination when other countries or UN organisations request support during crises and disasters. MSB has capability to assist with in-house expertise and resources, including solutions for basecamps, transport and logistics, communication, as well as command, control and coordination. Sweden hosts one of the rescEU stockpiles of medical reserve under the ECPM. The stockpile, financed by the EU, was established by MSB with support from the Swedish Defence Materiel Administration and the National Board of Health and Welfare. MSB can also mediate contacts to or mobilise resources from other national agencies. MSB, in accordance with the appropriation directions from the Swedish Government, continuously works to integrate gender equality aspects into international emergency operations.

11. In 2018 and 2020 Sweden, in addition to core funding to the WHO, allocated USD 3.4 and 3.8 million, respectively, to the WHO Contingency Fund for Emergencies (CFE). CFE provides the WHO with resources to respond rapidly to disease outbreaks and health emergencies, to help save lives, help prevent unnecessary suffering, reduce costs of controlling outbreaks and emergencies, as well as reduce wider social and economic impacts. In 2019, Sweden made a voluntary donation of USD 0.2 million to the WHO Health Security Interface Programme, with the aim to strengthen the capacity of the WHO to handle deliberate disease outbreaks.

¹ BWC/CONF.VIII/4 (VIII.VII.33)

² BWC/CONF.VIII/4 (VIII.VII.38)

12. Sweden has made substantial contributions to the global fight against the Covid-19 pandemic and its consequences. These contributions included in part core support to a number of organizations, such as WHO, Unicef and the Global Fund to Fight AIDS, Tuberculosis and Malaria, which helped enable them to modulate their activities to handle the pandemic. In addition, Sweden during 2020 and 2021, via the Ministry for Foreign Affairs and the Swedish International Development Cooperation Agency (Sida), donated more than USD 150 million to handle the pandemic. Resources were also made available to meet indirect consequences of the pandemic, and Sweden has contributed to the World Bank pandemic response in low- and middle-income countries. With respect to vaccines against Covid-19, Sweden has contributed with USD 250 million to Covax, of which USD 220 million will be paid over a 10-year period. Until May 2022 Sweden has donated over 14 million doses of Covid-19 vaccine. Examples of practical assistance include support from the Centre for Research on Health Care in Disasters at Karolinska Institutet, a WHO collaborating centre, which in 2020-2022 assisted the WHO in building capacity for intensive care of Covid-19 patients in Lebanon. The centre has also participated in the establishment of the WHO Emergency Medical Teams initiative, a mechanism for rapid distribution of medical personnel and for quality assurance of medical care. Furthermore, in October 2021, the rescEU stockpile hosted by Sweden was activated when 80 ventilators were dispatched to Latvia to support Covid-19 patient treatment.

13. Sweden complies with Article VII, also by supporting efforts to strengthen the United Nations Secretary General's Mechanism (UNSGM) to investigate allegations of biological weapons use. For details on recent Swedish activities in support of UNSGM, see the Swedish BTWC Compliance Report of 2022.

14. Sweden remains committed to strengthening global health security. This includes support for the implementation of the International Health Regulations. The Swedish Government and specialized government agencies contribute to dedicated activities on a regular basis, through bilateral and multilateral mechanisms. Sweden has for example contributed with external experts to a substantial number of Joint External Evaluations to support the assessment of IHR capacities in other countries. Sweden is also engaged in EU Joint Actions on topics to detect and respond to outbreaks. For example, in the SHARP Joint Action (Strengthened International HeAlth Regulations and Preparedness in the EU) the Public Health Agency of Sweden is leading a work package on Strengthening IHR Core Capacities and Analysis. The Public Health Agency of Sweden further contributes to global health security through international collaboration, both via bilateral collaboration with countries and as a partner in various regional and global programs and organisations. For example, the Government of Sweden and the Public Health Agency, together with the World Health Organization (WHO) country office for Somalia, assist the Federal Ministry of Health Somalia by providing support in establishing the National Institute of Health (NIH) Somalia (for further information, please see the Swedish BTWC Article X report of 2022).

15. Sweden is a member of the Global Partnership against the Spread of Weapons and Materials of Mass Destruction (GP). Sweden has participated in the work of the biosecurity sub-working group since its inception, with Sweden serving as co-chair for the group in 2019.

II. National preparedness

16. According to paragraph 40 of the Final Document of the Eight Review Conference, States Parties' national preparedness and capacities also contribute directly to international capabilities for response, investigation and mitigation of outbreaks of disease, including those due to alleged use of biological or toxin weapons.³

17. In Sweden, several authorities at national, regional and local level share responsibility for the prevention and handling of infectious disease outbreaks in humans. The Public Health Agency has the overarching responsibility for protection against contagious diseases and for coordination of disease control measures in humans. The Public Health Agency, as designated National IHR Focal Point with qualified experts accessible at all times, maintains

³ [BWC/CONF.VIII/4](#)

preparedness and response capacity at designated Points of Entry and reports on Sweden's IHR core capacities via the State Party Annual Report (SPAR). The Public Health Agency continuously follows the epidemiological situation concerning communicable diseases and especially those listed in the Communicable Diseases Act. Notifiable diseases must, according to Swedish law, be reported by diagnostic laboratories or treating physicians to the County Medical Officer and to the Public Health Agency. The Public Health Agency also conducts several other forms of surveillance, including through voluntary laboratory reporting of certain diseases, sentinel surveillance where a selection of physicians or clinics report on the prevalence of a disease, and syndromic surveillance by examining visitor statistics from geographical regions' websites for medical information. The Public Health Agency holds specialists in epidemiology, risk assessment, personal protection equipment and analysis of infectious disease agents, and diagnostic laboratories from lower levels of containment to biosafety level 4 (BSL-4).

18. The Swedish Board of Agriculture is responsible for preparedness, contingency planning and handling of infectious diseases in animals, and of pests in plants. In this, the Board cooperates with other authorities such as the National Veterinary Institute, the National Food Agency and the county administrative boards. The National Veterinary Institute has laboratory capacity for diagnosis of infectious agents in animals and animal feed, performs epidemiological investigations, maintains disease mitigation preparedness and supports government and private sector with expert advice. In addition, the Swedish University of Agricultural Sciences (SLU) contributes with scientific advice and technical support in relevant areas.

19. With the aim to further strengthen the national capability and capacity, four governmental agencies with responsibility for the national laboratory diagnostics of high-consequence pathogens, the Public Health Agency, the National Veterinary Institute, the Swedish Food Agency, and the Swedish Defence Research Agency, in 2007 formed Forum for Biopreparedness (FBD). FBD activities include harmonization of diagnostic methods, equipment, quality assurance protocols and biosafety practices between their BSL-3 laboratories and FBD also develops capacity for use of alternative reagents and methods, and thus continues to improve Swedish biopreparedness. Since 2017 the Swedish Armed Forces, and since 2019 the Swedish Police, have participated in FBD joint projects with the collective aim of further strengthening civil military cooperation and national biopreparedness capacity.

20. With respect to Sweden's preparedness to receive international assistance in the event of a major crisis, MSB has published information, together with guidelines on the subject, to assist relevant Swedish stakeholders.

Switzerland

21. In line with the requested background information for the Ninth Review Conference of the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction, in particular the request for background information on the implementation of Article VII as contained in document BWC/CONF.IX/PC/2, Switzerland submits the following report to States Parties:

22. No State Party has requested assistance from Switzerland under Article VII, nor has Switzerland invoked the provisions of Article VII to receive assistance.

23. Switzerland is ready to provide or support assistance under Article VII, provided that its general reservation related to its status as a neutral State is respected, i.e. its assistance within the framework of the Convention cannot go beyond the terms prescribed by that status.⁴ Switzerland has personnel, expertise, equipment and infrastructure available that could provide capacities in case of specific requests, depending on their exact nature.

⁴ To quote in full: "By reason of the obligations of its status as a perpetually neutral State, Switzerland is bound to make the general reservation that its collaboration within the framework of this Convention cannot go beyond the terms prescribed by that status. This reservation refers especially to Article VII of the Convention as well as to any similar clause that could replace or supplement that provision of the Convention (or any other arrangement)."

24. With regard to Article VII, Switzerland considers the United Nations Secretary-General's Mechanism for the Investigation of Alleged Use of Chemical and Biological Weapons (UNSGM) to be an important operational instrument. Switzerland nominated experts and a laboratory to the respective rosters of the UNSG and regularly updates the information provided. Swiss experts have engaged in numerous activities to strengthen the UNSGM, including specialized expert trainings, table-top exercises, field exercises as well as policy discussions and coordination efforts to further develop and operationalize the mechanism. Since 2015, Switzerland is regularly organising expert workshops geared towards the establishment and furthering of a functional network of trusted laboratories, composed of UNSGM nominated laboratories, for investigations of alleged use of biological and toxin weapons.

25. Regarding the outbreak of Ebola in Western Africa between 2013 and 2016, Switzerland supported Doctors without Borders (MSF-Suisse) in its work to combat the Ebola epidemic in Guinea, Liberia and Sierra Leone. Furthermore, the Swiss Humanitarian Assistance financed various direct actions of the Government of Liberia and sent personnel to the region. Also Spiez Laboratory contributed on site to the fight against the Ebola virus in Western Africa through its active participation in the European Mobile Laboratory (EMLab) project which is linked to WHO's Global Outbreak Alert and Response Network (GOARN). Renewed on-site assistance by Spiez Laboratory in support of redressing the sanitary situation in Guinea during the renewed Ebola outbreak of 2021 was coordinated through GOARN and EMLab. To fulfil its tasks, Spiez Laboratory relied on its expertise in quality assurance of specialized laboratories for the analysis and diagnosis of highly pathogenic agents (EQADeBa, QUANDHIP, EMERGE, SHARP) and toxins (EQuATox, EuroBioTox). Spiez Laboratory also takes part in WHO quality assurance exercises for pathogens that are within its area of expertise.

26. In the early days of the Covid-19 pandemic, Spiez Laboratory together with the Swiss Tropical and Public Health Institute (Swiss TPH) established a reliable and quality assured diagnostic test in Equatorial Guinea before the first case of Covid-19 was confirmed in the country.

27. In 2021, Spiez Laboratory became the first facility of the WHO BioHub system, the purpose of which is 1) the timely sharing of biological materials with epidemic or pandemic potential (BMEPP); 2) to facilitate rapid access and analysis of BMEPP to enable risk assessment and development of effective and safe countermeasures including diagnostics, vaccines and therapeutics; and 3) to ensure fair and equitable access to such products by all countries, based on public health needs. Furthermore, Spiez Laboratory is also a trusted laboratory of the International Committee of the Red Cross (ICRC).

28. Switzerland is an active member of the G7 Global Partnership against the Spread of Weapons and Materials of Mass Destruction. Swiss efforts particularly focus on the Biological Security Working Group and its Signature Initiative to Mitigate Deliberate Biological Threats in Africa.

United Kingdom of Great Britain and Northern Ireland

29. In line with the request for background information for the Ninth Review Conference of the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction, in particular the request for background information on the implementation of Article VII as contained in document BWC/CONF.IX/PC/2, the United Kingdom (UK) provides the following report to States Parties.

30. No State Party has requested assistance from the UK under Article VII, nor has the UK invoked the provisions of Article VII to receive assistance. The UK stands ready to provide or support assistance to any State Party that finds itself exposed to danger as a result of a violation of the treaty.

31. With regard to Article VII, the UK considers the United Nations Secretary General's Mechanism for the Investigation of Alleged Use of Chemical and Biological Weapons

(UNSGM) to be an important operational instrument. The UK has nominated experts and laboratories to the respective UNSGM rosters whose services could be called upon to assist in an investigation of alleged use of chemical, biological and toxin weapons. UK experts actively participate in UNSGM-related activities, including specialised training courses and exercises, as well as policy discussions aimed at further developing the operational effectiveness of the mechanism.

32. As noted in the Final Declaration of the 8th Review Conference, national preparedness and capacities contribute directly to international capabilities for response, investigation and mitigation of disease outbreaks. In 2018, the UK reported to States Parties about the establishment of its Public Health Rapid Support Team (UK-PHRST).⁵ Consisting of public health experts, scientists and academics, UK-PHRST is on stand-by to tackle outbreaks of infectious disease anywhere in the world within 48 hours. Deployment of UK-PHRST is at the invitation of the host government or in response to requests made by the World Health Organization (WHO) or by the Global Outbreak Alert and Response Network (GOARN). UK-PHRST also conducts rigorous operational research to improve epidemic preparedness and outbreak responses.

33. The 8th Review Conference Final Declaration also recognised capacity building at the national and international levels as the most immediate imperative for enhancing and strengthening the capacity of States Parties. To that end, during our term as President of the G7 Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP) in 2021, the UK prioritised biosecurity and in particular supporting and promoting the Signature Initiative to Mitigate Biological Threats in Africa which was launched in 2020. Together with our co-chair of the GP Biosecurity Working Group, Canada, the UK worked closely with African partners to reduce bio-threats through the aligning of GP activities with African countries working towards the same goals. The Signature Initiative has already delivered tangible results, including identifying four inter-connected priority areas for collective action - i) biosafety and biosecurity; ii) national frameworks; iii) surveillance and epidemic intelligence; and iv) non-proliferation. Each of these priority areas has a sub-working group that is co-led by a GP member country and a partner from Africa.

34. In November 2021, Africa Centres for Disease Control, the Governments of Canada and the UK, and representatives of the Government of South Africa convened a high-level virtual conference on 'Engaging Public Representatives in Biosecurity and Pandemic Preparedness' at which African decision makers and parliamentarians discussed key issues with biosecurity experts.⁶ A set of principles was agreed at the meeting.⁷ In line with Article VII, these principles include developing, applying and maintaining early warning and disease surveillance and detection capabilities that are needed to prevent, detect and respond rapidly to future outbreaks of infectious diseases, whether deliberate, accidental, or natural.

35. During this intersessional process, the UK has authored and co-sponsored a number of working papers concerning effective Article VII responses. These papers have particularly emphasised the range of the types of elements that are required in a response, as well as the importance of strong and collaborations with international organisations such as the WHO, OIE and FAO, and other partners. At various points during this intersessional period, we have also stressed the importance of effective command and control. The UKs continues to hold the view that strengthening operationalisation of assistance and response, and improving preparedness so that we might promptly detect and then respond to a biological event in an effective and co-ordinated manner, is of vital importance.

United States of America

36. The United States places great importance on Article VII of the Biological and Toxin Weapons Convention (BWC) and on the obligation of States Parties to provide assistance in

⁵ See The United Kingdom public health rapid support team concept, BWC/MSP/2018/MX.4/WP.2.

⁶ For a conference overview see <https://africabiosecurity.world-television.com/home/english>.

⁷ For details of the six principles see <https://www.gpwmmd.com/signature-initiative-principles-for-strengthening-biological-security-in-africa>.

response to a request made by any State Party that the United Nations Security Council has decided is “exposed to danger as a result of violation of the Convention.” Article VII of the BWC has never been invoked, but the United States stands ready to assist other Parties in such circumstances.

37. The international community’s recent experiences with COVID-19, not to mention other disease outbreaks such as African swine fever, monkeypox, Ebola, and wheat stem rust (Ug99) demonstrate how difficult it can be to respond and how fundamental it is for the international community to coordinate its response. As we continue to learn, our response to a biological event, whether naturally occurring, accidental, or deliberately caused, should be informed and preceded by as much evidence-based planning and preparation as practical. The operational and logistical challenges that many States Parties faced in responding to the COVID-19 pandemic are likely, for a variety of reasons, to be far more severe in the event of an intentionally caused outbreak, as discussed in past U.S. working papers on this topic. As a result, effective and pragmatic implementation of Article VII is essential for BWC Parties and the international community in general to mitigate the consequences of any future use of biological weapons.

I. International Cooperation and Assistance

38. The Final Document of the Eighth Review Conference noted that the then-recent Ebola outbreak had “underlined the importance of rapid detection and prompt, effective, and coordinated response in addressing outbreaks of infectious diseases.” The Review Conference recognized that such considerations would also be relevant in the event of use of biological or toxin weapons. In addition, the Review Conference noted that “States Parties’ national preparedness and capacities also contribute directly to international capabilities for response, investigation and mitigation of outbreaks of disease, including those due to alleged use of biological or toxin weapons.”

39. The United States has been a leader in building global health security capacity for decades and will continue to provide assistance to other States Parties to strengthen their national capacities to prevent, detect, and respond to infectious disease outbreaks and other biological threats. These assistance and cooperation activities fall under the provisions of Article X and are therefore described in more detail in the biennial U.S. report on implementation of Article X. However, many are also relevant for Article VII, in that they are designed to limit States Parties’ vulnerability to diseases, including those intentionally caused; increase the likelihood of rapid detection and prompt response; and strengthen national preparedness and capacity. Indeed, a key lesson from past cycles of outbreak and response is that the most impactful – and often the most cost-effective – assistance is frequently capacity-building assistance provided in advance of an event. This underscores an important synergy between these two articles of the Convention.

40. The United States has also provided assistance to countries affected by natural outbreaks of diseases, including COVID-19. Our 2020 working paper (BWC/MSP/2020/MX.1/WP.4) outlined our efforts to catalyze an end to the COVID-19 pandemic and enhance the international community’s ability to respond to future outbreaks, including by accelerating vaccine and therapeutics development and distribution, reducing mortality and morbidity, and building resilience. These efforts provide valuable lessons learned in considering our response if Article VII is ever invoked and the United States is called upon to provide assistance.

II. Addressing Barriers to Sharing and Receiving Assistance Under Article VII

41. The Eighth Review Conference also recognized that “there are differences among States Parties in terms of their level of development, national capabilities and resources, and that these differences may directly affect both national and international capacity to respond effectively to an alleged use of a biological or toxin weapon.” It may also be challenging for some States Parties to identify their needs for assistance, to provide assistance, or to receive

and use assistance provided by others. Many States Parties have made progress in identifying and addressing specific impediments to international preparedness and response; however, much work remains to overcome the legal, regulatory, and logistical impediments to the ability of governments to both provide and receive international assistance during health emergencies that have been identified in BWC discussions over the past several years. Having preparedness measures is not a prerequisite for a country to request assistance under Article VII, but they may well be necessary to be able to accept and make use of such assistance.

42. The 2018 U.S. working paper (BWC/MSP/2018/MX.4/WP.9) provides some examples of steps that States Parties and the international community can take to strengthen coordination and reduce barriers in the event of a health emergency. We are assisting over 40 countries and regional partners, including 19 countries which receive intensive U.S. support, to improve their ability to prevent, detect, and respond to infectious disease threats, in an effort to improve capacities around the world, thereby enhancing implementation of the International Health Regulations (2005) and our commitments to the Global Health Security Agenda. Other international stakeholders have taken a similar approach to identifying and addressing challenges to the deployment of international assistance that strengthens global health security.

43. It is imperative that States Parties also have the necessary domestic capabilities – including strong health systems, capacity for biosurveillance and medical research, legal and regulatory frameworks, and logistical capabilities – to respond efficiently and effectively to future biological events, whether they are deliberate, accidental, or natural in origin.

III. Article VII Proposals and the Way Ahead

44. One of the challenges for implementation of Article VII is that it cannot be formally triggered until a decision has been made that the Convention has been violated. Under some circumstances, such a decision could lag well behind the need for response. The Eighth Review Conference, recognizing this challenge and the humanitarian imperative of rapid response, encouraged States Parties to provide emergency assistance, if requested, in advance of such a decision. This was an important step and should be built upon. In particular, further development of measures to strengthen Article VII should be consistent with, and support, the voluntary provision of assistance at the earliest possible date, as well as the assistance obligations triggered by a finding that a State Party has been exposed to harm or the threat of harm due to a violation. The United States welcomes initiatives to strengthen Article VII and recognizes that several proposals have been under discussion throughout the intersessional process, such as those by South Africa and France and India. The United States appreciates the work by States Parties to refine and improve these proposals and looks forward to decisions on these matters in the Final Document of the Ninth Review Conference. We hope that these decisions will help to make assistance and response in the Article VII context something more than a commitment: an operational reality.
