

**Meeting 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**

10 July 2019

English only

2019 Meeting

Geneva, 3-6 December 2019

**Meeting of Experts on Cooperation and Assistance,
with a Particular Focus on Strengthening Cooperation
and Assistance under Article X**

Geneva, 29-30 July 2019

Item 9 of the provisional agenda

Promotion of capacity building, through international cooperation, in biosafety and biosecurity and for detecting, reporting and responding to outbreaks of infectious disease or biological weapons attacks, including in the areas of preparedness, response, and crisis management and mitigation

**Capacity Building through International Cooperation: The
British Medical Journal's Clinical Decision Support Training
Initiative**

**Submitted by the United Kingdom of Great Britain and Northern
Ireland**

I. Introduction

1. One of the topics under consideration by MX 1 each year is:
 - Promotion of capacity building, through international cooperation, in biosafety and biosecurity and for detecting, reporting and responding to outbreaks of infectious disease or biological weapons attacks, including in the areas of preparedness, response, and crisis management and mitigation.

Capacity building for an effective response to outbreaks of infectious disease is also relevant for the topics under discussion in MX 4, especially:

- The exploration of approaches by which States Parties, individually or collectively, might contribute to the strengthening of international response capabilities for infectious disease outbreaks, whether natural or deliberate in origin.

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2. The United Kingdom noted the synergies between Articles VII and X of the Convention in a Working Paper to the Eighth Review Conference Preparatory Committee.¹ The Chair elect of MX 4 for 2019 also recognised this point in his remarks to a recent international seminar.² In this context, the United Kingdom sees a clear benefit in helping to strengthen disease surveillance and associated systems in countries where existing capacities may be less well developed. A recently created training initiative led by the *British Medical Journal* (BMJ), summarised in this Working Paper, is of particular relevance. Representatives from the BMJ will provide a short presentation on the training initiative during this MX, and a demonstration will also be provided.

II. The British Medical Journal Clinical Decision Support Training Initiative

3. The BMJ Clinical Decision Support Training Initiative is the flagship global health programme of the BMJ. Its main objective is to build health system capacity and resilience through workforce development. Health professionals are the first line of defence when it comes to detecting infectious diseases. A robust and resilient health system will be better prepared to manage outbreaks regardless of their origin, whilst at the same time continuing to maintain core healthcare functions.

4. The initiative equips healthcare professionals with the BMJ's evidence-based resources to improve their ability to detect, diagnose and manage infectious and non-communicable diseases. BMJ Best Practice is a clinical decision support tool used at the point of care. It can be consulted online and offline via a mobile app. It features step-by-step guidance on diagnosis, treatment and prevention for over 1000 clinical conditions, including extensive coverage of infectious diseases, and is continuously updated to reflect the best available evidence. BMJ Learning incorporates modules in many specialties, including infectious diseases; it includes realistic scenarios, case-based problems and online assessments. Content on BMJ's continuing medical education platforms has been translated into several languages, including some specifically to support the initiative (Azerbaijani, Georgian, Russian, Ukrainian, and Vietnamese).³

5. At present, the Clinical Decision Support Initiative gives access to BMJ resources to over 12,500 registered doctors in Azerbaijan, Georgia, Iraq, Jordan, Ukraine and Vietnam. BMJ's online resources help doctors to:

- Make an initial diagnosis;
- Confirm that diagnosis, by means of checking differentials;

¹ BWC/CONF.VIII/PC/WP.14 - Articles VII and X: The Importance of Synergy. Submitted by the United Kingdom of Great Britain and Northern Ireland

² UNODA, GCSP, "Strengthening National, Sub-Regional and International Capacities to Prepare for and Respond to Deliberate Use of Biological Weapons" Report of the International Seminar "Rapid International Response to Biological Incidents: Lessons for the Biological Weapons Convention", Geneva, Switzerland 16 April 2019.

[https://www.unog.ch/80256EDD006B8954/\(httpAssets\)/8DCF2147C4B33CE9C12583FB00439EDE/\\$file/16+April+seminar+report-final_15052019.pdf](https://www.unog.ch/80256EDD006B8954/(httpAssets)/8DCF2147C4B33CE9C12583FB00439EDE/$file/16+April+seminar+report-final_15052019.pdf)

³ There are currently 10 variants of BMJ Best Practice. The numbers of translated topics are as follows: Russian: 414; Ukrainian: 374; Vietnamese: 347; Georgian: 318; Azerbaijani: 318; International English: 1038; US English: 1034; Chinese: 1009; Portuguese: 1008; Spanish: 200. For BMJ Learning, the numbers of translated topics are as follows: Russian: 143; Ukrainian: 125; Vietnamese: 90; Georgian: 136; Azerbaijani: 136; Chinese: 258; Brazilian Portuguese: 83.

- Give evidence-based information to patients and their families;
 - Alter their screening and prevention practices;
 - Modify treatment plans for patients who have a variety of diseases.
6. Further details and access to the training materials are available via a dedicated website at: <https://cds.bmj.com/about/about-cds-training-initiative/>
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