
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

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Item 8 of the provisional agenda

Biennial item: how to strengthen implementation of Article VII, including consideration of detailed procedures and mechanisms for the provision of assistance and cooperation by States Parties

International organizations that may be involved in the provision of and coordination of assistance relevant to Article VII

Submitted by the Implementation Support Unit

Summary

The Seventh Review Conference decided that in 2014 and 2015 States Parties will consider how to strengthen implementation of Article VII, including consideration of detailed procedures and mechanisms for the provision of assistance and cooperation by States Parties. At the request of the Chairman, the Implementation Support Unit has updated past background information papers on capacities in international organizations which might be relevant.

Introduction

1. If a State Party requests assistance under Article VII, several different international organizations might be involved in either assisting in, or coordinating, response efforts.
2. This background paper focuses on international organizations with an operational response capacity. It compiles information provided for this paper by international organizations with capacity that might be relevant to Article VII.
3. Only new or updated information has been included in this background paper, which should be read in conjunction with the paper submitted to the Meeting of Experts in 2014, (BWC/MSP/2014/MX/INF.1). The ISU contacted each of the organizations mentioned in

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background document BWC/MSP/2014/MX/INF.1 most of which said that the information provided in 2014 was still valid. In cases where an organization has yet to respond to a request for information, the ISU has used information from their websites.

World Organization for Animal Health (OIE) ¹

4. The OIE has the mandate to improve animal health worldwide and plays a key role at the intergovernmental level in mitigating risks from animal diseases, including zoonoses. The OIE is the intergovernmental body that has the responsibility for transparency of the global animal disease situation and for setting the International Standards required for prevention, detection and control of important animal diseases and zoonoses.

5. Countries which comply with OIE International Standards are able to detect infectious disease outbreaks quickly and respond to them effectively, whether they result from a natural occurrence, a laboratory accident, or an intentional release. However, such protection depends on the ability of Member Countries to comply with these existing International Standards. Unfortunately some countries are unable to fully comply with International Standards and are therefore at greater risk from biological threats. To mitigate the risk and impact from natural, accidental or deliberate introduction of animal diseases the capacity to implement existing methods of prevention, early disease detection, rapid response, and containment needs to be extended at national and international levels. The OIE is working with its Member Countries to improve the strength and governance of National Veterinary services worldwide. The framework for doing this is the OIE's Performance of Veterinary Services (PVS) programme. This framework provides tools to improve core competencies of the National Veterinary Services and to continuously monitor and evaluate performance against these core competencies. In July 2015, 133 out of 180 OIE Member Countries had requested or received support through PVS.

6. The OIE and its partners are committed to strengthening cooperation at the international, regional, and national levels to reduce biological threats. To mitigate disease risks at the human-animal interface, the OIE works closely with WHO and FAO. The OIE also works closely with organizations responsible for security and non-proliferation of biological weapons to mitigate biological threats from accidental or intentional releases. The mechanisms for detecting and responding to outbreaks of disease in animals are the same whether the origin of the outbreak is a natural event, an accidental release or a deliberate release. The threat from animal diseases being used as bioweapons is best mitigated by strengthening existing mechanisms for animal disease detection and control. The OIE promotes the strengthening of veterinary services worldwide so that Members are better able to comply with the existing international standards, have effective resources and legislation, and that they are governed properly. The OIE shares a common interest with its international partners in reducing biological threats from animal diseases, including zoonoses.

The International Federation of Red Cross and Red Crescent Societies (IFRC) ²

7. The IFRC is the world's largest humanitarian network that reaches 150 million people in 189 National Societies through the work of over 17 million volunteers. It is a constituent part of the International Red Cross and Red Crescent Movement, alongside the International Committee of the Red Cross (ICRC) and the 189 member Red Cross and Red Crescent Societies. The IFRC carries out relief operations to assist victims of disasters, and

¹ Updated information provided by the OIE as of 29 June 2015.

² Based upon information found by the ISU at: <https://www.ifrc.org/en>

combines this with development work to strengthen the capacities of its member National Societies. The IFRC's work focuses on four core areas: promoting humanitarian values, disaster response, disaster preparedness and health and community care.³

I. Health in emergencies⁴

8. Health and care activities in the IFRC include first aid and emergency response as well as epidemic control, programmes in health promotion and prevention, addressing stigma, providing psychosocial care and enabling community empowerment.

9. The prevention of disease and treatment of those affected are responsibilities shared by ministries of health, international agencies, non-governmental organizations and the communities themselves. Red Cross Red Crescent volunteers link people and communities with the vital help they need.

10. As with many health threats, behaviour change in affected communities is one of the vital ways of preventing disease and improving health in emergencies. Another is the provision of health care resources. The IFRC works on both fronts. While deploying many Emergency Response Units (ERUs) to support or replace overwhelmed health infrastructures, Red Cross Red Crescent volunteers and staff work in their communities to deliver relief supplies, provide guidance and help people adapt their lives and behaviour to protect their health.

II. International disaster response laws, rules and principles⁵

11. An international regulatory framework already exists to help States manage international aid, but it is still quite dispersed, internally contradictory and under-utilized. Moreover, few States have comprehensive rules and regulations in their domestic laws for facilitating and overseeing outside assistance. The IFRC and National Societies have developed a number of tools to assist States in addressing these gaps.

12. The IDRL Guidelines are a set of recommendations to governments on how to prepare their disaster laws and plans for the common regulatory problems in international disaster relief operations. They advise them as to the minimal quality standards they should insist upon in humanitarian assistance as well as the kinds of legal facilities aid providers need to do their work effectively. While responding to today's common problems, they are based on existing international legal and policy documents.⁶

13. The Guidelines recognize that it is first and foremost the responsibility of the government of the affected state to address the humanitarian needs caused by a disaster within its borders. The Guidelines also insist that international assistance providers be held responsible for abiding by certain minimum humanitarian standards in their disaster assistance. The Guidelines set out specific types of legal facilities or accommodations that governments should provide to assisting states and humanitarian organizations so that they

³ Based upon information found by the ISU at: <https://www.ifrc.org/en/who-we-are/vision-and-mission/>

⁴ Based upon information found by the ISU at: <https://www.ifrc.org/en/what-we-do/health/health-in-emergencies/>

⁵ Based upon information found by the ISU at: <http://www.ifrc.org/en/what-we-do/disaster-law/about-disaster-law/international-disaster-response-laws-rules-and-principles/>

⁶ Based upon information found by the ISU at: <http://www.ifrc.org/en/what-we-do/disaster-law/about-disaster-law/international-disaster-response-laws-rules-and-principles/idrl-guidelines/>

can do an effective job of responding to humanitarian needs. In order to lend some weight to the responsibilities of assisting humanitarian organizations in particular, the Guidelines encourage governments (to the extent permissible under international law) to condition the granting of legal facilities to these organizations on their commitment to, and ongoing compliance with, the minimal standards described.

III. IFRC's Response to Ebola⁷

14. The Red Cross response to the Ebola outbreak in West Africa in 2014 is built around five pillars:

(a) Safe and dignified burials: The Red Cross is undertaking safe and dignified burials in all Ebola-affected countries, ensuring that those who have died from the disease are treated with respect, while also ensuring the safety of communities. This is critical work, often performed by volunteers, and undertaken at the most dangerous time.

(b) Community education and engagement: Communities have a very large role to play in their own preparedness, and the Red Cross is helping to facilitate this with educational materials, health promotion and door-to-door visits in communities that may have to deal with the outbreak.

(c) Monitoring and contact tracing: Tracing the movements of those confirmed as infected can help prevent the spread of the disease and reassure those who might be worried they are going to get ill.

(d) Emotional and psychosocial support: providing robust and culturally aware emotional support; and reducing the stigma and discrimination that can arise when someone is suspected of having the disease, are priorities.

(e) Clinical case management: Ebola is a survivable disease, but relies upon patients having quick access to appropriate health services. In Kenema, Sierra Leone, the IFRC is operating a treatment centre with 60 beds. So far, the centre has treated over 200 people, with over 65 being discharged.

⁷ Based upon information found by the ISU at: http://www.ifrcmedia.org/ebola/?page_id=2