Address to the BWC 2019 Meeting of State Parties
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Thank you, Mr Chair. Please allow me to add my voice in congratulating you.

Through the adoption of its Constitution in 1946, the World Health Organization (WHO) considers that - and I quote - “[…] the health of all people to be fundamental to the attainment of peace and security”. To attain this goal, WHO is therefore dependent upon the [quote] “fullest cooperation of individuals and states”.

WHO has been involved, to some extent, with global health security since 1969. The World Health Assembly (WHA) resolution 22.58 declares the, “[…] necessity of achieving a rapid international agreement for the complete prohibition and disposal of all types of chemical and bacteriological (biological) weapons”.

As stated in the World Health Report 2007, our history has been continuously shaped by epidemics which have become more detrimental and damaging in the modern age in terms of health, economic, and societal impact.

Epidemic events are occurring more often, due to factors including rapid urbanization, intensive farming practices, incursion into previously uninhabited areas, environmental degradation, and the misuse of antimicrobials. The merging of risks is driving the emergence, intensification and globalization of biological agents.
The threats of a biological agent are further amplified by the high mobility, economic interdependence and digital interconnectedness that characterize our world today. Therefore, we can no longer rely on traditional defences - such as national borders - to protect against a disease or vector, nor the spread of fear amplified through a 24-hour news cycle. Strains on health systems result in stresses on economies and businesses worldwide.

Epidemic control, itself, has changed, requiring a multi-disciplinary, multi-level and multi-sectoral response and coordination.

Mr Chair,

Global public health security requires coherent and collective actions to develop the systems, networks, tools and interventions needed for the timely and effective management of epidemic risks and events. Global systems and networks that can manage and respond to these threats are needed alongside core infrastructure and capabilities in every country to detect, report and respond to public health risks at their source.

The world's ability to defend itself collectively against epidemics and other Public Health Emergencies has been strengthened since June 2007 when the revised International Health Regulations (IHR) (2005) came into force. The IHR (2005) is a legally binding instrument specifically designed to support the attainment of this goal. Implementing the IHR (2005) is a continued obligation for WHO and its Member States.

The IHR (2005) defines a risk management process where Member States work together - and through WHO - to collectively manage acute public health threats. Effective implementation of the IHR (2005) will protect international public health security by ensuring that events are detected early and that responses are appropriate and based on well-founded risk assessments. The international community should also be provided with timely and accurate information.
Finally, effective international assistance must be rapid in order to control threats at their source to reduce human suffering, economic and social losses.

The mandate given by the IHR (2005) identifies WHO's critical role for bringing together health and security concerns. WHA Resolutions, including WHA 54.14 and WHA 55.16, also advocate for WHO's involvement in acute risk/event management and strengthening public health systems to reduce the risk of biological events, regardless of their nature, whether accidental or deliberate.

In an effort to improve Member States’ core capacities for the implementation of the IHR (2005), the Joint External Evaluation (JEE) was developed. The JEE is a voluntary, collaborative, multi-sectoral process to assess a country’s capacity to prevent, detect and rapidly respond to public health risks occurring naturally or due to deliberate or accidental events.

Mr Chair,

With the IHR (2005), and the WHA resolutions 54.14 and 55.16, there is recognition of the necessity of a Health Security Interface within WHO. The concept of Health Security Interface applies to those public health activities whose performance involves the security sector at large. These activities may include: protection of health from existing and emerging diseases; deliberate events and public health investigation of alleged use of chemical and biological agents, including in non-permissive environments and armed conflict zones; and, health activities performed in collaboration with security actors.

The need to strengthen coordination in different country, health, and humanitarian emergency contexts was also emphasized by the Global Preparedness Monitoring Board in its 2019 report. This Board was established in 2018 and mandated to monitor global readiness to respond to outbreaks and other health emergencies.
In Recommendation 7 of its 2019 report, it clearly states that “The Secretary General of the United Nations, with WHO and UN OCHA, must strengthen coordination (...) by ensuring clear United Nations systemwide roles and responsibilities (...) and, enhancing United Nations system leadership for preparedness, including through routine simulation exercises.” It also recommends - as a progress indicator, - to conduct “at least two systemwide training and simulation exercises, including one for covering the deliberate release of a lethal respiratory pathogen” by September 2020.

Mr Chairman,

In conclusion, it is WHO’s belief that health consequences of the deliberate use of biological and toxin agents can best be managed by robust and resilient public health alert and response systems. WHO Member States and BTWC Member States already collaborate to strengthen capacities and global preparedness. WHO, its partners and global networks, will continue to support outbreak alert and response, especially in the face of new challenges, including by science and technology. It is not new structures that are needed, but rather, a commitment to international collaboration, transparency and technical excellence through, for example, the International Health Regulations.

Thank you for your attention.