ESTABLISHING REQUIRED CORE OPERATIONAL CAPABILITIES FOR IMPLEMENTATION OF ARTICLE VII/BTWC

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INTRODUCTION

> Article VII history – a brief recap
> Why Article VII is important
> Invoking Article VII
> Core elements – UK/Russia Working Paper 6
  - Procedures to initiate & mount a response
  - Scientific & Medical Aspects
  - Operational/Logistical
> Next steps in a BTWC context
ARTICLE VII

‘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.’
ARTICLE VII HISTORY: A BRIEF RECAP

> Article VII evolved from 1969 UK draft to final joint draft in September 1971
> Late addition as negotiations concluded: ‘exposed to danger’ is the key phrase in new Article VII version
> Neither BTWC’s negotiations 1968-71, nor any Review Conference Final Declaration offer any clarification of ‘exposed to danger’
> Negotiations show that ‘assistance’ means medical or relief assistance would be provided on request
> Never made clear how Article VII would be triggered
WHY ARTICLE VII IS IMPORTANT

> Generally neglected for much of the BTWC’s history
> Growing interest at Seventh Review Conference
> A special topic in 2012-2015 intersessional programme
> Impact of West Africa 2012-2014 EVD outbreak – lessons identified, but have they been learned?
> Recognition that event is deliberate may impact response
> Enhanced response capacities/capabilities could deter use
> If deterrence fails, effective mitigation could minimise impact & hasten recovery
> Cross-regional interest supportive of more effort
WHY ARTICLE VII IS IMPORTANT

Source: https://www.drlindseyfitzharris.com/2014/11/20/death-is-all-around-us-the-plague-pits-of-london/
INVOKING ARTICLE VII

> Likely that an event has already triggered a public health (or veterinary or phytosanitary response)
> May not be obvious that it’s a deliberate release – at least initially
> Can’t wait for UNSC to decide that a requesting state party ‘has been exposed to danger as a result of violation of the Convention’
> Capacities & capabilities for detecting, identifying, diagnosing & mitigating a natural outbreak of infectious disease essentially same as those required for a deliberate release
> So our efforts are not about creating a parallel response system
> But need to factor in different challenges e.g. operating alongside an investigation; operating in hostile environment/risk of further attacks
CORE ELEMENTS OF AN EFFECTIVE RESPONSE

> No single element addresses all requirements
> Integrated list of capacities & capabilities needed: both national & international
> Not just hardware, also need expertise & experience
> We are looking at three main areas:
  - Procedures to initiate & mount a response
  - Scientific & Medical Aspects
  - Operational/Logistical
> Ensuring sufficient funds are available to support a multifaceted response will be vital
PROCEDURES TO INITIATE & MOUNT A RESPONSE (1)

> Well populated BTWC Article VII Assistance & Cooperation database
> Clear format & guidelines setting out types of information that could be provided when seeking assistance
> Practical plans & procedures in place to initiate a response following assistance request:
  – addressing logistical challenges
  – temporary central coordinating body to direct, organise & deconflict response
> Harmonisation of humanitarian response & any parallel national/international law enforcement/investigative efforts
  – working relationships
  – information sharing
PROCEDURES TO INITIATE & MOUNT A RESPONSE (2)

> Ability to address rapidly regulatory issues on use of investigatory & licensed medicines to speed up entry into requesting state
> Address other potential barriers to providing assistance, including by providing personnel
> Effective command & control of a response encompassing national, NGO & international entities
> Periodic exercises to test & improve capabilities
SCIENTIFIC & MEDICAL ASPECTS (1)

> Availability of rapid, well-equipped & trained response teams with a broad range of expertise on call to provide assistance, assessment & advice

> Mobile diagnostic laboratory capabilities
  – safe & secure handling of RG3/4 biological agents
  – could be provided by temporary, ‘fixed’ laboratory capability

> Mobile treatment centres - appropriately equipped and staffed
> Provision of scientific & medical advice for a response team
  – during initial stages of initiating a response
  – via a reach-back capacity during mission
> Effective communication strategies for relaying health advice & for contact tracing
> Emergency medical evacuation capacities for response personnel
> Clear awareness of local cultural aspects, including funerary practices, & ability to consider these in the response
OPERATIONAL/LOGISTICAL

> A system to enable provision of donated equipment, individual protective equipment, collective protection & medical countermeasures

> Rapid airlift capacities for transport & distribution
  – medical countermeasures, decontaminants, protective equipment & other medical supplies
  – diagnostic capability – equipment, materials & reagents
  – transport of clinical samples to diagnostic laboratories

> Ability to sustain operations in field, potentially for several months

> Capacities to function in a non-permissive environment
NEXT STEPS IN A BTWC CONTEXT?

> Continued focus in MX 4 on Assistance, Response & Preparedness in 2019 & 2020

> Priorities include:
  
  – Progress on assistance database
  
  – Adoption of South African-proposed assistance request form
  
  – Further elaboration on core elements Working Paper
  
  – Looking afresh at organic relationship between measures on Article X for enhancing capacities relevant for Article VII
  
  – Identifying how effective command, control of an international response should function (c.f. UNMEER)
  
  – Developing a system to mount & sustain effective assistance