

# **Universalisation of the BTWC and its security benefits for East Africa**

**Dr Jean Pascal Zanders  
BioWeapons Prevention Project**

**Building Stakeholdership in the Prevention  
of the Hostile Use of Biology and Biotechnology**

**BWPP-ISS Seminar**

**Nairobi, 15–16 November 2007**

# The BTWC: Some basic facts

- Negotiation: 1969-71
- Opening for signature: 1972
- Entry into force: 26 March 1975
  
- Global membership (November 2007):
  - States parties: 159
  
  - Signatory states: 15
  - Non-signatory states: 21

**→ 36 non-states parties**
  
- 2007: 4 new states parties:
  - Gabon, Kazakhstan, Montenegro, Trinidad and Tobago

# Sub-Saharan Africa and the BTWC

- 29 States out of a total of 47 are **Party** to the BTWC
- 8 States **signed** the BTWC between 1972 and 1975, but **have not yet ratified** it
- 10 States have **neither signed nor acceded** to the BTWC

→ ***18 non-states parties in Africa***

# The BTWC in Southern and East Africa

- States Parties (11):
  - Botswana, Ethiopia, Kenya, Lesotho, Mauritius, Seychelles, South Africa, Sudan, Swaziland, Uganda, Zimbabwe
- Signatory States (5):
  - Burundi, Madagascar, Malawi, Somalia, Tanzania
- Non-Signatory States (6):
  - Comoros, Djibouti, Eritrea, Mozambique, Namibia, Zambia

→ **11 of 18 African States not party to the BTWC are located in East and Southern Africa**

# Status summary

- Africa is the most underrepresented continent
  - 18 out of 47 States are not yet party to the BTWC (= 38%)
- The Southern and East African region has the largest share of non-States Parties
  - 11 out of 18 non-States Parties (= 61%)
- Causes
  - Limited stakeholderhood in treaty among government agencies or in civil society
  - Limited human or fiscal resources: unwillingness to assume new international legal obligations
  - Internal political instability
  - Several states acquired independence after entry into force of the BTWC
    - No international organization to promote the convention
  - No acute biological threat perception

# Deliberate use of pathogens in Southern and East Africa

- **At least one country in the region had an active BW programme**
  - South Africa did not really pursue or acquire a military capability
  - Mostly assassination agents
  - Consideration of ethnic weapons (but failed)
  - Now known to have been terminated
  
- **Allegations of use in several countries in the region**
  - Use of naturally occurring toxins by indigenous tribes against colonial rulers
    - 1952: Mau Mau uprising: toxin derived from African milk bush against cattle (33 heads killed)
  - Attempts at assassination of political and human rights activists
  - Question of large anthrax outbreak in Rhodesia (Zimbabwe) in 1979
  
- **Many false conceptions of biological warfare or disease**
  - Origin of AIDS in Western weapon laboratories to target black population
  - Polio and other vaccines designed to render Africans infertile
  - Marburg in Angola: people attacked international aid workers in belief that they spread the disease
  - Etc.



# Endemic diseases in Southern and East Africa

- **Over 50% of endemic pathogens in Southern & East Africa have been researched as potential BW, including causative agents of**
  - Anthrax
  - Brucellosis
  - Cholera
  - Ebola
  - Plague
  - Q Fever
  - Rift Valley Fever
  - [Smallpox]
  - Yellow Fever
  - Etc.
  
- **Many other indigenous diseases of interest for BW programmes**
  - Emerging and re-emerging diseases
  - Anti-plant agents



# The threat comes in many faces

- Mass-casualty terrorism has hit the region
  - Hotel bombings in Kenya & Tanzania
  - Attempts to shoot down passenger planes taking off
  
- Conflicts, economic disruption and high disease burden make region extremely vulnerable to deliberate disease
  
- Sampling of indigenous diseases
  - Japanese cult Aum Shinrikyo went to Zaire to collect haemorrhagic fever virus under the guise of humanitarian assistance
  
- BW attacks can be prepared on the territory of one state, and executed in another part of the region or world
  - Question of pathogen control
  - Cross-border cooperation and controls

# Security benefits from joining the BTWC – 1

## ■ **Contribution to threat reduction**

- Closing of gaps in the international network against biological weapons
  - Territory cannot be used for illicit activities by terrorists or criminals
  - Benefits one's own country
  - Benefits other states, particularly neighbours and other ones in the region
- BTWC implementation
  - Gives ability to prevent incident from happening (e.g., apprehension of terrorists before incident)
  - Promotion of transparency and accountability by relevant research institutes, industry and other facilities
- International cooperation for dealing with BW threats becomes possible

## Security benefits from joining the BTWC – 2

- **Contribution to national health security (also for natural disease!)**
  - Participation in (the development of) programmes for disease surveillance
  - Improvement of oversight (biosafety & biosecurity)
  - Improvement of health infrastructure
    - Contribution to capabilities to deal with emerging and re-emerging diseases
  
- **Opportunities for international cooperation**
  - Learning from the experiences from other States Parties to the BTWC
    - Importance of communication about disease outbreaks
  - Possibilities of bilateral assistance and cooperation to address their specific needs
  - Possibilities for scientific exchanges

# BioWeapons Prevention Project



#On the web

[www.bwpp.org](http://www.bwpp.org)

#E-mail

[bwpp@bwpp.org](mailto:bwpp@bwpp.org)