



4 December 2011

**Civil society preparations for the Seventh BWC Review Conference  
("BWPP Online Discussions")**

**The BWC and Public Health at the Seventh Review Conference**

*Summary of the BWPP online discussion on "What place should public health issues have in bioweapons control forums?" (Martin Dirksen-Fischer, David P. Fidler, Simon Rushton), available at <http://www.bnpp.org/revcon-securitization.html>, prepared by David P. Fidler.*

**Introduction**

The incorporation of public health into the BWC process has reached an inflection point that offers BWC States Parties a choice at the Seventh Review Conference between repeating increasingly empty platitudes about the BWC-public health linkage or demonstrating BWC-driven commitment to public health. The novelty of recognizing public health as relevant to the biological weapons threat has worn off, leaving growing skepticism whether the BWC process should continue to include public health issues. Without some demonstration that the BWC process has added or can add value to public health's responsibilities to respond to serious disease events, then the public health community should look elsewhere for support for its security-relevant missions.

**Skepticism rising**

The main argument for bringing public health into the BWC process, as happened after the Fifth Review Conference in inter-sessional meetings focused on infectious disease surveillance and response, was that this shift would mutually benefit biological weapons control and public health. In short, improvements made to surveillance and response against biological weapons threats would benefit public health's efforts to address naturally occurring infectious diseases, and vice versa. However, doubts about the persuasiveness of this argument have multiplied since the BWC process began to incorporate public health. Skepticism is growing in a number of areas, including:

- Whether the BWC process offers much utility for dealing with the threat of bioterrorism. The main driver behind including public health in the BWC process was fear of bioterrorism. But, as the BWPP online discussion on bioterrorism and the BWC (available at <http://www.bwpp.org/revcon-bioterrorism.html>) demonstrates, the BWC was not designed to address bioterrorism and has not emerged as a cutting-edge forum for preventing, protecting against, and responding to bioterrorism. With the BWC's importance for defence against bioterrorism in question, a cloud hangs over the main reason why BWC States Parties began to discuss public health.
- Whether the BWC process can effectively address public health concerns created by increased research on dangerous pathogens stimulated by biodefence strategies. The surge in interest in biodefence research creates public health concerns related to inadequate biosafety and biosecurity regulations in research facilities and the use of scarce resources for research of little to no value for public health. The BWC permits biodefence research, but the treaty has no mechanism to verify that such research remains within limits set by the treaty. Nor does discussion of biosafety and biosecurity within the BWC process appear to have contributed much to the strengthening of regulatory regimes (see BWPP online discussion on biosecurity, available at <http://www.bwpp.org/revcon-biosecurityrole.html>). Thus, the BWC process does not provide public health with much confidence that its concerns about the resurgence of biodefence will be adequately addressed.
- Whether the BWC process has provided the public health community with any tangible benefits in terms of surveillance and response capacity. The security importance of public health also appeared outside the BWC, as illustrated by national measures taken to protect against bioterrorism and the strategy of global health security implemented by the World Health Organization through the International Health Regulations (2005) (IHR (2005)). Improvements to disease surveillance and response capacities can be attributed to these other policy developments, but, absent better evidence, it is not clear whether including public health in BWC discussions has led to any direct, concrete actions to improve surveillance and response capabilities. In this light, why public health authorities should value the BWC process is increasingly unclear when other venues offer more promise.
- Whether the “securitization” of public health produces sustainable benefits for public health across this sector’s expanding but resource-starved responsibilities. The incorporation of public health issues into the BWC process forms only part of a larger effort to make public health more important to national and international security. The wisdom of this securitization effort is increasingly challenged. The argument that framing certain public health problems as security threats could improve responses and create synergies for addressing other problems has always been questioned. But, with more evidence to review as years have passed, skepticism is mounting. Public health practitioners, in particular, often perceive that security arguments warp priorities disproportionately in favor of a subset of disease threats and developed-country interests while failing to generate adequate resources for these privileged problems, let alone producing “spill over” benefits for other public health areas in need of human and economic capital, especially in developing countries.

Bluntly, these doubts about linking public health and security suggest that the BWC process is not needed to address disease threats of security concern, has not addressed the surge in biodefence activities effectively, has not produced tangible benefits for public health, and contributes to a policy direction that undercuts public health’s broad missions and mandates.

## Recommendations for the Seventh Review Conference

In this context, continued references to, and discussions about, public health's importance during review conferences and inter-sessional meetings will increasingly amount to ritualized "boilerplate" that is easy to recycle and just as easy to do nothing serious about within BWC diplomacy. To avoid this outcome, the Seventh Review Conference could address the central question of how the BWC process can contribute directly and effectively to the task of building public health surveillance and response capabilities globally.

This step would require, first, having States Parties identify specific activities undertaken directly because of BWC attention on public health and the resulting contributions from such activities. At the moment, no good information exists to separate BWC-led contributions from non-BWC efforts (e.g., within WHO), making it impossible to assess whether the BWC can serve as a platform for collective action directly supporting development of public health surveillance and response capabilities. The need for such support is manifest, as illustrated by the warning in May 2011 from the Review Committee of the IHR (2005) that the world is ill-prepared to respond to serious global public health emergencies.

Second, the Seventh Review Conference could establish a process designed to produce an action plan on BWC-based collaborative efforts to strengthen public health, especially surveillance and response capabilities. This action plan could form part of initiatives to strengthen cooperation under Article X of the BWC (see BWPP online discussion on Article X, available at <http://www.bwpp.org/revcon-articlex.html>). The process should involve appointing an independent group of experts to assess progress on the action plan. Including more serious BWC commitment to improving biosafety, biosecurity, and bioforensic regimes and capabilities in the action plan would respond to public health worries about expanded biodefence research, but such a move would not address the major public health concern that the biggest problem is the expansion of research involving dangerous pathogens itself. Thus, for public health, strengthening biosafety, biosecurity, and bioforensic capabilities elides the root causes of its concerns with expanding biodefence.

The impact of these recommended steps for the Seventh Review Conference depends, ultimately, on the willingness of developed BWC States Parties to use the BWC process to improve global health surveillance and response capabilities with actions and not just rhetoric. Recent events suggest that such willingness is not on the horizon. The fiscal crises facing developed countries, especially the United States and countries in the Euro zone, mean that significant new political and financial commitments for beefing up disease surveillance and response globally will not be forthcoming. The biggest player, the United States, announced in October 2011 an agreement to work with WHO to strengthen global health security (including helping developing countries build the core surveillance and response capabilities required by the IHR (2005)), but the United States did not need the BWC process to move in this direction—another indication that the real action for public health in security terms lies outside the BWC for the foreseeable future.

## Conclusion

The Seventh Review Conference can groove more deeply a pattern of politically correct "boilerplate" about public health's importance in BWC diplomacy, or it can take meaningful steps to make the BWC process a serious platform for responding to the needs of public health in terms of strengthening surveillance and response capabilities. Unfortunately, the current context is not conducive to launching new BWC initiatives that require significant political commitment and financial resources. At a time when the most high-profile global health effort—the fight against HIV/AIDS—is entering a funding crisis that threatens the last decade of

progress on this pandemic, why BWC States Parties would use the Seventh Review Conference to pivot the BWC towards greater commitment to broad-based public health capabilities is not clear. Thus, the likely outcome is more rhetorical support for public health without serious BWC-based initiatives to contribute directly to building much needed surveillance and response capacities—an outcome that should encourage security and public health practitioners to continue to look outside the BWC process for more promising paths for collective action on public health.