Submission for Inclusion in Background Information Document on Implementation of Article VII of the Convention

United States of America

1. The United States places great importance on Article VII of the Biological and Toxin Weapons Convention (BWC) and on the obligation of States Parties to provide assistance in response to a request made by any State Party that the United Nations Security Council has decided is “exposed to danger as a result of violation of the Convention.” Article VII of the BWC has never been invoked, but the United States stands ready to assist other Parties in such circumstances.

2. The international community’s recent experiences with COVID-19, not to mention other disease outbreaks such as African swine fever, monkeypox, Ebola, and wheat stem rust (Ug99) demonstrate how difficult it can be to respond and how fundamental it is for the international community to coordinate its response. As we continue to learn, our response to a biological event, whether naturally occurring, accidental, or deliberately caused, should be informed and preceded by as much evidence-based planning and preparation as practical. The operational and logistical challenges that many States Parties faced in responding to the COVID-19 pandemic are likely, for a variety of reasons, to be far more severe in the event of an intentionally caused outbreak, as discussed in past U.S. working papers on this topic. As a result, effective and pragmatic implementation of Article VII is essential for BWC Parties and the international community in general to mitigate the consequences of any future use of biological weapons.

International Cooperation and Assistance

3. The Final Document of the Eighth Review Conference noted that the then-recent Ebola outbreak had “underlined the importance of rapid detection and prompt, effective, and coordinated response in addressing outbreaks of infectious diseases.” The Review Conference recognized that such considerations would also be relevant in the event of use of biological or toxin weapons. In addition, the Review Conference noted that “States Parties’ national preparedness and capacities also contribute directly to international capabilities for response, investigation and mitigation of outbreaks of disease, including those due to alleged use of biological or toxin weapons.”

4. The United States has been a leader in building global health security capacity for decades and will continue to provide assistance to other States Parties to strengthen their national capacities to prevent, detect, and respond to infectious disease outbreaks and other biological threats. These assistance and cooperation activities fall under the provisions of Article X and are therefore described in more detail in the biennial U.S. report on implementation of Article X. However, many are also relevant for Article VII, in that they are designed to limit States Parties’ vulnerability to diseases, including those intentionally caused; increase the likelihood of rapid detection and prompt response; and strengthen national preparedness and capacity. Indeed, a key lesson from past cycles of outbreak and response is that the most impactful – and often the most cost-effective – assistance is frequently capacity-building assistance provided in advance of an event. This underscores an important synergy between these two articles of the Convention.
5. The United States has also provided assistance to countries affected by natural outbreaks of diseases, including COVID-19. Our 2020 working paper (BWC/MSP/2020/MX.1/WP.4) outlined our efforts to catalyze an end to the COVID-19 pandemic and enhance the international community’s ability to respond to future outbreaks, including by accelerating vaccine and therapeutics development and distribution, reducing mortality and morbidity, and building resilience. These efforts provide valuable lessons learned in considering our response if Article VII is ever invoked and the United States is called upon to provide assistance.

**Addressing Barriers to Sharing and Receiving Assistance Under Article VII**

6. The Eighth Review Conference also recognized that “there are differences among States Parties in terms of their level of development, national capabilities and resources, and that these differences may directly affect both national and international capacity to respond effectively to an alleged use of a biological or toxin weapon.” It may also be challenging for some States Parties to identify their needs for assistance, to provide assistance, or to receive and use assistance provided by others. Many States Parties have made progress in identifying and addressing specific impediments to international preparedness and response; however, much work remains to overcome the legal, regulatory, and logistical impediments to the ability of governments to both provide and receive international assistance during health emergencies that have been identified in BWC discussions over the past several years. Having preparedness measures is not a prerequisite for a country to request assistance under Article VII, but they may well be necessary to be able to accept and make use of such assistance.

7. The 2018 U.S. working paper (BWC/MSP/2018/MX.4/WP.9) provides some examples of steps that States Parties and the international community can take to strengthen coordination and reduce barriers in the event of a health emergency. We are assisting over 40 countries and regional partners, including 19 countries which receive intensive U.S. support, to improve their ability to prevent, detect, and respond to infectious disease threats, in an effort to improve capacities around the world, thereby enhancing implementation of the International Health Regulations (2005) and our commitments to the Global Health Security Agenda. Other international stakeholders have taken a similar approach to identifying and addressing challenges to the deployment of international assistance that strengthens global health security.

8. It is imperative that States Parties also have the necessary domestic capabilities – including strong health systems, capacity for biosurveillance and medical research, legal and regulatory frameworks, and logistical capabilities – to respond efficiently and effectively to future biological events, whether they are deliberate, accidental, or natural in origin.

**Article VII Proposals and the Way Ahead**

9. One of the challenges for implementation of Article VII is that it cannot be formally triggered until a decision has been made that the Convention has been violated. Under some circumstances, such a decision could lag well behind the need for response. The Eighth Review Conference, recognizing this challenge and the humanitarian imperative of rapid response, encouraged States Parties to provide emergency assistance, if requested, in advance of such a decision. This was an important step and should be built upon. In particular, further
development of measures to strengthen Article VII should be consistent with, and support, the voluntary provision of assistance at the earliest possible date, as well as the assistance obligations triggered by a finding that a State Party has been exposed to harm or the threat of harm due to a violation. The United States welcomes initiatives to strengthen Article VII and recognizes that several proposals have been under discussion throughout the intersessional process, such as those by South Africa and France and India. The United States appreciates the work by States Parties to refine and improve these proposals and looks forward to decisions on these matters in the Final Document of the Ninth Review Conference. We hope that these decisions will help to make assistance and response in the Article VII context something more than a commitment: an operational reality.