



# **IMPLICATIONS AND LESSONS LEARNED FROM THE EBOLA VIRUS DISEASE OUTBREAK FOR THE BIOLOGICAL WEAPONS CONVENTION**

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## **Introduction**

On 7 August 2015, the United Nations Institute for Disarmament Research and the Implementation Support Unit of the Biological Weapons Convention (BWC) hosted a day-long meeting to discuss the implications and lessons learned from the Ebola outbreak in West Africa for the BWC. The meeting was attended by a mix of representatives from governments, international organizations (IOs), and 6 non-governmental organizations (NGOs).

Last year, a number of BWC States Parties stressed the importance of learning from the Ebola outbreak response in order to strengthen Article VII of the Convention. This, however, raised a critical question: would the organizations and entities that the world relied upon to stop a naturally occurring event respond to a suspected or confirmed deliberate event? And, as the global community examines how to improve effective and efficient response capacities, are there specific considerations the BWC community should be examining to ensure appropriate frameworks and capacities are in place for response to deliberate events?

The agenda for the meeting and the questions examined were informed in part by an ongoing research project undertaken by the US Health and Human Services and State Departments. The United States presented preliminary findings at the meeting from interviews with IOs and NGOs that were involved in the response to the 2014 outbreak. Interviewees were asked to describe how their organizations would have responded to a fictional scenario in which a non-state actor claims responsibility for new cases of Ebola in an adjacent geographical area with a previously unexposed population. The scenario was complicated by the fact that the location of some of the new cases were in a region of the country not controlled by the national government, thus raising additional security concerns. Issues identified in interviews fell into several broad categories, which served as the basis for the meeting's breakout sessions.

## **Breakout Discussions**

### ***Military Engagements***

In the working group on the role of military forces in the response to a potential deliberate event numerous countries stressed the need to abide by international law, notably international humanitarian law, and that international military forces would need a broadly accepted legal framework and mandate to respond to a potential deliberate event. There is a clear need for more training and capacity building: both to facilitate civil–military interaction in the response to public health emergencies, as well as country-level capacity building of public health ministries and other relevant sectors so that military involvement becomes less problematic and easier to define. The role of militaries would differ depending on whether or not the event was one of national, regional or global significance, and whether or not national or international military deployments were under consideration. Military logistical and organizational capabilities are potentially of great benefit in responding to a deliberate event. Several participants stressed, however, that use of military forces in other capacities (such as contact tracing, or providing security for those conducting contact tracing) could prove counterproductive as it could serve to increase levels of apprehension and decrease cooperation in affected communities. This would be further complicated if the outbreak were in a conflict zone, where military forces might be perceived or suspected to have military objectives in addition to their public health/emergency response role.

### ***Command and Control***

Reflecting on collective experiences responding to Ebola in West Africa, participants emphasized the importance of strong command and control structures to enable the coordination of the multiple actors (including States Parties, IOs, and NGOs) as an important condition for effective response to a deliberate event. Participants conveyed that, by default, the affected State would have primacy to lead the response and that, to be effective, adequate political acknowledgment of the command and control framework established is fundamental. Additionally, participants recognized that there would likely be multiple levels of command and control (e.g., local, regional, global, etc.) and that any framework would be significantly influenced by assessments of threat and risk following the deliberate event. Lastly, participants warned that response to Ebola in West Africa illustrated a lack of effective command and control structures to support response efforts even to a natural outbreak and therefore that it would be ill-advised to plan to leverage such frameworks for response to an intentional event.

### ***Safety and Security of Medical Personnel***

The breakout group on the safety and security of responding personnel discussed both actual experiences in Ebola and other settings, as well as during a hypothetical deliberate event. Participants noted that there was confusion about who was responsible for protection of different workers and different groups. Although most of the technical elements of a response would be the same as in a natural outbreak, the risk calculation for some responders in a deliberate event would be different. For example, it would be beneficial to consider consolidating some facilities to improve physical protection. Any team involved in an attribution investigation should be as small as possible and kept separate from the medical responders, to avoid confusion and suspicion in the local population.

Participants noted that prior training and preparation, such as preparing in advance MOUs for cooperation, would be beneficial.

### ***Interactions between IOs and NGOs***

Similar to the response in West Africa, participants believed that NGOs would likely be on the scene before IOs, and perhaps even before the event itself. According to participants, although there are multiple examples of collaboration between IOs and NGOs to support Ebola response (e.g., burial management, infection protection and control, contact tracing), such arrangements took too long to be established and, for the most part, consisted of information exchange with limited operational value. Reflecting on the implications of the different constituencies, missions, and risk tolerances that drive IO and NGO decision-making, and concluding that NGOs would likely have more flexibility than IOs regarding whether to respond to a deliberate event or not, participants considered which IOs and NGOs would be most likely to engage in response to a deliberate event. Specifically, participants from NGOs expressed concern that some IOs are less open to NGO collaboration and that, depending on the scenario, coordination with military entities can be more difficult for NGOs seeking to remain independent and impartial. Moving forward, these participants suggested that an inquiry into which IOs might be most involved in responding to a deliberate event and a review of the role of the UN cluster system to support response would be of value.

### ***Interactions Between Humanitarian Response Efforts and Investigations of Use/Alleged Use***

The breakout group on interactions between response actors and investigations seeking to confirm or attribute intentional use suggested that for the response community, such cooperation might pose serious trade-offs that would require careful consideration, as well as posing practical challenges. While some responders might have access to medical, epidemiological, and other information that could be useful in an investigation, such cooperation could jeopardize confidence and trust in their impartial standing, as well as confidentiality obligations. Moreover, many participants felt that cooperation with an investigation (especially an investigation aimed at attribution) could put their personnel at risk. Some suggested that the mere undertaking of an investigation, could pose such a risk even for non-cooperating entities. Participants also observed that, in formal terms, the BWC might have a role in both investigation (via Article VI) and the coordination and provision of assistance (Article VII) but that, in practical terms, it lacked the functional capacity to coordinate with other relevant organizations and thus would be unable to play a significant operational role in either area. It was noted that IOs and international mechanisms have a range of practices and rules concerning interaction with non-governmental entities and the use of information from non-official sources. This could pose an additional challenge to information sharing.

### ***The Role of International Cooperation and Capacity-Building Efforts***

The breakout group on implications for Article X began by noting that, in spite of the different approaches taken by countries, the need for rapid, transparent communication between all parties was critical across the board in a deliberate event. There were some concrete capacities whose reinforcement would support both public health as well as non-proliferation goals, such as laboratory capacity, communications and data management, and stockpiles of essential medicines. In a conflict setting, impaired logistics and communication

would pose particular challenges, as would the persistence of a security threat from a non-state actor. The BWC could be strengthened by making Article VII more operationally effective; this might require strengthening the ISU so that it can take on a larger scope of responsibility under the BWC.

## **Summary**

The discussions underscored the complexity of international response to a deliberate event, especially in the context of a larger humanitarian response to an outbreak, and suggested a number of issues that merit further exploration. They also illustrated the importance of information sharing, capacity building, and coordination between the humanitarian response and BWC communities to the goal of prompt, effective international response to a large-scale biological weapon incident.