

**Statement by Professor Akin Abayomi of the Stellenbosch University Faculty of
Medicine on behalf of the GET Consortium
to the Biological and Toxin Weapons Convention (BWC)
Meeting of State Parties (MSP), UN Geneva.**

14 December 2015.

Mr Chairman and Distinguished Representatives,

It is a great honour indeed to be invited to make a Statement to the Meeting of the States Parties of the Biological and Toxin Weapons Convention which I am doing on behalf of the Global Emerging Pathogens Treatment Consortium also known as the **GET** consortium. The **GET** Consortium was established at the height of the Ebola outbreak in August 2014 in Lagos to bring together medical, governance and project management experts from all the geopolitical regions of Africa, as an indigenous multi-sector response mechanism to biological threats on the Continent.

The Consortium is currently comprised of over 70 African experts from diverse backgrounds, working with international collaborators and with offices registered in Nigeria, Ghana, Sierra Leone and the USA. It functions now as a think tank and implementation organ that has the goal of providing recommendations on strategies and policies to Governments, establishing research and building capacity through carefully prioritized culturally sensitive initiatives. Thus creating an enabling environment in Africa to respond and prepare in a harmonized fashion for Ebola and other dangerous pathogen outbreaks or biological attacks.

Mr. Chairman, we note with interest that in your synthesis paper (BWC/MSP/2015/L.1), prepared for this meeting, you have included several mandates relevant to the mission of the GET Consortium:

1.(c): Ensure timely access to affordable drugs and vaccines and related diagnostic, preventative and therapeutic equipment to affected people, especially in developing countries, as highlighted by the outbreak of Ebola in West Africa in 2014.

3. (d) and (e): Share relevant information about the opportunities and challenges resulting from scientific advances in the life sciences and in biotechnology, disease outbreaks, biological custody and health care and ensure that State Parties have access to the benefits of advances in life sciences, in order to take advantage of recent advances including new technologies, production or development of vaccines, biological production technologies, equipment and training for high-containment laboratories, and taking into account the necessity for developing countries to address challenges related to public health.

4.(a): Promoting the relevance of the Convention to both signatories and non-State Parties that, rarely, participate in the meetings of the BWC. State Parties should give serious consideration to the extension of support to the developing countries to increase the level of participation in all meetings in the BWC.

7. States Parties noted that recent disease outbreaks reinforce the need for a continued and concerted international effort to build countries' capacities to effectively mitigate the risk posed to global health security by pathogenic microorganisms.

9. States Parties recognized that relevant international and regional organizations such as WHO and OIE play an important role in disease surveillance, prevention, detection and response and there is therefore merit in coordination of cooperation with them in accordance with their respective mandates.

23.(a) and (b): Domestic regulation on the transfer of BWC relevant materials, equipment and information. Developing National biosafety, biosecurity measures with clear and comprehensive laws and regulations that establish necessary legal authorities and appropriate penalties for violations. Seeking external assistance on implementation of export controls for biological transfers and regional cooperation.

26. (a) and (b): Mitigating biological risk by establishing a regime that seeks the best custody of biological agents and their vectors directed at the prevention of illicit acts which should detect and impede access that is not authorized or loss or theft of material and biological agents.

28.(c): A coordinated government approach to emergency management and working to improve affective cooperation between the law enforcement and health sectors.

Other relevant sections are 29.(a,b and c), 30. (a and c), 31 (a and d) and 32 (b, c and d).

Mr. Chairman,

Agreement of effective action on these and other related points in your Synthesis Paper are particularly important, as our concerns are:

1. Convalescent blood products donated by survivors of infectious diseases outbreaks is possibly the only means to treat or mitigate the severity of a biological agent causing a public health crises for which there is no effective treatment. This technology and capacity to collect safe blood or plasma is severely lacking in Africa.
2. Now that Ebola vaccine candidates are showing promise and will be imminently available, it is critical that we do not lose sight of the importance of defining an Ebola vaccine strategy for the Ebola belt of Africa.
3. The West African region has thousands of Ebola samples located in facilities set up by international partners who are now withdrawing from the region, without a clearly defined plan for handover, safe keeping or destruction of these samples. These facilities were developed under the arduous conditions of the outbreak and with less than internationally accepted levels of biosafety and biosecurity.

4. Furthermore, many of these Ebola samples have been removed from the West African region without appropriate internationally accepted harmonized transfer agreements, documentation, governance or prospective plans for beneficiation and justice.
5. The international response to the severe lack of healthcare facilities and human capital resource that led to the outbreak expanding out of proportion in West Africa is being addressed but rather sluggishly and therefore the region continues to be vulnerable.
6. Many of the governments in the developing world even though signatories to the BWC, do not fully participate and understand the relevance of the Convention or the GHSA to routine public health capacity and as a consequence do not have appropriate legislation to implement the Convention effectively or fully understand what are contraventions.
7. There has been in many instances a breakdown of trust between the indigenous healthcare authorities in the West Africa region and the international partners responding to the Ebola outbreak.

Mr Chairman, The GET Consortium welcomes the steps that States Parties are taking to strengthen the counters to outbreaks of disease, whether natural, accidental or deliberate, as the impact of any of the above have more or less the same features and require a more or less common approach to early detection and rapid response.

We would particularly encourage you to agree effective action on the points that we have identified above as this will bring real benefits to our efforts to counter outbreaks of any biological threat as demonstrated in the current Ebola outbreak in West Africa that escalated rapidly posing a serious threat to regional and Continental stability and global health security.

I would like to conclude by highlighting three main areas of the Consortium's activities and efforts and to demonstrate how your effective action and refocus in the region will help us in:

1. Building sustained capacity by defining strategies for the use of convalescent blood plasma to mitigate an outbreak by a biological agent¹. This technology which was not previously available in Liberia, Sierra Leone, Guinea and Nigeria has been introduced to enable the local blood transfusion services of the above countries acquire the skills to collect and use safe plasma for this purpose^{2 and 3}. This addition to the medical infrastructure has multiple other uses for a variety of medical indications outside of public health crises.

¹ WHO Blood Regulators Network, *Position Paper on Collection and Use of Convalescent Plasma or Serum as an Element in Filovirus Outbreak Response*.

http://www.who.int/bloodproducts/brn/brn_positionpaperconvplasmafiloviruses_finalweb14august2014.pdf

² <http://www.prnewswire.com/news-releases/global-emerging-pathogen-treatment-consortium-formed-to-study-potential-of-immune-plasma-treatment-in-the-fight-against-ebola-283296201.html>

2. Introducing awareness about bio-ethics, acquiring skills and developing infrastructure to support a regional bio-economy such as biobanking, and biosecurity facilities, necessary to drive a biotechnology agenda in the post Ebola recovery period and for the future resilience of vulnerable communities.
 - a. The Consortium in collaboration with the West African Task Force for emerging and reemerging infections (WATER) co-organized the first African Voices and Leadership Conference on Ebola and Emerging Infectious Diseases (EID) in Dakar which resulted in the Dakar Declaration⁴ (capacity building through an indigenous sensitive harmonised approach). We are in the process of organizing a follow-up meeting in Lagos early in 2016 to focus on biosecurity concepts, vaccine strategies and Public Understanding of Science (PUS).
 - b. We are embarking on capacity building in the affected countries with the aim of developing biobanking and biosecurity regulations, policies and agendas which should mature into national legislation in the respective affected countries and across the region.
 - c. The Consortium in collaboration with WATER, has conceptualized a sample verification and consolidation project to secure thousands of remnant Ebola positive samples and their associated data in the affected countries, for the purposes of providing an invaluable academic resource aimed at providing material for peaceful purposes to advance the understanding of Ebola and at the same time protecting the communities from accidental discharge or theft. This process is fairly advanced in Sierra Leone and the aim is to replicate this model in Liberia, Guinea and Nigeria.
3. Increasing Public Understanding of Science (PUS) and Science Communication (SC) as an important component of public health strategies played a critical role in bringing the Ebola outbreak under control. As such the Consortium in collaboration with African Gong (UNESCO Affiliation), has put together the framework for the first African Conference on the PUS and SC with Ebola as an example of an EID as the theme.

The achievements of the GET consortium would not have been possible without the support of the Bill and Melinda Gates Foundation, the Lagos State Ministry of Health (Nigeria), MSF, WHO, the African Union Defence and Peace Department, University of Bradford Division of Peace studies, George Washington University Milken Institute of Public Health, the Global Partnership Program Canada, Royal College of Pathologists of the UK and Outpouring to the Nations.

Thank you for your attention.

³ <http://www.gatesfoundation.org/Media-Center/Press-Releases/2014/11/Support-to-Ebola-Affected-Countries-Announcement>

⁴ <http://www.getafrica.org/images/Dakar%20Declaration%20Final%20.pdf>