

**Statement by Professor Akin Abayomi of the Stellenbosch University Faculty of
Medicine, Cape Town, South Africa on behalf of the GET Consortium
to the Eight Biological and Toxin Weapons Convention (BWC)
Review Conference, UN Geneva 7th to 25th December 2016.**

8th November 2016.

Mr. Chairman, Excellencies, Distinguished Representatives, Ladies and Gentlemen,

It is a great honour indeed to have the opportunity to make a Statement to the 8th review conference of the Biological and Toxin Weapons Convention which I am doing on behalf of my colleagues in 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 140 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 Biosecurity think tank and implementation organ that has the goal of providing recommendations on strategies and policies to African Governments and agencies, establishing research and building capacity through carefully prioritized culturally sensitive initiatives and projects.

Mr. Chairman, as a coalition of medical and allied sciences experts operating on the Continent of Africa in the Biosecurity space we have some major concerns we want to bring to your attention:

1. The calamity caused by Ebola outbreak in West Africa that infected 30,000 people and resulted in 11,000 deaths impacting millions of people across the sub-Region is fading away from memory of the international community. The necessary impetus required to address the imbalances that allowed such a zoonotic spill over event to rage out of control are not been effectively addressed. The outbreak was a real event for millions of people.
2. The sub Region of Africa suffered severe economic losses to the tune of between 3 and 4 Billion dollars as estimated by the World Bank. The economic meltdown caused by the outbreak has plunged the most affected countries of Guinea, Sierra Leone and Liberia into economic hardship and recession, thereby perpetuating the poverty trap that contributed to the outbreak in the first place.

3. As a result of the Ebola outbreak, the West African region has an estimated 300,000 Ebola related samples generated during the two-year outbreak acquired from patient care. These samples are 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. Furthermore, a large number of these samples have left the region without a clear record of what went where. This lack of accountability creates a global biosecurity issue of grave concern. The onus of accountability rests on the sovereign countries where these outbreaks occur.
4. For the samples that were legitimately removed from the affected countries there is as yet no formal agreed governance mechanism for benefit sharing from the proceeds that may emanate from research or pharmaceutical/medical industry added value. These samples are already being used to conduct research that advance the careers of international scientists, producing patents that are valuable and are generating wealth from pharmaceutical innovation. These do not serve to benefit the very countries from which these samples originated. Countries that are so desperate for financial inflows to help rebuild their damaged economies and develop more robust institutions are not benefiting from these tangible benefits, but are rather recipients of AID.
5. Till today we are no closer to finding a cure for Ebola and its effect on the human host is very poorly understood. Furthermore, the natural reservoirs of this virus is still unknown.
6. There is a call from some quarters to ensure that all remnant Ebola related samples in the West African sub-Region are destroyed. It is our firm belief that this is an unwise and unfair strategy for the following reasons:
 - a. These are precious biomedical samples from the largest Ebola outbreak known to man, and destroying them would rob the regional scientists and the world of the opportunity to conduct much needed research to fully understand the nature of this disease that affects us in our communities.
 - b. Scientist know the value of these samples and this call only serves to drive the samples underground thus creating an even worse Biosecurity situation.
 - c. Destroying these samples would deprive the opportunity for the West African sub region which is a hot zone for the transmission of pathogens from Animals to Humans the opportunity to build both infrastructure and technical expertise to be in a better state of preparedness for future outbreaks of this nature.
 - d. This call if adhered to will deprive the African countries of the opportunity to develop a biosecurity agenda thereby always reacting rather than pre-empting.
 - e. By allowing the affected countries the opportunity to address this situation of managing the samples according to article I to X of the BWC, creates the impetus for African countries to become more engaged in the importance of the Articles of the BWC.

Mr Chairman, The GET Consortium welcomes the steps that the Committee is taking to review the BWC and 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. This is particularly relevant to article X of the treaty.

It is noted that 12 African States are yet to join the Convention making Africa the region with the highest number of States not yet party to the Convention. In response the Defense and Security Division of the African Union (AU) Commission and the ISU co-organized a meeting in the AU headquarters on "Universalization of the Biological Weapons Convention in Africa" which GET attended and presented an update of the state of Biosecurity concerns in the Ebola outbreak regions of West Africa. In furtherance of this activity GET hosted the 2nd African Conference on Biosecurity in Lagos Nigeria on the of July. The report for the conference can be found at the

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. The Consortium in collaboration with the Lagos State Ministry of Health, organized the second African conference on EIDs and Biosecurity held in Lagos, Nigeria in July 2016 with a focus on biosecurity concepts including the Convention and allied related subjects, vaccine strategies and Public Learning and Understanding or Science. www.africanconferenceoneid.org
2. 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 specific national legislation to improve compliance with the convention in the respective affected countries and across the region.
3. The Consortium has conceptualized a data and sample rescue 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.

The achievements of the GET consortium would not have been possible without the support of the Global Partnership Program Canada, the Bill and Melinda Gates Foundation, the Lagos State Ministry of Health (Nigeria) and Medicine San Frontiers.

Thank you for your attention.

Akin Abayomi Abayomi@sun.ac.za