

OPEN CONSULTATIONS BY THE SECURITY COUNCIL COMMITTEE ESTABLISHED PURSUANT
TO RESOLUTION 1540 (2004) ON THE COMPREHENSIVE REVIEW OF THE STATUS OF
IMPLEMENTATION OF RESOLUTION 1540 (2004) WITH MEMBER STATES, WITH THE PARTICIPATION
OF RELEVANT INTERNATIONAL AND REGIONAL ORGANISATIONS, AND APPROPRIATE SECTORS
OF CIVIL SOCIETY

Statement by Professor Akin Abayomi of the Stellenbosch University Faculty of Medicine and
on behalf of the GET Consortium to the general debate session of the Comprehensive Review
Meeting held at the UN HQ on the 21st of June 2016.

Mr Chairman, Distinguished Representatives and Colleagues,

It is a great honour indeed to be invited to make a Statement to the UN 1540 Committee and Comprehensive review meeting 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 and biosecurity threats on the Continent.

The Consortium is currently comprised of over 100 African experts from diverse backgrounds, working with 15 international collaborators and organisations on numerous biosecurity and regulatory projects in Africa. GET has offices registered in Nigeria, Ghana, Sierra Leone and the USA. It functions now as an African 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 and projects. Thus creating an enabling environment in Africa to raise the profile and relevance of biosecurity conventions, respond and prepare in a harmonized fashion for outbreaks caused by emerging pathogens or biological attacks.

Mr. Chairman, in considering the review of the 1540 resolutions we would like to bring to your attention the relevance of emerging trends that we have observed,

Member States should note that recent disease outbreaks such as Ebola, Lassa and Zika in the back drop of SARS, MERS and the ever present risk of pandemic flu, are capable of causing public health crises of international concern and therefore reinforces the need for a continued and concerted international effort to build all countries' capacities to effectively mitigate the risk posed to global health security by pathogenic microorganisms. This is clearly of particular relevance now for low to middle income countries that are likely to suffer mass casualties and the risk of international spread as demonstrated by the recent Ebola outbreak in West Africa.

Members States should ensure there are clearly defined domestic regulations on the transfer of dangerous biological materials and their data. There is a need to develop or strengthen national biosafety, biosecurity and biobanking policies with clear and comprehensive laws and regulations that establish necessary legal authorities and appropriate penalties for violations.

Mitigating biological risk by establishing infrastructure and capacity that seeks the best custody of biological agents aimed at deterring and preventing illicit acts and preventing access that is not authorized or loss or theft of material and biological agents.

Ensure that there is a coordinated government approach to emergency management and working to improve affective cooperation between the law enforcement and health sectors.

Mr. Chairman,

We learnt some critical lessons during the recent West African Outbreak and we beg your indulgence to consider effective action on certain points because our concerns are:

1. **A naturally occurring public health crisis caused by a highly pathogenic emerging infectious disease outbreak is a source of biological material that can be easily diverted to non-peaceful use if appropriate .**

2. 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.
3. 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 beneficitation and justice.
4. 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 and the world continues to be vulnerable, because a dangerous pathogen is only one flight away.
5. Many of the governments in the developing world even though signatories to the 1540 and the BWC, do not fully participate and understand the relevance of these Resolutions or Conventions 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.
6. 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.

Mr Chairman, The GET Consortium welcomes the steps that Member States and the Secretariat of the 1540 SCR 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 two 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. In many instances when a public health crisis is caused by a dangerous and contagious pathogen for which there is no known vaccine or cure, the use of convalescent blood may be the only immediate option available. Therefore strengthening blood banking capacities is a vital component of resilience measures that should be addressed. Specifically 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 Declaration ⁴ (capacity building through an indigenous sensitive harmonised approach). We are in the process of organizing a follow-up meeting in Lagos which will take place on th 27th to the 29th of July and will focus on biosecurity concepts, vaccine strategies and Public Learning Understanding or Science (PLUS).
 - 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 <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>

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Thank you for your attention.