

2009 Meeting

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Item 6 of the provisional agenda

Consideration of, with a view to enhancing international cooperation, assistance and exchange in biological sciences and technology for peaceful purposes, promoting capacity building in the fields of disease surveillance, detection, diagnosis, and containment of infectious diseases

**ARTICLE X: INDIA'S EXPERIENCE IN INTERNATIONAL
COOPERATION AND CAPACITY BUILDING IN DISEASE
SURVEILLANCE, DETECTION, DIAGNOSIS, AND
CONTAINMENT OF INFECTIOUS DISEASES**

Submitted by India

I. Introduction

1. India has consistently underlined the importance of full and effective implementation of Article X of Biological Weapons Convention (BWC) regarding international cooperation for the use of biological agents and toxins for peaceful purposes. India believes that the promotional aspects of Article X are a crucial element in the strengthening of the Convention and in achieving universal adherence.

2. In a rapidly globalizing world, disease and pandemics have significant transboundary ramifications. Disease and pandemics do not respect national borders and potentially harmful biological agents need to be tracked so that they do not enter new regions across boundaries. Effective international cooperation between national systems either through multilateral organizations or bilateral arrangements is therefore an imperative.

3. International cooperation is also important for developing countries to meet their development needs, including improving public health and building robust biotechnology industry. India recognizes that international cooperation in disease surveillance and control has increased in the last decades. However, denials of equipment, material and technology from developed to the developing countries still continue.

II. India's experience

4. India has benefitted immensely through cooperation with UN and its specialized organizations such as WHO, OIE and FAO in building a comprehensive national system for disease surveillance to deal with human, animal and plant diseases. The system has been developed in consultation with and taking into account the guidelines issued by WHO, OIE and FAO.

5. WHO, OIE and FAO also provide important networks for sharing of information and data between countries on epidemiological and epizootical surveillance. India participates actively in disease reporting mechanisms set up by these organizations. India is implementing the International Health Regulations (IHR 2005) of WHO which came into force in June 2007. For diseases which threaten to lead to an epidemic outbreak, the Ministry of Health and Family and Welfare in consultation with WHO decides on the strategic approach for their control and elimination. Information on animal diseases is collected through a comprehensive national system of disease information units as per the OIE list of diseases. This information is passed on to the OIE for reporting at the international level through the web based reporting system "World Animal Health Information System" (WAHIS). India is also a signatory to the agreement on Desert Locust Control Committee (DLCC) of the FAO and provides locust data to FAO as required.

6. In addition to contributing to global health surveillance data through specialized multilateral organizations, India works in close collaboration with them on disease surveillance, detection and control. India has set up WHO collaborating centers in diarrheal diseases, malaria, filariasis, leishmaniasis and arboviruses. A global reference laboratory on polio has been set up to assist in exchange of biological materials and technology transfer. A laboratory on H5 provides diagnostic facilities in the region. The High Security Animal Diseases Laboratory (HSADL) located in Bhopal in Central India has been accredited as an OIE recognized Avian Influenza Reference Laboratory. This laboratory also undertakes training programmes on exotic pathogens as well as biosafety, biosecurity and biocontainment of pathogens for national as well as international scientists.

7. As a country which is still developing but has significant capabilities in the biotechnology sector, India is both a provider and a receiver of assistance in various areas related to biotechnology. India has bilateral arrangements for cooperation with other countries in disease surveillance, detection, diagnosis and containment. The apex Government of India organization on biomedical research, the Indian Council for Medical Research (ICMR), has signed agreements with organizations in several countries including the US (CDC, NIH and Boston University), Germany (BMBF, Helmholtz), France (INSERM) and Canada (CIHR). The India-US cooperation on emerging and re-emerging infectious diseases is leading to increased capacity in identification and isolation of new pathogens and outbreaks, strengthening of disease surveillance and outbreak investigations. Several other programmes are being run with the assistance of other countries such as the diarrheal disease surveillance programme with assistance from Japan.

8. India has strong cooperation with African, SAARC, ASEAN and other countries on disease surveillance and control. This cooperation is in the form of training facilities, exchange

of materials such as germplasm and alien invasive organisms, holding of seminars and workshops etc. India takes active part and shares its knowledge on biosafety, biosecurity and other issues related to disease surveillance through ASEAN Regional Forum (ARF) activities. A SAARC Disaster Management Centre (SDMC) has been set up since October 2006 at the National Institute of Disaster Management in New Delhi. Several regional and international workshops and seminars are held every year for cooperation on disease control in humans, plants and animals.

9. India has taken initiatives to utilize its expertise in the pharmaceutical and biotechnology industries and information technology to provide ingenious technology-led solutions in public health to the African countries through its “Pan-African e-Network Project”. The project aims to provide telemedicine solutions to African countries through twelve leading Indian super-specialty hospitals. About 40 African countries have so far joined the project which covers infectious diseases/HIV-AIDS and other diseases. The outlay for the project is about \$100 million over a period of 5 years. The project will also include Continuing Medical Education (CME) in various specialties for physicians and paramedics.

10. International cooperation between the public and private sectors of various countries is crucial especially to address the challenges of disease control and mitigation. Government of India has actively promoted Public-Private-Partnership (PPP), for instance through the Drugs for Neglected Diseases Initiative (DNDi) and International Centre for Genetic Engineering and Biotechnology (ICGEB). The Indian biotechnology industry recognizes that it will not just be business opportunities but capability development that will expose India to actively learn the expertise of their partners from the developed world.

11. There could be some concerns that the transfer of scientific knowledge, technology, equipment and materials under Article X of the BWC could be used for purposes not in conformity with the provisions of the Convention. India believes that such concerns could be alleviated through the effective Implementation of Article III of the Convention. In this regard, it would be relevant to recall that the Sixth Review Conference called for appropriate measures, including effective national export controls, by all States Parties to implement Article III to ensure that transfers relevant to the Convention to any recipient are authorized only when the intended use is for purposes not prohibited under the Convention. Furthermore, Articles VI and VII of the Convention provide the mechanism for investigation into alleged use of biological and toxin weapons and to provide assistance in such cases.

III. Challenges

12. Admittedly, India is witness to several examples of international cooperation on disease surveillance, detection, diagnosis and containment under the BWC. However, it is also a reality that denial of materials, equipment and technology for peaceful uses of biotechnology and biosciences including for disease surveillance and control continues to exist. Indian organizations face difficulties in accessing various items for research in the peaceful uses of biotechnology such as, viruses for preparation of antigens for developing diagnostic tests; equipment such as Positive Pressure Suits used in advanced containment laboratories; training opportunities for working in BSL3 and BSL4 labs; and collaborative R&D in the areas of vaccine development and therapeutics.

IV. Conclusion

13. It is accepted that international cooperation and national capacity building go hand in hand and for maximum effectiveness international cooperation must be long term and systematic. After more than three decades of the entry into force of BWC, the goal of long-term and systematic international cooperation has only been partially realized.

14. India therefore emphasizes that while all bilateral and multilateral avenues for cooperation must be explored in the context of disease surveillance and control, the framework provided by the Biological Weapons Convention must be fully implemented, especially through the implementation of Article X. It is also important to implement the provision of the Sixth Review Conference which encouraged States Parties to provide appropriate information on how Article X is being implemented. In this context, India supports the Working Paper submitted by the Non-Aligned Movement and Other States Parties at the Meeting of Experts in August 2009 for full implementation of Article X by establishment of a mechanism with clear objectives.
