



BACKGROUND

REVIEWING PUBLIC HEALTH POLICIES IN HUMANITARIAN EMERGENCIES DUE TO BIOLOGICAL WEAPON USAGE



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FOREWORD

Delegates, it is an honor for the Chair to have you here, intending to discuss one of these severe problems that if not treated with the importance that is required, the world could be on a threatened position caused by the lack of precaution and preparation to react at emergencies that could be caused by the usage of biological weapons. The Chair offers you a warm welcome to the first step in the process of changing the world and looks forward to the success of this model with the hard work that each one of the delegates will deliver.

This year's topic will be "Reviewing public health policies in humanitarian emergencies due to biological weapon usage". The matter is so relevant because nowadays we live in a world full of conflictive tension between countries, and, as technology and weapons evolve, all countries or nearby ones to possible aimed countries should be prepared with policies to prevent the endangerment that could be caused by biological weapon usage.

HISTORY OF WORLD HEALTH ORGANIZATION COMMITTEE

The World Health Organization is the organ of the United Nations that is responsible for promoting health worldwide and keeping vulnerable groups safe. The World Health Organization came into force in April 1948, although its creation had been previously discussed in 1945 when the United Nations was being created. When diplomats met to form the United Nations in 1945, one of the things they discussed was setting up a global health organization. WHO's Constitution came into force on 7 April 1948.

WHO works worldwide to promote health, keep the world safe, and serve the vulnerable. The goal of the committee is to ensure that a billion more people have universal health coverage, to protect people from health emergencies, and provide a further billion people with better health and well-being.

For universal health coverage, WHO:

1. Focus on primary health care to improve access to quality essential services
2. Work towards sustainable financing and financial protection
3. Improve access to essential medicines and health products
4. Train the health workforce and advise on labour policies
5. Support people's participation in national health policies
6. Improve monitoring, data and information.

For health emergencies, WHO:

1. Prepare for emergencies by identifying, mitigating and managing risks
2. Prevent emergencies and support development of tools necessary during outbreaks
3. Detect and respond to acute health emergencies
4. Support delivery of essential health services in fragile settings.

WHO focuses on the possible public health consequences of an incident, regardless of whether it is characterized as a deliberate act or a naturally occurring event.

When a Member State is concerned and wants to be prepared, WHO advises strengthening public health surveillance and response activities, with an emphasis on:

- more effective national surveillance of outbreaks of illness, including alert and response systems at all levels that can detect diseases that may be deliberately caused;
- better communication between multiple sectors, including public health, water supply, food safety, nuclear safety and poison-control;
- improved assessments of vulnerability, and effective communication about risks to both professionals and the public;
- preparation for handling the psychosocial consequences of the deliberate use of pathogens and chemicals to cause harm; and
- contingency plans for an enhanced response capacity by all

sectors.

- WHO's global alert and response activities and the Global Outbreak Alert and Response Network represent a major pillar of global health security aimed at the detection, verification and containment of epidemics. In the event of the intentional release of a biological agent these activities would be vital to effective international containment effort.

INTRODUCTION TO THE TOPIC

As it was said earlier on this background, this topic is of such relevance due to the enormous technological advance that is developed in many countries in order to have advantage on other ones in case of belic conflicts occur disturbing the desired peace that this committee is looking forward to preserving.

The World Health Organization defines on its official website as followed:

Biological weapons are microorganisms like virus, bacteria, fungi, or other toxins that are produced and released deliberately to cause disease and death in humans, animals or plants.

Biological agents, like anthrax, botulin toxin and plague can pose a difficult public health challenge causing large numbers of deaths in a short amount of time while being difficult to contain. Bioterrorism attacks could also result in an epidemic, for example if Ebola or Lassa viruses were used as the biological agents.

Biological weapons are not just a 21st century concern since humans have used infectious agents in conflicts for hundreds of years. Below are a few examples.

- In a 1336 attempt to infect besieged city dwellers, Mongol attackers in what is now the Ukraine used catapults to hurl the bodies of bubonic plague victims over the city walls of Caffa.
- Tunisian forces used plague-tainted clothing as a weapon in the 1785 siege of La Calle.
- British officers discussed plans to intentionally transmit smallpox to Native Americans during Pontiac's Rebellion near Fort Pitt (present-day Pittsburgh, Pennsylvania) in 1763.
- The Japanese used plague as a biological weapon during the Sino-Japanese War in the late 1930s and 1940s.

This being said, the committee through this model is looking forward to find new and inclusive solutions, working on existing health policies made for biological weapon usage emergencies, and giving the topic the importance that it really deserves.

BIOLOGICAL WEAPON USAGE NOWADAYS

Gram-for-gram, biological weapons are the deadliest weapons ever produced. Germs don't respect borders, so biological threats—manmade and naturally occurring—can quickly have global impacts. Although only a few countries are suspected of having biological weapons, rapidly producing and weaponizing biological agents is surprisingly easy.

What's more, it's difficult to tell the difference between legitimate and harmful biological research. Advances in the life sciences hold extraordinary promise for new treatments and cures for disease, but the same knowledge—and equipment—can be used to engineer deadly pathogens.

Rapid advances in biotechnology mean that most countries with pharmaceutical and medical industries possess the knowledge and tools to develop biological weapons. And as technology and know-how spread, the risk of improper lab safety increases, with consequences ranging from hazardous lab accidents to the unwitting development of “superbugs” that are beyond the control of public health systems.

The 2014 Ebola outbreak in West Africa showed how vulnerable we are to infectious disease, how quickly it spreads, and how weak public health systems are in some of the lowest economic resourced countries in the world, and on the other side, the 2020 Coronavirus pandemic showed that also developed countries such as the US or Spain, can be heavily affected by biological agents.

The world saw firsthand how access to trained medical professionals, sterile equipment and basic medical facilities are a rare commodity in the developing world, enabling diseases to expand beyond what modern medical advances might suggest. Global travel makes the biological threat even more serious and highlights the need for a global approach to improve public health. Spurred by the Ebola crisis, many countries took steps to improve global health security in order to monitor and respond to disease threats, but there is much more work to do.

TAKING ACTION ON BIOLOGICAL WEAPON USAGE

Since this a topic that has appeared through the years, a United Nations' office, the UNODA, or the United Nations Office for Disarmament Affairs, has already being part on the search of a solution to this problem, being the UNODA an Office of the United Nations Secretariat which goal is goal is to promote nuclear disarmament and non-proliferation and the strengthening of the disarmament regimes in respect to other weapons of mass destruction, chemical and biological weapons.

The Biological Weapons Convention (BWC), the first multilateral disarmament treaty banning the development, production and stockpiling of an entire category of weapons of mass destruction, was opened for signature on 10 April 1972. The BWC entered into force on 26 March 1975.

The Second Review Conference (1986) agreed that the States Parties were to implement a number of confidence-building measures (CBM) in order to prevent or reduce the occurrence of ambiguities, doubts and suspicions and in order to improve international co-operation in the field of peaceful biological activities. The CBMs were expanded by the Third Review Conference (1991).

Recognizing the need to further strengthen the BWC, a group of governmental experts (VEREX) was established at the Third Review Conference (1991) to identify and examine potential verification measures from a scientific and technical standpoint.

The Fourth Review Conference (1996) welcomed the decision of the Ad Hoc Group to intensify its work with a view to completing it before the Fifth Review Conference to be held in 2001. The Ad Hoc Group was unable to conclude the negotiations on the draft legal instrument (protocol).

Due to persisting divergent views and positions on certain key issues, the Fifth Review Conference (2001) decided to adjourn its proceedings and resume its work in November 2002 in Geneva. The Conference was reconvened in November 2002 and adopted a Final Report that included a decision to hold annual meetings of States parties and experts meetings in the next three years leading up to the Review Conference in 2006.

The Sixth Review Conference (2006) succeeded in comprehensively reviewing the Convention, adopting a final document by consensus. The States parties adopted a detailed plan for promoting universal adherence, and decided to update and streamline the procedures for submission and distribution of the Confidence-Building Measures (CBMs). They also adopted a comprehensive intercessional programme spanning from 2007 to 2010. In a significant development, the Conference agreed to establish an Implementation Support Unit (ISU) to assist States parties in implementing the Convention.

Besides the BWC, there is also the existence of another chemical weapons convention with the same purposes, being related with the development of the OPCW.

The Chemical Weapons Convention (CWC) is a multilateral treaty that bans chemical weapons and requires their destruction within a specified period of time. The treaty is of unlimited duration and is far more comprehensive than the 1925 Geneva Protocol, which outlaws the use but not the possession of chemical weapons.

CWC negotiations started in 1980 in the UN Conference on Disarmament. The convention opened for signature on January 13, 1993, and entered into force on April 29, 1997.

The CWC is implemented by the Organization for the Prohibition of Chemical Weapons (OPCW), which is headquartered in The Hague with about 500 employees. The OPCW receives states-parties' declarations detailing chemical weapons-related activities or materials and relevant industrial activities. After receiving declarations, the OPCW inspects and monitors states-parties' facilities and activities that are relevant to the convention, to ensure compliance.

The CWC is open to all nations and currently has 193 states-parties. Israel has signed but has yet to ratify the convention. Three states have neither signed nor ratified the convention (Egypt, North Korea and So

WHO TAKING PART OF THE SOLUTION

The World Health Organization in 1970 issued a report intending to analyze the health effects of the possible use of chemical and biological weapons on population groups at different levels of social and economic development, and the resulting implications for WHO and its Member States; mentioning on its 8th Chapter of the 1st edition of the report "Health aspects of chemical and biological weapons" the following statements:

"According to Art. 2 (c) of WHO's Constitution, WHO shall "... furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments". The use of chemical and biological weapons would unquestionably result in extensive health and medical emergencies, including mass illnesses, deaths and epidemics that WHO might be called upon to help overcome. "

On May 18th, 2002, the World Health Organization took part of the FIFTY-FIFTH WORLD HEALTH ASSEMBLY addressing the topic of "Global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radio nuclear material that affect health".

The following statements are extracted from the official document:

"Recognizing that one of the most effective methods of preparing for deliberately caused disease is to strengthen public health surveillance and response activities for naturally or accidentally occurring diseases,

URGES Member States:

- (1) to ensure they have in place national disease-surveillance plans which are complementary to regional and global disease-surveillance mechanisms, and to collaborate in the rapid analysis and sharing of surveillance data of international humanitarian concern;

- (2) to collaborate and provide mutual support in order to enhance national capacity in field epidemiology, laboratory diagnoses, toxicology and case management;
- (3) to treat any deliberate use, including local, of biological and chemical agents and radio nuclear attack to cause harm also as a global public health threat, and to respond to such a threat in other countries by sharing expertise, supplies and resources in order rapidly to contain the event and mitigate its effects; “

COUNTRIES INVOLVED

SUDAN

The Republic of the Sudan signed and ratified the Biological and Toxin Weapons Convention (BWC) on 17 October 2003. Sudan recognizes the importance of the Convention to the disarmament and non-proliferation regime of Weapons of Mass Destruction, as it was the first multilateral treaty to ban an entire category of this kind of weaponry.

Sudan has never developed, produced, stockpiled or otherwise acquired or retained microbial or other biological agents, or toxins whatever their origin or method of production, of types and in quantities that have no justification for prophylactic, protective or other peaceful purposes; weapons, equipment or means of delivery designed to use such agents or toxins for hostile purposes or in armed conflict. Sudan has never had an offensive biological research, development or production program or obtained biological weapons through transfer, and, accordingly, has had no need to destroy or divert to peaceful purposes any biological weapons.

ARAB REPUBLIC OF EGYPT

It is reported that Egypt's biological warfare efforts may include work on plague, botulism toxin and the encephalitis virus. Other research is said to include anthrax, Rift Valley fever, and mycotoxicosis. The extent of weaponization of any of these agents is unknown, but the extensive domestic Egypt armaments industry is probably capable of devising a variety of suitable delivery systems.

In 1970, the president of Egypt Anwar al-Sadat was reported to have stated that "Egypt has biological weapons stored in refrigerators and could use them against Israel's crowded population." Al-Sadat's declaration was apparently intended to warn Israel against a nuclear strike, and Israel did in fact contemplate the use of nuclear weapons in the darkest moments of the Yom Kippur War in 1973.

REPUBLIC OF ALBANIA

Albania acceded to the Biological Weapons Convention on June 3, 1992, banning biological weapons. It also acceded to the Nuclear Non-Proliferation Treaty in September 1990. The Albanian arms control and disarmament policy is based on the (Biological) and Toxin Weapons and on their destruction.

THE REPUBLIC OF INDIA

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UNITED KINGDOM OF GREAT BRITAIN

The UK has signed up to the global implementation of the Biological and Toxin Weapons Convention (BTWC). The purpose of the convention is to help prevent states acquiring or keeping biological and toxin weapons, and prevent them ever being used by states or terrorists.

Because, unlike the CWC, the BTWC does not have a verification system, participating countries are required to submit relevant data and declarations, or confidence-building measures, to the United Nations Office for Disarmament Affairs. This increases openness and gives participating countries confidence that others are complying with the convention.

SYRIAN ARAB REPUBLIC

Syria has formally renounced both first and retaliatory use of chemical or biological weapons against any state. Syria is also a party to the 1968 Treaty on the Non-Proliferation of Nuclear Weapons (NPT) and has signed but not ratified the 1972 Biological and Toxin Weapons Convention.

REPUBLIC OF SOUTH AFRICA

September, 2018; South Africa is a party to the Biological and Toxin Weapons Convention (BTWC), and is not currently believed to have a biological weapons program. However, the country had an extensive apartheid-era biological weapons program. Beginning in 1981 under the South African Defense Force's Project Coast, the program was dismantled in 1993 by order of President F.W. de Klerk.

RUSSIAN FEDERATION

January, 2015; The Russian government asserts that it does not maintain a stockpile of biological weapons or engage in any illegal development or production activities.

As the legal successor of the Soviet Union, Russia inherited its status as a party to the Geneva Protocol and the Biological and Toxin Weapons Convention (BTWC) in 1992. The Soviet Union signed the BTWC in 1972 and ratified it in 1975, the year the treaty entered into force. Western officials and analysts have expressed concerns regarding Russia's compliance with the BTWC. Like any country with significant pharmaceutical and biotechnological sectors, Russia possesses significant dual-use life sciences infrastructure and expertise that could be applied toward an offensive biological warfare (BW) program.

GREAT SOCIALIST PEOPLE'S LIBYAN ARAB JAMAHIRIYA

Since international inspections revealed no evidence of a biological weapons effort, it is unlikely that the Libyan government sponsored any extensive covert initiatives. As of 2005, U.S. intelligence could not confirm any historical Libyan desire for biological weapons.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

According to North Korean defectors and assessments by the U.S. and South Korean governments, North Korea began acquiring a biological weapons capability as early as the 1960s under the orders of Kim Il-sung. Unlike its chemical weapons (CW) program, Pyongyang is believed to have built its biological program indigenously. The 2016 White Paper from South Korea's Ministry of National Defense (MND) assesses that North Korea is able to indigenously cultivate a number of biological agents often used as weapons, including the causative agents of anthrax and smallpox. In 1997, North Korean Colonel Ju-Hwal Choi defected and testified that the Germ Research Institute of the Armed Forces Ministry is the DPRK's lead organization for developing biological weapons. However, due to the opacity of North Korea's regime, there is no reliable up-to-date information on the organization responsible for developing biological weapons, or the status of its efforts.

STATE OF JAPAN

Japan signed the BTWC in 1972 and ratified it in 1982, and has actively supported negotiation of a protocol to strengthen the treaty's provisions. Since the 1995 Aum Shinrikyo sarin (chemical weapons) attack and failed attempt to disperse anthrax, Japan has increased its focus on bio-terrorism defenses. Along with its ratification of the BWC, Japan enacted the "Law concerning the Implementation of the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction" (BWC Implementation Law) in June 1982, which prohibits production.

STATE OF ISRAEL

Israel is believed to have developed an offensive biological warfare capability. The US Congress Office of Technology Assessment records Israel as a country possessing a long-term, undeclared biological warfare program. Israel is not a signatory to the Biological Weapons Convention (BWC).

REPUBLIC OF IRAQ

In 1972, Iraq signed the BTWC that prohibited the development, production and stockpiling of biological weapons. Nevertheless, Iraq began pursuing offensive biological warfare (BW) capabilities in the years following 1985 with the construction of a number of facilities aimed at indigenously producing BW agents.

ISLAMIC REPUBLIC OF IRAN

Iran acceded to the Geneva Protocol in 1929 and ratified the Biological and Toxin Weapons Convention (BTWC) in 1973. However, the U.S. government has accused Iran in the past of pursuing a biological weapons program. More recent U.S. intelligence estimates do not suggest that such a program currently exists.

FEDERAL REPUBLIC OF GERMANY

The Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction (BWC) of 10 April 1972 entered into force on 26 March 1975. It contains a comprehensive ban on biological weapons and is thus the first multilateral agreement to outlaw a type of weapon in its entirety.

On 7 April 1983, Germany acceded to the BWC, which currently has 179 States Parties and six signatories. These include all members of the EU and NATO. 11 countries have neither signed nor ratified the BWC. The non contracting States are primarily countries in Africa, the Middle East and the Pacific.

FRENCH REPUBLIC

Though France developed biological and chemical weapons during World War I, and restarted these programs during the 1930s, it has ceased activities in both areas. It possesses a limited but diverse missile program. After ending its production of HEU in June 1996, President Jacques Chirac announced in February 1996 that France no longer produced fissile material for weapons purposes and that it would dismantle its fissile material production facilities.

REPUBLIC OF CUBA

Cuba provides an opportunity to examine the dual-use nature of modern biotechnology, which on the one hand has substantially benefited health delivery, agriculture, and pharmaceutical and chemical industries, yet also presents a dark side, namely, the possible application of biotechnology for purposes of warfare, terrorism, and criminality.

Cuba ratified the Biological and Toxin Weapons Convention (BWC) in 1976. However, in 2002, the U.S. government lodged the first of what was to become a series of accusations that Cuba both fostered the international proliferation of biological weapons and possessed a national biological warfare (BW) capability. The U.S. government has not produced any hard evidence to support its charges.

PEOPLE'S REPUBLIC OF CHINA

China was a victim of large-scale biological warfare (BW) attacks during the Japanese occupation from 1937 to 1945, heavily influencing its later nonproliferation efforts. Beijing declared research on biodefense, and the country's growing biotechnology industry provides it with substantial dual-use capabilities.

However, China has consistently maintained that it does not have an offensive BW program. Past reports by the U.S. departments of State and Defense have alleged that China maintained a small-scale offensive biological weapons program even after joining the BTWC, and that Chinese entities have transferred controlled biological weapons-related items to nations of proliferation concern, such as Iran.

However, the most recent U.S. assessment cites no evidence of any Chinese violation of BTWC obligations, although it notes China's potential dual-use activities.

DOMINION OF CANADA

Canada is one of over 180 States to have ratified the Convention. Canada works closely with other States Parties as well as the Convention's Implementation Support Unit to ensure that neither rogue states nor non-state actors, such as terrorist organizations, acquire the means to use biological weapons.

UNITED STATES OF AMERICA

The United States shall renounce the use of lethal biological agents and weapons, and all other methods of biological warfare. The United States will confine its biological research to defensive measures such as immunization and safety measures. The United States had an offensive biological weapons program from 1943 until 1969. Today, the nation is a member of the Biological Weapons Convention and has renounced biological warfare.

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