Mr President,

Excellencies,

Members of the Implementation Support Unit,

Distinguished delegates,

Ladies and gentlemen,

Thank you for inviting the World Health Organization to address the 7th Conference of States Parties to the Biological Weapons Convention.

As the specialized United Nations agency for health, WHO's goal is the attainment by all peoples of the highest possible level of health. Its mandate, elaborated in 1946, is just as relevant today as then. Public health events caused by infectious diseases, contaminated food and water, environmental hazards, and the effects of natural disasters continue to have severe consequences globally. These events affect not only the health of populations, but also result in substantial socio-economic impact.

We are all confronted by a convergence of factors driving the emergence, amplification and globalization of these public health risks. These factors include rapid population growth and urbanization, intensive farming practices, incursions into previously uninhabited areas, environmental degradation, and the misuse of antimicrobials.

The WHO has been working to strengthen global and national capacities to counter these risks. The seventh Review Conference presents an opportunity to inform you of some of our activities of the past five years, and also to let you know about our perspective on the challenges on the horizon and how we intend to prepare for them.

WHO has participated in many BWC meetings as an Observer and has provided technical briefings, including side events, to provide information about, and to advocate for public health perspectives. Recent presentations have included WHO's response capabilities, the International Health Regulations, and responsible approaches in life sciences research. We will hold a side event today at one o'clock on IHR Global Capacities, Alert and Response.

WHO has a commitment through its resolutions WHA 54.14 and WHA 55.16 to help Member States strengthen their preparedness against biological risks focusing on national and global public health systems. As outlined to the BWC in 2010, WHO's primary role in responding to the natural, accidental or intentional release of a biological agent would be to support affected Member States in detecting the occurrence of disease, to manage the public health consequences, and to communicate to other Member States real-time public health risk assessments and recommendations. WHO's decentralized structure of 6 regional offices, 142 Country Offices and well networked operations centres, enables it to assist Member States directly.

Since the sixth Review Conference in 2006, many developments have been of relevance to the BWC. I outline some now that may be pertinent to your discussions in the following weeks.

Health Security is one of WHO's core functions under our reform agenda. Health Security requires the strengthening and interlinking of national and global capacities, and the coordinated implementation of actions to reduce vulnerabilities to major public health risks. Health Security is also a chapeau to link the broad range of risks, and to maximize implementation of public health frameworks and initiatives to strengthen national and global capacity.

The centrepiece of Health Security is the International Health Regulations (IHR). In June 2007, the revised IHR (2005) entered into force. This marked a strengthening of the world's ability to defend itself collectively against disease outbreaks and other potential Public Health Emergencies of International Concern. The IHR (2005) are legally binding and designed to support the attainment of this goal through the development of core capacities at the national level.

Key milestones for Member States include the assessment of their surveillance and response capacities and the development and implementation of plans of action to ensure that these core capacities are functioning by 2012. Implementing IHR (2005) is an obligation for WHO and its Member States.

An effective IHR ensures that events are detected early, reactions are appropriate and based on well-founded risk assessments. The IHR also ensure the international community is provided timely accurate information and effective international assistance rapidly mobilized to reduce the impact of disease. This is based on two interdependent and essential components.

First of all, strong national public health systems that are able to maintain active surveillance of diseases and public health events; rapidly investigate detected events; report and assess public health risk; share information; and implement public health control measures.

Secondly, an effective global system that supports national health authorities in containing public health risks. Such a system must be able to continuously assess the global context and be prepared to respond rapidly and support Member States in the management of public health events with potential for international concern.

The 2009 influenza pandemic (H1N1) was a significant event where, for the first time, IHR (2005) was comprehensively tested. The experience of the pandemic provided many valuable lessons on the importance of preparedness, cooperation between sectors and stakeholders, and effective communication.

Other relevant examples of WHO's work in Health Security include advocating for multisectoral, whole-of-society collaborations to accelerate IHR core capacities and strengthen alert and response mechanisms; and increasing efforts to manage risks at the human-animal interface through the tripartite alignment of FAO, OIE, and WHO. As the challenges of health security are broad and complex, this will require support from a wide range of partners from within WHO, its member states and also from other international organizations, academic institutions, private organizations, and civil society.

Finally, WHO has recognized its potential role in support of the management of public health consequences of the accidental or deliberate use of a biological agent. Faithful to its public health mandate, WHO is developing the appropriate assessment and response tools to guide activities in response to the health aspects of such risks.

In 2011, a Memorandum of Understanding was signed between WHO and the UN Office for Disarmament Affairs to formalize WHO's operational and technical support to the UN Secretary General during investigations of alleged use of biological weapons. The Memorandum of Understanding outlines targets for harmonizing procedures as well as joint training activities and the provision of equipment and expertise.

Mr. President,

In addressing the management of the public health consequences of deliberate use of biological and toxin agents, it is WHO's belief that strong public health systems to detect and respond to disease outbreaks in a timely and effective manner are essential to minimize the potential human and societal impact of such use.

WHO believes that strong public health systems will enable populations to withstand and be resilient to the damage caused by public health emergencies, whatever their origin or source. It stands ready to contribute knowledge and experience to your discussions, and to learn from the experience of the BWC. We also hope that all members of the BWC will support the goal of health security including through the implementation of the International Health Regulations.