

OPPORTUNITIES FOR THE EUROPEAN UNION TO STRENGTHEN BIOSECURITY IN AFRICA

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I. INTRODUCTION

Events such as the 2014–16 West Africa Ebola epidemic, the 2018–20 Democratic Republic of the Congo (DRC) Ebola outbreak and the ongoing Covid-19 pandemic have demonstrated the impacts of infectious disease outbreaks on the whole of society. These natural examples have highlighted the interconnectedness of the world and the need for collaborative international efforts to improve biological security to mitigate the spread of disease outbreaks, whether they are the result of the deliberate acquisition and use of biological agents as weapons, are accidental or happen as naturally occurring events.

Due to the breadth and depth of biological threats, no single country or sector can counter these issues alone. International, multisectoral and collaborative efforts are necessary to effectively strengthen capacities to prevent, detect and respond to biological incidents. Efforts to strengthen biosecurity to reduce the threat of deliberate use of biological agents require the same, or similar, expertise and systems as those used to reduce the threat of natural or accidental incidents. Therefore, biological threat reduction from a security perspective can have significant mutual benefits: it not only increases security from these threats but also aids public health efforts to prevent, detect and respond to natural or accidental disease outbreaks.

Strengthening biosecurity in Africa will reduce the risk of natural, accidental and deliberate biological incidents and is a key aspect of improving global health security. In light of this, this paper discusses the role of the European Union (EU) in strengthening biosecurity in Africa. It begins by explaining the definitions of biosecurity and related terminology, highlighting the relevant international legal frameworks, exploring EU–Africa relations, and discussing the identified need for improved biological security and public

SUMMARY

The European Union (EU) has a long history of commitment to improving biological security and supporting multilateral approaches to arms controls and non-proliferation. It has supported various biosecurity programmes in recent years and continues to increase its financial support towards these, with a focus on the universalization of the Biological and Toxins Weapons Convention and United Nations Security Council Resolution 1540.

More recently, through Council Decision 2021/2072/CFSP, the EU has committed even further to strengthening biosafety and biosecurity capabilities in Africa, with more meaningful collaboration and an increase in the local and regional ownership of projects. This provides an opportunity for the EU to continue to broaden its approach and improve coordination with international partners. In particular focus is the newly formed European Health Emergency Preparedness and Response Authority (HERA), as it develops its international activities.

However, there is still a demonstrated need to strengthen biosecurity-related capacities and capabilities across Africa. This paper highlights the significant opportunities for EU engagement and coordination with international initiatives, such as the Africa Centres for Disease Control and Prevention (Africa CDC) Biosafety and Biosecurity Initiative (BBI) 2021–2025 Strategic Plan and the Global Partnership Signature Initiative to Mitigate Biological Threats in Africa.

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health capacity in Africa. It will then examine relevant EU commitments and EU bodies for engaging in biosecurity-related activities. Following this, the paper highlights select EU activities and relevant international organizations and initiatives on biosecurity that provide opportunities for the EU to increase and improve coordination.

II. BACKGROUND

What is biosecurity?

There is no universally agreed definition of ‘biosecurity’, and different sectors and countries use the term in different ways. Many countries have introduced legislation based on their individual understandings of the term, and therefore any attempt to harmonize the definitions would not be practical. However, given that work to mitigate biological threats requires multisectoral cooperation and coordination, an awareness of the different understandings of what biosecurity means is necessary. These biological threats can impact human, animal and plant health, all of which have security sector implications and therefore a ‘One Health’ approach that incorporates the three respective bodies of expertise is necessary.¹

Historically, the defence community has used the term biosecurity to refer to the control of biological weapons.² Following the terrorist attacks on the United States of 11 September 2001, the ‘Amerithrax’ anthrax letter attacks via the US Postal Service in the same year, and attempts by al-Qaeda to develop or obtain biological material, defence communities have become increasingly interested in biosecurity and bioterrorism. Furthermore, significant natural events over the past two decades—many of which have occurred at the human–animal interface—such as the 2003 SARS outbreak, the 2009 H1N1 influenza pandemic, the 2014 West Africa and 2018 DRC Ebola outbreaks, and, most recently, Covid-19, have made clear that the impacts of natural or accidental incidents go beyond solely public health and into issues of economic and national security. These events have contributed to a broader understanding of biosecurity from the defence perspective, which includes the mitigation of wider

high-consequence biological threats, including the risks posed by natural or accidental events.³

The latest published framework of the World Health Organization (WHO), the ‘Global Guidance Framework for the Responsible Use of the Life Sciences: Mitigating Biorisks and Governing Dual-use Research’, adopts a biorisk management approach to address the risks from ‘accidents and inadvertent actions to deliberate misuse’ in the life sciences. The framework highlights that robust biorisk management relies on three core pillars: biosafety, laboratory biosecurity, and the oversight of dual-use research.⁴

In public health communities, the term biosecurity can be used to specifically refer to laboratory biosecurity, as mentioned, which the WHO defines in its Joint External Evaluation (JEE) Tool as ‘the protection, control and accountability for valuable biological materials within laboratories as well as information related to these materials and dual-use research, in order to prevent their unauthorized access, loss, theft, misuse, diversion or intentional release’.⁵ In contrast, ‘biosafety’ is defined as ‘the containment principles, technologies and practices that are implemented to prevent unintentional exposure to biological agents or their inadvertent release’.⁶

The food and agriculture sector typically uses biosecurity to refer to the precautions used to prevent the introduction and spread of harmful organisms, ranging from insects that might destroy crops to pathogens that cause disease in plants or livestock. Accordingly, the World Organisation for Animal Health (WOAH) defines biosecurity as ‘a set of management and physical measures designed to reduce the risk of introduction, establishment and spread of animal diseases, infections or infestations to, from and within an animal population’.⁷ Whereas the United

³ Walsh, P. F., *Intelligence, Biosecurity and Bioterrorism* (Palgrave Macmillan: London, Sep. 2018), pp. 21–57.

⁴ Dual-use is defined in the framework as ‘Knowledge, information, methods, products or technologies generated by peaceful and legitimate research that may be appropriated for non-peaceful or harmful purposes’. World Health Organization (WHO), *Global Guidance Framework for the Responsible Use of Life Sciences: Mitigating Biorisks and Governing Dual-use Research* (WHO: Geneva, 2022).

⁵ World Health Organization (WHO), *Joint External Evaluation Tool: International Health Regulations (2005)*, third edition, (WHO: Geneva, 2022).

⁶ World Health Organization (WHO), *Laboratory Biosafety Manual*, fourth edition (LBM4), (WHO: Geneva, 2020).

⁷ The World Organisation for Animal Health (WOAH) was formerly known as Office International des Epizooties (OIE). World Organisation for Animal Health (WOAH), ‘Terrestrial Animal Health Code: Glossary’, 3 Aug. 2022.

¹ World Health Organization (WHO), ‘One Health’, Newsroom, Questions and answers, 21 Sep. 2017.

² Renault, V., Humblet, M-F. and Sagerman, C., ‘Biosecurity concept: Origins, evolution and perspectives’, *Animals*, vol. 12, no. 1 (2022), p. 63.

Nations Food and Agriculture Organization (FAO) offers a broader definition of the concept, stating: ‘biosecurity is a strategic and integrated approach to analysing and managing relevant risks to human, animal and plant life and health, and associated risks to the environment. It is based on recognition of the critical linkages between sectors. Biosecurity hazards of various types exist in each sector and have high potential to move between sectors.’⁸

A further complication in European understandings of biosecurity can arise from definitional differences across languages.⁹ In French, *biosecurité et biosûrete* may appear to translate literally to ‘biosecurity and biosafety’; however, the meanings are the opposite of the English. The French word, *biosecurité*, is often used as an equivalent to English understandings of laboratory biosafety (and sometimes elements of laboratory biosecurity) and *biosûrete* as laboratory biosecurity. To make matters more confusing, in Portuguese, for example, there is only one word for both terminologies, *bioseguridade*.

Nevertheless, put simply, in English, laboratory biosecurity is keeping malicious actors away from biological materials, and biosafety is keeping people safe from the dangerous biological materials they are working with. In contrast, a broad understanding of biosecurity, or ‘biological security’, can refer to managing the risks posed by biological material to human, animal and plant life and health, whether naturally occurring or accidentally or deliberately released. This paper uses and recommends a broader understanding of biosecurity, as mentioned, while being considerate of multisectoral understandings of the term.

International legal frameworks

Mitigating these biological threats requires a multisectoral collaborative approach. At the international level, there are relevant instruments from both the public health and the non-proliferation and arms control sectors. Three key instruments are detailed here.

⁸ Food and Agriculture Organization of the United Nations (FAO), *FAO Biosecurity Toolkit* (FAO: Rome, 2007).

⁹ Andersson, M. G. et al., ‘Separated by a common language: Awareness of term usage differences between languages and disciplines in biopreparedness’, *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*, vol. 11, no. S1 (Sep. 2013), pp. 276–85.

Biological and Toxin Weapons Convention

The 1972 Biological and Toxin Weapons Convention (BWC) is the primary multilateral disarmament treaty related to biological security and was the first of its kind to ban an entire category of weapons of mass destruction (WMD).¹⁰ The convention was developed to supplement the 1925 Geneva Protocol, which prohibited the use of biological weapons, but nothing more. The BWC prohibits the development, production, acquisition, transfer, stockpiling and use of biological and toxin weapons for the 184 states that are party to the convention and is a crucial part of the international architecture supporting biological security. Of the 13 states not yet party to the convention, 7 are in Africa. Many EU efforts, as detailed later in this paper, have focused on supporting the BWC.

United Nations Security Council Resolution 1540

On 28 April 2004, the UN Security Council unanimously adopted Resolution 1540.¹¹ This resolution was the first international instrument to deal with WMD, their means of delivery and related material in an integrated and comprehensive manner. The resolution established binding obligations for all states aimed at preventing and deterring non-state actors from acquiring such weapons and related material. Due to its adoption under Chapter VII of the UN Charter, the resolution is legally binding.

International Health Regulations 2005

The International Health Regulations (IHR) 2005 are a legally binding instrument of international law for all 194 WHO member states.¹² The IHR 2005 were adopted by the Fifty-eighth World Health Assembly on 23 May 2005 and entered into force on 15 June 2007. The purpose and scope of the IHR are to prevent, protect against, control and provide a public health response to the international spread of disease, and are applicable whether the outbreak occurs naturally, accidentally or deliberately.

The regulations also highlight core capacities that are required to detect, assess, notify and report events

¹⁰ Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction, opened for signature 10 Apr. 1972, entered into force 26 Mar. 1975, British Foreign and Commonwealth Office, Treaty Series no. 11 (1976).

¹¹ United Nations Security Council Resolution 1540, 28 Apr. 2004.

¹² The International Health Regulations (IHR) were first adopted in 1969 and last revised in 2005.

and respond to public health risks and emergencies of national and international concern. As part of the IHR Monitoring and Evaluation Framework, the third edition of the WHO JEE Tool highlights 19 technical areas in four broad themes—prevent, detect, respond, and other IHR hazards—for voluntary self-assessment to determine strengths, best practices, areas in need of strengthening, challenges, and priority actions for countries.¹³ In addition, the tool considers animal health and draws on the WOAHP Performance of Veterinary Services (PVS) Pathway.¹⁴ The post-2016 IHR Monitoring and Evaluation Framework also provides several other approaches to review the implementation of core capacities at the country level and includes State Party Self-Assessment Annual Reporting (SPAR), the voluntary JEE After Action Review (AAR) and simulation exercises (SimEx). The implementation of the IHR and the related assessments are therefore a key component of efforts to improve biosecurity in any country.

In relation to biosafety, it is also worth noting the Cartagena Protocol on Biosafety to the Convention on Biological Diversity, also known as the Biosafety Protocol.¹⁵ This protocol is an international agreement specifically focused on genetically modified organisms (GMOs) and is a supplement to the convention which aims to ensure the safe handling, transport and use of living modified organisms resulting from modern biotechnology that may have adverse effects on biological diversity, taking into consideration risks to human health. At the time of writing, there are 173 parties to the protocol, including most African states. Only Equatorial Guinea, Sao Tome and Principe, and South Sudan have yet to become parties to the protocol.

The relationship between Africa and the EU

The Africa–EU Partnership was established in 2000, reflecting that Africa is a broad geopolitical priority for the EU, and that ‘a prosperous, peaceful and resilient

Africa is an essential EU foreign policy objective’.¹⁶ Africa is Europe’s closest neighbour and a major trading partner, and the EU is Africa’s largest trading partner.¹⁷ The experience of the ongoing Covid-19 pandemic has highlighted the risk of natural, deliberate or accidental release of biological material, as well as the significant impact this would have on not only human, animal and plant health but also on prosperity, stability and trade.

At the most recent Africa–EU Partnership summit, held on 17–18 February 2022, the African Union (AU) and EU heads of state and government published a joint vision for 2030.¹⁸ This included, among others, a pledge to support initiatives for pandemic preparedness and health security, a renewed and enhanced cooperation for peace and security, and a renewed commitment to multilateralism, with the UN at its core. Efforts that are focused on biological arms control and non-proliferation can, and should, have a dual benefit in improving pandemic preparedness and health security when possible. Similarly, in April 2021, the EU and the Organisation of African, Caribbean and Pacific States (OACPS) concluded the negotiations for the Post Cotonou Agreement and set the framework for political, economic and sectorial cooperation for the next 20 years.¹⁹

Strengthening biosecurity in Africa in three areas

Despite improvements made to the relevant capacities and capabilities across the African continent in recent years—due to a variety of national, regional and international efforts, including those made by the EU and its partners—there remains a pressing need to improve capacities and capabilities to prevent, detect and respond to biological threats across Africa. The AU has referenced the ‘inadequacy of biosafety and biosecurity capacities’ across its member states, as shown by the JEE scores and the Global Health Security Index in the recent Africa Centres for Disease

¹³ World Health Organization (WHO), *International Health Regulations (2005): IHR Monitoring and Evaluation Framework* (WHO: Geneva, 2018); and World Health Organization (note 5).

¹⁴ De La Rocque, S. et al., ‘Strengthening good governance: Exploiting synergies between the Performance of Veterinary Services Pathway and the International Health Regulations’, *Rev Sci Tech*, vol. 36, no. 2 (Aug. 2017), pp. 711–20.

¹⁵ Convention on Biological Diversity, ‘The Cartagena Protocol on Biosafety’, adopted 29 Jan. 2000, entered into force 11 Sep. 2003.

¹⁶ Council of the European Union, ‘Council conclusions on Africa’, 9265/20, Brussels, 30 June 2020.

¹⁷ McNair, D., ‘Promises, promises: The future of the Europe–Africa partnership’, European Council on Foreign Relations, 3 Mar. 2022.

¹⁸ European Union and African Union, ‘6th European Union–African Union Summit: A joint vision for 2030’, 18 Feb. 2022.

¹⁹ The 2000 Cotonou Agreement with African, Caribbean and Pacific (ACP) countries replaced the 1975 Lomé Convention. European External Action Service, ‘Africa and the EU’, 13 July 2022.

Control and Prevention (Africa CDC) Biosafety and Biosecurity Initiative (BBI) 2021–2025 Strategic Plan.²⁰

Previous efforts by high-income countries to engage in biological or other chemical, biological, radiological and nuclear (CBRN) programming in low- and middle-income countries have, at times, been duplicative due to a lack of coordination. In other instances, they have been perceived as being imposed on recipient countries and driven by donor interests rather than the host country's needs. However, the commitment of AU member states to the various voluntary assessment processes, and the willingness of Africa CDC to reference these metrics, demonstrates that African experts have clearly identified a need to improve selected capacities and capabilities in the region. AU member states and Africa CDC are looking for meaningful and equitable partnerships to strengthen these areas, and there is a need for improved coordination between actors to reduce the duplication of funded activities. In light of this, three areas stand out as in particular need of strengthening: non-proliferation, public health and plant health.

Non-proliferation

From an arms control and non-proliferation perspective, review conferences of the BWC have regularly noted the importance of increasing membership of the convention. Of the 13 states not yet party to the BWC, 7 are in Africa. The BWC has 184 states parties after the recent accession of Namibia in May 2022 and 4 signatories (Egypt, Haiti, Somalia and Syria), 2 of which are in Africa. Further to this, 9 states have neither signed nor ratified the BWC (Chad, Comoros, Djibouti, Eritrea, Israel, Kiribati, Micronesia, South Sudan and Tuvalu), 5 of which are in Africa. African engagement is therefore key to the successful universalization of the BWC.

Among policymakers and the public health community in Africa, there has been a general lack of awareness and prioritization of biosecurity issues, particularly deliberate threats, often due to a lack of time and resources. Moreover, many scientists are not trained in laboratory biosecurity and are not familiar with the BWC or UN Security Council Resolution 1540, as they are more focused on natural outbreaks, nor are they incentivized or able to spend time and resources on improving biorisk management. This is compounded

in low- and middle-income settings, where heightened resource constraints provide added difficulty.²¹ Similarly, those at the policy level are challenged by competing high-level priorities or emergencies and limited resources. Therefore, this lack of prioritization is not always an active choice but rather a symptom of a lack of resources.

Public health

Beyond the universalization of the BWC and raising awareness of and implementing the BWC and UN Security Council Resolution 1540, efforts to reduce the threat of deliberate use have a distinct overlap with improving capacities to prevent, detect and respond to natural outbreaks. For example, the detection of and response to a deliberate outbreak requires many of the same skills and much of the same expertise as that for a natural or accidental outbreak. The aforementioned WHO JEE is a useful process to highlight the key capacities and capabilities to prevent, detect and respond to biological threats, and African public health communities have enthusiastically engaged with the process to identify strengths and areas for improvement.²²

Improving capacities to prevent, detect and respond to infectious disease outbreaks will not only reduce the impact of natural and accidental outbreaks and their related security implications, but could also act as 'deterrence by denial', making deliberate use less appealing to malicious actors.²³ One way to do this and reap multifaceted benefits is by improving laboratory capacity for high-consequence pathogens. This can be achieved by repurposing or establishing physical laboratories in partnership with host countries, by providing training opportunities on biosafety and biosecurity for laboratory staff, and by building the skills of local personnel to maintain facilities and equipment to safe standards, so they are not reliant on expensive international consultants, or worse—work with uncalibrated or unsafe equipment.²⁴ Further to this, having equipment that better suits the needs and context of the laboratory can be more effective than

²¹ World Health Organization (note 4).

²² World Health Organization (WHO), 'Joint External Evaluation (JEE)', Dashboard, 4 July 2022.

²³ Parthemore, C. and Weber, A., 'A deterrence by denial strategy for addressing biological weapons', Commentary, War on the Rocks, 23 Sep. 2021.

²⁴ Harper, D., Ross, E. and Wakefield, B., 'The Chatham House Sustainable Laboratories Initiative: Prior Assessment Tool', 14 June 2019.

²⁰ Global Health Security Index (GHSI), '2021 GHSI', [n.d.]; and Africa CDC and African Union, 'Biosafety and Biosecurity Initiative 2021–2025 Strategic Plan', 7 July 2021.

expensive or unnecessarily advanced equipment that exceeds the requirements of the laboratory. With these improvements in place, laboratories should be able to operate more effectively, identify an outbreak more quickly and prevent it from spreading rapidly, giving a significant public health benefit. Workers would also be in a better position to do this more safely, reducing the risk of accidental outbreaks, and be more aware of biosecurity risks, thus making the facility more secure and reducing the risk of malicious acquisition of dangerous pathogens by nefarious actors. This would create higher barriers to entry for non-state actors who might be looking to steal samples or pathogens, and send a signal to malicious actors that deliberate use would have a low impact.

At the time of writing, 54 out of 55 AU member states have completed the voluntary JEE process—46 out of 47 countries in the WHO African Region and all 8 African countries in the WHO Eastern Mediterranean Region. Only Algeria has yet to complete the process. According to the JEE dashboard for the WHO African Region across all years, 17 of the 19 capacities showed an average score categorized as ‘limited or developed capacity’, with 1 capacity (medical countermeasures) showing ‘no capacity’ and only 1 capacity (immunization) showing a ‘demonstrated or sustained capacity’.²⁵ These results show a clear need for capacity development and a willingness from African countries to identify where these needs are. Of the 8 African countries in the WHO Eastern Mediterranean Region, both Somalia’s and Djibouti’s average JEE capacity scores closely reflect those of the WHO African Region, as detailed. However, the North African countries of Egypt, Libya, Morocco, Sudan and Tunisia score more positively across all capacities.

Improving relevant public health capacities would have a significant impact on improving biosecurity from a security perspective. An earlier analysis by Talisuna et al. provides a comprehensive review of the JEE results of the 40 WHO African Region countries available at the time of publication.²⁶ Their paper includes useful visual representations of the scores across these countries and calls the WHO African Region JEE findings a ‘red flag’ for public health emergency preparedness and response capacities.

²⁵ World Health Organization (note 22).

²⁶ Talisuna, A. et al., ‘Joint external evaluation of the International Health Regulation (2005) capacities: Current status and lessons learnt in the WHO African region’, *BMJ Global Health*, vol. 4, no. 6 (2019).

African countries have also comprehensively engaged in the WOAHPVS Pathway, with 53 requests received in the WOAHPVS Africa Region and 52 missions implemented as of 18 March 2022—the highest of all regions and a significant proportion of the 142 total requests received and 137 total missions implemented.²⁷ The PVS Pathway includes country-level evaluations and gap analysis reports, which are intended to identify and provide evidence for the necessary country improvements. This information is considered in the JEE process.

Plant health

Plant health remains an important, and often neglected, element of a One Health approach to biosecurity and has its own assessment process overseen by the UN FAO. The International Plant Protection Convention (IPPC) Phytosanitary Capacity Evaluation (PCE) is similar to the JEE process and the PVS Pathway and provides valuable information on country-level capacities and gaps in the plant health sector. As of 2020, a total of 20 African countries had conducted PCEs, although many of these assessments now require renewal.²⁸ The IPPC report on global emerging issues highlighted the need to strengthen phytosanitary capacity in Africa, as well as other issues such as resource limitations, emerging plant pests and other environmental issues.²⁹ The IPPC Strategic Framework 2020–2030 also highlights priority areas, including the need to strengthen pest outbreak alert and response systems and to establish a network of diagnostic laboratory services and diagnostic protocols.³⁰

III. EU COMMITMENTS AND RELEVANT BODIES

EU efforts have mainly focused on the BWC and UN Security Council Resolution 1540; however, additional avenues to improve biosecurity also exist. For example,

²⁷ World Organisation for Animal Health (WOAH), ‘PVS evaluation missions: State of play as of 18 Mar. 2022’, 2022.

²⁸ International Plant Protection Convention (IPPC), ‘Implementation of phytosanitary capacity evaluations under the IPPC secretariat oversight from 2000 to date’, 12 Mar. 2020.

²⁹ Food and Agriculture Organization of the United Nations (FAO), *Global Emerging Issues: A Report of Findings from the 2016 IPPC Regional Workshops Questionnaire* (FAO: Rome, 2017).

³⁰ Food and Agriculture Organization of the United Nations (FAO) and International Plant Protection Convention (IPPC), *Strategic Framework for the International Plant Protection Convention (IPPC) 2020–2030: Protecting the World’s Plant Resources from Pests* (FAO: Rome, 2020).

broadening actions to include improving public health capabilities and capacities, and improving coordination and cooperation across multisectoral actors where possible would be beneficial. Recent commitments have taken steps in this direction, but this could be expanded on in the future.

What has the EU committed to?

EU commitments to improving biological security can be traced back for decades. In December 2003, the European Council adopted the European Security Strategy (ESS) and the EU Strategy against Proliferation of Weapons of Mass Destruction (EU WMD Strategy).³¹ These actions underlined the EU's commitment to multilateral approaches to non-proliferation and arms control, such as strengthening the BWC and the national implementation of the BWC. The strategies also highlight the potential impact of biological weapons and biological terrorism on human, animal or plant targets, and the increasing risk of the potential misuse of dual-use technology and knowledge due to rapid developments in the life sciences. However, they do not provide approaches to mitigate this beyond the BWC and export controls.

Building on the EU WMD Strategy, in June 2006, Council Joint Action 2006/419/CFSP outlined the EU's intention to support the implementation of UN Security Council Resolution 1540, including raising awareness of the importance of—and requirements related to—the resolution. It also highlighted the EU's intended contribution to strengthening the national administration capacities of states in Africa in drafting national reports on the implementation of the resolution.³² This joint action covered a two-year period and consisted primarily of funding support to a regional seminar in Ghana, hosted by the UN Office for Disarmament Affairs (UNODA) and the UN Regional Center for Peace and Disarmament in Africa

³¹ European Council, 'European Security Strategy: A secure Europe in a better world', 12 Dec. 2003; and Council of the European Union, 'Fight against the proliferation of weapons of mass destruction—EU strategy against proliferation of Weapons of Mass Destruction', 15708/03, 10 Dec. 2003.

³² Council Joint Action 2006/419/CFSP of 12 June 2006 in support of the implementation of the United Nations Security Council Resolution 1540 (2004) and in the framework of the implementation of the EU Strategy against the Proliferation of Weapons of Mass Destruction, *Official Journal of the European Union*, L165/30, 17 June 2006. As well as Africa, it also referred to the Asia-Pacific and Latin America-Caribbean regions.

(UNREC) to raise awareness of the obligations under the resolution.

Joint Action 2008/368/CFSP built on the previous joint action to work towards full implementation of UN Security Council Resolution 1540, with an objective to produce national action plans, and more specifically, assist states with their related activities.³³ For Africa, this included participation from Egypt, Ghana, Kenya, Libya, Morocco, Nigeria, the Republic of the Congo, South Africa, Tanzania and Uganda.

These efforts to support multilateral approaches to non-proliferation were useful and fulfilled the EU's commitment; however, many of the issues noted in the ESS and the EU WMD Strategy persist almost 20 years later. An updated report on the ESS in 2009 highlighted that 'more work is also needed on specific issues, including . . . measures on bio-safety and bio security', but did not provide further details about what this work might entail.³⁴ Since then, improvements have been made globally, but this statement remains true today, particularly in Africa. Additionally, coordination and cooperation across sectors to improve efficacy and reduce the possible duplication of activities by multiple actors at EU level, member state level and the international level remain a major challenge.

The 2003 EU WMD Strategy highlighted the importance of close cooperation and common approaches with international partners, as well as 'co-operation between the public health, occupational health and safety and the non-proliferation structures' within Europe, but made no mention of the WHO or other public or plant health bodies at the international level.³⁵

Council Decision 2013/391/CFSP of 22 July 2013 again aimed to further build on the previous activities in the region and began to address this oversight.³⁶ The decision noted the importance of 'developing activities in cooperation with other international organizations and agencies, including the OSCE, IAEA, OPCW, WHO, FAO and OIE, to ensure effective synergies

³³ Council Joint Action 2008/368/CFSP of 14 May 2008 in support of the implementation of the United Nations Security Council Resolution 1540 and in the framework of the implementation of the EU strategy against the proliferation of weapons of mass destruction, *Official Journal of the European Union*, L127/78, 15 May 2008.

³⁴ European Council (note 31).

³⁵ Council of the European Union (note 31).

³⁶ Council Decision 2013/391/CFSP of 22 July 2013 in support of the implementation of the United Nations Security Council Resolution 1540 (2004) on non-proliferation of weapons of mass destruction and their means of delivery, *Official Journal of the European Union*, L198/40, 23 July 2013.

and avoid duplication'. The decision again notes the need to find 'synergies'—which could be understood to mean complementary activities providing combined benefits—with the regional activities of the EU CBRN Centres of Excellence (COE) initiative, and 'with other EU-sponsored programmes in this field'. This was a useful step in taking a broader and more coordinated multisectoral approach to biological issues, although details of what 'synergies' include remains undefined.

Most recently in relation to UN Security Council Resolution 1540, Council Decision 2017/809/CFSP provided significant support to UNODA, in cooperation with the AU and the EU CBRN COE initiative.

Throughout the development of the EU's support to the implementation of the resolution in Africa, financial contributions have grown significantly, as has the level of partnership with African stakeholders and the awareness of complementarity with other programmes and organizations.

The EU has also provided significant support to the BWC through two joint actions and three Council decisions within the framework of the 2003 EU WMD Strategy. These include Council Joint Action 2006/184/CFSP (2006–2007), Council Joint Action 2008/858/CFSP (2009–2011), Council Decision 2012/421/CFSP (2012–15) and Council Decision 2016/51/CFSP (2016–19), which have all now expired. Further to this, Council Decision 2019/97/CFSP (2019–22) (amended by Council Decision 2021/2033/CFSP, to extend the decision by 12 months) and Council Decision 2021/2072/CFSP (2021–23) are still in force.³⁷

³⁷ Council Joint Action 2006/184/CFSP of 27 Feb. 2006 in support of the Biological and Toxin Weapons Convention, in the framework of the EU Strategy against the Proliferation of Weapons of Mass Destruction, *Official Journal of the European Union*, L65/51, 7 Mar. 2006; Council Joint Action 2008/858/CFSP of 10 Nov. 2008 in support of the Biological and Toxin Weapons Convention, in the framework of the EU Strategy against the Proliferation of Weapons of Mass Destruction, *Official Journal of the European Union*, L302/29, 13 Nov. 2008; Council Decision 2012/421/CFSP of 23 July 2012 in support of the Biological and Toxin Weapons Convention, in the framework of the EU Strategy against Proliferation of Weapons of Mass Destruction, *Official Journal of the European Union*, L196/61, 24 July 2012; Council Decision (CFSP) 2016/51 of 18 Jan. 2016 in support of the Biological and Toxin Weapons Convention, in the framework of the EU Strategy against Proliferation of Weapons of Mass Destruction, *Official Journal of the European Union*, L12/50, 19 Jan. 2016; Council Decision (CFSP) 2019/97 of 21 Jan. 2019 in support of the Biological and Toxin Weapons Convention in the framework of the EU Strategy against Proliferation of Weapons of Mass Destruction, *Official Journal of the European Union*, L19/11, 22 Jan. 2019; and Council Decision (CFSP) 2021/2033 of 19 Nov. 2021 amending Decision (CFSP) 2019/97 in support of the Biological and Toxin Weapons Convention in the framework of the EU Strategy against Proliferation

Much of this support has focused on the implementation and universalization of the convention, including a focus on Africa. EU efforts and financial contributions to support the BWC have also grown significantly throughout the course of these joint actions and Council decisions, and the EU remains the primary financial supporter of the BWC. These efforts are laudable, as supporting the BWC and upholding the international norms against biological weapons remain of utmost importance, particularly because, at present, 7 of the 13 states not party to the BWC are in Africa.

In addition to supporting the international frameworks, there are broader opportunities to improve biosecurity through more inclusive and meaningful cooperation with African partners. Most recently, Council Decision 2021/2072/CFSP takes important steps in this direction, as it rightly refers to the importance of local and regional ownership of projects for long-term sustainability and 'strengthening biosafety and biosecurity capabilities in Africa through increased regional coordination', with the primary focus of the decision on the BWC and UN Security Council Resolution 1540.³⁸

The decision includes the creation of a Political Affairs Officer position in Addis Ababa, Ethiopia, to work towards universalization and implementation of the BWC in Africa. It includes a specific reference to liaising and coordinating activities with the relevant partner organizations in Africa, including Africa CDC and its new BBI, the AU Commission's Peace and Security Department, the AU Development Agency–NEPAD (AUDA–NEPAD) African Biosafety Network of Expertise, Regional Economic Communities (RECs) and other relevant AU entities. It also notes the need to coordinate with the Group of Seven (G7)-led Global Partnership against the Spread of Weapons and Materials of Mass Destruction (Global Partnership), specifically the Biological Security Working Group's Signature Initiative to Mitigate Biological Threats in Africa.³⁹ This is a significant and welcome step to a more coordinated multisectoral approach to EU biological threat reduction efforts and is an important

of Weapons of Mass Destruction, *Official Journal of the European Union*, L415/29, 22 Nov. 2021.

³⁸ Council Decision (CFSP) 2021/2072 of 25 Nov. 2021 in support of building resilience in biosafety and biosecurity through the Biological and Toxin Weapons Convention, *Official Journal of the European Union*, L421/56, 27 Nov. 2021.

³⁹ Global Partnership Against the Spread of Weapons and Materials of Mass Destruction, 'Signature Initiative to Mitigate Biological Threats in Africa', [n.d.].

shift to broadening EU activities in improving biosecurity in Africa.

Relevant EU bodies

A significant part of the EU's contribution to biosecurity is provided by the EU CBRN Risk Mitigation COE initiative. The initiative began in 2010 to respond to the need to strengthen institutional capacity and provide CBRN technical assistance to non-EU countries, with regard to natural, deliberate or accidental incidents across the spectrum of CBRN threats. The stated aim of the initiative is to 'mitigate risks and strengthen all-hazards security governance in Partner Countries of the EU'.⁴⁰ It has also contributed to strengthening biosafety and biosecurity at both the political and the field level, and can be described as a sustainable capacity-building tool with a risk-based and tailored approach.

The EU CBRN COE initiative is funded and implemented through the Neighbourhood, Development and International Cooperation Instrument, and it is led by the European Commission's Service for Foreign Policy Instruments in close coordination with the European External Action Service. Two previous EU Non-Proliferation and Disarmament Consortium papers discuss in detail the inception and progress of the EU CBRN COE initiative and can be consulted for more information.⁴¹

The European Centre for Disease Prevention and Control (ECDC) also provides significant expertise related to biological threats through various initiatives, projects and programmes. Goal 4 of the ECDC Strategy for 2021–27 states that the ECDC will contribute to improving health security in the EU through international collaboration and alignment regarding infectious disease policies and practice.⁴² Collaboration between the health and security communities and the sharing of experience from public health experts

⁴⁰ European Union, Chemical, Biological, Radiological and Nuclear Risk Mitigation (CBRN), 'CBRN Risk Mitigation Centres of Excellence', 2022.

⁴¹ Mignone, A., 'The European Union's Chemical, Biological, Radiological and Nuclear Centres of Excellence Initiative', EU Non-Proliferation Consortium, Non-Proliferation Paper no. 28, June 2013; and Trapp, R., 'The EU's CBRN Centres of Excellence initiative after six years', EU Non-Proliferation Consortium, Non-Proliferation Paper no. 55, Feb. 2017.

⁴² European Centre for Disease Prevention and Control (ECDC), 'ECDC Strategy: 2021–2027', ECDC Corporate, 2021.

is an essential part of effective biological security programming.

The European Commission's newly established European Health Emergency Preparedness and Response Authority (HERA) also has a role to play in strengthening biosecurity in Africa in the future. Two parts of HERA's core mission are focused on contributing to health security coordination within the EU and addressing vulnerabilities related to the production, procurement and distribution of medical countermeasures, but the third focuses on reinforcing the global health emergency preparedness and response architecture. HERA was founded on 16 September 2021, and its work plan, published in February 2022, emphasizes the importance of global cooperation and wide collaboration.⁴³ Considering this, biosecurity-related capacity building in Africa should be part of the authority's mandate as its activities develop.

HERA has a budget of €6 billion for the period 2022–27 and could make a significant impact in its overseas engagement in the biosecurity space. The authority has allocated €1.3 billion of this funding as part of its 2022 annual work plan and has considerable scope to determine its future activities in the coming years. As HERA develops its future workplans, it should provide a major part of the EU contribution to improving biosecurity in Africa.

IV. EU ACTIVITIES TO IMPROVE BIOSECURITY IN AFRICA

As noted, in the relevant joint actions and Council decisions, the EU provides a great deal of support to the BWC, and this has been a primary focus of EU efforts. More than €11 million has been provided by the EU to support capacity-building activities related to the BWC in developing countries. Some of these projects have included promoting universal adherence to the BWC; capacity building in support of implementation of the convention and BWC national contact points; fostering biosecurity networks; supporting the intersessional programme and preparations for the ninth BWC review conference; strengthening preparedness of states parties to prevent and respond to deliberate biological incidents; awareness raising and engagement; and, most recently, referring to strengthening biosafety

⁴³ European Commission, 'HERA Work Plan 2022—Responding to the current pandemic, preparing for future health emergencies', Fact sheet, 10 Feb. 2022.

and biosecurity capabilities in Africa through regional coordination.⁴⁴ This latest step has opened the door for an increased multisectoral approach to EU efforts to improving biosecurity in Africa.

The difficulty of coordination or alignment of activities is a persistent issue and not unique to EU efforts. Pragmatically, it would not be possible for all the various actors involved in biosecurity work, both within and external to the EU, to be perfectly aligned. Different sectors, countries and organizations have different perspectives and priorities, and it would not be possible to stay abreast of all activities. However, the recent EU commitments are an important step towards improving this, and future commitments and activities should seek to build on this.

Indeed, the EU has supported a number of projects related to laboratory biosafety and biosecurity in Africa, which are well coordinated with African partners. For example, Project 75 (MediLabSecure II) aims to prevent vector-borne diseases by reinforcing a network of international laboratories and public health institutions.⁴⁵ The work is a good example of multisectoral collaboration between the human and animal health sectors. Of the 22 participating countries, 10 are located in the Maghreb and Sahel regions of Africa. Similarly, Project 76 (STRONGLABS) is implemented by the WHO and focused on strengthening laboratories in relation to IHR implementation by building capacities for safe sample management, biosafety and biosecurity in laboratories, and quality assured diagnostics in Mali, Burkina Faso and Niger. Further to this, Project 85 (LABPLUS Africa) focuses on the development of a training COE at the Pasteur Institute of Dakar for improving diagnostic capacities, research activities and laboratory management in Africa, combined with five mobile laboratories: two based in West Africa and three in East Africa to enable coverage in remote areas. This project was developed in collaboration with African partners such as Africa CDC, the WHO Regional Office for Africa, and the West African Health Organization.⁴⁶

At first sight, these projects may not appear to be specifically related to disarmament and non-

proliferation, but they all contribute to improving countries' abilities to prevent, detect and respond to biological threats and have the dual benefit of increasing biosecurity and improving public health. This also contributes to the concept of deterrence by denial, by reducing the impact of deliberate use and increasing the barriers to accessing dangerous biological material.

Additionally, the EU Initiative on Health Security, implemented by the ECDC, aims to strengthen partner countries' skills and institutional mechanisms to respond to health threats and to support cross-border cooperation between the EU and partner countries. As part of this, the ECDC supports the Mediterranean and Black Sea Programme for Intervention Epidemiology Training (MediPIET).⁴⁷ Although this programme is not entirely focused on Africa, it does include Algeria, Egypt, Morocco and Tunisia. The programme supports capacity building for the prevention and control of natural or man-made threats to health posed by communicable diseases. Previously, the CBRN COE initiative had also supported, among others, Project 48 on 'Improved Regional Management of Outbreaks in the CBRN Centres of Excellence Partner Countries of the African Atlantic Façade' and Project 35 on 'Management of Hazardous Chemical and Biological Waste in the African Atlantic Façade Region', as two select examples.

In addition to EU-level activities, individual EU member states also engage in activities on a bilateral basis with AU member states and international organizations across Africa. Due to the multisectoral nature of biosecurity work, various government departments, non-government organizations and private organizations are engaged in simultaneous international efforts. The plurality of actors and activities makes it difficult to build a comprehensive understanding of all ongoing activities. This has often resulted in duplication of work or missed opportunities for collaboration between well-meaning actors and is frequently highlighted as an issue by both funding partners and host countries, despite acknowledging this as an issue as far back as the ESS and the EU WMD Strategy in 2003.

⁴⁴ United Nations Office for Disarmament Affairs (UNODA), 'European Union support to the Biological Weapons Convention', [n.d.].

⁴⁵ MediLabSecure website, <<https://www.medilabsecure.com/>>.

⁴⁶ European Union, Chemical, Biological, Radiological and Nuclear Risk Mitigation, 'Project 85: Strengthening laboratory capacities in Africa against COVID-19 and other epidemics: From set up in Senegal to scale up in Africa (LABPLUS AFRICA)', [n.d.].

⁴⁷ European Centre for Disease Prevention and Control (ECDC), 'MediPIET', [n.d.].

V. INTERNATIONAL EFFORTS AND OPPORTUNITIES FOR IMPROVED COORDINATION

Council Decision 2021/2072/CFSP provides a clear commitment for the EU to build on its experience through previous joint actions and Council decisions, while encouraging local and regional ownership of projects, and close collaboration with the Africa CDC BBI and the Global Partnership Signature Initiative.⁴⁸ Both Africa CDC and the Global Partnership provide significant opportunities for improved coordination in the strengthening of biosecurity capacities and capabilities in Africa.

Africa CDC is a specialized technical institution of the AU, established in January 2016 and officially launched in January 2017, which supports member state public health initiatives and aims to strengthen the capacity of public health institutions to detect, prevent, control and respond to disease threats. Within Africa CDC, there are five Regional Collaborating Centres (RCCs) representing Central Africa, Eastern Africa, Northern Africa, Southern Africa and Western Africa. The RCCs are responsible for coordinating partnerships and activities with the respective member states of their region.

In the five years of its operation, Africa CDC has shown itself to be a highly competent organization and a proactive partner for improving biosecurity in Africa. In support of a more coordinated approach to capacity and capability building, Africa CDC developed the BBI 2021–25 Strategic Plan. While the recent EU commitment refers to improving biosafety and biosecurity, it does not commit to specific activities beyond the detailed support of the BWC. The BBI provides an opportunity to engage in an initiative that is regionally owned and driven by African experts, in line with the principles stated in recent Council of the EU decisions. The BBI outlines six priority areas for action, with an accompanying budget, and emphasizes joint participation and contributions from AU member states and development partners. It also encourages organizations with different mandates to contribute what is appropriate for their respective programmes.

The Global Partnership is a G7-led, 31-member international initiative aimed at preventing the proliferation of CBRN weapons and related materials. It is uniquely placed as an international forum for

the coordination of projects related to the prevention of CBRN incidents and proliferation, and European countries make up a significant proportion of Global Partnership members. The EU is a member in its own right, and 14 EU member states, as well as Norway, Switzerland and the United Kingdom, are also members. The EU CBRN COE initiative is also a key collaborating organization and is well engaged in Global Partnership efforts. Further to this, the chair of the group is rotated in line with the G7 presidency, and thus Germany holds the position in 2022 and Italy is due to hold the chair in 2024, providing a real opportunity for continued European leadership and impact in the group.

Biological security is a key priority of the Global Partnership, and its Biological Security Working Group is implementing a new Signature Initiative to Mitigate Biological Threats in Africa.⁴⁹ The Signature Initiative is being developed and delivered in close collaboration with Africa CDC and other African partners. The core mission of the initiative is centred around aligning activities of Global Partnership members and African countries working towards the same goals of reducing biological threats. The Signature Initiative itself is closely aligned with the Africa CDC BBI.

Through Council Decision 2021/2072/CFSP, the EU has continued with commendable efforts in support of the BWC; Project 1 is focused on ‘Strengthening biosafety and biosecurity capabilities in Africa through increased regional coordination’.⁵⁰ For example, the Political Affairs Officer position in Addis Ababa linked to this project has been filled, which provides important support to AU member states to advance the universalization and national implementation of the BWC. However, this role is only supported until the expiration of the Council decision in November 2023, and extended funding for this should be considered.

In the text of Project 1, it is noted that ‘implementation of the Convention would be considerably strengthened by increasing the biosafety and biosecurity capacities of its African States Parties’.⁵¹ This acknowledgement is a positive step and paves the way for further and broader EU contributions to improving biosecurity in Africa. The Africa CDC BBI provides costed recommendations for how these capacities could be improved, and the Global

⁴⁸ Africa CDC and African Union (note 20); and Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (note 39).

⁴⁹ Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (note 39).

⁵⁰ Council Decision (CFSP) 2021/2072 (note 38).

⁵¹ Council Decision (CFSP) 2021/2072 (note 38).

Partnership Signature Initiative provides the forum to ensure that any future efforts are appropriately aligned with other funding partners, including EU member states. Further consultation with both initiatives could pave the way for important future EU commitments and prevent duplication of efforts. Groups such as the Global Health Security Agenda (GHS) Biosafety and Biosecurity Action Package (Action Package Prevent-3) also provide useful forums to share information and coordinate and collaborate with partners on biological security issues.

There is also an opportunity to further explore the potential role of HERA in future international biosecurity capacity-building efforts. Much of HERA's focus is on coordination within the EU and with issues related to medical countermeasures, which is a high priority—in the near term, with the increased CBRN threats linked to Russia's war in Ukraine, and in the longer term, to build resilience to future outbreaks. However, there is also an expectation that the authority will have a global focus, and global cooperation is listed in its 2022 work plan. Anderson, Forman and Mossialos have suggested that HERA could take a similar role in its international engagement to the way the US Biomedical Advanced Research and Development Authority (BARDA) engaged in programming related to Ebola and the Zika virus.⁵²

For international engagement, HERA will need to establish and develop working relationships with other organizations and initiatives with similar goals. Specifically for activities in Africa, the Africa CDC is an ideal partner, and the organization's BBI offers a significant opportunity to ensure that HERA's future role is established via a meaningful engagement with local and regional experts. HERA should build on its early conversations with Africa CDC by participating in high-level round-table discussions to identify how the organizations can form the most effective partnership. These discussions could include key members of each organization, as well as regional and international experts, relevant multilateral partners such as the WHO and the BWC Implementation Support Unit, and other active funding partners (including those from other parts of the EU). HERA and Africa CDC could then formalize the partnership through a memorandum of understanding.

⁵² Anderson, M., Forman, R. and Mossialos, E., 'Navigating the role of the EU Health Emergency Preparedness and Response Authority (HERA) in Europe and beyond', *The Lancet Regional Health—Europe*, vol. 9 (Oct. 2021).

Further to this, the EU should capitalize on its position in the Global Partnership and encourage these discussions to be linked to the Signature Initiative. Moreover, HERA should become a key international organization involved in the Global Partnership, much as the EU CBRN COE initiative is. This will help to align proposed activities with other international funding partners and ensure that efforts are complementary and not duplicative. Further discussion with these organizations could provide useful direction for HERA in this space.

VI. CONCLUSIONS

The EU has a long history of commitment to improving biological security and supporting multilateral approaches to arms control and non-proliferation, as well as a strong geopolitical relationship with the AU and its member states. The EU's efforts in this space have grown over the years, both in scope and financial contribution.

Nevertheless, there is a demonstrated need to strengthen biosecurity-related capacities and capabilities across Africa. This includes not only the importance of working towards universalization of the BWC and improving implementation of UN Security Council Resolution 1540, but also efforts to improve country capacities to prevent, detect and respond to all types of infectious disease outbreaks. This has been clearly outlined through the voluntary WHO JEE process completed by almost all AU member states and by analyses completed by Africa CDC.

Questions remain about the precise nature of HERA's role in the international biosecurity space, but the authority's initial work plan includes international capacity building within its scope. Further discussions with key partners and experts in Africa are required to develop HERA's position and the right partnerships in the region. This could be achieved by progressing the authority's initial discussions with Africa CDC with wider round-table consultations, to work towards signing an appropriate memorandum of understanding.

There are significant opportunities for EU engagement and coordination with the Africa CDC BBI 2021–25 Strategic Plan and the Global Partnership Signature Initiative. This is due to the commitments outlined in Council Decision 2021/2072/CFSP, as well as in the relationship between the EU and the AU, and the status of the EU within the Global Partnership, including the significant European membership of the

group. Closer engagement with these two initiatives would likely result in more coordinated biological threat-reduction programming and more efficient efforts to strengthen biosecurity in Africa.

ABBREVIATIONS

Africa CDC	Africa Centres for Disease Control and Prevention
AU	African Union
BBI	Biosafety and Biosecurity Initiative (of Africa CDC)
BWC	Biological and Toxin Weapons Convention
CBRN	Chemical, biological, radiological and nuclear
CFSP	Common Foreign and Security Policy (of the EU)
COE	Centre(s) of Excellence
ECDC	European Centre for Disease Prevention and Control
ESS	European Security Strategy (2003)
EU	European Union
FAO	Food and Agriculture Organization (UN)
HERA	European Health Emergency Preparedness and Response Authority
IAEA	International Atomic Energy Agency
IHR	International Health Regulations (2005)
IPPC	International Plant Protection Convention
JEE	Joint External Evaluation
OIE	Office International des Epizooties (now WOAAH)
OPCW	Organisation for the Prohibition of Chemical Weapons
OSCE	Organization for Security and Co-operation in Europe
PVS	Performance of Veterinary Services
UN	United Nations
UNODA	UN Office for Disarmament Affairs
WHO	World Health Organization
WMD	Weapon(s) of mass destruction
WOAH	World Organisation for Animal Health (formerly OIE)

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A EUROPEAN NETWORK

In July 2010 the Council of the European Union decided to support the creation of a network bringing together foreign policy institutions and research centers from across the EU to encourage political and security-related dialogue and the long-term discussion of measures to combat the proliferation of weapons of mass destruction (WMD) and their delivery systems. The Council of the European Union entrusted the technical implementation of this Decision to the EU Non-Proliferation Consortium. In 2018, in line with the recommendations formulated by the European Parliament the names and the mandate of the network and the Consortium have been adjusted to include the word 'disarmament'.

STRUCTURE

The EU Non-Proliferation and Disarmament Consortium is managed jointly by six institutes: La Fondation pour la recherche stratégique (FRS), the Peace Research Institute Frankfurt (HSFK/PRIF), the International Affairs Institute in Rome (IAI), the International Institute for Strategic Studies (IISS), the Stockholm International Peace Research Institute (SIPRI) and the Vienna Center for Disarmament and Non-Proliferation (VCDNP). The Consortium, originally comprised of four institutes, began its work in January 2011 and forms the core of a wider network of European non-proliferation and disarmament think tanks and research centers which are closely associated with the activities of the Consortium.

MISSION

The main aim of the network of independent non-proliferation and disarmament think tanks is to encourage discussion of measures to combat the proliferation of weapons of mass destruction and their delivery systems within civil society, particularly among experts, researchers and academics in the EU and third countries. The scope of activities shall also cover issues related to conventional weapons, including small arms and light weapons (SALW).

www.nonproliferation.eu

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