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An initiative of the European Union

CBRN NEWSLETTER

Created by the Joint Research Centre - Volume 16 - May 2020

COVID-19 Special Edition

How are the Centres of Excellence helping to fight the COVID-19 pandemic?

By Margarida Goulart
and Tristan Simonart

Brussels, May 2020

The outbreak of a severe acute respiratory syndrome due to a new coronavirus (officially named SARS-CoV-2) that emerged in the city of Wuhan (Hubei Province, China) in December 2019 has been classified as a pandemic and is now affecting more than 7,5 million patients worldwide.

The EU CBRN Centres of Excellence Initiative (EU CBRN CoE) has been actively responding to this emergency, for example by launching, in April 2020, a contract of €10 million for the LABPLUS AFRICA project directed to Institut Pasteur Dakar. 5 million euros will be channelled to Institut Pasteur directly and 5 million euros for the fleet of mobile labs to be deployed by the Praesens Care Foundation.

Since 2010, 25 EU CBRN CoE projects (out of a total of 82) have focused on the biological risks, in addition to several other projects which have integrated bio-risks into the CBRN all hazard approach. Several Partner Countries have reported to have greatly benefited from the CBRN expert network (including the CoE National Focal Points and CBRN National Teams) that were put in place thanks to the EU CBRN CoE Initiative, and that this mechanism has been found very useful to mobilize a coordinated response. ▣



HIGHLIGHTS from the CBRN CoE's 8 Regions



**COVID-19
Risk Mitigation**



**Project 53: Specialised training on
biosafety and biosecurity in CA Countries**



**COVID-19: the united
response of the SEEE region**

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COVID-19 risk mitigation



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TABLE OF COMMON ACRONYMS: AAF = African Atlantic Façade; CA = Central Asia; CBRN = Chemical, Biological, Radiological and Nuclear; CDC = Centers for Disease Control and Prevention; CoE = Centres of Excellence; DG DEVCO = Commission's Directorate-General for International Cooperation and Development; DTRA = Defense Threat Reduction Agency; EC = European Commission; ECA = Eastern and Central Africa; EEAS = European External Action Service; ECDC = European Centre for Disease Prevention and Control; EM = Emergency Medicine; EMPHNET = Eastern Mediterranean Public Health Network; EUD = European Union Delegation; GCC = Gulf Cooperation Council Countries; GCERF = Global Community Engagement and Resilience Fund; IAEA = International Atomic Energy Agency; ICSP = Instrument contributing to Stability & Peace; IFRC = International Federation of Red Cross and Red Crescent Societies; JRC = Joint Research Centre; KSCQZD = Kazakh Scientific Center of Quarantine and Zoonotic Diseases; MIE = Middle East; NAS = North Africa and Sahel; NFP = National Focal Point; NT = National Team; OSA = On-Site Technical Assistant; RS = Regional Secretariat; SCJS = Sustainable Criminal Justice Solutions; SEA = South East Asia; SEEE = South East and Eastern Europe; ToR = Terms of Reference; UNICRI = United Nations Interregional Crime and Justice Research Institute; WHO = World Health Organization.

Initial impacts of global risk mitigation measures taken during the combatting of the COVID-19 pandemic

This article has been very recently published in the Safety Science journal under Open Access policy, with several authors from the EU CBRN CoE team in the JRC. It focuses on the analysis of risk mitigation measures taken by countries around the world for the COVID-19 pandemic, at the time of the publication (keeping in mind that these measures are evolving with time).

These measures have been clustered in 6 categories: **mobility restrictions, socio-economic restrictions, physical distancing, hygiene measures, communication, and international support mechanisms.** The authors gathered lessons learnt, providing an update on the current knowledge for authorities, sectors and first responders on the effectiveness of said measures. Although it is still early to draw full quantitative results from the effectiveness of the different actions, the possible conclusions are that the best mitigation results are reported when applying a combination of voluntary and enforceable measures. Existing global mechanisms such as the EU CBRN CoE should be strengthened as they are providing an added value to the response. The partners of the Initiative can benefit from interlinked preparedness, prevention and response mechanisms, and from being part of a

HOW DO CORONAVIRUS DIAGNOSTIC TESTS WORK?

A Molecular Testing

VIRUS-DERIVED

- DNA derived from patient samples is repeatedly copied and amplified
- Different colored dyes bind to genes for pieces of the virus.
- Another dye detects genes from related virus families.

Pros

- Early detection
- Quick processing (hours)
- Highly selective and specific

Cons

- Skilled personnel and equipment necessary
- Does not tell you if virus is still active
- Cannot detect those who've been infected and later recovered

B Serological Testing

BLOOD-DERIVED

As the patient's immune system kicks in, the antibodies are measured using a technique called **ELISA**:

Pros

- Rapid test available at point-of-care
- Low cost
- Can be used to test large populations
- Reliably detects exposure

Cons

- Cannot detect if patient is contagious or infection is still present
- Prone to false negatives if patient has deferred immune response

SLAS infographic, credit to CDC, C&ENews, MedRxiv, Scientific American, Seegene, ThermoFisher, UniProt





network of first responders, practitioners or risk mitigation stakeholders which have shared common trainings.

General recommendations issued in the paper for governments of COVID-19 affected countries include:

- States should invest in preventive risk mitigation resources, limiting the spread of COVID-19 and comprising physical distancing measures and hygienic measures. This is particularly important for countries with fewer resources;
- A combination of mitigation measures such as general mobility restrictions, wide-spread testing and contact tracing using new technologies should be considered;
- Correct use of appropriate face masks should be envisaged when physical distancing is not possible;
- Official institutions should develop a clear and coordinated communication strategy on effective risk mitigation, in order to build trust with the citizens in a quickly evolving situation, using all possible channels and combatting fake news.

Bruinen de Bruin, Y., Lequarré, A. S., McCourt, J., Clevestig, P., Pigazzani, F., Zare Jeddi, M., Colosio, C., & Goulart, M. (2020). Initial impacts of global risk mitigation measures taken during the combatting of the COVID-19 pandemic. Safety science, 104773. Advance online publication.

<https://doi.org/10.1016/j.ssci.2020.104773>

Pandemic measures and chemical process safety

By Major Accidents Hazards Bureau, Joint Research Centre, Ispra (Italy)

A special issue of the Lesson Learned Bulletin of the Major Accidents Hazards Bureau (MAHB) has been released to raise awareness of risks associated with the start-up of industrial sites where dangerous substances are present, after a shutdown due to COVID-19 restrictions. Protective measures imposed by governments around the world to control the spread of the COVID-19 virus have necessitated the temporary closure of thousands of sites, substantially reducing onsite personnel. Many industrial

facilities have shut down following the measures to reduce the spread of infection. Even though an industrial facility is not actively manufacturing, it may still have hazardous substances on site, and these could cause accidents upon start-up and shut down, for example through the loss of ideal storage conditions or unforeseen chemical reactions.

A recent case in India: an accident caused by a leak of hazardous gas due to loss of refrigeration from a polymer plant in Visakhapatnam, 7-8 May 2020; 11 people died and 800 were taken to the hospital.

Shutdown and start-up of facilities handling hazardous substances. Keep in mind the following points:

- Some hazardous materials degrade over time. Stock quantities need to be

minimised and their situation monitored.

- Nitrogen blanketing should be maintained to protect against explosive atmospheres.
- Loss of electrical power during the period of shutdown will affect systems that need to be maintained in operation (cooling, ventilation, pumping, stirring, etc.).
- Some processes, such as the storage of refrigerated gases, depend on a regular rate of consumption to maintain safe operating pressures.
- Warehouses that are not opened regularly, and thus ventilated through the transfer operations, may heat up due to external temperatures and absorption of solar radiation. *The full document can be downloaded here from our portal repository https://cbrn-coe.jrc.ec.europa.eu/system/files/CBRN-Docs-2020-05/1.%20LLB%20Covid_v3.pdf*

WEBINARS FOR EU CBRN COE REGIONS ON THE COVID-19 CRISIS



RECENT WEBINARS

SEA - 26/05/2020: Success stories of quarantine strategy: Experience from Thailand.

SEEE - 27/05/2020: COVID-19 regional needs and priorities.

CA - 28/05/2020: COVID-19 regional needs and priorities.

GCC - 03/06/2020: Best Practices and Lessons Learned in relation to the COVID-19 Crisis.

MIE - date tbc: Lebanon - Testing and international coordination during COVID-19.

PLEASE NOTE: MediPIET webinars are available for all regions.

PAST WEBINARS

AAF - 03/04/2020: awareness raising on COVID-19 and business continuity,

MIE/GCC - 08/04/2020: MediPIET@Home Webinars:
• Hong Kong - COVID 19 prevention, containment and mitigation by Prof LEUNG, University of Hong Kong.
• London - Current Evidence on COVID-19 Epidemiology" led by Prof. David L. Heymann, from the London School of Hygiene and Tropical Medicine April 23rd, 2020,

NAS - 23/04/2020: Online training organized by Expertise France in cooperation with the CITRUS company and the French Fire Fighters in the framework of the CoE CBRN Project 71.

SEA - 14/04/2020: Singapore - COVID-19 talks organized by NUS Yoong Loo Lin School of Medicine, National University Health System (NUHS) and GOARN (Global Outbreak Alert and Response Network, WHO).

SEEE - Various: Albania - the regions participates in the MediPIET@Home Webinars. Several skype calls and webinars on COVID-19 topics took place.



AFRICAN ATLANTIC FAÇADE

By R. Alexander Hamilton

Projects and Novel Practices Addressing COVID-19 related Regional Activities and Business Continuity in the AAF during the crisis

AAF Region, May 2020

Over the past months, AAF Partner Countries, Project Implementers, and the Regional Secretariat have made substantial progress towards enhancing CBRN risk mitigation capacity in the region. They have also developed innovative approaches to information-sharing and knowledge-exchange to ensure business continuity during COVID-19 pandemic.

Prior to the COVID-19 pandemic, the NFPs met at the National School of Civil Protection in Casablanca, Morocco, 3-4 December 2019, for the "16th National Focal Points Round-Table Meeting for the African Atlantic Façade". During this meeting, they shared their experiences about the progress of national activities related to CBRN Risk Mitigation and defined priority actions for the year 2020.

To ensure business continuity during COVID-19, all EU CBRN CoE stakeholders have developed new ways of collaborating on the regional and inter-regional level. Notably, Partner Countries have exchanged

good practices, including awareness raising videos and national guidelines on COVID-19. Expertise France, Project Implementer of INSTASUR (Project 69) and SECTRANS AAF (Project 71), has shared e-learning materials with Partner Countries. The Regional Secretariat has moved to on-line platforms, including video conferencing and text-messaging, to remain in contact with National Focal Points.

In the beginning of April, the Regional Secretariat hosted a webinar dedicated to COVID-19, focusing on business continuity plans to be put in place during the crisis.



16th National Focal Points Round-Table Meeting for the African Atlantic Façade, Casablanca, Morocco, 3-4 December 2019



Biological Risk Mitigation in the AAF: Past projects and continued regional cooperation
AAF Region, May 2020

EU CBRN CoE Partner Countries in the AAF region have benefited from CoE projects that have had a tangible impact on disease outbreak management in the region. These projects have ranged from strengthening epidemiology training to acquiring flexible diagnostic capacity to establishing a regional network of highly skilled epidemiologists.

Here we feature several projects of particular relevance to the on-going COVID-19 crisis, and share news on how the AAF region is building on their legacy through continued regional and inter-regional cooperation.

MediPIET I (Project 32, 2013-2014), and its sister project MediLabSecure (on-going):

Benefiting several EU CBRN CoE regions bordering the Mediterranean, MediPIET I (Project 32) engaged public health practitioners from across the AAF region to develop a sustainable training program that has helped build a public health workforce with essential skills in field epidemiology, disease surveillance, detection, investigation and control. In order to support Partner Countries during the COVID-19 crisis, the project launched a series of webinars. The first, "Stages of Public Health Action: Prevention, Containment and Mitigation for COVID-19", was held on 8 April 2020.



Guided visit of the Pasteur Institute, including the EU-funded mobile lab, Dakar, Senegal, 20 February 2020

“ A total of five work packages of Project 48 were designed and delivered to improve emergency preparedness and response to disease outbreaks in the AAF region. ”

MediLabSecure, dedicated to vector-borne disease prevention and control, continues to support Partner Countries in the region. Most recently, a regional meeting was held from 20 to 22 January 2020 in Dakar, Senegal. National experts from Morocco, Mauritania and Senegal actively participated in this meeting, sharing expertise and visiting the Pasteur Institute, including the EU-funded mobile lab.

EUWAM-Lab (Project 45, 2014-2017): Based at the Pasteur Institute in Dakar, Senegal, the mobile laboratory procured for EuWam-Lab continues to support the AAF region by providing critical lab space for diagnostic testing and a diagnostic mobile solution during the on-going COVID-19 crisis.

The Contribution of Project 48 to Health Emergency Management in the AAF Region

By Mamadou Yerbanga

As part of Project 48 "Improved regional management of outbreaks in the CBRN Centres of Excellence Partner Countries of the African Atlantic Façade", a total of five work packages



(WP) were designed and delivered to improve emergency preparedness and response to disease outbreaks in the AAF region. In the context of the current COVID-19 crisis, the most important of these work packages was WP-4: "Strengthening response and recovery capacities for epidemics in the AAF region, including regional exercises". WP-4 supported Partner Countries through the development of regional guidelines or protocols to deal with possible major epidemics by: gathering, assessing and sharing information on the management of outbreaks to limit the spread of contagion (treatment, quarantine, decontamination, protection measures, etc.) and reinforcing border controls.

Although the project's activities focused on lessons learned from the Ebola outbreak in West Africa (2013-2016), the scenario used in the final regional exercise addressed a hypothetical disease event with important parallels to the COVID-19 pandemic. Held in Côte d'Ivoire, with Liberia, Sierra Leone and Togo also participating, this exercise focused on a possible "epidemic involving a mutant form of the MERS-CoV virus (Aveilles-P48-CoV)".

Many of the concepts shared and competences developed during this exercise are now being adapted and applied by Partner Countries during the current COVID-19 pandemic. The exercise also highlighted important capacity gaps, which were made apparent as participants attempted to manage the novel coronavirus scenario according to their respective country's emergency management strategies and resources. These gaps included skills

and procedures related to limiting the spread of contagion, infection control measures and safe and dignified burials.

Building on the legacy of Project 48, countries in the AAF region are exploring opportunities to address identified gaps and leverage lessons learned. These include efforts by the National Focal Point of Côte d'Ivoire to report on the availability of national experts trained in the framework of Project 48, and to present options for follow-up activities that can support the country's on-going COVID-19 response.



Project 48 Regional Expert Team



MEDILABSECURE ON THE FRONT LINE TO FACE COVID-19 EPIDEMIC

By Ariane Guillot

The main goal of the MediLabSecure European Project 75, is to enhance preparedness to emerging viral diseases in the Mediterranean, Black Sea and Sahel Regions. As One-Health project clustering virologists and veterinarian virologists along with medical entomologists and public and animal health representatives, the usual target of the project are vector-borne viruses such as arboviruses. However, public health emergencies due to a novel virus, in particular of zoonotic origins such as the SARS-CoV-2 virus, are part of our missions.

In this context, the human virology working group coordinated by the

Laboratory for Urgent Response to Biological Threats (CIBU) at the Institut Pasteur, has been directly involved in the SARS-CoV-2 epidemic response from the beginning through active information, discussions, diagnostic tools sharing and technical support. In particular, early during the crisis, the human virology working group sent diagnostic kits for SARS-CoV-2 to all laboratories from the network that requested support in order to accelerate their preparation.

Thanks to its support, the first actual cases of SARS-CoV-2 infections have been identified by laboratories from the MediLabSecure network in Algeria, Lebanon, Morocco, Republic of North Macedonia, Serbia, Bosnia Herzegovina, Jordan, Palestine; and Mauritania. Additionally, the CIBU has supported laboratories from the network in diagnosis before the implementation of the procedure, but also after, to validate their initial diagnostics by confirmation of the

first positive cases. Today, they are implementing an EQA (External Quality Assessment) on coronaviruses for all voluntary laboratories in order to make sure that the diagnostic is correctly implemented.

In parallel, the coordinators of the human virology working group had the opportunity to participate, through an online presentation on the laboratory diagnostic protocols and bio-safety, in a training of trainers, entitled: strengthening country capacities on preparedness and response for public health cross-border threats focusing on COVID-2019 organized by the twin project MediPIET (Project 74) from 24 to 26 February 2020 in Tunis.

During this global emergency situation, MediLabSecure could rely on the past work realised for preparedness to emerging viral diseases in the Mediterranean, Black Sea and Sahel Regions. The strength of the network established over the past few years allowed the human virology working group to contact, communicate, support and provide tools for facing the epidemic. These first collaborative successes illustrate perfectly the network ownership and the dynamic brought to ensure its sustainability. □

* This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.

CENTRAL ASIA

By Iryna Iarema, Bakhtiyor Gulyamov, Lela Bakanidze and Hendrik Visser



Two Kyrgyz technicians with their PPE

Project 53 'Strengthening the National Legal Framework and Provision of Specialised Training on Biosafety and Biosecurity in Central Asian Countries' sustainability effects.

Kyrgyzstan, March 2020

Currently, Project 53 is being implemented in the region and it proved to have a positive impact on

the country's mitigation capacities to counter COVID-19. Firstly, 88 master-trainers received specialised training on bio-safety and bio-security in six Partner Countries of Central Asia and in Kazakhstan. Secondly, the national institutions such as the "M. Aikimbayev's National Scientific Center For Especially Dangerous Infections" under the Ministry of Healthcare of the Republic of Kazakhstan received laboratory

equipment, which is currently being used for the detection of coronavirus within the population. The Head of the National Reference Laboratory, National Tuberculosis Center under the Ministry of Health of Kyrgyzstan sent a letter of appreciation emphasizing that the training of P53 was being applied for training healthcare workers from hospitals that will be used as a COVID-19 treatment unit.



Working meeting of the Regional Secretariat of Central Asia

Central Asian CoE Regional Secretariat launches New Cooperation on bio-safety, including Coronavirus response
Tashkent, March 2020

The KSCQZD (Kazakh Scientific Center of Quarantine and Zoonotic Diseases) is the scientific and methodological centre for the anti-plague stations in Kazakhstan. Its activities focus on developing diagnostic preparations and vaccines for virulent infectious diseases, conducting epidemiological monitoring and trainings of specialists. In past years, the KSCQZD under the Ministry of Healthcare of Kazakhstan received some laboratory equipment within the EU CBRN CoE Project 53 "Strengthening the National Legal Framework and Provision of Specialized Training on Bio-Safety

and Bio-Security in Central Asian Countries". The equipment started to be used, among others, for the detection of the coronavirus cases in the country. Taking this one step further, the parties to the Agreement intend to cooperate in exchanging best practices and information, including those related to the COVID-19 outbreak.

The concrete proposals on joint activities in the areas of scientific and project work, training and organization of workshops are being elaborated to help enhance Central Asian resistance and resilience with regard to biological threats.

In addition to that, the Regional Secretariat for Central Asia is engaged in facilitation of cooperation



The Central Asia Regional Secretariat team

between the Agency of Sanitary-Epidemiological Wellbeing of the Ministry of Health of Uzbekistan and the National Agency of Disease Control and Public Health of Georgia with regard to the COVID-19 outbreak. These efforts are seen as a means to help streamline EU CoE cooperation with Kazakhstan in CBRN Risk Mitigation and to intensify regional and interregional networking as well as exchanging best practices.

Counter-Terrorism Field Exercise "Jeyran" empowers national authorities of Uzbekistan and CoE Partner Countries of Central Asia regional secretariat to withstand attacks employing chemical-biological agents
Uzbekistan, November 2019

The "Jeyran" exercise held on 13-15 November 2019 in Uzbekistan

“The EU CBRN Centres of Excellence Regional Secretariat for Central Asia, based in Tashkent, Republic of Uzbekistan, concluded a Cooperation Agreement with the M. Aikimbayev’s National Scientific Centre for Especially Dangerous Infections in Kazakhstan.”



Demonstration of equipment during CBRN Jeyran Field Exercise

effectively fostered preparedness and response capabilities through the simulation of a release of CB agents by terrorists. The Regional Secretariat reported that this event boosted the confidence of professionals tackling the COVID-19 crisis.

The Counter-Terrorism Field Exercise "Jeyran" was a major three-day event organized in the framework of the EU CBRN CoE Initiative in the Republic of Uzbekistan. The underlying objective of it was fostering preparedness and response capabilities through the simulation of a release of chemical-biological agents by terrorists.

“ More than 250 participants from Uzbekistan and 15 CoE Partner Countries took part in the Jeyran exercise. ”

More than 250 participants from Uzbekistan and 15 CoE Partner Countries took part in the exercise, including Heads of the Regional Secretariats, National Focal Points of the Partner Countries of Central Asia, representatives of international

organisations and diplomatic missions and independent experts.

During the exercise, participants played a variety of roles (active players, observers and evaluators) in different scenarios which covered among others: surveillance of terrorists in possession of chemical and biological agents and their subsequent arrest; detection of illicit storage and a clandestine laboratory; neutralisation of explosive material; and search for improvised chemical devices in a public place. The meeting received a lot of positive feedback from participants. "Holding the Jeyran field exercise in Uzbekistan was very timely and relevant", stated Deputy Head of the EU Delegation



HAZMAT teams cordoning off and decontaminating the area of the alleged clandestine laboratory

to Uzbekistan Mr. Jussi Narvi.

The capacity to prevent, manage and mitigate threats deriving from new types of CBRN risks depends on professional preparedness, coherence

and consistency of actions, and was the focus of the exercise. "Through this exercise, the interoperability of the national agencies is being strengthened to better prevent and respond to incidents involving chemical and biological

agents," said the United Nations Resident Coordinator in Uzbekistan, Ms. Helena Fraser.

"The organization of exercises, such as the "Jeyran", effectively promotes discipline, good time management, and forms the necessary professional skills that will later help to correctly and efficiently respond to various CBRN threats," noted the Head of the State Committee of Industrial Safety of Uzbekistan Mr. Bakhtiyor Gulyamov, who heads the EU CBRN CoE Regional Secretariat for Central Asia, situated in Tashkent. ▣



Trainees during the exercise

EASTERN AND CENTRAL AFRICA

by Jean-Pierre Bardoul



Personal protection equipment helping to prevent the spread of COVID-19

Activities in ECA region to address COVID-19 crisis Nairobi, March 2020

The Partner Countries in the Eastern & Central Africa (ECA) region have so far been spared large numbers of positive coronavirus cases and to date there have only been few deaths recorded.

Despite this, Partner Countries' governments have generally taken a proactive approach and responded to the international emergency by introducing preventive measures. While no outright lockdowns have been ordered in the region, movements have been restricted. International flights to and from the region have been stopped. Citizens and residents are encouraged to work from home. Shops and businesses have been asked to ensure physical distancing. Regular hand-washing and other hygiene protocols are widely encouraged, including in supermarkets which are following practices adopted in Europe (hand gel, distribution of disposable gloves, etc.).

When it comes to EU response to assist Partner Countries, EU Delegations are first of all acting to help governments cushion the economic impact, in a situation where business is down and jobs are being lost. This is the case e.g. for the Kenya Delegation, which is preparing a substantial budget support package, which will be implemented following an internal readjustment within the geographic envelope for the country (Annual Action Plan 2020). Furthermore, the EU CBRN CoE Initiative is taking action to mobilise the network of National Focal Points, even though no physical meetings are possible (the Regional Round-Table meeting for the ECA region, planned to take place in Seychelles from 31 March

to 2 April 2020 has been cancelled). At the global CBRN coordination meeting which was organised on 1st April 2020, it was decided that even if NFPs cannot meet physically, an effort will be made to organise regular e-meetings (videoconferences).

Such meetings will offer an opportunity to NFPs to provide updates on the situation in their respective countries. Possible assistance to NFPs under the EU CBRN CoE Initiative could firstly focus on transfer of knowledge and good practices from other regions and Partner Countries, which have already gone through the crisis. In addition, EU Delegations are interested in helping and encouraging ongoing projects to provide



Through our support to GCERF, the European Union is able to help community based organisations like SOWED Kenya, in strengthening their resilience against COVID-19.



COVID-19 related assistance to partners in the field. Once again an example here is Kenya, where a community-based project implemented by the Global Community Engagement and Resilience Fund (GCERF) is providing key items (hand sanitizers, masks, soap) to local communities in which the project is working. The European Commission is funding GCERF through the same budget line -the Instrument contributing to Stability & Peace (IcSP) - which is financing the EU CBRN CoE Initiative.

Global CBRN coordination meeting (in new format) April 2020

The EU CBRN CoE Initiative is adapting to the circumstances and challenges of the current COVID-19 crisis around the world. Prevented from meeting physically - the global NFPs meeting which is organised every year in Brussels has been postponed - it was decided to bring together representatives from DEVCO, the EEAS, the JRC, UNICRI, the Governance

Team and Delegations through a videoconference meeting.

This CBRN coordination meeting 'in new format' was facilitated by Aurélien Colson, Essec Irene at the Governance Team and chaired by Tristan Simonart, DEVCO B.5. The meeting provided an opportunity for Regional Coordinators, Regional Co-operation Officers and others to provide updates on the impact of the Coronavirus crisis in their respective regions and

“ The CoE network is principally a network of expertise and constitutes a tool which allows Partner Countries to receive and share information, knowledge and experiences from other countries. ”

Partner Countries. Furthermore, a discussion was held on the possible assistance which the EU CBRN CoE Initiative could offer to NFPs in the current situation. It was first of all reminded that the CoE Initiative is not a crisis management tool, which is in a position to address immediate and major COVID-19 related needs in Partner Countries. Instead, the CoE network is principally a network of expertise and constitutes a tool which allows Partner Countries to receive and share information, knowledge and experiences from other countries. In this regard, Regional Coordinators were encouraged to help NFPs in their respective regions connect to experiences, knowledge and lessons learned from other Partner Countries which have already gone through the peak of the crisis.

It was agreed that regular online tele meetings will be organised by the Regional Coordinators, involving Heads of Secretariat and NFPs. The objective will be to share information and offer opportunities for the NFPs to provide feedback. □

GULF COOPERATION COUNCIL COUNTRIES

by Adil Radoini and Peter Clevestig

CoE Project 82 in the GCC region: Schools of Excellence approach to build capabilities in the field of medical training tackling CBRN events

March 2020

Within the CoE framework and under the leadership of the Head of Secretariat Brig. Hussein Alharthei, the Gulf Cooperation Council Countries (GCC) Regional Secretariat agreed in June 2019, during a Round-Table Meeting organised in La Hulpe, Belgium, to launch activities targeting the biological area and in particular the medical training capabilities on how to respond to a CBRN event.

Considering the current COVID-19 crisis and the role of the medical services in responding to it, we can easily assess that Partner Countries were on the right path.

The GCC region took advantage of the experience made through the CoE Project 54 (P54) titled "Capacity building for medical preparedness and response to CBRN incidents" previously implemented in the Middle East region (2016-2019).

The new project for the GCC has been identified as Project 82, built on P54 with an innovative approach for the Schools of Excellence: a joint venture between the European Union, the GCC region countries, the GCC Emergency Management Centre, supported by UNICRI and the OSA experts of the GCC and the Middle East. In line with that approach, P82 capitalised on both the training materials and the expertise developed through P54.

The first concrete activity took place from 4 to 7 November 2019 when the delega-

tions from all the five GCC Partner Countries (Bahrein, Kuwait, Qatar, Saudi Arabia and the UAE) gathered in Kuwait City to attend the launch and the first technical workshop of the Project 82.

The event was attended by 80 participants from the GCC Partner Countries, the GCC Emergency Management Centre (the regional organisation of the GCC specialised in disaster and risk management), experts from the European Union and Lebanon (from P54), the EU Delegation in Kuwait and the United Nations. This event was coordinated by the Regional Secretariat in Abu Dhabi and co-sponsored by the GCC Emergency Management Centre and hosted by the Kuwaiti National Guard with the fundamental support of the National Focal Point of Kuwait, Major Abdullah Al Saleem.

The coordination meeting and the workshop were the first regional events and were followed shortly by specific needs assessment visits in each GCC Partner Country. In fact, a delegation of European experts was sent in late 2019 and early 2020 to the capitals of all the GCC Partner Countries to assess capacities in place and potential needs.

The assessment missions were supposed to be followed by a regional training to be held on 7-9 April 2020 in the GCC region, but had to be postponed because of the COVID-19 crisis. They will resume when possible after the current crisis as it is now more important than ever to share experiences and help build effective and sustainable capacities towards crisis, whether biological in nature or from other CBRN risks. ■



Head GCC Regional Secretariat, Hussein Alharthei, and the representative of the EU DEL in Kuwait, Irina Gusacenko

MIDDLE EAST

By Bilal Nsouli, Saleh Alsheyab and Andrew Proudlove

CoE achievements in Lebanon in the context of COVID-19 crisis

March, 2020

As soon as the first cases of COVID-19 were registered in the country in March 2020, the Lebanese government has taken several measures to fight the spread of the Coronavirus, relying also on the structures and capabilities built in cooperation with the EU CBRN Centres of Excellence Initiative, such as:

1. The CBRN National Commission, led by the National Focal Point, has held a weekly meeting to follow up the CBRN activities that are covered by the first responders (Army, Police, Red Cross, Civil Defence and American University of Beirut Medical Center). The CBRN National Commission has also advised the National Crisis Operation Room on CBRN related issues;
2. Most of CBRN Human Resources Development and capacity building activities targeting the first responders institutions have been done via CoE Projects (P9, P34, P54, P73) and the European Union Delegation of Lebanon which has an ongoing €3.5 million Project aiming at strengthening the CBRN response infrastructure into national concerned institution;
3. CBRN medical and paramedical response training sessions are scheduled to use the American University of Beirut Medical Center facility built via P54 and to use the national experts trained through the same project to deliver these trainings;
4. Via Project 73, Lebanon has started to implement some Bio-related activities focused on coronavirus protection and awareness;
5. Several Bio-response trainings were conducted by the CoE funded projects;
6. The National Focal Point together

with relevant officials and specialised UN organisations, as well as the Corona crisis management officers, has been following the development of the crisis on a daily basis.

The NFP office became a reference structure for the government and potential donors during the COVID-19 crisis, showing that the work done nationally and internationally through the CBRN CoE has had a fruitful impact.

P36 and P54 Centres of Excellence equipment: essential to face the coronavirus crisis

January-March 2020

The European Union CBRN Centres of Excellence Initiative supported the Ministry of Health and Civil Defence Directorate in Jordan through the National Center for Security and Crises Management (NCSCM), by supplying CBRN equipment for detection, protection, and decontamination and through specific training workshops that took place in the framework of the implementation of the CoE Projects 34, 36 and 54.

That equipment has been distributed and successfully used in Civil Defence Directorate and in Al Zarqa Governmental Hospital Training Center, in order to supply and train personnel in Queen Alia International Airport (QAIA), Al Basheer Hospital and Prince Hamzah Hospital, all of which are helping in the current pandemic crisis.

“Key areas of P54 training includes response to Pandemics and practical training in the use of PPE, a term now globally recognised.”

P54 vs COVID-19 – A Success Story

March 2020

In 2015, the Middle East Regional Secretariat of the EU CBRN CoE Initiative identified Medical Preparedness and Response to CBRN events as a regional priority. The European Commission allocated the needed resources and Project 54 (P54) was launched in early 2016, implemented by a consortium of agencies from the United Kingdom, Norway and Sweden, led by Sustainable Criminal Justice Solutions (SCJS) of the UK.

In Iraq, Jordan and Lebanon, P54 has equipped CBRN Emergency Medicine (EM) Training Centres and trained a cadre of around 35 CBRN-EM trainers in each country. These local trainers now run their own courses in the Training Centres using EU-donated CBRN Personal Protective Equipment (PPE) and EU training media in Arabic and English. Senior stakeholders, including Health Ministers, have been briefed and are aware of their new capabilities. Key areas of P54 training include response to Pandemics and practical training in the use of PPE, a term now globally recognised.

In Iraq, P54 equipment and training is playing a crucial part during the evolving pandemic. PPE has been shared across all health districts and teams there



Trainees and trainers in Lebanon

have been trained using P54 training media in Arabic. Local trainers have assessed positively expressed their gratitude for the knowledge, experience, and confidence to deal with PPE and COVID-19.

In Jordan, the National Center for Security and Crises Management and the Ministry of Health have used the Cadre of Trainers and the PPE to train and equip medical staff at Queen Alia International Airport (QAIA), Al Basheer Hospital, Prince Hamzah Hospital and Al Zarqa Hospital.

In Lebanon, medical personnel from the Ministry of Health, Civil Defence, American University of Beirut Medical Centre, The Red Cross and other agencies were equipped and trained through P54 to tackle a CBRN crisis from the medical perspective. During the COVID-19 crisis, the National CBRN Coordinator is playing a crucial role disseminating knowledge and best practices throughout the country.

The original Project was delivered within budget and has additionally engaged with WHO, IAEA, CDC, DTRA,

IFRC, EMPHNET and ECDC to seek endorsement of the training packages and supporting materials.

Thanks to positive feedback on P54, the Gulf Cooperation Council Countries requested some of its components to be replicated in that region, making use of the materials and expertise developed previously and reinforcing interregional cooperation. Activities in this sense were successfully conducted last year and will resume as soon as the circumstances allow. □



A phase of training session

NORTH AFRICA AND SAHEL

By Julie Busch, Anne-Sophie Lequarré, Concha Martin de Pando and Maite Manzanera



Colonel Saidou Ouedraogo, National Focal Point of Burkina Faso, Julie Busch, UNICRI, Regional Coordinator for the NAS region, Abdel Nasser Kambeidou, National Focal Point of Niger.

Bio-risks at the inter-regional level

Dakar, January 2020

From 20 to 22 January 2020, the National Focal Points and experts from Algeria, Burkina Faso, Morocco, Niger and Tunisia attended the first Regional meeting of MediLabSecure project in Dakar, Senegal. Together with experts from Mauritania and Senegal, the NFPs of the NAS region had the occasion to exchange actively on several bio risks.

A visit of the Pasteur Institute of Dakar has allowed the participants to showcase the capabilities of the African continent in terms of public health promotion, research and vaccines development. Experts of the Pasteur Institute of Dakar have explained and illustrated their leading role in developing yellow fever vac-

cines as well as their intervention on the ground during the past Ebola crisis.

Although the regional meeting of Dakar focused primarily on risks linked to the Rift Valley fever, the experts from the Pasteur Institute in Dakar and Paris have shared their first-hand knowledge and information about the COVID-19 risks during the meeting. The participants were updated on a daily basis on the development of what experts still considered an epidemic at the time.



Sharing good practices in the wake of COVID-19 crisis

Burkina Faso, March 2020

In March 2020, Colonel Ouedraogo, the

National Focal Point of Burkina Faso, shared with his colleagues of NAS, AAF and ECA regions the Burkina Faso National Directives related to COVID-19. These guidelines are written by the Ministry of Health of Burkina Faso and provide readers with straight forward information about handling the detection of COVID-19 cases. Several NFPs for the NAS region, as well as from the AAF region, have publicly welcomed and thanked Colonel Ouedraogo's initiative.

Similarly, in early April 2020, the Regional Coordinator for the Middle East region, Adil Radoini, shared with the NFPs of NAS region the Guidance for Police and Gendarmerie Officers "How to protect yourself in Coronavirus risky environments" elaborated by the International Security and Emergency Management Institute of Jordan.

The sharing of good practices by NFPs perfectly illustrates the principles of information exchange promoted for the last ten years by the EU CoE CBRN Initiative. The solidarity amongst the Partner Countries of the EU CoE CBRN network is a vibrant example of the great work accomplished by all.

Strengthening the capacities of the Mediterranean, the Black Sea and the Balkans countries on preparedness and response for public health cross-border threats focusing on COVID-19.

February 2020

The goal of MediPIET, closely linked to the EU CBRN CoE Initiative, is to increase health security in the Balkans, the Mediterranean and the Black Sea countries by enhancing capacities required for the prevention and control of communicable diseases through a Programme for Intervention Epidemiology Training. The two-year program includes nine modules of one week training and on-the job training including outbreak investigation, updating surveillance system, international assignments and development of a research topic with a publication.

In late February, a module focusing on cross-border threats targeting COVID-19 was held in Tunis. This module, a Train-the-Trainers' module, was dedicated to senior epidemiologists involved in the supervision of fellows. The presentations and successive exercises were given by experts with a wealth of experience in risk management, rapid risk assessments and risk communication from WHO, from Pasteur Institute or from National Public Health ministries. Not only have Public Health officials from recipient countries received updated information on COVID-19, they have also been able to discuss and compare the effectiveness of various preparedness and response plans and have stressed the need for health emergency plans. They

explained what was already in place in their own country to fight the pandemic. Participants learned how to make decisions in public health situations requiring immediate response; they worked on the systematic use of available evidence to recommend to health authorities the most effective measures adapted to the situation of a country and the level of risks under different scenarios.

MediPIET: Train-the-Trainers for strengthening country capacities on preparedness & response for public health cross border threats focusing on COVID-19 was successfully performed during the early stages of the spread of the epidemic out of China.

Tunisia, 24-26 February 2020

A MediPIET Train-the-Trainers event to reinforce country capacities on preparedness and response for public health cross-border threats COVID-19 related was successfully held during the early stages of the spread of the epidemic out of China.

Bio-threats do not know borders and can affect Public Health (PH) worldwide. The prevention, early detection and control of such threats are essential. MediPIET is an EU-funded project aiming at increasing the health security in 18 countries of the EU neighbourhood. It is implemented by a Spanish Consortium (ISCIII-FCSAI) with the scientific advice of PH institutions of the EU Member

States (France, Greece, Spain) and the ECDC. The project goal is the roll out of a 2-year regional training programme in field epidemiology for reinforcing Partner Countries PH institutional capacities to early detect, prevent and control any natural or man-made threat for PH. Enhancing the network of PH institutions and epidemiologist is another pillar of MediPIET. The Trainings are part of the capacity building activities. According to a regional training needs survey the prioritized topic was "Strengthen preparedness and response country capacities: Risk management, assessment and communication".

The Training was co-organized with OMNE (National Observatory of New and New Emerging Diseases)/MoH (Ministry of Health) Tunisia included:

- 1) interactive lectures on all hazards IHR Core Capacities & Risk management cycle, indicator and event based surveillance, laboratory diagnostic of SARS-COV-2, rapid risk assessment, risk communication and community engagement,
- 2) practical sessions with different COVID-19 scenarios and
- 3) countries' presentations on readiness plans for COVID-19 and plenary discussions. Ten Mediterranean and Black Sea countries attended the Training (17 participants). The Training was successfully performed and provided an excellent opportunity for knowledge exchange and update among Public Health responsible seniors to respond to COVID-19 and to reinforce the network. □



Train the Trainers final picture after the workshops

SOUTH EAST ASIA

By Robert Frank

Is South-East Asia better prepared to face COVID-19 than 7 years ago? Reflections on a flight
Manila, March 2020

"This is not a tabletop exercise, this is real." That was one of my thoughts on the plane from Nay Pyi Taw, the capital of Myanmar, to Bangkok on March 12, 2020. I had just come from the 2.5-day long Regional Kick-Off Conference of the CBRN CoE Project 81 "Enhanced Biosecurity in South-East Asia", attended by five of the ten CBRN CoE partner countries. Invitees from the remaining five countries had not been allowed to travel, mainly because of the associated infection risk. What all the invitees, regardless of their actual participation, had in common was the fact that they would be needed urgently in their countries during the next weeks. This was also the case for the European experts who had done their presentations at the conference via video links. The only physically present expert, namely the team leader, had had to juggle around with the technical equipment. Despite the limited interactive character of the conference, I still had the feeling that it was good to have a project on biosecurity kicked-off before COVID-19 would really hit hard.

The stewardess came and offered me to put sanitiser on my hands. My travel had exceptionally been allowed because the action was related to fight COVID-19. However, the CBRN CoE is not a response mechanism. So, on my return, how would I explain what the initiative would do to help partner countries to fight this coronavirus that is officially called SARS-CoV-2?

In SEA, 17 out of 23 concluded CBRN CoE projects had addressed biological risks exclusively or as part of CBRN risks. Apart from Project 81, the CBRN CoE could address biological risks in SEA through two more ongoing projects, namely the On-Site Technical Assistance and the intervention on export control of dual-use items/ Strategic Trade Management. The initiative had supported the drafting of six National CBRN Action Plans in the region – out of which three had already been approved officially. Biological risks had actually been the main reason why SEA had become a CBRN CoE region at the first place.

“ This is not a Table-Top exercise, this is real ”



Robert Frank, Regional Cooperation Officer for the IcSP for SEA

I made sure that the ventilation tube of the aircraft above my seat kept blowing air in my face – a little bit like the principle of different air pressures inside and outside of a biosafety cabinet. Considering the known way of transmission of SARS-CoV-2, this was most likely an exaggerated measure though. My colleagues at the Delegations of the European Union and I would certainly have less work in supporting partner countries in their CBRN risk awareness raising after COVID-19. However, my analysis was also that more support for the work on National CBRN Response Plans would be requested from the initiative as had already been pointed out by some CBRN (CoE) National Focal Points. What I see as crucial is that the actors involved in the COVID-19 response have a space to report back about their experience and ventilate their suggestions for improvement in preparedness, organisation, coordination, procedures, etc. These lessons learnt should be documented carefully and be considered if respective plans need to be revised. Such a revision process might also include the triggers for declaring a higher alert level or an emergency to mobilise a crisis management response.

"Avoid touching your face," that had been my thought on the way to the airport and on the plane. How many lives has the CBRN CoE touched? I knew a few graduates from a CBRN CoE supported master programme. And in the coming days, I would hear how helpful a National CBRN Team, set up with the support of the initiative, was. Few former trainees or trainers under the CBRN CoE from SEA would also share with me how

“ The CBRN CoE can help to design actions that should help minimise the impact of future epidemics and pandemics in SEA ”

their knowledge had contributed in the COVID-19 response: an advice about how to properly handle dead bodies of COVID-19 patients to avoid more infections ended up in a resolution of a government administration; a CBRN CoE training about the design of biological laboratories had even impacted the whole design of a recently built hospital which had proper space for the triage of incoming patients then. However, I did not have access to more success stories. I felt the need for more information about how the CBRN CoE had impacted lives. I also wished to have another round of evaluations of CBRN CoE projects, especially so-called ex-post evaluations that look

more deeply into the longer-lasting impact of projects after they have finished. Findings would be useful to strengthen all actors of the initiative in their messaging about its impact. They would also influence the design of future CBRN CoE projects with the aim to maximise their effectivity.

The plane was about to land at Bangkok Suvarnabhumi Airport where two cases of COVID-19 had already been confirmed. The tracing of persons with COVID-19 and their contacts as well as the COVID-19 information websites set up by some partner countries in SEA had impressed me. The response was not perfect, but I was convinced that

it was better than it would have been seven years ago, when I had arrived at my current post in the Philippines right after the Regional Secretariat of the CBRN CoE for SEA had officially opened there in March 2013. Seven years later, I was looking forward to the launch of the new CBRN CoE online platform, providing resources and making it easier to map out the experts in the region and beyond. Together is the only way we can fight this global pandemic! Stepping off the plane, I felt grounded. I wished that the half-day session of the CBRN (CoE) National Focal Points Round-Table Meeting for SEA in December 2019, devoted to deepening the CBRN CoE engagement with the Association of Southeast Asian Nations (ASEAN), would also result in grounded actions in the near future. The CBRN CoE can help to design actions that should minimise the impact of future epidemics and pandemics in SEA. However, the CBRN CoE needs its partner countries to lead that process – they are the pilots! □



Work in the laboratories of the National Lung Hospital of Viet Nam.

SOUTH EAST AND EASTERN EUROPE

by Giorgi Beridze, Marko Milivojevic, Vadym Ivko, Talgat Toleubayev, Jumber Mamasakhlisi, Amiran Gogitidze, Draženka Malićbegović, Snježana Brčkalo and Eugenia Tomini.



COVID-19: United response of the South East and Eastern Europe region
March 2020

The on-going COVID-19 pandemic has had a significant global impact. Partner Countries of the EU CBRN Centres of Excellence Initiative within the South East and Eastern Europe (SEEE) region have been equally affected by the crisis. National Focal Points and designated experts from the SEEE region have completed the preparation phase aimed at launching a medical response project titled "Strengthening of CBRN Medical Preparedness and Response Capabilities in SEEE countries". Draft Terms of Reference for this future project were submitted to the European Commission in February 2020. In accordance with the priorities expressed by SEEE Partner Countries, this project will primarily focus on chemical and biological medical response components.



Top: Two equipped forensic experts at a Ukrainian airport. **Bottom:** Two experts disinfecting the Georgian Police premises.

Within the ten years of the Initiative, the overwhelming majority of SEEE countries have taken an active part in different projects and activities funded by the European Union. These capacity-building actions have covered multiple aspects of CBRN Risk Mitigation, including prevention, detection and response to biological threats (viruses, bacteria, fungi and other microorganisms and toxins). Georgia, Serbia and Ukraine, among other Partner Countries in the SEEE region, have found these projects extremely useful in dealing with the COVID-19 pandemic.

Project 44, on "Strengthening CBRN First Response Capabilities and Regional Cooperation", was completed in 2018 and benefited nine Partner Countries from the SEEE regions. The overall objective of this project was aimed at enhancing response capabilities and promoting inter-agency and regional cooperation among first responders. It was focused on general components of CBRN emergency response, including the establishment of safety perimeters (quarantine zones, in the case of biological emergencies) and decontamination. Countries actively use General Operational Guidelines for first responders on CBRN events and Standard Operating Procedures (SOP) were elaborated in each country's national language within the framework of the project. As reported by Serbia, thanks to this project, first responders and other operational personnel in the country had the opportunity to learn how to use protective equipment during relevant incidents.

Project 57 (P57), on "Strengthening crime scene forensics capabilities in investigating CBRN incidents in the South East and Eastern Europe (SEEE) Centres of Excellence Region" is also considered to have significantly benefited Serbia. According to the Serbian National Focal Point Marko Milivojević, although he is not directly involved in the decision-making process, the equipment received in the framework of the project is now available to the country in the case of need.

The State Border Guard Service (SBGS) of Ukraine also used experience obtained within P57 in doing their work during this period. SBGS received information about persons who arrived in Ukraine in advance, so they have been verified against all databases before arrival. Border control was carried out in a protective gear, in compliance with all health and epidemiological safety rules and regulations under the International Health Regulations of the World Health Organization in a segregated area of the aerodrome. Skills and experience were

obtained after participation in training activities sponsored by the EU CBRN CoE Initiative, as well as the IAEA, the Norwegian Radiation and Nuclear Safety Agency, OSCE, the German Federal Office of Civil Protection and Disaster Assistance and other international organizations and Partner Countries.

A team of forensic experts was created within the Forensic-Criminalistic Department (FCD) of the Ministry of Internal Affairs of Georgia in order to respond to the threat posed by COVID-19. The COVID-19 response forensic team consists of CBRN forensics response personnel, who were trained within the framework of the P57. A set of CBRN Crime Scene Investigation (CSI) equipment and specially designed vehicles were received by the FCD under the Project 58 on "CBRN SEEE Equipment for forensics".

As the new threats emerged during the COVID-19 pandemic, CBRN forensic teams demonstrate their versatility and adaptability by undertaking preventive activities and measures such as disinfection of police stations, border control checkpoints, primary detention units and other targeted places. More than 240 police units have been disinfected during the first month. In

addition, as the quarantine areas and red zone crime scenes represent high risks of contamination, all CSI activities are coordinated by the management of CBRN CSI teams. These activities are conducted strictly in accordance with the Standard Operation Procedure (SOP) for CBRN related CSI, evidence collection, personal protection and decontamination.

COVID-19: Georgian Defense Forces Control over the Quarantine Zones
Georgia, March 2020

Defense Forces of Georgia are actively involved in preventive measures against the spread of the COVID-19, under decision of the Coordinating Council of the Government of Georgia dated 23 March, 2020. A strict quarantine regime was imposed in several districts of Georgia in close coordination with the Ministry of Internal Affairs. The military took control over movement of persons and vehicles in and out of the quarantine zones. CBRN Response unit of Combat and Engineer Battalion disinfects all vehicles with special solution within their control area.

Major check points were established at the entrances of big cities and more



Georgian army controlling the borders



Top: Georgian militaries checkpoint. Middle: A doctor waiting for check ups in his isolation zone. Bottom: Militaries helping citizens with food supplies

than 10 municipalities as of 8 April 2020. In order to prevent the spread of the COVID-19, the military doctors conduct first medical examination for all incoming and outgoing citizens at checkpoints set up by Defense Forces. Medical crew consisting of a doctor and four nurses is mobilized at each checkpoint. The medical personnel has been equipped with personal protection equipment and thermal screening monitors. In case of any suspicious symptoms, they transfer the citizen to the isolation zone nearby the checkpoint. At the field medical station, the doctor re-examines the citizen, processes information on symptoms, searches their possible contacts and sends information to the Command Center and the Emergency Medical Center in case of high body temperature.

Following this procedure, the CBRN unit conducts disinfection of the surrounding area. Medical Department of Defense Forces regularly supplies all checkpoints with medicines, disinfectants and individual medical protective equipment (PPE). Military personnel use drones for monitoring of traffic of persons and vehicles beyond of check-points. There are ambulances mobilized at field medical units for 24 hours which are used for emergency situations for

militaries as well as civilians.

The enhancement of the epidemiological capacities through successful trainings delivered within MediPIET in Albania

December, 2019

Since the start of the Project, in the beginning of 2014, a total of 4 fellows, supported by Prof. Genc Burazeri and Dr. Eugena Tomini as coordinator and national supervisor at the National Institute of Public Health, participated in the training delivered within this project. Fellows have acquired competencies both in public health (guidance, science, policy, and preparedness) and applied epidemiology (risk assessment,

epidemiological surveillance, outbreak investigation, epidemiological studies, laboratory literacy). The selection of the fellows, which was done not only within the Control of Infectious Diseases Department, supported us in increasing our epidemiological capacities beyond the respective department. Training was provided to the fellows concerning the proper use of personal protective equipment, which turned out to be very effective.

Other activities have been carried out with the support of the MediPIET project: the latest activity was on 2-6 December 2019 about the module Intervention epidemiology and Field epidemiology; the first module aimed

to apply scientific methods in day to day public health field conditions in order to generate new knowledge and evidence for decision making with the aim of taking public health action. Field epidemiologists used epidemiology as a tool to rapidly design, evaluate or improve interventions to protect the health of the population. The transmission potential that communicable diseases created the urgent need to get answers about the causes of outbreaks, risk factors of diseases, risk groups and effective ways to intervene. This one-week training module on "Multivariable Analysis" has provided participants with basic definitions and concepts for the different types of regression models (linear, logistic, conditional logistic, Poisson,



The participants of the training "Multivariable Analysis", held at the Xheko Imperial Hotel, Tirana in December 2019.



A moment during the training.

negative binomial) as well as the skills needed to perform and interpret multivariable analysis. In addition, participants have had the opportunity to practice their scientific communication skills, for example by presenting the results of scientific work involving multivariable analysis. At the end of the module, participants have been able to describe the principles of statistical modelling and multivariable analysis; identify the analysis situations that require the use of multivariable analysis (i.e. presence of third factors, including effect modifiers and confounders); select the type of multivariable analysis (i.e. linear, logistic, conditional logistic, Poisson) that is adapted to a study objective/design; identify the relevant variables to build up an optimal regression model; control for confounding factors and assess effect modification at the analytical level; interpret the results of a regression model: regression parameters and the corresponding inferences; apply unavailable and multivariable models using the statistical software STATA; and communicate effectively scientific work that includes multivariable analysis.

The outbreak of the novel coronavirus

SARS-COV-2 as a Public Health Emergency showed the need for human capacity in field epidemiology, strengthening knowledge in the direction of epidemiological investigation, management tracking, measures to stop transmission and laboratory diagnosis of COVID-19. During this period of pandemic situation, the webcalls and webinars have been carried out in support of the preparation and action measures. These online meetings allowed international experts to answer a lot of questions regarding the situation and served as a line of co-operation maintained regardless of the conditions of the pandemic.

Emergency Medical Situation Response to the COVID-19 in Georgia

March, 2020

The Emergency Situations Coordination and Urgent Assistance Center provides first medical care for population of Georgia 24/7. It is also coordinating activities of the different medical institutions during emergencies.

Since the outbreak of the SARS-COV-2 pandemic, the Center, according to the guidelines, is providing medical

triage and control over state border crossing points detention of passengers in temporary quarantine zones, transportation of people suspected of COVID-19 infection to specialized clinics, convoy of zero-sign passengers to quarantine facilities, transportation of COVID-19 non-confirmed persons from specialized clinics to quarantine facilities as well as from those facilities to the self-isolation locations.

The Center, together with the 112 service and primary medical care centers, elaborated the special protocol on preliminary identification of infected persons. Personnel at the center have been equipped with specialized personal protection equipment. The Center is conducting permanent assessment of medical resources such as hospital capacities and medicines/disposables/devices stockpiling, transformation of non-specialized clinics in special facilities to admit contagious patients, information on patient flow, identification of referral turnover etc.

The Center is ensuring sufficient preparedness of all personnel through provision of specialised disinfection means and PPE as well as permanent instructions on PPE donning/doffing, and refresh training. In addition to the above activities, the Center provides disinfection of its vehicles and facilities and management of medical waste. All daily activities of up to 7000 staff members are reported through SITREP (Situation Report) provided to the Government's Crisis Management Council's.

COVID-19: Summary of the activities implemented by institutions in Bosnia and Herzegovina in March 2020 within the framework of the EU Third Health Programme

March, 2020

Joint Action HEALTHY GATEWAYS

- Following the inquiry received from the Taiwan's Centers for Disease Control

(non-EU collaborating partners in EU HEALTHY GATEWAYS), the University of Thessaly from Greece, as a Coordinator of the Joint Action, provided partner institutions recommendations and responses to the questions related to prevention of COVID-19 among flight crews on duty, based on the EU HEALTHY GATEWAYS guidelines, and on European and WHO guidance. The Ministry of Civil Affairs of Bosnia and Herzegovina shared the information on these recommendations with all relevant institutions in the country.

- The HEALTHY GATEWAYS Coordinator also shared with partners of this Joint Action the links to guidance published by the European Union Aviation Safety Agency (EASA) regarding management of crew members in the context of COVID-19, as well as guidance from the European Commission for facilitating air cargo operations during the COVID-19 outbreak. In line with the European Commission and EASA measures to ensure availability of crew members and continuity of flights, especially for cargo, humanitarian, repatriation and air ambulances, it is encouraged to avoid as much as possible restrictive measures on crew members unless they have relevant symptoms and a history of

direct contact with a confirmed case. Recommendations were shared with all partner institutions in Bosnia and Herzegovina for their information and guidance.

- A Working Group established by the EU HEALTHY GATEWAYS prepared the guidance titled "Advice for health authorities and ship operators who have decided to suspend navigation and for the long-term docking of ships at the ports of the European Union (EU) and European Economic Area (EEA) Member States during COVID-19 pandemic (Version 1 -18 March 2020)" and shared it with partner institutions. The document provides advice to health authorities and to ship operators for the procedures to facilitate ships suspending their operations, as well as during the time when the ships will be docked at the ports in EU/EEA MS for the following months. The coordinator also shared with Joint Action partners links where Interim advices for preparedness and response to cases of the COVID-19 at points of entry in the European Union (EU)/EEA Member States are available. The above guidance and other relevant documents and information can be found at the following link: <https://www.healthygateways.eu/>



A Serbian civil protection representative

Novel-coronavirus

Information about these documents was sent to relevant partner institutions in Bosnia and Herzegovina.

Joint Action SHARP

- Representatives from the health sector from Bosnia and Herzegovina plan to participate in the online workshop "Understanding multisectoral preparedness and response" which will be organized by the Netherlands National Institute for Public Health and the Environment and which is responsible for implementation of the activities under the Work Package 6 of the Joint Action SHARP. Experts for biological and chemical hazards in public health sector will participate in this workshop. Digital group discussion sessions in the workshop will be focused on national tools and instruments that are used in the countries during preparedness and response to biological and chemical hazards, including multisectoral aspect of these documents.

Other activities:

- Information about Extraordinary Call for Proposals CEI 2020 published by the Central European Initiative (CEI) as a response to the unprecedented pandemic caused by COVID-19 was forwarded to the competent health institutions of the Federation of Bosnia and Herzegovina, Republika Srpska and Brcko District of Bosnia and Herzegovina. Same information has been posted on the official website of the Ministry of Civil Affairs of Bosnia and Herzegovina.

- European Commission - DG SANTE, using the EU Health Policy Platform, has been regularly delivering the latest relevant information on COVID-19 pandemic to the EU Third Health Programme member countries. The latest relevant information on the COVID-19 pandemic situation, which was presented in the Health-EU Newsletter. This information is being forwarded to relevant health institutions in Bosnia and Herzegovina. □



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About the EU CBRN CoE

The EU Centres of Excellence on Chemical, Biological, Radiological and Nuclear Risk Mitigation (CBRN CoE) Initiative, launched in 2010, is an initiative of the European Union (EU).

The Initiative addresses the mitigation of and preparedness against risks related to CBRN material and agents. The origin of these risks can be criminal, accidental or natural. The Initiative seeks to boost cooperation at regional and international levels, and to develop a common and coherent CBRN risk mitigation policy at the regional level. Risk mitigation comprises prevention, preparedness and post-crisis management.

It is led, financed and implemented by the European Commission, in close coordination with the European External Action Service (EEAS) and with the support of the UN (UNICRI) and other International Organisations and local experts.

For more information visit CBRN CoE website at:
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Luxembourg Publications Office of the European Union, 2020
CBRN Centres of Excellence Newsletter
ISSN 1977-2742

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