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OPEN-ENDED EXPERT MEETING ON CAPACITY-BUILDING FOR THE CARTAGENA PROTOCOL ON BIOSAFETY
Havana, 11-13 July 2001
Item 3 of the provisional agenda*

# REPORT OF THE EXECUTIVE SECRETARY SUMMARIZING INFORMATION RECEIVED IN RESPONSE TO THE QUESTIONNAIRE ON CAPACITY-BUILDING

*Note by the Executive Secretary*

## INTRODUCTION

1. At its first meeting, held in Montpellier, France, from 11 to 15 December 2000, the Intergovernmental Committee for the Cartagena Protocol on Biosafety (ICCP) adopted a number of recommendations on capacity-building. In one of these recommendations, the ICCP invited:

> "Parties and Governments as well as non-governmental, private-sector and scientific organizations to submit information regarding capacity-building needs, priorities and existing initiatives as well as suggestions on capacity-building for the implementation of the Protocol to the Secretariat before March 2001. In this regard, the Secretariat shall develop a questionnaire to facilitate the submission of information" (UNEP/CBD/ICCP/1/9, annex I, item 4.2).

2. In response, the Secretariat prepared a questionnaire entitled "Sample framework questions to aid in determining Parties' needs for capacity-building to implement the Biosafety Protocol" (see annex I below). The questionnaire was sent to all national focal points together with the notification of 12 January 2001 from the Executive Secretary conveying a summary list of the requests and recommendations of the first meeting of the ICCP addressed to Governments, together with the dates for the submission of responses to each of them. In that notification, the Executive Secretary drew the attention to the fact that ICCP had urged Governments to submit appropriate information in time to allow for implementation of the work plan, but no later than three months after its first meeting. The deadline for submitting the responses to the questionnaire was 31 March 2001.

3. As of 30 April 2001, the Secretariat had received responses to the questionnaire from the following: Argentina, Costa Rica, Cuba, Ecuador, Estonia, European Union (joint submission by the European Commission and the Swedish Presidency), India, Jamaica, Slovenia, Switzerland, and Turkey. A summary of the information received by the Secretariat is contained in annex II below.

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*Annex I*

**SAMPLE FRAMEWORK QUESTIONS TO AID IN DETERMINING PARTIES' NEEDS FOR CAPACITY-BUILDING TO IMPLEMENT THE BIOSAFETY PROTOCOL.**

- On the basis of the indicative list of key required capacities shown in the table at the end of paragraph 18 of document UNEP/CBD/ICCP/1/4, please indicate:
  - the three top priority areas requiring capacity-building/strengthening in your country to prepare for the entry into force of the Protocol;
  - the three top areas in which your country has expertise and experience to share with others to assist them to prepare for the entry into force of the Protocol.
- On the basis of the potential approaches and options for achieving the required capacity to implement the Protocol suggested in paras 19-34 of the same document, which ones do you consider to be useful in responding to the needs of your country identified in the previous question.
- What are your views on how best the following entities could facilitate capacity-building to assist countries to prepare for the entry into force of the Protocol:
  - The ICCP;
  - The Secretariat ;
  - The GEF;
  - Other bilateral and multilateral donors;
  - Intergovernmental organizations;
  - Regional networks;
  - Non-governmental organizations;
  - Private sector/Industry;
  - Scientific/academic institutions.
- What other suggestions do you wish to make on capacity-building for implementing the Biosafety Protocol.
- If you have not yet done so, please submit to the Secretariat any other information available in your country relevant for capacity-building for biosafety, e.g.: existing programmes and initiatives; provision of technical and financial assistance to interested Parties and States (Ref: paragraph 12 of decision EM-I/3).

*Annex II*

## SUMMARY OF INFORMATION SUBMITTED BY GOVERNMENTS IN RESPONSE TO THE QUESTIONNAIRE ON CAPACITY-BUILDING

### ARGENTINA *[27 April 2001]*

1. Argentina has the following top three priority areas requiring capacity-building to prepare for the entry into force of the Protocol: 1) institutional building to conduct needs assessment, biosafety framework planning and biosafety regime development; 2) risk management (decision-making capacities, and implementation of decisions); and 3) cross-cutting capacities (human-resources strengthening and development, involvement of stakeholders, and regional capacity development).

2. The top areas in which Argentina has expertise and experience to share are: 1) institutional building; 2) risk assessment; 3) risk management; and 4) cross-cutting capacities.

3. To fulfil the needs of Argentina, the approaches suggested in paragraphs 27, 28, 33, and 34 are useful among the potential approaches listed in paragraphs 19-34 in the ICCP document on capacity-building (UNEP/CBD/ICCP/1/4).

4. Argentina considers that the entities that could best facilitate capacity-building to assist Argentina in preparing for the entry into force of the Protocol are the ICCP, the Secretariat, the GEF, other bilateral and multilateral donors, intergovernmental organizations, regional networks, private sector/industry, scientific and academic institutions, and specialized non-governmental organizations. Argentina suggests full participation of universities in developing countries to enhance South-South cooperation.

### COSTA RICA *[2 April 2001]*

1. The top three priority areas requiring capacity-building/strengthening in Costa Rica to prepare for the entry into force of the Protocol are: 1) institutional building; 2) risk assessment; and 3) risk management. Costa Rica has expertise and experience in risk assessment and in risk management to share to assist others to prepare for the entry into force of the Protocol.

2. Among the potential approaches listed in paragraphs 19-34 in the ICCP document (UNEP/CBD/ICCP/1/4) on capacity-building, Costa Rica considers the approaches suggested in paragraphs 20, 21, 22, 23, 25, 26, 27, 29, 31 and 33 would be useful for responding to the needs identified above.

3. Costa Rica suggests that the following entities could best facilitate capacity-building in the following areas:

(a) The ICCP: setting norms for harmonization;

(b) The Secretariat: providing administrative framework for creation of technical and scientific capacity;

(c) Other bilateral and multilateral donors: providing funding to the Secretariat;

(d) Intergovernmental organizations: assisting national authorities of Parties to take decisions;

(e) Regional networks: promoting harmonization of technical, legal and scientific mechanisms in the countries;

(f) Non-governmental organizations: cooperating in consensus building and in raising public awareness;

(g) Private sector/industry: creating confidence with consumers;

(h) Scientific/academic institutions: promoting public awareness, implementing training and education activities.

4. On other suggestions for capacity-building for implementing the Biosafety Protocol, Costa Rica suggests: 1) update and enforce national biosafety laws; 2) identify other stakeholders to increase the process of public participation in implementing the Protocol; 3) train human resources in technology and administration; and 4) harmonize administrative and technical criteria at regional and multilateral levels for countries with similar ecological conditions.

**CUBA** *[23 April 2001]*

Cuba recognizes the critical importance of information exchange in safety in biotechnology to apply the Protocol effectively. Cuba considers that the capacity-building needed for the exchange of information requires: 1) to have a technological infrastructure available supporting the system; 2) to set up Internet connection with the corresponding protections against viruses and hackers; 3) to have an updated and harmonized database, 4) to have duly trained human resources; and 5) to create, develop, and keep a national system of exchange of information. The main difficulties Cuba is facing for the creation of a national centre of exchange of information are lack of financing and scientific-technical training. Cuba, therefore, has elaborated and submitted a draft project to the Secretariat with a view of obtaining the required resources from the international collaboration.

**ECUADOR** *[5 March 2001]*

1. To prepare for the entry into force of the Protocol, the top three priority areas requiring capacity-building/strengthening in Ecuador are: 1) institutional and administrative capacity-building; 2) risk assessment; and 3) risk management. Ecuador also needs cross-cutting capacity-building in human resources strengthening and development and in data management and information sharing.

2. Among the potential approaches listed in paragraphs 19-34 in the ICCP document on capacity-building (UNEP/CBD/ICCP/1/4), Ecuador considers the approaches suggested in paragraphs 25, 26, 28, 31 and 33 would be useful for responding to the needs identified above.

3. Ecuador considers that the ICCP, the Secretariat, the GEF, other bilateral and multilateral donors, non-governmental organizations, and intergovernmental organizations are the best entities to facilitate capacity-building to assist countries to prepare for the entry into force of the Protocol.

**ESTONIA** *[16 March 2001]*

Estonia identified the following three top priorities requiring capacity-building/strengthening to prepare for the entry into force of the Protocol: 1) capacity to make and report decisions on LMO import in required time frame; 2) analyse risks to conservation and sustainable use of biodiversity; and 3) identification and handling of living modified organisms at point of import. Estonia has expertise and experience to share with others in understanding of relevant biotechnology processes and applications. Estonia considers it is useful to combine national capacity for risk management decisions with the capacity of exporters for risk assessment in responding to the needs of Estonia.

**EUROPEAN UNION** *[30 March 2001]*

1. The EU regards the following as the three main areas requiring capacity-building/strengthening in the EU: 1) further developing application of the principles of risk assessment and monitoring to improve the identification and evaluation of LMO risks; 2) improving methods and systems (including molecular probes) for unequivocal identification, detection and traceability of LMOs, including the development of a unique identifier; and 3) promoting and facilitating means of informing all relevant stakeholders and the general public about measures for the safe transfer, handling and use of LMOs, including consultation on such measures.

2. The EU has expertise and experience in the following three top areas to share with others to assist them to prepare for the entry into force of the Protocol: 1) scientific risk assessment, risk management and monitoring of LMOs, including analytical detection methods; 2) legal and administrative frameworks relevant for biosafety, human resources and institutional capacities for risk assessment, risk management and decision-making; and 3) exchange of scientific and regulatory information about LMOs, including the provision of information to the public and regional clearing-house.

3. The EU emphasizes the following approaches are relevant in responding to their needs: 1) harmonization at the EU level of the legal framework for controlling the intentional introduction of LMOs into the environment, including as products; 2) national capacity for independent review of risk assessment information from exporters and other notifiers, and for enforcement of legal requirements; and 3) separation of the biosafety regulation function from activities involving the promotion of the biotechnology industry.

4. The EU considers that different entities could best facilitate capacity-building to assist countries to prepare for the entry into force of the Protocol in the following areas:

***The ICCP***

- Revising and updating the capacity-building framework in the light of responses to this questionnaire and the outcome of inter-sessional workshops and projects.

- Developing common formats to build capacity and encourage consistency of standards in such matters as risk assessment and information exchange.

***The Secretariat***

- Completing implementation of the pilot phase of the Biosafety Clearing House, taking account of priority needs regarding the capacities of Governments for access to the BCH and the views of Governments on monitoring progress.

- Further synthesis and analysis of the identified needs of countries for implementation of the Protocol, and available means for assistance and information exchange.

- Focal point for organizations to submit information to be made public as regards capacity-building initiatives for the implementation of the Protocol, as well as for identifying needs for capacity-building.

***The GEF***

- Deciding further areas for financial support for capacity-building in accordance with the identified priority needs of developing countries, including as a result of the first meeting of

the ICCP, responses to this questionnaire, the outcome of inter-sessional workshops and its previous pilot project on biosafety.

***Other bilateral and multilateral donors***

- Providing short or long-term experts to advise on identified needs and demands for assistance on specific issues, including those listed in Article 22 of the Protocol.

***Intergovernmental organizations***

- Implementation by UNEP of the project on *Development of National Biosafety Frameworks*, in line with the terms agreed by the GEF Council and relevant decisions taken at the first meeting of the ICCP.

- Development of advice or standards on particular technical or regulatory issues: e.g., OECD work on a unique identifier for LMOs and on Consensus Documents on common elements of risk assessment for particular species.

- Provision of central database information: e.g. Biotrack, ICGEB, Biobin.

- Development of common principles for public participation and access to information: e.g., the work of the United Nations Economic Commission for Europe under the Aarhus Convention.

- Coordination and mutual supportiveness with other bodies and conventions concerned with LMO issues: e.g. IPPC, IOE, FAO and Codex Alimentarius.

***Regional networks***

- Identification and dissemination of best practice in the development of national biosafety frameworks, procedures for risk assessment and risk management, decision taking, information exchange, and the use of human resources.

- Development of regional centres that enable sharing of expertise and information.

***Non-governmental organizations***

- Contribution to guidance on Protocol implementation issues: e.g., IUCN.

- Integration of the views and interests of wider stakeholders, including indigenous and local communities, through increased public awareness, education and participation into decision-making and the development of policy and procedures.

- Representation of specialist or sectoral interests in relation to risk assessment and risk management issues.

***Private sector/industry***

- Techniques for monitoring.

- Techniques for identification, detection and analytical assessment.

- Developing systems for labelling, traceability and unique identifier.

- Improving capabilities of accessing and handling electronic information.

- Providing scholarships in the areas mentioned above.

***Scientific/academic institutions***

- Development of centres of expertise and excellence for particular risk assessment and risk management issues.

- Exchange and scholarship programmes aimed at enhancing the teaching and research capacities of higher education and other private and public institutions in developing countries as regards biosafety related issues.

- Cooperation on research and information exchange on socio-economic impacts, especially on indigenous and local communities.

5. The EU made the following other suggestions on capacity-building for implementing the Biosafety Protocol: 1) developing a handbook on practical implementation issues for the Protocol, such as principles of risk assessment and risk management; the format and content of the handbook should be driven primarily by the needs of developing countries; 2) improving telecommunications technology in developing countries; and 3) capacity-building in developing countries should involve at an early stage the departments or ministries responsible for legal, administrative and financial co-operation and development relevant for biosafety, as well as those responsible for research and technology transfer. The relevant ministries should be encouraged to collaborate on capacity-building projects.

**INDIA** *[30 March 2001]*

At the request of the Government of India, the submission of India is being circulated in its entirety as document UNEP/CBD/BS/EM-CB/1/INF/1. The summary of the information contained in that document is as follows:

(a) The three top priority areas requiring capacity-building/strengthening in India to prepare for the entry into force of the Protocol are: 1) institutional building to achieve a multidisciplinary strategic planning capacity; 2) general risk assessment capacities; and 3) involvement of stakeholders;

(b) The three top areas in which India has expertise and experience to share with others to assist them to prepare for the entry into force of the Protocol are: 1) institutional building for developing/strengthening legal and regulatory structures; 2) risk assessment based on understanding of relevant biotechnology process and applications; and 3) human resources strengthening and development for all aspects of regime development, evaluation and maintenance for risk assessment and risk management;

(c) Out of the potential approaches listed at paragraphs 19-34 in the ICCP document on capacity-building (UNEP/CBD/ICCP/1/4), the approaches suggested in paragraphs 21 and 22 under "Comprehensive national capacity" would be useful for responding to the needs identified above;

(d) India suggests its Government to identify institutes and centres of excellence and to take assistance from such institutes in the conduct of experiments for addressing various issues of environmental safety and human food safety. There is a need to upgrade these institutions for generating data and to provide appropriate technical inputs to decision making and risk management. Environment safety questions need to be addressed in a transparent manner in order to generate credibility and confidence. Publicly funded institutions can be supported and the efforts of private companies encouraged.

**JAMAICA** *[2 April 2001]*

1. Jamaica has the following three top priority areas to prepare for the entry into force of the Protocol: 1) develop legal and regulatory structures for genetically modified organisms (GMOs) and products derived from GMOs; 2) risk assessment – scientific expertise for the evaluation of interactions with the receiving environment; and 3) collection, storage and analysis of scientific, regulatory and administrative data.

2. The top three areas which Jamaica has some expertise and experience to share with others include: 1) multidisciplinary strategic planning capacity; 2) scientific expertise for evaluation of genetic modification; and 3) public awareness and participation for risks associated with handling.

3. In responding to the needs of Jamaica, the approaches useful in achieving the required capacity to implement the Protocol include: 1) comprehensive national capacity (particularly in regard to regulatory and monitoring mechanisms) to address all GMO imports; 2) combining national capacity for decision-making and risk management with a regionally based capacity for risk assessment; 3) development of model legal and administrative regimes and criteria for legal drafting; and 4) South-South, and North-South cooperation.

4. Jamaica considers that the entities could best facilitate capacity-building to assist countries to prepare for the entry into force of the Protocol in the following ways:

(a) The ICCP: providing general guidelines from an international perspective;

(b) The Secretariat: administering the Biosafety Clearing-House, creating synergies between activities, and keeping countries abreast of important developments and opportunities – e.g., roster of experts;

(c) The GEF: providing funds necessary to build legislative and administrative framework and for training in risk assessment and risk management;

(d) Other bilateral and multilateral donors: providing matching funds for building scientific capacity at the subregional level;

(e) Intergovernmental organizations: sharing “best practices”, models and information pertinent to trade and the environment;

(f) Regional networks: ensuring information-sharing in experiences and concerns;

(g) Non-governmental organizations: assisting in public education;

(h) Private sector/industry: risk assessment, information needs and concerns of industry

(i) Scientific/academic institutions: assisting in training and conducting risk assessment, research in GMOs for improved crop production.

5. Jamaica made the following other suggestions on capacity-building for implementing the Biosafety Protocol: 1) assistance in project-proposal preparation to ensure that countries that most need funds are given priority; 2) best-practice method could be used for assisting small island developing states to build capacity for implementing the Protocol as early as possible; 3) capacity-building needs for determining potential environmental impacts of GMOs in small island states should be identified; this information should be shared and mechanisms developed for implementation; and 4) legal protocol for the negotiation of licensing agreements for use of proprietary material.

**SLOVENIA** *[28 March 2001]*

1. To prepare for the entry into force of the Protocol, Slovenia has these three main priority areas requiring capacity-building/strengthening: 1) capacity to administer notification, acknowledgment and decision response process; 2) capacity to monitor, enforce and report on compliance; and 3) enhancement of related scientific and technical capacities for risk assessment.

2. The top areas in which Slovenia has expertise and experience to share with others to assist them to prepare for the entry into force of the Protocol are: 1) plant breeding; 2) transformation of plants for viruses resistance; and 3) food science (microbiology, molecular biology).

3. On the basis of the potential approaches and options for achieving the required capacity to implement the Protocol suggested in paragraphs19-34 of document UNEP/CBD/ICCP/1/4, Slovenia considers the comprehensive national capacity (paragraphs 21 and 22) would be most critical in keeping with the general obligation under the Protocol. Slovenia suggests that the capacity needs of each Party to the Protocol be defined on a tailor-made basis through development of national biosafety framework and that the role of roster of experts be established by the Parties.

**SWITZERLAND** *[9 April 2001]*

1. Switzerland indicates that the three top areas it has experience to share with others to assist them to prepare for the entry into force of the Protocol are: 1) biosafety regime development; 2) involvement of stakeholders, non-governmental organizations, local communities, and the private sector; and 3) regional capacity development.

2. Switzerland points out that the following entities could best facilitate capacity-building to assist countries to prepare for the entry into force of the Protocol in the following aspects:

(a) ICCP: play the roles as illustrated in document UNEP/CBD/ICCP/1/9; overall responsible for decisions regarding the establishment of the work programme related to capacity-building and evaluation of its implementation;

(b) The Secretariat: implement the decisions of ICCP, associate with the UNEP/GEF enabling project on biosafety, and work as a facilitator to promote the collaboration and the coordination between existing initiatives on capacity-building;

(c) The GEF: the GEF strategy for assisting countries to prepare for the entry into force of the Cartagena Protocol on Biosafety adopted by the GEF Council in November 2000 clearly describes how the GEF will support, through the GEF/UNEP enabling activity, capacity-building in this area;

(d) Other bilateral and multilateral donors, intergovernmental organizations, non-governmental organizations and the private sector/industry: reinforce collaboration among all the capacity-building projects on biotechnology and biosafety initiated in by these entities in order to avoid duplication and to efficiently use the limited resources available;

(e) Regional networks: involve in the development of the Biosafety Clearing House

(f) Non-governmental organizations: associate with capacity-building initiatives and ensure public participation and promote public awareness on biosafety issues;

(g) Private sector/industry: associate with initiatives on capacity-building and share experience with risk assessment and management of LMOs;

(h) Scientific/academic institutions: participating in capacity-building initiatives as well as in other activities in relation with the implementation of the Protocol.

3. Switzerland re-emphasizes the importance of the pilot phase of the Biosafety Clearing House (BCH) for capacity-building and the need for close interconnections between both activities. In this regard, the regional meetings on the BCH are of primary importance.

**TURKEY** *[18 April 2001]*

1. On the basis of the indicative list of key required capacities shown in the table at the end of paragraph 18 of the document UNEP/CBD/ICCP/1/4, the three top priority areas requiring capacity-building/strengthening in Turkey to prepare for the entry into force of the Protocol are: 1) biosafety regime development in institutional building category; 2) scientific and socio-economic capacities in risk assessment category; and 3) implementation of decisions in risk management. Turkey also needs cross-cutting capacity-building in human resources strengthening and development and in data management and information-sharing.

2. In responding to these needs of Turkey, the useful approaches are: 1) comprehensive national capacity; and 2) development of model legal and administrative regimes and criteria for legal drafting. The main constraint in the preparation of entry into force of the Biosafety Protocol and the implementation of its provisions in Turkey is to create financial resources and to overcome difficulties in information sharing and data management.

3. To assist countries to prepare for the entry into force of the Protocol, Turkey indicates that the entities can best facilitate capacity-building in the following manner:

(a) The Secretariat: coordination and leadership to determine ways and means to build capacity in countries by taking into account the recommendations of the ICCP;

(b) The GEF: preparing technical support;

(c) Other donors, intergovernmental organizations, regional networks, non-governmental organizations, private sector and scientific/academic institutions: to provide co-financing

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