## Biggest group's work

Participants: Brunei Darussalam, Cambodia, India, Malaysia, Myanmar, Singapore, Viet Nam

There is no single country approach:

- At the policy level you can deal with issues regionally (create momentum and framework)
- At the lower level you need to take into account the countries' specific context

## CBRN risks represent a real threat:

- Cross-border terrorism is the biggest threat, then ingrown/home-grown terrorism involving CBRN material. (India) More information and coordination needed between the countries monitoring cross border movement – trafficking and smuggling. (Myanmar) Related to corruption as otherwise smuggling would not be possible (vaguely related) Security culture needed.
- Ebola, SARS, MERS CoV. After Ebola every administration has learned to deal with it better (Singapore)
- Dual use material (Cambodia)

Raise awareness should really start from graduation level and take it to the higher level. Even at 10<sup>th</sup> (biology classes) grade and then it would make the change happen faster. The risk however is creating mass panic.

Also one should keep in mind that natural disaster and man-made ones should not be lumped together because they are dealt with differently (Sing).

Is it possible to quantify risks from natural and criminal disasters?

Difficult to weaponise biological weapons. Dual use of more concern, creating collaborative relationships with scientists and researchers, how do you prevent that? In conferences dealing with infectious diseases first half an hour used by FBI to portray the threat – raising awareness among practitioners.

Given the limited resources, convincing senior decision makers should focus on:

- Policy makers' awareness raising should be the first step. If they have no awareness you
  cannot move forward. (Vietnam and Myanmar) Countries have many priorities there is a
  need to convince them that this one as well and worth investing.
- Technical people should identify the risks and then organise workshops to highlight the importance of relations on export-import control.

What is being done now?

NAQ and NAP could be a good starting point to raise awareness among the policy makers, to evidence the reality of threats and risks and these are the priorities to start addressing them.

Raise the profile thus

Need help from outside, without support they cannot move further.. Interregional, regional cooperation and international such as international conferences (BWC etc). High degree of similarities in the region in the systems, operations and needs, ASEANtom (atomic energy forum), IAEA, OPCW, UNODC, WHO, DITRA and Canada. Regional groups: AMTCT ASEAN ministerial forum on transnational crime prevention. Perhaps international organisations could support participation in the regional fora. Include also topics on agriculture and pesticides as many chemicals in use.

2010 ASEAN Hanoi plan of action in disaster relief, combat terrorism

Could anything be done w ASEAN in a follow up to this meeting?

ASEAN + 8 (India, Russia, China) interministerial meeting good forum to discuss CBRN, topic involve the private sector as well, like table top exercises . Real time exercises simulating an incident in a chemical facility with terrorism element

ASEAN has many different bodies and then they report back

ARF would be a good forum to propose ideas, at the senior level, followed by the meetings of prime ministers.

Then from the leaders focus on lower level, once ASEAN leaders have agreed on the priorities the easier it will be to operationalise the issues.

Prepare material on the event for policy makers to raise awareness- but be concise (like the US presented)

Educating different sectors of general public:

- Targeting people in the vicinity of chemical plants etc, through general schooling
- Employers should have risk communication towards employees (service men)
- General public awareness raising campaigns

Make it relevant, make it personal: Share news clippings with real incidents in chemical area, analyse cases.

Analyse press clippings to establish the reported typology of cases.