

SDA Dinner Debate Report

Risk Analysis and Preparedness for the next Influenza Pandemic



November 13, 2008



Organised with the support of Baxter & Roche

SECURITY & DEFENCE AGENDA

A *Security & Defence Agenda* Report

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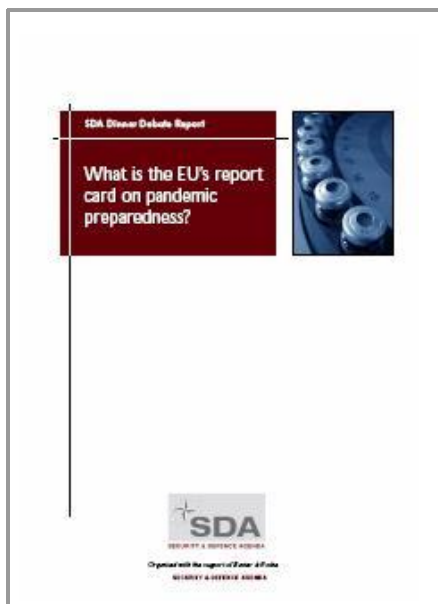
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Previous SDA reports addressing pandemic preparedness

The Security & Defence Agenda (SDA) assembles high-level experts in Europe that contribute reports encompassing everything from security issues of bio-terrorism to large-scale pandemic threats. These reports are well received by our members and interested parties, which include health and security authorities, EU and NATO officials, members of governments and international organisations and the press. Our reports summarise key discussions from open and frank dinner debate discussions that have encouraged participants to think outside the box, identify priorities and propose solutions.



These reports serve as a valuable sounding board of expert-level and industry opinion for policymakers and officials. They offer fresh perspectives which are based on technical expertise, industrial capabilities and political reality.

Dinner Debate Programme

Risk Analysis and Preparedness for the next Influenza Pandemic

On November 13th, the SDA hosted a meeting of health and security experts to discuss how attention is being given to the disparity in risk analysis from both public and private sector actors engaged in pandemic preparedness throughout Europe.

Questions on the evening's agenda included:

What, if any, are the criteria being used? How are these criteria to be measured? What role does stockpiling play in the risk analysis process? What mechanisms should be used to ensure business continuity? And how can national governments lend assistance to the private sector in planning for business continuity?

MODERATOR: **GILES MERRITT**
Director, Security & Defence Agenda

13 November 2008

Conrad Hotel, Brussels

19:00 Welcome Drink

19:30 Dinner

Russell Price, Continuity Forum

Price opened the evening's debate with a plea for awareness on how people perceive risk, as risk perception is a fundamental indicator to how people intend to plan, invest and apply resources. Today, people today seem to be rather 'short termist' about risk, he explained. Where pandemics are concerned, however, the risk is not individual, but societal.

The world has seen three pandemics in the last century. However, in 1918 it took some 80 days to travel around the world. Now, one can fly from Sydney to Brussels in less than a day. In 1918, the global population was some



1.6 billion people, today there are well over 6 billion people. Our economies were much more insular in the past and international trade did not exist to the extent it does today. Price wondered if we were sufficiently factoring in these facts when constructing risk portfolios today.

Price then turned to lessons to be learned from the private sector:

1. Companies are money driven – they must see a return on their investment. Investment in H5N1 preparedness is about productivity, resilience and investor confidence.

2. Companies often employ business continuity models, applying it to their supply chains where appropriate. But it does-

n't happen often enough.

3. The private sector has the ability to make quick decisions and an easier time committing money. In the UK, if a company invests in H5N1 preparedness, it is taxed as a benefit in kind for the individual.

Logistics distribution capabilities – one of the questions Price would ask British politicians is who they would trust more to deliver vaccines: local authorities or a supermarket chain like Tesco's.

Price elaborated on this last point, saying that the private sector could actually alleviate the public health system's burden in the case of an emergency. They have a wide outreach to a significant part of the population – instead of a citizen presenting themselves at a hospital or a GP, have them go to work as normal and receive their treatment there, he suggested.

René Snacken, European Centre for Disease Prevention and Control

Snacken opened by identifying five major weaknesses in EU preparedness:

1. preparedness at a local (district) level
2. need for an inter-sector approach
3. interoperability – collaboration between countries
4. no real improvement in seasonal flu immunization (a prerequisite for increasing a better vaccine supply)

research that is not more targeted

Snacken noted that pandemic fatigue is obvious in several countries, leading to vanishing awareness of the problem. 12 out of 29 countries have a plan for main-

taining essential services – an improvement compared to a few years ago. A third of EU member states do not have plans outlining how to collaborate with neighboring countries which is worrying.



René Snacken

He said the logistics involved in the stockpiling of antivirals could be a “nightmare”. This is a problem that needs to be tackled rapidly.

A few days previously, Snacken read in the *Financial Times*

that the EU is not adequately prepared and that countries such as the US had more vaccines and antivirals available.

Snacken did note some positive trends:

- EU countries are starting to focus on business continuity planning, operability and inter-sector approaches now which are a good evolution.

- Initiatives in some Member States are of particular value. For example:

- The Belgian government is developing relationships with SMEs and initiating dialogue for improving business continuity plans.
- Portugal has developed an educational website for children on avian flu.
- France had implemented an avian flu training course for health care workers.

Many turn to the ECDC to answer exactly when Europe will be adequately

prepared. Snacken found this impossible to answer but ventured to guess 3 years.

Finally, Snacken turned to the apparent disparity in risk analysis from both private and public sectors. He saw this disparity as a positive thing, as long as the response was consistent and adequate. The essential thing was to ensure that the private sector was integrated into public planning.

John Oxford, Centre for Infectious Diseases (UK)

Professor Oxford began with two amusing, yet concerning anecdotes highlighting recent interviews he had conducted with the media.

The first concerned a journalist worried about limited available cemetery space in the UK. Where would the UK bury its



John Oxford

dead in the case of a flu pandemic? Oxford answered that if it reached the point where cemeteries were overflowing, we will have failed. He didn't believe failure was an option as long as there were vaccine companies pumping a huge effort

and investment into their work. In the past few years, the UK has become very well prepared, Oxford argued and he pointed out that the Health Protection Agency and regional centers of government were highly concentrated on their preparations. The same, however, could not be said of the whole of Europe.

The second journalist asked Oxford what his worst nightmare would be in the case of an outbreak. The professor painted a scenario where he would have flown a low-budget airline such as RyanAir to a Southern European country (which would remain nameless), only to arrive and be informed that an outbreak has been reported in that very country. His immediate reaction would be to get on the next RyanAir flight back to the UK – where there is Tamiflu for half the population, vaccines are stockpiled, etc. He would arrive back at the airport only to discover that the UK has closed off its flights. He would return to his hotel, where he could not speak the language – the money supply would have dried up because no one had put money in the cash points – there would be no Tamiflu, no antiviral drug, no preparation. In that scenario, his first question would be - how can the EU have allowed this to happen? It should not be the case that some countries have antiviral stocks for half the population and others are not prepared at all.

Oxford mentioned that the UK cabinet office had placed H5N1 at the very top of a threat list of 112 potential threats. He did not understand why it did not appear at all on the threat lists of some other European countries. It also concerned him to hear that one EU country was threatening to close its borders in the case of an outbreak.

In reference to the FT article mentioned by Rene Snacken, he opined that the best prepared EU countries were actually ahead of the US in pandemic preparedness. He argued that the EU could and should become the leader in preparedness. He found himself much more optimistic than he was at the SDA's first pandemic flu dinner a few years ago.

Prof. Dr. Michael Kunze, Medical University of Vienna

Kunze found Austria's preparedness had significantly improved over the past 10 years. However, he was very concerned that a neighboring country of Austria was not well prepared. A pandemic does not respect borders, he opined, so closing borders is not feasible.



Michael Kunze

He highlighted the need for plans on four levels:

1. federal level
2. state level
3. company level
4. family level

Kunze encouraged governments to conduct information campaigns pointing out to the private sector that investment in preparation is not lost money.

He also felt that the 'flu fatigue' was the greatest risk at present.

James Irwin, Roche

Irwin began by quoting David Navarro, the UN pandemic coordinator, who stated that 'engaging business from the start is essential and perhaps the most important factor of all'. He also mentioned that the recent World Economic Forum in Dubai had also stated that preparation is essential from all sectors and the private sector is absolutely critical.

In his experience at Roche, he saw a few countries giving good guidance on provisions that companies should be taking

with regards to stockpiling antivirals, specifically in regards to how they can be purchased, stored and dispensed. Companies appreciated this kind of guidance from governments – especially in Germany and Canada, where companies



James Irwin

can buy directly from the manufacturer.

Irwin noticed a discrepancy between guidance at the international-level heard from organisations like the World Economic Forum and the support and ad-

vice that governments are giving to corporations at the implementation-level locally.

Russell Price took up Irwin's point and talked about the differences in bottom-up vs. top-down approaches to preparedness.

There are about 1 million key workers in the UK – with approx. one spouse and two kids each. You cannot expect those key workers to go into work and then bring the infection home – the families need some sort of protection as well. Current policy gets you access to the antiviral once you present with the infection – that is too late in the opinion of many – it should be used as a prophylactic treatment. But are the populations covered? The figures presented are often confusing, he found.

Irwin agreed with Price's concern on the mathematics, stating that it is exactly those figures that can be misleading to

companies. If you have 42% coverage of your population, but you intend to use prophylactic measures to cover your health care workers, with six packs for each worker, you are actually only covering 7% of your population. But the 42% is the figure that is disseminated...

SDA Director Giles Merritt jumped in wondering why the intellectual community has failed to drive points like this home to European politicians.

Price thought it had something to do with denial. It is often easier to deny a problem than to actually challenge risk perception. He did not believe that any politicians were being genuinely irresponsible, but they were prioritising on a false basis. People do not necessarily divide risk issues on arithmetic or logic, he explained, they base it on a subjective decision. This is where the governments need to lead and point out to the private sector what they cannot do and what you should be responsible for individually. He stressed the need to properly identify individual responsibility and corporate responsibility. Governments have a responsibility to commit to their private sector partners.

Merritt then put **Juraj Sykora** of the Council of the EU on the spot, asking if any signs were emerging of a consensus on how real the threat is.

Sykora acknowledged that there had been a lot of action in 2005 when the risk seemed to be eminent. Then, as the situation improved and there were not as many outbreak cases, the activity at the political level slowed. Nevertheless, lots of work still continues at the technical level, he pointed out, especially in cooperation with the ECDC. Pandemic planning is still on the agenda of the health ministers – however they do not go pub-

lic often about pandemics because there was concern (even in 2005/2006) about public perception of the risk if ministers were seen to be constantly debating it. Would the public panic? Or would the public be reassured that governments are doing everything they can? This was a constant question...

The French Presidency evidenced that preparedness was still on the agenda, with an expert seminar "Eurogrippe" and ministerial conference in Angers on 3-5 September 2008 that looked at how member states can jointly tackle the problem of a pandemic (the scenarios of yellow fever and acute respiratory syndrome infection type SARS were used).

He found it difficult to answer if the EU was totally prepared. We do not know the amount of risk, how the H5N1 virus may mutate or what the scale of the disaster may be. Risk analysis will always be tricky in this way, he posited.

He referenced the ECDC report of 2007, which concluded that after two to three years work at a sustained level, there would be a reasonably good level of preparedness. Sykora wanted to know how the ECDC defined a good level of preparedness in terms of vaccine availability – is it 80% coverage? 50%? Or is it rather that all necessary logistics are in place? Nobody is claiming that Europe is 100% prepared, he agreed, but things are moving and there is a general recognition that the preparedness shall be constantly reviewed and kept at high level. He regretted that no officials from the European Commission could be present at the meeting as there were several initiatives moving there as well.

Evelyne Falip, French Permanent Representation to the EU



Evelyne Falip

Falip thought that perhaps there was fatigue from the media, but she agreed with Sykora that there was no fatigue at the technical and political level. She also highlighted the importance of interoperability between member states and underlined that an important focus of the Angers conference was public-private interaction. The fact that every member state now had a plan in the health field is already a big step. She hoped the virus would give the EU another three or four years to be better prepared.

Albena Arnaudova, World Health Organization

Arnaudova picked up Falip's positive note and stated she thought work was actually increasing on pandemic preparedness. She applauded the tripartite cooperation between the WHO, the ECDC and the Commission (particularly DG Sanco), who conducts joint missions to most member states as well as candidate accession countries. The WHO was happy to see the opening of the Health Security Committee of the EU.

She mentioned a joint project, to be released in a few months' time, which develops a Europe-wide set of indicators of self-assessment about the level of EU-preparedness.

The WHO preferred an approach of mutual reinforcement, rather than playing the



Albena Arnaudova

blame-game. Peer pressure or wagging fingers at countries which are more poorly prepared had rarely brought about positive results in her opinion. She recognised the preparedness gap between old and

new EU member states, but encouraged empowering the newer member states to improve their capacities to invest and gather resources.

Merritt threw another question into the pot: what sort of fine line is there between keeping public attention fully engaged with the realities of a pandemic and at the same time not creating a panic or making people think you are crying wolf?

Sykora jumped in briefly here to mention the work being done on animal health, cooperation between veterinary offices and the Council Directive 2005/94/EC on Community measures for control of avian influenza, which proved its operability. Co-operation at international level is also important as it aims at tackling the problem at its origin and to keep it from coming into the EU. In this respect, the EU is providing technical assistance to the countries coping with the virus in East Asia.

Professor Oxford picked up on this point, mentioning that the EU needed to support the infected countries more. Small farmers dependent on duck or geese farming had hung themselves on the appearance of white coats entering their villages once they recognised their livelihood would be destroyed. Wealthier

nations have a responsibility to help here.

On the public information issue, Oxford noted that the UK government was nervous to talk about its plan – despite how good it was. The plan was to throw all of Britain’s virological and scientific resources at the first three hundred people that are infected over a period of seven weeks. All information could be collected during that time to protect the remaining 50 million people in the country – thanks to proper stockpiles of vaccines, antivirals and antibiotics.

Merritt inquired if this is where Google could step in; a recent news article had highlighted that Google was tracking web searches for flu related symptoms, hoping that the information could be useful for signaling outbreaks.

As some experts in the room dismissed this idea, **René Snacken** pointed out that the SARS episode was discovered by software that was about to search in local newspapers. The goal was not to perform a scientific service, but to alert and track alerts. It might be a toy for now, but he would not disregard it as it could prove to be useful in the future.

Kunze pointed out that the investment necessary for basic protection was not as large as many thought: protecting one person for one day with *neuraminidase inhibitors* ran at one to two euros. “Don’t talk to politicians about millions, talk to them about one to two euros and then get the newspapers on board,” he proposed.

Irwin added that the private sector had been most active in the UK and in Germany, which coincidentally, were probably the easiest places to buy products. This probably signals a correlation between the ease of purchase and activity from the corporate sector. He also

pointed out that risk assessment expertise comes into play when seeing active corporations in pandemic preparedness. The banking industry and energy sectors that are used to dealing with crises and natural disasters are the same sectors now preparing for pandemics. Irwin suggested giving essential industries, such as grocery stores, a bit more guidance from local government on risk management.

The SDA's **Geert Cami** spoke of a previous meeting when a Commission official was asked who would coordinate efforts from an institutional level in the case of an outbreak. The Commission representative did not know whether it would be him, or somebody at the Council. Cami recognised that responsibilities at the national level were well-known and asked for the views of people who are at institutional level: who would coordinate everything?

Evelyne Falip commented that it had been difficult to foresee coordination at the European level because there was no competence for health in the Commission. The Health Security Committee, working in close collaboration with the Commission, the Council and ECDC, could eventually pick up this coordinating role – considering that preparation for and response to health risks in the EU is a Member State competence.

Sykora agreed and described the lessons learned from a big exercise held in 2006 that tested how such coordination between member states would work. If there were a crisis, all necessary facilities exist in Brussels for Ministers to meet



and decide very quickly even if they are not physically able to come to town (video facilities can ease travel restrictions).

Asked who was in charge of coordination at an operational and institutional level, **Dr. René Snacken** replied that it would probably be him but he argued that the Commission still acted as a trigger, despite Falip's comment that the Commission did not have this competence.

Falip responded, saying that the ECDC was one part of the solution because were tasked with risk analysis and monitoring of the crisis. However, on one hand there is risk *assessment* and on the other hand, there is the risk *management*. Risk management remained solely a competence of the member states. There was a specific unit in charge of all threats within the Commission, but it could not manage a large-scale health crisis alone. Each member state would have to contribute its expertise, like for the current financial crisis.

Oxford disagreed with this, saying that there was no EU coordination at all for the financial crisis. He gave the example of Ireland, whose government announced it would guarantee any citizens' deposit. He felt it almost broke the banks in Britain, as many in Britain put their money in Ireland and it caused a huge crisis. He found it hard to imagine a man in Sofia seeing on TV that in the UK antiviral drugs were being dished out, while in Bulgaria officials are telling citizens to simply wash their hands and keep away. People will start moving towards treatment - unless one country decides to close its borders, and then a political crisis would be at hand.

Merritt agreed and thought this again raised the problem of public information and perception. The financial crisis risked

robbing experts of financial resources for the pandemic preparedness effort. He stressed that there was a real need to capitalise on the financial crisis and explain to political leaders that if there is one thing worse than having a pandemic in Europe, it is having a pandemic in a Europe that is in serious recession...

Russell Price responded with two points:

Companies that were looking at investing in pandemic preparedness are already reconsidering that investment and were scaling back their planning teams with the financial crisis. Certainly, there had to be coordination between common stakeholders at the national level, and the EU is probably the best example in the world. He thought the EU was letting its citizens down by not working together in this space.

Price also pointed out that training and education are an important part of convincing people that they should use a variety of mechanisms to stay safe in a pandemic: it starts with good hand hygiene, then possibly with masks, protective equipment, anti-virals and social isolation. One of the things his company talks about often is Incident Emergency Management - a specialist area - and command and control systems. Europe needs a team of experienced national experts who have rehearsed and practiced a common plan applying an agreed model. A clear message of leadership needs to come from the Council, the Commission and from national governments to the private sector to be more socially responsible. To Price, this was a moral issue more than it was a political one.

Wittmann-Stahl underlined like her French colleague Falip that competencies

to manage a health risk are with the member states. The responsibility for preparedness lies at the national, regional and local level.



Irene Wittmann-Stahl

Experts have their relevant roles but they also need political direction, in particular when it comes to high budgetary questions. In a democracy health ministers in particular, will be

hold liable if something goes wrong with public health, not the experts.

Discussion and coordination is necessary at the European level, but no member state should hide behind the preparation of its neighbouring country. There is a real need that everyone is prepared in its own system.

Price wanted to know how much longer we counted on being lucky? He had been hearing about reports in 2005, studies in 2003, this was now 2008. Five years had gone by since this started hitting the headlines. He stressed that political empowerment was necessary to recognise subsidiary issues and create a Europe-wide framework. He reminded the group that the marketing budget for Pepsi was larger than all of the resources that have been put into pandemic preparedness.

Irwin mentioned that in the Canadian experience with SARS a few years ago, local governments in Toronto and Ontario did not have reliable, precise information. It is difficult to govern without the direct input of the experts.

Snacken jumped back in with a positive reminder: EWRS, the early warning response system of the Commission and the influence of each country coordinator played a very important role.

Albena Arnaudova of the WHO gave her opinion regarding differing opinions of member states on mandates at the community level. All 92-member states of the World Health Organisation had painfully negotiated the so-called International Health Regulations over a period of three years. Those regulations came into force mid-last year, and since the beginning of this year, all the state party signatories were legally bound to their national legislation and practices in accordance with the Regulations. Included in those regulations was information sharing on pandemic crisis and epidemics. The WHO was therefore dealing both individually with EU member states as well as with the Commission, who at times tried to speak on behalf of the member states when it was a matter of public health threats. She saw a discrepancy between national competency and the desire of the EU institutions to be able to speak with the WHO on behalf of the member states.

Wittmann-Stahl stated that the EU institutions had no mandate to speak on behalf of the member states in regards to health threats. The actual Treaty mentioned coordination between the member states. She understood that the Commission wanted to move forward, but the new Lisbon Treaty would have to be accepted first.

Oxford mentioned the importance of social resilience. Are citizens going to go to work during an outbreak or are they going to sit at home?

Government planning had to persuade its citizens that all necessary logistics were in place. If citizens stayed at home the whole economy would collapse, like it did with the SARS outbreak in Singapore and Hong Kong. Eight economies were brought to their knees because people got worried and sat at home. People did not know they could not be infected by just walking down a street in Hong Kong. Before you knew it, you would be dealing with a medical problem, a social problem, and an economic problem.

Merritt ended the debate with just a couple of thoughts. He was worried that a national vs. institutional competition was starting, when the problem was larger than Europe itself. He was happy to hear that preparations were improving, but the speed with which we could increase the momentum of preparedness against the speed with which the odds shorten seemed to him to be very worrying. He added that the political climate was not improving and the financial crisis was not going to make our lives easier. Could experts hitch their wagon to the financial crisis and make it plain to governments that this is not one of the discretionary areas of spending that can be put aside for later?

Merritt felt the public sector was increasing the number of nozzles through which protective measures are dispensed - but governments could not do everything. 'Disease and death are an intensely personal affair, but there is a sort of impersonality with which the media and we as a society discuss these things as if it was not personal,' he stated. So he ended with a frank question: should we, as private individuals, keep Tamiflu in the cupboard?

Kunze flatly answered: yes.

List of Participants

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Snapshots from the dinner



Toon Digneffe



Kenan Yalvaç



Pierdavide Lecchini



Anna Hallersten



Jaroslaw Strejczyk



Anna Hallersten, Giles Merritt, Toon Digneffe



John Oxford, Giles Merritt



Michael Kunze, Juraj Sykora



Joseph Healy



Russel Price, Pierdavide Lecchini, John Oxford

About the Security & Defence Agenda



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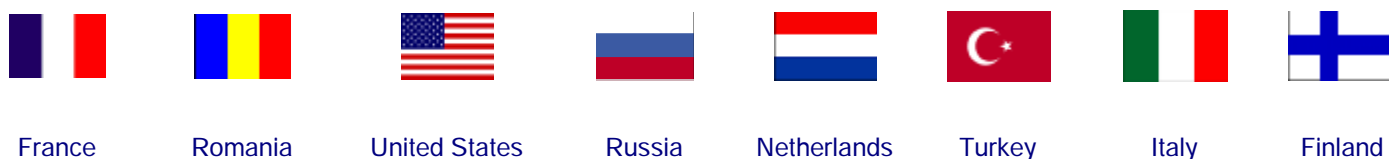
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