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“Emerging Global Health Security Challenges”

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Submitted by: Ms Greeshma Giridhar (MPP Cohort 2024-26)

Under the Supervision of: Ambassador D.B. Venkatesh Varma, Visiting Instructor at Kautilya School of Public Policy.

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Emerging Global Health Security Challenges

Abstract

Health, traditionally understood as individual well-being, has increasingly been reframed through the lens of global security. The COVID-19 pandemic reinforced how deeply health crises can disrupt societies, economies, and international stability. Since the 1994 Human Development Report, health has been recognized as a component of human security, with the UN Security Council and World Health Organization (WHO) playing central roles in securitizing public health. This paper explores the evolving nexus of health and security, highlighting key institutions, frameworks such as the International Health Regulations (2005), and global initiatives like the Global Health Security Agenda. Case studies on HIV/AIDS, Ebola, COVID-19, antimicrobial resistance, and emerging infectious diseases illustrate how securitization mobilizes resources yet often reflects geopolitical priorities. The analysis critiques the narrow criteria used to define threats, the dependence of global health governance on powerful states, and underscores the urgent need for resilient health systems to ensure true global health security.

Introduction

Health, as we have all studied in our science classes, includes the physical, mental, and social well-being and not merely the absence of an illness or injury. When one thinks about health, it is about lifestyle, biology, diet, etc. It is more or less a personal concept. When the COVID-19 pandemic hit the Globe, the understanding of health changed drastically. Each and every one of us felt the impact that a health crisis can have on the whole of humanity. This is not to say that COVID-19 was the only issue; there were many more before it and many more that will follow.

Health has increasingly been associated with security since the 2000s. However, the starting point in the health and security nexus is the annual human development report of 1994, where the UNDP recognised a broad range of categories that could threaten human security and health, and found a place in it (Aldis, 2008, p. 370). Human security was not only seen from an individual perspective but also from the perspective of a state and as a base for sustainable development (Aldis, 2008, p. 370). The nature of the lens through which health is looked at in a global context has evolved over time. After the Cold War, the United Nations Security Council has recognized that health emergencies are concerns of humanity and a part of the broader human security agenda. The lens was and continues to be security- oriented (Voss et al., 2022).

When we talk about health security, there seems to be no consensus on the definition (Rokvić & Jeftić, 2015). However, the World Health Organisation (WHO) (n.d.) defines global health security as “the activities required, both proactive and reactive, to minimise the danger and impact of acute public health events that endangers people’s health across geographical regions and international boundaries”. This limits what is considered a global health security crisis, as the definition talks about public health events that are acute and cross international boundaries, but the word geographical regions could be interpreted to mean any and all geographical boundaries. Geographical boundaries are a broad term that can be extrapolated to various contexts and criteria for defining geographical boundaries. Yet the presence of ‘international boundaries’ might lead to one looking at it only from the perspective of national boundaries. This analysis is of limited value since the WHO does not have the authority to declare any event as a security threat, not even health-related events.

The Copenhagen school of thought, by Barry Buzan, Ole Wæver, and Jaap de Wilde at the beginning of the 1990s, is the basis of the securitization of certain issues globally. This school of thought proclaims that through the ‘speech act’, powerful individuals around the world can declare something to be of threat to human existence, which justifies actions that might be condemned otherwise. When an issue is securitised, it attracts significant attention and action, even sidelining certain democratic principles (Sirohi, 2022).

American Presidents over the years have spoken about public health events being a threat to national security. America puts itself at the forefront of most global issues, and health is no exception. They have increasingly classified public health emergencies as national security issues, which brings in the accountability of the nation. This elevates the responsibilities of the government, which will also bring with it financial resources (Hodge & Weidenaar, 2017).

This is warranted during threats of bioterrorism, which require quick mobilization of resources and immediate action that cannot wait for parliamentary deliberation (Hodge & Weidenaar, 2017). Manufacturing of synthetic biological material and weaponization of it has been a serious threat for decades. “The key needs in risk analysis for biosecurity are timely surveillance and identification of biosecurity threats, risk analysis of impacts, and differentiation of natural versus unnatural outbreaks” (MacIntyre et al., 2017). Hence, When we say biosecurity and bio weapons then there is an automatic association with security (Walsh, 2016). This became even more apparent with the

anthrax attacks in the US in 2001, and their recognition of it as a serious concern drove global focus in that direction. This again was driven by the US, where close to two dozen people were affected, killing 5 Americans (Hodge & Weidenaar, 2017).

Now the question that arises is that are public health emergencies a similar threat to security and can they be viewed in a similar manner. During the COVID-19 pandemic, the level of global coordination that was required warranted the attention that it got, but even then, a lot of it was not conducive to constructive action. The conspiracies going around that the virus was synthetically created by the Chinese, and accusing them of bioterrorism, even after the evidence of it being mostly untrue was released, is one such example.

We have seen with the discussion above that health and security are related, but who the players are involved in the global health security space is something that we will discuss in the following section.

Institutions

WHO – IHR

WHO, which is the leading organization on most things related to global health security, has been awarded the power to declare Public Health Emergencies of International concern (PHEICs) through the amendment to the International Health Regulations (IHR) in the year 2005. WHO has declared 6 PHEICs to date, beginning from “2009—Influenza A; 2014—Poliomyelitis; 2014—Ebola West Africa; 2016—Zika, 2019—Ebola DRC, 2020— COVID-19. All PHEICs are health emergencies, but not all health emergencies are PHEICs.” (Wilder-Smith & Osman, 2020; Voss et al., 2022). The IHR is an overarching legal framework that inspires other frameworks and missions on any global health security challenge.

UNSC

The United Nations Security Council (UNSC) has been responsible for the securitization of health. Global health issues have been picked up increasingly by the UNSC since the 2000s under the international peace and security agenda. Six resolutions have been passed till now, with three of them being specifically about infectious diseases beginning with HIV/AIDS (Resolution 1308), Ebola (Resolution 2177), and Covid (Resolutions 2532; 2565) and the other three focusing on the protection of personnel involved in a health crisis, as well as civilians (Voss et al., 2022). Most of what the

UNSC discusses and debates on has some impact on the health of the people be it directly or indirectly. Health is a part of their agenda but it is not high on the list.

Others

The Global Health Security Agenda (GHSA) is a culmination of more than 100 countries and other organizations who have come together to build a world that is protected from the infectious disease threat. The GHSA in its activities honors the principles set by the IHR of 2005 (World Health Organization: WHO, 2019; Office of Global Affairs, 2024).

Other organizations involved include Coalition for Epidemic Preparedness Innovations (CEPI) which was formed after the West African Ebola outbreak to help with preparedness against global epidemic and acute outbreaks of infectious diseases. They help with developing vaccinations and so on (Gouglas et al., 2019). Gavi the vaccine alliance is all about making vaccines available to the poor who need them. They play an instrumental role in improving the disproportional access to resources that is very prevalent in the world, especially health related resources. Gavi runs on public-private partnership to ensure they are able to do the work they set out to do when they were formed in 2000 (World Health Organization, 2020a). Gates Foundation, Wellcome Trust, Novo Nordisk Foundation are some of the non profit organizations that have been trying to bridge the gap that exists between the resources available and the people who actually need it. The objective is this but the reality could be different for different countries (Peel & Cookson, 2024).

Case studies – Facts

HIV

The recognition of health as a security formally began with the HIV/AIDS resolution 1308 in the UNSC and also with the US recognizing it publicly (Hodge & Weidenaar, 2017). It was theorized that it would lead to serious loss of life, conflicts, and so on, which warrants the state's intervention. This was followed by increased funding, which in a sense is a good thing. But we can see how global leaders recognizing a health crisis as a security threat can lead to funding and financing inflows to mitigate it (Hodge & Weidenaar, 2017).

The WHO came up with a 95-95-95 target they want to reach in diagnosing, treatment, and

suppressing the infection. “Total people living with HIV: 39.9 million - 1.4 million children (0–14 years) and 38.6 million adults (15+ years)” (WHO, 2024a). The goals have not been achieved however there have been significant improvements in the situation with a 39% decrease in the number of people acquiring HIV since 2010, 77% of diagnosed people are receiving antiretroviral therapy (ART) and so on (WHO, 2024a).

Ebola

Ebola was first confirmed on the 22 March 2014 in Guinea then we saw how it swept through West African countries of Guinea, Liberia, Nigeria, and Sierra Leone. In 2014-2016, it claimed 11,000 lives across the countries (World Health Organization, 2025). The UNSC announced Ebola as a ‘threat to international peace and security’ which in a way is a speech act. Ebola was also securitized and a UN Mission for Ebola Emergency Response (UNMEER), the first-ever UN emergency health mission, was also created on September 19 2014. The UNMEER was criticized for certain procedural neglect because it was one of the first missions that required coordination from different personnel from different departments, making it difficult for them to understand each other's processes. This led to some initial differences and problems. However, it is an example of the level of coordination that is required to tackle a health security threat like Ebola (Snyder & Lupel, 2017; Heymann et al., 2015)

COVID-19

The UNSC resolutions for COVID-19 came as a way to call for a ceasefire in areas of conflict, and the words of the WHO were not taken seriously. The resolutions also focused on vaccine diplomacy as they were urging countries not to resort to vaccine nationalism. This was not very successful, as countries like the US did look inward. Hence, it almost seems like the resolution was more of a symbolic impact on the world rather than a tangible one (Rushton & Voss, 2022).

Antimicrobial Resistance (AMR)

AMR has been declared as a threat to public health around the globe, killing at least 1.27 million people worldwide and associated with nearly 5 million deaths in 2019 (World Health

Organization, 2023). In addition to death and disability, AMR has significant economic costs. The World Bank estimates that AMR could result in US\$ 1 trillion in additional healthcare costs by 2050, and US\$ 1 trillion to US\$ 3.4 trillion in gross domestic product (GDP) losses per year by 2030” (Panda, 2023). The Global Action Plan on AMR was also released which proposes the One Health approach which is to create a system where a similar system is followed not only with humans but also with agriculture, animal rearing and so on as there are many reasons for AMR. The WHO also declared that they will support countries to build resilient health systems that prevent epidemics and AMR and implement the Regional AMR framework.

AMR-India

According to an article by Jha (2024) 3,00,000 people were killed directly due to antibiotic-resistant (ABR) illnesses with 1 million other deaths affected indirectly. One of the reasons is overprescribing, dosage problems, and self-medication, combinations or cocktails that do not make sense scientifically have increased in the market and are unregulated, and so on. The National Action Plan on Antimicrobial Resistance (NAP-AMR) was introduced in against global epidemic and acute outbreaks of infectious diseases. They help with developing vaccinations and so on (Gouglass et al., 2019). Gavi the vaccine alliance is all about making vaccines available to the poor who need them. They play an instrumental role in improving the disproportional access to resources that is very prevalent in the world, especially health related resources. Gavi runs on public-private partnership to ensure they are able to do the work they set out to do when they were formed in 2000 (World Health Organization, 2020a). Gates Foundation, Wellcome Trust, Novo Nordisk Foundation are some of the non profit organizations that have been trying to bridge the gap that exists between the resources available and the people who actually need it. The objective is this but the reality could be different for different countries (Peel & Cookson, 2024).

Newly Emerging and Re-emerging Infectious Diseases (EID)

EIDs have an impact not only on the health systems but also on the trust in the government and so on. The EIDs have an impact on the economy extensively which is not something that is being considered by the UNSC when declaring an infectious outbreak as a health security threat or as a threat to international peace and security. “Infectious diseases affect potential investment and tourism, as witnessed by the fact that the gross domestic product of African countries would be 1/3 higher if malaria were eradicated” (Rokvić & Jeftić, 2015).

Analysis

There seems to be a trend with the USA diverting the attention of the Globe towards certain issues being of importance, which to others might be on the sidelines due to larger and more pressing issues. Yet because of the power and status that the country has on the global stage, other countries and international institutions follow what they say. Let's take the example of Ebola, which killed over 11,000 individuals in West Africa that garnered the attention of the United Nations Security Council (UNSC), which led to the UNSC's second resolution 2177 on health emergencies from a security perspective (Burci and Quirin, 2014). However, only one person was diagnosed in Dallas, US, yet there has been consistent attention paid to it nationally (Hodge & Weidenaar, 2017).

This suggests the type of focus that health security gets is decided by a few people. It is even more prevalent with the WHO being dependent on donations and voluntary funding by countries to ensure it is able to help the states and the people who need it. This reduces its power to do what needs to be done. The US pulling out of the WHO under the Trump administration is a serious setback globally for all countries and especially the LMICs which do not have the capacity or the capability to deal with threats to public health security.

When public health issues are securitized, certain rules will be set which will need to be followed, and compliance to be required by countries. This leads to most countries pumping their resources to do just that and their health systems suffer. An opinion paper talks about how the US, being such a

progressive nation with it being the biggest economy, does not have the level of health system that one would expect. It was talking about how even though they spend more than others, it is still not enough for them to be prepared for a novel pandemic. This is ironic as a couple of years later, when the COVID-19 pandemic hit, we saw how every country struggled to monitor, provide care, and also focus on developing a vaccine. A country of the calibre of the US also struggles on all fronts (Inglesby & Cicero, 2017). Adding to the issues of countries not having the health systems to tackle not only their own outbreaks but also when a future pandemic hits.

Furthermore, the criteria of what is a health security threat that is worthy enough to catch the eye of the UNSC seems to be extremely narrow. The focus is only one disease that is a threat to international peace and security which is further determined by them, meaning the P5 countries. What about other diseases which might not have crossed borders but have had a serious impact on the economies of the countries as seen in the figure below. They seem to have been ignored.



The only concrete focus on health system improvement with steps to follow released by the WHO in recent times includes the National Action Plan for Health Security (NAPHS). This is a National Action Plan, which was drafted as a plan for five years to help countries build health capabilities after the COVID-19 crisis. The WHO is supposed to guide countries based on the core capacities outlined in the IHR. There is one tool that was mentioned in the Guatemala case study, which was the SPAR (States Parties Self-Assessment Annual Reporting Tool), that can help assess the status of their implementation in accordance with the IHR, 2005. The document also provides details of who are going to be the decision maker. They have outlined a workshop outline and other aspects which have templates added. There are templates for how countries can report on their progress (World Health Organization, 2024).

One final idea that stood out to me during my research on this topic is that innovations are outpacing regulations (MacIntyre et al., 2017). This is a profound statement that is true for most things in today's work.

Conclusion

Global health security is when we are able to prevent, treat, and handle our public health crises effectively. It has a strong and efficient health system, which can respond, detect, and treat illnesses. There have been many different issues in recent years that have brought out health crises, which are changing and evolving at a rapid pace. Climate change and the effect it has had on the weather patterns across the planet have led to certain zoonotic illnesses cropping up in parts of the world where they were unheard of. We saw the effect COVID-19 had on global stability. There were mass casualties, and the economic impact due to lockdowns and leading to businesses shutting down really affected the stability of individuals, countries, and the entire world. Our systems are not capable of coming up with regulations on any new technologies, especially during a public health crisis.

Global health security is a topic on the news more often than not, but recently, it has entered the

consciousness of the rich due to the indiscriminate suffering caused by the COVID-19 pandemic. This is the sad reality of today's world where there are millions of people suffering in small African villages and the rich feel like throwing some money at it will solve the problem or at least absolve them of the guilt. However when the people in the western countries are dying in large numbers, it has become a global health security issue. This is the type of mindset that we need to change and start focussing more on creating strong and resilient health systems capable of taking the impact and pandemic of a larger scale can have on it.

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