

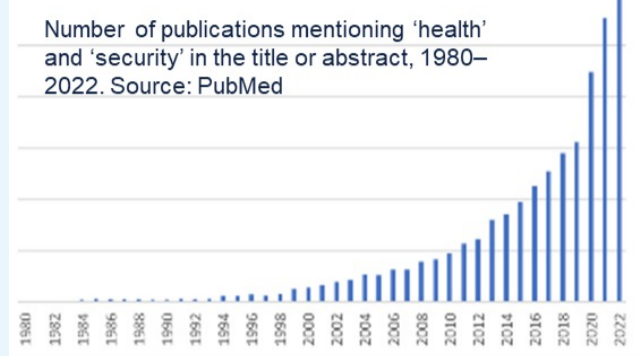
Global health security and the health security nexus: principles, politics and praxis

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Background

- There has been a rise in the frequency of references to "secu



- Infectious diseases have dominated health security discourses with HIV/AIDS, H1N1, polio, Ebola, Zika and COVID-19 all having been presented as threats to international security.
- COVID-19 has been pivotal moment in the evolution of global health security with unprecedented levels of use of 'lockdown' measures; involvement of security sector actors; rapid expansion of digital surveillance; and exposure of deep and profound inequities.

Objectives and Methods

- To contribute to current debates on post-pandemic preparedness and the global health security agenda, we conducted a rapid review of published literature and critically assessed the growth, nature and potential implications of security discourses in global health and the varying configurations of the growing entanglement between health and security agendas and actors.
- We conceptualised two contrasting approaches to global health security and a framework of five scenarios of intersecting health and security agendas and actors.
- We described three potential negative impacts from the growing entanglement between health and security agendas and actors
 - Unintended harms.
 - Erosion of health sector values and norms.
 - Co-option of health actors into security sector agendas that may be malign.

Findings

- Health security narratives are dominated by concerns about infectious disease outbreaks and their threats to the health and economic security of high-income states and populations.
- Many health security narratives depict countries and populations in the Global South as source threats of infectious disease outbreaks with interventions aimed at geographic containment rather than at the underlying causes of infectious disease threats and health insecurity within the Global South.
- Critical analyses of the rising dominance of health security narratives within global health remain scant. We present two contrasting approaches to global health security in order to encourage a more critical debate: **Neo-colonial health security** and **Universal health security**.
- Health and security sector agendas and actors may intersect in a variety of ways and configurations. We present a novel framework consisting of five scenarios

Neo-colonial health security

Privileges the security and interests of the wealthy and healthy, and where poor countries and populations are identified as the threat source.

Typically focuses on preventing or mitigating *future* or *potential* threats by improving ID surveillance systems and increasing investments in R&D for new bio-security technologies.

Illustrated in a comment by the UN High-Level Panel on Threats, Challenges and Change on how affluent states 'can be held hostage to the ability of the poorest State to contain an emerging disease.'

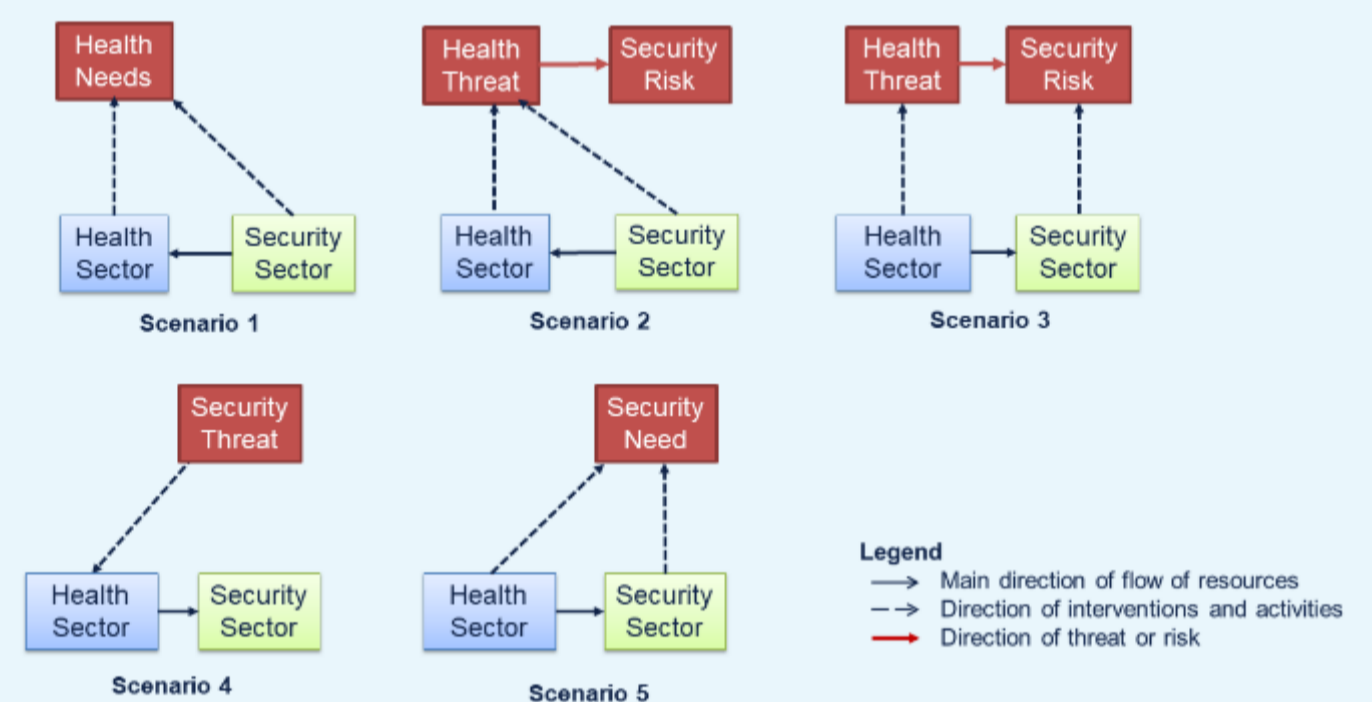
Universal health security

Accommodates the threats to health endured by those *already* living in insecure conditions and emphasises poverty, hunger, poor access to healthcare and human rights abuses as existing health threats.

More likely to pose disease as an *outcome* of insecurity than as a threat to security.

Echoes the concept of human security promoted by UNDP in the 90s to counter the dominant state-centric discourse of national security and focus instead on the protection of human life and dignity.

Intersecting health and security agendas and actors: five scenarios



The Five Scenarios

- Security sector actors help the health sector address a 'non-securitized' health needs (e.g. providing logistical support during immunization campaigns or natural disasters).
- Security sector actors address a health threat that is also considered a security risk by enhancing the authority of health actors or deploying their own powers and resources to address the health threat (as with Ebola and COVID-19).
- Intensified levels of engagement between security sector and health sector actors occurs in the event of a security threat including a public health dimension (e.g. fears about intentional release of biological and chemical agents).
- Health sector actors seeking protection from security sector actors in the context of coming under attack (e.g. the targeting of health facilities in armed conflict situations).
- Security sector actors mobilise the health sector to perform a security function in a situation where there is no health threat (e.g. health actors being co-opted to perform surveillance or intelligence gathering activities).

In Scenario 5, health sector resources are used to expand the capacity of the security sector. In Scenarios 1-4, the security sector typically extends health sector capacity.

Across all five scenarios there is also a tension between public interest actors and private commercial actors who have a vested interest in shaping the way health and security threats are defined, framed and perceived, and in influencing subsequent policy responses.

Conclusions and Recommendations

In the wake of COVID-19 and calls to restructure and revitalise the global health security agenda, further critical research and dialogue is needed amongst global health actors to ensure that global health security policies and practices are aligned with equitable, inclusive and decolonial approaches in global health.

There are concerns about the potential for a 'security industrial complex' to establish global and national public health regimes rooted in bio-technological, neo-colonial and coercive and authoritarian approaches to health security that would threaten human rights and negate efforts to alleviate poverty, inequality and other structural drivers of human insecurity.

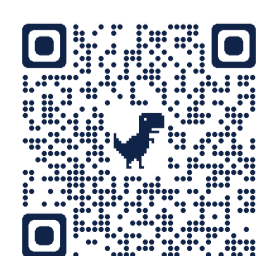
Important policy research questions might include:

- What are the dominant understandings of global health security and how do they benefit the agendas of certain actors and communities while excluding others?
- How are health and security actors interacting and collaborating in the post-COVID era and what new configurations of health security are being produced as a result?



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