



Global Health Council

The Collective Voice of the Global Health Community

# FROM SECURITY TO SOLIDARITY:

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Examining Language To Make the  
Case for U.S. Investments in Global  
Health

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Over the past few decades within global health, a “health security” narrative has grown in use and popularity, bringing with it needed resources dedicated to investing in various preparedness, response, and recovery policies and programming. But throughout this period, there have been few opportunities to ask key questions about the unintended consequences of this type of “health security” language, and whose needs are being prioritized. Narratives such as “security” and “war” can convey important messages of urgency for items that need critical and immediate attention. However, they can also lead to a reductionistic “us” vs. “them” perspective, oversimplifying complex lines of causality and responsibility to justify actions— often privileging certain issues over others, and crowding out solidarity for the sake of security.<sup>1</sup> While COVID-19 has demonstrated the extent of the global impact and security threat that infectious diseases pose, affecting populations and economies worldwide, there are also downsides to a narrowly focused objective within such a complex and multifaceted topic as global health.

Security is loosely defined as being free from danger or threats. There are two basic approaches to achieving this security: traditional security, also referred to as state or national security, and human security. The traditional approach considers environmental resources such as land, water, air, etc. as necessary to human life but scarce; thus, there is a need to protect them at all costs. The second approach views health and the environment more like common goods that are essential to the preservation of “human” global security, interpreting the concept as protecting communities and people compared to protecting the state. Freedom from danger, fear, violence, hunger, or lack of healthcare are all valid needs, particularly of the marginalized, but are often not recognized as such. Multiple definitions of this concept of human security exist - but all have in common the integration of health and the environment, noting that human health depends on the integrity of the planet and its ecosystems.

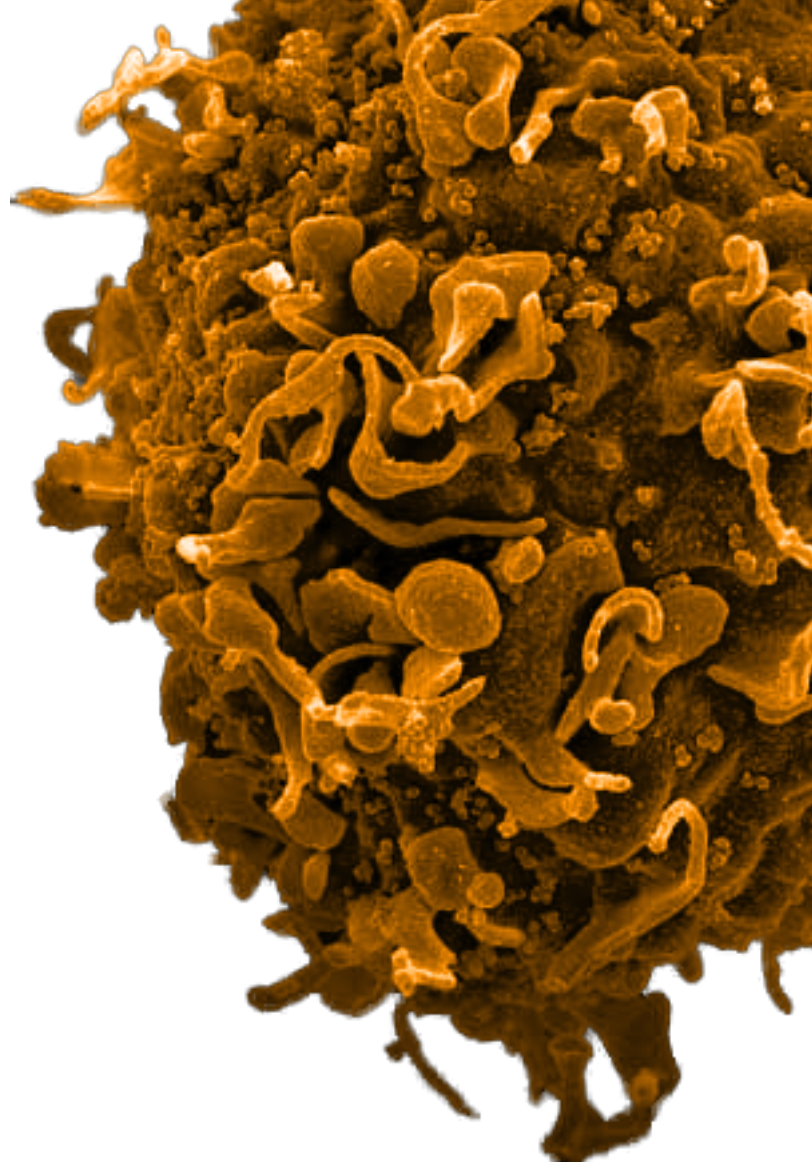
It is likely that “health security” will remain as a key part of global health and foreign policy over the coming years, but at this stage in the progression of policies and programming, there has been enough accumulated evidence to examine the strengths and weaknesses of the approach thus far. There is an opportunity to build a new path forward that capitalizes on those strengths and lessons learned while also reducing unintended harm. How has a narrative of security manifested in global health policy and programming? In response to events across the world over the last two years, including the global COVID-19 pandemic, political and civil unrest, and a change in presidential administration, Global Health Council (GHC) is taking a closer look at how the field of global health has reached this point, and why the last few decades have relied so much on security framing for funding and programming.

This white paper is based on literature searches and input from the U.S. global health community during 2021 through methods such as focus groups, survey responses, and individual feedback. It examines historically how the emphasis on global health security emerged more than 20 years ago, the advantages and disadvantages to this narrative, and what alternatives or combinations are possible for future narratives to be more holistic in nature, especially as the COVID-19 pandemic continues to plague many around the world. It concludes with recommendations for how the global health community might more effectively optimize health security to both convey the urgency of our work while minimizing unintended consequences for the communities with whom we work. This paper is the beginning of a conversation GHC intends to carry throughout the coming years. We plan to continue gathering feedback on this topic from a diverse array of voices and explore how together as a community, we can lift up the longstanding health systems and equity narratives alongside a security narrative.



## Setting a Precedent: The Securitization of HIV/AIDS

While many recognize that infectious diseases have been crossing borders since well before the establishment of the World Health Organization (WHO) in 1948, they were primarily seen as health issues and limited to international development agendas, often prioritizing the concerns of western colonial powers. However, beginning in the late 1990s, there was a shift that began to move health beyond this status quo and into the realms of national security and foreign policy agendas for countries. One of the first and most recognizable of these shifts was that of HIV/AIDS. Initially, the connection was modeled as more of a traditional security threat posed to militaries with the potential for high HIV prevalence, as it could impact that country's national security and lead to state instability, affecting the broader society.<sup>ii</sup> The arguments used to emphasize the security implications of HIV/AIDS *"created a crucial precedent by establishing that the national security of a country can be threatened by the spread of new and lethal disease."*<sup>iii</sup> But this mental shift did not happen overnight. As Richard Holbrooke, former U.S. Ambassador to the United Nations reported, his interest in galvanizing a response to the global spread of HIV was first met with resistance from friends and Congress alike, as no disease had ever been seen as an issue of national security.<sup>iv</sup> Over time, however, the importance grew, and the notion became more widely accepted. An unprecedented United Nations Security Council meeting in 2000 was devoted entirely to HIV/AIDS, and that same year saw U.S. intelligence reports discussing infectious disease threats and implications for the United States.<sup>v</sup> Then just a few years later in 2003, the world was again discussing the distressing security implications of disease after an outbreak of severe acute respiratory syndrome, more commonly known as SARS, which lasted for months and affected countries in multiple regions of the world. This solidified the idea that 21st century security was not limited to traditional military and state issues. A decade later, the creation of the Global Health Security Agenda (GHSA) and the West Africa Ebola outbreak in 2014 again led to increased attention and more formal adoption of "health security" as a focus for many governments and policymakers throughout the world.

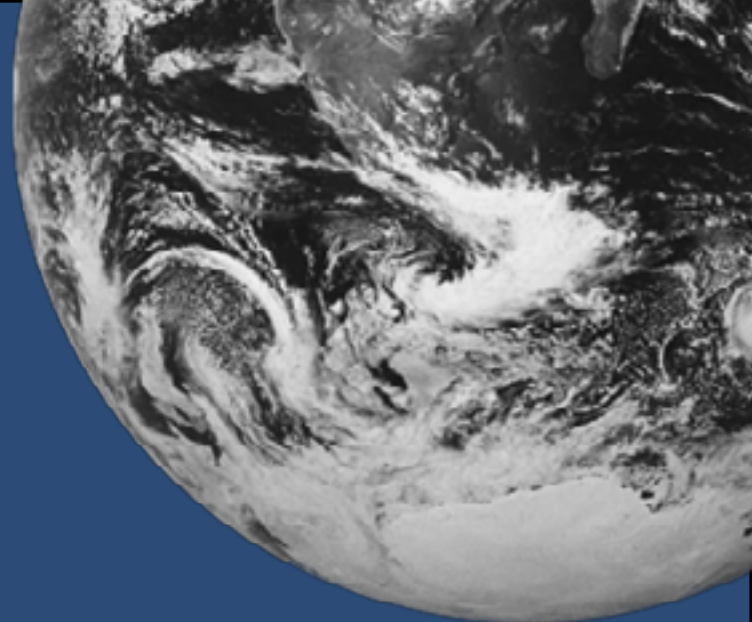


But even as early as 2002, there were also concerns that emerged around this elevation of HIV/AIDS to such a level requiring security and foreign policy input and awareness. Some posited that this security framing could absolve states from any *"moral responsibility to react to diseases in developing countries that do not engage their national interests."*<sup>vi</sup> The portrayal of HIV as a security threat also fueled some dehumanizing responses and policies that could provide cover for future actions legitimizing unjust treatment of people living with a particular virus. For example, in the United States in the early 2000s, Haitians were denied housing, required to undergo tests before entering the country, and dismissed from jobs because of the associated stigma with the disease.<sup>vii</sup> The marginalization narrative that began with HIV still persists today, and continues to contribute to the disenfranchisement of key populations.

**Security as a primary narrative also risks shining a light on a singular health issue or threat at the expense of a central focus on human rights, equity, dignity, and thriving development.**

Now, two decades after the first placement of an infectious disease on security and foreign policy agendas, these types of concerns remain around using security language to convey the importance of health issues. Though prioritizing certain health issues brings resources and attention, other health issues can be undermined in the process, harming good public health practice. When "protection" becomes the main justification for global health investment, and the focus is entirely on security, people in low- and middle-income countries (LMICs) often become seen as vectors of disease that threaten the United States or other high-income countries. Security as a primary narrative also risks shining a light on a singular health issue or threat at the expense of a central focus on human rights,





equity, dignity, and thriving development. With this, much of the value and nuance to key U.S. priorities is lost. It can result in misplaced targeting of interventions based on bias and not evidence. For example, at the start of the COVID-19 pandemic, the United States enacted travel bans from some countries in Asia, but not Europe, despite many having similarly high levels of cases at the time. The attention and media focus on the virus emerging from China also led to a rise in violence against Asian and Pacific Islanders throughout the United States, regardless of where they were born.

## Advantages and Disadvantages of a Health Security Narrative

The WHO defines global health security as “activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people’s health across geographical regions and international boundaries.”<sup>viii</sup> As this is fairly broad, it can - and has been - interpreted in many different ways. With the increased political interest and advocacy for health security came increased funding, leading to a pragmatic shift in the narratives and framing of many global health organizations regardless of their primary focus. After years of underinvestment of traditional global health priorities, it became logical for those working in the space to try and include an angle of “security” in their work. This linkage between security and global health can be a helpful reminder to policymakers that the United States is connected to communities around the globe, while bringing an urgency to the conversation that often isn’t found with typical development work. Realistically, government leaders have been more likely to support a broader health and development agenda if “security” is invoked as a piece of it. For example, just recently in 2021, H.R. 391 was introduced in the House and S. 2297 was introduced in the Senate, “authorizing a comprehensive, strategic approach for the United States foreign assistance to developing countries to strengthen global health security.” The wider engagement of stakeholders that occurs in response to this linkage and increased political attention can also motivate donors to increase funding and pass legislation supporting new initiatives that are multi-country or globally-focused, such as the Coalition for Epidemic Preparedness Innovation and COVID-19 Vaccines Global Access, more commonly known as the COVAX facility, both created in the past few years.

While the benefits of viewing health through a security lens include increased political commitment as well as access to more resources, the concerns remain, also sometimes leading to unintended consequences, as seen in the response following HIV/AIDS. Without clear and agreed upon conceptual clarity of what is encompassed by “global health security,” questions emerge regarding whose health and security are at risk and need protecting, who is dictating the priorities, and which issues should be included or left out.<sup>ix</sup> For example, a delegation from the WHO visited a village in the Democratic Republic of the Congo (DRC) during the 2018-2019 Ebola outbreak following one Ebola death. Community leaders didn’t understand why one death warranted this level of engagement from an international body, but no one responded after multiple child deaths from malaria in the weeks prior.<sup>x</sup> Though it has become generally accepted that in an age of globalization, health issues and threats are shared by many countries (a concept made abundantly clear during the COVID-19 pandemic), this can obscure the facts

that some populations are more likely to be affected by certain diseases than others, and policy responses tend to benefit certain populations more than others.<sup>xi</sup> Additionally, the “boom and bust” cycle of preparedness and response funding each time there is a new disaster is not sustainable and blurs the true root causes and necessary solutions that are more long-term.

While the security framework has been effective in achieving advances in areas such as surveillance, laboratory capacity, and epidemiology in some countries over the years, inconsistent funding and changing agendas have resulted in scattered progress. Additionally, overuse of the narrative has resulted in a loss of potency. In the last several years, more and more health topics have been included under the umbrella of health security, resulting in “global health security fatigue,” diluting the concept, and reducing political saliency. When everything is a national security issue, nothing is.

## The COVID-ization of Global Health Security

While HIV set a precedent for health as a security issue, COVID-19 has made this practice mainstream. There is not a person alive today who has not been affected in some way by the COVID-19 pandemic. Many stakeholders GHC spoke with reported that the pandemic has changed their view of global health security. For example, some noted that with the emergence of COVID, health security language has more resonance with U.S. policymakers, donors, and other governments, whereas previously - even during the Ebola outbreaks - the concept was more moderately received.

Notably, some health researchers and practitioners have highlighted that COVID-19 has shown that metrics, like the Global Health Security (GHS) Index,<sup>1</sup> that are traditionally used to measure national level health security capacities, are not comprehensive. For example, while the United States and the United Kingdom should have been the most prepared countries to respond to an outbreak according to the GHS Index, they have performed among the worst in response to COVID-19. While the GHS Index tool was not designed to measure leadership, governance, or implementation of available resources, it has become clear that these factors are critically influential in how nations respond. Noncommunicable diseases

<sup>1</sup> For more on the Global Health Security Index, see [www.ghsindex.org](http://www.ghsindex.org)

(NCDs) and risk factor prevalence were also not taken into account in the GHS Index or other assessment tools - an oversight that meant that chronic diseases and poor health in the population were not factored into vulnerability measures, despite previous evidence from SARS and MERS demonstrating that coronaviruses can disproportionately affect people living with chronic disease. COVID-19 has also exposed gaps and flaws in the systems of supply chain, vaccine distribution, and public health communications, all strongly affecting country economies and broader issues of gender equity. Collectively, the breakdown in all of these systems demonstrates the large amount of work to be done before the next public health emergency. COVID-19 has called attention to the need to take a systematic approach to health investments, creating resilient health systems that are able to handle emerging epidemics or pandemics from within instead of relying on outside donors and organizations in an ad hoc fashion, with sporadic infusions of funding following outbreaks or health emergencies. But this requires reinvestment of diverse public health surveillance, strengthening cross-cutting infrastructure and workforces, and thinking more carefully about messaging and linkages to governance, NCDs, and social determinants of health (SDOH).

opportunities for shared learning across countries that are often dealing with similar health challenges.

While the pandemic has come with many lessons and exposed numerous gaps in global health, there are several opportunities for using the health security narrative positively in a post-COVID world. Many of the stakeholders that GHC spoke with suggested highlighting health system strengthening but framing it in a new way that serves a broad range of health investments while also being a key facet of preparedness for future threats. GHC heard repeatedly that “global health security” should be seen as genuine health security, as defined by the WHO, underpinning a resilient system including proactive systems, health workers, human rights of marginalized people, and equity of access to care. The more traditional view of health security as national security often leads to all solutions coming from a military or defense approach, carrying an innate, even if unconscious, “othering” perspective and separating “us” from “them” instead of “humans” from “threat.”

There are also new advocacy opportunities through multilateral initiatives and increased interest in health by economic and financial institutions. There is an opportunity to increase linkages between health security and global health threats like climate change and antimicrobial resistance (AMR). Structural drivers often get left out of a security framework, but they too contribute important strengths and vulnerabilities to any preparedness effort. While too much broadening of health security framing will dilute it to the point that it becomes meaningless, it will be important to clearly define priorities and indicators for how funding and resources may support a particular strategy. The importance and integration of health systems and equity narratives should be elevated and supported to work synergistically with health security efforts, instead of classifying everything as security, improving outcomes all around. Yes, health systems strengthening is not a quick fix. It will take years of dedicated efforts to build infrastructure and appropriate workforces in the places they are most needed. But what good are the core components of health security without a foundational system to support it? The WHO has also recognized this critical intersection, and in their 2021 position paper on building health systems resilience they argue that “a primary health care approach, in tandem with essential public health functions, are not only critical to achieve UHC but also to health security.”<sup>xiii</sup> They offer recommendations for building resilience and seek integration between promoting UHC and ensuring health security, seeing them as two sides of the same coin.

Many in the U.S. global health community believe that the COVID-19 pandemic has also altered the way in which the rest of the world views the United States. Given how badly the domestic response was throughout 2020, there is a need for U.S. leadership to return to the global stage as a humble partner, willing to learn from others as well as lead in areas where American strengths lie. Some countries, far less-resourced than the United States, have managed the pandemic dramatically more effectively, which hopefully can upend some enduring colonial misconceptions about North-South learning. The recent National Security Memorandum-1 from the Biden Administration called for adjusting future deployments of health diplomacy personnel based on best practices from other partner nations' COVID-19 response strategies.<sup>xii</sup> Moving forward, resources could be focused on more effective development models, recognizing the better policy responses that have been demonstrated in LMICs and the existing



## Future Opportunities

We need to think beyond the traditional approaches of global health security that have dominated the policy landscape over the last 20 years. Present-day threats have already demonstrated the vast consequences they have on societies, there is no reason to think that the impact of future threats will be any less devastating. Addressing threats through a human security lens can provide a path to ensure long-term stability, and a more nuanced, holistic understanding of the impacts and root causes of those threats - especially those that cross borders.<sup>xiv</sup> This view can even be seen somewhat in a recent testimony to the Senate Select Committee on Intelligence in 2019 by then Director of National Intelligence, Daniel Coats. He included the threat of “human security,” noting the United States will likely need to manage threats to public health, human displacement, assaults on religious freedom, and negative effects of environmental degradation and climate change in coming years.<sup>xv</sup> While the funding for these various threats will likely come from different sources, we know the threats themselves will not come in siloes. There have already been examples of critical intersectional security issues like infectious disease outbreaks, violent conflicts, and high population density and displaced people, as seen in the 2018-2019 Ebola outbreak in the DRC where all of these converged, and were decidedly made worse because of the lack of public health infrastructure and strong health systems. As Dr. Tedros Adhanom Ghebreyesus, the WHO Director-General pointed out in his opening of the 73rd World Health Assembly, “[COVID-19] is a vivid demonstration of the fact that there is no health security without resilient health systems, or without addressing the social, economic, commercial and environmental determinants of health.” For overall health and pandemic preparedness, these two efforts must go hand in hand to complement and strengthen one another.

While much of the focus of health security efforts is often on preparedness and mitigation interventions, the concept of becoming more proactive to stop outbreaks before they occur continues to gain traction. This means going further upstream to address factors such as deforestation, urbanization, and wildlife trade, which are some of the underlying drivers that lead to most infectious disease outbreaks while also driving other catastrophic threats such as climate change and biodiversity loss. Though much of this work is ongoing, the missing piece is the lack of integration across areas and tools, leading to duplication of work and inefficient use of resources. How can these simultaneous efforts be better integrated to synergize their effects to improve human security? Just in the last year, policymakers have begun linking NCDs, underlying population health status, and related (in)security - with the intersection of these with COVID-19 and other equity issues labeled a “syndemic.”<sup>2</sup> Matters of equity and SDOH have dominated many global conversations throughout 2020, and during the same time frame, studies have demonstrated the success that certain countries have had in aligning global health security frameworks with universal health coverage (UHC) frameworks in terms of their COVID-19 outcomes.<sup>xvi</sup> This was particularly true for countries that integrated global health security core capacities with their primary health care.

We see various opportunities to shift this focus to be further upstream, and more inclusive of human security aspects, including:

- Ensuring integration of agriculture across various tools and better coordination of the One Health Tripartite of WHO, FAO, and OIE to fully realize the value of a One Health approach.
- Revising the International Health Regulations and GHSA evaluation tools to be more inclusive of threats across human and animal domains.<sup>xvii</sup>
- Integrating and coordinating health security activities and health system strengthening activities more cohesively.
- Enhancing focus on One Health activities and health systems strengthening interventions to identify and strengthen abilities to respond to the next pandemic.
- Pitching economic development that requires social development and human capital.
- Examining gender equality and women’s opportunity through a lens of healthcare access.

In addition, these efforts should ensure that previously marginalized voices are included in revisions - especially stakeholders from the global south. While it is not formally defined, an effort to decolonize global health has also gained momentum recently as a “movement that fights against ingrained systems of dominance and power in the work to improve the health of populations” whether this occurs between countries or within countries.<sup>xviii</sup> Issues like this, along with a lack of racial health justice and gender equity are pervasive and plague all countries as they grapple with the ongoing pandemic - keeping some populations out of reach of all of the advancements seen in recent decades. Without a central focus on equity and solidarity, solving these pervasive issues will remain out of reach. Widening the viewpoint of security to include more dimensions emphasizes the holistic and multidisciplinary solutions that can be called upon to improve this security, such as health system strengthening, UHC, and eradicating poverty.<sup>xix</sup>

**“Epidemic diseases do not occur in a vacuum. They exploit the connectivity within societies, with their impacts exacerbated by social divides, economic disparities, and injustices that lead to inequities in health care ... these impacts are disproportionately experienced by already vulnerable population groups.”**

<sup>2</sup> A syndemic is a set of linked health problems involving two or more afflictions, interacting synergistically and contributing to excess burden of disease in a population.

## A Call to Action for Global Health Council

There is an opportunity to take what we have learned from COVID-19 to leverage the renewed political commitment and various streams of preparedness and recovery funding to align goals across sectors and address “security” in a new and collaborative way. We do not view this as a zero-sum game, and the need for LMIC country leadership, civil society voices, and more human rights emphasis in global health does not mean abandoning the priorities of health security. Similarly, we need to recognize that advocacy and programming for infectious diseases and NCDs needs to be better integrated, as many people live with multiple health conditions and comorbidities with intersecting social factors. *“Epidemic diseases do not occur in a vacuum. They exploit the connectivity within societies, with their impacts exacerbated by social divides, economic disparities, and injustices that lead to inequities in health care...these impacts are disproportionately experienced by already vulnerable population groups.”*<sup>xx</sup> The National Security Memorandum on U.S. Global Leadership to Strengthen the International COVID-19 Response and to Advance Global Health Security and Biological Preparedness mandates several coordination and information gathering efforts, bringing together diverse stakeholders with a myriad of goals across the health security spectrum.<sup>xxi</sup> This is an opportunity to infuse health security efforts with more of these underlying, nuanced contributing factors.

Given the ongoing feedback from the U.S. global health community, GHC is committed to stronger advocacy for these two interwoven narratives, elevating the need for equity and stronger, resilient health systems alongside improved health security for countries and communities. We offer the following guideposts as actions and roles GHC will take to serve this ongoing conversation over the next few years:

- Engaging with the broader foreign policy community on these issues;
- Emphasizing a holistic yet well-established definition of global health security that includes climate change, or other environmental catastrophes such as mass extinction, and ensuring that related advocacy is not siloed;
- Constructing a more cohesive narrative around zoonotic disease spillover and the importance of a One Health approach to global health security to be more proactive instead of just responding to the last emergency;
- Continuing to create spaces to bring stakeholders together in calling for integration of equity and UHC to health security efforts; and
- Focusing on a holistic and systematic approach, considering the human security needs of a person or population, compared simply to the needs of the state.

Siloed responses, programs, and funds are barriers to a person-centered approach, a health system model that countless reports have identified as an important goal. A holistic view of the link between security and health, underpinned by a fundamental tenet of equity can lead to increased recognition of health as a central component of economic and sustainable development. This approach can also help catalyze adequate resources for UHC, health systems strengthening, and public health - areas that have long been underfunded by policymakers. This new lens of “human security” could bring a different perspective and urgency to issues that have been regrettably partisan in the past, with political ideologies hindering health policy action on key challenges like healthcare, climate change, migration, and protectionism - as well as other global health threats that have been neglected for far too long. Narrowly considering health security as being infectious disease pandemic preparedness is a missed opportunity to connect dots across the global health spectrum and bridge political divides. COVID-19 has taught us that we need an infusion of funding for programming and priorities that does not gloss over the critical factors contributing to syndemics, and miss important needs for addressing AMR, One Health, pollution, or whatever the next true global health threat might be. We should commit to achieving the twin goals of UHC and global health security, and in doing so contribute to stronger, more resilient health systems and populations - ready to withstand any threats of the future.

## ONE HEALTH





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