



Holistic Global Health Security

Global Health Security requires a new definition — one that is multidisciplinary, holistic, and centered on the safety and security of all people.

THE ISSUE

Infectious diseases have been crossing borders since well before the establishment of the World Health Organization (WHO) in 1948. For decades, this was primarily seen as a public health issue and largely limited to international development agendas. More recently, a “health security” narrative, which commingles discussions of global health with national security and foreign policy, has grown in use.

This definition has had benefits, notably by driving much-needed investment in preparedness, response, and recovery policies and programming. Narratives focused on “security” and “war” can convey important messages of urgency for issues that need critical and immediate attention. Increased interest and advocacy for health security has resulted in more funding and political commitment, as well as a pragmatic shift in the narratives and framing of many global health organizations, regardless of their primary focus.

However, use of this definition has also led to several unintended consequences.

How do we define security in the context of global health?

Security is loosely defined as being free from danger or threats. This can further be defined as ‘traditional’, ‘national’, or ‘human’ security, the latter of which views health and the environment like common goods that are essential to protecting communities and people (versus protecting the state). 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.”¹

¹ National Intelligence Council. (2000). The Global Infectious Disease Threat and Its Implications for the United States. Available from https://www.dni.gov/files/documents/infectiousdiseases_2000.pdf (accessed October 1, 2021).

WHAT'S AT STAKE

The current paradigm relies heavily on national security as the primary driver of the U.S. global health funding agenda. This approach, which conflates health security with national security, was first introduced with the HIV/AIDS epidemic, as wealthier nations began to see how public health crises in other countries could be detrimental to the safety of citizens at home.

Over time, this notion became more widely accepted, and in 2000, an unprecedented United Nations Security Council meeting was devoted entirely to HIV. The focus on security at the onset of the HIV crisis also prompted a massive USG response (PEPFAR) and multilateral response (Global Fund), which emphasizes the important connection between labeling something a “health security threat” and the funding and attention that follows. Later that same year, U.S. intelligence reports began to discuss infectious disease threats and their implications for national security.

Applying the idea of “security” to global health, rather than limiting it to traditional military threats, was solidified during the 2003 SARS outbreak. It was reinforced again, in 2014, with the creation of the Global Health Security Agenda and the response to the West Africa Ebola outbreak. Since then, many governments, donors, and policymakers have formally adopted “health security” as a focus area for investment. COVID-19 became the catalyst for a strong push to reframe global pandemics as “health security” issues. Indeed, after years of underinvestment, it became the norm to try to include an angle of “security” in resource mobilization efforts, as government leaders and donors were more likely to support broader health and development priorities if “security” was invoked. As we have seen with the COVID-19 pandemic, diseases crossing borders isn't just a health issue, but can also have severe economic consequences.

In focus: The ‘COVID-ization’ of Global Health Security

While HIV/AIDS set a precedent for health as a security issue, COVID-19 made this practice mainstream. Many GHC stakeholders have reported that the pandemic changed their view of global health security. For example, some noted that, with the emergence of COVID-19, health security language has more resonance with U.S. policymakers, donors, and other governments. Previously — even during the Ebola outbreaks — the concept was more moderately received.

Many in the global health community believe that the COVID-19 pandemic has also altered the way the world views the U.S. Given the country's poor domestic response 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 and lead in areas where its strengths lie.

Some countries with vastly fewer resources than the U.S. have managed the pandemic far more effectively. This will, hopefully, upend some enduring colonial misconceptions about North-South learning.

The Securitization of Global Health - Unintended Consequences

National security cannot be the primary justification for global health security decisions. This approach is not only unsustainable, but also unjust for many reasons:

- **Lack of clarity around definitions:** Without a clear and agreed upon definition of what “global health security” encompasses, questions have emerged regarding whose health and security is at risk, who needs protecting, who is dictating the priorities, and which issues should be included or left out.
- **Amplifying inequalities:** Even as early as 2002, there were concerns around the securitization of HIV/AIDS, which can easily lead to a reductionistic “us vs. them” perspective. This oversimplifies complex lines of causality and responsibility to justify actions, often privileging certain issues over others and crowding out solidarity for the sake of security.
- **National interest dictating decisions:** When “protection” becomes the main justification for global health investment and the focus is entirely on security, populations in low- and middle-income countries often become seen as little more than vectors of disease that threaten the United States or other high-income countries, rather than as human beings. It enables global health interventions to be guided by national interest rather than what is best for the world as a whole.
- **Contradicting humanitarian principles, human rights, and development approaches:** Security as a primary narrative risks focusing on a singular health issue or threat at the expense of a central focus on human rights, equity, dignity, and thriving development. It can result in misplaced targeting of interventions based on bias rather than evidence. As seen with COVID-19, it can also foster nationalism and protectionism, with little regard for global solidarity and equitable access to prevention, treatment, and vaccines. It risks stigmatizing the most marginalized and vulnerable and dehumanizing responses and policies.
- **A cycle of panic and neglect:** Responding to health emergencies, rather than planning how to prevent them, results in unpredictable funding. In turn, this leads to a repeat cycle of panic and neglect rather than long-term, sustainable solutions. As attention is diverted away from what high-income governments consider less immediate health challenges, the support for investing in comprehensive public health needs will be lacking. Middle- and lower-income countries will be left to pay a disproportionate price.
- **“Health security” fatigue:** In the last several years, more and more health topics have been included under the umbrella of “health security.” The overuse of the narrative has diluted the concept and reduced its political saliency.

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RECOMMENDATIONS

We have an opportunity to build a new path forward and establish a definition of global health security that includes the critical concerns of human rights, equity, dignity, and thriving development. To do so, the U.S. government, other country governments, global health donors, and multilateral organizations must:



INCREASE LINKAGES BETWEEN HEALTH SECURITY AND OTHER GLOBAL THREATS like climate change and antimicrobial resistance. Structural drivers (governing processes, as well as economic and social policies) often get left out of a security framework. But they, too, contribute important strengths and vulnerabilities to any preparedness effort.



DEFINE PRIORITIES AND INDICATORS for how funding and resources support a particular strategy. The importance and integration of health systems and equity narratives should be elevated and work synergistically with health security efforts, instead of classifying everything as security — improving outcomes all around.



TAKE A SYSTEMATIC APPROACH TO HEALTH INVESTMENT by strengthening and sustaining resilient health systems that can cope with emerging threats from within, instead of relying on outside donors and organizations for sporadic infusions of funding following health emergencies. This requires reinvestment of diverse public health surveillance, strengthening cross-cutting infrastructure and workforces, and thinking more carefully about messaging and linkages to governance, non-communicable diseases, and social determinants of health.



LEARN 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.



STRENGTHEN HEALTH SYSTEMS FOR UNIVERSAL HEALTH COVERAGE to improve access and quality of health for all people, especially those most left behind before, during, and after a pandemic.

Join us in working to achieve equity in global health.
To learn how, visit: www.globalhealth.org

