The Securitisation of Health and the United Nations Security Council

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Since the broadening of the concept of security to include non-traditional threats, health security has played an increasingly prominent role in state and global security strategy. The increasing securitisation of health culminated in late 2014 with the UN Security Council adopting a resolution declaring Ebola a threat to peace and security. This report analyses the debates and policy outcomes surrounding health security, comparing the UNSC resolutions on HIV/AIDS and Ebola in order to assess how a health issue becomes a matter of security, and whose interests the securitisation of health serves. It concludes by demonstrating how a state-centric perspective of health security has distorted health priorities, and emphasises the necessity of shared interests in constructing a more equitable vision of health security.

Security: A Contested Concept

Conception of security matters. Being a subjective term, it means only what the subject in question says it means. The absence of consensus as to its meaning makes security unavoidably political, as it plays a role in who gets what, when and how in politics.[1] Two prevalent perspectives of security exist, each coming from different starting points. The first views security as being synonymous with power (especially military); a commodity that can be accumulated to increase security. The second is based on emancipation, concerned with justice and human rights. From this perspective security is seen as relationship between actors, rather than a commodity. Security involves gaining confidence in relationships that come through sharing certain commitments, providing a degree of reassurance and predictability.[2]

During the Cold War international relations was preoccupied with a realist, state-centric approach to security, emphasising competition for power in the international system. Globalisation has led to the demand for a broader understanding of the sources of security and insecurity, with security status claimed for issues in the economic, environmental and societal sectors.[3] As a consequence, two views of security became apparent; the new view of the 'wideners', and the military and state-centric view of the 'traditionalists.' Identifying security issues is easier for traditionalists, who equate security with military force, but becomes increasingly difficult when security is moved out of the military sector.[4] Some security scholars have criticised the expansion of the international security agenda on account of the inability to accommodate such a wide variety of issues without losing analytical focus.[5]

The question of whose security should be prioritised brought the concept of human security to the fore. Concerned with human dignity rather than weapons, Mahbub al Haq defined human security as

[1] Williams, Paul D, *Security Studies: An Introduction* (NY: Routledge, 2012), 1.
[2] Ibid., 6.
[3] Buzan, Barry, Ole Wæver, and Jaap De Wilde, *Security: A New Framework for Analysis* (Copenhagen: Lynne Rienner Publishers, 1998): 1.
[4] Ibid., 1.
[5] Elbe, Stefan, "Should HIV/AIDS be securitized? The ethical dilemmas of linking HIV/AIDS and security," *International Studies Quarterly* 50, no. 1 (2006): 126-127.

"a child that did not die, a disease that did not spread, an ethnic tension that did not explode, a dissident who was not silenced, a human spirit that was not crushed".[6] Human security's focus on freedom from fear and deprivation makes health part of the human security agenda, but not the focus of it, as other issues such as poverty alleviation may be prioritised.[7] Despite giving priority to human beings instead of the state, the concept of human security raised further debate over which humans to prioritise.[8]

Health as a Security Threat

The securitisation of health is not a new phenomenon, with health-related security concerns pre-dating the Westphalian concept of the nation-state. Thucydides account of the fall of Athens in the Peloponnesian Wars (404 BC) notes the devastating effect of the plague on Athenian governance and military capability.[9] During outbreaks of bubonic plague in Europe in the 14th and 15th centuries, the rulers of city-states employed military force to carry out draconian disease prevention and containment measures. Ironically, the quarantines and harsh laws employed inflamed tensions between state and society, threatening the security rulers sought to maintain.[10] Historically, quarantines were the preferred method of curtailing infectious disease transmission, but with the advances in trade and transportation during the industrial revolution, this became increasingly costly to industry, and in 1851 the International Sanitary Conference in Paris became the first attempt at international governance on infectious disease.[11]

Though the previous examples exemplify how health issues and pandemics were recognised as threats that required a concerted response, they were not thought of as a security threat, apart from how disease could affect the military. It was not until the end of the Cold War that health issues became regarded as a non-traditional security threat. In 1994 the UNDP defined human security as "freedom from fear and freedom from want" and "safety from chronic threats such as hunger, disease, and repression as well as protection from sudden and harmful sudden disruptions in the patterns of daily life." Pandemics became a security threat due to their ability to cause such sudden disruptions.[12] The concept of health as a security threat began to broaden by the turn of the millennium due to new

[6] Haq, Mahbub al, *Reflections on Human Development* (Oxford: Oxford University Press, 1995), 116.
[7] McInnes, Colin, "The Many Meanings of Health Security," in *Routledge Handbook of Global Health Security,* ed. Rushton, Simon and Jeremy Youde (NY: Routledge, 2014), 15.
[8] Williams, *Security Studies: An Introduction*, 7.
[9] Maclean, Sandra J, "Microbes, Mad Cows and Militaries: Exploring the Links between Health and Security." *Security Dialogue* 39, no. 5 (2008): 478.
[10] Huang, Yangzhong, "Pandemics and Security," in *Routledge Handbook of Global Health Security,* ed. Rushton, Simon and Jeremy Youde (NY: Routledge, 2014), 85.
[11] Maclean, Sandra J, "Microbes, Mad Cows and Militaries: Exploring the Links between Health and Security," 478.
[12] Huang, Yangzhong, "Pandemics and Security," 85.

global health risks – the emergence and re-emergence of diseases, increased population mobility, bioterrorism, environmental changes and transnational crime.[13]

The 2004 UN *Report of the Secretary-General's High-Level Panel on Threats, Challenges and Change* represents an intellectual turning point in the securitisation of health. The panel took a holistic approach to health and security, and analysed acts of bioterrorism and naturally-occurring outbreaks from the same security perspective. The report implored the removal of state-centric approaches to security, stating "Today's threats recognize no national boundaries are connected, and must be addressed at the global and regional as well as the national levels. No State, no matter how powerful, can by its own efforts alone make itself invulnerable to today's threats."[14] The report's clear links between disease and instability framed health as part of the security nexus: "International terrorist groups prey on weak States for sanctuary. Their recruitment is aided by grievances nurtured by poverty, foreign occupation and the absence of human rights and democracy… Poverty, infectious disease, environmental degradation and war feed one another in a deadly cycle." The report also noted disease and poverty are connected to environmental degradation, since climate change exacerbates the occurrence of such infectious disease as malaria and dengue fever. "In turn, environmental stress, caused by large populations and shortages of land and other natural resources, can contribute to civil violence."[15]

Health has played an increasingly prominent role in the national security strategy of the US. President Clinton's 1998 *A National Security Strategy for a New Century* discussed public health as a secondary issue to bioterrorism and environmental degradation, mentioning HIV/AIDS only once. Eight years later public health issues were discussed in six of the nine chapters of President Bush's *National Security Strategy of the United States of America*, with HIV/AIDS mentioned six times.[16] President Obama's 2015 *National Security Strategy* discuses Ebola, HIV/AIDS, the spread of new microbes and viruses, the rise and spread of drug resistance, and the deliberate release of pathogens.[17] Pandemic threats have also been formally incorporated into the UK's 2008 and 2010 national security strategies, because of their ability to affect the country directly and because they could generally undermine international stability. The high profile of public health issues in the security policies of the US and UK demonstrates the increasing integration of global health issues into security policy.[18]

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[13] McInnes, "The Many Meanings of Health Security," 7.
[14] *UN Secretary General's High-Level Panel on Threats, Challenges, and Change Report,* "A More Secure World," (NY: UN Department of Public Information, 2004): 1.
[15] Ibid., 14-15.
[16] Feldbaum, Harley, Preeti Patel, Egbert Sondorp, and Kelly Lee, "Global Health and National Security: The Need for Critical Engagement," Medicine, Conflict and Survival 22, no.3 (2006): 192-193.
[17] *National Security Strategy* (2015), accessed August 5, 2015, https://www.whitehouse.gov/sites/default/files/docs/2015_national_security_strategy.pdf
[18] Feldbaum et al., "Global Health and National Security: The Need for Critical Engagement," 192-193.

Health and the UN Security Council

Instances where the UNSC has considered a public health crisis a threat to peace and security, and subsequently adopted a resolution, have been rare. To date there have been only three; in 2000 and 2011 on HIV/AIDS, and in 2014 on Ebola. This section seeks to compare the resolutions on the two pandemics and analyse the reasons for their inclusion on the UNSC agenda and subsequent resolution outcomes.

UN Security Council Resolutions on HIV/AIDS

US-sponsored resolution 1308 was unanimously adopted on 17 July 2000 and hailed as precedent-setting, the first resolution declaring a health issue as a security threat. The resolution had two primary objectives. The first pertained to UN peacekeepers, who were deemed as both at risk from infection and as potential vectors for transmission of the virus. The resolution expressed concern at the potentially damaging impact of HIV/AIDS on the health of international peacekeeping personnel, and urged member states to consider voluntary HIV/AIDS testing and counselling for troops deployed in peacekeeping operations. Further, it encouraged establishment of long-term strategies for HIV/AIDS education, prevention and treatment, in co-operation with UNAIDS and the international community.[19] The second objective was to generate greater global action to combat HIV/AIDS. By narrowing the resolution to how HIV/AIDS affected peacekeepers, it was more acceptable to those Council members who were reluctant to encroach on non-traditional security issues.[20] The rationale for the inclusion of HIV/AIDS on the Council's agenda and subsequent resolution was concern that socio-economic consequences of the epidemic in Africa could lead to conflict.[21] Four dominant themes were emphasised in the statements made by 16 state representatives and the Executive Director of UNAIDS on why the resolution was necessary and what it hoped to achieve.

Peacekeeper safety

Most statements emphasised the role of peacekeeping forces to prevent the spread of HIV/AIDS and the necessity of minimising risks to their safety. Statements also focused on links between the spread of HIV/AIDS and peacekeeping "not to denigrate peacekeepers as agents of the virus" but to recognise they did not operate in isolation from the local community. Providing training before deployment was deemed essential to ensure peacekeeping personnel were well-informed about HIV/AIDS prevention and made aware of risks to themselves and others. This was to be accompanied

[19] "Press Release SC/6890: SECURITY COUNCIL, ADOPTING 'HISTORIC' RESOLUTION 1308 (2000) ON HIV/AIDS, CALLS FOR PRE-DEPLOYMENT TESTING, COUNSELLING FOR PEACEKEEPING PERSONNEL," *United Nations,* accessed August 5, 2015 http://www.un.org/press/en/2000/20000717.sc6890.doc.html
[20] Ibid.
[21] "October 2014 Monthly Forecast: In Hindsight- the Security Council and Health Crises," *Security Council Report,* accessed October 12, 2015 http://www.securitycouncilreport.org/monthly-forecast/2014-10/in_hindsight_the_security_council_and_health_crises.php

by a stringent regime of regular medical checks. Only the representative for Indonesia questioned the connection between peacekeepers, HIV/AIDS, and security, stating "While HIV/AIDS, prolonged civil conflicts and setbacks in development are interrelated, linking the epidemic to international peacekeeping raises serious questions, among them whether HIV/AIDS and peacekeeping are genuinely interrelated; which aspects of peacekeeping operations were related to HIV/AIDS; and if so, how are they interrelated."[22]

Economic and social stability

The potential for HIV/AIDS to contribute to social instability and emergency situations in Africa and beyond was a prominent theme. HIV/AIDS was framed as more than just a public health issue, but a non-traditional security threat that, by creating environments in which political and ethnic tensions could worsen, could contribute to the proliferation of armed conflict. Statements emphasised the disease undermined social cohesion, exacerbated inequality and induced human rights abuses, with the greatest impact on those already vulnerable – the poor, women and children. While developing countries were affected most, the rates of infection were said to be increasing globally at "new and alarming rates." A holistic perspective of the detrimental effects of HIV/AIDS was also espoused.[23]

Medication access and research

Several statements drew attention to populations in developing countries not having access to effective HIV/AIDS drugs at affordable prices. Mali stated "that could be brought about, in particular, through the development of resolute policies relying on generic products, bulk purchases, negotiations with pharmaceutical companies and appropriate financing." Of particular importance was the need to create an international political and legal consensus to support differential pricing, and the role of the community in challenging the actions of the pharmaceutical sector. Tribute was paid to France for its proposals to create an international solidarity fund, and its plans to organise a conference of all interested parties, including drug manufacturers and pharmaceutical companies. The necessity of scientific research into HIV/AIDS was also stressed, with a vaccine the ultimate goal.[24]

Collective global action and co-operation

The need for countries and organisations to come together and provide resources to fight HIV/AIDS was a point made in all the statements. While the Security Council would assist governments in devoting more resources to tackling social and economic problems, it was not to have the primary responsibility in tackling the pandemic. All relevant UN organs and agencies could contribute, but it was the General Assembly that should play the central role in tackling the issue, by proposing new

[22] "Press Release SC/6890: SECURITY COUNCIL, ADOPTING 'HISTORIC' RESOLUTION 1308 (2000) ON HIV/AIDS, CALLS FOR PRE-DEPLOYMENT TESTING, COUNSELLING FOR PEACEKEEPING PERSONNEL."
[23] Ibid.
[24] Ibid.

strategies, methods and specific measures to strengthen international co-operation. To do otherwise was said to "deny the complicated inter-relationships that militated against sustainable peace and security in many regions." Emphasis was placed on the role of the Economic and Social Council, UNAIDS, WHO, UNICEF and the World Bank in formulating appropriate responses to the pandemic to help governments implement strategies.[25]

In 2011 the UNSC adopted a second resolution on HIV/AIDS (resolution 1983), building on the Council's first resolution and reaffirming its commitment to fighting the disease. Focus was again placed on the counselling, education and testing of peacekeepers in order to protect civilians, with particular attention paid to the needs of vulnerable populations, women and children. The resolution recognised conflict and post-conflict could exacerbate the HIV/AIDS epidemic, especially through related sexual violence and large movements of people. A particular focus was placed on the use of rape as a weapon in conflict areas, with member states urged to combat HIV/AIDS with campaigns against sexual violence, sex trafficking and to promote women's rights. The Council sought to further strengthen its stance of zero tolerance of sexual exploitation and abuse in peacekeeping missions while noting "The risk HIV poses to peace and security is far more nuanced than we thought in 2000" and that the nature of conflict and the epidemic itself had evolved.[26]

UNSC Resolution on Ebola

Resolution 2177 was adopted unanimously at an emergency meeting on 18 September 2014, after the UNSC declared the "unprecedented extent" of the Ebola outbreak in Africa constituted a threat to international peace and security. The resolution expressed concern about the outbreak in West Africa, in particular Liberia, Guinea, Sierra Leone and Nigeria, and urged Member States to respond urgently to the crisis and refrain from isolating the affected countries. The explicit objectives contained within the resolution were: (1) to ensure the WHO led the operational response, while state governments and relevant UN organs and agencies made meaningful contributions; (2) to encourage the state governments most affected by Ebola to quickly establish mechanisms to deal with the crisis, provide rapid diagnosis, quarantine, treatment and public education, and to co-ordinate efficient utilisation of international assistance, including health workers and relief supplies; (3) for states to lift border restrictions on affected states that led to their isolation, as measures could "undermine their efforts to respond to the crisis", and for transport companies to maintain links (the impact of isolation on food

[25] "Press Release SC/6890: SECURITY COUNCIL, ADOPTING 'HISTORIC' RESOLUTION 1308 (2000) ON HIV/AIDS, CALLS FOR PRE-DEPLOYMENT TESTING, COUNSELLING FOR PEACEKEEPING PERSONNEL."
[26] "Press Release SC/10272: Unanimously Adopting 1983 (2011), Security Council Encourages Inclusion of HIV Prevention, Treatment, Care, Support in Implementing Peacekeeping Mandates," *United Nations*, accessed August 5, 2015 http://www.un.org/press/en/2011/sc10272.doc.htm

security was of particular concern); and (4) to rally the international community to deploy humanitarian relief workers and resources.[27]

Resolution 2177 became symbolic of the increasing securitisation of health, whereby the risk of international spread of an infectious disease was primarily viewed as a security threat to be addressed by security, military and intelligence authorities at national and international levels, rather than a public health issue.[28] However, the Council did not take any enforcement action under Chapter VII of the UN Charter. In the absence of a political target whose behaviour had to be changed through coercion, there was little the Council could do. Like resolution 1308 and 1983 before it, the resolution's primary purpose appears to be to generate co-operation, momentum and additional political, operational and financial commitments from the international community.[29] The statements made by member states upon adoption of the resolution point to the unique political and economic vulnerability of the four countries as justifying Ebola's classification as a threat to peace and security. Liberia, Sierra Leone and Guinea recently emerged with from civil wars and Ebola risked reversing their development and political gains, while Nigeria remains in on-going conflict with Boko Haram. Though the Council did not adopt enforcement actions, the normative effect of highlighting Ebola's influence on peace and security indirectly influenced the Council's actions with regard to Liberia. Resolution 2188 was adopted December 9, 2014 regarding the termination of the arms and travel sanctions against specific targets in Liberia, with the Council deciding to extend the sanctions currently in force due to concerns that Ebola had negatively impacted stability. [30]

What Health Issues Constitute a Security Threat Worthy of the UN Security Council?

Why do some health issues make it on to the Security Council agenda while others do not? What is the rationale for identification of a health issue as a security risk? First, it must be recognised that not all groups are of equal political significance. Huge inequality of power and influence exists between individuals and groups in world politics, which leads to the construction of threat agendas privileging certain actor's values and interests.[31] State security still dominates conceptions of health security, and has focused on three issues: Infectious diseases of epidemic proportions, HIV/AIDS, and bioterrorism. No explicit set of criteria exists and issues have arisen in an ad hoc manner, but there are three broad sets of reasons for why health issues may be classified as a state security risk, with each mentioned in all three UNSC resolutions on health issues.

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[27] "Press Release SC/11566: With Spread of Ebola Outpacing Response, Security Council Adopts Resolution 2177 (2014) Urging Immediate Action, End to Isolation of Affected States," *United Nations*, accessed August 5, 2015 http://www.un.org/press/en/2014/sc11566.doc.htm

[28] Burci, Gian, "Ebola, the Security Council and the Securitization of Public Health," *Questions of International Law*, no. 1 (2014): 33.

[29] Ibid., 29.

[30] Ibid., 29.

[31] Williams, *Security Studies: An Introduction*, 8.

The first is the potential for health to threaten international stability. This is usually framed in the form of a pandemic adversely affecting the global economy, increasing poverty and decreasing living standards. Poverty and poor health could then lead to mass migration. There is also the concern disease could influence military capability or decreasing state willingness to send or receive peacekeepers. The second is health issues could affect the internal stability of a state; damage the domestic economy, exacerbating inequality, poverty, and breed social discontent. Further, confidence in the state may be damaged if public health services are unable to cope. The third is when there are high morbidity and mortality rates, which then becomes a state security issue due the risk posed to effective operation of the state, and state responsibility to protect its citizens. The level at which an event becomes sufficiently extraordinary is not defined, but determined subjectively on a case by case basis. However, a key feature of all three health issues is that they can be represented as an exogenous threat. This condition of externality appears to be necessary to breach the threshold of normality and transfer a health issue into the security domain.[32]

Such rationales for health securitisation have not gone unchallenged, with sceptics primarily focusing on the questionable causal relationship between the adverse health outcomes and international stability, and the lack of empirical evidence to support such claims. There is little evidence that stability is affected by the macroeconomic effects of health crises, and though migration has increasingly become a state security issue, the key driver of mass migration appears to be poverty, famine and conflict, rather than heath status. Similarly, the link between military weakened by disease and state insecurity is also unclear, while research on the global impact of HIV/AIDS does not support the assertion that peacekeepers are significant transmission vectors or especially susceptible to the disease.[33]

Despite the contested rationale for the securitisation of health and the lack of empirical evidence, such arguments have been widely accepted, as demonstrated by the similar reasoning in both resolution 1308 in 2000 and resolution 2177 in 2014. Links have been drawn between the spread of pandemics and the core traditional concerns of national security policy – the military, armed conflict, state stability and international peacekeeping operations, with a specific focus on 'fragile' states. The question can then be asked why certain global pandemics like HIV/AIDS were elevated to the UNSC, while other prominent global pandemic threats, like SARS and H5N1 (avian flu), which appear to fit a similar securitisation profile, did not. In 2002 SARS was rapidly elevated to a national and international security threat, but the way SARS was construed as a security issue differed from HIV/AIDS. Stefan Elbe contests that the case for considering the AIDS pandemic as a threat to security was made by framing its primary impact to be on conventional and narrow state security concerns; the military, peacekeepers and armed conflict. HIV/AIDS was essentially construed as

[32] McInnes, "The Many Meanings of Health Security," 9-10.
[33] Ibid., 9.

something that decimated the state's core institutions. By contrast, SARS was framed differently; it was widely considered a security threat primarily because of its high mortality and potentially devastating economic repercussions. Elbe states that "whereas HIV/AIDS was construed as a security threat by virtue of being a pathology of the state, SARS emerged more as a pathology of the population which caused people to die rapidly, and which sapped a country's economic strength."[34] Framing an issue as either a threat to the state or a threat to global health appears to influence how high a health issue rises as a security priority. H1N1 posed even less of a threat to the state than SARS, as sustained human-to-human transmission was not reached near the levels of SARS in terms of worldwide infections and deaths.[35]

The Politics of Health Security's Divergent Interests

The notion of health security is often presented as a self-evident response to current threats, requiring resources to be allocated and policy priorities redefined. However, health security is not a fact of life, but a process through which disease is defined as a security problem – this involves interaction, negotiation and struggle between actors.[36] Ole Weaver describes how security threats are constituted through speech that portrays issues as existential threats requiring exceptional politics in response. Successful action requires an audience accept securitisation of an issue as necessary. Weaver notes in labelling an issue a security problem the state can claim special rights in order to take control of the issue. Thus, the ability to create and enact health policy is strengthened when framed as a security issue.[37]

Like 'security', there is no single agreed definition of 'health security' when used in a global context; its different uses and terms are constructed to promote different interests and agendas. Two terms, global health security and national health security, exemplify the conflicting and overlapping interests in health security. The UNSC's interests primarily lay in national health security and stability. Prior to the broadening of the concept of security, national security's interest in health focused on the health of military personnel, where diseases such as cholera and dysentery have caused large numbers of casualties in military campaigns. Despite the subsequent broadening of health concerns, a state-centric approach has remained, prioritising national interests and international stability when addressing health security issues.[38]

The World Health Organisation is associated with global health security - its interests focus on the risks to global public health and public health outcomes. While public health security is defined by the

[34] Elbe, Stefan, "Pandemics on the Radar Screen: Health Security, Infectious Disease and the Medicalisation of Insecurity," *Political Studies* 59, no. 4 (2011): 851
[35] Ibid., 852.
[36] Nunes, Joao, "The Politics of Health Security," in *Routledge Handbook of Global Health Security,* ed. Rushton, Simon and Jeremy Youde (NY: Routledge, 2014), 61.
[37] Weaver, Ole, *Securitization and Desecuritiztion* (Copenhagen: Centre for Peace and Conflict Research, 1993): 3.
[38] McInnes, "The Many Meanings of Health Security," 8.

WHO as "the activities required, both proactive and reactive, to minimise vulnerability to acute public health that endanger the collective health of national populations", global health security widens this definition to include public health events that endanger the collective health of populations across international boundaries. Global health security aims to develop collective international public health action to build a safer future for humanity. It is not an objective condition but something constructed to promote health, something traditionally reserved for national health services but now taken onto the global stage.[39]

The humanitarian objectives of global health security and the self-interested, state-based nature of national health security are portrayed as having found common ground in recent US and UK national security strategies. This depiction should be approached with caution as the global and humanitarian objectives of global health security do not fit readily into the state-centric perspective of national health security. Feldbaum et al. identify three primary conflicts of interests between global and national health security: (1) the threats addressed by global health security are not confined by national boundaries and therefore require co-operation between states and non-state actors, (2) the targets of global health and national health security are different as global health works for the benefit of all people within and across states, while national security prioritises the needs of one state over others, and (3) the objectives of global health and national health security are different as global health security seeks to improve the world's health, while national security works to protect the interests of people within a given state.[40] Thus, while the interests and objectives of the WHO (global health security) and UNSC (national health security) may at times overlap, it is important to recognise they can also conflict.

Health Securitisation: Benefits and Risks for Policy

There is a strong case that the securitisation of health raises political awareness and helps free resources to more effectively combat pandemics. Fear of future pandemics may not only lead to political commitment to build a strong response system, but gives rise to international co-operation.[41] This appears to be the primary motivation of UNSC health resolutions. In the case of HIV/AIDS, in some of the most seriously affected countries it is not excessive state mobilisation that poses the main problem, but the lack of meaningful state response. In such a context, the securitisation of HIV/AIDS through the UNSC is one way of addressing this issue, due to the Council's high public profile and unique status in international law.[42]

[39] McInnes, "The Many Meanings of Health Security," 8.
[40] Feldbaum et al., "Global Health and National Security: The Need for Critical Engagement," 196.
[41] Huang, Yangzhong, "Pandemics and Security," in *Routledge Handbook of Global Health Security,* ed. Rushton, Simon and Jeremy Youde (NY: Routledge, 2014): 88.
[42] Elbe, "Should HIV/AIDS be securitized? The ethical dilemmas of linking HIV/AIDS and security," 131-132.

However, using the example of HIV/AIDS, Stefan Elbe shows how the use of security language is accompanied by two normative dangers. One is that securitisation could push national and international responses to HIV/AIDS away from civil society toward state institutions such as the military and the intelligence community, with the power to override human rights and civil liberties.[43] Portraying HIV/AIDS as a national and international security threat risks driving dehumanising responses and could serve as an implicit legitimisation of harsh or unjust 'emergency' policies that states may adopt.[44] The other danger is the language of security may ultimately prove counterproductive to international efforts to stem the pandemic because it removes altruism, focuses on restrictive and narrow national interests, and allows states to prioritise HIV/AIDS funding for their armed forces and elites who play a crucial role in maintaining security. Further, the portrayal of the illness as a security threat works against the efforts of grassroots HIV/AIDS activists seeking to normalise social perceptions of people living with HIV/AIDS.[45]

It should also be noted that a security approach to a pandemic can imply a military response. This is problematic as it infers the enemy is the sick or exposed individuals, rather than the disease itself. It can also reinforce the misconception that a forced quarantine is the best course of action for all outbreaks of disease.[46] This was precisely the general public's reaction to the 2014 Ebola outbreak. Paradoxically, one of the UNSC objectives in resolution 2177, to prevent border restrictions that could undermine response efforts, was undermined by the securitisation of Ebola and the resolution itself. The cumulative social effect of securitisation conveys the impression that working toward a condition of security is always socially beneficial, and that more security is inherently better.[47]

Many of the statements made after resolution 1308's adoption expressed the need for cheaper, more readily available medication. The ability of security concerns to override certain legal provisions would be a potential advantage as the patents on many HIV/AIDS medications are protected by the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property (TRIPS). This prevents poorer countries from producing generic medications at lower prices, or using parallel imports to acquire medications from other countries who can procure them at lower costs. These patents could potentially be overridden in light of security considerations, as the TRIPS agreement contains a set of security exceptions. Article 73(b) states nothing contained in the agreement should be construed to ''prevent a Member from taking any action which it considers necessary for the protection of its essential security interests''. No dispute has occurred under Article 73, but

[43] Elbe, "Should HIV/AIDS be securitized? The ethical dilemmas of linking HIV/AIDS and security," 131-132.
[44] Ibid., 128.
[45] Ibid., 120.
[46] Huang, "Pandemics and Security," 88-89.
[47] Elbe, "Should HIV/AIDS be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security," 129.

securitisation of a certain health issue raises the possibility of a patent override if the proper legal provisions were put in place.[48]

Conclusion: Consolidating the Interests of National and Global Health Security

In 1975 Ivan Illich, a famous critic of modern medicine, argued that the real improvements in health over the past century have less to do with doctors, and more to do with improvements in social services and living standards, such as housing, water, nutrition, sanitation and education. Though an extremely contested thesis, it exemplifies the nuances and complexities surrounding health issues and the securitisation of health, especially in relation to how effective approaching health security from a state-centric perspective is, and the usefulness of the UNSC's role regarding health related issues.[49] This perspective also constitutes a reminder of the limitations of our medical defences in the event of a future pandemic, no matter what security countermeasures are put in place.

The broadening of the concept of security beyond traditional military threats has created space for health to become part of the UNSC agenda, and the links between health and security now encompass a wide range of issues. However, health security issues remain entrenched in a state-centric, national health security focus, where issues only figure on the UNSC agenda if they are seen as a potential threat within the narrow criteria of state security and international stability. This perspective is rooted in the interests of the state, particularly the five UNSC permanent members and the most powerful, at the expense of individuals and communities. The lack of supporting empirical evidence in constructing the national security agenda on health points to the ability of narratives constructed by society's elites to manufacture social realities. No health crisis has led to state failure, but health issues continue to be framed in national health security language.[50] If security is about alleviating the most serious and immediate threats that prevent people from pursuing their cherished values, then for the majority of the planet's inhabitants the lack of effective healthcare systems are at least as important as the threat of armed conflict. The three biggest killers in the developing world are death during child birth, and paediatric respiratory and intestinal infections leading to death from pulmonary failure or diarrhoea.[51]

This paper has demonstrated how armed conflict and pandemics are mutually reinforcing. The four African states worst affected by Ebola have among the weakest health systems in the world. According to WHO study analysing 190 national health systems, Nigeria ranks 187, Liberia 186 and Equatorial Guinea 171.[52] Sierra Leone was unranked, but its men and women have a life expectancy

[48] Elbe, "Should HIV/AIDS be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security," 133.
[49] Elbe, "Pandemics on the Radar Screen: Health Security, Infectious Disease and the Medicalisation of Insecurity," 859.
[50] McInnes, "The Many Meanings of Health Security," 14-15.
[51] Williams, *Security Studies: An Introduction*, 9.
[52] "World Health Organisation's ranking of the World's Health Systems," *The Patient Factor,* accessed September 10, 2015 http://thepatientfactor.com/canadian-health-care-information/world-health-organizations-ranking-of-the-worlds-health-systems/

of forty-six.[53] Such abysmal national health systems undoubtedly had an adverse effect on Ebola's initial outbreak and the state's ability to contain the disease. It is in the interest of both global and national health security to focus on building developing countries' health system capacities. Security analysts have traditionally focused on the challenges posed by war and the needs of soldiers. It is evident more attention needs to be paid to the challenges posed by sickness and the needs of healthcare workers. According to the WHO the world is lacking at least 7.2 million healthcare workers today, which will increase to 12.9 million by 2035 if not addressed now.[54] Though health securitisation has raised political awareness and freed resources to address health crises, such securitisation has generated state-centric policies while distorting global health spending priorities, benefiting securitised diseases over public health issues in a way that does not reflect the disease's burden.[55]

When looking at global health security it is crucial to take into account the politics that underpin it: the connotations that surround health issues, the assumptions underlying current practices, how these evolved and how they are reproduced.[56] Health security's focus on national security and a relatively narrow selection of pathogens has led many to question whose interests the securitisation of health serves.[57] A broad view of the many political dimensions of health security (relationships between groups, states, regions, the powerful and the powerless) allows for identification of alternative views on what leads to security and insecurity. A better understanding of these political dimensions could help establish a more effective health security strategy. This must acknowledge that current power structures and relations have led to the unequal provision of, and access to, affordable healthcare, and an exploitative system of international relations that creates vulnerability to disease in the world's poorest countries.[58] Addressing the inequalities at the centre of global relations and structures is the most important and challenging aspect of creating genuine health security.

[53] "Countries: Sierra Leone," *World Health Organisation,* accessed September 10, 2015 http://www.who.int/countries/sle/en/
[54] "Press Release: Global Health Workforce Shortage to Reach 12.9 Million in Coming Decades," *World Health Organisation,* accessed September 10, 2015 http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/
[55] DeLaet, Debra L, "Whose Interests is the Securitisation of Health Serving?" in *Routledge Handbook of Global Health Security,* ed. Rushton, Simon and Jeremy Youde (NY: Routledge, 2014): 346-347.
[56] Nunes, "The Politics of Health Security," 68.
[57] Stevenson, Michael A, and Michael Moran, "Health Security and the Distortion of the Global Agenda," in *Routledge Handbook of Global Health Security,* ed. Rushton, Simon and Jeremy Youde (NY: Routledge, 2014): 336.
[58] Nunes, "The Politics of Health Security," 68.

Bibliography

Burci, Gian. “Ebola, the Security Council and the Securitization of Public Health.” *Questions of International Law,* no. 1 (2014): 27-39.

Buzan, Barry, Ole Wæver, and Jaap De Wilde. *Security: A New Framework for Analysis.* Copenhagen: Lynne Rienner Publishers, 1998.

“Countries: Sierra Leone,” *World Health Organisation.* Accessed September 10, 2015 http://www.who.int/countries/sle/en/

DeLaet, Debra L. “Whose Interests is the Securitisation of Health Serving?” In *Routledge Handbook of Global Health Security,* edited by Rushton, Simon and Jeremy Youde, 339-348. NY: Routledge, 2014.

Elbe, Stefan. "Pandemics on the Radar Screen: Health Security, Infectious Disease and the Medicalisation of Insecurity." *Political Studies* 59, no. 4 (2011): 848-866.

Elbe, Stefan, “Should HIV/AIDS be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security,” *International Studies Quarterly* 50, no. 1 (2006): 119-144.

Feldbaum, Harley, Preeti Patel, Egbert Sondorp, and Kelly Lee. “Global Health and National Security: The Need for Critical Engagement.” *Medicine, Conflict and Survival* 22, no.3 (2006): 192-198.

Haq, Mahbub al. *Reflections on Human Development.* Oxford: Oxford University Press, 1995.

Huang, Yangzhong. “Pandemics and Security.” In Routledge Handbook of Global Health Security, edited by Rushton, Simon and Jeremy Youde, 83-91. NY: Routledge, 2014 85.

Maclean, Sandra J. "Microbes, Mad Cows and Militaries: Exploring the Links between Health and Security." *Security Dialogue* 39, no. 5 (2008): 475-494.

McInnes, Colin. "The Many Meanings of Health Security." In *Routledge Handbook of Global Health Security,* edited by Rushton, Simon and Jeremy Youde, 7-17. NY: Routledge, 2014.

National Security Strategy (2015). Accessed August 5, 2015, https://www.whitehouse.gov/sites/default/files/docs/2015_national_security_strategy.pdf

Nunes, Joao. “The Politics of Health Security.” In *Routledge Handbook of Global Health Security,* edited by Rushton, Simon and Jeremy Youde, 60-70. NY: Routledge, 2014.

"October 2014 Monthly Forecast: In Hindsight- the Security Council and Health Crises." *Security Council Report.* Accessed October 12, 2015 http://www.securitycouncilreport.org/monthly-forecast/2014-10/in_hindsight_the_security_council_and_health_crises.php

"Press Release: Global Health Workforce Shortage to Reach 12.9 Million in Coming Decades." *World Health Organisation.* Accessed September 10, 2015 http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/

"Press Release SC/6890: SECURITY COUNCIL, ADOPTING 'HISTORIC' RESOLUTION 1308 (2000) ON HIV/AIDS, CALLS FOR PRE-DEPLOYMENT TESTING, COUNSELLING FOR PEACEKEEPING PERSONNEL." *United Nations,* accessed August 5, 2015 http://www.un.org/press/en/2000/20000717.sc6890.doc.html

"Press Release SC/10272: Unanimously Adopting 1983 (2011), Security Council Encourages Inclusion of HIV Prevention, Treatment, Care, Support in Implementing Peacekeeping Mandates*."* *United Nations.* Accessed August 5, 2015 http://www.un.org/press/en/2011/sc10272.doc.htm

"Press Release SC/11566: With Spread of Ebola Outpacing Response, Security Council Adopts Resolution 2177 (2014) Urging Immediate Action, End to Isolation of Affected States." *United Nations*. Accessed August 5, 2015 http://www.un.org/press/en/2014/sc11566.doc.htm

Stevenson, Michael A, and Michael Moran. "Health Security and the Distortion of the Global Agenda." In *Routledge Handbook of Global Health Security,* edited by Rushton, Simon and Jeremy Youde, 328-338. NY: Routledge, 2014.

UN Secretary General's High-Level Panel on Threats, Challenges, and Change Report. "A More Secure World." NY: UN Department of Public Information, 2004.

Weaver, Ole. *Securitization and Desecuritiztion.* Copenhagen: Centre for Peace and Conflict Research, 1993

Williams, Paul D. *Security Studies: An Introduction.* NY: Routledge, 2012.

"World Health Organisation's ranking of the World's Health Systems." *The Patient Factor*. Accessed September 10, 2015 http://thepatientfactor.com/canadian-health-care-information/world-health-organizations-ranking-of-the-worlds-health-systems/