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ARTICLE COMMENTARY

Global health and health security – conflicting concepts for achieving stability through health?

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ABSTRACT

Global health has become fashionable and an important topic on the international policy agenda. Even before the COVID-19 pandemic, cross-border infectious diseases had provoked a great deal of media and public interest, academic research and foreign-policy agendas. This paper analyses the relevance of health security in global health. It stresses global health as an explicitly political concept taking into consideration existing inequalities and power asymmetries. Global health represents the necessary evolution of public health in the face of ubiquitous global challenges and the growing number of international players. Some of them tend to divert global health towards technification, marketisation and privatisation, promoting biomedical reductionism and predominantly technological solutions. Overall, the current global health concept fails to adequately consider the global burden of disease, which is largely determined by non-communicable conditions. Global health goes beyond preventing infectious diseases and health security and must first and foremost focus on the social, economic, ecologic and political determination of health, which interacts with non-communicable and communicable diseases, turning them into syndemics. Health-in-all policies in a global perspective are required for sustainably reducing health inequalities within and between countries, instead of primarily focusing on security and safeguarding the status quo in a changing world.

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Introduction

Global health is high on the international political agenda and has played an important role at recent summit meetings of international forums such as the 'Group of 7' (G7) and the 'Group of 20' (G20). The increasing political importance of global health and the attention it receives on the international stage is long overdue from the point of view of public health and health policy. The current understanding of global health, however, depicts some conceptual limitations, because the scope and content of the respective debate is often inappropriate, given the complexity of the challenges. The prevailing global health discourse often fails to fulfil the claim of universalism implicitly associated with the term 'global'. Moreover, it tends to neglect the requirements of a comprehensive transdisciplinary and interdisciplinary understanding of health policy. In fact, there is a large discrepancy between the current state of knowledge and global health policy practice (Bozorgmehr, 2010).

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In most countries around the world, health policy is primarily concerned with the inherent challenges of national health systems and puts the spotlight on health-financing reforms, universal health coverage, access to health care in rural areas and other local or regional challenges. The public becomes aware of the global dimension of health only when the threat of a potentially pandemic infectious disease appears (Dry, 2008). Life-threatening scenarios caused by 'killer viruses', and of epidemics that have long been considered defeated or at least controllable in high-income countries, have (re-)appeared in recent years. What began with the AIDS pandemic has further developed in ever shorter chronological intervals with the emergence of infectious diseases such as SARS (Severe acute respiratory syndrome) in Southeast Asia in 2002, swine flu in the Northern Hemisphere winter time 2009–2010, MERS (Middle-East respiratory syndrome) in 2012, and avian influenza from 2013 onwards. The 2014 Ebola outbreak in Western Africa, which claimed more than 11,000 lives, received particular attention. It was followed by the Zika virus epidemic in Brazil, another Ebola outbreak in the Eastern Democratic Republic of Congo in 2019, and lately the Covid-19 pandemic that started in China and spread across the entire globe.

The rapid succession of alarming events understood as 'health crises' repeatedly provoke a state of alert and make the headlines, particularly in high-income countries. But public interest in the health-related challenges of other countries and continents tends to be transient and short-lived. The situation is fundamentally different in the low- and middle-income countries of the Global South and especially in Sub-Saharan Africa. Until today, certain health hazards persist, infectious health problems represent a relevant threat, and the risk of endemic diseases or epidemics is part of everyday life in low-income countries.

Meanwhile, however, infectious conditions do not present the only challenge for people and health systems in low-income countries. In the course of the epidemiological transition, the disease spectrum has expanded from infectious to non-communicable, chronic diseases. The so-called double burden of disease, caused by communicable pathogens on the one hand and health problems commonly referred to as chronic or lifestyle diseases on the other, has been burdening developing countries and countries in transition for quite some time (WHO, 1999). The coexistence of both undernourishment or malnutrition and dietary overweight exacerbates the situation (Min et al., 2018). Despite the complex nature of the global disease burden, the prevailing concept of global health has long either tended to ignore or denied the due consideration of potentially treatable or preventable long-term conditions like diabetes and obesity as well as the structural causes of poor health and health inequalities (Bengtsson & Rhinard, 2018). The high mortality from Covid-19 in low- and middle-income countries such as Brazil and Mexico with a high prevalence of obesity and chronic conditions has been a cruel reminder that there is substantial interaction between socioeconomic inequality, infectious and non-communicable diseases, conceptualised as a syndemic (Lancet, 2017; Marinho et al., 2021; Singer, 2020). While cardiovascular and other chronic diseases have long been the number one killer worldwide, they now also play a special role in the fatal effects of COVID-19.

The concept of global health security

The concept of 'global health' is quite broad and comprises an array of subjects such as policy and politics, governance, research, teaching and clinical practice and aims to improve health care systems, their resilience, and access to, as well as quality of, health care. As the consequent continuance of public health in today's globalised world, global health pursues ensuring the right to health enshrined in the World Health Organization (WHO) constitution over 70 years ago and ultimately improving the health of people and populations worldwide. Despite the diversity and heterogeneity of the definitions and actors involved, examining transnational contexts as well as the social, political and economic determination of health, and finding solutions to current health problems are core concerns of global health. The practical application and implementation of the concept, however, is increasingly driven by health as an instrument of foreign policy and internal security, and by

charitable, philanthropic approaches and public-private partnerships. All of them claim to have a strong reference to general human rights and solidarity (Stuckler & McKee, 2008).

In spite of this claim, global health policies have been increasingly determined by foreign-policy priorities and security concerns, even before Covid-19. Security frequently features as the contextual framework in political health and foreign-policy documents (Labonté & Gagnon, 2010). In 2014, more than 60 governments, international organisations and non-governmental stakeholders launched the Global Health Security Agenda (GHSA) as a concept to address the outbreaks of infectious diseases and reduce their spread to other countries (Katz et al., 2014). The WHO also tends to envisage health security mainly as a means for improving the management of infectious diseases and humanitarian crises (Bozorgmehr & Razum, 2015; Chanda, 2020; Rockenschaub et al., 2007).

Global health security is often used to justify restrictive immigration policies and practices that reduce population movement across international borders by framing the migration of people as a health risk. Rather than enhancing the local health system capacities, public policies in the name of global health security tend to focus on the protection of national borders in the Global North against perceived health threats from countries in the Global South (McInnes & Lee, 2006). However, the exclusionary, nation-state-centred focus on the prevention of and protection from infectious diseases is a clearly hegemonic approach. Moreover, it fails to adequately reflect the global burden of disease, which is largely determined by non-communicable diseases (NCD Countdown 2030 collaborators 2018). In addition, the focus on health security often prevents or, at least, postpones the necessary debate about social, economic, political and other non-medical determinants of health.

From the outset, international health and global health were inextricably linked to both the protection of national populations and to commercial interests and aspirations. For example, the US-Institute of Medicine emphasised the protection of US citizens; they bluntly asserted that four of the world's ten leading pharmaceutical companies control 40 percent of the world market and that the introduction of new drugs and vaccines in developing countries offers the pharmaceutical and vaccine manufacturers in industrialised countries good sales opportunities (Institute of Medicine, 1997). In its first global health concept (BMG, 2013), the German government put a strong focus on the protection of the national population and the economic interests of Germany's export-oriented economy (Holst & Razum, 2018).

Securitising global health governance

The pandemic spread of infectious diseases is often perceived as a characteristic symptom of globalisation. During the past 20 years, influential players at national and international levels have promoted global health as one of the most important areas of foreign, development and security policy (Kickbusch et al., 2007), mostly with a clear focus on targeting and fighting communicable cross-border health threats (Bengtsson & Rhinard, 2018). The rapid succession of epidemics and recently even pandemics leading to health crises have contributed to the securitisation of global health. In fact, the debate on global health often tends to be shaped more by security than actual health issues, and the securitisation of health is considered a key feature of public health governance (Labonté & Gagnon, 2010). The increasing international and political relevance of global health calls for more comprehensive governance strategies from institutions and processes which have an explicit health mandate (global health governance), institutions and processes of global governance which have a direct and indirect impact on health (global governance for health), and from national and regional institutions and mechanisms which are established for contributing to the regulation of global health governance (governance for global health) (Kickbusch and Cassar Szabo, 2014).

The need for security is understandable in a world increasingly perceived as inequitable, unstable and threatening. The demand for security tends to become more popular in times of growing insecurity and risks for the Global North to lose historically grown vested rights. It often remains unclear what is meant by security, who defines security, and how it is to be created. Global health

is by no means immune to being instrumentalised for economic and political interests. Rather, it is pervaded by power relationships, and their explicit acknowledgement should be part of global health policies (Labonté & Gagnon, 2010). For example, global health can exclusively focus on protecting a country's own population and ensure, through health checks and short-term crisis management, that the precarious living conditions that prevail in many parts of the world do not affect the high-income countries. Or it can pursue the goal of longevity, good health, as well as the enforcement of the universal human right to health and the reduction of socially or politically induced inequalities. It can even exclusively serve the interests of large corporations which have long since discovered health as a lucrative business, including insurance companies, pharmaceutical manufacturers and producers of medical technology, which are eager to benefit from the billions to be invested from public revenue worldwide in order to meet the United Nations' goals for sustainable development.

The Ebola outbreak in West Africa in 2013 and 2014 was particularly important for the paradigm shift in global health policy, pursuing health security through risk mitigation. Since then, experts and politicians all over the world promote the establishment of emergency funds, the formation of rapid reaction forces like the so-called white helmets, and the creation of robust healthcare structures and resilient health systems. During their 2017 Berlin meeting, the health ministers of the G20 member states simulated the measures required for combating future pandemics (BMG, 2017). Even military involvement in disease control is no longer off-limits. At the height of the Ebola crisis, *Médecins sans Frontières*, which otherwise rejects any proximity to the armed forces (de Torrente, 2006), demanded military support (Hussain, 2014), and humanitarian aid to civil society is increasingly becoming a security intervention. Ebola made it onto the agenda of the UN Security Council, and for the first time in the history of the UN, a mission to combat a disease was formed, the *UN Mission for Ebola Emergency Response* (WHO, 2014). This helped health security move from a rhetorical threat to a de-facto security presence to be operated beyond national borders (Wenham, 2019).

The health security strategies elaborated and partly implemented have mainly focused on limiting the health implications and other consequences of outbreaks and preventing epidemics from spilling over from the Global South to the Global North. This certainly makes sense but reflects more the means than the goals as it emphasises how to deal with health threats rather than preventing them from occurring. The prevailing mindset primarily aims to deal with future risks in order to make them less threatening, instead of envisaging and eliminating the causes of potential threats.

Systemic shortcomings of the health security concept

No doubt, the need and desire for security is perfectly reasonable. However, it only applies to the concept of instrumental reason that seeks to address future risks in such a way that they do not endanger the status quo but does not raise the question of how to combat current health risks at their roots. The focus is not on grappling with the underlying causes of the global health crisis, but on the question of how to organise efficient crisis management without having to address the more distant causes of the crisis itself. The social, political and economic determination of health is generally not on the agenda. Instead, the focus is on how the health problems resulting from unfavourable living and environmental conditions can be identified and contained as early and far as possible.

This makes the dominant security discourse problematic. Instead of pushing for social balance and integration across national borders, security-oriented policies focus on safeguarding the status quo, however inequitable and unfair it may be. This threatens to undermine what politics should be geared towards: the rights and legal entitlements of people, as laid down in human rights and in the WHO constitution. Unlike human rights, the quest for security is not based on the idea of universality. The current security strategies are not necessarily aimed at the protection of those who are most in need of social security or protection – the poor and the marginalised. Instead, they pursue

protecting the property, vested interests and privileges of the better-off; or to say it more bluntly, safeguarding the imperial way of life of some at the expense of many. Moreover, the securitisation of global health disproportionately directs attention and funding to those health challenges politically deemed to be national or international security risks (Labonté & Gagnon, 2010). The focus is often rather narrowly on risks easily visible or tangible for the broader public and tends to neglect more complex challenges and risk factors. Political priority setting depends on perceived threats and needs rather than on evidence-based knowledge about health hazards and the global burden of disease.

Holistic approach for overcoming global inequalities

Global health contains a normative dimension, and global health policy and research require normative premises. The fact that normative premises cannot be derived from empirical evidence alone questions the widespread claim for global health policies based on empirical evidence (Ooms, 2015). Global health policy definitely goes beyond scientific biomedical findings and empirical facts and takes into account both humanities and social sciences, including international law and ethics (Lee, 2015). A moral language is requisite for ethical considerations that go beyond national interests (Labonté & Gagnon, 2010). At the same time, legal language is needed for setting the rules of governance and is best drafted by human rights covenants. Global justice is and must be a central element of health as a human right and public good. However, the growing predominance of economic and especially market interests is increasingly pushing this view into the background. The fact that resource scarcity condemns millions to premature and avoidable deaths, and millions more to shorter and less healthy lives, plays at best a minor role in the dominant understanding of global health (Benatar & Brock, 2011). The general public around the globe is usually much less aware of the economic, social, political, environmental and other non-medical determination of health than of the impact of worldwide epidemics on economic, social, political and other conditions of human life. The ongoing coronavirus pandemic confirms this and contributes towards making the economic dimension of health security more visible and explicit. COVID-19 shows how pandemic and detrimental pathogens can be for the global economy (Segal & Gerstel, 2020).

What is definitely needed for meeting the complex challenges of global health is a whole-of-government approach. Working across national government sectors and through district and local government to ensure training, infrastructure and participation mechanisms for involvement and empowerment is indispensable for satisfying population needs. To make this happen, however, pressure from civil society is crucial. At the global level, the WHO has to be held to account, e.g. by the WHO Watch programme launched by the People's Health Movement for strengthening the voice of civil society in global health and raising the priority of the right to health and equity concerns in global decision making (Musolino et al., 2020). Civil-society movements, which arise from alliances between grassroots organisations and intermediaries, such as non-governmental organisations, professional associations, think tanks, or others are particularly important as game changers by demanding social accountability including various types of interventions such as monitoring of public services by the citizenry, participatory budgeting and social audits (Flores & Samuel, 2019).

However, one of the major challenges of the grassroots movement is their natural focus on specific topics and their lack of the multidisciplinary approach needed for overcoming the silo thinking in policy making (Bridge Collaborative & Panorama, 2018). Despite both the obvious close relationship between climate change and health, and the growing visibility and strength of environmental organisations, the global-health grassroots movement is still struggling with improving its linkages to climate issues. Likewise, grassroot organisations dealing with global-health challenges still have a way to go to better connect with movements and strategies targeting relevant social, political, economic and other environmental determinants of health. One of the few examples known to the authors is the German Platform for Global Health, an alliance of social and welfare organisations, trade unions, and civil society organisations from the fields of

development, health, migration and refugees, as well as academia (DPGG, 2015). This innovative mix brings together locality and globality, and approaches global health from different angles.

Social movements in many places play a stronger role in sensitising the public and fighting for health rights and entitlements than the State, although the latter is ultimately responsible for enforcing the right to health (UN, 2008). Therefore, the core objective of global health policy must be to reduce or even overcome inequalities that exist worldwide. This is closely linked to the Sustainable Development Goals (SDGs) agreed upon by the international community in 2015 (UNDP, 2015) and the measures to implement the Agenda 2030 (UN, 2015). The aim of this agreement, concluded at the level of United Nations and developed by governments with the participation of civil society around the world, is global economic progress in harmony with social justice and within the framework of the Earth's ecological limits. It is noteworthy that the Agenda 2030 and thus the SDGs claim to apply equally to all countries of the world – at least apart from such fundamental problems as hunger, poverty and mother–child mortality (Vandemoortele, 2016). In contrast to the previous Millennium Development Goals (MDGs), it is no longer only the developing countries and countries in transition that are called upon to take action, but also the industrialised nations of the Global North.

Less biomedicine, more public health

Common definitions reduce global health to a mere update of earlier concepts. Many medical, biotechnological and political actors regard global health primarily as a continuance of international health. The prevailing governance frameworks are not simply the result of technocrats or experts in the field; they are deeply economy-driven and political, with enormous effects on democracy and social justice. The shift from international to global health took place under the sign of a neoliberal ideology and was part of the globalisation of market-driven policies (Baru & Mohan, 2018). Neoliberal policy seeking to govern social services such as health care and social security through market principles has contributed to marginalising the perspective of social medicine and undermining efforts to strengthen the consideration of the social determination of health (Adams et al., 2019). Biomedical reductionism is promoted by major global health players including the WHO and Gates Foundation in relation to HIV, vaccination and other pharmaceutical solutions that have supplanted calls for more community health efforts (Aggleton & Parker, 2015). This understanding is recognisably shaped by the legacy of colonialism and Western-dominated expertise on the 'tropical' world and its challenges (Biruk, 2019).

As important as good medical care is, it has less influence on people's health than their living, working, environmental, social and other conditions. Without adequate consideration of the social determination of health, the question of income and wealth, education, environment, and other social factors, the health of the world's population cannot be sustainably improved. This view is lacking in many medical and health science publications where technological measures prevail over strategies to eliminate and address root causes (Bempong et al., 2019), or is incomplete in others (Frieden et al., 2014); and it has not yet found its rightful place in the broader debate on global health.

The shortcomings of global health outlined in this paper are ultimately also reflected in the dominant understanding of health security. Global health security falls short when restricted to detecting and preventing imminent health threats caused by infectious diseases, biological weapons or other acute risks. The obvious syndemic situation calls for a more comprehensive and multidisciplinary approach. In order to improve health security worldwide, it is and will continue to be essential that global health is not deviated from non-communicable health problems and their upstream determinants (Holst, 2019).

Conclusion

In order to develop and implement an appropriate and effective global health policy that goes beyond security issues, much more than biomedical, clinical or genetic engineering approaches

are needed. Vertical programmes or the development of new drugs and vaccines may be helpful, but they do not change the underlying conditions of the world's most salient health problems. Global health security, as well as global health policy as a whole, tends to focus on protecting high-income countries against public health threats coming from low- and middle-income countries (Rushton, 2011). Global health policy as a means of preserving privileges and vested interests in an unequal world, however, does not offer a solution to the existing challenges. It rather undermines the health of the global public by increasing inequalities and stabilising the political and economic conditions of ill health, and thereby undermines the ultimate goal of improving health for all (Flahault et al., 2016). For overcoming the limitations of current responses to global health challenges, responsible global health policy must address the causes of existing (and often non-communicable) health problems and inequalities; in other words, take a syndemic perspective of health challenges. Global health therefore must not limit itself to restoring the conditions that led to the global and planetary health crisis. This requires more health promotion than disease management as well as decent labour, income and living conditions for all in order to prevent or reduce non-communicable diseases and to tackle socioeconomic inequalities under which syndemics thrive. The increasing emphasis on securitising global health will not make a significant contribution, if at all, to equality of opportunities, reduced socioeconomic and health inequalities, food sovereignty, responsible environmental policy, social security, peace, democracy and participation. Rather, it tends to deteriorate these and other social determinants of health (DPGG, 2015).

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