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The growing hype of global health security

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Health and security: two conflicting concepts

The importance and acceptance of health security has increased considerably in recent decades and especially since the outbreak of the CoV-SARS-2 pandemic in 2020. The quest for security is perfectly understandable in an increasingly inequitable, unstable and disjointed world. Who wouldn't be in favour of more security in times of growing uncertainty? But a closer look shows that things are more complicated than that. It remains unclear what is meant by security, who defines security and how security is to be created. Policymakers in high-income countries tend to emphasise protection of their populations particularly against external threats, for example bioterrorism and pandemics, whereas many – but not all - public and global health experts and stakeholders understand the term in a broader context of population health and its social, economic, political and environmental determination (Quinn & Kumar 2014).

Despite the abundance of available literature on human and health security, and particularly on public and global health security, a universal definition is still lacking. The fact that the use of the term "health security" by different stakeholders is as widespread as inconsistent is by no means attributable to the missing conceptual clarification but primarily to the widely divergent perceptions, priorities and agendas that exist in the broad field of global health (Holst 2020). Over the past two decades, the link between health and security has become a mainstream approach in public and global health strategies and policies and led to global health security being considered virtually and almost interchangeably synonymous with global health (Wenham 2019).

Global health security can be committed to the universal human right to health and ensure by means of global compensation and equalisation that human-made inequalities in access to

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health and other social rights are reduced. But it can also just focus on protecting the population in a given country and ensure, through health checks and short-term crisis management, that the precarious living conditions that prevail in many poor countries and societies do not affect the most affluent world regions and social strata. Health security can pursue the goal of a life as long and as healthy as possible or serve the profit interests of an industry for which health has long since become a lucrative business. Insurance companies, pharmaceutical multinationals and the medical technology industry are already speculating on the many billions that must be made available worldwide from tax revenues or social security contributions in order to meet the UN's goals for sustainable development.

History of health securitisation

To a certain extent, this applied already to the HIV/AIDS epidemic in the 1980es and 1990es. The then widespread concern that HIV/AIDS might lead to state instability of societal structures encouraged the emergence of a considerable number of initiatives and mobilised enormous financial and technological resources to combat the threatening disease. The narrative was based on a more traditional, military security threat as high infection rates could affect the ability of the army to perform its function and thereby have a negative impact on state security (Wenham 2019).

Later, the Ebola outbreak in Western Africa in 2014-16 heavily contributed to the (global) health–security nexus becoming one of the dominant narratives within health policy. Experts all over the world were discussing the establishment of emergency funds, the formation of rapid reaction forces, white helmets, the creation of robust care structures and resilient health systems (WHO 2014). More recently, the strategies to fight the COVID-19 outbreak exhibited a twofold effect on public policies: strong isolation of nation states even in those regions where integration had already reached a relatively high level or even appeared irreversible like in the European Union, and the return, at least for a short time, of the assertive state. After years of the triumphant advance of neoliberalism and systematic release of the state from hitherto public tasks, COVID-19 led the latter to reassert its claim to political control with surprising clarity and decisiveness. Governments decided to intervene in the lives of households and society, and to restrict individual, social, economic and entrepreneurial freedom. For protecting people's health, the lock-down and the interventions of the reinvigorated state appeared comprehensible, as they seemed to be scientifically justified.

The state's regained strength vis-à-vis the private sector and even powerful transnational corporations could be partly controlled during the COVID-19 crisis but turned out to be short-lived and illusionary. From a normative point of view, it has to stressed that the state is the

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only authority capable of guaranteeing and enforcing the right to health as it ultimately the only one accountable for human rights violations (Friedman et al. 2020). For improving and safeguarding population health, public policies must safeguard human rights and people's legal entitlements. Global Health has to prioritise the protection of those who are most in need - the poor and the marginalised – from health risks and bad health by overcoming poverty, inequities and social injustice. Instead, mainstream ideas of global health continue to reflect the hegemonial notions inherited from colonial times, including the traditional focus on cross-border infectious spreads with a myopic notion of securitising global health without questioning the monopoly in trade of essential medicines and vaccinations or the existing restrictions on intellectual property rights.

Risk mitigation instead of risk avoidance

The current debate about the COVID-19 pandemic and health security does not sufficiently put the spotlight on the root causes of global health crises. Despite overwhelming evidence of the social, economic, political and environmental determination of health, political leaders, the media and an influential part of global health stakeholders focus first and foremost on biomedical findings and approaches and tend to underestimate or even oversee the close relation between socioeconomic status, living conditions and unhealthy lifestyles on the one hand and the severity and lethality of COVID-19 infections (Zhang et al. 2021). Nonetheless, COVID-19 policies use to be narrowed down to the perspectives and suggestions of virologists and often rather inconclusive epidemiological observations instead of taking a multidisciplinary approach taking adequately into account the non-medical determination of health and pandemics.

Likewise, market radicalism, with all its negative effects on people's health, has not yet been on the agenda of the G20, an intergovernmental forum of high- and higher-middle-income countries, nor was the business of the world's booming extraction industry, which is forcing more and more people to migrate to inhospitable and morbid living conditions. Neither were the practices of food and drink multinationals, which have long since become a massive threat to healthy eating habits and lifestyles. Instead, the focus was on how the health problems resulting from such conditions could be identified and contained as early as possible.

And that is precisely what makes the prevailing security discourse so problematic. No doubt, the need and desire for security is perfectly reasonable. However, this desire consistently results in a short-sighted approach that seeks to address future risks in such a way that they do not endanger the existing conditions and vested interests. Instead of raising the ques-

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tion of how to combat current health risks at their very roots and pushing for social balance and integration across national borders, security-driven policies focus on safeguarding the status quo, however unfair it may be. The utopian idea of a unified world that led to the founding of the WHO has given way to a pragmatic realism that is only concerned with safeguarding existing privileges and the power relations that underpin them. This threatens to undermine exactly what politics should be geared to: the rights and entitlements of people, as laid down in human rights and in the WHO constitution.

The risk of securitising global health

Unlike human rights, the concern for security does not embody the idea of universality. Those who claim for security have first and foremost their own security in mind - a security that is bound to certain territories or privileges. Current health-security strategies are not necessarily aiming at protecting the most needy and vulnerable groups. Rather they are designed to protect the better off and their property, thus securing the imperial way of life of some at the expense of others.

Global health is not immune to being instrumentalised for economic and political interests, it is rather shot through with power relations (Labonté & Gagnon 2010), which health-related policies need to explicitly acknowledge. Hence, it would be detrimental to global health if researchers shy away from questioning the dominant health-security discourse vis-à-vis the pandemic or from critically assessing the negative effects of security-driven health policies. In a world gone upside down due to a pandemic outbreak, it would be wrong to reduce global health to the search for medicines, vaccines and health security measures. Rather, it must advocate a health policy that addresses the social, economic, political and environmental causes of dangerous virus infections and all upstream determinants of health.

In a nutshell, Global Health must first and foremost make a strong case for health-in-all policies. This will inevitably clash with powerful players and vested interests, as it touches the core of today's global economy, the prevailing growth model and ultimately the distribution of power. To emerge stronger and more visible from the current COVID-19 crisis, global health has to become more straightforward, more explicit regarding the social determination of health, more critical about the securitisation of health, and ultimately more political.

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