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COVID-19 & Problematics of Global Health Security

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COVID-19 illustrates our fragile and precarious global health security. Global health governance has failed miserably to ensure health security. This study examines the problematics of health security. The findings reveal that the problem lies in the conception of health security. A narrow understanding of the term "security" has been used to define and implement health security at the national and global levels, based on the Westphalian legacy of protecting countries against external public health threats through many emergency measures. Nationalistic and sovereign norms constantly stand in the way of collaboration among states. The problem is primarily interpretation, acceptability, and implementation of the concept. This study recommends that health security be redefined from a human security paradigm. As a second step, revamp the global health governance regime through de-politicization of WHO, constructing a pandemic treaty and making 'health security a priority .

***Keywords*:** COVID-19, human security, health security, WHO, Global Health Governance.

The global approach for responding to pandemics has been a dismal failure. Covid-19 has been so effective that it has shut down entire nations. While countries and even subnational governments fought aggressively over scarce medical commodities, export bans from the government interrupted vital supply networks. So how did we get into this predicament? When it comes to pandemics, how ready were we as a global community? The cholera outbreaks that ravaged Europe in the middle of the nineteenth century marked the beginning of a formal system of international health regulation. However, global governance systems for dealing with epidemics did not develop until the 2002–2003 outbreak of severe acute respiratory syndrome (SARS). Internationally, the World Health Organization (WHO) serves as the nerve center for enforcing the International Health Regulation (IHR 2005), the basic legal framework for controlling public health.

The rapid global spread of SARS resulted in 774 deaths and an estimated $40 billion cost to the world economy, but existing governance mechanisms were found inadequate. Regulation on a global scale used to be relatively limited, but that has changed recently (Hameiri, 2020). They prioritized the management of ports, airports, and other international entry points and mandated that governments keep tabs on a small subset of infectious diseases (Nur, 2021). Consequently, the world community was unprepared for pandemics like COVID-19. So, what

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precisely did COVID-19 reveal? The Covid-19 pandemic has reiterated the concept of human security, which incorporates the approach of health security. The state-centric concept of national security, which prioritizes territorial integrity through military defence, seems to be an unavoidable characteristic of politics, but it failed to ensure human welfare (Malik, 2021).

There is no consensus on the meaning of the word "health security," despite its widespread use and acceptance in academic and policy discourses. The term's multidisciplinary connotations and uses are primary factors. Health and safety are concepts that cut across many disciplines and serve many purposes. The range of relevance extends from the personal to the national to the international. For instance, health security encompasses the broad domain of public health that protects the fundamentals of people's life at the micro level. National and international "health security" typically refers to protecting populations from contagious diseases and bioterrorism, which pose a threat to both countries' security and stability (Aldis, 2008). Furthermore, 'security' is associated with a methodology since it connotes urgency, authority, and the legal implementation of emergency measures (Kempen, 2013).

The COVID-19 pandemic highlights global health governance's 'systematic gaps', which failed to provide health security. This paper has tried to answer why global health governance failed to provide health security in COVID-19? In order to answer this question, this paper is divided into five sections; the first section depicts an image(s) of policy failures and gaps while containing COVID-19. In the next section, By examining the meaning of health security on both the national and international scales, we hope to better understand the causes of policy failures. In the shadow of the state-centric approach, which may be based on nationalism or sovereignty, the concept of health security and other systematic-structural inadequacies may be overlooked. We focus on the human security paradigm, which the United Nations adopted in 1994 to rethink the health security system and fill in the holes we've identified. Lastly, we discuss the problematics of health security while constructing a global health governance regime.

COVID-19 Discourse

An epidemic of 'coronavirus' as a devastating disease appeared to have started in Wuhan, China, in December 2019 (Wu, 2020). Fearing the virus could spread further, Chinese officials first shut down Wuhan and other major towns in the province (BBC, 2020). Initially, neither the other states nor the World Health Organization supported lockdown policies (WHO, 2020; Kalkın, 2021). China's proposed quarantine of 11 million people "is unique in public health history, hence is certainly not a proposal the WHO has made," Dr. Gauden Galea, the WHO's representative in Beijing, emphasized (Reuters, 2020). It was a time of denial, misinformation, and disinformation regarding the infectious disease. Most crucially, world governments lacked knowledge of how to implement policies to combat the spread of the COVID-19 virus (Yousaf, 2022).

There was a political victimization; US accused China of creating the Corona virus in a lab, putting the world's safety in jeopardy. Meanwhile, US state officials and media outlets slandered China's 'locked-city strategy,' referring to it as a 'political virus' (Reuters , 2020). Meanwhile, the fatal virus began spreading to other states as well. Eventually, in March 2020, the WHO declared the Covid-19 outbreak a "global pandemic." (Cucinotta, 2020). The lockdown strategy against the spread of the coronavirus became the international standard, and states persuaded it accordingly - despite the fact that they initially criticised China's lockdown strategy. However, other nations, such as South Korea, have encountered infectious epidemics in the past (particularly SARS). Therefore, they used a highly centralised 'test-trace-isolate' methodology. Germany and South Korea have initiated testing and contact tracing methods. Immediate hospitalisation preserved low mortality rates, and German hospitals remained operational despite

an increase in infection cases. Due to an exclusive policy, health officials utilised a complex network of laboratories and conducted over 500,000 COVID-19 tests per week (Caduff, 2020).

The first country to announce a nationwide lockdown was Italy. Italy's ambiguous model was both terrifying and inspiring. In response to the terrible images of Italy's overcrowded hospitals, many countries have taken similar precautions to prevent the transmission of the coronavirus (Pisano, 2020). States all across the world used a "militarised form" to enact country-wide lockdown policies, deploying huge armies to enforce the restrictions (Sieff, 2020). Experts initially equated Covid-19 to the 1918 influenza pandemic, claiming it was "a virus with equivalent fatality as H1N1 influenza in 1918" (Mineo, 2020). The 1918 epidemic killed more than 50 million people globally (Hagemann, 2020). The frightening part was the scientists' haste in comparing two 'pandemics' and enacting different 'policy' without considering the multiple impacts on citizens.

There have been prior pandemics that have wreaked havoc on the world, with estimates ranging from 2 to 4 million deaths due to the influenza pandemic of 1968 and 1 to 2 million deaths due to the 1957 epidemic. COVID-19 has caused the deaths of 6.26 million individuals worldwide as of writing of this article. Every year, however, the globe witnesses deadly pandemics: 1.3 million people die from tuberculosis, 770,000 people die from HIV infections, and 435,000 people die from malaria (Caduff, 2020). Then, why was the global health system unprepared to deal with pandemics of this magnitude? In fact, we have witnessed such infectious diseases in the recent past in the shape of SARS and COV-1. So which 'policy' is best to contain the infectious diseases? Scientists are still arguing in this regard.

The mathematical modelling of infectious diseases cannot be replaced with epidemiological surveillance, even if done routinely. The infectious disease actuality varies at the ground level. Testing, tracking, and isolating are the most practical techniques to manage an infectious disease outbreak. The infectious disease intervention(s) demands a dynamic, geographically focused, and risk-based strategy that can execute in stages. Another significant issue to consider is that every infectious disease intervention must assess the social, economic and political repercussions of the policy as well as the indirect impacts on health. Issues challenging to diagnose are depression, anxiety, or other mental issues that we have found in COVID-19 lockdowns (Ashcroft, 2021).

The number of people who are impacted by a disease is measured in absolute terms by mathematical models. Yet, absolute figures can never be used to guide policymaking because they only serve to instill fear and panic. Temporarily, lockdown policies safeguard individuals. After the lockdowns have been lifted, there will undoubtedly be an increase in the number of infections. There is no escape from the pandemic, but there is an escape from its response. In early period of COVID-19 in hospitals, N95 masks ran out within one week. How can this be possible? Especially after spending billions of dollars over the past 15 years in the health sector. Personal Protective Equipment (PPE) inventories were insufficient, and production capacity was outsourced. Due to this inefficiency, community health workers, nursing home residents, and hospital employees were all put at danger. All of these further weakened the global health system. This deficiency raises the question of policy failure: what happened to the billions invested on healthcare readiness? What was the final outcome? It is apparent that the global health care system contains systemic-structural flaws.

Identifying Issues of Health Security at State Level

The traditional idea of state is interpreted and operationalized by the military-centric approach to national security, which focuses around the traditional concept of state. The current

health-care system emphasises the importance of protecting sovereignty, economic interests, and state peace from public-health concerns in a systematic manner (King, 2001-2002). Epidemics, pandemics, infectious diseases, and bioterrorism, on the other hand, are (possible) security hazards. As a result, these security threats can wreak havoc on a variety of levels. First and foremost, popular distrust on state institutions may jeopardise the social fabric between citizens and the government. Political instability has worsened economic inequities, particularly in vulnerable regions of the world, as a result of the lack of trust in institutions. Lack of trust starts a vicious cycle that affects governance as well as the operation of institutions, and the ability to address the problem.

The limited state capacity, as per international history, magnified external threats in the form of war (s). In 2001, there was an outbreak of anthrax in the United States. Simultaneously, other infectious diseases such as AIDS, Ebola, and SARS have spread across borders, prompting governments such as the UK, the US, Germany, and France to include identification on their national security objectives and take appropriate preventative measures. The US Global Pathogen Surveillance Act, approved in 2002, followed the Clinton administration's 2001 designation of AIDS/HIV as a priority for national security, and infectious diseases are now recognised as a security threat. In their national security programmes, the majority of states, including the powerful G20 bloc, fail to consider epidemics, pandemics, and infectious illnesses as potential security threats.

Furthermore, Japan's Self-Defence Forces have carried out a "disaster relief" operation to provide logistical and material support in the face of the COVID-19 outbreak. Similarly, in Indonesia and South Africa, the military provided logistical and material support. In addition, military forces in India were deployed as part of 'Operation Namaste,' which supplied logistical, material, and technical support to suppress the virus in response to COVID-19 pandemics. The increased involvement of the 'military' in providing logistical assistance, which resembles a typical war-like effort, could have been an effective method for containing the COVID-19 virus in these states. From a global perspective, however, the strategy is likely to be counterproductive because it could hinder the collaborative effort needed for global public health. It is also crucial to note that infectious diseases do not recognise or differentiate between wealthy and poor countries. So, how can states feel confident about their ability to provide health security to their nationals from ID threats? As long as you don't secure the neighbouring state(s).

Identifying issues of Health Security at the Global Level

Political realism drives the state-centric idea of security on a global scale, and it continues to maintain power. Norm of sovereignty and nationalism dominates in global affairs among states. Following the September 11 terrorist attacks, the world's leaders established the Global Health Security Initiative (GHSI), a loose coalition of states and international organisations. The US, the UK, Canada, France, Germany, Japan, Italy, Mexico, and the European Union, as well as the WHO as an observer, are among the GHSI emissaries. The fundamental purpose of this campaign was to highlight the threat of bioterrorism and how states could strengthen the global health system while combating it. Furthermore, the John Hopkins Centre for Health Security launched the Global Health Security Index to track the health systems of 195 countries.

The initiative's major purpose was to look at health security, and how well states can identify, prevent, and respond to infectious disease outbreaks. The US ranked first, as the most capable nation, while the UK ranked second. Nevertheless, since we now know, the US' performance in regulating Covid-19 through 2020 and 2021 has been among the worst of among developed states (West, 2021). However, the effort was criticized for a variety of reasons. First

and foremost, there is the issue of 'politicisation.' It raises several questions, in addition to its political motivations: who will be in charge of the security plan? Who is going to be safe? And against what are we attempting to defend ourselves? (Nunes, 2014).

Furthermore, pandemics are essentially public health issues, and effectively combating them requires a multi-sectoral, holistic approach. Basic sanitation and fundamental hygiene systems are lacking in developing and underdeveloped countries; in reality, 9.2 percent of the population lives in extreme poverty, and there is no plan in place to address social exclusion (World Bank , 2022). Furthermore, the approach ignores those states that are subjected to harsh sanctions (in terms of political, economic, etc.), even though the world is rife with military conflicts (Syria, Yemen, South Sudan, Libya, Afghanistan) and without resolving such conflicts, how can global health security be accomplished at systematic level?

An Approach to Strengthen Health Security

A human security perspective seeks to ensure that all people are safe from long-term dangers like starvation, sickness, and oppression, as well as from the more immediate dangers posed by disasters and other emergencies. Notwithstanding their differences, human security theory is tied to both human rights and human development (Busumtwi-Sam, 2008). The concentration of 'human security' is on seven security aspects that people need to live in a dignified way to make their lives productive. One of these dimensions is - health security (Alkire, 2003). The customarily practiced idea of health security, in contrast to the human security-driven definition of health security, is solely concerned with infectious diseases. Infectious and non-infectious diseases, as well as communicable and non-communicable syndromes, are all included in this broad category of health risks.

The focus is on multi-sectoral and holistic solutions, such as building the health sector's capacity, ensure universal health coverage, as well as eliminate poverty or induce social marginalisation. Under the guidance of former Pakistani Finance Minister Mahbub-ul-Haq and with strong backing from economist Amartya Sen, the concept of human security was developed at the United Nations Development Programme as part of a holistic paradigm of human development. Global Human Development Report published by the United Nations Development Program in 1994 was the first key international document to express human security in conceptual terms with ideas and action (HDR, 1994). Moreover, the focus on the necessity of governing the international arms trade by preventing weapons from being transferred to potential trouble hotspots and urges under-developed states to redirect large amounts of military resources into human development. Additionally, a focus on the need to develop a global governance framework to manage the global human security threats - derived from social contract.

According to critics, human security was used only as a foreign policy instrument by Japan, Canada, and Norway, not even as a strategy to overcome the internal concerns of specific groups by the locals (Bosold, 2005). Since some critics attribute the ambiguities and limited assimilations of the human security concept to the depth and breadth of the concept's theoretical extensiveness, on the contrary, the adherents of the human security notion interpret the conceptual breadth as a source of virtue because it provides the vibrancy and objectivity that the concept requires (Johns, 2014). The interconnection extends from the individual to the national level and then at the global level. All of this indicates that pursuing a fragmented approach to security will not be sustainable. Like, health insecurity can lead to economic instability and political instability, which can contribute to food insecurity. In addition, the human security concept implies the spatial and geographical interdependence of threats. Those inherently indivisible threats indicate that they cannot manage transnational threats like infectious diseases in isolation (Smith, 1998). Another feature of the human security concept is the emphasis on

collective action; overcoming global problems can only be accomplished through inter-state collaboration. The concept acknowledges the existence of independent states but doubts their ability to ensure human security on a global scale.

Human security as a concept also empowers non-state actors and transnational civil society organizations to address human security challenges on a global scale. The idea of human security places premium on taking a holistic stance. It refers to the core determinants underlying that health security cannot be accomplished and sustained without addressing specific population groups' social and economic marginalization. The significance of public health initiatives in East Asia has recently been highlighted in academic studies. The strengthening of public health emergency preparation systems is based on rising per capita health spending and better healthcare administration. One of the reasons for East Asian nations' relative effectiveness in combating the coronavirus pandemic is that policy (Sainsbury, 2016). Moreover, 'universalism' underpins the concept of human security. Contrary to traditional development paradigms, which place human vulnerability issues in developing states, however, human security as a concept; recognises a variety of human weaknesses in developed countries, particularly in terms of health security. The COVID-19 pandemic has further disclosed several shortcomings of developed states.

Health Security from Implementation to Sustainability

The question of international collaboration is closely tied to the state's sovereignty. Even though infectious diseases cross national borders and demand global cooperation and systemic joint action, however, states use national sovereignty as an excuse to disregard international norms. The worldwide ecosystem is broad and complex, with more than 175 programs, funds, organizations, and contributors. The United Nations has established a Global Health Cluster coordinated by the WHO, with over 900 partners at the state level and 60 partners engaged at the global level. The partners include organizations (both inside and outside the UN), national governments, and civil society logistics (Health Cluster , 2022). In health emergencies, coordination is essential to guarantee that all actors understand their obligations and collaborate without wasting efforts or imposing bureaucratic barriers. However, there has been a lack of synchronization in international operations, extending from the reaction to earthquakes in Haiti and Nepal – to the Ebola pandemic and now towards COVID-19.

The WHO conducted its own investigation into the spread of COVID-19 ahead of the 2020 World Health Assembly at the urging of international health experts. The 'COVID-19: Make it the Last Pandemic Report' was compiled by the Independent Panel for Pandemic Preparation and Response. A team of 13 global health experts, nominally recruited by the WHO but independent of it, compiled the study, released on May 12. As per the findings, 'the COVID-19 pandemic may have been prevented.' The report declared WHO's policies and government responses a 'toxic cocktail'. On January 30, 2020, the WHO labelled the epidemic a 'Public Health Emergency of International Concern,' or PHEIC. Additionally, the report suggests that the government would have regarded COVID-19's threat more immediately if the WHO had declared the outbreak a 'pandemic' sooner. However, the term is not specified in the WHO's protocols for dealing with health emergencies.

Experts in global health have long expressed concern that the WHO's capacity to initiate action is severely limited. Furthermore, it does not have the legal authority to mandate a fair, needs-based redistribution of medical supplies, equipment's, immunizations, and medications during a pandemic, placing people in developing countries at greater risk (United Nations , 2021). Former New Zealand Prime Minister Helen Clark, seated on the panel, noted that having an empowered WHO was "essential." She further proclaimed, 'If travel restrictions had been imposed more quickly, more widely, again that would have been a serious inhibition on the rapid

transmission of the disease, and that remains the same today'. The agency's global health agenda is driven by significant donors who fund it with earmarked monies that account for approximately three-quarters of its total budget. The US, the EU, and the Gates Foundation are influential contributors who influenced the WHO. Margaret Chan, the Director-General of the WHO, asserted that the WHO was not an implementing organization, as it functions across domestic state institutions (Global Policy Forum , 2013).

Furthermore, the health sector is the most corrupt of all government sectors. Corruption diverts not only essential resources intended to promote local and national health but also erodes social cohesiveness and breeds scepticism. Corruption thrives in situations with monopoly power, unfettered authority, lack of accountability, and weak enforcement. As the Haitian crisis revealed, even a significant scale-up of international aid cannot succeed without a coordinated and coherent approach aligned to accomplish the public welfare (Vian, 2008). So, what can be done to ensure global health security? An international framework for global health governance is needed to ensure that the world has a sustainable and resilient health system. It is time for the WHO to be modernised by its most powerful leaders. A World Health Assembly declaration advocating "health for all" was pushed through by "third world" and communist member states in September 1978. The health gap between developed and developing countries was brought to light by the Alma Ata Declaration, which acknowledged health as a human right and socioeconomic concern. Although many affluent countries signed the Declaration, they were wary of redistributive plans. As a result, the United States and other Western European nations reduced their contributions to the World Health Organization. The World Bank's structural adjustment policy redirected the vast majority of international aid money to poorer countries, where it is desperately needed. Governments' contributions to the WHO shifted from mandatory spending to voluntary, project-based aid so that it could achieve its priorities. By the 2000s, donors controlled 80% of WHO's budget. The annual funding for WHO is $5.6 billion. The 2019-20 health budget for Australia's federal government was $120 billion (Hameiri, 2020).

The second phase involves the international community securing long-term financial support. Without appropriate financing, it is much harder to detect and respond to biological threats, help countries construct their national capacities to respond to crises, fund research and development of novel therapies, and implement quick responses. The establishment of a financial intermediary fund necessitates both public and private money. Equity in health care provision needs to be prioritized. COVID-19 is one factor that has exacerbated existing inequalities around the world. The top priority should be developing a global health care system that will ensure the well-being of all people. Preventing the global spread of SARS-CoV-2, which does not care about national borders, is of paramount importance for every nation.

Conclusion

The COVID-19 outbreak has spotlighted inadequacies in our current state-centric approach to health security. The prevailing 'global health governance regime' cannot respond adequately during the COVID-19 pandemic. The necessity of the hour is to switch the lenses. Such a crisis necessitates a reframing of health security in a holistic way. The concept 'holistic' is too broad to explain and implement owing to the strings attached in the form of 'structure' and 'methodology.' In this research, we looked into specific aspects of the human security paradigm that are relevant to health security and have larger implications. Health security as a concept is best suited to giving global health security the "methodology and structure" it needs from a human security standpoint. As states adopted the health security approach within the context of the UN's 1994 human security theory, but failed miserably to implement it as policy, this technique seeks to apply the health security approach at the state, and global levels. However, the problematics of global health security are undeniable. Because that narratives and policies on a

global scale are typically the product of power dynamics, the "politicization of WHO" is a significant challenge. The assertion of state sovereignty justifies disregarding international rules and posing further hurdles to collaboration, halting the path of sustainable global health governance. However, whether powerful nations' vested interests will prevent genuine reforms remains. We should hold our political leaders answerable if this historic period passes with just lukewarm improvements. The position of urgency is a 'global health security governance regime' – demanding a harmonious policy to combat future health issues by surrendering the state's sovereignty in the context of health.

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