Research Idea

Analysing Global Health Security: A Human Security Approach

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Abstract: Over the past few years, developing countries such as India adopted a more formalized approach to draft and implement health policy at the national level. This paper aims to demonstrate how the human security approach to health policy helps transform the formal strategies of policymaking to include other variables like food security, environment, or political will, in order to make global health policies more holistic and encompassing in nature. The paper advocates for a multi-pronged approach to policymaking as a language of comparative research and reflection on health care and health policy. It attempts to resolve the broad discrepancy between promise and performance of global health policymaking and posits a regional perspective to make policymaking more equitable concerning contagious diseases like Tuberculosis.

Introduction

Globalization exposed states to contemporary challenges and altered how recent challenges touch their values or interests, whereas immeasurably enhancing their capability to respond. Potential threats to peace and security do not solely emanate from international war, weapons of mass destruction, or armed conflict, but also environmental degradation, outbreaks of infectious diseases, and acute poverty. Prime examples of this include pandemics (HIV/AIDS and now COVID-19). It is for this reason that "independent commission similar to the Brandt Commission, the Bruntland Commission, and, later, the Commission on International Governance, helped shift the main target of security analysis from the national and state security to security for the people" (Acharya, 2001, p. 444).

The emphasis was on maintaining national territorial integrity with external military aggression until the end of the Cold War. Events such as the Middle Eastern oil crisis, the environmental deterioration of the 1980s, and the publication of Boutros Ghali's report in 1992 helped broaden the spectrum of security studies. The focus became to "break the fetters of strife and warfare and help build peace and stability" beyond military challenges such as unregulated population growth, disease, and poverty (Boutros-Ghali, 1992, pp. 202-203).

Health security forms an essential dimension of human security as it "is both essential and instrumental to human survival, livelihood, and dignity" (Human Security Unit, 2013, p. 27). Given the current climate, the COVID19 pandemic scourging the world has made it evident that people's lives are at greater risk from diseases than from warfare, terrorist activities, or any other violent activities. Therefore, the post-Cold War world marked the advent of securitization of certain infectious diseases that were perceived as threats to the world. According to Fidler, the scholarship of global health governance prioritizes certain infectious diseases that are thought to be of strategic importance to the national security of the west (Pereira, 2008).

This paper aims to analyse global health security through the lens of the human security approach. The paper is structured into four elements. The primary section reviews the event of health security with

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special relevance to the securitization of infectious diseases. The second section evaluates health security issues within the globalized world. The analysis seeks to grasp the multi-dimensional role of health within the post-Cold War world and the way there has been a shift focus from the 'nature' to the 'subject' of health threats. The third section enumerates the existent discrepancy in international health policies by drawing attention to India's major health security problem-tuberculosis. Finally, the conclusion emphasizes the importance of global health security in encompassing human security values in global health agendas rather than perpetuating slender national security views of the west.

The Traditional Concept of Health Security

Traditionally, health discoveries were merely made to protect the armies, and in the course of efforts, to benefit the rest of the population. For example, remarkable discoveries that were made during the 20th century, tracing the established history of diseases like malaria and yellow fever, were fundamentally studied to protect the military forces. Therefore, the Second World War provided the political impetus to mass-produce penicillin (Rothschild, 1995). The association of diseases with warfare runs parallel with the traditional concept of security, that is, armed protection of a state's borders and interests (Cecchine and Moore, 2006). Whereas newer concepts include the recognition of the inherent benefit of health, "health itself is a power, a fundamental capacity for the development or maintenance of all other capacities" (Berlinguer, 2003, p. 57). According to Howson et al. (1998), states must acknowledge and recognize that investment in health can radically improve the health of a state's population and advance its economy. In 1994, the UN Development Programme recognized the transition "from nuclear security to human security," and emphasized, "hunger, disease, and repression" making security more people-centred and universal[9] (Human Development Report, 1994, p. 23). Shortly thereafter, the UN Secretary-general gave formal voice to a development that had been more than a decade in the making, calling for a considerable breakthrough that entailed going beyond the security of territorial integrity and focusing more on the security of people, jobs, and communities (Cecchine and Moore, 2006).

The Evolution of the Concept of "Microbiapolitik"

The wide array of the literature reveals that securitization of infectious diseases has been simply a case of considering the implications of this threat for military security rather than the general security of individual people. To describe this phenomenon the American Professor of Law, David P. Fidler, coined the term *microbialpolitik* (Hough, 2004).

This concept of *microbialpolitik* dates back to nineteenth-century Europe, when trade was prevalent between Europe and the rest of the world. However, with an increased level of infectious disease spread, securitization of disease as an exogenous threat gained momentum and it led to the formulation of internationally recognized health policies (Cecchine and Moore, 2006). For instance, the European endeavour to contain the spread of endemics from India to Europe makes health security issues aligned with territorial integrity. Even though international discourse was not strictly framed in terms of national security, colonial decisions on epidemic disease policy were essentially security decisions. Later after the

[9] 2005 World Summit hosted by the UN, heads of states and governments defined human security as "the right of people to live in freedom and dignity, free from poverty and despair". Currently, the UN in collaboration with Commission on Human Security urges governments, non-profit organizations, and private sectors to help strategize methods that will help people to become resilient in difficult circumstances. They offer financial support, food, rations, medical aid in places that require such assistance.

Second World War and with the establishment of the World Health Organisation (WHO) in 1948, the WHO's 'Health for All' initiative came to the forefront in the 1970s (Williams, 2008). The reigning perception of infectious diseases being conquered due to the discovery of antibiotics started making international news headlines (Williams, 2008). A plethora of events like the eradication of smallpox prompted the declaration by the US Surgeon General that communicable diseases have been conquered, at least for the West (Williams, 2008). However, this was not the case in other parts of the world where living conditions and levels of poverty were much worse. Besides, such a turn of events altered the concern of the global health agenda that then gave health a developmental connotation than security (Williams, 2008).

Resurgence of Securitization of Diseases

The late 1990s witnessed the resurgence of the securitization process of diseases, and this occurrence was prompted due to certain factors. The most important event was the declaration by the WHO's Director-General Brundtland that global public health cannot be divorced of broader political or social activities and thereby emphasized on developing the concept of Global Health Security (Williams, 2008). The second important individual who contributed to the emergence of health on the security agenda concerning the spread of infectious disease, the HIV/AIDS pandemic and bioterrorism is Richard Holbrooke (Williams, 2008). What prompted the concern to establish a close link between public health and national security was the 9/11 attack and mailing of anthrax spores in the USA later that year. While assessing the risks to the USA, the CIA concluded that potential terrorist attacks using biological weapons pose a major threat to the country (Priest, 2005).

The end of the Cold War, the advent of globalization, coupled with the neo-liberal model has brought about an alteration in nature rather than in the subject of threats (Pereira 2008). Giddens (1995, 38) termed these "new threats" in the Western societies that threatened their middle-class lifestyle as Western "ontological security". He described it as the "dark side" of globalization; drawing from what the German sociologist Ulrich Beck has called "risk society" (Giddens 1995; Beck 1992, p. 22).

There are certain diseases like Tuberculosis (TB) that the West was successful in eradicating. Globally, TB remains a serious contagious disease threat. The rates of TB infection in some regions of the world are several orders of magnitude greater than those in the developed world. According to a report by WHO (2019), TB is the ninth leading cause of death worldwide and is caused by a single contagious agent. The report claims that TB kills more than Malaria, Ebola, and HIV/AIDS combined and currently ranks above HIV/AIDS. According to WHO (2019), 45% of TB cases are estimated in the Southeast Asian Region, and globally the problem of drug-resistant TB poses a greater threat to humankind. Security perspectives of the West, and not public health initiatives aimed at guarding the population's health, dominate the existent discrepancy in disease representation in the global health security podium.

Tuberculosis as a Health Security Problem in India

TB is a highly contagious disease that claims the lives of 2 million people each year (Srivastava et al., 2012). According to the WHO (2019), if regulation is not improved, almost 1 billion people will be newly infected, 200 million will get sick, and 35 million will die from tuberculosis between 2000 and 2022. According to the WHO (2019), the majority of tuberculosis patients live in developing

countries, especially in Southeast Asia[10]. TB causes the death of 5,000 people daily and, on average, accounts for the death of 220,000 people every year in India (Srivastava et al., 2012). According to statistical reports, 40% of the Indian population remains contracted with TB and the most affected group is the economically productive group ranging between years 15-44. They form about 47% of death caused by TB (Srivastava et al., 2012).

The realization that TB has formed a fatal alliance with several other infectious diseases, including malaria, HIV/AIDS, and now COVID-19, is an alarming phenomenon. The COVID-19 virus, according to the WHO, destroys the body's natural defences, including the immune system, which accelerates the progression of TB from a harmless condition to a life-threatening disease (Iyengar and Jain, 2020). TB is now the opportunistic infection that kills people with any infectious or contagious disease the most frequently (Iyengar and Jain, 2020).

Conclusion

What is crucial here is to acknowledge that we live in a globalized world in which there are no barriers to diseases. Drug-resistant TB patients account for almost half of all patients in countries such as Canada, the United States of America, Denmark, and Germany (Aginam, 2005). As a result, TB, which is a public health concern in India, will soon affect the rest of the world. Financial corporations have long dominated national policies in a wide range of nations, particularly developing countries in the Global South. International organizations such as the World Health Organization (WHO), the World Bank, and the World Trade Organization (WTO) exercise jurisdiction over essential areas like health care and research (Baru, 2006). They affect social sector capital funding, meaning that services with a higher curative content are prioritized. Rather than focusing on public health and prevention programs the emphasis now is on facilitating sponsorship of curative and drug-based programs (Baru, 2006). They have not only followed this approach through the WHO, but they also worked to raise policy visibility in areas where the pharmaceutical industry has a larger stake. As a result, India is now more focused on Research and Development (R&D) technical advancement and other challenges rather than issues that help control disease prevalence (Baru, 2006). A humane approach to public health will encompass issues of malnutrition, poverty, deprivation, food security concerns, disease-related psychological issues, and the political environment. This approach in the global health agenda would aid in the examination of the various variables that influence disease susceptibility and the formulation of effective health policies.

Mutual vulnerability is diametrically opposite to either isolationism or protectionism because it places self-interest squarely within the scope of global wellbeing. The difference between 'us' and 'them', 'their disease' and 'our disease' must become obsolete (Aginam, 2005). What is deemed necessary now is not to constitute parochial foreign policies of isolationism or protectionism based on empty rhetoric but to draft innovative policies of health involving a high degree of international cooperation and political will. This may help shield the global neighbourhood from the 'coming plague' and champion the cause of a collective health future.

[10] Table 1 demonstrates the TB burden across different regions in the world. Tables 2 and 3 depict TB as a severe health security problem in India (includes statistics on the burden of Multidrug-Resistant TB (MDR-TB) and mortality and morbidity rates amongst people (including the vulnerable population consisting of women, children, and HIV co-infected patients).

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Appendix

Table 1: Burden of TB across different regions in the world

Source: WHO 2019

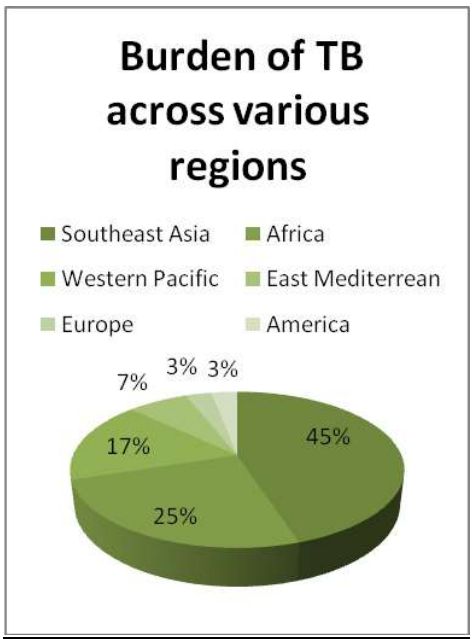

Table 2: Estimate of TB Burden in India (2019)

Source: TBfacts.org

Estimates of TB Burden (WHO 2019)	Number	Rates per population
Incidence of TB cases (includes HIV+TB)	2640 million	193
Incidence of TB cases (HIV+TB) only	71,000	5.2
Incidence MDR/RR TB	124,000	9.1
Mortality Rates (Excludes HIV+TB)	436,000	32
Mortality Rates (HIV+TB) only	9,500	0.69
Proportion of TB cases with MDR-RR TB, New Cases or Newly Treated Cases	2.8%/14%	

Table 3: TB Cases Notification 2019 India

Source: TBfacts.org

Total new and relapse cases	2,162,323
% tested with rapid diagnostics at time of diagnosis	17%
% with known HIV status	80%
% pulmonary	78%
% bacteriologically confirmed	57%
% children aged 0-14 years	7%
% women	34%
% men	59%
Total Cases Notified	2,404,815