

Dimensions of Health Security—A Conceptual Analysis

Preslava Stoeva

Discussions of the politics and practicalities of confronting health security challenges—from infectious disease outbreaks to antimicrobial resistance and the silent epidemic of noncommunicable diseases—hinge on the conceptualization of health security. There is no consensus among analysts about the specific parameters of health security. This inhibits comparative evaluation and critique, and affects the consistency of advice for policymakers. This article aims to contribute to debates about the meaning and scope of health security by applying Baldwin’s (1997) framework for conceptualizing security with a view to propose an alternative framing. Asking Baldwin’s concept-defining questions of the health security literature highlights how implicit and explicit assumptions currently place health security squarely within a narrow traditionalist analytical framework. Such framing of health security is inaccurate and constraining, as demonstrated by practice and empirical observations. Alternative approaches to security propose that security politics can also be multiactor, cooperative, and ethical, while being conscious of postcolonial and feminist critique in search of sustainable solutions to existential threats to individuals and communities. A broader conceptualization of health security can transform the politics of health security, improving health outcomes beyond acute crises and contribute to broader security studies’ debates.

1. Introduction

Discussions of health security periodically climb up the global political agenda, mostly in response to global health-related concerns and challenges—from public health emergencies of international concern and pandemics, e.g., H1N1, Ebola, Zika, and the 2019 COVID-19 pandemic,^[1–8] to concerns about antimicrobial resistance, defined by the World Health Organisation (WHO) as a fundamental threat to human health, development and security,^[9] and the “silent” noncommunicable disease pandemic.^[10,11] Academic interest in and appetite for health security analysis has not abated either, as indicated by recent “Lancet” contributions.^[5,12–15] The response to the global

COVID-19 pandemic is a stark example of health security politics, despite the pandemic not being currently labeled as a health security concern in political discourse. With high levels of morbidity and mortality globally and a highly contagious pathogen this pandemic is a prime and unprecedented example of a global health security threat. Analyses of the politics and practicalities of confronting health-related threats, of policy options and institutional approaches, however, hinge on the way these challenges are constructed and on the way the dimensions of the concept of health security are charted.

In 2015 Horton and Das noted that there was no simple definition of health security.^[5] Indeed, there has been little consensus among analysts over the meaning and parameters of health security.^[16–19] These disagreements, Aldis argues, have effects beyond analytical debates, as they hinder communications and collaboration on global health initiatives, creating confusion and mistrust among stakeholders.^[18] They also inhibit comparative evaluation, critique of

existing analysis, or the possibility of consistent policy recommendations. Conceptual analyses of the two constitutive parts of health security illustrate the difficulties of coming up with a simple definition and the inherent tensions and contestations in such debates. Given these difficulties, it is argued here that a framework for conceptual analysis of “health security,” instead of a fixed definition, would provide valuable space to evaluate the key features of existing analysis, the explicit and implicit assumptions about the nature and parameters of health security politics underpinning current policy responses, as well as possible alternative conceptualizations and ways of thinking about health security.

Health security politics is a burgeoning and contested field of analysis and practice with the potential to affect security thinking beyond its own parameters. This article aims to contribute to debates both about the scope and meaning of health security and about the scope and meaning of security more broadly. To achieve this, it first presents a brief review of the scope and focus of contemporary conceptual debates of health security; second, it applies Baldwin’s^[20] framework for the concept of security to demonstrate how conservative the current definition of health security is; and thirdly, it proposes an alternative framing with a view to demonstrate the benefits of thinking about health security in broader more inclusive ways, which has the potential to improve global responses to current and future health-related challenges.

Dr. P. Stoeva

Department of Global Health & Development
London School of Hygiene and Tropical Medicine
15-17 Tavistock Place, London WC1H 9SH, UK
E-mail: Preslava.Stoeva@lshtm.ac.uk

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1 **2. Competing Conceptualizations of Health**
2 **Security**
3

4 Conceptualizations of health security emerged over time in
5 response to specific health challenges, political and institu-
6 tional developments.^[21,22] Academic analysis has broadly (with
7 a few exceptions) sought to fit health into mainstream security
8 studies paradigms instead of using health to broaden security
9 debates through reflection on practice and the engagement of
10 emerging security paradigms. There is a notable reliance on
11 the securitization framework promoted by the Copenhagen
12 School^[23] to explain the rise to prominence of health concerns
13 in security politics, but that, it will be argued here has sup-
14 ported, validated, even justified a narrow, privileged view of
15 health security.

16 In his overview of the multiple meanings of health security,
17 McInnes argues that just like “security,” “health security” is
18 “essentially contested” and it is therefore not possible to reach
19 an agreement on the meaning and application of the term.^[19]
20 He observes that the different framings of health security are
21 “not amenable to a single set of agreed criteria” because they
22 have been constructed to serve a particular purpose, are pre-
23 mised on different sets of assumptions, have different uses and
24 privilege diverse interests and agendas.^[19] Such observations,
25 however, default on the need for systematic discussion and
26 critical reflection on the way health security has been concep-
27 tualized, or the interests that such conceptualization might be
28 serving.

29 The following brief review of the most common health secu-
30 rity conceptualizations in historic context highlights the lim-
31 ited engagement with existing specialist knowledge both from
32 across the spectrum of security studies paradigms including
33 critical security studies, postcolonial and feminist approaches,
34 with specialist knowledge of foreign policy, foreign policy
35 analysis, governance, and global health governance or with
36 key developments in practice. The failure to engage with the
37 broader spectrum of existing knowledge constrains the diver-
38 sity of discussions, interdisciplinary dialog and learning, as well
39 as the possibility of progressive policy impact.

42 **2.1. Health Security as a National Security and a Foreign**
43 **Policy Issue**
44

45 Links between national security and infectious disease out-
46 breaks were initially identified by US analysts in the mid to
47 late 1990s.^[24–29] The promotion of health in developing coun-
48 tries was included in US National Security Strategies (NSS) in
49 1994–1996.^[30–32] Infectious diseases were described as a signifi-
50 cant challenge in low and middle-income countries, contrib-
51 uting to a slowdown in economic growth. The 1999 US “NSS
52 A National Security Strategy for a New Century” was the first
53 such document to state that health problems “can undermine
54 the welfare of US citizens, and compromise our national secu-
55 rity, economic and humanitarian interests abroad for gener-
56 ations.”^[33] Health issues of particular interest to the United
57 States included food-borne diseases from imported foodstuffs,
58 new and emerging infectious diseases and HIV/AIDS. The
59 Bush administration re-iterated concerns about the threats

posed by biological weapons and pandemic health threats but
did not prioritize health-related security as much.^[34] Considera-
tions about national and global health made their way back into
the US NSS in 2010 and 2015 under the Obama administration.
Pandemic disease was considered a threat to “the security of
regions and the health and safety of the American people.”^[35]

The first UK National Security Strategy published in 2008
claimed it was premised on a broader conceptualization of
national security that included “threats to individual citizens
and to our way of life, as well as to the integrity and inter-
ests of the state”^[36] and listed infectious diseases (particularly
the threat of a global influenza pandemic) and bioterrorism
as national security concerns. The 2010 UK National Security
Strategy defined the risk of a severe influenza pandemic as
one of the top three civil emergencies risks.^[37] While the quali-
fication “broader conceptualization” is intended to refer to a
move away from concerns of defense and military security, the
narrow focus on bioterrorism and communicable disease is
symptomatic of traditional, state-centric thinking about security
from acute threats originating outside of it.

Fidler (2003) provides detailed analysis of the practical ways
in which the linkages between public health and national secu-
rity have emerged. He concludes that the realpolitik perspec-
tive on national security is driving the development of the con-
cept of public health security in the United States despite three
other possible formulations—common, human and ecological
security.^[38] Rushton (2011) also observes that health security
continues to be framed in narrow traditional terms as national
security and underpinned by particular concerns of interest to
rich industrialized states, which shape a narrow discourse that
largely disregards the needs of the Global South.^[39] McInnes
adds that “health issues are not identified as national security
risks by reference to an explicit set of criteria but rather have
arisen in an ad hoc manner and been agreed to intersubjec-
tively by key national and international actors.”^[19] These ob-
servations inadvertently contribute to normalizing dominant
political discourses about the paramount nature of the national
interest, the centrality of the interests of powerful states and the
relevance of only acute health threats to security thinking.

National security is often considered the key objective of for-
eign policy. HIV/AIDS was framed as a foreign policy problem
by the Clinton Administration’s Interagency working group on
emerging and re-emerging infectious diseases’ report “Infec-
tious Disease: A Global Health Threat,” and the National Intel-
ligence Council’s report “The Global Infectious Disease Threat
and its Implications for the United States.” Fidler’s analysis,
however, mistook US’ foreign policy focus on emerging and re-
emerging communicable diseases and bioterrorism for a global
trend and a normative shift, claiming that health had achieved
“pre-eminent political value for 21st century humanity.”^[40] Kick-
busch (2002) argued that the US had shaped the international
agenda to fit in with its national interests and priorities and in
doing so had preferenced a “unilateral hegemonic approach”
to multilateral cooperation.^[41] The implications of US leader-
ship in shaping the international health security agenda remain
understudied, and yet critically relevant to what is included and
excluded from that agenda.

The political recognition of health issues as a matter of
foreign policy by other states was marked by the 2007 Oslo

1 Ministerial Declaration on global health and foreign policy
2 (Ministers of Foreign Affairs of Brazil, France, Indonesia,
3 Norway, Senegal, South Africa, and Thailand, 2007) and the
4 adoption of UN General Assembly resolution 63/33, which
5 “recognizes the close relationship between foreign policy and
6 global health and their interdependence and... urges member
7 states to consider health issues in the formulation of foreign
8 policy.”^[42] The reason given for linking health policy with fore-
9 ign policy at the international level was that health problems
10 of global magnitude were deemed to require cooperative solu-
11 tions. The international community continues to struggle,
12 however, to find such cooperative state-led solutions, as illus-
13 trated by the response to the Ebola crisis^[43] and by the current
14 response to the COVID-19 pandemic, which has broadly been
15 marked by states leading individual responses. Considering the
16 inclusion of health issues on states’ foreign policy agendas as
17 novelty, of course, ignores a long tradition of state cooperation
18 dating back at least to the 19th century.^[44]

19 The analysis of health concerns as issues of national security
20 and foreign policy suffers from some prominent shortcomings.
21 Discussions of foreign policy and health make virtually no refer-
22 ence to analytical frameworks from the field of foreign policy
23 and foreign policy analysis, failing to draw on its methodolo-
24 gies, paradigms and empirical knowledge. In other words, the
25 presence of health on foreign policy agendas and its construc-
26 tion as a threat to national security is observed in practice, but
27 not sufficiently interrogated in analytical terms. Furthermore,
28 studies often assume generalizability beyond one state (most
29 commonly the USA), which has skewed analysis and aligned
30 it almost exclusively with dominant paradigms of great-power
31 politics, failing to reflect on how health features in the foreign
32 policy agendas of a broader spectrum of states.

33 **2.2. Health as an International Security Concern**

34
35
36 Health concerns have been conceptualized as international
37 security challenges in a number of high-level policy pronounce-
38 ments. In her role as Director General of the World Health
39 Organisation (WHO), Gro Harlem Brundtland argued that
40 health was an underlying determinant of development, secu-
41 rity, and global stability and that in an interdependent world
42 the functional separation between domestic and international
43 health policy lost its meaning.^[45] Brundtland advocated inter-
44 national cooperation in addressing health-related global threats
45 because “[a] world where a billion people are deprived, inse-
46 cure and vulnerable, is an unsafe world.”^[45] These observa-
47 tions are poignantly relevant 17 years on in the fight against the
48 COVID-19 pandemic.

49
50 Further recognition of health issues as “threats to interna-
51 tional peace and security” is evident in UN Security Council
52 resolutions. Security Council Resolution 1308 (2000) acknowl-
53 edged the growing impact of the HIV/AIDS pandemic in Africa
54 on social instability and emergency situations, and stressed that
55 if left unchecked, it “may pose a risk to stability and security.”^[46]
56 This historic resolution was followed by two others—Resolution
57 1983 (2011) and 2177 (2014) respectively on HIV/AIDS and
58 Ebola. The EU Security Strategy (2003) is another example
59 of framing health as an international security threat. It links

infectious diseases to poverty, economic failure, political prob- 1
lems and ultimately violent conflict,^[47] and also notes the threat 2
posed by the potential rapid spread of new diseases and the 3
devastation caused by the HIV/AIDS pandemic. 4

5 The concept of international security has been discussed
6 almost in passing in the security literature by Buzan (1991),
7 describing it as focused “on the sources and causes of threats,
8 [with its]... purpose being not to block or offset the threats,
9 but to reduce or eliminate them by political action.”^[48] This
10 definition is in contrast to his discussion of national security,
11 which focuses on “reducing the vulnerabilities of the state... by
12 increasing self-reliance, or by building countervailing forces
13 to deal with specific threats.”^[48] The concept of ‘world secu-
14 rity’ is in the words of Ken Booth “more encompassing than
15 the notion of international security... [including] the structures
16 and processes within human society... that work toward the
17 reduction of the threats and risks that determine individual
18 and group lives.”^[49] Both concepts—of international and world
19 security—are very relevant to thinking about mechanisms
20 to reduce health insecurity, but are rarely used by analysts to
21 frame interrogations of the nature, scope and focus of health
22 security politics. It is curious that there has been so little con-
23 ceptual analysis of these political statements pronouncing
24 health as a global/international security concern. 25
26

27 **2.3. Health Security as Human Security**

28
29 Health security as an aspect of human security has received the
30 least attention in the health security literature. Health is one
31 of the seven areas identified by UNDP’s “Human Development
32 Report” (1994) as pertinent to human security. Much contem-
33 porary analysis, however, focuses on the mechanisms through
34 which health affects human security, and not on the political
35 or policy implications of promoting and pursuing human secu-
36 rity, or indeed on what such health security policy might look
37 like. Health as a human security issue is broadly defined and
38 premised on WHO’s definition of health as “a state of com-
39 plete physical, mental, and social well-being and not merely
40 the absence of disease or infirmity.”^[50] This in turn means a
41 broader view of the range of relevant health threats—going
42 beyond communicable diseases and bioterrorism, to include
43 for example noncommunicable diseases, neglected tropical dis-
44 eases; as well as considerations about the social determinants
45 of health. This view considers “the many other health chal-
46 lenges faced by more vulnerable groups who are amongst those
47 most affected by the burden of disease.”^[51] Proponents of this
48 approach further note that health threats are experienced most
49 acutely by marginalized groups and communities and that
50 gains in health anywhere in the world benefit everyone every-
51 where.^[52] Takemi et al. argue that a human security approach
52 can contribute to improvements in health because it focuses
53 on the needs of communities, recognizes people’s vulner-
54 abilities and strengthens the interface between protection and
55 empowerment.^[53]

56 Critics have argued that human security does not have suffi-
57 cient political traction,^[19,39] building on critiques of the concept
58 as being too broad to serve as a guide for academic research
59 or governmental policy making.^[54] While the term “human 59

1 security” might have lost political traction, however, the value
2 of promoting human-centered security is deeply embedded in
3 existing human rights norms and humanitarian law, as well as
4 doctrines such as the responsibility to protect. This calls for fur-
5 ther substantive analysis of the positioning of health security in
6 a broader normative and political context. As the Commission
7 on Human Security has suggested individual and state security
8 need to be considered as complementary—an avenue for anal-
9 ysis that remains largely unexplored.^[52]

10 All the different framings above share a conscious or an
11 unconscious drive to embed public health concerns into
12 existing frameworks for thinking about security. As Barkawi
13 and Laffey posit, however, “security relations today [sic] are
14 about the contradictions between old security logics and new
15 security problematics.”^[55] Health security politics provide an
16 accurate illustration of these tensions between understandings
17 of security as a zero-sum game between great powers and the
18 everyday realities of challenges posed by disease and ill-health,
19 affecting the life and well-being many across the world. These
20 tensions, however, cannot be reconciled by the old security the-
21 ories, premised on old security logics, because they are partly
22 the cause of the problem.

23 Analysis, instead, needs to draw on practice and emerging
24 security paradigms. New frameworks for analyzing security
25 politics include, but are not limited to cooperative security,^[56–60]
26 multiactor approaches to security politics,^[61,62] ethical security
27 studies.^[63] These are particularly relevant to analyzing health
28 security politics, which, as will be discussed, include complex
29 interactions between public and private actors, aim to address
30 issues that transcend national borders, and affect individuals
31 and groups more acutely than states. A synthesis between alter-
32 native security approaches and empirical insight would provide
33 a solid foundation for a more pragmatic understanding of how
34 the political realms of health and security intersect and indeed
35 interact.

37 38 39 **3. The Concept of Health Security**

40 Conceptual clarity is key in situating analysis, generating
41 comparable findings, and facilitating understanding of com-
42 monality and diversity, argues Baldwin.^[20] It is the first step in
43 facilitating meaningful scholarly engagement and the develop-
44 ment of policy proposals that are “comparable with each other
45 and with the policies of pursuing other goals” and can easily be
46 evaluated by end users.^[20] The questions that define the concept
47 of security are: “Security for whom? Security for which values?
48 How much security? From what threats? By what means? At
49 what cost?”^[20] This framework is applied here with a view to
50 highlighting implicit and explicit assumptions made about
51 the nature and scope of health security politics in the existing
52 literature.

53 Some of the questions from Baldwin’s framework have been
54 used to frame discussions of health security already in two
55 influential works by Simon Rushton—“Global Health Security:
56 Security for Whom? Security from What?”^[39] and Security and
57 Public Health.^[64] There are two main issues with these works—
58 first, Rushton’s analysis, as will be discussed below, is cautious
59 and does not push conceptual boundaries far enough to explore

the outer limits of health security; and secondly, these works
only partially engage with Baldwin’s framework, meaning that
Rushton’s analysis does not give us a 360° view of the impli-
cations of assumptions made in relation to each aspect of the
concept of health security.

8 9 **3.1. Security for Whom?**

10 Mainstream theories of International Relations (IR) and secu-
11 rity studies assume the state as the main referent object of
12 security.^[65] Current health security analysis is also predomi-
13 nantly premised on this assumption. While some studies assert
14 it explicitly,^[39,66,67] most do so implicitly by either discussing
15 security only in relation to health threats that challenge states’
16 strategic interests,^[29,68,69] or by examining health as a foreign
17 policy or national security concern, both of which are by defini-
18 tion state-centric.^[28,38,40,70] The main consequence of focusing
19 on the state as the sole referent object of security is that only
20 a narrow set of health problems, which are perceived to cause
21 acute state instability, state failure or destabilize other interstate
22 relations, qualify as relevant security challenges, while many
23 others remain ignored, excluded, and understudied.

24 Direct threats to state security are perceived to emanate
25 from diseases that cause large-scale morbidity and mortality,
26 cross national borders and affect populations, rather than just
27 individuals.^[71] It has been argued that such diseases are desta-
28 bilizing for states only in extreme circumstances—by affecting
29 the health status of military personnel or peacekeepers,^[69] by
30 undermining state structures and political stability, by exacer-
31 bating existing political instability, or by impacting the labor
32 force and the economy, and reversing years of economic devel-
33 opment.^[72–74] Even in these situations, however, the impact of
34 ill-health would be most acutely felt by individuals and com-
35 munities. Diseases (both communicable and noncommuni-
36 cable) pose an existential threat to individuals, affecting their
37 own and their families’ sense of daily security, stability, predict-
38 ability, well-being, economic, and development prospects, in
39 a way that cannot be experienced at state-level. What is more,
40 ill-health is the most relevant existential threat to people with
41 9 out of the top 10 causes of death worldwide being health-
42 related,^[75,76] which makes a strong argument for promoting
43 human-centered security. Baldwin argues that conceptually, and
44 for purposes of specifying the concept of security, individuals,
45 states, the international community can all be considered rel-
46 evant referent objects of security.^[20] But while such analysis is
47 central to gaining a more accurate and nuanced understanding
48 of dynamic and evolving security problematics globally, existing
49 security, and international relations paradigms are poorly
50 equipped for such multiscalar analysis.

52 53 54 **3.2. Security for Which Values?**

55 Traditional IR theories consider the preservation of the sov-
56 ereignty, autonomy, and territorial integrity of states as core
57 values to be secured.^[77–79] The *raison d’être* of the state is to pro-
58 tect itself from external invasion or transgression, they argue,
59 and it is only by ensuring its own security that the state is able

1 to guarantee the security of its people. Baldwin argues that in
2 practice, other values are sometimes added to the national secu-
3 rity agenda and that the values, which are being pursued by
4 security politics ought to be clearly specified, so as to assist ana-
5 lysts in evaluating their relative importance and resource needs
6 in comparison with other policy objectives.^[20] Importantly,
7 Baldwin further argues against specifying security objectives
8 in absolute terms, because absolute security is unattainable,
9 which justifies his next question about the degree of security
10 sought in a particular issue area.

11 Political and normative developments in international poli-
12 tics demonstrate that the spectrum of values that states have
13 agreed to secure is growing. This is illustrated by the emer-
14 gence of concepts such as human development,^[80] human
15 security,^[81] responsibility to protect.^[82–84] Increasing attention
16 has been paid to the protection of civilians in inter-state con-
17 flicts through the growing body of international humanitarian
18 law. States have further committed to seeking individual crim-
19 inal responsibility for acts of genocide, war crimes and crimes
20 against humanity by accepting the jurisdiction of the Interna-
21 tional Criminal Court and thus offering further protection for
22 people from the exigencies of uncontrolled power.^[83] The influ-
23 ence that these norms and values are having on security policy
24 is understudied by both traditional and critical security studies.
25 These norms demonstrate a shift in values toward securing and
26 protecting individual life and population well-being, alongside
27 traditional state security.

28 Most analyses of health security do not engage in depth
29 either with this evolving international normative context or
30 with security studies paradigms that are more human-centered.
31 Health security studies struggle to effectively reconcile the
32 values pursued by public health—i.e., the protection and pro-
33 motion of the health of communities and traditional security
34 studies—identified as existential threats to states.^[16] The values
35 to be secured according to this literature, therefore, continue to
36 be the stability and integrity of states—by means of preventing
37 internal instability and state vulnerability that may be caused by
38 high morbidity and mortality, and external instability caused by
39 state failure and conflict. Since assumptions about what values
40 ought to be secured are implicit in the health security literature,
41 the implications of these choices for security policy have not
42 been sufficiently evaluated.

43 44 45 **3.3. How Much Security?**

46 At first glance, this question might appear futile and its answer
47 obvious—surely, more security is always better. Baldwin clar-
48 ifies its significance—“[i]n a world in which scarce resources
49 must be allocated among competing objectives, none of
50 which is completely attainable, one cannot escape from the
51 question ‘How much is enough?’ and one should not try.”^[20]
52 Morgenthau sets out the realist position on this question: “all
53 nations must allocate their scarce resources as rationally as pos-
54 sible” to guarantee national survival.^[85] Offensive and defensive
55 neorealists agree, but disagree on whether state security is best
56 achieved through gaining the “appropriate amount of power”^[78]
57 or through the maximization of power relative to other states.^[86]
58 In practice, increasing spending on the pursuit of some values

1 invariably means reducing spending on the pursuit of others. 1
2 In a world where most states are not “great powers,” the scope 2
3 of security politics is richer and much more nuanced than pre- 3
4 sented by IR theories. 4

5 The question of “how much security” has not been 5
6 addressed at great length in the health security literature. The 6
7 literature has broadly operated on the assumption that should 7
8 health-related issues be “securitized” successfully, they will get 8
9 the resources needed, which is in line with traditional secu- 9
10 rity thinking on the issue. The scale of resources committed 10
11 to addressing health crises, however, has so far been decided 11
12 on an ad hoc basis, primarily by donors (public or private), and 12
13 has often reflected the perceived proximity or scale of a health 13
14 threat to national security as argued by Rushton.^[64] Thus, for 14
15 example, a recent round of replenishment for the Global Fund 15
16 to fight HIV/AIDS, Tuberculosis and Malaria saw donors pledge 16
17 nearly \$13 billion.^[87] These diseases carry a similar burden of 17
18 morbidity and mortality as some noncommunicable diseases, 18
19 which have not received nowhere near as much funding.^[10,88–92] 19
20 Nuclear defense spending in the UK and US, for example, far 20
21 outweighs pandemic-preparedness spending, as highlighted 21
22 by the current coronavirus pandemic. Further analysis of the 22
23 theory and practice of framing health security challenges is 23
24 therefore urgently needed, with attention drawn specifically to 24
25 existential threats facing individuals and communities. 25
26 27

28 **3.4. From What Threats?**

29 Threats to security are traditionally defined as being external to 30
31 the state, predetermined by the anarchic structure of the inter- 31
32 national system, and military in nature.^[78] The sharp decline in 32
33 violent interstate conflicts and conflict-related deaths, however, 33
34 as noted by the Human Security Report Project,^[93] threatens to 34
35 deprive these studies of an object. Does this mean, then that 35
36 states and people are secure? One could hardly say so. With the 36
37 majority of conflicts taking place within states and involving at 37
38 least one nonstate armed group,^[94,95] (with the intensification 38
39 of violence against civilians, increasing intractability of con- 39
40 flicts and the spread of violent conflict to middle-income coun- 40
41 tries (Iraq, Syria, Ukraine), assumptions about the nature and 41
42 causes of conflict are continuously being challenged.^[95] The 42
43 human cost of these conflicts is currently born extensively by 43
44 civilians.^[96] In addition to conflict, people across the world lead 44
45 daily battles for survival against disease, poverty, malnutrition, 45
46 environmental degradation, climate change, lack of access to 46
47 clean water, safe food, basic health services, against political 47
48 oppression, gender-based violence, and so on. In this context, 48
49 Baldwin’s argument that there is no reason to limit the con- 49
50 cept of security to narrow, vague references at the expense of 50
51 referring to practical threats that are comported with common 51
52 usage,^[20] is particularly relevant. 52

53 The health security literature has broadly kept in line with 53
54 traditional security approaches on this question as well, by 54
55 focusing analysis primarily on issues with a crossborder impact 55
56 on national security, which has led to an overall narrow focus 56
57 on health-related causes of insecurity—namely, emerging 57
58 and re-emerging infectious diseases (ERIDs) and bioter- 58
59 rorism.^[21,64,97,98] Some scholars have acknowledged that this 59

1 focus is too narrow, proposing the inclusion of other issues
2 such as internal state instability and illicit activities and an
3 increased engagement of health security with public health
4 and not just with the concerns raised by the foreign policy and
5 security communities.^[66] This, however, is only a marginal
6 broadening of the agenda, which fails to engage with two central
7 questions—the protection of individuals and communities
8 from danger, hazard and risk; and the much more complex
9 question of whether security policy is just about negative secu-
10 rity “security from” or whether consideration should be given to
11 positive security as “security to.”^[99] McSweeney also talks about
12 the importance of considering “structural” threats, namely, the
13 unintended consequences of social action^[99] – the structure of
14 the global economy, the pattern of power relations and depend-
15 encies within it, the profound influence of the food, tobacco
16 and alcohol industry on government policy, gender inequality,
17 levels of relative and absolute poverty, income inequality, etc.
18 This is not to say that the health security literature is not cog-
19 nizant of these, just that they have not been explored system-
20 atically and in sufficient depth, because too much attention has
21 often been focused on dealing with acute threats.

22
23

24 3.5. By What Means?

25

26 Sovereignty grants states legitimate monopoly over the use
27 of violence. Employing the sovereign authority of states to
28 respond to security problems is usually synonymous with the
29 threat or use of military force or other types of coercive action.
30 Baldwin argues that the “specification of this dimension of
31 security is especially important in discussions of international
32 politics” and expresses concern that tendencies to define the
33 field entirely in terms of the threat and use of military force
34 “can prejudice discussion to favor of military solutions to secu-
35 rity problems.”^[20] Improving and securing health, for example
36 cannot be achieved by military means, even though military
37 personnel and logistics can and have been utilized in emer-
38 gency responses. Pursuing security through nonmilitary means
39 requires a human-centered focus and cooperative approach,
40 where states engage not only with each other but also with a
41 broad spectrum of nonstate actors. In security politics the state
42 is increasingly becoming one actor among many, but with a key
43 facilitating function in delivering security to individuals and
44 communities.

45 Responses to health security challenges involve a broad spec-
46 trum of public and private actors, including intergovernmental
47 organizations, inter-agency cooperation, civil society organi-
48 zations, philanthropic foundations, corporate actors, etc.—
49 making for a complex governance architecture and a dynamic
50 combination of various means and resources. The role of this
51 panoply of actors has been explored in the context of global
52 health governance,^[100–102] but not sufficiently so in the context
53 of security politics, where the dynamics of governance inter-
54 actions are distorted. In addition, promoting and improving
55 health requires investment in infrastructure, education, knowl-
56 edge development, in lifting people out of poverty, enhancing
57 food and environmental security, all of which require concerted,
58 cooperative efforts. This is a different model of thinking about
59 security politics and appropriate security policy, compared

with the zero-sum game, military, confrontational approaches
proposed by mainstream security studies. Some analysts pro-
mote the concept of “cooperative security,”^[60,103–105] premised
on the changing nature of security threats as well as changing
practices of security governance. This is an emerging fields of
security analysis on which health security studies ought to draw
more extensively.

3.6. At What Cost?

Even though the assumption that security ought to be pursued
at any cost is at the heart of traditional thinking about secu-
rity politics, such conceptualization is unrealistic in most situ-
ations. As Baldwin points out—“costs always matter.”^[20] There
are virtually no instances in practice where no restrictions on
the means and costs of responding to a threat to security are in
place, nor where other values are not competing for or having
to be sacrificed in the distribution of scarce resources. This is
not a question that has been examined in great detail either in
mainstream security studies or in the health security literature,
suggesting that analysts have adopted the traditional, excep-
tionalist frame of thinking about security, whereby a successful
“securitizing move,” automatically guarantees the availability of
“sufficient” funds and resources to address security threats.

Addressing threats to security stemming from ill-health
requires resources that go beyond the cost of medicines, as has
become apparent through campaigns dealing with the spread
of HIV/AIDS, tuberculosis, malaria, the fight against polio, and
recent infectious disease crises—Ebola, Zika, and the Covid-19
pandemic. The Global Health Security Agenda launched in
2014, by the United States together with 28 other states, WHO,
the Food and Agricultural Organisation and the World Organi-
sation for Animal Health, is one such attempt to promote activi-
ties aimed at strengthening “core capacities... of public health
systems needed to protect global health security.”^[106] Analysis of
the relative cost of security through the improvement of health
and the alleviation of existential threats through the strength-
ening of health systems can be of particular importance in
setting out domestic and global security priorities, but also in
raising the required funds. Cost is in many situations an inhib-
iting factor in pursuing particular interventions, despite evi-
dence of the need for the latter. It should therefore always be a
significant consideration in any health security policy analysis.

3.7. In What Time Period?

Mainstream international relations theories do not make a sig-
nificant distinction between long-, medium-, and short-term
security goals. Their atemporal approach to security is prem-
ised on the assumption that the causes of conflict and insecur-
ity do not change over time, due to the unchanging character
of the anarchic international system.^[107] Ahistoric realist and
neorealist analysis seeks to justify the perpetual need to invest
in military resources. In his brief discussion of this aspect of
security, Baldwin warns that short-term security politics often
respond to an immediate threat, but a longer-term strategy for
security may well conflict with the short-term approach.^[20]

1 The existing health security literature does not tend to
2 explore medium and long-term policy horizons, despite the
3 pertinence of such temporal considerations to a broader view of
4 health security. The health security literature has mainly taken
5 an interest in current crisis^[1,3,108–110] with the aim of under-
6 standing the politics and institutions involved in the responses
7 to these. And while such analysis is important and relevant,
8 conclusions often point toward the need for a medium and
9 long-term planning and investment. Improvements in overall
10 health security require much more than pandemic prepar-
11 edness measures, including investment in the development
12 of healthcare infrastructure, health systems strengthening,
13 training of medical personnel. Addressing the root causes of
14 noncommunicable diseases, for example, may not be possible
15 in the short-term, as they necessitate regulation and preventive
16 action, which takes time to negotiate and implement as well as
17 longer term planning and infrastructure investment. Thinking
18 about health security in differentiated time frames, therefore,
19 could allow for a broader range of goals to be pursued, for more
20 effective distribution of resources between acute and long-term
21 needs and for pursuing goals of prevention, while also pro-
22 viding care where needed.

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4. Dimensions of Health Security

27 Baldwin's concept of security provides a structured and com-
28 prehensive framework for thinking about health security. It
29 promotes systematic thinking about the assumptions and prac-
30 tice of health security politics that is not confined by the rigid
31 ontologies of traditional security paradigms, but is open, flex-
32 ible, and practice oriented. This conceptual framework enables
33 the combination of rich empirical insight from existing studies
34 of health security with a broader spectrum of approaches to
35 security studies, but to not only enhance understanding of polit-
36 ical dynamics, but to also generate pragmatic policy options,
37 accommodating of normative considerations. This section sets
38 out new parameters for health security analysis that go beyond
39 the constraints of traditional security studies. These require fur-
40 ther analysis of practice and engagement with alternative secu-
41 rity frameworks to inform health security policy on how best
42 to address persistent criticisms and shortcomings. Baldwin's
43 guiding questions are grouped in three categories—ontological,
44 normative and material considerations, and discussed in turn.

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4.1. Ontological Considerations—Security for Whom and by Whom?

50 Concerns about the security of individuals have continuously
51 been embodied in new international legal norms and made
52 part of the global policy agenda over the course of the last few
53 decades. The post-Cold War years “exposed the fragility of the
54 state in the face of complex forces within it and of trans-state
55 limitations on its practical sovereignty outside it.”^[99] Instances
56 of conflict, civil strife, political instability, state fragility, and
57 now of the COVID-19 pandemic are reminders that states are
58 not always able or willing to guarantee the security of their
59 citizens. The dominant view of security as a state-centric

concept has been presented by its proponents “not as an
option, a choice, but as the only one which is valid and rel-
evant... [but] the assumption of security studies which ignores
the human dimension is contradicted by the practical depend-
ence of policy-makers and theorists alike on the human indi-
vidual as the ultimate referent, or subject of security,” argues
McSweeney.^[99]

The argument in favor of foregrounding the security of
individuals and communities in conceptual and theoretical
debates is supported by practice. Its relevance is particularly
obvious in the context of (ill)health, which is probably one of
the most prominent existential threats to humans, alongside
environmental and food security. If the survival of individuals
is not safeguarded, the survival of social structures and insti-
tutions loses its significance. Contextualizing the security of
individuals and groups in relation to and within state security
is an area of security analysis that needs further attention in a
changing landscape of political conflict—examples include the
health security of populations in the context of civil war, failed
or fragile states,^[111–113] or the provision of health-services in ter-
ritories held by nonstate groups, e.g., rebels, guerrilla groups,
ISIS; or the security of women and girl refugees fleeing con-
flict.^[114,115] Empirical evidence needs to be brought to bear on
understandings of security politics in general and health secu-
rity in particular.

In addition to analyzing the relationship between individual,
group, and state security, attention needs to further focus on the
“providers” of security, which increasingly include specialized
nongovernmental organizations, public–private partnerships,
philanthropic foundations, multilateral agencies, and others.
It has been assumed that this dynamic governance architec-
ture is still under the control of sovereign governments, but
there is little evidence to support that, particularly in contexts
of conflict, fragile or failing states such as Syria, Afghanistan,
Yemen, South Sudan. Rushton and Williams’ “Partnerships
and Foundations in Global Health Governance,”^[101] Harman’s
“Global Health Governance,” and^[102] Jeremy Youde’s “Private
Actors, Global Health and Learning the Lessons of History”^[116]
are useful starting points in outlining the architecture of health
governance, but further analysis is needed to reflect on the idi-
osyncrasies of security-focused governance and politics. Gjorv
(2012) advocates the need to adopt a multiactor security model
to explore the patterns of security-related governance, which
she argues is prompted not only by normative considerations,
but is a reflection of the empirical realities facing security prac-
titioners, illustrating her argument with two examples civil-
military operations and climate change in the Arctic.^[62]

Baldwin's conceptualization of security demonstrates that
restrictions on the referent object of security are superficial.
When health-related risks and challenges pose an existential
danger, they need to be considered as security risks, in recog-
nition that individual and community security is as relevant a
consideration to state security and vice versa. Health-related
existential threats to individuals and communities are further
exacerbated by poverty, political instability, state fragility, con-
flict, and civil strife. But since state security can both determine
and be determined by the security of individuals and commu-
nities, and since there are other actors involved who impact
or are impacted by such insecurities, a more comprehensive

1 understanding of the politics and frameworks of health security
2 policy making is urgently needed.

3
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5 **4.2. Normative Considerations—Security for Which Values?
6 From What Threats? How Much Security?**

7
8 Despite traditional theories of international relations dis-
9 counting normative considerations in matters of security and
10 national security, such considerations are always present. As dis-
11 cussed earlier, adopting a narrow state-centric, militaristic view
12 of security is both an option and a normative choice, and not
13 the only possible or valid one. This is the premise of much cri-
14 tique from critical security studies, as illustrated by works such
15 as Krause and Williams,^[117] Barkawi and Laffey,^[55] Booth,^[49]
16 Peoples and Vaughan-Williams,^[118] Sjoberg,^[119] Wibben,^[120] and
17 Shepherd.^[121] Some analysts are further advocating considera-
18 tion of security in terms of both positive and negative security,
19 where negative security aligns more with traditional notions of
20 security as “security from,” while positive security is seen as
21 enabling and emancipatory—“security to.”^[62,99,122] Such a lens
22 enables values such as human life, life in good health, life with
23 dignity, to be placed at the center of security strategy and policy,
24 which in turn demands that security politics become more
25 inclusive, more protective, less focused on privileged views and
26 experiences of security, more human-centric. Framing secu-
27 rity as a positive value creates space for considerations such as
28 health system strengthening, the provision of primary care and
29 universal health coverage, the prevention of noncommunicable
30 diseases, to be given greater policy priority, which as analysts
31 have argued would not only improve health outcomes overall,
32 but could also strengthen health responses to acute crises.

33 Health is an important value on a global scale, as evidenced
34 by the Constitution of the WHO (1948), the Alma Ata Decla-
35 ration (1978), the International Health Regulations (2005), the
36 Sustainable Development Goals (2015), along with the intrinsic
37 value of human life, which is the bedrock of all international
38 human rights norms, treaties, and declarations. If life and
39 good health are the values to be secured, however, state poli-
40 cies would have to go beyond seeking to protect individuals
41 and populations from emerging and re-emerging infectious
42 diseases and bioterrorism and take into account a broader spec-
43 trum of health-related existential threats to people. Diseases
44 posing significant risks to people in low- and middle-income
45 countries include among others neglected tropical diseases
46 (NTDs)^[123–125] and noncommunicable diseases. NTDs’ burden
47 of disease measured in DALYs ranked these diseases fourth
48 after lower respiratory infections, HIV/AIDS, and diarrheal
49 diseases, preceding malaria, TB, and measles.^[123] “Noncom-
50 municable diseases (NCDs) are the leading cause of death glob-
51 ally and one of the major challenges of the 21st century.”^[126]
52 An estimated 71% of all deaths globally in 2016 resulted from
53 NCDs, the World Health Organisation (WHO) reports. Over
54 the next 20 years, NCDs will cost more than USD 30 trillion,
55 pushing millions of people below the poverty line.^[127] Much
56 like other global problems, health insecurity disproportionately
57 affects low- and middle-income countries, as well as the poorest
58 and often most disadvantaged strata of societies in high-income
59 countries. An infectious disease pandemic like COVID-19

further worsens health outcomes by compacting morbidity,
exponentially increasing mortality and creating a perfect storm
even for the relatively well-resourced health systems in high
income countries.

Securing health and well-being is an important goal in a
dynamic portfolio of values that need to be protected. How
much attention should be devoted to health overall, and to spe-
cific health concerns, or the needs of particular groups within
this portfolio, are questions that needs to be examined further
and in greater detail, drawing on studies of public health in
individual states and across borders. The answer to the question
“how much security” is also likely to vary over time. Analysis of
the relative threat posed by a given health issue to individual,
community, and state security is a valid consideration for health
security politics—using a structured framework to enable com-
parative analysis is central to health security analysis. Due to
the relatively high morbidity and mortality, the COVID-19 pan-
demic has demonstrated that health threats can be elevated to
almost absolute, primary status. Actions taken to contain the
pandemic have included social distancing measures, limiting
travel, shutting down economies, governments promising to
pay salaries, support private businesses, etc., which are meas-
ures that appear unthinkable in most other cases. In the midst
of this crisis, however, it is important to remember that pan-
demics of such scale and scope are relatively rare and to use
COVID-19 more as an extreme example than a baseline one.

27
28
29 **4.3. Material Considerations—By What Means? At What Cost?
30 In What Time Period?**

31
32 Contrary to traditional security approaches premised on the use
33 of military means, health security (whether broadly or narrowly
34 defined) requires the employment of nonviolent, cooperative
35 measures—including investment, humanitarian aid, develop-
36 ment assistance, multiactor cooperation, coordination, sharing
37 of information and expertise, etc. As discussed previously, the
38 cost of addressing health security problems is significant, due to
39 the need to establish and support a functioning health system,
40 to train and retain professional staff, to create infrastructure
41 that facilitates the functioning of the health system, but the cost
42 of inaction is high and puts lives at risk. The challenges posed
43 by public health emergencies of international concern and
44 pandemics can be exceptionally far-reaching and damaging—
45 globally, locally, trans-locally, as illustrated by the current spread
46 of the SARS CoV2 virus. The human cost of this pandemic has
47 been unprecedented in recent history, the economic costs are
48 yet to be calculated with more than a quarter of the global pop-
49 ulation in lockdown, international travel restricted and econo-
50 mies shrinking fast. In a world of scarce resources, the means
51 for securing health and the cost of doing it are pertinent policy
52 considerations, which need to be examined in conjunction with
53 the opportunity cost of both not investing in health security and
54 of investing in a different field.

The short-termism and immediacy of conventional security
politics is counter-productive in approaching problems such as
anti-microbial resistance, noncommunicable diseases, maternal
and infant mortality. Even responses to public health emergen-
cies of international concern, in the form of communicable

1 disease outbreaks, have demonstrated the need to develop
2 a systematic approach—including properly resourcing the
3 work of the WHO, investing in health systems strengthening
4 and infrastructure. The 2011 report of an Independent Review
5 committee on the H1N1 response noted that “The world is ill-
6 prepared to respond... to a global, sustained, and threatening
7 public health emergency” as health capacities were not on a
8 path to timely, worldwide implementation.^[43] The international
9 community collectively and states individually appear to have
10 squandered the time since 2009 to prepare for the next global
11 pandemic. The health systems in high-income countries are
12 buckling under the weight of the COVID19 pandemic. Con-
13 cerns are growing over its effects the pandemic will have on
14 low- and middle-income countries. In the conclusion to their
15 discussion of the global response to Zika virus, Gostin and
16 Hodge point out that the apathy and short-sightedness of the
17 international community must change, as the consequences
18 of fast-moving epidemics are comparable with humanitarian
19 crises, climate change, and war.^[6] Such analysis and current
20 events clearly illustrate that planning has to include the short-,
21 medium-, and long-term and might be more effectively organ-
22 ized at the global level, as states are better off responding
23 together than individually.

24 To sum up, this discussion of the dimensions of health secu-
25 rity demonstrates that health security can be conceived of as
26 focusing on the security of people, communities, and states,
27 if we accept that health security politics are centered on the
28 protection of the core values of life and life in good health.
29 Since health security is concerned with issues that both pose
30 an existential threat to people and also threaten and destabi-
31 lize communities, its significance ought to be ranked rela-
32 tively high. Health security politics need to be viewed both
33 as being embedded within the existing normative context of
34 human rights and as themselves promoting a range of values—
35 including dignity, respect, nondiscrimination, emancipation,
36 and empowerment. The pursuit of health security requires
37 material resources like any other type of security. Part of the
38 politics surrounding health challenges center on competition
39 for attention and scarce resources. The resources required for
40 the enhancement of health security can be significant, as they
41 involve developing infrastructure, training health professionals,
42 the delivery of care, ensuring the accessibility of medicines, dis-
43 ease prevention, health promotion, and strengthening health
44 systems.^[128] Conceptualizing health security in this way, calls
45 for a more holistic approach to encompass both the important
46 work done through responses to global health emergencies
47 and the need for medium- and long-term policies, because in
48 health, just like in strategic politics, prevention is always better
49 than cure.

50 Thinking about health security in a systematic way simul-
51 taneously highlights the idiosyncrasy of the health security
52 field compared with other fields of security politics and dem-
53 onstrates the interconnectedness and overlaps between them.
54 Baldwin's concept of security provides a guiding framework, a
55 structured conceptualization through which to rethink the way
56 in which health security has been imagined. The flexibility of
57 ontological assumptions that it provides opens possibilities
58 for health security studies to connect with contemporary secu-
59 rity paradigms, defying the stereotypes, and constraints of

1 traditional thinking about security. At the very least, it provides
2 a structured framework that allows for comparative analysis of
3 competing accounts of security politics with diverse paradig-
4 matic assumptions. The framework is able to accommodate not
5 just conceptual debate but observations of and reflections on
6 practice.

5. Conclusion

11 This article sought to contribute to debates about concep-
12 tualizing health security and understanding health security
13 politics. It set out to challenge the use of traditional security
14 paradigms, which obscure the significance of public health
15 threats to individual and community security and well-being.
16 The current COVID-19 pandemic has brought these issues to
17 the fore with a much sharper focus than previous public health
18 emergencies of international concern. The brief overview of the
19 different denominations of health security demonstrated that
20 the grounding of existing analysis in securitization theory and
21 constructivist thought has been driven in part by the desire to
22 validate the claim that health-related challenges were indeed
23 relevant security concerns, and in part by the need to fit within
24 existing debates. Overall, as has been demonstrated, health
25 security analysis has remained predominantly anchored to the
26 securitization approach, despite critiques levied at the Copen-
27 hagen school by critical and feminist scholars.^[129–131] Health
28 security analysis has only marginally engaged with related
29 bodies of work in the fields of foreign policy, human security
30 or with alternative security paradigms, which has limited the
31 field's dynamism, critical edge, and ability to influence policy
32 debates.

33 This article applied Baldwin's framework of the concept of
34 security to existing conceptual and empirical studies of health
35 security to demonstrate how narrowly health security has been
36 conceptualized and how much more analysis is needed for a
37 better understanding of this complex field. Traditional security
38 analysis is broadly inhospitable to claims that health issues
39 are a relevant security consideration, leading some analysts
40 to reject the relevance of health to strategic security instead
41 of questioning whether the way that security is framed and
42 defined is still relevant to political and strategic realities and
43 practice.

44 Baldwin's framework helps liberate health security analysis
45 from the dogmatic assumptions of traditional security theories,
46 while at the same time providing a structure for rigorous, com-
47 prehensive and comparable conceptual debate. Experimenting
48 with novel thinking about the ontological, normative and mater-
49 ial considerations in health security can help push the bounda-
50 ries not only of the health security field, but of security studies
51 overall. Particular questions for further research emerge—e.g.,
52 about the relationship between individual, community and
53 state security, about the way in which resources are allocated
54 to specific fields of security politics, about the differences in
55 short-, medium-, and long-term planning in health security
56 politics, about ways in which to evaluate the relative importance
57 of competing security challenges, the relationship between per-
58 ceptions and indicators, and so on. The exploration of these
59 questions, based on a clear, explicitly defined concept of health

1 security will promote more systematic thinking about security
2 politics that is open, flexible, and practice oriented.

3 Taking a broader, more holistic and historically grounded
4 approach to understanding the politics of health and security
5 brings its own set of challenges. A comprehensive rather than
6 parsimonious way of thinking would inevitably complicate
7 analysis, as it incorporates more variables and tries to capture
8 more, not less of the political and social complexities of security
9 policymaking. Questions about normativity and ethics need to
10 be considered. Drawing on knowledge across disciplinary bor-
11 ders is rarely unproblematic, as ontological, epistemological,
12 and methodological differences may hinder multidisciplinary
13 dialog. None of these difficulties, however, are insurmountable,
14 as demonstrated by novel approaches to security studies, on
15 which health security analysis ought to build.

16 The pressing needs to rethink the dimensions of health secu-
17 rity has regretfully been validated by the unfolding COVID-19
18 pandemic. Writing in the midst of this crisis, it is difficult to
19 assess what the implications of this pandemic would be for
20 societies, economies, health systems. The issues that the pan-
21 demic is bringing to the fore, however, are not new. Academics
22 have grappled with and tried to draw attention to some of these
23 for at least the last 20 years.^[132] SARS CoV2, the virus that
24 causes COVID-19, is a health security threat—make no mis-
25 take about it. This virus poses an existential risk to humans—
26 it threatens individuals, but impacts on communities and on
27 almost every aspect of societal life—family life, social relations
28 and activities, culture, education, the economy, government.
29 Governments around the world are using an unprecedented
30 spectrum of measures to reduce morbidity and mortality, previ-
31 ously unseen in peacetime.

32 The WHO has repeatedly noted that the response to the pan-
33 demic would be most effective if states work together in a spirit
34 of cooperation, solidarity, and care. States need people, busi-
35 nesses (including private health care providers) and voluntary
36 organizations to support the pandemic response, which is an
37 illustration of multiactor security politics coordinated by gov-
38 ernments and intergovernmental organizations. There is no
39 doubt that this pandemic will bring about change—the extent
40 and nature of the change is currently unknown. What the pan-
41 demic has illustrated so far, however, is the need for health sys-
42 tems strengthening, for deepening of global coordination and
43 cooperation, and a stark need to critically reflect on the way we
44 conceptualize security in general and health security in par-
45 ticular without leaving the individual and communities out.

48 Conflict of Interest

49 The author declares no conflict of interest.

53 Keywords

54 conceptual framework, cooperative security, health security, security for
55 individuals

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