



Health Security: A Brief Review

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ABSTRACT

The idea of health security has several facets and includes both proactive and reactive measures done to protect the public health from external threats. The existing research on health security is briefly reviewed in this article, along with some of its different aspects and consequences. The review examines many terminologies and ideas associated with health security, including global health security, international health security, global public health security, and human security. The World Health Organisation (WHO) and other important international organisations' definitions are discussed, and the key themes found in these organisations' health reports are highlighted. The article also explores how developed and developing countries perceive and articulate health security differently.

Keywords: Health, Security, Health Security, Global Public Health, Human Security

Introduction

The idea of health security is discussed in international organisations under a variety of themes, words, and concepts, including international health security, global public health security, and human security. WHO defines Global Public Health Security as "the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries" (WHO, 2020). The WHO acknowledges health problems such as air pollution, climate change, chemical dependency, and pandemic spread that cannot be managed inside country borders.

WHO's defines "Global health security" refers to prevention, detection, and response to naturally emerging, accidental, and deliberate biological threats" (WHO, 2015). The following themes were primarily highlighted in health reports from several international organisations (WHO, UN, APEC, and EU) while discussing the idea of international health security. They are: 1) emerging diseases, 2) global infectious disease, 3) deliberate release of chemical and biological materials, 4) violence, conflict, and humanitarian emergencies, 5) natural disasters, environmental change, 6) chemical and radioactive accidents 7) food insecurity and 8) poverty (Chiu, Ya-Wen, et al, 2009).

As nations work to establish a society free from fear, want, and indignity, they frequently begin by addressing human security issues before turning their attention to health security. A paradigm change from the conventional idea of national security, in which the state serves as the primary actor, to a broader human security approach, where the individual and the community are in focus, was suggested following the fall of the USSR (WHO, 2007). In the years that followed, in 1994, UNDP identified seven aspects of human security: economic, food, environmental, personal, health, community and political security. This was the first time the phrase "health security" appeared in a global study (Aldis, 2018).

Between developed and developing countries, there are notable disparities in the conceptualization and expression of health security. The majority of developed nations view health security as a defence against domestic threats like terrorism and pandemics. They contend that while not every health issue raises security issues, there are some situations when the security and health domains do overlap (Chiu et al., 2009).

However, developing nations are opposed to the term "global health security." As a result of a lack of agreement on the term's definition among the member states, developing nations like Brazil, India, Thailand, and Indonesia opposed its usage during a meeting of the WHO's Executive Board in early 2008 (Aldis, 2018). Brazil also noted that the revised International Health Regulations (IHRs) do not use the term "health Security," despite the fact that the WHO's secretariat described the IHR as "an important instrument for ensuring that the goal of international a 'public health security' is fully met" in a report to the Executive Board. In order to improve the notion of health security, member states must work on it (Tayob, 2008).

Reviewing Health security

Chiu, Ya-Wen, et al. (2009) examined health records from numerous international organisations (WHO, UN, APEC, and EU) in order to study the idea of international health security. They identified eight themes that are pertinent to how contemporary health security is conceptualised. Emerging diseases, widespread infectious diseases, intentional releases of chemical and biological agents, violence, conflict, and humanitarian crises, natural disasters, environmental change, and accidents involving chemical and radioactive materials are among them. Food insecurity and poverty are the topics that are least covered, according to the study. According to authors, food insecurity is a crucial new concern for the security of public health.

In his investigation titled "Global health security: security for whom? security against what? Simon Rushton, (2011) investigates the various 'health securities' that define the current global health discourse. He contends that there are a certain set of health hazards that Western developed countries view as serious concerns, and that current global responses—which mostly employ the language of global health security—tend to focus more on containment than prevention. The study argues that more explicit identification of the main recipients of the existing system's benefits and who is responsible for its expenditures is necessary to overcome the tensions in the global health picture. Only after such acknowledgement can substantive discussions on the proper prioritising of global health be had.

The paper by Gostin, L. O., and Katz, R. (2016) makes several suggestions for improving international health regulations for regulating the global health security. "Capacity; independently assessed metrics; new financing mechanisms; harmonisation with the Global Health Security Agenda, Performance of Veterinary Services (PVS) Pathways, the Pandemic Influenza Preparedness Framework, and One Health strategies; public health and clinical workforce development; emergency committee transparency and governance; tier-based public health emergency of international concern (PHEIC) processes; enhanced compliance mechanisms; and a tiered PHEIC process" are some of the items on this list.

Anthony's (2018) study examines how regional organisations contribute to global health security. The study calls for regional cooperation in health care through collaboration and regional organisations' activities in response to new health hazards.

In his paper, Gostin (2019), he made the case that effective prevention, detection, and response depend on strong governance and sustainable funding. In light of the growing risks to health security, he advises that WHO take more measures and amend its charter.

Prior to the December 2019 discovery of COVID-19, Chang, Chia-Lin, and Michael Mc Aleer (2020) analysed the Global Health Security (GHS) Index (2019). The six areas that make up the GHS Index are as follows: "Prevention: Prevention of the emergence or discharge of diseases; Rapid Response: Quick response to an epidemic and mitigating its spread; Early Detection and Reporting of Epidemics of Potential International Concern; Compliance with International Norms: Commitments to improving national capacity, financing plans to address gaps, and adherence to global norms; Risk Environment: Overall risk environment and country vulnerability to biological threats. Health System: Sufficient and robust health system to treat the sick and protect health workers. Rapid Response, Detection, and Reporting are three criteria that have been discovered as having significant effects on the GHS Index score. It is conceivable to assess how nations may have prepared for a global epidemic, or pandemic, and acted accordingly in an efficient and timely manner based on the GHS index.

Maraghi and Malehi (2020) observed the regional and global level of health security in the context of detection, prevention, rapid response, health system facilities, and risk environment against COVID-19 outbreak among 210 countries and territories worldwide with the aid of the GHS index annual report. According to a study, the number of total COVID-19 diagnostic tests among the "most prepared group" is positively correlated with GHS index. The case fatality rate and the detection index in the "more prepared group" were both correlated. Case fatality rate was positively correlated with detection, response, and risk environment indices in the "Lower-middle-Income Economies" group. The study's key finding is that the most prepared nations were more likely to be impacted by the COVID-19 virus epidemic and its health effects.

Conclusion

A unified understanding of health security in terms of its definition, scope, and assessment is currently and actively being debated in academia. Recent discussions in academic circles and international organisations show a lack of agreement on whether to include or exclude particular variables, theoretical frameworks, and practical ramifications. Simon Rushton (2011) noted that while limited definitions of "global health security" and "health security" exclude a number of other global public health issues (such as nutrition, maternal mortality reduction, and child survival), they also depart from a more expansive understanding of the term that is shared by other UN agencies. In both theoretical and practical aspects, it also fails to satisfy the needs of the weak, particularly in developing nations (Aldis, 2018). Thus this paper calls for a more all-encompassing and human-centered strategy for health security that might also take into account human rights, development, and global public goods.

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