

Swine flu calls into question the meaning of global health security

Written by Alan Ingram

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<https://www.e-ir.info/2009/04/29/swine-flu-calls-into-question-the-meaning-of-global-health-security/>

ALAN INGRAM, APR 29 2009

The current swine flu outbreak takes place amidst ongoing international efforts to establish a system of global health security. While considerable progress towards this goal has been made, serious unresolved problems mean that the concept and practice of global health security is likely to face severe challenges. These problems derive from huge differences in the capabilities of people and places to respond to epidemics; ambiguities in the meaning of security; and problems in agreeing how countries should cooperate in the face of pandemics. How these problems are negotiated will have important implications for the nature of the response to swine flu and any influenza pandemic. They call ultimately for a rethinking of our existing paradigms of globalization, health and security.

Global health officials began to develop the concept of global health security in the late 1990s, as they became increasingly concerned about threats from emerging infectious diseases and bioweapons, which they believed were becoming greatly amplified as a result of globalization. The term global health security thus came to denote international cooperation to detect and respond to unusual outbreak events, wherever and whenever they might occur. This cooperation, which was catalysed by the SARS epidemic of 2003, has led to networking between different global health surveillance systems (often using sophisticated webcrawler technology searching for media reports of unusual events) and between a wide variety of health agencies and biomedical research institutions. The ability to detect and share information about outbreaks has increased as a result.

At the same time, there are still vast differences within and between countries in the practical capabilities upon which pandemic response depends. Most people in the world do not have routine access to high quality health services or the full range of essential medicines. This is particularly true of the capabilities needed to respond to pandemic influenza, for example the capacity to accept surges of new patients into health systems, vaccine and antiviral production and distribution infrastructure, and so on. While research and development capabilities have been boosted, for the time being only a minority of the world's population will receive protection in the form of antiviral drugs, or, if and when it arrives, a vaccine. There will be significant temporal lags and spatial gaps in protection.

It is important not to take such differences for granted as a natural feature of world order: they are to a significant extent related to the model of globalization that has been pursued since the 1980s. Many of the global health problems noted over the last two decades have come about not so much despite the vast wealth apparently generated until the current crash, but in large part because of the ways in which it has been generated. The swine flu outbreak has emerged as part of a world where many people and places have grown rich on a particular form of globalization, without ensuring that they, or the rest of humanity, are adequately protected from the threats it has produced.

Given this situation, how should policy makers and others respond in the immediate term? Ambiguities in the meaning of security are likely to be significant. Some officials have described global health security as a new way of working, where states set aside their self interests to work together on a common goal. However, others have closely aligned the concept with discourses of counter-terrorism and homeland security. In many cases this has been done with the understandable intention of dramatizing global health issues in order to secure political will and funding. However, this risks validating the frequent juxtaposition of viruses, terrorism and illegal immigration in media

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reporting, fuelling reactionary responses that are counterproductive on public health grounds and inimical to human rights. Pre-existing patterns of stigmatization and exclusion already compromise public health efforts and should not be exacerbated. While epidemic and pandemic response often involves exceptional measures of spatial governance, for example confining individuals believed to be a risk to public health, health officials and the media must think carefully about how they present swine flu: it will be far better to see this as a common problem requiring transnational and cross-cultural solidarity and cooperation rather than evoking divisive counter-terrorism campaigns and exclusionary models of homeland security.

Given these problems and risks, what kind of progress have policy makers actually made in agreeing on what to do in the event of a pandemic threat? New rules for such situations were finalized under the auspices of the World Health Organization in 2005 and came into effect in 2007. However, while they call upon all countries to raise their detection and response capabilities to minimum standards and to cooperate in the event of 'public health emergencies of international concern', they do not specify how pervasive global inequalities are to be negotiated, or what the concept of 'security' actually means. On the one hand, states in the global north have pushed for maximal cooperation from all countries, saying this is required in order to ensure global health security. On the other, a growing number of developing countries have become concerned that in the event of a pandemic they will be unable to secure supplies of vaccines and anti-viral drugs developed on the basis of samples they have provided. They have also questioned reference to the concept of security, with understandable concern that this may open the path to exceptional measures in international relations as well as in public health practice. A key test, then, is whether countries will be able to reconcile competing visions of security and equity in ways that recognize the reality of complex mutual interdependence.

More widely, the course of swine flu, and any influenza pandemic, will be determined by how we practice this complex interdependence: in ethical and political recognition of our multiple, intimate interconnections with many others, near and distant, or in the mistaken belief that some parts of the globe can create a good life for themselves while disregarding and excluding others.

The urgent need of new paradigms for globalization, health and security, long identified by many analysts and activists, is now being driven home by pandemic threats as well as economic crisis and political division. As the world scrambles to respond to swine flu, the need for questioning the systems within which health threats emerge, and within which people and places become vulnerable to vastly different extents, also requires deep rethinking. As ever, only time will tell whether we are indeed seeing the beginning of new ways of working, or business as usual.

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