Pandemic and Human Security: An Analysis with Special Reference to the Role of the United Nations

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Abstract

Pandemic is the last phase of influenza viruses' circulation which may have various impacts that threaten the maintenance of international peace and security. In its Resolution 2532, the UN Security Council described the COVID-19 pandemic as a likely threat to international peace and security. It is generally accepted that there are two approaches to security: national and human security. Both of these approaches have their own tools for managing a pandemic crisis. In the first part of this paper, the definition and various impacts of a pandemic will be discussed. The second part will address the securitization of health. In the third part, the paper will discuss how national and human security approaches would manage health crises including a pandemic. The paper recommends that to manage the pandemic crisis as a global threat, the human-security approach would be much more effective due to its co-operation-oriented nature.

Introduction

The outbreak of the novel Coronavirus (COVID-19) pandemic has shown that global health crises may unpredictably happen and needs urgent global attention. A pandemic has various socio-economic impacts and costs at the time of its outbreak and decades later. Due to its negative impacts and high costs, a pandemic may be deemed as a threat to national and international peace and security. The United Nations (UN) Security Council has in various Resolutions considered

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health crises including pandemics as a threat to peace and security.[1] *Antonio Guterres,* the UN Secretary-General, also deemed pandemics a threat to the maintenance of international peace and security.[2] The World Health Organization as the main international organization responsible for managing health crises has also described pandemic influenza as "the most feared security threat" as well.[3] The international community as a whole must participate in a global effort to respond and manage a global health crisis such as the COVID-19 pandemic. States based on their approach to their security (whether national or human) are able to manage health crises differently. The national security approach is State-centric insomuch as borders are more important than citizens. It is reactive and its main tool is military power. But human security approach is human-centric, preventive, and has proportionate tools for different types of health crises. The purpose of this study is to respond to this question: Is a global health crisis such as the COVID-19 pandemic, a security issue? And if so, which kind of security approach can manage it more effectively?

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[1] S/RES/1308/2000, S/RES/2177/2014, S/RES/25322/2020.

[2] Secretary-General's remarks to Security Council Open Video-Teleconference on the Maintenance of International Peace and Security: Implications of COVID-19, 2 July 2020, at: https://www.un.org/sg/en/content/sg/statement/2020-07-02/secretary-generals & Secretary-General's remarks to the Security Council on the COVID-19 Pandemic, 9 April 2020, at: https://www.un.org/sg/en/content/sg/statement/2020-04-09/secretary-generals.

[3] World Health Organization, The World Health Report 2007: A Safer Future: Global Public Health Security in the 21st Century, p. 45.

I.   Pandemic: Definition and Impacts

a)   *Definition*

Based on WHO Pandemic Preparedness, "pandemic may occur when a new virus appears against which the human being has no immunity".[4] A new example for this criterion is COVID-19 influenza also known as *coronavirus*[5] in 2019

Many countries are faced with wide-spreading and costly responses to the outbreak. It was proved that this kind of influenza required a different crisis management strategy, so it justified WHO to label that outbreak a "PANDEMIC" on 11 March 2019.[6]

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[4] Peter DOSHI, "The Elusive Definition of Pandemic Influenza", (2011), Bulletin of the World Health Organization, at: https://www.who.int/bulletin/volumes/89/7/11-086173/en.

[5] The name of *coronavirus* comes from the Latin word corona, meaning crown of halo. Under an electron microscope, the looks like it is surrounded by a solar corona. See Oyinlola O. ABODUNRIN, Adesola B. GBOLAHAN, "Coronavirus Pandemic and Its Implication on Global Economy", (2020), International Journal of Arts, Languages and Business Studies, Vol. 4, at 14.

[6] WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 (March 11, 2020), See Domenico CUCINOTTA, Vanelli MAURIZIO "WHO Declares COVID-19 a Pandemic", (2020), Acta Biomedica, Vol. 91, No. 1, doi:10.23750/abm.v91i1.9397. In the 21th century, the world has seen many infectious disease outbreaks such as Ebola (2014), MERS (2012), influenza A virus subtype H1N1 (2009), SARS (2003), all of which presented serious risks to the health security of states around the world. Also in the 20th century, three major influenza pandemics occurred in 1918, 1957, and 1968 causing millions of deaths. The famous 1918 pandemic alone resulted in approximately 50–100 million deaths (3–5 percent of the world population at the time). See Jeffery K. TAUBENBERGER, David MORENS, "1918 influenza: The mother of all pandemics", (2006), Review Biomed Journal, Vol. 17, No. 1, at 70.

b)   *Impacts*

Pandemic has great impacts on economic, social, environmental, and political terms. In the following, we will deal with these various impacts.

1. Health

The first target of a pandemic is people's health. Infectious diseases in the epidemic and pandemic phase are traumatic illnesses both in terms of symptom severity and mortality rates. Those affected are likely to experience psychological effects due to the traumatic course of the infection, fear of death, and experience of witnessing others dying. Irrespective of physical impacts, the pandemic has adverse outcomes on mental health. It is established that the COVID-19 pandemic is having immediate effects on anxiety and stress.[7] Social distancing and mandatory confinement conditions exacerbate symptoms in pre-existing mental disorders like bipolar disorder, depression and schizophrenia, autism, and paranoid personality disorder.[8] Pandemic also has negative impacts on the mental health of children especially due to heightened risk of domestic violence or

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[7] COVID-19: Protecting People and Societies, OECD, (2020), at 9.

[8] QuanQiu WANG, Rong XU, Nora D. VOLKOW, "Increased Risk of COVID-19 Infection and Mortality in People with Mental Disorders: Analysis from Electronic Health Records in the United States", (2021), World Psychiatry Journal, Vol. 21, Issue. 1, at 124.

experiencing physical, psychological mistreatments. So, it can exacerbate mental disorders for the next generation.[9]

2. Economy

Pandemic has a widespread and severe on the economic status. COVID-19 is a good example of this claim.[10] It has negative impacts on manpower due to the loss of skilled and experienced workers. It causes poverty through the loss of life of breadwinners as well as has reduced productivity and negative impact on economic growth. Around 38 % of the global workforce who are employed in service sectors are facing a collapse in demand, a sharp fall in revenue.[11] Social distancing measures also have led to higher unemployment and a predicted global recession of 3% in 2020, minimizing economic development.[12] The travel and tourism industry is presumably the hardest-hit economic sector[13] and has also been severely damaged, with airlines cutting flights and tourists canceling business trips and

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[9] Jorge CUARTAS, "Heightened risk of child maltreatment amid the COVID-19 pandemic can exacerbate mental health problems for the next generation", (2020), *Psychological Trauma: Theory, Research, Practice, and Policy, Vol. 12, No. s1, at 195.*

[10] See ILO Monitor: COVID-19 and the world of work, Seventh edition Updated estimates and analysis, 25 January 2021.

[11] World Economic Situation and Prospects 2020, United Nations publication, Sales No. E.20.II.C.1, January 2020, p. 6.

[12] International Monetary Fund, 2020, p.7

[13] World Tourism Organization (UNWTO), 2020. International tourist arrivals could fall by 20–30% in 2020. 26 March at: https://www.unwto.org/news/international-tourism-arrivals-could-fall-in-2020.

holidays.[14] Pandemic will force increased government spending on health, may reduce productivity due to workers being unable/unwilling to work, and could reduce foreign investment due to a lack of confidence in market stability.[15] On the other hand, economic costs are partially attributable to treating and controlling the disease itself and additional costs resulting from panic. Panicking crowds rushed to hospitals and emptied medicine and medical equipment. Indeed, panic can have more of a negative effect on an economy than an outbreak itself.[16]

Pandemic eliminates young and middle-aged people who are the main workers because they are more at risk. Reduction in the number of healthcare workers, Teachers, scientists, artists, entrepreneurs, and workers can lead to economic disruption in the early future.

3. Social Stigma

Based on Public health research, patients in the pandemic era had faced a set of negative attitudes and beliefs that motivate them to fear, discriminate, eviction or abandonment.[17] Stigma is contributed to by widespread fears due to the high infection risk of the virus, lack of information, and misinformation. The situation of healthcare workers

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[14] ABODUNRIN, supra note 7, at 19, 20.

[15] Joseph JEGAT, "Global Pandemics: A Security Threat?", (2015), International Relation Journal, at: https://www.e-ir.info/pdf/59641, at 2.

[16] Jamison PIKE, Tiffany BOGICH, Sarah ELWOOD, David C. FINNOFF, Peter DASZAKB, "Economic optimization of a global strategy to address the pandemic threat", (2014), Proceedings of the National Academy of Sciences Journal, Vol. 111, No. 52, at 18519.

[17] Hastoro DWINANTOAJI, Sumarni DW, "Human Security, Social Stigma, and Global Health: the COVID-19 Pandemic in Indonesia", (2020), Journal of the Medical Sciences, Vol. 52, No. 3, at 159.

in Indonesia is an instance. They are working at the front line of the disease response and as such, they are the most vulnerable group. Based on reports about social stigmatization against Indonesian healthcare workers from areas affected by the pandemics, often get negative stigma as carriers of the coronavirus in their respective neighborhoods. Because of treating patients confirmed with COVID-19 in health facilities in Jakarta, they have reportedly been kicked out of boarding houses near the hospital. So, they cannot extend to stay at their boarding house and had to stay at the hospital as they could not find other places to stay. Also in some areas in Indonesia, local people protest and reject the burial of patients including healthcare workers who died from suspected or confirmed with COVID-19. [18] Their families are invisible victims of such social behaviors and reactions.

4. Environment

Novel human coronavirus has its own special waste materials for personal protective equipment (PPEs) such as single-use face masks, safety glasses, face shields, protective aprons, gloves, plastics shoes, and bottles of sanitizer ending up on the streets, in the seas, and among the wildlife that polluting the environment. Face mask polypropylene and polyethylene fibers create large reservoirs of

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[18] Ibid., at 160 and also see The Jakarta Post, April 2nd, 2020, at: https://www. thejakartapost.com/news/2020/04/02/ authorities-assure-safety-as-locals-protest-burial-of-people-with-coronavirus.html.

microplastic pollutants.[19] "In a single N95 mask and a disposable surgical mask, there are approximately 11 and 4.5 g of polypropylene and/or other derivatives of plastics (e.g. polyethylene, polyurethane, polystyrene, polycarbonate, polyacrylonitrile), respectively".[20] So, mismanagement of the waste they produce would increase the entry of microplastics into aquatic environments. It is estimated that approximately 0.15 million tons to 0.39 million tons of plastic debris could end up in global oceans during 2020.[21] Medical Infectious waste is the other problem in this area. They must be properly disposed of to prevent the secondary spread of the virus as a result of an unhealthy environment. Undoubtedly, improper management of contaminated PPEs and healthcare waste may increase the spread of viral disease in the environment.[22]

5. Food Security

One of the serious negative consequences of pandemics is its significant impact on disruption in the global food supply chain. So,

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[19] Neaz A.HASAN, Richard D HEAL, Abul BASHAR, Mohammad Mahfujul HAQUE, "Face Masks: Protecting the Wearer but Neglecting the Aquatic Environment? - A Perspective from Bangladesh", (2021), Environmental Challenges, Vol. 4, at 1.

[20] Saddam AKBER ABBASI, Amjad B. KHALIL, Muhammad ARSLAN, "Extensive Use of Face Masks During COVID-19 Pandemic: (Micro-) Plastic Pollution and Potential Health Concerns in the Arabian Peninsula", (2020), Saudi Journal of Biological, Sciences, Vol. 27, Issue 12, at 2.

[21] Hemal CHOWDHURY, Tamal CHOWDHURY, Sadiq M.SAIT, (2021), "Estimating Marine Plastic Pollution from COVID-19 Face Masks in Coastal Regions", (2021), Marine Pollution Bulletin, Vol. 168, at 6.

[22] Sarawut SANGKHAM, "Face mask and medical waste disposal during the novel COVID-19 pandemic in Asia", (2020), Case Studies in Chemical and Environmental Engineering, https://doi.org/10.1016/j.cscee.2020. 100052, at 3.

children and the elderly might face the lack of essential food nutrients in their diets as this may call for more stringent scrutiny of food consumption as a result of food insecurities. During the COVID-19 pandemic, food chains become increasingly disrupted by lockdown measures.[23] Supermarkets and online delivery services in most parts of the world have reported huge growth in demand as customers stockpile goods such as toilet paper, rice, and orange juice as the pandemic escalates.[24]

6. Politic

Special conditions of a pandemic may lead to high levels of social disruption. Also, lockdown and human mobility restrictions will exacerbate social inflammation. COVID-19 has caused social disruption including fear, and lack of trust.[25] In the United Kingdom, contingency plans for a pandemic include posting police at doctors' surgeries and health clinics to stop panicking crowds from stealing

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[23] United Nations 2020a, Policy Brief: The Impact of COVID-19 on Food Security and Nutrition, United Nations, viewed 14 June 2020, at: https://www.un.org/ sites/ un2. un. org /files/sg_policy_brief_on_covid_impact_on_food_security.pdf.

[24] Francesco FIONDELLA, "COVID-19 Disruptions: Understanding Food Security Implications", (2020), State of the Planet Earth Institute, at https://blogs.ei.columbia.edu /2020/04/22/ covid-19-food-security-implications.

[25] Paul BARACH, Stacy D. FISHER, M. Jacob ADAMS, Gale R. BURSTEIN, Patrick D. BROPHY, Dennis Z. KUO, and Steven E. LIPSHULTZ, "Disruption of Healthcare: Will the COVID Pandemic Worsen non-COVID Outcomes and Disease Outbreaks?", (2020), Progress in Pediatric Cardiology Vol. 59, 101254. doi:10.1016/j.ppedcard. 2020.101254, at 1.

medication equipment.[26] The other concern that is created by COVID – 19 crisis is the prisoners' situation. Prisons are one of the most vulnerable institutions in times of COVID-19 and are rapidly turning out to be hotspots for the pandemic. Inability to maintain social distancing, overcrowding of prisons, health conditions deteriorate in overcrowded prisons, nutrition is poor, sanitation inadequate and access to fresh air and exercise often unavailable.[27]

II.   Health Security: Towards the Medicalization of Insecurity

a) Securitization of Health

Securitization as a concept seeks to explain how a security issue can be transformed into a threat that needs to be overcome.[28] It was developed by the Copenhagen School as a theory and according to it, security is not something given but something socially constructed.[29] As the health of all peoples is fundamental to the attainment of peace and security,[30] the question will arise that: Shall infectious diseases especially in the pandemic phase considered a security threat?

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[26] Times Online, "Flu Doctors to be Given Police Guards", [2005], http://www. timesonline.co.uk/article/ 025149-185384300.html.

[27] Gregory BERNSTEIN, Stephanie GUZMAN, Maggie HADLEY, Rosalyn M. HUFF, Alison HUNG, "COVID-19 and Prisoners' Rights, Law in the Time of COVID-19", (2020), Katharina Pistor, Ed., Columbia Law School Journal, at 1.

[28] Eric VAN RYTHOVEN, "The Securitization Dilemma", (2019), Journal of Global Security Studies, DOI:10.1093/jogss/ogz028, at 4.

[29] Jiyong JIN, Joe Thomas KARACKATTU, "Infectious Diseases and Securitization: WHO's Dilemma", (2011), Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science Vol. 9, No. 2, DOI: 10.1089/bsp.2010.0045, at 181.

[30] Constitution of the World Health Organization, 1946, at 1.

As stated in the previous section, the pandemic has various aspects that will impress matters with high attention in political, social, and economic, domains. So, it might be deemed a security issue since its effects impose or threaten to impose an intolerable burden on society. That burden can be measured in terms of morbidity and mortality as well.[31] The feature of the pandemic is causing illness and death on a large scale, over a wide area, in a short space of time and has many costs and impacts on various aspects of personal and social life as well. According to the US pandemic plan, the "impact of a severe pandemic, in terms of its scope, maybe more comparable to that of war or a widespread economic crisis than a hurricane, earthquake or act of terrorism".[32] The core assertion of the health security theory is that insecurity is no longer caused exclusively by the military or political tensions; the presence and rapid circulation of infectious diseases like COVID – 19 within and across populations also can amount to insecurity[33] which constitutes the foundation of the "Medicalization' of Insecurity" theory.[34]

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[31] Christian ENEMARK, "Is Pandemic Flu a Security Threat?", (2009), Survival Journal, Vol. 51, No. 1, at 191.

[32] Implementation Plan, Implementation Plan for the National Strategy for Pandemic Influenza, [May 2006], available at: https://www.cdc.gov/flu/pandemic-resources/ pdf/ pandemic-influenza-implementation.pdf, at 2.

[33] Craig ALBERT, Amado BAEZ, Joshua RUTLAND, "Human security as biosecurity: Reconceptualizing national security threats in the time of COVID-19", (2021), Politics and The Life Sciences, Vol. 40, No. 1, at 96.

[34] See Stefan ELBE, "Pandemics on the Radar Screen: Health Security, Infectious Disease and the Medicalization of Insecurity", (2011), Political Studies, Vol. 59, No. 4.

The securitization of the human immunodeficiency virus (HIV/AIDS), as the first infectious disease that appear on the radar screen of health security dialogue, following the UN Security Council's intervention in 2000 via the adoption of Resolution 1308, has received considerable attention in international society. The Chemical nerve-agent (sarin gas) attack on the Tokyo subway in 1995 by members of the doomsday cult (Aum Shinrikyo)[35] and the 2001 Anthrax Attack (the mailing of anthrax spores to US senators and the media)[36] gave motivation to the securitization of infectious diseases.

b) Role of UN Organs and Specialized Agencies

According to Antonio Guterres the UN Secretary-General, the pandemic is a threat to the maintenance of international peace and security with the potential of leading to an increase in social unrest and violence which hinders the ability to fight the disease, conversely, global solidarity with a coordinated response can help conquer the virus.[37] So for analyzing the UN approach, we should scrutiny the approach of related entities about this issue.

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[35] Susan WRIGHT, "Terrorists and Biological Weapons", (2007), Politics and the Life Sciences Journal, Vol. 25, No. 1-2, at 59.

[36] Philippe CALAIN, Caroline ABU SA'DA, "Coincident Polio and Ebola Crises Expose Similar Fault Lines in the Current Global Health Regime", (2015), Conflict and Health Journal, vol. 9, No.1, at 29.

[37] Secretary-General's remarks to Security Council Open Video-Teleconference on the Maintenance of International Peace and Security: Implications of COVID-19, 2 July 2020, at: https://www.un.org/sg/en/content/sg/statement/2020-07-02/secretary-generals & Secretary-General's remarks to the Security Council on the COVID-19 Pandemic, 9 April 2020, at: https://www.un.org/sg/en/content/sg/statement/2020-04-09/secretary-generals.

1. The World Health Organization

Securitization manifests itself in WHO. In fact, this organization itself contributes to securitization. As Sara Davies argues, ''WHO has been a primary actor in constructing the emerging discourse of infectious disease securitization".[38] It seems that the aim of WHO to securitize infectious diseases is to claim its institutional powers or authority in global governance over this kind of disease. WHO adopted the International Sanitary Regulations in 1951 was an achievement of the nineteenth-century international sanitary conferences.[39] This legally-binding set of rules was renamed to International Health Regulations (IHR) in 1969, and modified in 1973, 1981, and 2005.[40] The IHR as an international legal instrument and one of the earliest multilateral regulatory mechanisms is designed to help protect all States from the international spread of disease, including public health risks and public health emergencies, governing

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[38] Sara E. DAVIES, "Securitizing Infectious Diseases", (2008), International Affairs, Vol. 84, No. 2, at 296.

[39] International Sanitary Conference is turning point of international governance on Zoonosis infectious diseases, see, David P. FIDLER, "The Globalization of Public Health: the First 100 Years of International Health Diplomacy", (2001), Bulletin of the World Health Organization: the International Journal of Public Health, Vol. 79, No. 9, at 843.

[40] International Health Regulations (2005). Second edition, WHO: Geneva 2008, available at: http://www.who.int/ihr/IHR_2005_en.pdf.

the transmission of communicable diseases across borders.[41] The IHR (2005) is legally binding on virtually all (i.e. 194) States worldwide.[42]

According to Article 2, the purpose and scope of the Regulations are:

"to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."

WHO has in recent years acquired a set of new legal powers via the revision of the International Health Regulations. Due to the various impacts and costs of health crises especially in epidemic and pandemic phases, WHO explicitly described pandemic influenza as "the most feared security threat"[43] and adopted IHRs governing infectious diseases. Also in Resolution 2177, Security Council recognized the leading role of WHO, recalled the IHR (2005), and emphasized the importance of abiding by the commitments arising therefrom.[44]

2. The Security Council

The approach of securitization of health was adopted by the United Nations Security Council, identified frequently as the key actor in the

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[41] David P. FIDLER, "Emerging Trends in International Law Concerning Global Infectious Disease Control", (2003), Emerging Infectious Diseases Journal, Vol. 9, No. 3, at 286.

[42] International Health Regulations (2005), Toolkit for Implementation in National Legislation, at 9.

[43] World Health Organization, The World Health Report: A Safer Future: Global Public Health Security in the 21st Century, [2007], at 45.

[44] UN/SC/Resolution 2177, September 18, 2014, at 2, 3, 5.

securitization process, by passing Resolution 1308 in 2000.[45] It was the first time a health issue had been officially framed as an international security concern and was a decisive moment in the securitization process. The Resolution expressed particular concern about the potential adverse effects of HIV/ AIDS and took the unprecedented step of officially declaring HIV/AIDS a *threat* to international peace and security.[46] Fourteen years later, again in confirmation of this approach, Security Council adopted Resolution 2177 in 2014 which for the first time in its practice, qualified the Ebola outbreak as a "*threat* to international peace and security".[47] This time, the language of Chapter VII of the Charter was openly employed by holding that 'the unprecedented extent of Ebola outbreak in Africa constitutes a *threat* to international peace and security'.[48] In light of the outbreak of the 2019 novel coronavirus disease, the UN Security Council unanimously adopted Resolution 2532[49] on the effects of the COVID-19 pandemic across the world and its impact on international peace and security in 2020. Based on this Resolution, "the unprecedented extent of the COVID-19 pandemic *is likely* to endanger the maintenance of international peace and security". Moreover, "the impact of COVID-19 is labeled as *devastating*".[50] Although no

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[45] United Nations Security Council, Resolution 1308: On the Responsibility of the Security Council in the Maintenance of International Peace and Security: HIV/AIDS and International Peacekeeping Operations. July 17, 2000.
[46] Ibid., 11th Preambular Paragraph.
[47] UN/SC/Resolution 2177, September 18, 2014.
[48] Ibid., 5th Preambular Paragraph.
[49] UN/SC/Resolution 2532, July 1, 2020.
[50] Ibid., at 1.

reference is made to Chapter VII, the fact that this sentence is placed at the very top of the text draws some more specific implications.[51] The Resolution marks the first time the Security Council has called for a global ceasefire in connection with an international health emergency. It is the latest Security Council Resolution including infectious disease especially in the epidemic phase among the possible unconventional threats to international peace and security.

3. The General Assembly

General Assembly has defined Human security in 2012, as the "right to live in freedom and dignity, free from poverty and despair".[52] On the other hand, the first significant intervention of this institution on infectious disease is about HIV/AIDS by the adoption of the Millennium Development Goals in 2000. Based on Goal 6, Sates have commitments to reverse the tide of HIV infection. In terms of the ideas underpinning this document, international security was clearly one of the motivations.[53] The second step was the June 2001 three-day UN General Assembly Special Session' (UNGASS) devoted exclusively to HIV/AIDS.

Since the outbreak of COVID – 19, General Assembly adopted two Resolutions. Resolution 74/270 on global solidarity to fight the

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[51] Maurizio ARCARI, "Some Thoughts in the Aftermath of Security Council Resolution 2532 (2020) on Covid-19", (2020), Questions of International Law, ZOOM-OUT 70, at 62.

[52] UN/GA/Resolution 66/290, 'Follow-Up to Paragraph 143 on Human Security of the 2005 World Summit Outcome', September 10, 2012.

[53] Simon RUSHTON, "AIDS and International Security in the United Nations System", (2010), Health Policy and Planning Journal, Vol. 25, at 499.

COVID-19, which recognized the "crucial" role of the WHO.[54] Resolution 74/274 on "International cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19", which related to comprehensive and coordinated response to the COVID-19 pandemic and united response against global health threats such as COVID-19.[55]

The General assembly in these Resolutions has not addressed the security dimensions of the pandemic, but it has recognized that this pandemic 'requires a global response based on unity, solidarity and renewed multilateral cooperation'.[56] Significantly, these resolutions can be important guiding instruments for coherent global action by States and related international organizations; that is one of the main human security purposes.

III.   The Dichotomy of Security: National versus Human Security

Could the grave health and economic consequences of a pandemic be regarded as a reason to consider this threat as a security concern? There are two approaches in security dialogue: national and human security, each of them has its own definition, features, and tools. In the first part, national security will be discussed with emphasis on its own advantages and disadvantages. Then we will consider the human security approach which is rooted in the UNDP programs.

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[54] UN/GA/Resolution 74/270, (3 April 2020).
[55] UN/GA/Resolution 74/274, (21 April 2020).
[56] UN/GA/Resolution 74/270, (3 April 2020).

a)   National Security

Security in international law has traditionally been recognized as national or State security, i.e. the security of States.[57] From this point of view, security is the ability of States to defend themselves against threats or actions against their territorial integrity and sovereignty. So, security in this sense is aimed to build in order to defend the boundaries, institutions, citizens, and values. Boundaries were inviolable, and interference in internal affairs was unacceptable.[58]

Pandemic due to its economical costs, adverse effects on military capacities, and its role in destroying social structures would indeed endanger State security. So, the social contract under which citizens rely on governments to protect them during times of crisis will be damaged.[59] Pandemic poses an extrinsic threat to the citizens of a State as the potential for loss of human life. So, there is a close relationship between public health and internal State stability.[60] It also overshadows State security in two other key ways i.e. economically, and militarily. Economic disruption and militarily undermining can in themselves be a threat to State security. State power According to a neo-realist perspective is measured in terms of material capabilities including economic and military strength.[61] As noted before, a

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[57] Gerd OBERLEITNER, "Human Security: A Challenge to International Law?", (2005), Global Governance, Vol. 11, at 189.

[58] Gerd OBERLEITNER, "Human Security and Human Rights", (2002), Occasional Paper Series, Issue No. 8, at 7 - 8.

[59] ENEMARK, supra note 20, at 198.

[60]Colin MCINNES, Kelley, LEE, "Health, security and foreign policy", (2006), Review of International Studies, Vol. 32. No. 1, at 17.

[61] Kennet N. WALTZ, "Economic Decline Can also Translate into Internal Violent Conflict", (1979), in: JEGAT, supra note 12.

pandemic can threaten the nation's economic vitality and has cost at the global level.

About the adverse impact of pandemics on military effectiveness, it should be noted that infectious diseases have long been highly relevant to military operations. Armed forces in severely affected States will be unable to recruit and train soldiers quickly enough to replace their sick and dying members. Military budgets will be sapped, military blood supplies will be tainted, and organizational structures strained to accommodate unproductive soldiers".[62] In April 2003, Canada's health minister suggested that Canadian Forces medical staff could help relieve pressure on Toronto hospitals than treating patients with severe acute respiratory syndrome (SARS), the military replied that the removal of such vital personnel would delay a major deployment to Afghanistan.[63]

Since the tools of national security for fighting against pandemics is military, it has some adverse outcomes at the end that could be regarded ineffective, counterproductive, or unjust means. The following will discuss the disadvantages of the national security approach.

1. Use of military force to manage pandemic crises carries the risk of tumult in society and so, generating unintended adverse consequences. It may exacerbate popular anxiety and shift focus from

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[62] Susan PETERSON, "Epidemic Disease and National Security", (2002), Security Studies Journal, Vol. 12. No. 2, at 77.

[63] Selin SHANNON, "The Security Implications of SARS", (2003), CANCAPS Bulletin, No. 37, at 10.

health crisis management to termination of insurgencies and rebellions by governments.

2. Implementation of extraordinary legal and policy measures from the government to manage crisis would in some cases lead to infringing individuals' fundamental rights and freedoms. In China, for example, capital punishment was imposed on anyone who knowingly spread SARS and seven years' imprisonment for those who broke quarantine or evaded compulsory medical examination or treatment and accidentally passed on the illness.[64] As well in Singapore, the government imposed prison punishment and large fines for anyone who broke quarantine.[65]

Criminal codes of Scandinavian countries such as Norway, Sweden, Finland, and Denmark and also countries in Europe like the Czech Republic, Republic of Bulgaria, Hungarian, Republic of Serbia, Republic of Croatia, Montenegro, and Federation of Bosnia and Herzegovina, incriminate transmitting dangerous contagious disease and applying them during the outbreak of COVID-19 as the newest dangerous contagious disease in the world.[66] Furthermore, in April 2020 the Australian Federal Minister for Health warned that "persons spreading the virus in all Australian States and Territories could face jail time and that deliberate transmission may lead to sentences up to

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[64] Jacques DELISLE, "SARS, Greater China, and the Pathologies of Globalization and Transition", (2003), Orbis, vol. 47, no. 4, at 598.

[65] Ann, MONGOVEN, "The War on Disease and the War on Terror: A Dangerous Metaphorical Nexus?", (006), *Cambridge Quarterly of Healthcare Ethics Journal*, Vol. 15, No. 4, at 412.

[66] See Veljko TURANJANIN, Darko RADULOVIĆ, "Coronavirus (COVID-19) and Possibilities for Criminal Law Reaction in Europe: A Review", (2020), Iran Journal of Public Health, Vol. 49, Supplementary Issue on "COVID-19".

life imprisonment".[67] Due to the bad economic situation during the pandemic, some people should work and cannot stay in quarantine.

3. National security is based on the national interest of States individually. So, some governments may distance from international solutions and cooperation to protect their national interests and benefits. The initial response of the Chinese government during the SARS outbreak of 2003 and also COVID–19 was to deny the existence of a problem.[68]

Another instance is the decision of Indonesia not to co-operate with WHO during the outbreak of human avian influenza (H5N1) in 2006–2007. During that period, Indonesia refused to share samples of the virus with the WHO Global Influenza Surveillance Network (GISN). This was a major hit because virus samples must be supplied. This government alleged that pharmaceutical companies in developed countries use developing countries samples like Indonesia to manufacture vaccines and then sell the vaccine at an unacceptably high price to people of those countries. According to the Indonesian Health Minister (Siti Supari), the current global vaccine-supply scheme, which is almost exclusive of developed countries, is 'more

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[67] Tom Stayner, 'People Who Deliberately Spread Coronavirus to Health Workers Face Life in Prison, Government Warns', *SBS News* (online, 8 April 2020), at: https://www.sbs.com.au/news/people-whodeliberately-spread-coronavirus-to-health-workers-face-life-in-prison-government-warns, in: Joseph LELLIOTT, Andreas SCHLOENHARDT, Ruby IOANNOU, "Pandemics, Punishment, and Public Health: Covid-19 and Criminal Law in Australia", (2021), University of New South Wales *Law Journal, Vol. 44, No. 1, at 167.*

[68] World Health Organization, Summary of Probable SARS cases with Onset of Illness from 1 November 2002 to 31 July 2003', [26 September 2003], http://www.who.int/csr/sars/country/ table2003 _09_23/en/.

dangerous than the threat of an H5N1 pandemic itself.[69] Undoubtedly, this is commercial exploitation, and Indonesian authorities insist that WHO change the rules to stop commercial abuse of developing countries.[70]

This lack of cooperation by Indonesia with the WHO and its unwillingness is the outcome of the national security approach and superiority of national self-interest in finding a response to the health crisis. In the national-security approach, States will adopt a fortress mentality due to its nature so such an approach is ineffective against a pandemic because of its political barriers for international collective cooperation.

4. The main tool for national security is military interventions. Isolation enforced quarantine, and restrictions on travel are compulsory tools intended to stop the spread of disease. The effectiveness of these non-pharmaceutical responses to a pandemic is uncertain. These responses are also costly. Based on Advice commissioned by the WHO on responding to a pandemic, 'forced isolation and quarantine are ineffective during a long time".[71] So the governments "may feel compelled to adopt measures to demonstrate to domestic constituencies that they are doing something".[72]

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[69] Dennis NORMILE, "Indonesia to Share Flu Samples under New Terms", (2007), Science Journal, Vol. 316, No. 5821, at 37.

[70]Therese MURPHY, Noel WHITTY, "Is Human Rights Prepared? Risk, Rights and Public Health Emergencies", (2009), Medical Law Review Journal, 17, at 229.

[71] Non-Pharmaceutical Interventions for Pandemic Influenza, National and Community Measures, Emerging Infectious Diseases, (Vol. 12, No. 1, [2006], https://dx.doi.org/ 10.3201/ eid1201. 051371.

[72] Kelley LEE, D. FIDLER, "Avian and Pandemic Influenza: Progress and Problems with Global Health Governance", (2007), Global Public Health Journal, Vol. 2, No. 3, at 226.

5. Generally, in the national security approach, political interests have priorities rather than a health crisis. Misuse of powers from some governments in order to achieve political aims that will sacrifice international or regional health programs. The instant case is using a fake Hepatitis B campaign in Abbottabad Pakistan by the Central Intelligence Agency (CIA) of the USA; a failed attempt to obtain DNA from Osama bin Laden's children prior to his assassination. This political action of the USA boycotted the vaccination campaigns in militant-controlled areas of northwestern Pakistan, which was a setback for the global efforts to eradicate polio.[73] In 2014 as well it was revealed that the United States Agency for International Development (USAID) had used HIV prevention workshops in Cuba that were a cover for attempts to encourage political opposition in this country.[74] Such political center activities certainly undermine trust and destruct health crisis programs even in the pandemic phase.

Resort to national security approach to manage health crises like pandemic is ineffective. This is because the securitization process from the perspective of this approach shifts the emphasis away from human health to State security. Indeed, a more holistic approach must be taken that places humans as the main object of security, not States. In my opinion, human security as a UNDP great achievement with its especial various tools and features is a more effective approach to

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[73] Jonathan KENNEDY, "How Drone Strikes and a Fake Vaccination Program Have Inhibited Polio Eradication in Pakistan: An Analysis of National Level Data", (2017), <u>International Journal of Health Services</u>, Vol. 47, p. 1.

[74] <u>https://www.theguardian.com/world/2014/aug/04/usaid-latin-americans-cuba-rebellion -hiv-workshops</u>.

manage pandemic and health crises as a whole. In short, changing the language of security is surely changing the actions of States.

b) Human Security

As discussed before, the consequences of the pandemic are not limited to a health issue but also have impacts on social, economic, educational, political, and environmental domains. Some States like Canada and Japan select human security as the main approach to respond to various crises such as pandemics. In the following definition, features and dimensions of this kind of security will be discussed.

Human security is a concept being concerned with the survival, daily life, and dignity of human beings. This concept has largely been created and shaped by Mahbub ul Haq in the 1994 United Nations Development Program Report.[75] The origins of human security are often traced to the publication of an Agenda for Peace by United Nations Secretary-General Boutros Boutros-Ghali in 1992. Based on this document, threats to global security are not only military in nature: "A porous ozone shield could pose a greater threat to an exposed population than a hostile army. Drought and disease can decimate no less mercilessly than the weapons of war".[76]

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[75] Kanti BAJPAI, "Human Security: Concept and Measurement", Joan B. Kroc Institute for International Peace Studies, University of Notre Dame, Occasional Paper, 19 August 2000, at: https://www.cusb.ac.in/images/cusb-files/2020/el/psc/4-Abhay% 20KrMA% 20II%20Sem. pdf.

[76] Council of Europe, Human security, Manual on Human Rights Education with Young People, [2000], available at: https://www. coe.int/en/web/compass.

Human security rests on two pillars, freedom from want, (i.e. safety from the constant threats of hunger, disease, crime, and repression) and freedom from fear, (i.e. protection from sudden and hurtful disruptions in the pattern of our daily lives). The origin of these pillars rests on Franklin Roosevelt's viewpoint included ''freedom from want'', and ''freedom from fear'', among his four fundamental freedoms i.e. Freedom of Speech; Freedom of Worship; Freedom from Want; Freedom from Fear.[77] Upon the UNDP 1994 report, human security has seven separate components: Economic security (assured basic income); Food security (physical and economic access to food); Health security (relative freedom from disease and infection); Environmental security (access to sanitary water supply, clean air, and a non-degraded land system); Personal security (security from physical violence and threats); Community security (security of cultural identity); Political security (protection of basic human rights and freedoms).[78]

Based on 1994 UNDP report, the notion of human security has included health security,[79] and according to the World Health Report of 2007 defined as 'the activities required, both proactive and reactive, to minimize vulnerability to acute public health events that endanger

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[77] Wolfgang BENEDEK, "Human security and human rights interaction", (2008), International Social Science Journal, Vol. 59, at 7.
[78] Human Development Report, [1994], New York: Oxford University Press, at 23-25.
[79] Ibid., at 27- 28.

the collective health of populations living across geographical regions and international boundaries".[80]

Due to the effects of a pandemic on human health, economic losses, and two key elements that are speed and dread, it can be considered as a security issue in the context of human security. As stated before, human, social, economic, and environmental impacts and costs of pandemic placed it in the context of human security.

Human security is human-centered and based on human rights. On the other hand, the right to health is mentioned in the 1948 Universal Declaration of Human Rights (Article 25), closely related to the right to life and hence relevant to the first generation. It is inserted in the International Covenant on Economic, Social, and Cultural Rights (Article 12) as the second generation of human rights and also closely related to the right to a healthy environment.

Inclusion of public health emergencies, especially pandemics among the possible unconventional threats to international peace and security are outcomes of Security Council Resolutions. Resolution 2177 on the Ebola outbreak is the first and Resolution 2532 on the COVID-19 outbreak is the latest of a limited number of Security Council resolutions recognizing the reconceptualization of security as "human security". They have propounded an evolutionary interpretation of the notion of threat under Article 39 of the UN Charter and positioned it alongside modern threats to peace and security.

Human security is a "people-centered, comprehensive, context-specific and prevention-oriented approach that strengthens the

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[80] World Health Organization, The World Health Report: A Safer Future: Global Public Health Security in the 21st Century, [2007], at 5.

empowerment of all people and all communities".[81] It has proportionate tools and responses for each kind of threat. For example, vaccination has been regarded as a checkmate move to end the COVID-19 pandemic.[82] It is a response that needs international cooperation and global solidarity. So, States cannot carry it out individually in their own territory as a fortress. As Michelle Bachelet said: 'no country can effectively combat this epidemic on its own. We need to act with solidarity, cooperation, and care'.[83]

According to the 1946 WHO Constitution: 'The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States'.[84] Therefore, we need the combined efforts of everyone i.e. "solidarity" as the third generation of human rights.[85] It can be recognized as the main solution for managing health crises like COVID-19 in the context of human security. As Guterres said: 'the COVID-19

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[81] UN/GA/Resolution 66/290, September 10, 2012.

[82] John R. KERR, Alexandra L. J. FREEMAN, Theresa M. MARTEAU and Sander VAN DER LINDEN, "Effect of Information about COVID-19 Vaccine Effectiveness and Side Effects on Behavioural Intentions: Two Online Experiments", (2021), Vaccines, Vol. 9, No. 4, https://doi.org/10.3390/vaccines9040379.

[83] 'Bachelet Calls for Easing of Sanctions to Enable Medical Systems to Fight covid-19 and Limit Global Contagion' (UN in Iran, 26 March 2020) in: Pouria ASKARY, Farzad FALLAH, "The Right to International Solidarity and Humanitarian Assistance in the Era of COVID-19 Pandemic", (2020), Journal of International Humanitarian Legal, Studies II, at 194.

[84] World Health Organization Constitution, [1946], available at: http://www.who.int/entity/ governance/eb/who_constitution_en.pdf.

[85] Pouria ASKARY, *op. cit.,* at 197.

pandemic has reinforced this message more strongly than ever. We belong to each other. We stand together, or we fall apart'.[86]

Conclusion

The pandemic prime result is physical or mental illnesses and death on a large scale, in most countries all around the world in a short space of time. It also has severe economic disruption, a loss of public confidence, the undermining of societal functioning, and the polluting of the environment. These outcomes and costs put this health crisis in the context of security. Securitization of pandemics attracts high attention to this problem at the national and international levels.

In the national security context, which is accepted by more governments in international society, non-pharmaceutical interventions such as forced isolation, quarantine, screening borders, and similar policies are most of the time costly and ineffective. It also would lead to infringing individuals' fundamental rights and freedoms in some cases. National security is based on national interests and because of this, each government may apply its own policies.

Pandemic is a global threat so it needs a collective response. Human security as a human-centric approach has its own proportionate tools for health crises management. It focuses on prevention at the first stage and then in times of pandemic pay more attention to pharmaceutical interventions i.e. vaccine as a main and unique solution. Human security as a comprehensive approach utilizes

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[86] 'Secretary-General's Nelson Mandela Lecture: Tackling the Inequality Pandemic: A New Social Contract for a New Era' (UN Headquarters, 18 July 2020), in: Pouria ASKARY, Ibid, at 202.

a wide range of new tools and opportunities to tackle threats in the global phase.

Nowadays, new threats need new responses. States should change their attentions from their borders to their citizens to maintain their security. According to Dorn: "The world may never be at peace except people have security in their daily lives".[87]

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[87] Walter DORN, "Human Security: An Overview", (2001), Pearson Peace Keeping Centre, at: https://walterdorn.net /23- human-security-an-overview.