

## **Briefing Memo**

### **Response to Infectious Diseases as an International Security Agenda: Lessons from the 2014 Ebola Outbreak**

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In 2014, the Ebola outbreak in West Africa killed more than 10,000 people, and alerted the international community to the importance of responding to infectious diseases as an international security agenda. The United Nations (UN) Security Council, in response to the outbreak, held an emergency meeting, declaring it a “threat to international peace and security,” and unanimously adopted Resolution 2177 (2014), calling on the UN member states to provide urgent resources and assistance to combat the outbreak. This was the third time the Security Council adopted a resolution on a public health crisis, the first two instances being for HIV/AIDS, proving that the 2014 Ebola outbreak was regarded as a threat to international security. In tandem with the resolution, various forms of assistance were provided by a number of countries, and notably, relatively large-scale troop deployments were made by the permanent members of the Security Council.

This article first clarifies how the 2014 Ebola outbreak was regarded and treated as a threat to international peace and security. It then describes the current international trend in the expansion of the areas of activity of public health and security sectors, which are moving toward each other especially in their responses to infectious diseases and biological terrorism. The final section presents the implications of these developments for Japan.

### **Infectious Disease as an International Security Agenda**

The spread of infectious disease is a global issue that is linked to population growth and rapid urbanization, bringing about a shortage of resources, food, and water, which results in serious poverty. Population growth and urbanization have further serious consequences for the global environment and climate, leading to the emergence and re-emergence of infectious diseases, as well as the diversification of diseases with mutated viruses. The World Health Organization (WHO), which plays a central role in infectious disease management, has made plentiful efforts, together with other international organizations as well as aid agencies of individual countries and nongovernmental organizations, to improve the capability of individual countries to control infectious diseases. Nonetheless, the Ebola virus spread out of control in 2014, prompting the international community to recognize anew the need to regard infectious disease control as an international security agenda.

The most seriously affected countries of the 2014 Ebola outbreak, Guinea, Liberia and Sierra Leone, were not just the least-developed countries in Africa, but also in the process of recovering from decades of conflicts and instability, with assistance from the international community. The outbreak of Ebola hindered this process, destroyed people's livelihoods, ravaged communities, and placed pressure on government spending. This raised concern in the international community that the accumulated efforts for economic and social development would rapidly slide backwards. Moreover, the vacuum of governance in post-conflict countries could easily become a haven for terrorists. A lack of adequate infectious disease control is thus not only detrimental to people's health, but also threatens political, economic, and social stability globally. This is why infectious disease control has come to be recognized as a "non-traditional" security agenda.

The international response to the 2014 Ebola outbreak was an explicit indication that countries recognized infectious diseases as a threat to international security. On September 18, 2014, the UN Security Council called an emergency meeting and adopted a resolution, declaring that the Ebola outbreak was a threat to international peace and security, and requesting all the UN member states to provide the necessary assistance. The UN Secretary General, Ban Ki-Moon, then set up the UN Mission for Ebola Emergency Response (UNMEER). Calling a Security Council meeting, adopting a resolution and establishing a UN emergency mission for a public health issue were all extraordinary responses by the UN.

Moreover, the United States (US), the United Kingdom (UK), France, and China, among other countries, provided assistance not only through their aid agencies, but also in the form of relatively large-scale military deployment. US President Obama described the outbreak as "a national security priority," and dispatched 2,800 troops to Liberia to construct Ebola treatment units among other tasks. The UK also dispatched 750 Ministry of Defense personnel to help with the establishment of Ebola treatment centers, and deployed a casualty receiving ship, Royal Fleet Auxiliary Argus. France provided a dedicated medical center for workers in Guinea, which was staffed with over 110 soldiers mainly from the Military Health Service. China, in addition to constructing Ebola treatment centers in Liberia and Sierra Leone, sent 500 Peoples' Liberation Army medical staff to treat patients and to provide technical training in epidemic prevention. The effectiveness of such military involvement is yet to be assessed, but the fact that four out of five permanent members of the UN Security Council deployed relatively large numbers of military forces for infectious disease containment indicates a new dimension of non-military international cooperation using military assets.

### **The Interference between Security and Public Health**

The 2001 anthrax mail attacks following the 9/11 terrorist attacks in the US were a significant turning point when infectious disease management came to be regarded by both the public health

and security sectors as a security agenda, particularly in the US and Europe. A major achievement in the public health sector was the revision of the International Health Regulation (IHR) in 2005. The IHR binds the member states of the WHO in accordance with the WHO Charter. The revised IHR (2005) requires member states to notify the WHO of any events that may constitute a public health emergency of international concern. This was a radical shift from the previous regulation that limited notification of outbreaks to three diseases (cholera, plague, and yellow fever). The revision was made to effectively detect emerging and re-emerging health crises, enhance the compliance mechanism of member states, and efficiently respond to chemical, biological, radiological, and nuclear (CBRN) terrorism. The revised regulation therefore focuses on the epicenter of outbreaks, emphasizing the building of daily surveillance for the prevention and detection of outbreaks, and responses to them, while the former IHR placed more value on quarantine at borders.

In the security sector, a notable framework is the Biological Weapons Convention (BWC), which is a multilateral effort to prohibit the use of infectious viruses as biological weapons. The 2001 anthrax mail attacks were an impetus for the BWC to shift from monitoring states' biological weapons programs to strengthening the capability to respond to a much wider spectrum of biological incidents caused by bacteria and viruses. The review conferences of the BWC held in 2006 and 2011 adopted the outcome documents, and stressed the importance of information sharing among the relevant national and international sectors in a coordinated and comprehensive manner, including public health, law enforcement, and research laboratories, as well as industries.

In addition to the above-mentioned existing frameworks, new efforts in the public health sector have also begun as a result of the 2001 anthrax mail attacks. In November 2001, the Global Health Security Initiative (GHSI) was launched by the Group of Seven countries (Canada, France, Germany, Italy, Japan, the UK, and the US), Mexico, and the European Commission, with the WHO as an advisor, for concerted global action to strengthen public health preparedness and response to the threat of international CBRN terrorism. Furthermore, as a combined effort to respond to infectious diseases from both public health and security perspectives, in February 2014, the Global Health Security Agenda (GHSA) was initiated by the US with 28 other countries, the WHO, the Food and Agriculture Organization as well as the World Organization for Animal Health. The GHSA aims to accelerate progress, in a coordinated manner, toward a world safe and secure from the major infectious disease threats. The GHSA requires not only a "One Health" approach to comprehensively counter natural disease threats against humans, animals, and the environment, but also a security focus to counter deliberate threats; thus, it has suggested a "One Health Security" approach.

As shown above, the 2001 anthrax mail attacks propelled various international efforts and mechanisms that are aimed to respond to a wide spectrum of biological threats. Both the public health and security sectors appear to be expanding their areas of activity toward each other, especially in regards to biological terrorism and infectious diseases. This is a clear indication that

both sectors are recognizing that biological threats are not only a public health issue, but also economic, social, and political issues, and should therefore be part of an international security agenda.

### Challenges for Japan

Population growth, urbanization, and globalization have diversified biological threats, and the stakeholders responding to them also vary. A web of prevention that weaves all the relevant agencies and sectors in a multi-layered way is required. Nevertheless, in Japan, individual efforts in public health, security, intelligence, and development sectors have strengthened their capacity in a stovepipe. The response capacity to infectious diseases requires the building of a comprehensive early-warning system, connecting various activities including the detection of abnormal pathogens or viruses before outbreaks, and information sharing on vaccine development, emerging and re-emerging infectious diseases worldwide, and national and international investigations and intelligence on possible criminal acts. To this end, political recognition of the infectious disease issue as a national security agenda is of the highest priority and the only way that all the relevant agencies, entities, and individual efforts can be connected. Moreover, such an early-warning system cannot be completed within the borders of one country. Forging an international network of cooperation and monitoring the global trends of outbreaks is also necessary. Japan can build upon its rich experience in international cooperation in response to infectious diseases and commit further to the promotion of infectious disease responses, thereby advancing the principle of “proactive contribution to peace based on the principle of international cooperation,” declared in the Japan’s first National Security Strategy released in 2013.

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