

Global Health Security in a New World Order: Winning the Battle but Losing the War

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Pooran, Sanjay (2022) Global Health Security in a New World Order: Winning the Battle but Losing the War. *Future Human Image*, Volume 18, 42-55. <https://doi.org/10.29202/fhi/18/5>

This article focuses on the architecture of intersection that exists between emerging infectious diseases, conflict and global governance. Using COVID-19 as both the backdrop for a failed global response as well as a predictive exercise for future behaviours and attitudes. It follows a course not previously explored where contagion and conflict shape a future of calamity and insecurity. It explores how international relations uses domestic and geopolitical turbulences to infect and damage a co-ordinated response to the pandemic. This leads to mistrust and apathy towards any response of mitigation.

Keywords: pandemic, global health security, RNA virus, WHO, gain of function, Yersinia pestis, black death, pathogens

25 November 2022 / Accepted: 8 December 2022 / Published: 15 December 2022

Introduction

By definition war is an extension of politics by other means. Whether we so choose to admit COVID-19 has increased its political currency exponentially, at the same-time devaluing the guiding principles of humanity by politicians and organisations hell bent on dodging blame and holding onto power. So based on this, we are indeed at war. This is World War 3. It is mutually assured destruction (MAD) based on a level of apathy second to none.

It's humanities mea-culpa moment. Years of arrogance, bipartisan politics and an abundance of conspiracy theories has us wondering, is there any end in sight for what has become our daily fear of the unknown. The quick, global spread of COVID-19 in the first half of 2020 has constituted a major destabilising event in international affairs. It has infected millions of people all around the world and paralysed economic activity as well as shifting social

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relations. The virus is not the first of its kind; in the last decade alone, it has followed smaller outbreaks of a diverse range of viruses such as the swine flu in 2009, and avian influenza in 2013. Historically, its destructive nature is paralleled by the rate of fatality of the Spanish flu, the plague or cholera. With millions of casualties, the intensity and scale of the phenomenon makes these outbreaks a risk for the global population. However, the effects of these events go well beyond the death of millions of people. In fact, for centuries, pandemics have created fear as much as innovation, they have torn states apart and made economies collapse. Investigations have proven the significant impact that pandemics have had in history. From a political point of view, pandemics have affected international relations, among other aspects of current affairs, by causing diplomatic tensions over the (mis)management of the crisis, the effectiveness of the containment, and the unequal distribution of resources.

Over the years, health security has become a topic of increasing importance, with outbreaks and epidemics such as Ebola and COVID-19 creating a lasting impact on global health. Pathogens have been documented throughout history, with one of the most fatal outbreaks having occurred with the Black Death in the 14th century, which caused the death of one-third of Europe's population, and the associated *Yersinia pestis* bacteria linked to the plague is still a potential threat today (Janik, et al., 2020: 593). The potential weaponization of pathogens and the emergence of bioterrorism as a threat, is of extreme concern, since biologists have agreed that the risk-to-reward ratio for those looking to cause harm may make this kind of attack particularly attractive (Green, et al., 2019). Infectious diseases are already responsible for around a quarter of deaths worldwide, and in 2008 was recorded as being the lead cause of death in children under the age of five, making the significance of microbial threat evident (NCBI, 2010: 2-3). In contemporary society, where many infectious diseases have been defeated through the development of vaccines and sanitation, it is no longer common, at least in the industrialised world, to witness the deaths of thousands from outbreaks of typhoid, smallpox, measles, or scarlet fever (Adalja, 2016: 7). However, as the most recent COVID-19 outbreak, has shown us; there is a need to continue to work on prevention, and to recognise the possibility of a large-scale outbreak again in the future. Although many types of microbes could effectively be manipulated so as to cause catastrophic risk to humans, viruses, and in particular RNA viruses, have been identified as those most likely to be utilised in this capacity (Johns Hopkins Centre for Health Security, 2018: 14). Johns Hopkins University's Centre for Health Security (2018, p. 14), characterises a high rate of replication and plasticity in viruses, and the lack of a broad-spectrum antiviral agent, as contributing factors to heightened pandemic risk. Added to this the potential for viruses to be genetically engineered, as has been predicted, and the possibility of manufacturing viruses which are antibiotic- and vaccine-resistant, and it is clear to see how fears of future pandemics are justified. Scientists have claimed that the Third World War will be biological, changing the face of warfare and the strategies required of military defence (Foley, 2013: 22). Although the COVID-19 pandemic is not believed to have come directly from the Wuhan laboratory in China where experiments were being conducted on bat coronavirus; the investigation into its origins have highlighted a severe lapse in safety and security, which could be exploited by terrorists, or otherwise result in theft or accidents which would be just as damaging to human health (Warrell, 2021: 1). If the Ebola crisis could have been said to be a warning to the world's public health sector that the threat of a virus of pandemic proportions needed to be realised, then the COVID-19 crisis should have been a stark wake-up call to public health officials, whose lack of leadership and unpreparedness in the face of a crisis of this scale has brought criticism from the science

community (Godlee, 2020: 1). Global health experts have claimed that this crisis has revealed serious flaws in public health emergency response and preparedness, as well as a history of disinvestment that has resulted in the system's inability to meet basic needs (Chan, 2020: 2).

The tremendous strain on public health, and the equally tremendous work of those on the frontline of healthcare to defeat this latest pandemic, is testament to the potential on offer with the cooperation of the scientific community. It has led to calls for increased cooperation at the science-policy-society interface, and for massive improvements in the current way, that science and technology are harnessed to meet global challenges (UN, 2020: 1-2). It is hoped that lessons from COVID19 will help the world to prepare for the next pandemic, but the scale of work that is needed for public health agencies to be able to effectively respond to this kind of crisis is unprecedented. Indeed, the threat is itself unprecedented, and even with global cooperation from the science community, there will be struggles to keep up with developments in healthcare and technology. COVID-19 has shown us that there is a fundamental need to change the way that we deal with public health, and has proven that no single country is capable of tackling such transnational threats alone. The way forward is through a mediated global public health policy, centring around international unity and inclusion, and based upon the value and respect for science (Wetter & Gostin, 2021).

How COVID-19 will change the dynamics of Global Conflict

When António Guterres, Secretary-General of the United Nations, called for an immediate cessation to all global conflict, his statement made with the best of intentions seemed to veil the magnitude of fear and shock that resides in global leaders from whom we have come to seek some measure of solice and comfort. This pandemic could further exacerbate regional divisions, across all political systems by those who seek financial gain, as well as deepening the inequalities and paranoia that drive these conflicts, or it could also be the start of new conflicts shaped by the parameters of biological and scientific aggression the likes of which this planet has not seen yet.

Global economies are having to grapple with the restructuring of societies that took years to build. Many have been left flat-footed by decreasing supply chains, weakened health systems, rising unemployment and realignment of human resources that will make normal day-to-day jobs redundant. The impending recession cannot be viewed in isolation. Unlike the 2008 crash, this pandemic has the potential to resurrect without warning, and to spawn a new wave of biological attacks which will certainly cripple the planet, and make any economic recession seem like a welcome distraction.

History does not need to repeat itself, but it can rhyme. We need to look no further than the Ebola crisis in the DRC. Trying to manage an epidemic within the confines of conflict, creates a crisis of confidence seeded by insecurities that leave lasting and lingering consequences. This makes the management of epidemics challenging at best and irrelevant at worst. Xenophobic currents were already on full display prior to this pandemic, and its amplification seems like a real possibility, as nation states will fall prey to tribal politics pitting one against the other. In keeping with an isolationist agenda there seems the real possibility that racializing of this pandemic will severely undermine any collective response to battle it. We need to look no further than comments made by French doctors Dr. Jean-Paul Mira, head of ICU services at the Cochin Hospital in Paris, and Camille Lochet, research director for France's National Institute of Health and Medical Research. Leaders like this who sow protectionist agendas

have already endured the wrath of the WHO who have decried this type of colonial thinking. Any reciprocity in thinking will only fuel anger and then conflict.

Sometimes persuading populations with little trust in government or political leaders to follow public health directives can be a very difficult task. During the 2014 Ebola outbreak in Guinea, Liberia and Sierra Leone, the virus initially spread rapidly, not only because of the weakness of monitoring and evaluation an inadequate health system capacity and response, but also because people were sceptical of what their governments were saying or asking them to do . The doubts stemmed in part from misinformation and poor advice about the contagion from the governments involved but also from recurrent political tensions in a region scarred by war in the previous decade. In cases of active conflict, national and international medics and humanitarian actors may struggle to get relief to people in need.

The collective responsibility of the World Health Organization (WHO) and international NGOs failed to contain an Ebola outbreak in the eastern Democratic Republic of the Congo (DRC), despite support from UN peacekeepers, due to violent local militias that blocked access to some affected areas. At times, combatants targeted doctors and medical facilities themselves. Although the Congolese authorities and WHO apparently succeeded in ending the outbreak in recent months, the disease lasted far longer and claimed far many more lives (with a confirmed 2,264 fatalities) than would have been the case in a stable area. Security obstacles are similarly liable to hamper the COVID-19 response in places where hostilities continue.

The cornucopia of economic and political impacts of COVID-19 will fuel conflict and severely hamper an already overburden government and its ability to manage a public health crisis. An effective healthcare system must manage duality of emerging threats whilst at the same time providing continuous effective healthcare services to its tax-paying citizens. War or prolonged unrest, especially when compounded by mismanagement, corruption or foreign sanctions, have left health systems ill-prepared for COVID-19. Systems that are already under the burden of conflict with find it equally difficult to manage this pandemic, and might have to resort to paramilitary organisations for institutional capacity building, which will place a caveat on any form of effective governance systems. This will also severely hamper organisation like the WHO and CDC from effectively monitoring and evaluating progression of emerging diseases in these regions.

According to the WHO, North-Western Syria, around Idlib, and Yemen stand to be the areas where a COVID-19 outbreak could be highest. An outbreak Polio in 2013-2014 and Cholera in Yemen in 2016 further weakened their health system. Combined Russian and pro Assad forces have attacked all medical facilities and led to the displacement of over one million people in the last six months alone. Many people fleeing clashes sleep in fields or under trees, and basic hygiene and social distancing practices are made impossible by the lack of running water or soap as well as cramped living spaces. Delivery of vital test kits has been delayed by weeks. Humanitarian workers fear that an outbreak of the disease in Idlib would both overwhelm the province's medical facilities and make it impossible to care for victims of war.

The humanitarian response to this pandemic will increase, however emergency funding might very well decrease as conflict regions have to grapple with resource realignment. Life-saving programmes received about 40% of humanitarian funding within conflict zones and this looks to be further reduced.

Examples

Libya. Tripoli has a government that is backed by the UN. They have pledged roughly \$300 million to respond to this outbreak. However resource allocation and distribution of skills and services to address this need is vague at best. During the war there was a mass exodus of medical and scientific expertise and this had caused an already fragile health care system to collapse.

Venezuela. An already overburdened health system which has been the recipient of generous injections of Chinese and Russian donations, stands to collapse as news of an impending US invasion has sparked massive migration across borders and possible spread of COVID-19. As nations rush to close borders, illegal migration could see a rise in paramilitary involvement and cartels who might see expendable human resource potential as a means to keeping illicit activities alive.

Iran. Iran's lack of transparency with specific reference to monitoring and evaluation coupled with international sanctions, has set the stage for an explosion of this disease. This in turn could collapse the health system. Fractured loyalties between Sunni and Shia could further embolden any influence that ISIS has in the region.

Gaza. After years of isolation, its weakened health system could not meet the demands of this dense population. They have as of today 2 documented cases, but the Ministry of Health has struggled to find resources and skills necessary to deal with and respond to this pandemic

Yemen. War since 2015 has decimated what even before was a very weak health system. Over 24 million people already require humanitarian assistance. After de facto authorities in the capital city of Sanaa and the internationally recognised government in Aden banned international flights to prevent the virus from spreading, international relief teams reduced their numbers to essential staff. A COVID-19 outbreak could rapidly overwhelm aid efforts and make one of the world's most serious humanitarian catastrophes even more dire.

Contagion spiking in refugee camps presents a humanitarian disaster unparalleled to anything we have ever witnessed. Officials at the WHO and UN are concerned about the al-Holcamp in north-eastern Syria, refuge to over 70,000 people. This camp in the fall of 2019, was already "a scene of humanitarian disaster, rampant with disease – its residents lacking adequate food, clean water, often cut off entirely from medical services", leaving its population highly vulnerable to COVID-19.

The link between health and security as scientific aggression forms new battlefield – (2020: the reinvention of aggression)

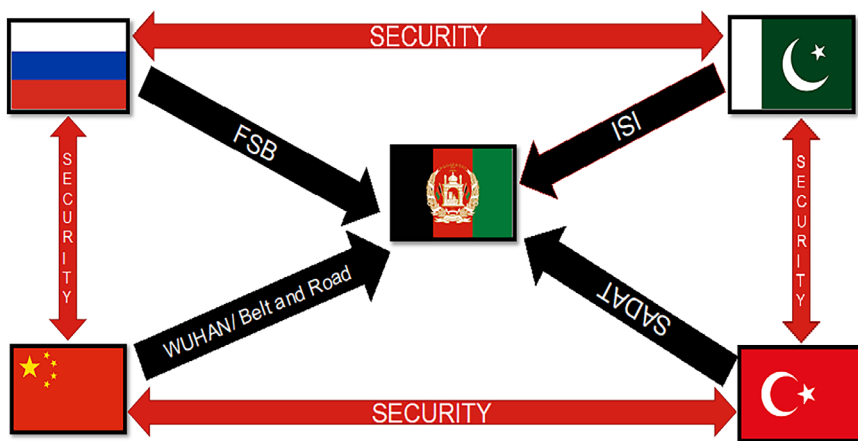
The first two weeks of 2020 consisted of the assassination of Qasem Soleimani and the downing of Ukraine International Airlines Flight 752, and this gave a sense of dreaded fear, that these events were mere appetizers for what was to come. And so 18 months on, those fears have been realized, none the wiser as to how best to chart our way out of this pandemic, however one thing is for certain, and that is, this pandemic has weakened our global security architecture, and if events in Afghanistan do not serve as a reminder, then humanities mea-culpa moment might be too late. By definition, war is an extension of politics by other means. Whether we so choose to admit COVID-19 has increased its political currency exponentially, at the same-time devaluing the guiding principles of humanity by politicians and organisations hell-bent on dodging blame and holding onto power. So based on this, we are indeed at war.

This my friends, is World War 3. It is mutually assured destruction (MAD) based on a level of apathy second to none.

The World Health Organization declared COVID-19 a Public Health Emergency of International Concern on 30 January 2020. Their reluctance to declare it, speaks to an insouciant tone of ignorance, incompetent and mere disregard for the tenants of human survival and security for which it is trusted. Even Ebola czar Professor Peter Piot of The London School of Hygiene and Tropical Medicine (LSHTM), was left dumfounded, commenting that WHO made the declaration too late. The LSHTM and WHO have long enjoyed a rich history of collaboration, with many notable alumni serving at the highest levels of the WHO, so his comments should be viewed with the impartiality that it deserves.

So the war wages on, man against virus racing against the clock so that entire populations are not wiped from the face of the planet. At the time of writing COVID-19 has claimed the lives of 4.55 million people. Could this pandemic be the turning point for global conflicts, or could it be the reinvention that we so truly dread. That reinvention was realized with the rapid and mind-boggling withdrawal of allied forces from Afghanistan. The technical expertise available to the allied forces seemed to have fallen on deaf ears, or were conveniently silent, as we watched in horror the rapidity of withdrawal ignorant to the fact that a rapidly mutating virus is still in circulation. As the world seems convinced and divided at the same time as to the origins of covid, focusing our intense conspiracy desires to everything and anything China related, the Russians are certainly enjoying this Schadenfreude moment, which will soon pave the way for them, China, Turkey and Pakistan to lead the charge for Taliban legitimacy and usher in a new wave of global recognition, the likes of which we have never seen before. If the IMF and World Bank have a shared agenda of Taliban reformation, they might be in for the shock of their lives. Afghanistan has provided China with a golden opportunity to fulcrum it's expertise and technology to vanguard any South East Asian apparatus.

Why Afghanistan could become the new hub for Biological warfare.
Framework for Taliban Recognition and what could go wrong
Very brief



That vanguard together with support from Russia, Turkey and Pakistan will clear the way for other regional partners to shift away from western alliances and seek audience with a more domestically aligned alliance, that seeks to portray a local understanding of the Asian continent.

The new alliance of an Australia-US-UK nuclear submarine pact continues to turn the knife in the back of France, making other EU countries wary of any transatlantic sympathies and protection from future Russian aggression. Could this be the EU's foreign policy pivot towards China and Russia, which the west has secretly harboured but never publicly disclosed.

The magnitude of fear and shock that resides in global leaders from whom we have come to seek some measure of solace and comfort, seems to accelerate with global conflicts. This pandemic could further exacerbate regional divisions, across all political systems by those who seek financial gain, as well as deepening the inequalities and paranoia that drive these conflicts, or it could also be the start of new conflicts shaped by the parameters of biological and scientific aggression the likes of which this planet has not seen yet.

History does not have to repeat itself, but it could well rhyme. Are we ready for a return to normal life: Let science takes its place

The swift and rapid spread of Covid-19 at the beginning of 2020 brought the global order that was already in state of flux, to a screeching halt. Even atheists were holding their breaths, looking for salvation from each and every corner of existence, embracing tones that speak to a higher power, as some sort of temporary departure from their sustainable narratives, as confrontation with our mortality became a daily exercise. Such narratives have however, exposed both the limitations and strengths of our belief systems, as we try to collectively understand the past year, put it into context, and optimistically chart our way back to what we consider normal.

The arch of history is defined by global flash points of crisis, highlighting our own human desire to seeing history not as a repeat of itself, but rhyming to tune of our very own survival. From the assassination of JFK, to World War 2 to September 11, we have prided ourselves on the resilience and stoicism of a human race galvanized in our efforts to not only survive but thrive. For some reason, the threat of COVID-19 and emerging infectious diseases has shaken our sensibilities that will leave generations to come shaking their heads in collective disbelief.

With vaccines being churned out by the month and scientific innovation accelerating our ambitions, our outlook towards the future seems hopeful, but that hope should be tempered by the realities of our divisive past that could easily come back to haunt us. For starters let's give science the recognition and respect that it deserves, the same science that allows us to enjoy the freedoms that we have come to enjoy, and the preservation of life we take for granted. Let us not shroud biological ambiguity and jeopardize global health security for the sake of scoring a few political points, disguised as humanitarian vigour. These statements create a false sense of security and an uncertain future.

When statements such as "IP rights should be waived for poorer countries", it makes my nights restless. Such statements defy logic that production mechanisms around the globe are not quality assured to same exacting standards of the original vaccine. This in itself could further exacerbate health care inequality, creating a vaccine apartheid, setting the stage for a multiple-tier system of vaccine acceptance. Do we need a cleared example of discrimination and inequality?

Gain of Function research

The very same people calling for the waiving of vaccine rights, have ignored the biological and chemical aggressions of the FSB arm of the Russian KGB. The FSB reflects Vladimir Putin's appetite for global supremacy at any cost. If you do not believe me just ask the Brits. The Russians could very well help state and non-state formations reverse engineer the process of gain of function research and turn it into an agent of destruction and death. Please let me not have to revisit any reference to Afghanistan again.

At this stage of the pandemic, we should focus on an equal and rapid distribution of vaccines globally. Ensure that all countries, all races are vaccinated with the same quality assured vaccine. This would have been the best way forward, matching goodwill with affirmative action towards shared global health security. It could have also reduced the time for variants to propagate in countries, that still to this day has massive proportions of their populations unvaccinated.

Jeff Bezos, Richard Branson and Elon Musk ignored this opportunity to pool together resources, and lead what could have been the largest humanitarian effort in history, to get vaccines to all corners of the planet. Their influence, innovation and deep pockets should have catalysed novel vaccine delivery mechanisms, that could be blue printed for emerging infectious disease threats. Instead, I had to watch as they skimmed the edge of space to the sound of popping champagne corks.

The same resources used to develop space flight would have served humanity much better by employing a cross-disciplinary and multi-sectoral approach to ensuring effective global health security.

What is even more baffling is the lack of urgency by global health powers to enlist the help of these men to combat this pandemic, as an exercise in sustainable innovation towards human survival. We speak of climate change, as a pressing matter of urgency, but where are the same voices of urgency and care when we speak of health security.

How can the WHO respond to health emergencies in countries experiencing political violence and instability?

The International Health Regulations (2005) bind all WHO member states to abide by a regulatory framework in the event of public health emergencies, and include an obligation of countries to develop, strengthen and maintain their national capabilities to respond effectively to public health risks and emergencies (Magnusson, 2017: 166-167). Since the outbreak of Ebola in 2014-2015, the development of the United Nations Mission for Ebola Emergency Response (UNMEER), established a global health emergency workforce and a contingency fund to support emergency response capacity (Magnusson, 2017: 166-167). This same procedure has been followed in the case of COVID-19, wherein a COVID-19 Task Team was formed, to collate data, support the use of COVID-19 guidance in low capacity and humanitarian settings, support multi-sectoral action, share good practice lessons, and advocate to address unmet needs or operational barriers (WHO, 2020: 2). In February of 2021, a COVID-19 Vaccine Working Group was established to aid equitable vaccine provision to vulnerable groups, including those in hard-to-reach or humanitarian settings, with a view to promoting the vaccine roll-out in locations or states identified as needing support in meeting these needs (WHO, 2021: 1-2). Although certain steps have been taken to mitigate the impact of COVID-19 on global public

health, the WHO has come under intense criticism from commentators who claim that it has failed in its mandate to promote public health and respond to global public health emergencies (Peel, et al., 2020: 4).

In terms of the COVID-19 pandemic, the WHO has come under fire for failing to recognise the issue in China from the outset, for being too slow to respond once reports were made about an upcoming public health emergency, and for not having the required authority to order member states to follow its instructions beyond the 'weak provisions of its International Health Regulations' (Peel, et al., 2020: 8-9). Further, critics have claimed that the WHO has only served to underline existing tensions between politics, power, poverty and global health, as inequality and disparity in access to healthcare and outcomes continue to be major characteristics of health across the globe (Benatar, 2016: 599). Proponents of the WHO and its response, on the other hand, have focused on the successes of the WHO in uniting governments in a common response and recognition of potential pandemics, and in deploying capabilities in research, scientific, medical and public health capabilities (Fidler, 2020: 4). Although both sides of the debate are fraught with questions about where global public health can go from here, one good thing to emerge from the affray is that the world's top minds are now focused on how global health governance and the WHO itself might be reformed in light of the potential for future pandemics.

Existing early warning systems and emergency responses to outbreaks of disease have been criticised as not working fast enough to mitigate potential effects of disease, tending to be focused on a single pathogen, or relying on event reporting, rather than taking into account reports of new and emerging pathogens reported in animals and humans (Carroll, et al., 2021: 6). Since the COVID-19 pandemic has revealed intimate linkages between the health of humans, animals and ecosystems, and the importance of recognising the zoonotic nature of incoming pathogens, a truly 'One Health' approach has been set out as the only way of ensuring that a whole of society approach can be taken to effectively mitigate global public health emergencies (UN News, 2021: 1-5). The WHO Manifesto for a Healthy Recovery from COVID-19 speaks of a need to understand more about the intricacies existing between ecosystems, human behaviour, the animal kingdom, science, and health; drawing upon research which has shown that neglecting environmental protections, emergency preparedness, health systems and social security nets has been a 'false economy', resulting in a longer and more difficult recovery from the damage done by the current virus (WHO, 2020: 2).

The WHO has come under intense scrutiny in its response to COVID-19, partially as a result of its perceived mishandling of the H1N1 and Ebola viruses earlier this century, and there is evidence to suggest that the mistrust of the WHO has filtered down to local levels, with its efforts to eradicate Polio in Pakistan still being thwarted by suspicion and conspiracy theories (Cole & Dodds, 2021: 149). The pandemic has exposed gaps in collective governance, which have already been apparent through attempts at climate change diplomacy, and a new strategy for global public health security would only be possible through an understanding of geopolitical factors in governance which could undermine collective efforts. Six of the nations which have experienced significant drops in vaccine confidence – Indonesia, Pakistan, Serbia, Azerbaijan, Afghanistan, and Nigeria – are also in some of the most politically unstable regions worldwide, suggesting a link between public mistrust in politicians in general, and the distrust of global public health initiatives (Aljazeera, 2020: 4). Further studies have shown that the most trusted experts on COVID-19 are scientists, with 83% of respondents trusting this information source, compared with only 72% trusting WHO officials (Edelman, 2020: 31). This echoes general calls

for future pandemic responses to be grounded in scientific evidence, and to be supported by science at all stages of roll-out and development, improving uptake and ensuring enhanced trust of proposed measures amongst the general population (Henig, 2020: 10).

The response to pandemics in developing countries needs to take into account the fragility of infrastructure, and the interlinked nature of instability, displacement, poverty and lack of public support. In developing nations, for example, the abilities to cover citizens for lost wages in cases of total lockdown, are not the same as in developed economies, such as the United Kingdom and the United States, where financial packages have been drawn up to protect vulnerable citizens and businesses (Chowdhury & Jomo, 2020: 7). The closing down of businesses and the subsequent economic losses sustained by citizens as a result of measures brought in to counter the current COVID-19 pandemic, have been themselves the cause of distrust amongst citizens for the political powers that be, and the unrest caused by protests against these lockdowns has the potential to further inflame existing tensions (Chowdhury & Jomo, 2020: 7). Encouraging an increase in spending on health and social care infrastructure in developing countries could help to ease this burden in the event of a future pandemic, and tackling well-established issues such as the lack of sanitation and water treatment in nations such as Brazil, where half of the population live without these preventative measures, would go some way to improving health outcomes (Moreira, 2020: 5). Again, however, there are issues with the WHO's authority to intervene and push for a resolution on these kinds of matters, and whether COVID-19 will be enough to convince developing countries of the urgency with which matters identified as having frustrated the pandemic response need to be addressed, remains to be seen.

The need for major updates in Global Health Security

Global health security is not a new concern, but the COVID-19 pandemic and the West African Ebola epidemic have elevated concerns in the field to a new level. In a well-timed paper released in December 2019, mere weeks before the true scale of the COVID-19 pandemic would reveal itself; RAND Corporation noted that in the events of a bioterrorism attack: "Public health institutions would face a rapid and large influx of patients – both the sick and those who worry that they might be. Scientists would scramble to identify the unknown disease. Flows of people and goods would be disrupted. Political leaders would be faced with the job of containing both the pathogen and the mis- and disinformation that would proliferate as mortality rates increased. The social, economic, and political consequences could be catastrophic" (Bouskill & Smith, 2019: 1).

Clearly, COVID-19 has not been identified as a bioterrorism attack, but the sheer scale and global harms caused by the outbreak of coronavirus worldwide, have resulted in a scenario strikingly close to the authors' predictions. The fact that these kind of warnings were present before the outbreak of COVID-19, yet unheeded by those at the precipice of public health, show that a marked change in attitudes towards the scientific community is required from policymakers. The backlash from the scientific community has called for a new recognition of the potential for biological threats to characterise the public health landscape, and demonstrated that there could be terrifying consequences if further advice in this regard is ignored (Burrows, 2020: 2-3).

The World Health Organization (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, 2021: 1). In general, coverage of international health security has tended to centre around the concepts of Global Health Security (GHS) and Universal Health Coverage (UHC), although these two concepts tend to be dealt with separately. This is detrimental to a perspective that would comprise elements of both of these concepts, recognising how blind spots in health system resilience emerge, and how governments might be left to make tough choices in prioritising one agenda over the other, as a result of scarce resources (Lal et al., 2021: 61-62). Where even healthcare systems that had previously been considered to be the gold standard in terms of public health, have struggled to meet the demands of the COVID-19 pandemic, it is important to consider how well low-income and developing countries will fare, and this concern, previously thought of as belonging only to those countries, should now work its way onto the international agenda. Battling COVID-19 is not a national feat, it is a worldwide one, and becoming COVID-free as a nation is overshadowed by the continued threat from those nations still struggling to overcome it, demonstrating the kind of solidarity that needs to be reflected in global public health discourse moving forward (Usher, 2020: 155).

The threat of pandemics to developing and fragile states is even more unprecedented than in their developed neighbours, with the results of COVID-19 having major effects on health, economics, politics and security throughout Africa and parts of the Middle East. Commentators have issued an urgent call to action to developed nations to lend a hand in helping fragile states to recover better from this kind of catastrophe (Lindborg, 2020: 1). In countries such as Libya and Venezuela, where political instability and war have led to the devastation of massive amounts of infrastructure including the healthcare system, the global outbreak of COVID-19 is likely to be all the more serious, as the resources required to effectively combat it are just not there. Concerningly, there is also the potential for COVID-19 to result in the disruption of humanitarian aid flows, limiting the ability of outside agencies to get involved to help those most in need (International Crisis Group, 2020: 2). Without the infrastructure to support the roll-out of a vaccine, and with the potential for corruption or mismanagement to stand in the way of directing aid for those infected, the road ahead for these states is yet unclear, and finding a way of supporting them externally is also a concern. a DEC-commissioned report in some of the world's most fragile states – Yemen, Syria, Somalia, Sudan, Afghanistan, Bangladesh and the DRC – has shown that 98% of DEC charities and UN representatives believe that the current pandemic has worsened humanitarian crises in their respective countries, and that 73% believe that the current situation is the worst it has been in the last decade (Relief Web, 2021: 6). Whilst the UN has called for a worldwide cessation of hostilities in recognition of the need to get the pandemic under control, there is little hope that even this would improve the outlook in these cases and many others. The danger is not confined to these states, either, as concerns have been growing about the possibility of a lack of vaccines in certain parts of the world leading to mutations of the virus, which would endanger the rest of the world (UN Security Council, 2021: 19).

The Afghanistan Horror

What lessons have we learned, and when I say we, I mean the collective voices of reason over the dividing narrative of ignorance? From the looks of it, not much. Take, for example, the withdrawal of allied forces out of Afghanistan. The speed of it left much to be desired. A clear departure from scientific lessons learned over the past year, as mass spreader events evolved

at an almost breakneck pace in an effort to not only get allied forces out, but also qualified citizens of Afghanistan who aided forces over the years against the Taliban. If the generals and their political counterparts formed strategy at the expense of science and sensibility, then one really needs to ask the question: Where were the public health experts?

As we watched in horror, men, women and children clinging onto hopes of escape, there was the deafening silence of scientific reason nudging our consciences along the way. The very same experts who became our living room buddies over the past year, with their sprawling bookcases and biographical promotions, fell silent.

Where was the WHO or for that matter the CDC, in condemning such actions as inhumane? Condemnation has been widely used as a tool for overcoming political exclusion, and a strategy for marginalized groups to successfully engage in political decision-making. Well, that group seems marginalized alright, all the way to the left and all the way to the right, depending on your political persuasion and the evolving crisis at hand. When we broadcast indifference, we must be prepared to receive the same in return. No administration, on either side of the Atlantic, chose to frame a mea-culpa moment as an exercise in growth and reflection, a connecting heartbeat to the voters who put them there. The mantra that military muscle must not atrophy, even in the face of global health threats, needs serious consideration. Any preparedness response must not fall prey to the insouciant tone of political allegiances, because when that does happen, the shadows of Afghanistan will be longer with greater casualty.

Conclusion

Our new world order speaks to inclusion and diversity, not as a punch line, but as evolutionary process for a global order desperately trying to separate from its divisive past. It's about time that same inclusion and diversity includes science and public health at the cornerstone of politics and policy, as we aim to get beyond this and future pandemics. A vacuum has been created by COVID-19, where an ecosystem for contagion and conflict can form an unhealth symbiotic attack on our global health security. This realisation needs to form our global response to the next emerging biological threats as a matter of urgency. We can no longer allow bipartisan politics and scientific apathy to framework our survival. A rapid and urgent change to global health bodies to become actionable, innovative and sustainable needs to take front and centre with the same level of concern as we view nuclear threats.

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