Geneva Centre for Security Policy
Centre de Politique de Sécurité, Genève
Genfer Zentrum für Sicherheitspolitik

Program on the Geopolitical Implications of Globalization and Transnational Security

GCSP Policy Brief Series

The GCSP policy brief series publishes papers in order to assess policy challenges, dilemmas, and policy recommendations in *all aspects* of transnational security and globalization. The series was created and is edited by Dr. Nayef R.F. Al-Rodhan, Senior Scholar in Geostrategy and Director of the Program on the Geopolitical Implications of Globalization and Transnational Security.

GCSP Policy Brief No. 22
Changing Health Paradigms, Globalization, and Global Security

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December 6, 2006

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Abstract

Globalization is a double-edged sword. The emergence in recent years of major ongoing and potential health threats, coupled with the globalizing nature of international affairs, compels us to take health as a serious global security issue. But globalization also creates opportunities for greater collaboration and synergy at the regional and global levels.

In light of the policy challenges and responses of major governments and the international community, it is clear that the world continues to face fundamental dilemmas in terms of organization, resources, and capacities to fight health-related challenges. Failure to generate necessary political and financial support to meet the challenges of global health threats has serious security implications. A far greater sense of urgency will be needed from political leaders and the prioritization they give to health and the impact it has on stability, security, and prosperity. Perhaps most importantly, the international community needs to seriously consider how it is organized to combat transnational health challenges.

Policy Challenges

The world is confronting a growing list of emerging transnational threats to global security. Paradoxically, the very benefits of globalization – the increasing integration of economies around the world, and the ever-freer flow of goods, capital, people, and information across international borders – also help strengthen and facilitate the spread of new transnational threats. A short list of such transnational challenges in the current era would include weapons proliferation, terrorism, environmental degradation, organized crime, the movement of displaced persons, and trafficking in humans, drugs, and contraband.

However, while these critical challenges have received the considerable attention they deserve from the international community, the security threats posed by global health challenges have received far less. Traditionally, health problems have not been seen as security problems. They have been seen predominantly as the purview of national authorities and not of transnational import, and a country-by-country approach has been taken to dealing with them. However, the emergence and reemergence in recent years of existing and potential health threats, coupled with the globalizing nature of international affairs, compels us to take health as a serious global security issue.

Hundreds of millions of people face serious health threats. Since 1945, three diseases alone – HIV/AIDS, tuberculosis, and malaria – have claimed 150 million lives.[1] Each year, these three infectious diseases kill over 6 million people worldwide, and the number is still growing.[2] Meanwhile, non-communicable diseases are another major cause of death, leading to 35 million deaths worldwide in 2005 alone.[3]

The devastating effects of HIV/AIDS in Africa provide a stark example. With just over 10 percent of the world's population, sub-Saharan Africa, the region hardest hit by the disease, is home to two-thirds of all people living with HIV/AIDS, or approximately 25.8 million people. An estimated 2.4 million adults and children died of HIV-related illnesses in this region in 2005, while a further 3.2 million people became newly infected.[4] According to the United Nations Joint Program on HIV/AIDS (UNAIDS), the disease has now infected roughly 50 million Africans since the early 1980s, of whom more than 22 million have died.

The impacts of the epidemic are manifold. Life expectancy has fallen by more than a decade in many African countries and is now likely below 40 years in the hardest-hit areas. HIV/AIDS has orphaned 12 million African children and in some countries every sixth child has lost at least one parent to the disease.[5] The World Bank estimates that every minute four young people (aged 15 to 24) become infected with HIV/AIDS in Africa.

Besides the drastic human loss, the spread of the disease also threatens to compromise socioeconomic and democratic gains in the region. HIV/AIDS often has the greatest impact on productive members of society in the prime of life. Thus, the prevalence of HIV/AIDS

diminishes agricultural and health workforces, increasing food insecurity and burdens of health care in society. Statistics from the United Nations indicate that the epidemic is already pushing Africa in the wrong direction and retarding progress toward meeting the Millennium Development Goals, including eradicating extreme poverty and hunger, combating HIV/AIDS, reducing child mortality, and improving maternal health. Specifically, 23 sub-Saharan countries are failing in half or more of the goals, while merely 10 countries are currently on track to meet half the goals or more.[6]

Institutions that provide national and regional military security in Africa are endangered as well, which creates a vacuum for gangs and terrorist organizations to fill. Military personnel, peacekeepers, and peace observers rank consistently among the groups most affected by HIV/AIDS, often with infection rates two to three times that of the local population.[7] Evidence is accumulating that HIV/AIDS has the potential to hamper any attempt at building a secure and stable community in the region.

Another case in point is the potential global outbreak of avian flu. Since 1997, when the first human contracted H5N1 in Hong Kong, the disease has spread across Asia to the Middle East, Europe, and Africa, with the prospect that it might also spread to the Americas and elsewhere. As of mid-2006, H5N1 had killed some 127 people, and over 200 million poultry had died of the disease or had been culled.[8] Historical evidence demonstrates that flu pandemics have occurred cyclically over past centuries, roughly between every 30 and 50 years. In this sense, the world is "overdue" for another flu pandemic.[9]

Without effective and prompt detection and containment, the spread of pandemic flu could result in significant human casualties and catastrophic socioeconomic consequences, potentially threatening regional and global prosperity and security.[10] Due to the limited supply of existing vaccines and other prevention and treatment resources, divisive global competition will likely ensue in the presence of a worldwide disease outbreak, putting human and regional security at the greatest risk. Moreover, as seen in the case of the outbreak of severe acute respiratory syndrome (SARS) in 2003, our intensely globalized world provides an excellent vehicle for the rapid spread of such pathogenic viruses to all corners of the Earth.

Other emerging and reemerging diseases – such as malaria, tuberculosis, schistosomiasis, dengue fever, West Nile virus, or highly pathogenic viruses such as the Ebola virus – can have similarly destabilizing consequences, especially in resource-poor environments.

Responses

The link between public health and security has slowly gained greater attention in recent years. Convinced that the prevalence of HIV/AIDS is reaching catastrophic dimensions, the Clinton administration for the first time formally identified the disease as a threat to United

States (US) national security in 2000. The 2000 US National Intelligence Estimate recognized that new and re-emerging infectious diseases would pose a rising global health threat and would complicate US and global security over the coming decades.

The Estimate pointed out that "these diseases would endanger U.S. citizens at home and abroad, threaten U.S. armed forces deployed overseas, and exacerbate social and political instability in key countries and regions in which the United States has significant interests."[11] In January 2003, President George W. Bush announced a $15 billion, five-year initiative to fight the epidemic abroad, named the President's Emergency Plan for AIDS Relief (PEPFAR).

Shortly after this announcement, the director of the US Central Intelligence Agency, in a statement on worldwide threats, said that "the national security dimension of the virus [HIV] is plain: it can undermine economic growth, exacerbate social tensions, diminish military preparedness, create huge social welfare costs, and further weaken already beleaguered states. And the virus respects no border."[12]

The European Union (EU) has also stepped up its efforts by addressing health problems as a security challenge. The EU-US Declaration on HIV/AIDS, Malaria and Tuberculosis in 2004 claimed that "the spread of communicable diseases is one of the biggest threats to human life, prosperity and security."[13] Japanese leaders have also begun to adopt new ways of looking at security, particularly human security. Acknowledging that good health is an essential factor for security, the Japanese government pledged $265 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria.[14]

The World Health Organization (WHO) is at the forefront of global efforts to combat diseases, and increasingly recognizes the linkage between security and health. The WHO has mobilized considerable resources to tackle serious diseases such as smallpox, polio, leprosy, cholera, and tuberculosis over the past fifty years. But with a static yearly budget of $1 billion, and operating within the benefits and limits of the United Nations system, the WHO is constrained from fully confronting the transnational health challenges we face.[15]

Meanwhile, the Global Fund to Fight AIDS, Tuberculosis and Malaria was established to dramatically increase resources to fight three of the world's most devastating diseases. A partnership among governments, civil society, the private sector, and affected communities, the Global Fund has committed $4.9 billion in 131 countries to support aggressive intervention programs.[16] The Global Fund represents an innovative and accountable approach to address common global issues. Nevertheless, it still struggles with a widening gap between donor countries' pledges and the actual amount committed to the Global Fund.

However, in spite of these important acknowledgements of the health-stability linkage, and the introduction of innovative international efforts to combat global health threats, far greater political and financial commitment is needed. The commitment must come not only from relevant health authorities, but also from key security, economic, development, and military policy communities. In short, a more comprehensive and global response is needed in the face of the comprehensive and global challenges we face.

Dilemmas

In light of these policy challenges and the response of the international community to them so far, it is clear that the world continues to face fundamental dilemmas.

First, with each passing day, the nature of the international system becomes all the more globalized, challenging traditional ways of thinking and organizing to combat security threats. The transnational spread of disease is no exception. But by and large, the international community's approach to battling health threats today remains wedded to state-centric models that prioritize borders and state sovereignty. The structural mismatch between globalized threats and state-centered mindsets hinders well-coordinated and effective responses to those threats.

A second dilemma lies in the sheer scarcity of resources – political, financial, material, and human – to address growing global health concerns. Despite mounting attention given to the issue of public health, it is still not a top priority on the international political and budgetary agenda. Health agencies and organizations are typically weak bureaucratic actors with dwindling budgets, facing shortages of funding and operative authority. Other, better-funded agencies, such as in the security sector, do not see health-related matters as part of their mission.

The sustained lack of political and financial commitment translates into continued and in some cases widening deficiencies in terms of material and human capacity. Throughout the developing world, while the expert community often knows "what works" in the way of prevention, treatment, and care, there is simply a lack of the necessary tools – from vaccinations, to mosquito nets, to medicines – to adequately prevent and treat disease. Even where necessary interventions are available, many parts of the world lack the needed trained personnel to administer them effectively. In other cases, the complexity of emergent health threats – such as HIV/AIDS or the H5N1 virus – stays ahead of the international expert community, defying satisfactory scientific and medical solutions.

Implications

Failure to generate necessary political and financial support to meet the challenges of global health has serious security implications. Health problems will continue to threaten nation-

states, especially poor states where there is serious lack of resources and infrastructure for prevention and treatment programs to take root. HIV/AIDS, SARS, and other infectious diseases disrupt social and economic systems and undermine political stability, especially in poorer, more vulnerable states.

Yet, developed countries have a high stake as well. The transnational spread of diseases underscores the shared fate of the developed and developing worlds. The World Bank estimates that a potential influenza pandemic could cost the global economy up to $800 billion and reduce the world's gross domestic product by 2 percent.[17] To combat major health crises at home, developed countries will have to divert support from other pressing issues on the international front, such as counterterrorism, scientific and medical research, poverty alleviation, and environmental protection.

Future Trajectories

The 2006 Report on the Global AIDS Epidemic released by UNAIDS estimates that around 38.6 million people were living with HIV/AIDS worldwide in 2005, with 4.1 million people newly infected in 2005 alone. As new infections mount, it is clear that we are not winning the global battle against the epidemic. HIV/AIDS continues to advance around the world at an alarming pace. As the US National Intelligence Council estimated in 2002, the "next wave" of the epidemic would be driven by the spread of HIV/AIDS in five populous countries – Nigeria, Ethiopia, Russia, India, and China – where the number of infected people will grow from around 14-23 million currently to an estimated 50-75 million by 2010.[18]

In many Asian countries, HIV/AIDS will be spread initially through the sharing of dirty needles by heroin addicts, a highly efficient method of disease transmission. But prevention, treatment, and care interventions in the drug-shooting populations are exceedingly complex, complicating effective measures to combat the further spread of HIV.

Emerging from Asia, avian influenza has quickly crossed borders to many countries in the Middle East, Europe, and Africa, with the prospect that it might also spread to the Americas and elsewhere. With a looming human pandemic, the world community will be tested on its ability to pull together with strong political will and determination. The resurgence of other diseases, such as tuberculosis and malaria, is also on the horizon. As the environment continues to deteriorate, environment-related health problems have also started to emerge.

Policy Recommendations

Globalization is a double-edged sword. We recognize the health challenges that globalization can accelerate. But globalization also creates opportunities for greater collaboration and synergy at regional and global levels. Several key recommendations include:

- A far greater sense of urgency will be needed from political leaders and the prioritization they give to health and the impact it has on stability, security, and prosperity.

Leading members of the international community will need to speak out far more forcefully about the threats posed by health-related challenges, not only in terms of human suffering, but also in terms of national, regional, and global security. Major actors in the international system should empower executive-branch special envoys to formulate policy and mobilize resources to address looming health challenges, and to do so with a far more comprehensive mandate encompassing prevention, treatment, care, development, and security.

- Greater financial commitments should be made and implemented at the international, national, and local levels.

Higher political priority will hopefully translate into greater financial, material, and capacity-building resources on the ground. In addition to alleviating suffering and stemming social and economic instabilities, these resources will also need to target human capacity building – from medical care to project-management expertise and oversight – in order to build a larger and sustainable international reserve of health-related talent. Leaders need to begin thinking now how to close funding and resource gaps at the Global Fund and the WHO, and to sustain the future of PEPFAR beyond its current initial commitment of five years.

- National governments and the international community should be better organized to achieve broader integration and more effective utilization of resources.

Perhaps most importantly, the international community needs to seriously consider how it is organized to combat transnational health challenges. Looking to organizations such as UNAIDS and the Global Fund, similarly collaborative, multidimensional organizations – which draw together the resources of a broad range of institutions and organizations – will be needed to face future challenges such as an avian flu pandemic. In particular, international and national governments will need to more fully integrate the talent and resources of the private sector, such as civil society organizations and the business community. In addition, these organizations, both those in existence and in the future, will also need to integrate their work more closely with national and international security-related players such as national militaries, law enforcement, and international peacekeepers.

The enormous problems posed by HIV/AIDS – a disease first diagnosed more than two decades ago – have at last compelled the international community to think and organize more effectively, resulting in higher political commitments, greater resources, and smarter response mechanisms. And yet, as the grim progression of HIV/AIDS and its devastating effects demonstrate, we still fall far short of what is needed. The lessons from this tragedy should

force us all to take steps now to mobilize commitments, resources, and organizations to better head off the next major health threat to global and regional security.

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Editorial of GCSP Policy Brief No. 22
Changing Health Paradigms, Globalization, and Global Security

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Review and Critique

Health is not immediately perceived as a security issue. Yet, as Jared Diamond points out in his book *Guns, Germs, and Steel*, health issues have long been central to determining our fate.[1] Indeed, recent potential health threats, particularly within the context of increased transnationalization of food production, travel, and migration, force us to think of health as a paramount security concern. As Bates Gill and Xiaoqing Lu note, the impact of epidemics such as HIV/AIDS has been devastating. For example, HIV/AIDS is currently eroding Africa's already fragile development capacities. HIV/AIDS is also looming large over India's promising potential.[2] The emergence of new diseases such as HIV/AIDS has also been accompanied by the re-emergence of old ones such as tuberculosis and malaria. The statistics speak for themselves: in 2005, 3 million people died of AIDS-related illness, 5 million were newly infected with HIV, and 3 million people were killed by malaria and tuberculosis.[3]
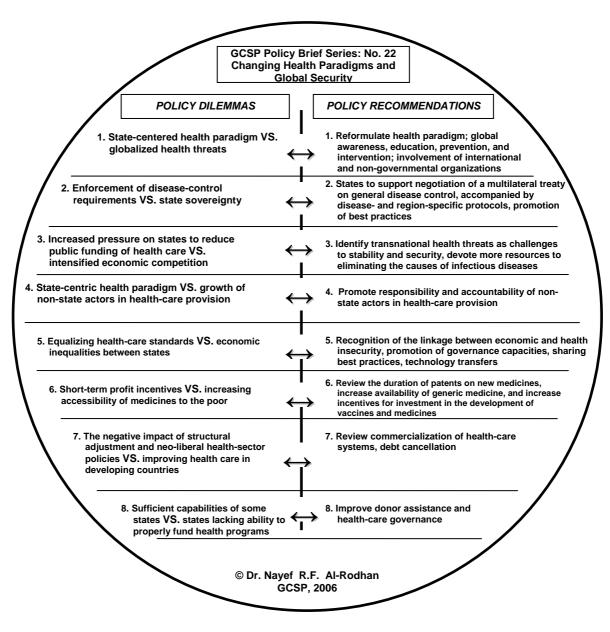
Yet, unlike other transnational threats to security, such as organized crime and terrorism, health risks have failed to generate the same sense of urgency, with perhaps the exception of avian influenza, to which states were quick to respond. As Gill and Lu indicate in their brief, part of the problem lies in the fact that health-care issues are traditionally conceived of as domestic concerns to be dealt with by individual national authorities.[4] Yet, threats posed by diseases tend to be transnational in nature and require a significant degree of cooperation between states.

Moreover, the capacity to respond effectively to health issues depends on the existence of an adequate and widely accessible health-care system, as well as on well-managed scarce resources. In fact, according to the World Health Organization (WHO), part of the reason for the catastrophic proportions of the HIV/AIDS epidemic in sub-Saharan Africa is the number of failed states in that region.[5] Failed states are unlikely to respond effectively to health issues, many of which are transnational in nature. Limited state capacities, often due to funding gaps, can prevent the establishment, as well as reform, of health-care systems, in many areas of the world. Even political upheaval on a less dramatic scale leads to threats to health security. One of the effects of the arduous transition from communism in Russia, for instance, has been the rise of vaccine-preventable diseases, such as tuberculosis and diphtheria.[6]

The world continues to face fundamental dilemmas in terms of organization, resources, and capacities to fight health-related challenges. Failure to generate necessary political and financial support to meet the challenges of global health concerns has serious security implications. While it can facilitate the spread of sickness, it can also offer unprecedented opportunities to mobilize the resources with which to improve the overall health of humankind. Policy makers should make it an imperative to reduce the negative health implications of globalization and to draw on the possibilities that globalization offers with regard to reducing health insecurity.

Dilemmas and Our Recommendations

Thus, health issues present states with a number of challenges. Health care and surveillance of emerging diseases need to be thought of as transnational and not simply national concerns. Improving health or human security, however, implies not only cooperation between states but also greater solidarity between rich and poor states. We identify eight dilemmas related to health and security, as well as eight corresponding recommendations that we hope will contribute to the debate.

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Global Security

POLICY DILEMMAS ⟷ *POLICY RECOMMENDATIONS*

1. State-centered health paradigm VS. globalized health threats ⟷ 1. Reformulate health paradigm; global awareness, education, prevention, and intervention; involvement of international and non-governmental organizations

2. Enforcement of disease-control requirements VS. state sovereignty ⟷ 2. States to support negotiation of a multilateral treaty on general disease control, accompanied by disease- and region-specific protocols, promotion of best practices

3. Increased pressure on states to reduce public funding of health care VS. intensified economic competition ⟷ 3. Identify transnational health threats as challenges to stability and security, devote more resources to eliminating the causes of infectious diseases

4. State-centric health paradigm VS. growth of non-state actors in health-care provision ⟷ 4. Promote responsibility and accountability of non-state actors in health-care provision

5. Equalizing health-care standards VS. economic inequalities between states ⟷ 5. Recognition of the linkage between economic and health insecurity, promotion of governance capacities, sharing best practices, technology transfers

6. Short-term profit incentives VS. increasing accessibility of medicines to the poor ⟷ 6. Review the duration of patents on new medicines, increase availability of generic medicine, and increase incentives for investment in the development of vaccines and medicines

7. The negative impact of structural adjustment and neo-liberal health-sector policies VS. improving health care in developing countries ⟷ 7. Review commercialization of health-care systems, debt cancellation

8. Sufficient capabilities of some states VS. states lacking ability to properly fund health programs ⟷ 8. Improve donor assistance and health-care governance

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The major challenge facing policy makers is to reformulate the health paradigm in such a way as to reflect the transnational nature of many threats to health. Equally important is raising global awareness about transnational health threats through, for example, education. Preventative measures, as well as adequate intervention tools, should also be improved. Along with states, international and non-governmental organizations are likely to play a central role in sensitizing people to the often global dimensions of health risks.

A significant dilemma is posed by the existence of transnational health threats within a world of sovereign states. The existence of state sovereignty makes enforcement measures extremely difficult. As a result, disease-control requirements are as yet not enforceable. Governments ought to negotiate a multilateral treaty on general disease control. This should be accompanied by disease- and region-specific protocols, as well as the sharing of best practices.

Another factor aggravating states' ability to effectively address health concerns is increased pressure on states to reduce public funding for health-care provision within the context of intensified economic competition. In order to ameliorate this situation, transnational health threats should be identified as challenges to both security and stability. States should also devote more resources to eliminating the causes of infectious diseases. Failed or failing states should be assisted in meeting established global health-care standards. The linkage between health and economic security, particularly in developing states, ought to be made. In many countries, structural adjustment and neo-liberal health-sector reforms are hampering developing states' ability to improve the health of their populations. In our view, the commercialization of health-care systems should be reviewed and debts should be cancelled.

Effective governance capacities should be encouraged within these states and partly funded through increased donor assistance. Best practices and technology should also be shared with them.

A large part of health insecurity is connected with the cost of medicines and the subsequent lack of, or inconsistent, treatment. The dilemma is in reconciling the short-term profit incentives of pharmaceutical companies with the need for increased accessibility of the poor to essential medicines. In order to help alleviate this problem, the duration of patents on new medicines should be reviewed. Increased availability of generic medicines should also be ensured. Incentives for investments in the development of vaccines and medicines should also be promoted.

Conclusion

Thus, health is central not only to human security but also to state security and stability. States should therefore devote adequate resources to improving health care. They should also address the underlying causes of sickness. Since many health-care problems are transnational in nature, states also need to adapt state-centric health paradigms and to cooperate actively with other states to prevent and halt the spread of infectious diseases.

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