



**THE UNITED NATIONS
SECURITY COUNCIL'S
UNDERSTANDING OF HEALTH
CRISES: HUMAN SECURITY VS.
STATE-CENTRISM**

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THE UNITED NATIONS SECURITY COUNCIL'S UNDERSTANDING OF HEALTH CRISES: HUMAN SECURITY VS. STATE-CENTRISM

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Abstract

Due to the broadening of the concept of security, health crises have started to be seen as security threats since the turn of the century. However, as “security” itself has different meanings, “health security” can also be viewed through many prisms. This ELTE working paper analyzes how the United Nations Security Council understands health crises: does it adhere to the state-centric understanding of security or are there human security elements? The reasons for such an analysis lie in the shortcomings of the traditional state-centric understanding of security when applied to health, health being an essential part of human security, and the role of human security in the United Nations overall. These reasons are countered by the traditional interpretation of the mandate of the Security Council and the persistence of state-centric military security in international relations as such. Using textual analysis, the study examines meeting records and resolutions adopted by the Security Council regarding three health crises: HIV/AIDS, Ebola, and COVID-19. It finds that human security elements do have a place in the debates regarding health crises

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in the Security Council, however, states' positions vary a lot: while some are strong proponents of human security, others wish not to address non-traditional levels or sectors. The second finding concerns the stance of the Security Council as a whole in the adopted health-related documents. Except for a novel clause about acknowledging the impact of COVID-19 on vulnerable groups not limited to civilians in conflict, the body remains largely traditional paying most attention to the state, its elements, and conflict zones.

Key words: health security, human security, HIV/AIDS, Ebola, COVID-19, UN Security Council.

Introduction

Significance of the research

As of 2022, the ongoing coronavirus pandemic has shown that health crises can fundamentally disrupt our lives and change multiple aspects of our world. The uniqueness of COVID-19 lies in the fact that it impacted people in a wide range of income groups. However, in low-income countries, communicable diseases are even more detrimental being the cause of six out of ten deaths (WHO 2020a). Since the turn of the century, such infectious diseases have been increasingly securitized, that is presented as security threats (Buzan, Wæver, de Wilde 1998). The United Nations (UN) Security Council has also followed the global trend and added health to the list of non-traditional security issues on its agenda. There are two important moments to consider in this regard. First is the persistent traditional understanding of security in the Security Council that focuses on states and military conflicts. Second are the substantial shortcomings of the traditional state-centric understanding of security when applied to health. Keeping these two elements in mind, it is important to examine how the Security Council understands health: is it solely state-centric or are there human security elements to it?



Since the year 2000, the Security Council has adopted six resolutions related to matters of health, thus, broadening the scope of its action. Many considered the first health resolution addressing HIV/AIDS a historic event, despite the raised doubts about the suitability of the Security Council in such a crisis. The Security Council has also directed its efforts to confront the Ebola outbreaks and, most recently, the COVID-19 pandemic.

Undoubtedly, health crises are, first and foremost, threats to individuals and their well-being. Both infectious and noncommunicable diseases, regardless of being securitized or not, can pose a direct threat to humans' lives. Thus, it appears to be uncontestedly accepted that health challenges are threats to human security which has the individual as its referent object, i.e., the object that is threatened and needs to be protected. Despite having its roots in classical liberal thought, the concept of human security has gained prominence in the last three decades. This was the time when new security threats on different levels rapidly attracted attention following the end of the Cold War and changes brought by globalization. Considering that the Security Council is the place of analysis, it is important to stress that it was the UN that popularized and facilitated the spread of the notion of human security. Logically, this multi-actor, multilateral and people-centered approach would be suitable for conceptualizing health security.

In contrast, the Security Council was created and functioned most of its time during the Cold War. The prevalence of traditional security of those times has influenced the way it defines security threats and deals with them. According to the mainstream security logic during the formation of the Security Council, the state had to protect itself from external military threats in the anarchic system. The UN Charter sets "the maintenance of international peace and security" as the primary responsibility of the Security Council (UN 1945), and it was largely interpreted by the body in a military and/or state-centric way. Due to the traditional interpretation of the mandate, it has focused on inter-state wars and inter-state armed conflicts. Therefore, the vast majority of the actions taken by the Security Council constitute conflict prevention, peacemaking, the establishment of peacekeeping missions, and peacebuilding.



While it is clear that addressing a health issue by the Security Council signifies the loosening of its strictly military focus, it is not that obvious whether there has been a change in the traditional referent object – the state. It is important to keep in mind that with the given complexity, none of the approaches are capable of addressing all the aspects of health crises alone. Moreover, every notion reflects certain agendas and interests and should be looked at rather critically. However, there are several reasons why keeping the state as the only referent object while securitizing health might have adverse impacts, and why adding human security elements deserves a closer evaluation in this regard.

Firstly, it has already been discussed that health at its core is about people, and human security perspective would allow analyzing health insecurities by putting those in danger first. This, however, does not mean that the state vanishes from the security consideration. Human security should rather complement state security.

The second reason for analyzing the way the Security Council perceives health crises lies in the effects of globalization. Bacteria, viruses, and other causes of diseases piggyback on the intensified movement of people and goods across national borders. The cliché that diseases do not respect borders is, unfortunately, true and this allows various infectious diseases to spread and flourish. Recognizing the complexity of globalization and the difficulty to comprehend it fully, it is not the aim of the study to consider the relationship between globalization and health. It is rather to acknowledge that the increased trade, tourism, and migration which are all emblematic of globalization and have many benefits can also exacerbate health threats to humans. The fact that these processes are not confined to states' borders further proves the inadequacy of a solely state-centric security approach to health crises.

Thirdly, using the traditional understanding of security when combating complex health issues may result in narrowly focused policies. As an extreme example, the understanding of health crises can be limited to the physical shape of military troops. Other national security views can connect health security to political and social stability, as well as the economy. Presumably, all this can result in deteriorating international stability, even though such claims

lack strong empirical evidence (McInnes 2015). This implies that health and the possible impact of diseases on humans are not as important, and health crises deserve such strong attention only if connected to the survival of the state and its elements. Moreover, if health security is seen as threatening these core elements of states, it can prompt negative responses that can further deteriorate the conditions of people whose well-being is already challenged by a health crisis. Such negative impacts include the limitation of human rights and liberties, promotion of anti-democratic tendencies, and decreasing equitability of the global health agenda (Rushton and Youde 2018). Defending the state against a health threat can further stigmatize vulnerable and minority groups in cases of certain diseases, such as HIV/AIDS, for example.

On the one hand, the Security Council has a strong military and state-centric tradition of interpreting security. This view also remains dominant within many influential circles internationally. On the other hand, there is undeniable inadequacy of the state-centric view on health security, coupled with the UN collectively being the biggest promoter of human security. Accounting for such a combination of influences, the Security Council's view on health security seems to be impacted by these divergent factors. Thus, it is important to explore where on the state-human security gradient the Security Council stands when it comes to health. Therefore, the research question of the study is “When addressing health crises, to which extent, if any, does the Security Council move away from a solely state-centric understanding of security to human security?”

Research methodology

To examine whether the Security Council has experienced a shift in its understanding of health crises as security threats, the study uses textual analysis. The detailed description and justification of the chosen methods and sources follow in a separate section later.

Security Council Resolutions and Security Council meeting records represent the two main sources for analysis. The body has adopted six health-related



resolutions: two each on HIV/AIDS, Ebola, and COVID-19. The Security Council meeting records contain speeches made by the members of the organ on the subject matter, which allows tracing the opinions of the members regarding a given resolution. This way, even those views that do not appear in resolutions but are part of the discussion are considered. As a result, the study will be able to detect human security views on health crises either in the official stance of the Security Council or if they appear only in statements from some states.

Working paper structure

The working paper is organized into five sections. The second section locates the problem within the existing literature and provides a historic and conceptual basis. First, both traditional and human security concepts are explained to understand their origins, differences, critiques, and the possible shift from one to the other. After this starting point, the section will briefly present the development and role of human security in the UN, including the Security Council. The section will conclude by reflecting on the understanding of health as a security threat and the ways health has been securitized. Considering the focus of the working paper, the relationship between health and national security and human security will be emphasized. The third section explains the methodology of the working paper and the sources chosen. Next, the fourth section is divided into three subsections according to the health crises that the Security Council has addressed: HIV/AIDS, the Ebola outbreaks, and the COVID-19 pandemic. Each subsection includes the analysis of the sources, which defines the presence or absence of human security thinking in the views of the Security Council members or in the stance adopted by the Security Council as a whole. As a result, the last Section brings together the findings in an evolutionary manner to conclude whether there has been a shift in the understanding of health security in the Security Council.

Literature Review

State Security and Human Security

The debate about the referent object of health security relates to the bigger question about the meaning of “security” as such, touching upon classical security and human security. Both these concepts have their roots in events that took place centuries ago such as the nationalist tradition and liberal thought, however, the given study mostly considers the developments of the twentieth century.

The classical, i.e., traditional military and state-centric, notion of security is tightly connected to the realist view of international relations (Pavone 2017), which many consider the principal and the dominant tradition for analyzing international relations (Keohane 1983; Walt 2003; Doyle 1997). Statism, which is the belief in states being the key actors in international relations, represents one of the key elements of the realist theory. Considering the influence of the Cold War, it comes as no surprise that such a state-centric approach became mainstream in academic and policy circles. For much of the previous century, state-centric security was practically the only “game in town”. In light of focusing on an imminent threat from other states, “national security” established its essence in the military. While many forms of realism result in slightly different approaches to security studies (Elman and Jensen 2018), they share many common assumptions. The approach assumes that states operate in an anarchic system, and national interest and domestic security constitute the main concerns. This results in constant power competition and the protection of the state against external, mostly military, threats as the primary security goal (Morgenthau and Thompson 1985; Kissinger 1976; Waltz 1979). Therefore, the majority of scholars use international and national security meaning the prevention of nations and states from attacks and aggression by focusing on geopolitics, deterrence, strategies, and the balance of power. In some other cases, this traditional understanding of security is broadened to account for non-military threats, but the state remains the referent object.

Even the securitization theory from the Copenhagen School is criticized for remaining state-centric although more subtly, despite the fact that it seeks to expand the notion of security both horizontally and vertically, thus, including other sectors and other referent objects (Buzan, Wæver, de Wilde 1998). While broadening the origins of threats to account for political, economic, societal, and environmental reasons, the theory mainly considers the state as the securitizing actor (Hough 2008).

Some scholars argue that the processes that raised questions about the state's capacity to protect its citizens were already ongoing in the late nineteenth and early twentieth century (MacFarlane and Khong 2006, 6-9). However, it was by the end of the twentieth century, that the preoccupation with state security became increasingly contested creating space for alternative understandings of security. This resulted in the emergence of multiple non-traditional security approaches, such as critical theory, feminisms, poststructuralism, and postcolonialism theories, that tried to broaden the notion of security and fix the drawbacks of realist security. One of such innovations was the concept of human security which first and foremost makes an individual the referent object.

Chen and Narasimhan (2003) define three trends that led to the emergence of human security. The primary reason was the end of the Cold War and its bipolar military logic. This change in the order brought more attention to new conflicts taking place inside states. They signified the flaws of the traditional approach that could not protect people internally. The second reason that contributed to the spread of the concept of human security was an improved understanding of socio-economic conditions experienced by millions of people in the world. Thirdly, globalization caused many social changes that despite bringing many benefits also brought many uncertainties. Chen and Narasimhan (2003) provide examples of financial crises and infectious diseases that can quickly spread and pose insecurities for an individual. Pavone (2017) also stresses that the globalized world has to withstand new kinds of threats emanating from different sources including non-state actors and intangible actors.

Considering these fundamental changes in international security, human security appeared to address the fact that in an increasing number of cases it was not the state itself that needed protection, but the individuals and their well-being inside the state. Moreover, security and interests of states and those of the people often did not match (Gjorv 2018). Therefore, human security places the fears and needs of ordinary people in the center. Back in 1983, Ullman (133) provided an updated definition of a security threat: “an action or sequence of events that (1) threatens drastically and over a relatively brief span of time to degrade the quality of life for the inhabitants of a State, or (2) threatens significantly to narrow the range of policy choices available to the government of a State or to private, nongovernmental entities (persons, groups, corporations) within the State.” Along the same lines, for the first time in 1994 the UN Development Program (UNDP) defined human security as “safety from such chronic threats as hunger, disease and repression” and “protection from sudden and hurtful disruptions in the patterns of daily life” (UNDP 1994, 23). The same report identified that the key concerns regarding individuals’ well-being could be allocated along seven lines: economic security, food security, health security, environmental security, personal security, community security, and political security. The following fundamental principles became attributed to human security: people-centered, comprehensive, context-specific, prevention-oriented, and focused on protection and empowerment (UN Trust Fund for Human Security 2016). MacFarlane and Khong (2006) even go on to further argue that the claims of other referent objects, such as communities and states derive from the right of an individual to dignity.

Just as with any approach, human security has had its share of critique. One of the most discussed shortcomings of the approach lies in the lack of a concrete definition, which makes the concept all-encompassing (Paris 2001). As analyzed by Khong (2001) and later MacFarlane and Khong (2006) such a conceptual overstretch can lead to several problems: false priorities and hopes, misunderstanding of causes of human insecurity, and the endangerment of military solutions to political problems. Paris (2001) also notes that it is

difficult to understand whether human security was meant to be a theoretical paradigm or a policy agenda for practitioners. Another negative development of human security is its operationalization which often reflects state interests (Gjorv 2018). Importantly, human security does not replace state security (McInnes 2015). Governments remain the primary but by no means the only security providers for their citizens and a stable state can be considered a prerequisite for human security (Ogata and Cels 2003). However, it is also governments that can be the biggest disruptors of human security.

It is now largely accepted that the concept of security has changed, even though one cannot claim that the classical state security has disappeared. As Walt (2017) concludes, realism and security still have a strong intellectual connection. However, it is challenging to argue that security understanding has not expanded horizontally beyond military threats and vertically to account for other referent objects to a different extent for different thinkers (Pavone 2017; MacFarlane and Khong 2006).

Development of human security in the UN

The UN has played a dominant role in the formation of the concept of human security and its popularization. As noted by MacFarlane and Khong (2006), looking for the explicit notion of „human security” in the Cold-War UN does not bring many results. However, if one considers its central values, such as physical security, welfare, and identity, it is possible to trace many foundational elements. The early developments are connected to the rights of individuals, the protection of civilians in war, changes in the development perspectives, and the growing protection of identities below the state level (MacFarlane and Khong 2006). However, as it was discussed before, the development of these norms of human security had a limited chance to challenge the strengthening importance of sovereignty and nonintervention during the Cold War times.

After the initial works that prepared the ground for human security (see Ullman 1983; Mathews 1989) and the Agenda for Peace report of the Secretary-General Boutros Boutros-Ghali of 1992, the term “human security”

was first introduced in 1994 in the Human Development Report. It is said that the report combined two separate streams: human development and the attempt to broaden security (MacFarlane and Khong 2006). “Human security is a child who did not die, a disease that did not spread, a job that was not cut, an ethnic tension that did not explode in violence, a dissident who was not silenced. Human security is not a concern with weapons – it is a concern with human life and dignity” (UNDP 1994, 22).

Drafted by Mahbub ul Haq and influenced by Martha Nussbaum and Amartya Sen (Pavone 2017), the report defined human security as safety from chronic threats and sudden and hurtful disruptions of daily lives (UNDP 1994, 23). The lack of human security can be a result of both a rapid emergency and a slow process that can be nature- or human-caused. The report notes that while human security and human development surely have a strong link, the two concepts differ as human security is about exercising the available choices freely and knowing that they will be available tomorrow rather than widening the range of choices (UNDP 1994). The report recognized health security as one of the main categories that pose threats to people drawing attention to health problems that threaten both developing and industrialized countries.

In 1999, UN Secretary-General Kofi Annan emphasized the need to achieve freedom from fear and freedom from want as part of the new UN mandate in the 1999 Millennium Declaration (UN Trust Fund for Human Security 2009). The year of 1999 saw increased efforts in the area of human security as the United Nations Trust Fund for Human Security and the Human Security Network were established by countries committed to the human security perspective, most notably Canada, Japan, and Norway. After the UN Secretary-General drew attention to the need for a world free from want and fear at the 2000 Millennium Summit, the Commission on Human Security was established in 2001 (UN Trust Fund for Human Security 2009). Co-chaired by Sadako Ogata and Amartya Sen, the Commission produced a second influential report “Human Security Now” in 2003. The report served as a guide to help practitioners integrate the human security approach into the development and implementation of projects. It has provided an alternative,

though again broad definition of human security: “to protect the vital core of all human lives in ways that enhance human freedoms and human fulfilment” (Commission on Human Security 2003, 4). Concerning this study, the most important new element in the report was the identification of three health challenges closely linked to human security: global infectious diseases, poverty-related threats, and violence and crisis. These founding events and materials built the basis of human security in the UN and beyond.

Looking more concretely at the Security Council, it was only by the late 1990s that some human security elements began appearing on its agenda (Dedring 2008). This more humanistic perspective was reflected in the focus on refugees and other groups of civilians in conflict situations. Overall, starting in the 1990s the Security Council has directed its efforts to combating humanitarian crises, even though unevenly (Dedring 2008). The concept of human security allowed the discussion of humanitarian interventions and the R2P doctrine as the responsibility of the state to protect its population (Orford 2013). However, as noted by Malone (2004), some grew concerned that the Security Council became confined to mandating UN humanitarian and peacekeeping operations. Dedring (2008) explains that at the turn of the century only this partial, freedom of fear notion of human security was used as if it was the absolute standard, including freedom of want, more pragmatic states would not support such a development in the Security Council.

The UN introduced and popularized the concept of "human security" as a way of thinking about security beyond the state. Although the concept was not as revolutionary as some might have hoped, almost 30 years after the UNDP report that defined human security, it continues to be relevant and applicable in different disciplines and institutions from NATO to the Intergovernmental Panel on Climate Change (Gjorv 2018, 231).

Health security

For centuries, diseases have been one of the most powerful disruptors of the normal flow of lives. Therefore, seeing disease as a security threat is not new (Rushton 2020). Traditionally health crises have been considered security threats to the extent that they can affect the troops and military capacity of states which goes along the lines of the traditional security definition (McInnes 2015; Basu and Nunes 2020). However, just as “security” was going through developments, the link between health and security was also broadening and becoming more important. In the twenty-first century, health increasingly started appearing on human, national, international, and global security agendas. The policy-making world saw the appearance of a Global Security Strategy in the US, the Health Security Committee in the EU, and the National Health Security Agreement in Australia (Basu and Nunes 2020). However, as “security” is such a contested term, “health security” can also be viewed from many different angles.

Implications of disease on the state, political stability, and economy represent the juncture of state-centric security and health. The interests of the state appeared dominant in the first crucial developments in health security around the 2000s. McInnes (2015) argues that at the turn of the millennium both the Central Intelligence Agency (CIA) and the Security Council discussed health issues within a state-centric approach highlighting the risk to social and international stability. McInnes (2015) identifies three ways in which health is usually connected to state security. First, the effects of health crises on the economy, migration, military capabilities, and willingness to send and receive peacekeeping troops can pose risks to international stability. As for the internal security of a state, the adverse effects of health crises appear through the rising divisions between the rich and the poor, the creation of fertile ground for violence, and decreasing confidence in the government in case public health services are not able to deal with the health crisis. Lastly, high morbidity and mortality rates represent the third reason why diseases can constitute a national security issue. Basu and Nunes (2020) also find the connection between health

and the destabilization of governments and societies prevalent in the understanding of health security. However, McInnes (2015) identifies that the causal relationship between these streams and international/internal stability is questionable and empirical evidence is either missing or very weak. Moreover, the exaggerated response to the Ebola crisis in the US shows that mortality and morbidity rates do not serve as a prerequisite for a disease to be viewed as a security threat. As Basu and Nunes (2020) conclude, health security viewed through the state-centric prism means that the traditional set of assumptions spills over into the health sector without any change in practices in the security landscape.

Some scholars discuss that health crises perceived as state security threats represent certain opportunities as then they are raised to the level of traditional threats which are treated as the highest priority. Therefore, it can bolster resources and attention, raise awareness, break political deadlocks and encourage cooperation between security and public health actors (Basu and Nunes 2020; Elbe 2006; Rushton 2020). Elbe (2006) finds this possibility crucial in some states which are most seriously affected by HIV/AIDS, but where the state response is inadequate. In the same case of HIV/AIDS, such an approach allowed political actors to break the silence about the disease and shift the action to influential governmental bodies.

On the negative side, framing health issues as an international and national security threat can create a complex normative dilemma. Some argue that having the state as a referent object in health security can lead to the risk of breaching human rights and civil liberties (Elbe 2006). On a social level, in the case of disease securitization, infected people, who are often already in a disadvantageous position, can suffer further marginalization and stigmatization (Youde 2010). Moreover, it is argued that applying national security logic to health crises can lead to narrow short-term solutions which do not combat the underlying conditions or can even militarize responses to health issues (Basu and Nunes 2020; Elbe 2006). Youde (2010) also highlights the risk of money being allocated to the security sector rather than the health sector. Furthermore, such a strategy can fuel rivalry among states instead of

multilateral solutions that are needed in the case of global health crises and humanitarian issues (Peterson 2002). One of the biggest drawbacks, however, is the inability of state health approaches to protect those who are affected most – the lives of ordinary people (Jansson 2016).

The connection of health to human security represents a fundamentally different connection to health security. The 1994 UNDP Report defined health as one of the main components of human security. While the approach as such is often criticized for being too broad (Paris 2001), it is uncontestedly accepted that health poses one of the greatest insecurities of human lives. The 2003 report produced by the Commission on Human Security sees health as constituting the core of human security (Caballero-Anthony and Amul 2015). It claims that health is an essential element of human well-being, as disease, disability, and death are "critical pervasive threats" to human security (Commission on Human Security 2003, 96). Health security connects to other elements of human security in many ways: it allows to exercise choice, achieve economic security, and have social opportunities. The report also sets out four criteria that help determine health challenges to human security: the scale of disease burden, the urgency for action, the impact on society, and externalities that can cause knock-on effects.

In summary, Pavone (2017, 314) argues that while securitizing health as a state threat and using the human security concept both represent the nexus of health-security, they are rather "two sides of the same coin". It is crucial to reiterate that neither of the approaches can provide a flawless solution to health crises, and human security is thought to complement national security. While the statist understanding of security continues to dominate the global health discussions and policies, it is important to consider whether human security elements appear in the global health crisis understanding.

This section has reflected on the broader conceptual and institutional context of the topic of the study. Exploring the main elements of and differences between the two contrasting approaches of traditional and human security explained through which prisms health security can be looked at. It also highlighted the perseverance of the state-centric and military-focused tradition

and the development of human security in the UN organs. All these points should be accounted for when considering the understanding of security in the Security Council in times of health crises.

Methodology

The study uses textual analysis to explore the understanding of health crises in the Security Council and possible changes in its security logic. This method involves the examination and interpretation of visual, written, or spoken messages (Hawkins 2017). The main sources for the analysis consist of the Security Council resolutions and records of the Security Council meetings.

The choice of the Security Council as the place of analysis is explained through its international role as the highest security body and, overall, one of the most powerful existing international institutions. The Security Council undoubtedly has many failures and can strike the observers of international relations with its inability to prevent and stop devastating atrocities. However, we cannot deny that on the global level, it is the primary body that can decide on security issues, authorize interventions and set new norms to a limited extent.

The Security Council is composed of five permanent members which are the United States, the United Kingdom, China, Russia, and France, and ten non-permanent members. The Permanent Five have a veto right in non-procedural matters which grants them the opportunity to block any resolution. Non-permanent members are chosen by the General Assembly for a two-year term according to their geographical locations. The composition of the body and its rules prove that the Security Council is not a separate independent entity in international relations. It is comprised of divergent opinions of fifteen members and despite the binding nature of resolutions adopted under Chapter VII of the UN Charter, the Security Council is essentially intergovernmental. Therefore, considering the views of the Security Council means considering the views of its members and how they manage to agree on a common position. Even though health issues usually present less contentious cases than

wars, for example, the stance of member states of the Security Council still depends on their politics and ideologies.

Since 2000 the Security Council adopted six resolutions on the issues of health addressing three diseases. First, Resolution 1308 (2000) addressed the HIV/AIDS pandemic, which was followed up by Resolution 1983 (2011) on the same topic. In 2014, the Security Council directed its efforts to combat the outbreak of Ebola in West Africa which was signified by Resolution 2177 (2014). Later when the people of the Democratic Republic of Congo were suffering from the Ebola virus in addition to the ongoing conflict and existing humanitarian crisis, the Security Council adopted Resolution 2439 (2018). The two most recent resolutions, Resolution 2532 (2020) and Resolution 2565 (2021), sought to find a response to the COVID-19 pandemic and ensure the distribution of vaccines. United Nations resolutions are formal expressions of the opinion or will of the United Nations organs (UN 2022), thus, they allow for the examination of the official stance of the Security Council. However, it is important to remember the many decision-making processes behind forming a single opinion among more than a dozen of states.

Every resolution was adopted at Security Council meetings during which delegations made statements on the matter. When analyzing the resolutions of 2000, 2011, 2014, and 2018, the study uses textual records of the meetings. For the 2020 and 2021 cases, the study uses documents containing records of statements made during teleconferences and submitted written statements, as physical meetings were not possible. Moreover, in some cases, records of meetings before drafting a resolution are also available. The statements made at such meetings help determine the views and moods of the members regarding a given topic. Often such views do not appear in adopted resolutions, but they can still signify important developments in the way the members think about security. Therefore, the study seeks to examine whether there are human security elements in the way health crises are addressed by the Security Council members individually and the Security Council as a body.

The study will determine the understanding of security in the Security Council regarding health-related issues according to the definitions and discussions

about state and human security in the previous section. Therefore, the referent object of health security is the main objective of the analysis. For state-centric security, the referent object is either the state or its political, economic and/or social stability. In contrast, for human security, an individual and their well-being are in need of protection.

Analysis

The Global HIV/AIDS Epidemic

The HIV/AIDS epidemic has killed 40.1 million people worldwide since its start in the 1980s. About 38.4 million people lived with HIV in 2021, while only 28.7 million people received antiretroviral therapy. Disproportionally, two-thirds of all infected people live in Sub-Saharan Africa which population only accounts for about 15 percent of the total population (UNAIDS 2022, The World Bank 2022).

As analyzed by McInnes and Rushton (2011), the securitization process of HIV/AIDS in the Security Council was a multilevel process that started within domestic US politics. After a successful securitizing move on the national level, it was brought to the UN. In January 2000, the Security Council had dedicated its first meeting of the millennium to the issue of HIV/AIDS, to the exploration of “a brand-new definition of world security” (UNSC 2000a, 2). Throughout the meeting the grammar of security was used as HIV/AIDS was compared to a global aggressor and war destruction. Human security understanding appeared in the discussion from the very beginning, as President Gore stated that the security agenda is first and foremost about protecting lives. It later appeared throughout the meeting in the way the representatives addressed the increasing number of orphans, dangers posed to refugees, to the youth, especially girls, personal tragedies of mothers and children, and the broader development context. Some others highlighted the adverse impact of HIV/AIDS on the productive capacity of people, their life expectancy, increasing poverty, and the rights of infected people. A few states

explicitly mentioned the term human security. Bangladesh claimed that human security and every individual feeling secure and safe is the ultimate goal (UNSC 2000a, 16). Other proponents of human security included Canada, Japan, Djibouti, Mongolia, and Ethiopia.

Another way of thinking consisted of the connection between HIV/AIDS and the socio-economic crises, political stability of the state, its governance, military, and increased conflict. As was stated by the representative of France, HIV/AIDS could have a direct effect on security issues dealt with by the Council meaning that HIV/AIDS itself did not fall into the purview of the body (UNSC 2000a, 17). The representative of the Netherlands also saw the reason why the Security Council had to address the HIV/AIDS pandemic in the way it could become a seed of conflict (UNSC 2000b, 2). These views demonstrate the endurance of the traditional military focus in the Council, however, the overall picture during the meeting in January 2000 was rather mixed. States differed in their views and aimed the attention either at the individual, development, economy, social fabric, conflict, or a mix of these.

Half a year later, Resolution 1308 (2000) adopted in July 2000 focused on the connection between HIV/AIDS and peacekeeping operations. It is important to note that peacekeeping forces were briefly mentioned but were by no means near to prominent in the meeting in January 2000. The discussion of the draft resolution in July 2000 shows the Security Council changed the way it addressed the issue: instead of novel and different views on the issue, the focus shifted to the role of peacekeeping troops (UNSC 2020c). There were two main connections: the risk of exposure of peacekeepers to AIDS and their role in HIV transmission. Even though states that represented HIV/AIDS as a human security issue during the first HIV/AIDS meeting, also mentioned this notion during the second meeting, the connection of uniformed services to HIV/AIDS grew to be prominent in the resolution.

The reason lay in the need to persuade the states that were opposed to the adoption of a resolution or that doubted that such a topic should be on the Security Council's agenda (McInnes and Rushton 2011). They identify that overcoming the opposition was the result of the US's influence in the Security



Council, as well as the personal characteristics of key experts and advocates for the topic and understanding of the harm to the states' reputation if they opposed such a major crisis. As claimed by the representative of Namibia "...HIV/AIDS does not fall directly within the purview of the Security Council" and stressed that the body can contribute to "...minimizing the impact of HIV/AIDS in conflict areas" (UNSC 2000c, 8). Representative of the UK, one of the countries that hesitated about supporting the resolution (McInnes and Rushton 2011), also pointed out that the Security Council does not have the main responsibility in this issue and should focus on the peacekeeping context (UNSC 2000c, 10). Limiting the scope to the role of peacekeeping troops, which is a traditional Security Council responsibility, was needed to achieve consensus on such a novel topic. This approach was met with criticism from some states. For example, the representative of Malawi claimed that the Council meetings did not produce fresh ideas, but rather reinforced the same strategies that had failed before. He pointed out that the focus on HIV/AIDS in conflict territories missed the fact that one of the most affected countries, such as Malawi, Botswana, Zimbabwe, and South Africa had been stable states.

Unanimously adopted Resolution 1308 (2000) reflected only a fraction of the topics that were raised in the meetings. Out of the wide range of HIV/AIDS implications, the resolution mentioned the impact on "all sectors and levels of society", stability, and security (UNSC 2000d). The operative clauses of the resolution focused predominantly on the damaging impact of HIV/AIDS on international peacekeeping personnel and encouraged states to develop strategies for education, prevention, testing, and counseling of their personnel. Besides the focus on the troops, the resolution only contained a few general clauses about the cooperation between states and other relevant organizations. Thus, we can conclude that Resolution 1308 (2000) was not a watershed decision as some had expected. In the end, the adopted stance of the Security Council reflected the traditional military understanding of security.

As noted by McInnes (2011), since 2005 the Security Council has shown only an occasional interest in the HIV/AIDS pandemic and the issue was being de-

securitized, that is taken out of the emergency mode back to the realm of the normal politics (Buzan, Wæver, de Wilde 1998). However, more than ten years later, the Security Council came back to the issue of HIV/AIDS which turned out to be a far lower-profile event.

This meeting and resolution were a follow-up to the previous efforts of the Security Council and, therefore, it was clear that the focus would be on the connection between peacekeepers and HIV/AIDS. The delegation of Russia, for example, claimed that the Security Council should continue focusing on conflict and post-conflict situations (UNSC 2011a, 13). During the discussion of the draft resolution, some states expressed their views on the causality, arguing HIV/AIDS does not cause conflict and instability as was claimed in Resolution 1308 (2000), but conflict can exacerbate the effects of the disease (UNSC 2011a). Some others, however, adhered to the two-way causality according to which HIV/AIDS itself can become a destabilizing force. Nonetheless, some representatives did not refrain from making claims about ensuring human security, dignity, the rights of women and children, and the eradication of discrimination (UNSC 2011a). The topic of HIV/AIDS posing a disproportionate burden on women and the call for considering the needs of people affected by HIV in conflict and post-conflict situations made it to Resolution 1983 (2011). Otherwise, the document by and large focused on the health and fitness of the UN peacekeepers and their interplay with the pandemic (UNSC 2011b).

Generally, the two resolutions can be seen as a step back from the novel ideas expressed in the meeting of January 2000. Except for addressing the vulnerability of women and the use of sexual violence as a weapon of war in 2011, which is also directly connected to peacekeeping troops, the resolutions did not focus on the health and well-being of populations as such. The concern with military operations and the condition of uniformed services signified the persistence of old security practices. As summarized by Jansson (2016), such a limitation mirrored the need to adjust a non-traditional security issue to the logic of war and peace.

Ebola Outbreaks of 2014-2016 and 2018

The next health crisis that the Security Council addressed was the Ebola outbreak in West Africa. The outbreak was the largest since the virus was discovered in 1976 (WHO 2022). Its scale can be described by the fact that more people got infected and died during the 2014-2016 outbreak than during all the previous outbreaks combined. Over eleven thousand people have died, mostly in the three most affected states – Guinea, Sierra Leone, and Liberia (WHO 2022). The outbreak was recognized as a Public Health Emergency of International Concern by WHO in August 2014, and the Security Council also concentrated its efforts on handling the unprecedented case of Ebola.

The Ebola virus disease was first mentioned in Resolution 2176 (2014). Its purpose was the extension of the United Nations Mission in Liberia (UNMIL) for another three months in light of the outbreak that was causing widespread suffering (UNSC 2014a). Despite the limited action of the Security Council which amounted to the extension of the mission's mandate, the resolution had an important element. In the preamble, the document declared that the Government of Liberia bears primary responsibility for the protection of its civilian population. The importance lies in the fact that such a formulation can be considered a reference to the R2P Doctrine (Pavone 2017). However, this phrase was left out in the further resolutions on the topic.

Shortly after this, on September 18, 2014, the Security Council held an emergency meeting in response to a joint letter by the presidents of the three most affected states. In the letter dated August 29, 2014 (UNSC 2014b), the presidents of Sierra Leone, Liberia, and Guinea explained the consequences of the devastating outbreak in healthcare, institutional, economic, and development terms and asked for the cancelation of economic sanctions and trade embargoes.

Meeting 7268 on the topic "Peace and Security in Africa. Ebola" brought discussions on the political, social, economic, humanitarian, and security implications of the outbreak in West Africa. The fact that the countries had been achieving some results in their post-conflict situations was highlighted

throughout the meeting (UNSC 2014c). Moreover, the travel bans, and trade embargoes were condemned, and the states called for the termination of such ill-considered measures that only further deteriorated the situation.

Secretary-General of the UN, Mr. Ban Ki-moon, combined state security and human security by saying “This unprecedented situation requires unprecedented steps to save lives and safeguard peace and security” (UNSC 2014c, 3). Furthermore, Dr. David Nabarro, Senior United Nations System Coordinator for Ebola, underlined that the disease makes it challenging to allow people of those countries to return to the level of prosperity and development they achieved in the last ten years. He also highlighted the societal and economic challenges for the people such as food insecurity and drops in income. The US emphasized the simple math: the sooner the international community acted, the more lives they could save. The most affected countries together with Australia, Chile, and Uruguay also emphasized that women were unchangeably disproportionately affected (UNSC 2014c). A connection between human security and state security was made by the representative of the Netherlands in saying that as the Ebola crisis had such a destabilizing potential, people not dying of Ebola might die of starvation. Nigeria also highlighted the need for food, water, and other necessities of individuals (UNSC 2014c, 10). Moreover, regarding the health aspect, Spain underlined the increased number of victims of common diseases in the countries affected by the Ebola virus due to the excessive workload put on the healthcare services (UNSC 2014c, 39).

Even those states that during the HIV/AIDS meetings emphasized the need to delimit the scope of the Security Council's actions regarding health crises, followed a much broader approach in seeking solutions to the Ebola disease outbreak. For example, Russia called for ensuring food security and providing assistance to the population without touching upon the topic of the consequences for the traditional security threats (UNSC 2014c, 12-13). Argentina, a state typically critical of actions taken by the Security Council (Pavone 2017), recognized that the epidemic could “...kill the present and wound the future, eroding the possibilities of human social and economic

development...” (UNSC 2014c, 20). Members of the Security Council also called for efforts to overcome stigmatization and marginalization.

Throughout the meeting, the state-centric understanding of security also had its share in the declaration of the outbreak as a threat to national security even beyond the region. It was argued that Ebola had the capacity of generating economic, social, and political crises that would threaten the peace that was recently achieved in the affected countries. Considering the fragile situation of Liberia, Sierra-Leonne, and Guinea, many feared that the Ebola virus would exacerbate their vulnerabilities and diminish peacebuilding and development gains potentially destabilizing the regions and compromising international security. As with the HIV/AIDS resolutions, some states, such as the Republic of Korea, and Rwanda among others, pointed out that it was the implications for the peace process and post-conflict peacebuilding that justified actions by the Security Council on such a topic.

As this study pays more attention to identifying human security elements, it can make the Security Council's meetings look more human-security focused, which is not the case. Although the meeting on Ebola had several human security elements, and many states endorsed them, the mainstream thought relied on the state as the referent object focusing on security, economic, and political repercussions. In many cases, representatives' train of thought would start with human security and end with the impacts on state security as the ultimate problem. In comparison with the meetings on the topic of HIV/AIDS, the exact phrase "human security" was not mentioned by any of the representatives.

The support for Resolution 2177 (2014) adopted during the meeting was unprecedented: it had 130 sponsors, a historic record in the Security Council. Also, for the first time in history, it defined a health crisis as a threat to international peace and security (UNSC 2014d). Another positive development compared to the two resolutions on HIV/AIDS was the broadening in terms of means used to combat the Ebola virus. Instead of a narrow focus on the peacekeeping troops and their connection to the spread of the disease, Resolution 2177 (2014) called on improving medical services, ending the

isolation of the countries in question, mitigating misinformation, delivering the assistance, supplies, and personnel. Pobjie (2021) argues that in this way the Security Council went beyond the traditional measures of the use of force. However, regarding human security considerations, the resolution only underlined the topics of the particular impact on women and the issue of food security that were mentioned by multiple states during the meeting.

The resolution further confirmed the state-focused way of thinking when the clause recognizing the negative implications of the outbreak mentioned only purely state elements such as the stability, political and security climate, peacebuilding and development gains, as well as civil unrest (UNSC 2014d, 1). In the document, the Council did not frame the Ebola outbreak as a threat to populations nor did it mention the responsibility of states to protect their populations. As argued by Pavone (2017), it was rather the political and economic consequences of Ebola that facilitated the Security Council's action. The document did not address the human security problems, which became dire due to the outbreak. Such issues included the violation of the right to health, food, education, and free movement, as well as rising discrimination and stigmatization of the affected people (Pavone 2017). Overall, the resolution had a declarative character, as it did not impose any mandatory decisions for the Member States.

Another Ebola outbreak happened in the Democratic Republic of Congo (DRC) in 2018 and, after reaching the Security Council, led to the adoption of its next health crisis resolution. The political and security context of the DRC influenced the way the Security Council viewed the outbreak in the country. The DRC has gone through decades of multiple conflicts that overlapped and resulted in one of the world's deadliest and longest crises. When the Ebola outbreak was added on top of the list of insecurities that the people and the state structures were experiencing, the Security Council was predominantly concerned with the conflict in the country. During the short meeting, the President of the Council underlined "the need to address the security situation in the areas affected by the disease", therefore situating the primary concern in the conflict (UNSC 2018a, 2). The members of the Council drew attention to



the need of upholding the basics of humanitarian law and ensuring the safety of humanitarian personnel and access to them and health services. The representative of Sweden stated that "...the women and men who are working on the front line to battle this disease, and who risk their own lives to save those of others, deserve our respect and our protection" (UNSC 2018a, 3).

Resolution 2439 (2018) began by highlighting the context of much wider humanitarian needs in the country and the recurrence of the disease, armed conflict, and violence that the people had to suffer for the last few decades (UNSC 2018b). Its operative clauses called upon addressing the root causes of the conflict, putting an end to crimes against humanity and war crimes, as well as the cessation of hostilities. It also noted the importance of the United Nations Organization Stabilization Mission in the DRC and the responsibility of the state to protect its population against war crimes. More concretely on the topic of the Ebola outbreak, the resolution encouraged neighboring states to prepare and emphasized the need for international support and the provision of responsive public health mechanisms. Except for highlighting the gender-sensitive response which appeared in the previous resolution on Ebola too, the resolution called for "...provid[ing] Ebola survivors with psychological and social support to help them face and overcome possible stigmatization" (UNSC 2018b, 4). Such a clause, though questionably effective as it does not address the causes of stigma, provided a more concrete step regarding overcoming stigmatization that was also mentioned in the previous health-crisis resolution. However, taking into account the security situation in the DRC, it does not appear surprising that the case of the Ebola virus in 2018 was seen mostly through the traditional military prism in the Security Council.

The COVID-19 Pandemic

The most recent health crises actions by the Security Council aimed at combating the COVID-19 pandemic that the world is still facing as of 2022. It is argued that the pandemic has affected every aspect of people's lives and profoundly changed the world. Still, more than two years after the rapidly

spreading coronavirus was declared a pandemic (WHO 2020b), the world has not fully adjusted to what has been popularly called the new normal.

As the COVID-19 outbreak was unfolding, it showed weaknesses of many structures both on national and international levels. However, one can argue that nowhere did it happen to the extent as in the Security Council. Months after COVID-19 started spreading and even was declared a pandemic, there was no response that many had waited for from the UN's most powerful body for international crisis management. It took more than three months to adopt Resolution 2532 (2020). As the first efforts took place in March, and later France and Tunisia came to be the main drafters and brokers, it was only by July 1, 2020, that the Security Council could adopt the resolution. The delayed response and lost momentum caused by the tensions between the permanent five and by playing the blame game exacerbated the pre-existing drawbacks of the Security Council, such as geopolitical rivalries within the body (Charbonneau 2021).

The procedures of the Security Council were also affected by the pandemic. The institution started applying the written voting procedure which resulted in the changed order of steps when adopting a resolution (UNSC 2020a). According to the new procedure, after the President circulated a draft resolution, the Council members had to vote on the document within 24 hours. After the 24-hour voting period, the President would convene a videoconference regarding the resolution, during which delegations would make statements on the matter. However, for the sake of keeping the order that was used for analyzing Security Council documents previously in the paper, statements of the Council members will be analyzed first, followed by a resolution as a summary and the official stance of the body.

To analyze the views of Security members on the COVID-19 pandemic in 2020, the study will use Document S/2020/663. It contains over 130 pages of briefings provided during the Security Council teleconference regarding the agenda item "Maintenance of international peace and security: Implications of COVID-19" as well as submitted written statements of other representatives.

Traditionally, the representatives stressed the impacts of the COVID-19 pandemic on the countries experiencing conflict (UNSC 2020b). It was argued that if left without coordinated action, the pandemic will lead to further pandemics, global crises, and conflict. One of the main concerns lay in the increased potential for violence and instability in light of the socio-economic crisis, worsening of the root causes, and eroded trust in public institutions. Analogous to the Ebola outbreaks, COVID-19 was also seen as a threat to peacebuilding and development gains as it could disrupt the ongoing peace processes. It was argued that the pandemic presented an opportunity for peacekeeping missions to be reviewed considering the changing nature of threats.

Moreover, it was claimed that terrorist and violent extremist groups can benefit from the uncertainty created by the pandemic. Besides that, some even went on to mention the need for a greater emphasis on disarmament and in particular nuclear disarmament as part of their statements (UNSC 2020b, 57). The representatives of Estonia and Denmark also linked the importance of cybersecurity in dealing with the pandemic, a topic that was not raised before. Moreover, the implications of COVID-19 were also conceptualized in terms of its impact on supply chains, the distribution of natural resources, biodiversity loss, and the climate crisis. A fear of the economy heading towards a great depression presented one of the major threats, however, some were questioning whether the global economy fell within the Council's mandate (Security Council Report 2020). Russia, for example, highlighted that, first and foremost, the Security Council's effort should focus on the impact on the operations of peacekeeping missions (UNSC 2020b, 24). The representative of South Africa also stated the need to delimit the action of the Security Council directly to "...issues that fall under the purview of the Council's mandate" (UNSC 2020b, 28), thus refraining from addressing the public-health matters and economic measures. Instead, according to the view of the states in question, the Security Council's concern can only lie in the disruption of peacekeeping missions, the safety and health of peacekeepers, and the

implications on the peacebuilding process, following the same logic that was used in Resolution 1308 (2000) twenty years before.

On the other side of the spectrum, the representative of Viet Nam stated: "...protecting the health and lives of our people, particularly the most vulnerable, from the impacts of pandemics remains the utmost priority and, indeed, the primary responsibility of every State" (UNSC 2020b, 16) as his very first point. The Dominican Republic also highlighted the critical harm the COVID-19 pandemic was causing to human security and called for a people-centered response to the global crisis, while Canada stressed the grave human consequences calling the Security Council to focus more on global health security. The representative of Japan also emphasized that as health is the most fundamental element of human security, COVID-19 created a serious human-security crisis worldwide threatening the survival, livelihood, and dignity of people (UNSC 2020b, 79).

In line with the previous resolutions on health crises, the Security Council members again underlined the effects on women, taking the case further and noting such implications as exacerbating gender inequalities, domestic violence, and shifting the resources away from gender equality initiatives. Children, persons with disabilities, indigenous people, LGBTQ+ people, other minority groups, refugees, and internally displaced persons constituted other vulnerable groups whose protection and needs had to be prioritized according to different members of the Security Council (UNSC 2020b, 18, 45).

Other human security issues included the increased number of people on the brink of starvation and the raised likelihood of measles and polio outbreaks due to disrupted immunization processes. It was noted that due to the caused uncertainty and deprivation, mental health issues were also on the rise. Education processes around the world were harshly impacted due to the closings of schools as part of many national restrictions around the world. In addition, the delegations addressed human rights challenges such as the excessive use of force, manifestation of authoritarianism, limits on media, and freedom of expression. Other issues discussed included rising disinformation, possible abuse of surveillance technology, hate speech, and stigma. A valuable

point was also made by the Representative of Denmark stating that while the pandemic required extraordinary measures, it could not serve as a justification for weakening human rights and rule of law. The representative of Cuba summed up that the implications of COVID-19 posed a great challenge to the fulfillment of the 2030 Agenda for Sustainable Development that echoes many human security principles.

Germany called for “finally embrac[ing] a broader understanding of peace and security” (UNSC 2020b, 11) saying that a virus can be deadlier than a gun and Tunisia called for a change of paradigm. Moreover, facing the need to tackle the COVID-19 pandemic, states increasingly called for risk assessment mechanisms, building resilience, strategic planning, as well as the “investment in preparedness” (UNSC 2020b, 23). Denmark claimed that putting human rights at the center of the response and recovery to COVID-19 will help address the crisis in all its dimensions (UNSC 2020b, 55). Japan, historically being a strong advocate for human security, also argued for a people-centered, comprehensive, and prevention-oriented response “leaving no one behind” (UNSC 2020b, 79).

Therefore, it can be safely concluded that none of the discussions on health issues at the Security Council has addressed this many human insecurities caused by a health crisis and included this many groups of people specifically singled out as vulnerable. However, the long-overdue Resolution 2532 (2020) came to be a short two-page document highlighting the impacts on conflict situations, peacebuilding and development gains, and the unprecedented extent of the pandemic.

The resolution called for a global ceasefire, as “...there should be only one fight in the world today” (UNSC 2020b, 69). This first-ever call for a global ceasefire was central in the document and constituted a historical step. The cessation of hostilities was meant to last for 90 days to ensure the delivery of humanitarian assistance under international law (UNSC 2020c, 2). Military operations against terrorist groups constituted exceptions to this clause. However, the call for a cessation of hostilities and humanitarian pause did not

bring any substantial results to any of the ongoing conflicts, thus this step remained not more than symbolic.

Other operational clauses included requests for all UN bodies to accelerate their response to the health crisis and provide updates on such efforts in countries with ongoing conflicts and peace-keeping operations. In the resolution, the Security Council also underlined the need to protect the UN personnel in peace operations and their role in the fight against COVID-19. However, one clause contained a new recognition of women, children, refugees, internally displaced persons, older persons, and persons with disabilities as those groups that are disproportionately impacted (UNSC 2020c, 2).

As the pandemic continued to spread and the death toll climbed dramatically around the globe, the Security Council mobilized again in February 2021 to address the issue of the distribution of vaccines which were developed in record time. The records of the video teleconference on "Maintenance of international peace and security: implementation of resolution 2532 (2020)" shall be considered, as the delivery of vaccines rose to be central in the discussion.

As the meeting focused on ensuring equitable access to the COVID-19 vaccines, saving the lives of people and populations were widely mentioned throughout the statements. "No one should be left behind" was the message echoed by speaker after speaker. The representative of China stated that "we must put people front and centre" and that "there is nothing more important than human life" (UNSC 2021a, 12). It was agreed that the distribution must be ensured to the most vulnerable populations in conflict zones, as well internally displaced persons and refugees that were at risk of being excluded from coronavirus vaccinations. Vaccine nationalism and hoarding were condemned throughout the meeting, while more representatives called for technology transfers and the suspension of barriers related to intellectual property.

The statement by the mission of Belgium showed a new direction of thinking: "Beyond the dramatic socioeconomic consequences of the coronavirus disease

(COVID-19) crisis, this pandemic has once again demonstrated the price to be paid for underfunded and underprioritized public health services. Vaccination campaigns have been disrupted, putting at least 80 million children at risk of illness and death" (UNSC 2021a, 43). The logic used previously in the Security Council focused on how health crises went beyond simply being a health problem that was causing human deaths to an issue that was impacting the economy and the state. In this case, however, it was reversed as the issue was looked at "beyond the dramatic socioeconomic consequences" and the lives of children became the central issue.

Those who called for delimiting the Security Council's action to its strictly military and state competence during the first COVID-19 discussion stressed that the discussion of vaccines is the prerogative of primarily the World Health Organization, the General Assembly, and the Economic and Social Council (UNSC 2021a, 35). Therefore, they focused on the situations of armed conflict, the need for humanitarian pauses in the country-specific context, and the new challenges for peacekeepers in their statements (UNSC 2021a, 45, 49). Resolution 2565 (2021) adopted afterward followed the understanding of security used in the previous resolution on the COVID-19 pandemic. It had focused on the importance of ensuring affordable and equitable access to COVID-19 vaccines, highlighting the areas affected by conflict, reiterating the demand for global cessation of hostilities, and expressing concern about the most vulnerable groups of people (UNSC 2021b).

The case of COVID-19 brought new elements to the discussions of security, including cybersecurity and climate which can be explained through the global reach of the pandemic. Regarding human security, the increased focus on people and the loss of lives regarding the distribution of COVID-19 vaccines stood out. However, as some states called for addressing only those aspects that would fall under the traditional Security Council's prerogative, the resolutions, as the common position of the institution, largely concentrated on conflict areas and the impacts on the state. Nevertheless, the recognition of the needs of disproportionately affected groups not limited to those living in conflict zones represented a new development.

Conclusion

As it was seen throughout the analysis, the members of the Security Council often connected health crises with the physical condition of the peacekeeping troops, the possibility of increased conflict and violence, socio-economic crises, political instability, and international security. Such linkages confirmed the military and/or state-centric view of security. On the contrary, the human security repercussions of health issues were most often connected to health security due to the disease at hand and other diseases that were typically under control but had a chance to re-escalate because of overwhelmed medical services; food security and the need for other necessities; and economic security including the drop of income and decreased productivity. Other effects on humans included the dangers posed to disproportionately affected groups, decreased life expectancy, limits to education, the rights of infected people, and human development as such.

Throughout the history of addressing health crises, members of the Security Council have used varying understandings of security in this regard. In 2000, the first meeting of the Security Council concerned with a health issue offered many perspectives that, *inter alia*, confirmed the link between health and human security. However, the high hopes for a new and wider scope and a more expansive definition vanished in the adopted resolutions on HIV/AIDS. Resolution 1308 (2000) and Resolution 1983 (2011) narrowly focused on the peacekeeping troops and their relation to the disease.

In response to the outbreak of Ebola in 2014, the Security Council adopted a resolution with record support, classifying the virus as a threat to international peace and security. While human security as a term was not referred to in the deliberations, states did mention the need to save lives and protect vulnerable groups. The concern about the impact on food security and women appeared in Resolution 2177 (2014), however, the document as a whole was rather an example of a sectoral expansion. It drew a link between the outbreak and the political, security, and socioeconomic dimensions, hence largely focusing on the state. The following Ebola Resolution 2439 (2018) aimed to combat the

outbreak in the DRC. The fact that the country had been ravaged by conflict for decades explains the focus of the resolution on the state and conflict.

As much as the COVID-19 pandemic became an exceptional event both in ordinary people's lives and in international relations, it did not lead to a watershed moment of change in the logic of the Security Council. In resolutions regarding the current COVID-19 pandemic, the Security Council traditionally highlighted the impact of the disease on the state and its structures, especially in conflict states, and called for the first-ever global ceasefire. However, Resolution 2532 (2020) and Resolution 2565 (2021) contained a new important clause about acknowledging the impact of the virus on vulnerable groups not limited to civilians in conflict.

The ability to trace the positions of the members of the Security Council separately but also to analyze their common stance in the resolutions allows for the conclusion to be broken down into two parts.

Firstly, human security elements do appear in the understanding of the security of certain member states. The analysis of the records of meetings shows that the states can be grouped into a few categories regarding their position on the state-human security gradient. The first one is the small group of strong advocates of human security, such as Canada and Japan. Despite certain differences in their understandings of human security, Canada and Japan have argued for a broader definition of security since 2000. This does mean that they refused the linkages between health and state security, but that they accounted for human security as well.

Another group of states is represented by those with changing or mixed positions, such as Bangladesh. Having argued for a broader dimension of security and setting the aim of achieving the security of every individual, its further statements were much less ambitious. Another state that changed its security understanding was the UK, but in the opposite direction than that of Bangladesh. During the first discussion on health crises, the UK stated that the Security Council does not have the primary responsibility in tackling such an issue and should focus only on it in the peacekeeping context. However, in further deliberations about the Ebola outbreak, it adopted a broader

understanding of health security, highlighting the impact on different sectors and the role of women.

States that preferred delimiting the scope of the Security Council to the traditional understanding of security represent the third group. One example would be Russia which called for considering HIV/AIDS in the context of conflict and post-conflict situations in 2000 and claimed that the discussion of COVID-19 vaccine distribution goes beyond the Security Council's competence in 2021. An exception from this way of thinking was the Ebola outbreak when the representative of Russia claimed that the topic was justified without mentioning Ebola's repercussions on traditional security or peacekeepers.

One limitation to this categorization is the changing membership in the Security Council and the fact that giving speeches and elaboration on a position is not mandatory. These details did not allow the study to trace the positions of the same members throughout the twenty years that the Security Council has dealt with health crises. Accounting for external influences and personal characteristics of representatives was out of the scope of the study, however, it possibly could explain changes in some of the positions expressed.

Regarding states' positions, it can generally be concluded that the frequency of having the individual as the referent object largely depended on the situation at hand. For example, the political context of the DRC defined the focus of the discussion of the Ebola outbreak in the country, while the topic of COVID-19 vaccine redistribution called for more focus on humans. Overall, human security elements do appear in the debates regarding health crises in the Security Council more often as states are less reluctant to refer to humans, their lives, and other non-traditional sectors in general. However, still, states' positions vary a lot: while some are strong proponents of human security, others wish not to address other sectors except for conflict.

Secondly, not all the individual positions of members become part of resolutions, as resolutions can be regarded as the lowest common denominator to which every state has to agree. Therefore, the analysis of resolutions shows that the position of the Security Council overall remains largely traditional

paying most attention to the conflict zones and having the state and its elements as the referent object. In such cases, it is not the devastating effects on the population and human security that prompts the Security Council to act, but the possible negative repercussions on the state stability and its security. In other words, health crises did not lead to a new security logic, but rather affected the traditional peace and security to which the Security Council adheres.

Following traditional security, individuals would appear only in the context of protecting civilians in a conflict that also happened to be affected by a disease. However, the two resolutions on COVID-19 brought a new element: acknowledgment of the impact on the most vulnerable, including frontline workers, older people, women, children, refugees, internally displaced people, stateless people, indigenous people, migrants, persons with disabilities, detained persons in addition to those living under the control of non-state groups. One sentence cannot evidence a fundamental shift in the understanding of security, but it is a novel detail that might begin a new trend.

This topic can be further researched in a few different directions. First, it can be examined to determine whether the same tendencies hold regarding other non-traditional security threats, such as climate change, which the Security Council has attempted to address unsuccessfully. Moreover, it is important to analyze how the understanding of security impacts the steps that the Security Council takes. Lastly, further research is needed on the topic of coordination and separation of tasks between the bodies that can overlap if the Security Council further adopts more human security elements. To name a few, it concerns the World Health Organization, the United Nations Economic and Social Council, and the United Nations Development Programme.

Using strictly traditional state security logic when responding to health crises can lead to several issues such as limiting the action to conflict zones and missing those most impacted, restricting the rights and freedoms of those already marginalized, or focusing on short-term solutions. Adding human-security considerations can propose solutions to the above-mentioned issues and improve the response of the Security Council to health issues. Therefore,



it is important to know that while there are states that establish linkages between health and human security and some of them even start appearing in the adopted documents, the broadening of the mandate in the Security Council and a new understanding of security in the context of health crises have been rather limited.

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