

# Advancing opportunities at the intersection of Pacific security and health

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In 2019, *The Lancet* released a special issue exploring the potential of harnessing synergies between the security and health sectors where doing so would improve individual and public health outcomes without undermining human rights (Thomson et al. 2019). Citing recent examples of the use of militaries in support of public health responses to infectious disease outbreaks, the series noted that if partnerships between public health and public security were more critically examined for potential synergies, responses to incidents affecting health and disease outbreaks could be immensely improved. However, there are a number of practical considerations. Understanding how security and health actors exist across operational cultures and power dynamics, as well as relevant interests and capacity requires long term vision, investment in developing sectoral and partnership capabilities, and sophisticated political and policy frameworks.

Partnerships between health and security are not uncommon across a whole range of important areas, from responding to road trauma and countering domestic violence through to disaster response and containing biological threats. But these partnerships are often undocumented and unrecognised and therefore underexplored and underappreciated. While *The Lancet* series shed new light on the relationships between health and security, it didn't explore the potential scope and application of partnerships between security and health in responding to an expanded suite of threats. It didn't unpack, expand, or challenge current discourses around concepts of health-security.

## Concepts of health and security

For many governments around the world, recent infectious disease outbreaks such as Ebola and COVID-19 have heightened awareness of 'health-security' interactions that involve both incident management, politics and actions designed to prepare for, and respond to, biological threats – a process that can be narrowly defined and contested with respect to roles and responsibilities. At various times and through different lenses and institutions, 'health-security' has had a range of different meanings, from the threat of antimicrobial resistance on global human health to the morbidity and mortality implications of non-communicable diseases for fragile health systems (Stoeva 2020). But the idea of health as a security issue takes on much broader dimensions and implications as elaborated by the original United Nations construct of health as the key pillar of human security (Chiu et al. 2009).

Human security itself is explicitly linked to the fundamental 'right to health' first articulated in the 1946 Constitution of the World Health Organisation. It ensures that health-security directly interfaces and grapples with the often daily challenges of sustaining access to adequate food, water and shelter against a backdrop of climate degradation, conflict and issues of agency, empowerment and governance. In many cases, health issues can result in

acute population health crises which, when under a combined 'health-security' rubric can translate into and gain traction. The notion of 'health' as a construct of national security often sits very uncomfortably within the security sphere (Bernard 2013). There are many public health actors who believe that using health as a construct of security legitimises authoritarian restrictions to such fundamental aspects of human life as the right to freedom of movement, as occurred with protests about prolonged Pacific States of Emergency in countries such as PNG and Vanuatu. This wariness plays into the often fundamental distrust that exists between a government and the people in the context of how 'security' is enacted.

So while there are potentially multiple definitions and conceptualisations of health-security, this paper explores the two-way interactions that view health as a construct of security, and security as a construct of health. This more systemic understanding is critical to understanding the interactions between the two, and how to respond to an ever widening range of threats that have both health and security implications. There is perhaps no better current opportunity for this inter-sectoral work than the Pacific's Boe Declaration's expanded security concept that encompasses both human and traditional security. The advantage of taking into account climate, human, environmental and resource security alongside the traditional security threats of transnational crimes, cybercrime and cyber-enabled crimes is that health and national security truly become a whole-of-society construct and the responsibility of all to own and implement.

These different security challenges are truly interconnected. For example, despite being responsible for only .03 per cent of the world greenhouse gas emissions, Pacific island communities are amongst the most vulnerable societies to the health and security impacts of climate change. Increased exposure to acute weather events has widespread implications for health and security such as the physical impacts of climate change on the safety and security of water and food, and the increased risk from vector borne and non-communicable diseases (NCDs), the latter from impacts on fresh food production (McIver et al. 2016) and comorbidity. Local food production is entirely dependent on both water availability and management just as the sustainability of what you catch and farm in the ocean is determined by the health and security of the marine environment. Extreme climatic events exacerbate clean water access in some areas of the Pacific region where many rural communities face water insecurity (Chan et al. 2020).

## Actors at the intersection of security and health

Efforts are already underway in many countries in the region to articulate whole of government and whole of society approaches to the health and security threats

relevant to the Boe Declaration. For example, by recognising that environmental and human health are directly linked to climate change, many Pacific island countries are at the forefront of a new global response to climate through promotion of renewable energy targets and highlighting the importance of the ocean-climate nexus, particularly on fisheries (Government of Fiji 2018). But policies and frameworks are only half the battle. Identifying a full range of actors that have a stake in, and capacity to act across a complex array of intersecting issues is complex, as is clarifying what their roles and responsibilities are.

For example, in recognising that NCDs pose a significant threat to health and sustainable development in the Pacific, Pacific ministers endorsed the Pacific NCD Roadmap at the Joint Forum Economic and Health Ministers Meeting in 2014. The NCD Roadmap lays out policies, legislation and actions to be taken by a number of diverse stakeholders including health, education, trade and law enforcement. The NCD Roadmap is also meant to be supported by a National Multi-Sector Task Force to oversee the implementation of the National Multi-Sector NCD Action Plan. A recent review of the programme however has highlighted that these leadership and governance structures have been either missing or functioning at a suboptimal level (Win Tin et al. 2020).

So herein lies a challenge. How do you identify and empower a full range of actors who may see the world differently and have different interests to come together and support a whole-of-society approach to engagement and respond to diverse challenges at the intersection of security and health? How do you create a concept of health and security where a police commander in the Highlands of PNG understands that the high incidence of NCDs in the police force and society can create power, security and capacity shortfall, if not better addressed? How do you design a training package for maritime customs officials that improves their biosecurity awareness when they board an illegal fishing boat? And, how can you support small farm holders and local market managers to maintain food production and the supply chains when situations such as COVID-19 prevent access to key agriculture production materials or risk community transition of the disease? And given how interconnected the security and health challenges are, how do we ensure our national security strategies and their policy and operational responses affecting health and security are well integrated?

Integrating policy responses across a multi-issue national security framework and ensuring it draws on and accounts for local customary practices, science and technology, and public-private partnerships is critical, but challenging. In meeting the objectives of the Boe Declaration, national security strategy development and implementation will require widespread consultation and agency collaboration across the cross-cutting threats. It will also require bringing stakeholders together who may not have seen themselves as part of national security before nor would ordinarily work together; this can include health, agriculture and infrastructure officials. Developing the human resource capacities and core competencies of these people is needed to work across the issues that span health

and security areas. This requires carefully crafted institutional arrangements, and well-resourced efforts. This was evident in the establishment of the Pacific Humanitarian Pathway that addressed needs for biosecurity, health supplies and cyclone relief following Cyclone Harold and COVID-19 impacts, last year.

## **Building momentum at the intersection of security and health**

Advancing whole of government and community approaches to health and security in the Pacific region can be facilitated by the development of national security strategies that are backed by multiple actors. Individual agencies will also need to invest in their own capabilities and their understanding of how their areas of interests are affected by the actions and interests of other agencies. For example, more investment is needed to build the baseline capabilities of security actors to understand their role in preparing and responding to biological threats, and development of training materials that cover subject matter not traditionally covered in the police recruit training. Building a level of recognition across the security sectors of their critical role as partners in supporting health (broadly defined) should translate to better health and security outcomes and support better relationships across the security–civilian nexus. At the same time, bringing in subject matter stakeholders from diverse government agencies to consider threats to national security will grow understanding, respect, and a sense of shared responsibility for the national security strategies that are owned by a collective rather than being the purview of a select few.

Building these capacities across the various systems will take time but it will be a worthy exercise over the coming years. There are already some efforts underway to meet the professional and academic capacities required to enhance a multidisciplinary approach to intersecting issues that cut across both health and security challenges. The Fiji National University and the Australia Pacific Security College at ANU, guided by a regional industry advisory committee of health and security sector officials from the region is developing a Security and Health course for students and professionals working across core areas of health and security. The course will combine academic interrogation and operational perspectives from the field and is being designed to explore the intersection of health and security in the Pacific region. The course also seeks to advance subject matter knowledge with opportunities to grow multidisciplinary and multi-agency partnerships, collaborations and networks that support both health and security outcomes.

## **Conclusion**

Health is placed at the forefront of security and ushers in multiple opportunities to respond to the critical issues facing the region and indeed the globe. It also demands a re-envisioning of how we develop national security strategies which need to address mounting health security issues, and critically consider who needs to be involved beyond the traditional security sector. Investing

in the development of people and the range of sectors from which they come is required now to ensure the Boe Declaration is enabled through multi-stakeholder collaborations to develop action and institutions that can deliver positive and shared outcomes at the intersection of health and security for the Pacific.

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