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Health, Security and Fragility**

Are global health investments global security investments?

Historically, infectious diseases have had a special role in the development and strengthening of contemporary multilateralism, under strong European leadership.

The very first international treaty in health, developed at the initiative of European countries to contain the spread of yellow fever and cholera epidemics alongside the development of international trade, was adopted as early as 1892 – 30 years before the creation of the Société des Nations, and 60 years before the creation of WHO. This treaty evolved into the International Health Regulations, which remain today one of the three international hard law instruments in health, and the only one in the field of epidemics and pandemics.

The leading role of Europe

In 2000, European members of the UN Security Council played a major role in positioning the HIV/AIDS crisis on the global security agenda and adopting landmark resolution 1308 on provision of training on issues related to HIV/AIDS prevention for peacekeeping personnel. As the UN General Assembly had called for the creation of a fund to fight AIDS, the European Commission coordinated a working group of governments, multilaterals, private actors and NGOs representing people affected by the diseases, that developed the principles and the model of this new fund, created in 2001 at the G7 Genoa summit as the Global Fund to fight AIDS, tuberculosis, and malaria.

The Global Fund now stands among the most effective, impactful and funded multilateral funding mechanism in the field of sustainable development, and a model for multilateral initiatives in other sustainable development areas, such as education and climate. European contributions represent one third of total Global Fund resources, with France, Germany, the European Commission, Italy among top donors, alongside Belgium, Denmark, Ireland, Luxembourg, the Netherlands, Norway, Sweden, Portugal, and the United Kingdom. European contributions to the Global Fund are a central component of the global PPPR architecture, as demonstrated by during the Covid-19 crises, where the Global Fund served as the primary channel for LMICs access to diagnostics, treatment and oxygen, and GF-funded HTM platforms stood at the frontline at country-level.

Twenty years after the HIV/AIDS crisis, the Covid-19 crisis repositioned global health on top of the global political agenda, by recalling the relevance of health, and infectious diseases in particular, as a critical and multidimensional factor of global stability at economic, social and

political levels. The Covid-19 crisis revived the role of infectious diseases as a driving force of multilateralism, as demonstrated by the revision of the IHR last year to include the notion of pandemic emergency as the highest level of alert in global health, by the current negotiations on a new international law instrument on pandemics, by the creation during the Italian G20 presidency of a G20 health and finance taskforce, as well as of a new Pandemic Fund, developed to bridge priority gaps in the current PPPR financial architecture.

The relevance of health for security in the post-Covid era

As political attention to global health threats is waning with the multiplication of conflicts, the acceleration of climate change and shifts in the geopolitical order, as well as the false representation that a next pandemic is not likely to happen in the near future, the international community risks to lose sight that existing pathogens and epidemics are posing very concrete risks for global public health and stability, fuelled by conflicts, fragility, and climate change.

Yet, human spillover of mpox in the Democratic Republic of Congo has led WHO to declare a public health emergency of international concern alert in 2022 and again in 2024, with cases on all continents. Climate change expands the geography of malaria in African highlands and of dengue in Europe, and the likeliness of vector-borne diseases because of extreme weather events, as seen recently after the floodings in Pakistan and cyclone Freddy in Mozambique and Malawi. As a consequence of the Russian invasion and of the war, tuberculosis has risen in Ukraine, with cases of spillover reported in European countries such as Czechia, alongside populations displacements.

Looking beyond infectious diseases, health infrastructures, services and personnel are regularly targeted by military strategies, or used as “human shield”, in conflict settings such as in Ukraine and the Middle East. The ongoing widespread of rape and sexual attacks to women’s physical and mental health as a war weapon appears as another dimension of the relevance of health in aggression tactics. The health sector has become a strategic target of most recent unconventional destabilization efforts, such as cyberattacks against hospitals IT systems, hacking of health data systems, and conspiracy theories and global disinformation campaigns aimed at reducing public trust in medical countermeasures, such as vaccines, and public health institutions, such as WHO. Conversely, continuity of essential health services participates to defence efforts, as they are essential to protect troops, as well as the general population. The role of health in peacebuilding, peacekeeping, reconstruction and stabilization efforts is now widely recognized.

Looking at power rivalries more broadly, health plays a central role in the diplomatic strategies of Russia and China to gain influence in Africa at the expense of occidental countries. Harsh competition for access to vaccines during the Covid-19 crisis, and the refusal of occidental countries to apply a waiver to intellectual property rights for essential Covid-19 commodities, have seriously harmed Europe-Africa relations – and explains European efforts to support regional vaccines manufacturing capacities in Africa.

Current tensions between health and security

The identification by high income countries of infectious diseases as threats to security has multiple, and sometimes contradicting, implications. When national security interests of high-income countries coincide with broader public health interests, a win-win dynamic can spark, as in the case of high-income countries investments in the global fight against HIV/AIDS, tuberculosis, malaria, and in broader PPPR capacities in low and middle-income countries. Another example of virtuous cycle is the role of military health research in the advancement of

research in infectious diseases, such as the role of US military research on adjuvants and clinical trials in the development of malaria vaccines.

However, in zero-sum games situations, for example the repartition of a rival good –such as a limited stock of medical countermeasures—high-income countries security interests can diverge from and even go against global public health interest. In the case of mpox, access of populations to life-saving smallpox vaccines in countries most hit by the epidemic is extremely limited because smallpox vaccines are subject to strategic stockpiling by many high-income countries, leading to high prices and a long waiting line to place orders to manufacturers.

The securitization of healthcare can also have counterproductive effects within a country itself, such as in the case of countries with laws that criminalize patients, such as people living with HIV or MDR-TB patients, with the aim to avoid further contaminations, while there is evidence that patient criminalization discourage people from getting tested and seeking care, and hence, actually contribute to disease spread.

Health investments as security investments?

In 2001, the Global Fund to fight AIDS, tuberculosis and malaria was created at the G7 Genoa summit as a groundbreaking response to the humanitarian, ethical and security crisis represented by the HIV/AIDS pandemic.

- Twenty years later, to what extent is it relevant to consider European contributions to health in low- and middle-income countries as investments contributing to European and global security?
- What are the implications and limitations of a security approach to health, and to infectious diseases in particular?
- What role can multilateral partnerships, such as the Global Fund, play to reconcile evolving, multiple, and sometimes diverging, security and public health interests across different stakeholders?