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# Rethinking Human Security in the Post-COVID-19 World – Lessons Learned from the Human-centric Approach to Health Security

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## Abstract

The COVID-19 pandemic is an example of the health-security nexus, as a topic of increasing importance in security studies. Speaking broadly, this perspective is close to the political construction of the health threats, but depends on the approach to health security we take. Specifically, the aim of this paper is to analyze COVID-19 as a health threat through the human-centric approach to health security and to consider the relevance of this approach in the “post-COVID-19 context”. The research question is: what is the special value of this approach in the conceptualization of COVID-19 and future health security threats, both in terms of theoretical contribution and strategic and policy solutions? The paper is based on an academic literature review, and secondary data analysis relevant to the assessment of the state of human security, like the Human Development Index. The paper is structured as follows: in the introductory part, academic perspectives on health security are presented. Then, through the seven dimensions of the human security concept, it is analyzed how COVID-19 threatened human security. The next part considers the characteristics of a human-centric approach to health security in the COVID-19 context. Finally, the theoretical and practical implications of the human security analysis of COVID-19 and its importance for the health security field, are discussed. It is concluded that rethinking the human security concept in the post-COVID-19 context could contribute both to clarifying the human-centered approach to health security and redefining the concept of health security itself.

*Keywords:* COVID-19, human security, health security, “post-COVID-19 world”

## 1. Introduction – Academic Perspectives on Health Security

In the post-Cold War period, security studies, as a sub-discipline of international relations, were marked by the well-known “broadening” and “deepening” of the research field. This refers to the security sectors (military, political, economic, social, and environmental security) (Buzan, 1983), as well as levels of analysis (human, national, regional, and global security) (Waltz, 1959; Singer, 1961). This academic shift induced more interest in the so-called non-traditional (non-military) security issues. One of them is health security. When it comes to the term itself, there is not much consensus about it. This is primarily due to the interdisciplinary disposition of the term – since health and security correspond to different disciplines – and to its usage in a variety of contexts (individual, national, and global) for a variety of purposes (Malik, Barlow & Johnson, 2021). Thus, as it is still not a coherent field, three broader perspectives on health security can be distinguished. The dominant one and the so-called “traditional” is the state-centric approach to health security, which emphasizes the state as a referent object, or state as an endangered entity. This approach relies on the securitization process or social construction of the threat (Buzan, Wæver, & De Wilde, 1998). Remembering COVID-19, it was reflected in the war rhetoric used by political actors (“We are at war with an invisible enemy”, and similar phrases), which presented speech act, used to securitize the virus, to frame it as a threat and thus mobilize the audience (people) and legitimize special measures aimed at responding to the pandemic. So, in this perspective, health issues are considered through the national security agenda (McInnes, 2015), and accordingly, responses are based on individual states’ policies, usually the application of the so-called hard-security measures – military, police, and territorial control.

Although widespread, this approach has also received serious criticism – some critics say that it represents a narrow view of health security, which ignores wider consequences of health threats and cannot address complexities of the health security issues or the cross-linkages between poverty, health, and development, while state-centric measures for containing the virus, often carry

a risk of violating human rights and freedom (Elbe, 2006; McInnes, 2015; Stoeva, 2020). Opposed to the state-centric approach, a human-centric paradigm of health security is focused on individuals and communities as referent objects. Thus, the concept of human security is seen as a way of “reconciling” health security and human rights. The key proponent of this approach is the United Nations Development Program (UNDP) which introduced the human security concept as consisting of several dimensions – economic security, food, health, environmental, personal, community, and political security (UNDP, 1994). Specifically, health security as a dimension of human security refers to threats to human life and health caused by infectious and parasitic diseases, diseases caused by polluted air or water, as well as inadequate access to health services (UNDP, 1994). Human security, therefore, repositions security as an everyday struggle enacted through different aspects of life, ranging from the political to the biological (Daoudi, 2020). The human-centric approach to health security gained additional attention during the COVID-19 pandemic, which really showed how all these dimensions – from health to economy – are intertwined and interdependent.

Very similar to the human-centric approach to health security is the global (public) health security, mostly advocated by the World Health Organization (WHO). According to the WHO (2007), “global public health security implies the necessary proactive and reactive activities, to reduce vulnerability to acute public health problems, which threaten the collective health of the population worldwide” (p. 9). It embraces a wide range of complex issues, from the health consequences of poverty, wars and conflicts, and climate change to natural catastrophes and man-made disasters. So, pandemics are just one of the threats to health security. Others include foodborne diseases, toxic chemical accidents, radio nuclear accidents, environmental disasters, etc. (WHO, 2007). In general, global (public) health security is motivated by the belief that risks to public health have been globalized, requiring a response beyond that which individual states are capable of (McInnes, 2015). This is why some authors even speak about “statist” and “globalist” perspectives of health security (Davies, 2010).

This complex and nuanced connection between security and health is what is called a “health-security nexus” in academic

literature. In other words, “there are multiple grammars of security in the global health security narrative” (Wenham, 2019: 1096). This paper deals with the human-centric approach to health security: first, because COVID-19 has encouraged more thinking about human security in health crises, as opposed to the hitherto dominant, state-centric approach; second, because the human-centric approach to health security, although similar to global health security, is more academically developed and more thematized in the literature, and therefore provides more tools for analysis.

## 2. COVID-19 as a Threat to Human Security

This part aims to analyze how human security is threatened by COVID-19, through the seven dimensions of human security.

*Health security* – the health of people around the world is threatened in many ways during the COVID-19 pandemic – at this moment there have been more than 770 million confirmed cases and almost 7 million deaths caused by COVID-19 (WHO, 2023). At the same time, there have been many indirect deaths resulting from delays in seeking healthcare for other diseases, from overwhelmed health systems or the diversion of resources to deal with the coronavirus (Di Liddo, 2021). Moreover, discrimination and unfair treatment are also evidenced in some cases, because some people had limited access to healthcare systems on the basis of resources, employment and/or immigration status (Estrada-Tanck, 2020). The pandemic also increased mental health problems (Fiorillo & Gorwood, 2020), which may be even more evident now, after a certain time. Periods of isolation, accumulated stress, anxiety and feeling of uncertainty, are prolonged health consequences of the pandemic. So, indirect health effects of the COVID-19 showed that the health security of people who were not infected is also endangered, because of inadequate or completely disabled access to health services and healthcare. An additional indicator of health security during the pandemic is the Global Health Security Index (GHSI).<sup>1</sup>

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<sup>1</sup> The GHS Index assesses countries’ health security and capabilities across six categories (prevent, detect, respond, health, norms, risk), 37 indicators and 171 questions using publicly available information. More about GHS Index could be find at: <https://www.ghsindex.org/>

It is focused on a state level, but it could be very useful in understanding many of the health insecurities people faced during the pandemic. Key findings from the GHSI report for 2021, show that the average country score in 2021 was 38.9 out of 100, which is essentially unchanged from 2019. It signals that significant gaps exist for all countries and across all GHSI categories and reinforces that preparedness remains fundamentally weak at all country income levels. Although evidence shows that countries built new capacities during the COVID-19 pandemic, many of them are temporary, short-term COVID-19-specific measures and were therefore not given full credit by the GHSI (Bell & Nuzzo, 2021).

*Economic security*—containment measures during the pandemic consequently led to economic decline worldwide. In 2020, the first full year of the COVID-19 pandemic, the global economy shrank by approximately 3%, while global poverty increased (World Bank, 2022). As well as at the global economic scene (reflected in the disruption of the global market, global supply chains, inequalities between states, etc.), an economic crisis hit almost every household due to increased job losses, shortages of food, price increases, and worsened living conditions. According to the World Bank (2022), in 2020, more than 50% of households globally were not able to sustain basic consumption for more than three months in the event of income losses, whereby disadvantaged groups have been disproportionately affected.

*Food security*—increased food prices, disrupted food supply chains and general socio-economic conditions, resulted in food insecurity as well, primarily reflected in problems of food availability, as well as its amount and quality (Abdullahi et al., 2023). In just two years, the number of people facing, or at risk of acute food insecurity increased from 135 million in 53 countries pre-pandemic, to 345 million in 79 countries in 2023 (World Food Programme, 2023). As well as in other security dimensions, food insecurity particularly threatened poor and most vulnerable groups, like lower-income workers and workers in informal sectors, who have less protection than formal sectors (Nurhidayah & Djalante, 2022).

*Environmental security*—although there have been some short-term positive changes when it comes to air quality, water pollution, etc., environmental security has worsened as international

climate change resolutions have been pushed back (Sagris, 2020). At the same time, the negative environmental effects of the pandemic are reflected in the increase of medical and municipal waste, inadequate disposal of used safety equipment (face masks, gloves), and reduced recycling (Rume & Islam, 2020). Additionally, the pandemic also caused regional and local changes in water use and thus exacerbated the already existing critical issues related to sustainable future water use (Bhowmik & Roy, 2022). For example, many communities across ECOWAS countries experience water shortages both in urban and rural communities across the region, due to COVID-19 (Chukwufumnaya & Oghuvbu, 2020).

*Community security*– the lack of community security is reflected in disruptions of social life, social connections, and community development. At the same time community members' trust in each other has declined, especially when it comes to solidarity, the certainty that everyone will behave responsibly for the purpose of collective protection. This is also one form of disrupted social cohesion, the consequences of which are still visible and present. Moreover, the virus disproportionately affected certain communities, highlighting underlying structural inequalities and discriminatory practices that need to be addressed in the response to and aftermath of this crisis (UN, 2020a).

*Personal security*– personal security is endangered by increased discrimination, xenophobia, racism, and attacks against migrants and refugees, often blamed as the main carriers of the disease. Other vulnerable and additionally marginalized groups include older persons, racial, ethnic, and religious minorities, persons with disabilities, etc., each of whom carried the specific burden of the pandemic (UN, 2020a). Additional threats to personal security are urban violence (Haer & Demarest, 2020), and increased domestic and gender-based violence, of which economically insecure and dependent women, women without adequate social support, etc., are especially at risk (Mittal & Singh, 2020). In general, personal security is mostly affected by different forms of human rights violations, due to emergency measures imposed by COVID-19.

*Political security*– last, but not least, the COVID-19 pandemic has also emerged as a political crisis with increased authoritarianism, manipulation of democratic and electoral processes, and

violations of human rights (Haer & Demarest, 2020). So, we can see that human rights are the issue of personal security, as well as of community and political security. The evident interdependence of human rights and human security made this issue even more sensitive in the crisis situation imposed by COVID-19 and susceptible to different types of violations and jeopardizing. Moreover, some research showed the intensification of conflicts during COVID-19 (e.g., in Libya, Nigeria, Afghanistan), both in the sense of the pandemic as a situation that worsened the already existing causes of conflicts, as well as the situation that was politically and military exploited by states or non-state actors (Polo, 2020).

This analysis shows how all human security dimensions are intertwined and interconnected and how threats to one dimension spill over to another. A domino effect is noticeable: the health crisis caused the reduction of economic activities, leading to an increase in unemployment and poverty, which consequently caused food insecurity. Further, the long-term measures of isolation and quarantine and the general state of emergency triggered different forms of discrimination, violence, and political instability, but also increased psychological problems among people, as an additional health issue. In some way, this illustrates a kind of “closing of the circle” or returning to the health of people, as a primary need that still suffers. It could be considered not only through the psychological consequences, but also through the so-called “prolonged COVID-19” or “post-COVID-19 syndrome”, with damage to physical health as well. Thus, in its scope and consequences, COVID-19 has been a real existential threat that threatens human’s “freedom from fear” and “freedom from want” (Alamsyah, Alfian & Darussalam, 2021). As a part of a broader picture and additional indicator of the state of human security during the COVID-19 pandemic, the Human Development Index (HDI)<sup>2</sup> is presented. Figure 1 shows that the global HDI value has been in decline two years in a row, specifically the first two years of the pandemic, and erased the gains of the preceding five years (UNDP, 2022a). Moreover, UNDP (2022b) emphasizes that for the first

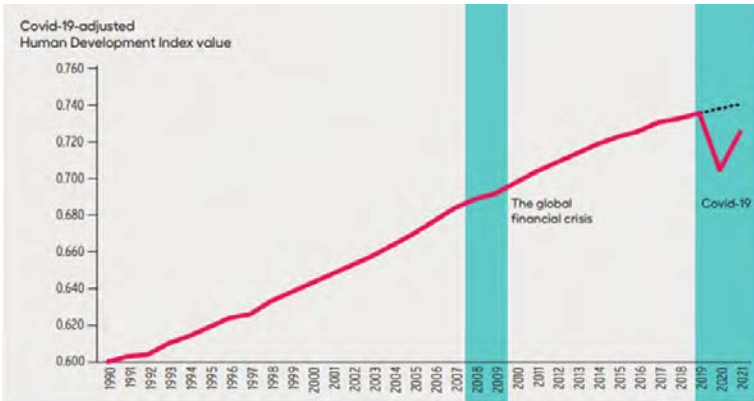
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<sup>2</sup> More about HDI could be find at: <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>



time, HDI values have declined drastically, unlike anything experienced in other recent global crises, and resulted in a clear setback to human security. At the same time, perceived human insecurity has increased in most countries, even in some countries with very high HDI, which is why UNDP claims that the pandemic has gone from a health crisis to a full-fledged human development crisis (2022b).

Figure 1. HDI values



Source: UNDP, 2022b.

### 3. Human-centric Perspective of Health Security in the Context of the COVID-19 Pandemic

Although it has been mentioned that the state-centric approach to health security dominated during COVID-19, this part of the chapter aims to present the advantages of the human-centric perspective of health security in the context of COVID-19. As time went by, it was becoming more and more evident that the national security paradigm failed in combating “the invisible enemy”. Border closures, nationalistic rhetoric, power disparities, “vaccine and mask diplomacy”, and a general lack of solidarity, undermined the proclaimed striving for global and human values while dealing with the global threat. This way of responding to the pandemic caused a conflict between the need to protect the health of people and their basic rights and freedoms.

From the human-centric perspective, this is wrong – health security shouldn't be achieved at the expense of human rights. Moreover, as Daoudi (2020) emphasizes, the human security approach tries to bridge the gap between security and development, health and stability, and individual and national security. This people-centric approach embraces both the dichotomies of individuality and indivisibility of personal freedom of people's collective and individual rights, but a balance must be struck between the authority of the state and the freedom of the individual (Chukwufumnaya & Oghuvbu, 2020). This is a sensitive line, which is usually crossed exactly during a serious crisis, when a state could become a threat to its own citizens. For example, very stringent emergency measures and proclaimed successful securitization of COVID-19 in Asian countries had a very negative impact the overall human security of citizens in Asia (Sornbanlang, 2022). Although securitization is useful when it comes to quick mobilization of resources, as well as raising attention and preparedness of people, critiques claim that it is a short-term strategy, aimed primarily at stopping the spread of disease, while its effectiveness in improving health systems and preventing future health crisis is questionable, especially in the long run (Malik, Barlow & Johnson, 2021). Such a narrow approach to health security in a practical sense, cannot encompass the whole complexity of the threat (i.e., COVID-19), because it overlooks the entanglement of health, human rights, development, equity, and solidarity, which are at the core of the human security concept. During the pandemic, it was shown that health security does not only mean that one is not sick, but also that he/she has access to regular health services, end enjoys absence of fear of existential threat, absence of threats to human rights and basic needs, etc. That is why a systemic approach reflected in human security is relevant.

So, instead of deploying soldiers along the borders and within countries, and declaring "war on COVID-19" as mobilizing rhetoric, a systemic, human-oriented response would include strengthening health systems, securing equal access to vaccines, masks, protective equipment, and healthcare in general. At the same time, it ensures more preparedness for the future. Speaking about the relevance of the human security paradigm in broadening the concept of health security, in the COVID-19 context, Malik, Barlow and

Johnson (2021) point out these characteristics of the human security approach: *universalism* that defies 'we' versus 'they' dichotomy by locating the problems of human insecurity in both the developing and the developed world; *interconnectedness* that emphasizes an interconnected understanding of security; *indivisibility* of threats; *the attention to prevention* rather than the cure.

To summarize, in contrast to traditional security efforts in managing the pandemic, motivated by narrow national interests, human-centered approach implies measures and policies that have broader and long-term implications for health security. In other words, the complex threat that affects all human security dimensions requires a holistic response. That requires health-security multilateralism on a global scale – cooperation between states, and between states and international organizations (WHO, UN), as well as multisectoral cooperation within states – integrating solutions from medicine, economy, politics, etc. In the end, the effectiveness of epidemiological measures and improvement of health security depend on responsibility of the state, but also the people - through the compliance behavior with those measures. This new form of social behavior actually represents a specific safety culture in relation to COVID-19 as a health security threat. It is a response to the great transformation of the previously known way of life, caused by the existential threat. It could be said that it is a long-term strategy, in accordance with a human-oriented response to COVID-19, because it encompasses not only behavioral aspects, but also emotions, knowledge, awareness, and values, which together constitute the general attitude towards the threat.

It could seem that we only learn through the reflection on past events and that the potential of a human-centric approach to health security is discussed more only after the crisis and facing the consequences, but there are examples that indicate the prevention and preparedness as important aspects of the human-centric approach to health security. Some analyses show that Canada, as one of the proponents of human security, has demonstrated a high level of preparedness before the pandemic, as well as the successful management of the crisis itself. It is reflected through multisectoral coordination before the pandemic, a well-prepared health system, adequate investment in healthcare, scientific research as well as

active engagement in health diplomacy – cooperation with individual states and international organizations (WHO) (Chattu et al., 2020). Therefore, the practical application of the human-centric approach to health security would imply achieving health security before a concrete threat occurs, i.e., by continuous systemic improvement of every dimension - economic, social, etc. Thus, in a potential future pandemic or any health crisis for that matter, a certain level of health security would have already been achieved and preconditions created for its further improvement. This should happen through the joint coordination of the state and citizens – the state, which would ensure the aforementioned systemic solutions, and the citizens which would demonstrate their awareness and responsibility, i.e., the already mentioned safety culture. Understandably, this would not mean absolute health security, because it is impossible. However, as people, i.e. the main referent objects of human security, we would be empowered by the mutual support, support of the government and relevant institutions and would have more capacity and potential to handle the crisis in the best possible way.

Although it seems that COVID-19 has further deepened the differences between state-centric and human-centric perspectives on health security, those are not mutually exclusive. Instead, state security is necessarily closely related to the security of citizens. So, an effective and accountable state should be the main provider of security for its citizens (Newman, 2021). Moreover, “when health-related risks and challenges pose an existential danger, they need to be considered as security risks, in recognition that individual and community security is as relevant a consideration to state security and vice versa” (Stoeva, 2020: 7).

#### **4. A Way Forward for a Human-Centric Approach to Health Security in the “Post-COVID-19 World”**

The experience gained during the COVID-19 pandemic opened the question about how the “revival” of human security could help frame future health insecurities, especially infectious diseases in the post-COVID-19 period. This question will be addressed through the analysis of theoretical and practical implications of human security analysis of COVID-19 in the health security field.

On the theoretical level, it is obvious that the pandemic induced renewed academic curiosity for the human security concept. Many authors recognized the limitations of the dominant realist security paradigm to effectively manage today's complex health crises and thus emphasized the value of a human security framework in addressing such crises (Milani, 2020; Malik, Barlow & Johnson, 2021; Morrissey, 2021; Kumar, 2022; Newman, 2022). For example, Newman (2022) emphasizes the normative value of human security as a framework for understanding the impact of COVID-19, which actually provided a chance for revisiting human security more broadly as a tool for understanding and contesting questions of security and insecurity in domestic and international society. An important lesson from COVID-19, according to Kumar (2022), is that the pandemic has made clear that nothing matters more to people than security in their daily lives, and thus the helplessness and lack of preparedness among individuals, families, communities, and governments during the pandemic has underscored the need to focus on human security. In general, the need for a deeper consideration of the human-centric approach to health security, authors mainly see in the breadth that this framework provides for understanding the complexity of health security threats and responding to them, which the state-centric paradigm obviously lacked during COVID-19.

As the UNDP (2022b) underscores, reaffirmation of the human security lens is especially important in the Anthropocene context, because the nature of health shocks will continue to evolve, not only in the form of future pandemics, but also the hazards associated with climate change and other processes of dangerous planetary change. Actually, three recent UNDP reports represent valuable theoretical contributions to the human security analysis of COVID-19, but also consist of many practical recommendations for enhancing health security in the future: Human Development Report 2020: *The Next Frontier – Human Development and the Anthropocene* (UNDP, 2020); Special Report *New Threats to Human Security in the Anthropocene*, (UNDP, 2022b), and the Human Development Report 2021/2022: *Uncertain Times, Unsettled Lives: Shaping Our Future in a Transforming World* (UNDP, 2022a).

At a practical level, COVID-19 also induced some kind of shift of individual states and international organizations towards more human-centered policies. For example, the United Nations Security Council (UNSC) adopted two key resolutions regarding the COVID-19 Pandemic – Resolution 2532 and Resolution 2565. Resolution 2565 addresses broader implications of COVID-19 and reflects “human security thinking”, by emphasizing the need for solidarity, a coordinated, inclusive response in combating and sustainably recovering from COVID-19, as well as the importance of equitable global access to healthcare services, with special reference to the most vulnerable (frontline workers, older people, refugees, migrants, etc.) (UNSC Resolution 2565, 2021). Discussions on these Resolutions were also marked by the individual states’ re-orientations towards human-centered policies. For example, India called for a more human-centered approach to the pandemic and emphasized that the Council’s initiatives on combating COVID-19 should transcend conflict lines and contribute to social cohesion (Ozguç & Rabbani, 2023). Japan’s health policy, based on the human security paradigm, has been considered quite successful during and after COVID-19. Accordingly, Japan’s call to cooperation, solidarity, and systemic approach to health security threats in the future, has actually reflected its ambition to remain the leader in health diplomacy (Takao, 2020). This is obvious also from its Global Health Strategy (2022), where Japan confirms its strong commitment to human security principles in global health, while recognizing that COVID-19 demonstrated that global health should be considered and protected from a broad perspective, which encompasses sociological, political, ecological, and other dimensions. So, those Resolutions, along with the establishment of the Independent Panel for Pandemic Preparedness and Response, and many other specific measures, represent important steps in global health security reform induced by COVID-19. As the past teaches us, crises usually represent great turning points in policy evolution and strategies for countering specific threats. The same can be expected from the lesson that COVID-19 gave us. A human security-oriented approach could be an adequate long-term response in health-security policy, which is not only a theoretical insight, but a really recognized need evident in states’ official policies and strategies.

In the end, COVID-19 also induced a rethinking of the human-environment relation. The pandemic has reminded us of human dependence on nature, brought attention to new ways of thinking about human health and security, encouraged more climate awareness, new climate change policies, etc. (Tashiro & Kotsubo, 2022). COVID-19 elevated the importance of holistically conceiving human-environmental well-being and tackling the overarching insecurities of our ecologies, societies, and public health (Morrissey, 2021). Those insights are very important for ecological recovery in the post-COVID-19 period, and in the long run, improving the ecological dimension will positively affect all other dimensions of human security.

## 5. Concluding Remarks

Summing up the insights from this chapter, it could be said that a human security analysis of COVID-19 is useful, not only in understanding broader, multidimensional implications of this existential threat, but that the human-centric paradigm has great potential as a relevant theoretical framework for considering health security threats in general. Solidarity and cooperation at all levels (people, communities, nations), prevention through education and preparedness, interdependence of all dimensions, holistic response, respect of human rights and needs, inclusiveness, strengthening people's agency, proactivity instead of reactivity, are just some of the characteristics of the human-centric approach to health security. As COVID-19 really showed how health security varies between high political issues and people's everyday insecurities and challenges, the debate between traditional, state-centric, and human-centric perspectives on health security is inevitable. Of course, both perspectives have their advantages and shortcomings, but we have learned from COVID-19 that "human security should be prioritized at the policy level along with state security" (Majee, 2020). The pandemic induced reconsideration of both the role and responsibility of the state and individuals in such a crisis. Moreover, human security has been criticized as well, and this analysis is not to say that it is a perfect framework to capture everything. It is just a way to bring to attention perspectives that

are in accordance with the changed global security landscape, and offer some additional and different insights into new or “non-traditional threats”, compared to what the narrow, traditional perspectives could. Although the human security concept is often criticized as too broad and unclear, as it encompasses almost everything as a security issue, at the same time this could be seen as its advantage, since its multidimensionality is critical in understanding and coping with complex, interconnected challenges and its spillover effects in the globalized world. Anyway, it could be expected that the previously mentioned renewed interest of researchers in human security will contribute to the clarification of the human security concept itself, and its further development. Consequently, it could be of great importance in redefining the concept of health security, which should be adequately defined to frame contemporary and future public health threats in an effective manner.

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