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DEPARTMENT OF DIPLOMACY AND INTERNATIONAL STUDIES

**THE ROLE OF SECURITISATION IN ADDRESSING EMERGING HEALTH
SECURITY THREATS IN THE 21ST CENTURY: A CASE STUDY OF
KENYA AND SOUTH AFRICA**

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DECLARATION

I, MAUREEN KAMENE KIMENYE By signing this document, I certify that the study I have done is entirely original and has not been submitted to another educational facility.

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This research project has been submitted for examination with my approval as the official University Supervisor.

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Date 10/11/2022

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DEDICATION

It is with great joy that I dedicate this work to my loving family for all the great sacrifices they have made and continue to make for my endeavours. I especially thank my loving husband Janai, and my most precious daughters Nyaboke, Kemunto and Kerubo for their support. Additionally, dedication goes to my extended family, relatives, my good friends, associates and colleagues.

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ABSTRACT

The end of the twenty-first Century brought in both opportunities and challenges in the world of health and security. For instance, the Cold War wound-up with the need to expand security from what it was traditionally known; to include aspects of human security. Therefore, one of the key human security areas has been health, which became a strategic foreign policy and diplomatic concern worldwide. The idea of Securitization of diseases started quite early with the emergence of Human Immunodeficiency Virus / Acquired Immunodeficiency Disease Syndrome (HIV/AIDS) at the beginning of the twenty-first Century by the United Nations Security Council (UNSC) in the year 2000. Since then, there have been many infectious diseases of international public health concern that have been securitised such as “swine flu or (H1N1), Ebola and SARS” among many others. This research thus aimed to examine the role of securitisation in addressing emerging health security threats in twenty-first Century utilizing a case study of Kenya and South Africa. This study was anchored on the Securitisation theory and Institutional theory respectively. The target population were experts from the security sector and health related ministries and stakeholders. Sampling was carried out using the snowballing techniques. The primary data was collected via a questionnaire with both structured and unstructured questions. In addition, central tendency analysed quantitative data while qualitative data used document and context analysis. The final data outcome was presented by use of frequency tables, pie charts, bar graphs and narrative. All ethical requirements including consent from respondents were ensured. The research findings intend to inform academicians on the application of the securitization of health threats and its role in the future. This research also identified new research areas for scholars in the subject of health security and securitization. To the policy makers, the study promotes awareness on the securitisation of emerging health security threats, opportunities, including strengthening global health security. This study intentionally adhered to all the required ethical considerations, including, confidentially, data protection laws and consent. This study found that the ultimate aim of securitization and human security are entrenched in all societies, but their connection is not well comprehended. In addition, this research found that the appreciation of the concept of securitization varies; hence the definitions were subjective, based on the background of the respondent in question. This study concludes that securitization of health threats demonstrates that African states politicize health securitization to serve their ends. This research thus recommends that the Ministry of Health, in conjunction with multiagency lead other concerned agencies in Kenya and South Africa, need to advocate the strengthening of their own health systems in order to realize securitization aspirations.

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LIST OF ABBREVIATIONS

A	Agree
AIDS	Acquired Immunodeficiency Syndrome
AMR	Antimicrobial Resistance
ANOVA	Analysis of Variance
CDC	Centre for Disease Control
COPRI	Conflict and Peace Research Institute
COVID-19	Corona Virus 2019
CS	Copenhagen School
D	Disagree
DC	District of Columbia
DDIS	Department of Diplomacy and International Studies
DDR	Disarmament, Demobilisation and Reintegration
DG	Director General
FGD	Focus Group Discussion
FHLMC	Federal Home Loan Mortgage Corporation
FNMA	Federal National Mortgage Association
G8	Group of Eight
GHG	Greenhouse Gas
GHSI	Global Health Security Initiative
GNMA	Government National Mortgage Association
H1N1	Swine Flue
HIV	Human Immunodeficiency Virus
IHR	International Health Regulations
JEE	Joint Evaluation Exercise
KE	Kenya
MERS	Middle East Respiratory Syndrome
MoH	Ministry of Health
MONUC	United Nations Organization Mission in the Democratic Republic of the Congo
NACOSTI	National Commission for Science, Technology and Innovation
NDC	National Defence College
NDU	National Defence University

NSS	National Security Strategy
PHEIC	Public Health Emergency of International Concern
SA	Strongly Agree
SA	South Africa
SARS	Severe Acute Respiratory Syndrome
SD	Strongly Disagree
SDS	Senior Directing Staff
SSA	Sub Saharan Africa
TB	Tuberculosis
U	Undecided
UHC	Universal Health Care
UK	United Kingdom
UNDP	United Nations Development Programme
UNSC	United Nations Security Council
UoN	University of Nairobi
US	United States
USA	United States of America
WEF	World Economic Forum
WHO	World Health Organization

DEFINITION OF KEY TERMS

Frameworks refer to a set of guiding principles that governs the implementation of securitisation of health conditions and disease.

Health securitisation broadly refers to the process that is applied in figuring out a particular or specific disease as an existential threat and no other.

Infectious disease refers to a disease caused by a disease-causing organism such as a virus, bacteria, fungi or a parasite that is transmitted directed or indirectly from one person to another and particular of international health concern.

Pandemic is an outbreak of a disease that crosses borders to more than one continent

Role of Securitisation this will include the benefits, limitations and application of securitisation in addressing health threats

Securitisation refers to the process of framing an identified infectious disease as an objective threat to community by an agent through a speech act to an accepting audience to facilitate response.

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.0 Introduction

In the beginning it was the goal of this chapter to provide "initial introduction to the research concepts, including the context of the study, description of the study's problem, the study objectives, research questions, study rationalization, literature review, theoretical framework, study hypothesis, research methodology, as well as finally study summary."

1.1 Background to the Study

The twenty-first century has been faced with a lot of changes and challenges that has subjected countries to vulnerabilities including non-traditional security threats. These are threats that can be transmitted across borders easily. They range from international terrorism, cyber threats, pandemics, increased dependency on global commodity supply chain, vulnerabilities to essential infrastructure and energy grids, extreme changes in weather, criminal networks, poorly coordinated immigration, among others.

Gibbs opines that security is a core value of human life.¹ The concept of security is being reshaped by emerging events such as cyber-security, terrorism, disease pandemics, and espionage, among other modern challenges.² Ahmad argues that modern scholars are beginning to appreciate that the meaning of security is evolving, even though it is often regarded to be recognised by everyone.³ Bonnel describes the concept of human security as a comprehensive phenomenon as per the

¹ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

² Ibid, (2021), p. 27.

³ Ahmad, Sohail. *Changing Conceptions of Security in the 21st Century*, (2019), pp. 16-17.

UNDP (1994) report. In this report, access to essential health services has been prioritised.⁴ The health of a person is critical for a good quality of life and survival.⁵ According to Mwangi, the resolution of Cold War had remarkable implication in the international system's political, social, and cultural structure.⁶ In response, the global health system is striving to protect and promote health. However, states continue to be confronted by infectious disease threats prompting for health securitisation. The collective goals guiding the health and security sectors are upheld in modern societies, but controversies arise on their interconnections in benefiting the citizens.⁷ Buzan, Wæver and Wilde, observed that “security, as conceptualised following the Cold War was both vertical and horizontal broadening, forming the roots of human.”⁸

Horizontal broadening was described as including non-military indicators of security to include demographic, information, terrorist, environmental, economic, criminal, immigration, health and other elements, while vertical broadening of security was considered as the incorporation of non-state referent objects from local communities to individuals, among others.⁹ According to Brown, “the combination of non-state referent and objects non-military security dimensions resulted in the birth of such concepts as, human security and health security.”¹⁰

Health security came to the fore due to infectious diseases that are increasingly causing the highest number of deaths globally, especially in developing countries.¹¹ In

⁴ Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 11-17.

⁵ Ibid, (2020), p. 19.

⁶ Mwangi, Makumi. *African Regional Security in the Age of Globalisation*, Nairobi, Heinrich Boll Foundation, (2004), pp. 10-13.

⁷ Olivera, Manuella. *Bio-warfare, Bioterrorism and Bio-crime: A Historical Overview on Microbial Harmful Applications*. U.S National Library of Medicine, National Institute of Health, (2020), pp. 3-5.

⁸ Buzan, Barry; Wæver, Ole, Wæver and de Wilde, Jaap. *Security: A New Framework for Analysis*, Lynne Rienner Publishers, London, (1998), pp. 9-11.

⁹ Ibid, (1998), pp. 9-11.

¹⁰ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

¹¹ Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 18-19.

the 21st century, the world has experienced viral infections such as Ebola and H1N1 virus or swine flu that traversed continents introducing new global health challenges. Consequently, the International Health Regulations (IHR) 2005 was developed for monitoring the disease outbreak.¹² The increased outbreak of infectious diseases in developing countries has further forced scholars, which led to a renewed interest in worldwide health security. Notably, the McInnes and Lee opine that, “health security has made various policymakers recognise the harmful impacts of health crises on national interests.”¹³ Meaning, “at the moment particular health issues occasionally have been elevated within national agendas, especially if they are perceived as threats to national security.”¹⁴ Unfortunately, in Africa, primary lifesaving prevention and treatment is not always available to most of their population, leading to several lives lost.

Chung states that, “health security is often applied in the description of preparedness for and response to serious emergency health incidents or disasters that transcend borders, posing a security risk, destabilising economies, disrupting social cohesion, and affecting government's critical operations.”¹⁵ Therefore, health securitisation is the process of examining and naming a certain disease as an alarming security threat.¹⁶ In most African countries, HIV/AIDS, H1N1, Zika Virus and Ebola were the first diseases to be securitised.¹⁷ In 2020, COVID-19 became the latest disease to be securitised.¹⁸

¹² Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

¹³ McInnes, Lee. *Health, Security and Foreign Policy*. Rev International Studio, (2016), pp. 325-327.

¹⁴ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

¹⁵ Chung, Sylvia. *Chemical-Biological Terrorism and its Impact on Children*. Disaster Preparedness Advisory Council, (2020), pp. 9-13.

¹⁶ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

¹⁷ Ibid, (2021), pp. 14-16.

¹⁸ Paris, Roland. *Still an Inscrutable Concept*, in: Security Dialogue, 35 (2020), pp. 370- 371.

The concept of health security in South Africa was introduced "on October 2019 discharge of the Global Health Security Index, study of the Global Preparedness Monitoring Board in September 2019 and the June 2018 World Health Organization voluntary assessment conducted by the Joint External Evaluation that measures the capacity of South Africa" in the detection, prevention, and response to emerging public health incidents of concern. It shows the following: "background, capabilities, limitations, and advancements in the following risk realms: nuclear, ecological, chemical, communicable diseases, and climate-related risks and threats".¹⁹ South Africa and Kenya being relatively big economies and with large populations generally experience an untold level of poverty, burden of diseases, and death with high levels of dissimilarities between and within them. The period of structural adjustment and free-market changes in the health care system the involvement of the public sector in health leading to shrinkage of the health care workforce through retrenchment and embargoes on recruitment, resulting in reduced access to health care for the rural and poor communities.

1.2 Statement of the Research Problem

In the twenty-first century, the concept of security has been revisited both as a crucial area of diplomatic concern and foreign policy around the world. Consequently, there have been debates on whether to link health and security and, if so, which health issues should be considered security threats, how health security threats should be addressed, and the subsequent consequences of 'securitising' health.

Generally, it is observed that securitisation was called upon an emerging range of infectious disease threats as evidenced by the outbreaks of "HIV/AIDS, H1N1,

¹⁹ Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 19-22.

Middle East Respiratory Syndrome (MERS), Influenza, SARS, Ebola, and Zika Virus as well the increase in Antimicrobial Resistance (AMR)”. These diseases, along with other known and unknown health conditions, jeopardise human security by increasing the plethora of health security threats. Developing countries currently bare the highest infectious disease burden. HIV/AIDS, Tuberculosis (TB), malaria and diarrheal diseases, are among the top ten leading causes of death in sub-Saharan African, therefore calling for an urgent need for attention on health security. In the African context, for instance in Kenya and South Africa, some infectious diseases are securitised while others are not even in cases where the disease could be resulting in higher morbidity and mortality. After securitisation, resources are set aside for the securitised disease at times at the expense of other conditions such as communicable diseases. Scholarly research therefore needs to offer guidance in order to understand why some diseases get securitised and others do not, the role securitisation plays in addressing emerging health security threats and the effects it has on the health system.

1.3 Research Questions

The following research questions will guide the study.

- 1.3.1** What is the process of securitisation of health threats in the twenty-first century?
- 1.3.2** What is the role of securitisation in addressing emerging health security threats in twenty-first century Africa?
- 1.3.3** What are the emerging policy frameworks and actors of securitisation in addressing emerging health security threats in twenty-first century Kenya and South Africa?

1.4 Study Objectives

This study will examine the role of securitisation in addressing emerging health threats in the 21st Century through a case study of Kenya and South Africa. The specific objectives are.

1.4.1 To establish the process of securitisation of health threats in the twenty-first century.

1.4.2 To examine the role of securitisation in addressing emerging health security threats in the twenty-first century Africa.

1.4.3 To determine the emerging policy frameworks and actors of securitisation in addressing emerging health security threats in the twenty-first century Kenya and South Africa.

1.5 Justification of the study

This section provides the rationale of the study. Research is vital in the role it plays towards addition to the body of knowledge and application in policy change. This justification is therefore divided into academic and policy sub-sections. This study on securitization in emerging health threats in Kenya and South Africa will timely as it comes during a period when the world is addressing COVID-19, the latest disease to be securitised, and one which all members of society, academia and policy level easily identify with.

1.5.1 Academic Justification

It is worth noting that health resources are limited in developing countries.²⁰ As such, all medical conditions are forced to compete for the available resources with diseases

²⁰ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 14-16.

considered health security threats especially when countries are responding to pandemics.²¹ Therefore this study aims to churn out new knowledge, so as to add onto the body of knowledge to inform academicians, scholars, and researchers on the securitization of addressing health threats. It will also identify new research areas for scholars interested in health security and securitization. This information can be used as a basis for further analysis in other areas of human security as had been envisioned by Buzan and the University of Copenhagen with the use of securitization theory.

1.5.2 Policy Justification

The broad scope of the security plans over the last few decades has raised questions of what a security issue really is. This study therefore intends to interrogate the securitization of infectious diseases to better understand its role in addressing emerging health security threats in the twenty-first Century with the aim of highlighting exiting gaps, identifying new policy and analysis, especially in Africa, with a particular emphasis Kenya and South Africa, considering these big economies. In particular, this research will eventually enrich policy and the policymakers in the concerned government Ministries and multi-agencies and raise awareness on the securitisation of emerging health security threats, opportunities and strengthening the global health security.

1.6 Literature Review

This literature review consists of both theoretical and empirical literature reviews of previous studies on securitization and its role in addressing emerging threats to health security in the twenty-first century. The literature review critiques and reviews articles, journals, books and other periodicals on the subject matters. This research is further sub-sectioned in form of empirical review, theoretical review and knowledge

²¹ Ibid, (2021), pp. 19-21.

gaps; based on the specific objectives under study, which include, establishing the process of securitization of health threats, examine the role of securitization in addressing emerging health security threats in the 21st Century Africa, and to determine emerging policy frameworks and actors of securitization in addressing emerging health security threats in Kenya and South Africa.

1.6.1 Empirical Review

Agostinho foresaw an international security system that would identify new issues in the security framework after the termination of the cold war.²² There were four main approaches to security during the Cold War. These included; containment, deterrence, the balance of power and a bipolar world, each of which had key security issues and international relations during the war.²³ According to Katzenstein the security multifaceted and requires broad consideration incorporating aspects that were not previously included in the security puzzle, such as economy, security, and new challenges in society and environment.²⁴ Therefore, this has brought various actors and many types of interactions or situations such as governments, economic regimes, armed forces, national economy, social or religious groups and individuals who must be taken into account in the security field.²⁵ This idea recognises the complexity of the environment in which humans live and how forces influencing human security are interrelated and mutually reinforcing.

The new notion of security requires a robust transformation from old to

²² Agostinho, Zebu. *Redefining Security from Cape to Congo: Southern Africa's Evolving Security Challenges*, Colorado: Lynne Rienner, (2019), p. 2.

²³ Owen, Hellen. 'How Liberalism Produces Democratic Peace' *International Security*, vol. 19, no. 2 (2014), pp. 9-11

²⁴ Katzenstein, Peter. *The culture of National Security: Norms and Identity in World politics*, New York, Columbia University Press, (2016), p. 34.

²⁵ Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 11-17.

contemporary sources, forms, and remedies for insecurity.²⁶ It is likely for inhabitants of a certain state to suffer insecurity from the human security approach. In line with a human security approach, it is possible for inhabitants of a certain state to suffer insecurity.²⁷ This comes about in that individuals or communities could be affected by several non-military atrocities that threaten their wellbeing just as an invasion from a foreign army would. These factors include famine, ethnic strife, and discrimination in state resource allocation, diseases, religious and cultural persecution, among others.²⁸ This would often happen in a state that does not face the threat of aggression from external sources and is therefore perceived to be secure from a realist perspective.

The linkage between health and security has revealed constraints between them.²⁹ The functions, ideologies, obligations, and problem-solving approaches of public health and foreign policy organizations are different.³⁰ In spite of these differences, the frequency of featured health issues in foreign policy has increased.³¹ Brown points out that, “the global health agenda has been discussed and continuous to be of interest in several forums at the global level.”³² These include the World Economic Forum (WEF), the UN Security Council (UNSC), the Group of Eight (G8) summits and the Agendas 2063, among others.³³ Governments have recognised health issues and have commenced their engagement through both formal and

²⁶ Katzenstein, Peter. *The culture of National Security: Norms and Identity in World politics*, New York, Columbia University Press, (2016), p. 34.

²⁷ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

²⁸ Mwangiru, Makumi. *African Regional Security in the Age of Globalisation*, Nairobi, Heinrich Boll Foundation, (2004), pp. 2-4.

²⁹ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

³⁰ *Ibid*, (2021), p. 16.

³¹ Katzenstein, Peter. *The culture of National Security: Norms and Identity in World politics*, New York, Columbia University Press, (2016), p. 34.

³² Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

³³ *Ibid*, (2021), pp. 18-19.

informal approaches.³⁴ To address the constraints between health and security, it is therefore paramount that diplomacy talks on health security are held to improve health nationally and globally.³⁵ Health is a strategic foreign policy and key diplomatic concern globally. Attention has increased in this area as demonstrated by the Oslo Declaration, which was signed by the following countries: Brazil, Norway, France, Senegal, Indonesia, Thailand and South Africa in 2006.³⁶

The increase in infectious diseases constitutes a threat to human security, by threatening the socio-economic wellbeing of the society. The unavailability of any single entity with adequate view of all possible threats, accidental, natural or those occurring due intentional biological attack is a great concern. Human security concept emerged in 1994 United Nations Development Programme (UNDP) report. The report outlined the following seven (7) health security components that are considered to be interrelated. These include “food, economic, health, personal, environmental, community and political security.”³⁷ According to this report human security denotes to been safe from chronic diseases, hunger, repression, sudden harmful interruptions in one’s daily life.³⁸ The release of this report widened the traditional national security to encompass the idea of human security based on the seven components mentioned above.

Health is vital in relation to matters of security, socio-economic and national interest.³⁹ Health security consists of two components. The first component is safeguarding of individuals. The second one state that the security conditions for the

³⁴ World Health Organization. *Global Health and Foreign Policy: Strategic Opportunities and Challenges. Background Paper for the Secretary-General’s Report on Global Health and Foreign Policy*. Geneva: WHO, (2019).

³⁵ Low-Beer, David. The health diplomacy of diversity. In: *Global health diplomacy: vol. 1, innovative health partnerships*. Low-Beer D, editor. Singapore: World Scientific Publishing Co, (2012). Pp. 1-28.

³⁶ Fidler, David. *Health and Foreign Policy: Vital Signs*. *The World Today* 65 (2019), pp. 15-17.

³⁷ Aginam, Oscar. *Bioterrorism, human security and public health: can international law bring them together in an age of globalization?* *Medicine and Law*; 24, (2015), pp. 455-462.

³⁸ UNDP. *Human Development Report* (Oxford: Oxford University Press, (1994), p. 23.

³⁹ *Ibid* p.23

development of the people is bound to all political, economic, and social matters.⁴⁰ However, there exists not agreed on definition of health security.⁴¹ Measles, cholera, and tuberculosis (TB) outbreaks were already perceived and managed as public health diseases of national security in the 19th Century.⁴² There was a global push for the development of vaccines for the prevention of these diseases in the 20th Century to reduce and eventually eradicate the infections. However, despite the amount of mortality and morbidity globally, these diseases and especially tuberculosis and recently cancer are yet to be securitised.⁴³ Securitisation of diseases has been shown to elevate a disease to control it within the shortest time possible creating an urgent need to respond and eradicate it.⁴⁴ It is worth noting that investments to address health security usually flow from the developed countries to the developing countries.⁴⁵ However, in the later countries, infectious diseases affect many people.⁴⁶ Furthermore, funding to the health care system very is low especially for non-infectious conditions.

The securitisation forms a platform to fast track the allocation of resources to the declared security threat.⁴⁷ For example the Oslo Declaration that gave birth to Global Health Initiative and the Foreign Policy advancement.⁴⁸ For instance the WHO, the GHI and the Foreign Policy have led to one of the greatest efforts in

⁴⁰ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 13-17.

⁴¹ Ibid, (2021), pp. 21-27.

⁴² Katzenstein, Peter. *The culture of National Security: Norms and Identity in World politics*, New York, Columbia University Press, (2016), p. 34.

⁴³ Aginam, Oscar. *Bioterrorism, human security and public health: can international law bring them together in an age of globalization?* *Medicine and Law*; 24, (2015), pp. 455-462.

⁴⁴ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 15-17.

⁴⁵ Ibid, (2021), pp. 15-17.

⁴⁶ Fidler, David. *Health and Foreign Policy: Vital Signs*. *The World Today* 65 (2019), pp. 15-17.

⁴⁷ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 19-22.

⁴⁸ Ibid, (2021), pp. 15-17.

enhancing the significance of foreign policy in the global health.⁴⁹ It's critical in development of the UNGA Resolution no 63/33 in 2009 on the adoption of Global Health and Foreign Policy, and this has brought to life the close nexus between "foreign policy, global health and interdependence".⁵⁰

According to Brown infectious diseases particularly those of viral origin, or virus, such as HIV/AIDS, Zika virus, Ebola virus and SARS, has been securitised in the last two decades.⁵¹ However, some infectious diseases are securitised while others are not even in cases where the disease could be resulting in higher morbidity and mortality.⁵² For example, conditions like cancer that affects 28,000 people and kills 22,000 in Kenya annually.⁵³ In spite of this, it has not been securitised.⁵⁴ South Africa reported 107, 467 cancer cases and 57,373 cancer deaths to WHO in 2018.⁵⁵

According to Wambalaba, "about 80 per cent of the cancer cases are found mostly in developing countries, but only five per cent of the global resources have been dedicated to the treatment and care of the disease."⁵⁶ Securitization can be carried out for either medical or non-medical factors.⁵⁷ The non-medical reason is when a disease is used as a weapon and causes harm to the society in exchange for concessions while medical is the epidemiological reasons where the disease simply

⁴⁹ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 20-22.

⁵⁰ Feldbaum, Hellen. *Building U.S. Diplomatic Capacity for Global Health*. Washington, DC: Centre for Strategic and International Studies, (2010), p. 21.

⁵¹ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 23-25.

⁵² Fidler, David. *Health and Foreign Policy: Vital Signs*. The World Today 65 (2019), pp. 15-17.

⁵³ Wambalaba, Francis. *Prevalence and Capacity of Cancer Diagnosis and Treatment: A Demand and Supply Survey of Health-Care Facilities in Kenya*. United States International University, Nairobi, Kenya, (2019), p. 2.

⁵⁴ Fidler, David. *Health and Foreign Policy: Vital Signs*. The World Today 65 (2019), pp. 15-17.

⁵⁵ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 22-23.

⁵⁶ Wambalaba, Francis. *Prevalence and Capacity of Cancer Diagnosis and Treatment: A Demand and Supply Survey of Health-Care Facilities in Kenya*. United States International University, Nairobi, Kenya, (2019), p. 2.

⁵⁷ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 16-19.

functions through its normal pathogenesis process causing morbidity and mortality.⁵⁸

Brown state that, acknowledging the medical reasons to securitize all these emerging diseases are most of the times quite unclear.⁵⁹ Thus, beginning the question as to what has hindered their securitization? After securitisation, resources are set aside for the securitised disease.⁶⁰ This means that funds have to be redirected from critical health systems and infrastructure to combat the threat.⁶¹ This thus leaves the developing countries with poor health systems as they continuously divert resources to the new threats.⁶² Thus, access to other health services remains limited during the response period. Sub-Saharan Africa (SSA), in general, has many conditions and diseases that have high mortality and result in long term effects on both the individual and the society. These concerns and other are what prompted the research to seeks to have a deep understanding as to why some diseases get securitised and others do not, the role securitisation plays in addressing emerging health security threats and the effects it has on the health system.

1.6.2 Theoretical Review

According to Chowdhury, global health and global health security research has gained increased scholarly interest in the last decade to a rapidly growing field of research.⁶³ There are on-going debates critiquing the linkage between health and security; which health issues to refer as security threats; how they should be addressed once identified as health security threats; and eventual consequences of ‘securitising’ health.

⁵⁸ Davies, Sarah. *Securitizing Infectious Diseases*. International Affairs. New York, United States, (2014), p. 14.

⁵⁹ Ibid, (2021), pp. 21-22.

⁶⁰ Fidler, David. *Health and Foreign Policy: Vital Signs*. The World Today 65 (2019), pp. 15-17.

⁶¹ Zhang, Sheng. *Estimation of the Reproductive Number of Novel Coronavirus (COVID-19) and the Probable Outbreak*. A Data-driven Analysis. International Journal of Infectious Disease, (2020), pp. 201-202.

⁶² Fidler, David. *Health and Foreign Policy: Vital Signs*. The World Today 65 (2019), pp. 15-17.

⁶³ Chowdhury, Dhiman. *Institutional Theory*. University of Dhaka, Dhaka, Bangladesh, (2021), p. 2.

Scott argues that the health security is a dynamic concept that has come at a good time. He notes that health security is an important element of the global political, economic and development agenda.⁶⁴ The UNDP released a report that identified areas of human security that showed that people did not feel safe if they were not free from hunger and disease among others.⁶⁵ In this report, health security⁶⁶ was identified as one of the entrants into the security arena and advocated for availing of health care for all.

The risk that infectious diseases pose especially those that transcend borders has increasingly been recognised as a global health securing threat.⁶⁷ Resolution 1308 by the UNSC, pronounced HIV/AIDS as a threat to international security, thereby securitizing a health disease. A previous study reviewed the securitisation theory as a theoretical tool, to explore the securitisation of infectious diseases by World Health Organization.⁶⁸ In this article it was documented that though since 2000 the World Health Organization did securitise infectious conditions, it faces a new dilemma as the process has differing interests between the developing and developed countries.⁶⁹ Securitization by WHO as is currently implemented can only be referred as rhetoric as WHO has limited capacity to enforce it due to the countries authority to implement it and the asymmetric interest.

The nature of internal reactions and external demand of an organization has

⁶⁴ Scott, Catherine. *The gender of dependency theory: Women as workers, from neo-colonialism in West Africa to the implosion of contemporary capitalism*. Review of Africa Political Economy, Taylor and Francis, (2021), pp. 9-11.

⁶⁵ Kabonga, Itai. *Dependency Theory and Donor Aid: A Critical Analysis*. Journal of Development Studies, University of the Witwaterand, Pretoria, South Africa (2017), p. 11-19.

⁶⁶ United Nations Development Programme. 1994. *Human Development Report*, (1994), pp. 26-27.

⁶⁷ Kabonga, Itai. *Dependency Theory and Donor Aid: A Critical Analysis*. Journal of Development Studies, University of the Witwaterand, Pretoria, South Africa (2017), p. 11-19.

⁶⁸ Zhang, Sheng. *Estimation of the Reproductive Number of Novel Coronavirus (COVID-19) and the Probable Outbreak*. A Data-driven Analysis. International Journal of Infectious Disease, (2020), pp. 201-202.

⁶⁹ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 26-28.

encouraged the use of institutional theory as a theoretical framework. Of late, infectious diseases have caught the world by surprise with insurmountable challenges.⁷⁰ For example, the fight against the spread of SARS COV-2 is not only an international but also a global priority material for security policies.

According to Chowdhury, the Covid-19 pandemic was loosely referred to as a war by “the New York Times of 28th February 2020”, where it was further stated that, in China’s war on the pandemic, a community had been attack, and this called for a strong shield availing full security.⁷¹ Kabonga discovered that organizations experienced conflicting demands within the institutions differently.⁷² He further elaborates how organizations filter external demands and how they handle them.⁷³ In a study carried out in Norway, Netherlands and Portugal on how hospitals managed conflicts within the same country, it was found that they employed different strategies though they were in the same health system facing similar demands.⁷⁴

Chowdhury argues that Institutional theory has made it possible to view organizations as open systems that respond to cultural and social influences within their environment.⁷⁵ An institutional environment is composed of regulatory structures which constituted by social functions with, symbols regulatory structures and resource materials.⁷⁶ Institutions are established through the government bureaucracies and professions and endorsed through the legal infrastructure such as

⁷⁰ Scott, Catherine. *The gender of dependency theory: Women as workers, from neo-colonialism in West Africa to the implosion of contemporary capitalism*. Review of Africa Political Economy, Taylor and Francis, (2021), pp. 9-11.

⁷¹ Chowdhury, Dhiman. *Institutional Theory*. University of Dhaka, Dhaka, Bangladesh, (2021), p. 2.

⁷² Kabonga, Itai. *Dependency Theory and Donor Aid: A Critical Analysis*. Journal of Development Studies, University of the Witwaterand, Pretoria, South Africa (2017), pp. 11-19.

⁷³ Ibid, (2017), pp. 21-23.

⁷⁴ Scott, Catherine. *The gender of dependency theory: Women as workers, from neo-colonialism in West Africa to the implosion of contemporary capitalism*. Review of Africa Political Economy, Taylor and Francis, (2021), pp. 14-16.

⁷⁵ Chowdhury, Dhiman. *Institutional Theory*. University of Dhaka, Dhaka, Bangladesh, (2021), p. 2.

⁷⁶ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

courts and legislators. Only after this condition is met institutions then become self-activating and develop resilience. According to Brown, "the survival of institutionalized behaviours is tied to their acceptance as a normal and evident method of doing tasks."⁷⁷ It is said that "institutionalization, regarded as making new activities normal or routine parts of organizational systems, is fuelled by two, intimately linked ideas, self-reinforcing positive mechanisms of increased legality and greater taken-for-grantedness."

Scott states that scholarly research on health security and the role of institutions brings forward the notion of legitimacy.⁷⁸ He continues to state that the aspect of legitimacy is often thought of as desirable actions by a given entity or norm which are taken as a key component of institutionalisation.⁷⁹

Khorram-Manesh argues that in modern times, the adoption of organizational best practices in a particular caring environment makes the leadership of the healthcare institutions be seen as "competent service providers" who need support.⁸⁰ Wright on the other hand states that another theory of interest is the Dependency theory, which propounds that continuous economic prosperity in developed countries sometimes lead to vigour changes in economic and political affairs of poorer countries, meaning that resources are usually being extracted from poorer countries to enrich wealth states.⁸¹ Therefore when it comes to priorities of the healthcare system, the Resource dependency theory dictates that the most powerful referral sources may focus primarily on that still advance the agendas of the most advanced states.

⁷⁷ Ibid, (2021), pp. 13-17.

⁷⁸ Scott, Catherine. *The gender of dependency theory: Women as workers, from neocolonialism in West Africa to the implosion of contemporary capitalism*. Review of Africa Political Economy, Taylor and Francis, (2021), pp. 14-16.

⁷⁹ Ibid, (2021), pp. 18-19.

⁸⁰ Khorram-Manesh, Albert. *Civilian-Military Collaboration before and during COVID-19 Pandemic. A Systematic Review and a Pilot Survey among Practitioners*. Sustainability, (2022), pp. 16-18.

⁸¹ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), p. 18.

Wood adds that the continued scenario of donor dependency has resulted in situations in which poverty is exacerbated especially among poor nations while the wealthy ones grow richer.⁸² Therefore, within the context of securitization, healthcare and health security, donor aid has sometimes been used to either reward or punish developing countries interchangeably, with self-serving interest.⁸³ Additionally, the unending desire for aid or development assistance has pushed the developing countries to adhere to the provided guidelines by the richer countries.⁸⁴

According to Wood (2018), the theory of Constructivism, even though it is applied in International Relations (IR), it is often thought to have its roots in epistemology and sociology.⁸⁵ Conrad and Barker argue that “medical sociologists generally use social constructivism to interpret the social experiences of different illnesses.”⁸⁶ Thus integrating constructivism theory with health security offers a perfect theoretical grounding into existing theories of health and national security. Arturo, (2020) cites that, “social constructivism holds that individuals and groups produce their own conceptions of reality in their own view and that knowledge itself is seen as the product of social dynamics”.⁸⁷ This, therefore, means that from an historical deconstruction of infectious diseases, which grants individuals ability to adapt and modify their conditions either individually or collectively for the medical profession to produce professionals capable of contributing to the sustainable

⁸² Wood, Adrian. *Mental Health and Stress among Army Civilians, Spouses and Soldiers in a Closing Military Community*, (2018), pp. 3-4.

⁸³ Matei, Florina and Hahhaday, Carolyn. *The Routledge Handbooks of Civil-Military Relations*. Tylor and Francis. (2022), pp. 1-2.

⁸⁴ Khorram-Manesh, Albert. *Civilian-Military Collaboration before and during COVID-19 Pandemic. A Systematic Review and a Pilot Survey among Practitioners*. Sustainability, (2022), pp. 16-18.

⁸⁵ Wood, Adrian. *Mental Health and Stress among Army Civilians, Spouses and Soldiers in a Closing Military Community*, (2018), pp. 3-4.

⁸⁶ Conrad, Peter and Barker, Kristin. *The Social Construction of illness*. Journal of Health and Social Behaviour, Sage Publications, (2010), pp. 5-8.

⁸⁷ Arturo, Jose. *Constructivism: An Interpretation from Medical Education*. Journal of Research and Method in Education. Faculty of Medicine, School of Medicine, College of Higher Studies, State of Oaxaca, Mexico, (2020), pp. 8-11.

improvements of the human condition.

Hennikus and Skolk, postulate that, “using constructivism theory ideally enables health and health security practitioners to develop new concepts and ideas based on the current and previous knowledge of a given disease or pandemic.”⁸⁸ Basrus and Kliem argue that, “policy leaders in the medical field can make a paradigm shift towards concept-based understanding of emerging health conditions.”⁸⁹ For instance, in the case of Covid-19, this has been a great challenge, calling for global response.⁹⁰ Despite this paradigm shift, several experts engaged in security studies community disregard the move to change the notion of security to list aspects of infectious disease, health and health systems.⁹¹ They claim that by doing so, they would in essence dilute security’s meaning, and ensuring it a catch-all concept for anything negative.⁹² This is in spite of not neglecting that infectious disease adversely attract burden to a given state.

1.6.3 Knowledge Gaps

In reviewing the literature, this research found that most studies have been carried out globally on securitization of health by applying the securitization theory. Factors that are conducive for securitization of health would require an authority to initiate the health challenge, a speech act from a point of authority, an existential threat, and an accepting audience. Actual studies looking at the effect of securitization in Africa are limited. The reason health securitization in global health security as per the

⁸⁸ Hennikus, Eileen and Skolka, Michael. *Social Constructivism in Medical School Where Students Become Patients with Dietary Restrictions*. Department of Medicine, Penn State College of Medicine, Hershey, PA, United States of America, (2020), pp. 2-4.

⁸⁹ Basrus, Rajesh and Kliem, Frederick. *Covid-19 and International Cooperation: IR Paradigms at odd*. SN Social Sciences, Article number 7, (2021), pp. 3-7.

⁹⁰ Ibid, (2021), pp. 9-11.

⁹¹ Zhang, Sheng. *Estimation of the Reproductive Number of Novel Coronavirus (COVID-19) and the Probable Outbreak*. A Data-driven Analysis. International Journal of Infectious Disease, (2020), pp. 201-202.

⁹² Ibid, (2021), p. 209.

securitization theory is prioritization and provision of ring-fenced resources for accelerated response and control. However, the factors that determine if a disease qualifies to be securitized are not clear. Some experts have documented that political and economic factor play a critical role in securitization compared to medical factors⁹³ In Africa, though, there are no studies that have been conducted to identify these factors and what role they play in the declaration of a disease as a health security. There is need for further knowledge about the role of securitisation in addressing emerging health security threats and health systems capacity building required to balance trade-offs and handle the confluence between the national and local levels and at the same time assist in boosting service delivery especially in emergence of pandemics. There is more to learn especially on attaining enhanced health security within healthcare systems.

1.7 Theoretical Framework

In order to evaluate the role of securitization in tackling new health security threats in the 21st century, this study used institutional theory and securitization theory.

1.7.1 Securitization Theory

This study assesses securitisation theory to the role of securitisation in addressing emerging health security threats in the 21st century utilizing a case study of Kenya and South Africa. The Copenhagen School⁹⁴ provides a fundamental constructivist approach depicting that “By arguing that security risks are deliberately produced

⁹³ Hennikus, Eileen and Skolka, Michael. *Social Constructivism in Medical School Where Students Become Patients with Dietary Restrictions*. Department of Medicine, Penn State College of Medicine, Hershey, PA, United States of America, (2020), pp. 7-9.

⁹⁴ Vieira, Marco. *The Securitization of the HIV/AIDS Epidemic as a Norm: A Contribution to Constructivist Scholarship on the Emergence and Diffusion of International Norm*, (2007), p. 58.

through a process known as securitization, security issues can be made to both arise and disappear.”⁹⁵

Jacobsen shows that securitisation is “a group of policies that come from states, significant political organizations, the general population, and even the media, all of which see immigration as posing a security danger.” Buzan, points out that securitisation as a theory was developed in Copenhagen at the COPRI in the 1990s by Buzan, Wæver, and Wilde.⁹⁶

According to Buzan, securitisation theory enables governments to acknowledge risks to the existing security to the state even if there is no danger posed. This demonstrates that, the actor has the right to safeguard security through exceptional means and guarantee survival of the referent object. This study will employ the securitization theory to understand its application of while securitizing infectious diseases and the role securitization would play in the twenty-first Century.

1.7.2 Institutional Theory

O’Brien, opines that, “the Institutional theory is considered a theory that looks at the approaches by which different structures, that include, the norms, rules and routines that turns to be authoritative guidelines for ethical and social behaviour.”⁹⁷

Subsequently, “this is because different aspects of institutional theory elaborate on how some of these structures are made, diffuse, adapted and even adopted over time and space.”⁹⁸

According Ngugi and Agoit, “the Institutional theory was birthed in 1970s by

⁹⁵ Buzan, Barry; Ole, Waeve and de Wilde, Jaap. *Security: A New Framework for Analysis*, Lynne Rienner Publishers, London, (1998), pp. 9-11.

⁹⁶ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), p. 7-11.

⁹⁷ O’Brien, Stephen. *Africa in the Global Economy: Issues of Trade and Development for Africa*, a Paper presented at the Africa Knowledge Networks Forum Preparatory Workshop, (2018), pp. 92-94.

⁹⁸ Basrus, Rajesh and Kliem, Frederick. *Covid-19 and International Cooperation: IR Paradigms at odd*. SN Social Sciences, Article number 7, (2021), pp. 3-7.

John Meyers and Brian Rowan as a means to explore further how organizations fit with their societal, state, national and global environment.”⁹⁹ Vieira adds that, in explaining institutions based on the lens of William Richard Scott, there lacks a specific description of 'institution' from the famous institutional school of thought.¹⁰⁰

According to Basrus and Kliem, institutions are social systems that have reached a high level of adaptability.¹⁰¹ According to Vieira, "they are comprised of normative, regulatory, and cultural-cognitive factors that, along with related events, and supplies, bring meaning and stability to community interaction.”¹⁰² Further noting this, O'Brien says that "organizations are communicated by various types of bearers, including written symbols, relational structures, procedures, and truths.”¹⁰³ It is prudent to appreciate that institutions are prone to certain laws and are under jurisdiction.¹⁰⁴ Therefore it is borne in mind that Institutions by definition denotes the idea of stability but are processes change them.¹⁰⁵ This is in the wake of the fact that in the 21st Century, there has been a notable increase in the number of unexpected viral infections resulting in pandemics.¹⁰⁶ Most of these infections have been zoonotic in nature. Some infectious diseases, like tuberculosis (TB) and malaria, are endemic posing substantial and steady burdens of disease and death.¹⁰⁷ Furthermore, like

⁹⁹ Ngugi, Antony and Agoit Felix. *Utilization of Health Services in a Resource Limited Rural Area in Kenya: Prevalence and Associated Household Level Factors*. (2017), p. 4.

¹⁰⁰ Vieira, Marco. *The Securitization of the HIV/AIDS Epidemic as a Norm: A Contribution to Constructivist Scholarship on the Emergence and Diffusion of International Norm*, (2007), p. 58.

¹⁰¹ Basrus, Rajesh and Kliem, Frederick. *Covid-19 and International Cooperation: IR Paradigms at odd*. SN Social Sciences, Article number 7, (2021), pp. 3-7.

¹⁰² Vieira, Marco. *The Securitization of the HIV/AIDS Epidemic as a Norm: A Contribution to Constructivist Scholarship on the Emergence and Diffusion of International Norm*, (2007), p. 58.

¹⁰³ O'Brien, Stephen. *Africa in the Global Economy: Issues of Trade and Development for Africa*, a Paper presented at the Africa Knowledge Networks Forum Preparatory Workshop, (2018), pp. 92-94.

¹⁰⁴ Rubin, Oliver and Baekkeskov, Erik. *Expert-Led Securitization: The Case of the 2009 Pandemic in Denmark and Sweden*. Department of Social Sciences and Business, Roskilde University, 4000 Roskilde, Denmark, (2020), pp. 12-14.

¹⁰⁵ Oliver, Rubin. *The Political Dynamics of Voter Retrospection and Disaster Responses*. Pub Med, (2020), pp. 7-9.

¹⁰⁶ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), p. 18.

¹⁰⁷ Basrus, Rajesh and Kliem, Frederick. *Covid-19 and International Cooperation: IR Paradigms at*

influenza, and fluctuate wreaking havoc in both developing and developed worlds alike a pandemic occurs.

Once the countries learn of a securitized infectious disease, they go through a process of securitizing the same even with low burden.¹⁰⁸ Once securitised, the international community funds the response to the disease at to the health system as a whole and even the country's economy at a possible expense to their health system or even their economy as a whole.¹⁰⁹

The countries hence benefit from commodities as donations from the West and even cheap loans to address the pandemics. Various theories can be used to explain this phenomenon in which the countries are willing to accept decisions from the west with minimal regard to the impact on them. Omelicheva and Markowitz posit that recent interest in health and health and health security has led to the fact that health agencies have coerced the states to embrace changes in the global health environment and especially when it comes to specific country needs.¹¹⁰ Yet, little is still exist of the potential benefits of using social science Institutional theory, such as Dependency theory and the Institutional change theory in order to given an explanation on the behaviour of developing states and even international agencies, for instance WHO.¹¹¹

In the case of Africa, health institutions are deliberately and purposely enhancing tier capacity in order to ensure the effective utilization of health services.¹¹²

This comes in the wake of the fact that Kenya and South Africa bear a

odd. SN Social Sciences, Article number 7, (2021), pp. 3-7.

¹⁰⁸ Oliver, Rubin. *The Political Dynamics of Voter Retrospection and Disaster Responses*. Pub Med, (2020), pp. 7-9.

¹⁰⁹ Basrus, Rajesh and Kliem, Frederick. *Covid-19 and International Cooperation: IR Paradigms at odd*. SN Social Sciences, Article number 7, (2021), pp. 3-7.

¹¹⁰ Omelicheva, Mariya and Markowitz, Lawrence. *COVID-19 in Central Asia: De-securitization of a Health Crisis?* Taylor and Francis Journals, (2021), pp. 9-11.

¹¹¹ Delgado, Reidar and Rubin, Olivier. *Challenges Associated with Creeping Disasters in Disaster Risk Science and Practice: Considering Disaster Onset Dynamics*. International Journal of Disaster Risk Science, Springer Link, Washington DC, United States of America, (2022) pp. 3-5.

¹¹² Ngugi, Antony and Agoit Felix. *Utilization of Health Services in a Resource Limited Rural Area in Kenya: Prevalence and Associated Household Level Factors*. (2017), pp. 7-9.

disproportionally high burden of significant disease but has lagged in funding and knowledge production to address its health security challenges.¹¹³ In Kenya through health institutional capacity building, the Ministry of Health (MOH), has the potential to overcome the vicious cycle of brain-drain, increase infectious disease burden, misdiagnosis and may ultimately lead to improvement of health and research lead transformation of Kenya into a healthy and prosperous nation.

Drawing on institutional theory, this study findings are expected indicate how countries and particularly the public sector respond to financial and quality of care demands in times of pandemics by accessing the understanding how as a country, infectious diseases are securitised and the inherent challenges the countries meet due to its leadership, the external factors from the international community, political and economic environment and how the policy makers are able to stay the course in securitization of the infectious diseases.

1.8 Hypotheses of the Study

The study research hypotheses are as follows.

- 1.8.1** The securitisation of health in the twenty-first century Africa is on the rise.
- 1.8.2** The role of securitisation is ineffective in addressing emerging health security threats in the twenty-first century Africa.
- 1.8.3** There are robust policy frameworks and actors of securitisation in addressing emerging health security threats in the twenty-first century Kenya and South Africa.

¹¹³ Ibid. (2017), pp. 11-13.

1.9 Research Methodology

This section is made-up of the research methodology that serves as the procedures and techniques used to identify select, process, and analyse information on the subject matter with the aim of effectively examining the role of securitisation in addressing health threats.

1.9.1 Research Design

A case study design was adopted. Case studies are used where the real-world context. Case studies provide adequate data when advancing theoretical ideas. The case study method was chosen as it would provide evidence of the situation while eliminating bias.

1.9.2 Study Site

This is a case study of Kenya and South Africa. The two countries were identified based on their high burden for HIV/AIDS one of the diseases that has been securitised and are both in developing countries in Africa. The difference however which forms a good comparison is that South Africa has a higher GDP and better health systems compared to Kenya as such the economic reasons for securitization can easily be discussed. The Republic of Kenya in the East African (EA) region borders Uganda to the West, with Tanzania to the South, the Northeast being Somalia and Ethiopia to the North. Kenya is also surrounded by the “Indian Ocean to the East and South Sudan to the Northeast. South Africa” on the other hand is a country in Africa that borders the “Indian Ocean, the Atlantic Ocean to the West, Namibia to the Northwest, Botswana and Zimbabwe to the North and Mozambique” to the Southern part.

1.9.3 Target Population

The target population of this research included security experts and health practitioners from Kenya and South Africa; and International Relations stakeholders such as government agencies, doctors, Kenya Defence Forces, National Intelligence Service, academia, national World Health Organization office, Centre for Disease Control (CDC) Africa, health agencies, civil societies, embassies, health advisors and health experts. Therefore, the target population of this study was a true representation of the target group. This study aims to be useful to policy makers and monitoring and evaluation specialists who are involved disease surveillance, reporting, and securitizing infectious diseases in the two countries.

1.9.4 Sampling Technique

Sampling is a technique of selecting respondents from a study population for the purposes of making statistical inferences and estimating characteristics of the whole population. This study employed Purposive sampling using snowballing for qualitative, key informant interviews. This method is used to collect data which on a few have the required responses for the study.¹¹⁴ It is therefore worth mentioning that the searcher identified the main respondent from Kenya and the same from South Africa who were referred to them to the next respondent until the sample size is reached.

1.9.5 Data Collection

Data was obtained through use of interview guide and administered questionnaire with the target population that included the key stakeholders in health, defence and security issues. Secondary data sources were collected through articles, journal,

¹¹⁴ Bernard, Russell. *Social Research Methods: Qualitative and Quantitative Approaches*. The Second Edition, Sage. New York, United States, (2013), pp. 9-11.

periodicals and books. This data helped to gather what had already been covered in health, health security, securitization and international security, from all levels, since this information aims to assist in creating better understanding of the subject matter.

1.9.6 Data Validity and Reliability

Notably, in testing for validity, a pilot study was undertaken before the actual study commences. Interviews and questionnaires were administered to five potential respondents which gauged the appropriateness of the questions. The research had a pilot program where a sample of respondents were given questionnaires to fill, and this was used as a feel out tool to determine if the questions are appropriate and if they can be easily understood. Subsequently reliability relates to the accuracy and precision of a measurement. Reliability was greatly enhanced when important corrections, omissions and suggestions during the pre-testing exercise are incorporated in the final questionnaire.

1.9.7 Data Analysis and Presentation

In this research the qualitative data was sort effectively and analysed utilizing document analysis and research content analysis methods.¹¹⁵ The idea of content analysis and document analysis is thought of as a form of qualitative reach that allows for data to be interpreted as giving voice to answer a pressing research question. In this research descriptive statistics and inferential statistics was employed in quantitative data analysis. Eventually, the final outcome results obtained in the study was later presented.

¹¹⁵ Bernard, Russell. *Social Research Methods: Qualitative and Quantitative Approaches*. The Second Edition, Sage. New York, United States, (2013), pp. 9-11.

1.9.8 Scope of the Study

This study intentionally focused mainly on securitization of diseases and the health sector. It will also look at the case study of Kenya and South Africa. This research had an emphasis on the securitization theory as an anchoring theory. The study will be within 2021-2022.

1.9.9 Study Limitations

The deadline for the finalization of the study is March June 2022. The data collection period is also short at less than one month. This short time frame together with other competing tasks may reduce the data collection period

1.9.9.1 The Response Rate from Study Participants

Participants in South Africa were interviewed via internet assistance such as zoom, and others were through the use of face to structured and unstructured interview questionnaires that were emailed to them in advance. Those who receive the email questionnaires may not respond on time reducing the pace of completion. Clarifications required after receiving filled questionnaires may take a long time. The researcher also planned to request an opportunity to clarify areas that have not been adequately responded to via audio or video call.

1.9.9.2 Non-disclosure of the information

This research and the subsequent information on the securitization of health care was sometimes had political undertones; and some respondents were earlier hesitant to respond freely. Therefore, the researcher took time to assure the respondents that the study was purely for scholarly purpose, through the necessary support documents. In addition, the researcher set out to get respondents from persons with authority to

speak on these matters. To prevent bias, the researcher interviewed persons at different positions in the government, the private sector and non-governmental organizations

1.9.9.3 Scanty Data

This research being modern field, the data to some key questions might be scanty. There are also few studies of this nature in Africa. Data obtained from the participants presents an alarming challenge after regarding independent verification, as the scholars view respondents state during structured interviews or in questionnaires organized face to face. Essentially, the researcher was alert for potential bias from interviewees during the data collection process.

1.9.8 Ethical Consideration

This study was done in an integral manner where all formal procedures was followed, and all sources of information acknowledged by the researchers. This study adhered strictly to the Data Protection law (2019), the data protection sought to ensure the security of the individual's personal data and regulate collection, usage, transfer and discloser of the said data. In addition, the questionnaires were only given to consenting respondents. This study got permit from National Commission for Science Technology and Innovation (NACOSTI), adhere to the data protection laws and also observe confidentiality of the respondents and all the information collected was only to further the study at hand and to no other endeavour.

1.10 Outline of the Study

This study is made-up of the following sections.

Chapter One: Introduction

This chapter contains the initial introduction and background of securitization and the concept of health security at all levels.

Chapter Two: The Process of Securitization of Health Threats in the Twenty-First Century

This chapter notes that modern times have come with a myriad of challenges posed by emerging security threats especially in the health sector. Some of these challenges include infectious diseases that are globalized in nature.

Chapter Three: The Role of Securitisation in Addressing Emerging Health Security Threats in the 21st Century Africa. The chapter explains the role of securitization in addressing emerging health security risks in the 21st century Africa. This is especially considering the fact that common disease vulnerabilities lead to unequal distribution of resources to combat disease.

Chapter Four: The Emerging Policy Frameworks and Actors of Securitisation in Addressing Emerging Health Security Threats in the Twenty-First Century Kenya and South Africa

The chapter shows that the identification of emerging actors and policy in successfully addressing health security threats is weighed towards health and non-health considerations.

Chapter Five: Data Presentation, Analysis and Interpretation

This section presented data and analysis that illustrated that health insecurity leads to constraints in access to health services, and other areas where such insecurities overlap results in health insecurity

Chapter Six: Summary, Conclusion and Recommendations

This part acted as the final verdict of the study in giving the discussion, conclusions and the final research recommendation.

CHAPTER TWO

THE PROCESS OF SECURITISATION OF HEALTH THREATS IN THE TWENTY-FIRST CENTURY

2.1 The Background of Securitisation

The process by which states identify risks to their global defense in the twenty-first century is known as securitization, and it is based on perceptions of danger instead of objective evaluations of risk.¹¹⁶ It is believed that securitization occurs in five areas: the army, political, economic, sociological, and ecological. This idea was first put forth by the Copenhagen School and researchers of international affairs including Ole Wæver, Barry Buzan, Jaap de Wilde, and others.¹¹⁷

Brown, states that securitization theory perceived threats to national security by adopting mechanisms which boost their security.¹¹⁸ This section therefore, “explains the history of securitization, how the Copenhagen School created it, how sectoral research was originally constructed, other factors that affect securitization, the Regional Security Complex Concept, and lastly how securitization theory may be used to explain existing global affairs.”¹¹⁹

According to Brown, “in the twenty-first century, while authors refer to the beginnings of securitization in an amount of presumptions, including the farm railroad mortgage securities of the 1860s, the mortgage-backed bonds of the 1880s, and an establish of securitization of mortgages before the crash of 1929, the current period of securitization started in 1970.”¹²⁰ Therefore, “it was when the Governmental National Mortgage Company (Ginnie Mae or GNMA) offered securities backed by a portfolio

¹¹⁶ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), p. 18.

¹¹⁷ Paris, Roland. *Still an Inscrutable Concept*, in: Security Dialogue, 35 (2020), pp. 370- 371.

¹¹⁸ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), p. 18.

¹¹⁹ Ibid, (2021), pp. 34-39.

¹²⁰ Paris, Roland. *Still an Inscrutable Concept*, in: Security Dialogue, 35 (2020), pp. 372- 375.

of mortgage loans, which was when the Department of Housing and Urban Affairs launched the first modern residential mortgage-backed asset.¹²¹ "The present history of securitization has its origins in post-war American civilization," write McDonald and Kirk. The administration (as an issue of policy) looked for measures to improve mortgage liquidity in the market to ensure that more individuals might live the American Dream.¹²² Thus, "in 1970 Ginnie Mae approved the very first residential mortgage-backed security, which aggregated housing loans and permitted them to be used as leverage for securities marketed into the second-hand market. Ginnie Mae was formed under the Fair Housing Act of 1968 when Legislature divided Federal National Mortgage Association (Fannie Mae or FNMA) into two different corporations, FNMA and GNMA."¹²³

According to Brown, "the claimed aim was to funnel investment capital from worldwide entrepreneurs to enable capital access for affordable homes."¹²⁴ The Emergency Home Finance Act, which Congress passed in 1970 and which established the Federal Home Loan Mortgage Corporation (Freddie Mac or FHLMC) in order to help thrifts manage risk of interest rates by acquiring mortgages from the thrift stores, consequently "greatly expanded the supplementary credit markets."¹²⁵ According to Basrus and Klie, "the Act also permitted Freddie Mac and Fannie Mae to purchase and sell mortgages guaranteed or insured by the national government. The first traditional loan securitization was issued by Freddie Mac in 1971."¹²⁶

¹²¹ Ngugi, Antony and Agoit Felix. *Utilization of Health Services in a Resource Limited Rural Area in Kenya: Prevalence and Associated Household Level Factors*. (2017), p. 4.

¹²² McDonald, Matt and Kirk, Jesica. *The Politics of Exceptionalism: Securitization and Covid-19*. *Global Studies Quarterly*, Volume 1, Issue 2, (2021), pp. 3-5.

¹²³ Paris, Roland. *Still an Inscrutable Concept*, in: *Security Dialogue*, 35 (2020), pp. 375- 376.

¹²⁴ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. *International comparative legal guide*. Washington DC, United States, (2021), p. 18.

¹²⁵ Paris, Roland. *Still an Inscrutable Concept*, in: *Security Dialogue*, 35 (2020), pp. 377- 378.

¹²⁶ Basrus, Rajesh and Kliem, Frederick. *Covid-19 and International Cooperation: IR Paradigms at odd*. *SN Social Sciences*, Article number 7, (2021), pp. 3-7.

Bankers and attorneys "created more complex securitization frameworks during the 1970s," claim Basrus and Klie.¹²⁷ As a result, "this was greatly helped when, in 1986, Congress passed the Tax Reform Act, which included the Real Estate Mortgage Investment Conduit provisions (REMIC), which permitted greater flexibility in designing bond classes with a range of maturities and risk profiles."¹²⁸ The allure of being able to bundle revenue-producing investments in off-balance plate vehicles, thus also generating capital adequacy reprieve for banking firms and massively increasing capital available to support consumer housing demand and other customer investments, resulted in the development of other kinds of realize the benefits in the United States as well as other countries," the article continues.¹²⁹

"Securitization got its beginnings in the 1970s, when mortgage loans were aggregated by U.S. government-backed institutions," write McDonald and Kirk.¹³⁰ Delgado and Rubin noted that health security concerns typically include identifying and validating a health risk and allocating resources to combat it.¹³¹ Securitization is defined in the international relations context as "the process by which government entities change topics from normal political matters into issues of security and so enable exceptional tactics to be utilized in the name of security."¹³² Papamichail points out that "the securitization of health is an emerging issue because health is regarded as an aspect of politics where security is utilized to analyses the political

¹²⁷ Ibid, (2021), pp. 27-31.

¹²⁸ Basrus, Rajesh and Kliem, Frederick. *Covid-19 and International Cooperation: IR Paradigms at odd*. SN Social Sciences, Article number 7, (2021), pp. 3-7.

¹²⁹ Ibid, (2021), pp. 9-11.

¹³⁰ McDonald, Matt and Kirk, Jesica. *The Politics of Exceptionalism: Securitization and Covid-19*. Global Studies Quarterly, Volume 1, Issue 2, (2021), pp. 3-5.

¹³¹ Delgado, Reidar and Rubin, Olivier. *Challenges Associated with Creeping Disasters in Disaster Risk Science and Practice: Considering Disaster Onset Dynamics*. International Journal of Disaster Risk Science, Springer Link, Washington DC, United States of America, (2022), pp. 3-5.

¹³² Bernard, Russell. *Social Research Methods: Qualitative and Quantitative Approaches*. The Second Edition, Sage. New York, United States, (2013), pp. 9-11.

work of health.¹³³ Papamichail further provides technical solutions which can be utilized to address health risks before they escalate.¹³⁴

According to Delgado and Rubin, the discussion of securitization is linked to global health, which is now renowned.¹³⁵ The subject of securitization has gained a lot of attention following the dissemination of epidemics and pandemics which have aroused attention and more research, and thus despite the importance of securitization, it has acquired very little attention and also does not have uniform currently.¹³⁶

Holst states that, “the increasing health and political importance of securitization and the consideration of this topic on the main international stage are long overdue from the point of view of health security and health policy”.¹³⁷ Papamichail posit that, the prevailing concept of securitization does not address the issues of universalism implicitly which are linked with the “term global”.¹³⁸ It also ignores the requisite of a detailed interdisciplinary of comprehending health policy.¹³⁹ For instance, the Coronavirus outbreak terrified several aspects of people’s life, and in a continued effort to quickly address the unprecedented impact of the deadly virus, the international community involved the interventions of emergency executive powers tasked with duties of managing alarming pandemics.¹⁴⁰

¹³³ Papamichail, Andreas. *The Global Politics of Health Security Before, During and After Cpv19-19*. Cambridge University Press, England, United Kingdom, (2021), pp. 3-5.

¹³⁴ Holst, Jens. *Global Health: Emergence, Hegemonic Trends and Biomedical Reductionism*. Globalization and Health, (2021), pp. 7-9.

¹³⁵ Delgado, Reidar and Rubin, Olivier. *Challenges Associated with Creeping Disasters in Disaster Risk Science and Practice: Considering Disaster Onset Dynamics*. International Journal of Disaster Risk Science, Springer Link, Washington DC, United States of America, (2022), pp. 3-5.

¹³⁶ Papamichail, Andreas. *The Global Politics of Health Security Before, During and After Cpv19-19*. Cambridge University Press, England, United Kingdom, (2021), pp. 3-5.

¹³⁷ Holst, Jens. *Global Health: Emergence, Hegemonic Trends and Biomedical Reductionism*. Globalization and Health, (2021), pp. 7-9.

¹³⁸ Papamichail, Andreas. *The Global Politics of Health Security Before, During and After Cpv19-19*. Cambridge University Press, England, United Kingdom, (2021), pp. 3-5.

¹³⁹ Basrus, Rajesh and Kliem, Frederick. *Covid-19 and International Cooperation: IR Paradigms at odd*. SN Social Sciences, Article number 7, (2021), pp. 3-7.

¹⁴⁰ Ibid, (2021), pp. 10-11.

Sivaprakasam, reaffirms that theorist of securitization affirm how the communication of security and threat aims at enabling more strategies to protect and improve security.¹⁴¹ It is worth noting that whenever an existing risk is recruited by politicians and it is responded to by the relevant audience, policy makers and other relevant experts are motivated to pursue alternative measures that could earlier not have been implemented.¹⁴² This was illustrated by the fact that the COVID-19 pandemic offered painful experiences that forced global population to reflect upon and measure the viability of the theory of securitization.¹⁴³

Delgado and Rubin, opine that disease continue to raise state concern, since it reduces a sense of security and wellbeing of the people.¹⁴⁴ Over the years, a significant rise was noted in the efforts deployed by practitioners and scholars, to the explicit nexus between security and disease, which is linked to a conference of global health crises reported in early 1980s onwards. Also, the risk of bioterrorism emphasized by the SARS in 2005, Anthrax attacks of 2001, Ebola in 2014, H1N1 in 2009, COVID-19 and Zika in 2016 still threatened the security of a wider population.¹⁴⁵ This securitizing act was enacted and elaborated by several acts focused towards the larger global community, and this section recognizes the need for securitization theory to be more fluid.

¹⁴¹ Sivaprakasam, Dhevy. *The Securitization of Covid-19 Health Protocols: Policing the Vulnerable, Infringing their Rights*. Asia Center and Harm Reduction International, (2021), pp. 13-16.

¹⁴² Ibid 2, (2021), pp. 8-9.

¹⁴³ Ardern, Jacinta. *Closing the Borders to Foreign Nationals*. The Spinoff, (2021), pp. 8-9.

¹⁴⁴ Delgado, Reidar and Rubin, Olivier. *Challenges Associated with Creeping Disasters in Disaster Risk Science and Practice: Considering Disaster Onset Dynamics*. International Journal of Disaster Risk Science, Springer Link, Washington DC, United States of America, (2022), pp. 3-5.

¹⁴⁵ Ibid, (2022), pp. 7-9.

2.2 The Application of Securitisation on Various Aspects

Ole Waever argues that, “in its classic formulation securitization is problematized precisely because of the *raison d'état* that is inscribed into the concept of security”.¹⁴⁶

Securitization depends on the speech acts stressed by the politicians which results to political and social problems being pushed to the existing risks to the overall society, and the state.¹⁴⁷ Therefore, the securitization of various speech acts arouses “urgency; especially on the state power aligned with the legitimate use of diverse means; which is a threat viewed as force undercutting sovereignty, which prevented the political selfishness from handling all extraordinary questions”.¹⁴⁸

The politicisation of security matters is linked to the state and the drivers of ‘war’ since the concerns of defeat recede into the bare background for decision making.¹⁴⁹ O’Brien posits that this approach of security is associated with the writings of Carl Schmitt.¹⁵⁰ Essentially, the ‘unique means’ legitimized by securitization empower the sovereign influence of the exception under which the remarkable Schmitt’s theory of the state is granted.¹⁵¹ The tension of ‘security’ as conceptualised by “the Copenhagen School” affirms the need for the today’s governments to restrict the legal limitations and exploitative democratic ideas that are practiced in relation to the matters of security.¹⁵²

¹⁴⁶ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), pp. 7-11.

¹⁴⁷ Yuk-ping, Catherine and Thomas, Nicholas. *How is Health a Security Issue? Politics, Response and Issues*. Health Policy Plans, Oxford Academia, (2010), pp. 2-6.

¹⁴⁸ Hennikus, Eileen and Skolka, Michael. *Social Constructivism in Medical School Where Students Become Patients with Dietary Restrictions*. Department of Medicine, Penn State College of Medicine, Hershey, PA, United States of America, (2020), pp. 2-4.

¹⁴⁹ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), pp. 19-23.

¹⁵⁰ O’Brien, Stephen. *Africa in the Global Economy: Issues of Trade and Development for Africa*, a Paper presented at the Africa Knowledge Networks Forum Preparatory Workshop, (2018), pp. 92-94.

¹⁵¹ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), pp. 26-37.

¹⁵² Chowdhury, Dhiman. *Institutional Theory*. University of Dhaka, Dhaka, Bangladesh, (2021), p. 2.

Abraham points-out that the landscape associated with securitization dramatically changed over the last decade.¹⁵³ There arose debates on WHO decision making in time of crisis after the outbreak of “the 2009 H1N1 (‘swine flu’)”.¹⁵⁴ WHO declared a PHEIC and issued Pandemic alerts and recommendations which coerced countries to buy vaccines.¹⁵⁵ However, with time and escalation of the crisis, WHO was criticised for lack of transparent in decision making procedures which led to more debates various forums.¹⁵⁶ However it played a crucial role in the emergency of crisis compared to the UN.¹⁵⁷

In the modern world, securitisation benefits the investors and issuers in their efforts to diversify risk assessment in different asset classes and the practice is gaining dominance globally.¹⁵⁸ Market participants over the years have recognized the key issues associated with due diligence sought by the originators of the assets, and the diversification of the assets based on their origination practices.¹⁵⁹ Another issue is on the enforcement of remedies, especially concerning how they work when applied in a globalized market. Additionally, the opaque nature witnessed in modern transactions increase the security risk when sharing assets. Scholars continue to respond to the issues identified to be affecting the due diligence.¹⁶⁰ Part of the response is organizing extensive security studies during the post-World War II in

¹⁵³ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

¹⁵⁴ Peta, Fuller. *New Zealand’s Level Four Coronavirus Lock-down has Been Strict. Here Are Some of the Differences with Australia*. ABC News, (2020), pp. 37-39.

¹⁵⁵ Davies, Sarah. *Securitizing Infectious Diseases*. International Affairs. New York, United States, (2014), p. 8.

¹⁵⁶ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

¹⁵⁷ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

¹⁵⁸ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), p. 18.

¹⁵⁹ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

¹⁶⁰ Agostinho, Zebu. *Redefining Security from Cape to Congo: Southern Africa’s Evolving Security Challenges*, Colorado: Lynne Rienner, (2019), p. 2.

efforts to address security of the assets. A sub-discipline of study on International Relations was created after World War II and informed the Anglo-American thinking on matters of security. Therefore, a new era of post-World War II paved the way for robust security studies that focused on an inherent military focus. Notably, the practical and academic concerns of scholars concerning safeguarding of the state assisted in formulating a scientific agenda that serves effectively in securing the state from all the risks.¹⁶¹

Health security as a concept emerged in 1990s during the outbreak of HIV/AIDS pandemic and has continued to gain more prominence currently to emergence of other infectious diseases.¹⁶² Diseases such as Sars-Cov-2, led to analysts stressing on the need for lockdowns and introduction of biometric surveillance to contain its spread.¹⁶³

2.3 The Process of Securitisation and Health Issue

Brown argues that, “the concept of securitization puts forward a particular reading of security through its conceptualization of securitization, which is one that understands security through a militarized lens of state-oriented national security”.¹⁶⁴ This approach is associated with the traditional notion of security.¹⁶⁵ Fidler opines that, “the first cases of Swine Influenza A/H1N1 were observed in Mexico in March 2009.”¹⁶⁶ Therefore, “by mid-April, Mexico had confirmed more than 60 H1N1-

¹⁶¹ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

¹⁶²Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), p. 7-11.

¹⁶³ Basrus, Rajesh and Kliem, Frederick. *Covid-19 and International Cooperation: IR Paradigms at odd*. SN Social Sciences, Article number 7, (2021), pp. 3-7.

¹⁶⁴Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), p. 18.

¹⁶⁵ Ardern, Jacinta. *Closing the Borders to Foreign Nationals*. The Spinoff, (2021), pp. 8-9.

¹⁶⁶ Fidler, David. *Health and Foreign Policy: Vital Signs*. The World Today 65 (2019), pp. 15-17.

related deaths, and outbreaks were also reported in the USA.”¹⁶⁷ According to WHO, “this new influenza strain was a major cause for concern not only because of its trans-boundary spread, but also because of its extraordinary characteristics, such as an atypically high mortality rate among young adults.”¹⁶⁸

Brown opines that “in order to protect the committee from outside influence, the identities of its members were kept secret by WHO (with the exception of the chair), and the director-general took ultimate responsibility for WHO’s emergency response”.¹⁶⁹ This involved publishing reports on the recommendations and the threats that swine flu pose to the global health. The 2009 H1N1 was regarded as a “potential pandemic”.¹⁷⁰ Pandemic flue was declared by Clan a threat to humans since everyone is likely to get the infection.¹⁷¹

Owen opines that “in order to begin thinking about how securitization processes might take on a more positive or constructive form, so that the normative dilemma of writing security may be averted, it is essential to comprehend the symbolic power of security as a concept and how it shapes subjectivities”.¹⁷² According to Ardern, “health and environmental issues have been increasingly “securitized” in the last twenty years. In other words, they have increasingly been considered as security issues”.¹⁷³ This securitization process has resulted to emergence of debates regarding global health among other challenges.¹⁷⁴ It also led to formulation of policies, institutions, law, agencies among others in order to address

¹⁶⁷ Mwangiru, Makumi. *African Regional Security in the Age of Globalisation*, Nairobi, Heinrich Boll Foundation, (2004), pp. 2-4.

¹⁶⁸ Owen, Hellen. 'How Liberalism Produces Democratic Peace' *International Security*, vol. 19, no. 2 (2014), pp. 9-11

¹⁶⁹ Ibid, (2014), pp. 14-15

¹⁷⁰ Ardern, Jacinta. *Closing the Borders to Foreign Nationals. The Spinoff*, (2021), pp. 8-9.

¹⁷¹ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

¹⁷² Ibid, (2014), p. 15.

¹⁷³ Ardern, Jacinta. *Closing the Borders to Foreign Nationals. The Spinoff*, (2021), pp. 8-9.

¹⁷⁴ Agostinho, Zebu. *Redefining Security from Cape to Congo: Southern Africa's Evolving Security Challenges*, Colorado: Lynne Rienner, (2019), p. 2.

emerging issues.

Issues of securitization of health and environmental occurred in the US during the Clinton administration where issues of environment were declared a security issue in “Bush’s 1991 *National Security Strategy* (NSS)”, which states that “we must arrange Earth’s natural resources in ways that protect the potential for growth and opportunity for present and future generations.”¹⁷⁵ In his 1994 NSS, Clinton declared that “environmental degradation was a security risk. During his term, he also emphasized that infectious diseases, especially HIV/AIDS, posed a threat to US national security because of its catastrophic social consequences, particularly in the developing world”. However, the United States has prioritised, issues of health and environment as well as other crimes such as terrorism. Paris observes that securitization has its origins in the United States of America.¹⁷⁶ Thus according to Gibbs, “the development of a secondary mortgage market and mortgage-backed securitization in the USA in the 1970s can mainly be attributed to two factors, namely, the mismatch of funds due to regional imbalances stemming from people moving to the Sunbelt States and the interest rate mismatch, which occurred because mortgage loans were made at fixed rates, while lending institutions (thrifts) had to obtain funds at floating rates, causing an erosion of earnings in times of inflation”.¹⁷⁷ Qualitative research indicates that the outbreak of COVID-19 pandemic facilitated several controversies in managing health security strategies that were proposed to attract better life for citizens of various countries.¹⁷⁸ The desire to resolve the rapid spread of the COVID-19 attracted new policies aimed at limiting faster mobility and

¹⁷⁵ Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 11-17.

¹⁷⁶ Paris, Roland. *Still an Inscrutable Concept*, in: *Security Dialogue*, 35 (2020), pp 370- 371.

¹⁷⁷ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. *The Journal of Intelligence, Conflict and Warfare*, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

¹⁷⁸ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. *International comparative legal guide*. Washington DC, United States, (2021), p. 18.

reform the status of state surveillance that was believed to have an implication on the running authoritarian government.¹⁷⁹ Therefore, the insight from Copenhagen School offers an analytical repertoire relevant for critical security studies and complex changes anticipated in global health. Notably, the steady efforts on the securitisation of COVID-19 remain pivotal when handling the crisis, but its consequences elicit discriminatory actions experiences across the undemocratic regimes.¹⁸⁰

2.4 Future Prospects of Securitisation and Human Security

The traditional approach of securitisation emphasizes on the state and use of force as well as the notion of internal sovereignty.¹⁸¹ However, foreign use of force puts the state's international standing in jeopardy. Thus, internal and external securitization act, in concert in the African environment, with one influencing the other. The traditional view of security places a strong emphasis on the state as the primary actor in the anarchic international order, which is characterized by the use of force to seize power and ensure security.¹⁸² States aim at acquiring more power so as to dissuade possible aggressors.

Buzan re-examined the idea of security to take other concerns, among them environmental elements and human security, into account. This shows that he recognised other issues or factors which impacts security. He also aims at determining the complex nexus between these factors which cuts across the society as well as the state. “The African situation exemplifies the secretariat turn in compelling fashion. In the first place, throughout the Cold War era, Africa was brought into Cold War politics to fight proxy battles for either the West or the East. Because of this, the

¹⁷⁹ Kabonga, Itai. *Dependency Theory and Donor Aid: A Critical Analysis*. Journal of Development Studies, University of the Witwaterand, Pretoria, South Africa (2017), p. 11-19.

¹⁸⁰ Paris, Roland. *Still an Inscrutable Concept*, in: Security Dialogue, 35 (2020), pp. 378- 380.

¹⁸¹ Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 11-17.

¹⁸² Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

major powers ignored issues with democracy and human rights on the continent in favour of advancing their own security objectives by supporting tyrannical and predatory governments.

The crucial role that health security plays in ensuring the health of people, countries, and the global community as a whole has long been acknowledged, yet there is growing worry. that government responses to disease threats, particularly in Africa, is wanting.¹⁸³ The African situation exemplifies the securitarian turn in compelling fashion. In the first place, throughout the Cold War era, Africa was brought into Cold War politics to fight proxy battles for either the West or the East.¹⁸⁴

Gibbs contends that inadequate responses are partly accounted for by a failure to view health concerns as a security issue, which results in poorly planned and informed measures¹⁸⁵ Although non-communicable diseases may not elicit the same levels of excitement, frenzy, terror, and sense of immediacy as communicable diseases, Olivera points out that this does not mean they are any less dangerous.¹⁸⁶ These diseases are sneaky, harmful, and insidious, and research suggests that they are becoming more prevalent. Their effects are unquestionably more severe than those of communicable diseases.¹⁸⁷ Ahmad notes that non-communicable diseases including cardiovascular disease, cancer, and diabetes are displacing communicable diseases as the main cause of fatalities globally in what he terms a "health transition."¹⁸⁸

The health burden facing the African people is extremely complicated.

¹⁸³ Agostinho, Zebu. *Redefining Security from Cape to Congo: Southern Africa's Evolving Security Challenges*, Colorado: Lynne Rienner, (2019), p. 2.

¹⁸⁴ Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 11-17.

¹⁸⁵ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

¹⁸⁶ Olivera, Manuella. *Bio-warfare, Bioterrorism and Bio-crime: A Historical Overview on Microbial Harmful Applications*. U.S National Library of Medicine, National Institute of Health, (2020), pp. 3-5.

¹⁸⁷ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

¹⁸⁸ Ahmad, Sohail. *Changing Conceptions of Security in the 21st Century*, (2019), pp. 16-17.

According to Katzenstein, Africa is responsible for around half of all infectious disease-related deaths worldwide¹⁸⁹ For instance, the same researchers note that an individual living in Africa was more than three times as likely to die from HIV/AIDS as an individual living in any other developing region in the globe, and was ten times more likely to die from malaria.¹⁹⁰ Non-communicable diseases alone caused fatalities on the African continent in 2015 of 3.7 million 20 per cent of all deaths involved people.¹⁹¹ According to Bonnel, non-communicable diseases are rapidly escalating to epidemic levels, and the developing world is likely to see a sharp rise in their prevalence.¹⁹²

According to Bonnel, non-communicable diseases are rapidly escalating to epidemic levels, and the developing world is likely to see a sharp rise in their prevalence.¹⁹³ The shift from communicable to non-communicable disease has long-term effects on public health services offered by the government, including training programs in healthcare, treatment and medication regimens, and the supply of medical facilities, to mention a few¹⁹⁴ People with non-communicable diseases are a constant burden on commercial and public healthcare systems and infrastructure, in addition to the negative economic effects brought on by an unhealthy population that is unable to work. The (COVID-19) rapidly spread globally and impacted fateful sequence of

¹⁸⁹ Katzenstein, Peter. *The culture of National Security: Norms and Identity in World politics*, New York, Columbia University Press, (2016), p. 34.

¹⁹⁰ Aginam, Oscar. *Bioterrorism, human security and public health: can international law bring them together in an age of globalization?* *Medicine and Law*; 24, (2015), pp. 455-462.

¹⁹¹ Wambalaba, Francis. *Prevalence and Capacity of Cancer Diagnosis and Treatment: A Demand and Supply Survey of Health-Care Facilities in Kenya*. United States International University, Nairobi, Kenya, (2019), p. 1.

¹⁹² Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 11-17.

¹⁹³ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. *The Journal of Intelligence, Conflict and Warfare*, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

¹⁹⁴ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

events that ruined the economy and health public-policies.¹⁹⁵ Despite the unpreparedness witnessed after the outbreak of Covid-19, such pandemics had happened in the past and terrified humankind experiences. Essentially, the rise of (SARS) years ago, of coronaviruses (SARS-CoV-2) have been discovered.¹⁹⁶ Scientific evidence confirms that COVID-19 is a common phenomenon researched internationally and attributed to the emergence and re-emergence of new forms viruses that spread whenever humans closely contact with other infected individuals.¹⁹⁷

2.5 Chapter Summary

This section undertook a critical analysis of securitization in Africa was conducted in this section. To meet the African setting, the theoretical foundation of the securitization concept is expanded. It claims that securitization is not just an internal issue but also linked to "bigger politics" coming from areas outside of its geographical territory, including recent developments in China and India and Western capitals.

According to this section, issues get securitized when they "are presented as existential threats, necessitating emergency measures and justifying activities outside the regular confines of political procedure." By framing a problem as one of security, it is moved from regular politics to emergency politics or "panic politics," where it can be resolved beyond the purview of the law. For this investigation, a constructivist explanation of the securitarian fact's fundamental nature is essential.

¹⁹⁵ Peta, Fuller. *New Zealand's Level Four Coronavirus Lock-down has Been Strict*. Here Are Some of the Differences with Australia. ABC News, (2020), pp. 37-39.

¹⁹⁶ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

¹⁹⁷ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

CHAPTER THREE

THE ROLE OF SECURITISATION IN ADDRESSING EMERGING HEALTH SECURITY THREATS IN THE TWENTY-FIRST CENTURY AFRICA

3.1 The State of Securitization in the African Context

In the twenty-first International Relations studies, Olivera postulates that in the era of Cold War, the USSR and the U.S. showed greater interests on the regime stability and achieving strategic advantage on every aspect of the bipolar international system.¹⁹⁸ Bonnel points out that Africa served as the global chessboard targeted by proxy wars.¹⁹⁹ Essentially, the securitization of different parts of Africa enabled the framing of better relations on matters of national security that intended to transform the African states and allow take a position on the global rivalry experienced in the East and the West, in which the West put in efforts against the spread of communism.²⁰⁰

In the 21st century, Africa has begun to emerge as a major stakeholder in the debate and practice surrounding security and securitization.²⁰¹ Despite the fact that there is no universally accepted definition of security, there is general agreement that it refers to both the state's stability and, probably more crucially, the citizens' physical and psychological well-being (that is, human security).²⁰² Furthermore, it is widely acknowledged that security is essential for sustainable growth. The underlying problem of controlling or resolving conflicts persists throughout Africa, and with it, the problem of establishing or maintaining secure environments and employing

¹⁹⁸ Olivera, Manuella. *Bio-warfare, Bioterrorism and Bio-crime: A Historical Overview on Microbial Harmful Applications*. U.S National Library of Medicine, National Institute of Health, (2020), pp. 3-5.

¹⁹⁹ Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 11-17.

²⁰⁰ McInnes, Lee. *Health, Security and Foreign Policy*. Rev International Studio, (2016), pp. 325-327.

²⁰¹ Katzenstein, Peter. *The culture of National Security: Norms and Identity in World politics*, New York, Columbia University Press, (2016), p. 34.

²⁰² Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

security as a development enabler.²⁰³ Many of Africa's classic security issues still exist, but the continent has "Africanized" the security development agenda in a number of ways through its formal institutions and informal networks. Africans have taken the lead in developing the continent's security and development architectures. Instead of decades ago when Africa was the target of security development debates and junior partners, Africans are now the driving force behind the process.

African securitization has transformed academic discourse in several ways, expanding the concept of "security" and its role in reshaping the relationship between the continent and the world's great powers.²⁰⁴ And yet, while facilitating the securitization process, African leaders keep away from the actual mission of resolving the primary causes of human insecurity, especially across their borders, and in international locations. While the nation-state continues to be the dominating entity in the international system, Bonnel said that securitization is likely the most successful theoretical framework for analyzing military cross-border security.²⁰⁵ Among the most important voice, securitization has become the gold standard for analysing new challenges which include threats associated with immigration, terrorism, human security, cross-border issues and environmental issues.²⁰⁶

The coupling of human development and human security in the African environment challenges the limits of security research.²⁰⁷ A human security narrative

²⁰³ Agostinho, Zebu. *Redefining Security from Cape to Congo: Southern Africa's Evolving Security Challenges*, Colorado: Lynne Rienner, (2019), p. 2.

²⁰⁴ Olivera, Manuella. *Bio-warfare, Bioterrorism and Bio-crime: A Historical Overview on Microbial Harmful Applications*. U.S National Library of Medicine, National Institute of Health, (2020), pp. 3-5.

²⁰⁵ Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 11-17.

²⁰⁶ Olivera, Manuella. *Bio-warfare, Bioterrorism and Bio-crime: A Historical Overview on Microbial Harmful Applications*. U.S National Library of Medicine, National Institute of Health, (2020), pp. 3-5.

²⁰⁷ Bonnel, Rene. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2020), pp. 11-17.

has been used to securitize HIV/AIDS.²⁰⁸ The traditional idea of security analyses is challenged by the fact that military security does not maintain equilibrium. Security-related issues can be infused with seemingly apolitical ones. Given that some infectious diseases can be exceedingly dangerous, they have been given security status. Western nations and the World Health Organization have categorized HIV/AIDS, dengue fever, malaria, and more as "security threats" (WHO). The WHO has been given the duty of overseeing and managing global health issues, and is often supported by the Western nations.²⁰⁹ In the Global South, the threat posed by diseases like HIV/AIDS to economies and social stability has been amply demonstrated. It is also acknowledged that different tiers of political organizations must work together to find a cure for epidemics.

Paris opines, not only out of sheer desire but definite necessity, Africa must take the primary responsibility for its very own security and development. This cannot however be achieved without continued partnership with external partners such as the EU, the US, Asian states such as China and Middle East states.²¹⁰

Africa ever since before colonialism has sustained the tradition of not only establishing but also adapting utilitarian alliance systems which have now become a modern continuation of these practices.²¹¹ It is however interesting to note that over the past decade, despite its achievements and flaws, the Sino-African entente has played a big role in ushering the re-examination of aid and trade particularly relating to Africa and especially from the African perspective predominantly.²¹² Agostinho

²⁰⁸ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

²⁰⁹ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

²¹⁰ Paris, Roland. *Still an Inscrutable Concept*, in: Security Dialogue, 35 (2020), pp 370- 371.

²¹¹ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

²¹² Katzenstein, Peter. *The culture of National Security: Norms and Identity in World politics*, New York, Columbia University Press, (2016), p. 34.

predicts a supplementary examination of the peace and security aid "business" in Africa, focusing on funding for peace operations, security sector reform (SSR), and disarmament, demobilization, and reintegration (DDR).²¹³ Consequently, accounting for the rise and diversification of different strains of the fateful Health officials have reported a coronavirus outbreak, and it is unclear what role public health planning at the national and international levels played in the epidemic's ineffective containment.²¹⁴

3.2 The Status of Securitization on Health Security

According to Barry Buzan's research in *People, States, and Fear*, security is a critical phenomenon that should be handled while considering the moral, normative, and ideological elements which affects its empirical recognition.²¹⁵ Sam elaborates the experiences of Cold War that happened at the end, which structured new relationships of social nature and affected the purpose of the State influencing high politics.²¹⁶

The notable concerns like immigration, environmental destruction, decolonization, and exploitative activities of transnational companies shape the agenda discussed by civil society on financial interdependence and roots of pandemic. Such issues enlarge the pressure of international politics and revolutionizes decision-making on matters of security.²¹⁷ According to Chowdhury, the Health Security connected discourse targets and elevates global health challenges in security and

²¹³ Agostinho, Zebu. *Redefining Security from Cape to Congo: Southern Africa's Evolving Security Challenges*. Colorado: Lynne Rienner, (2019), p. 2.

²¹⁴ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

²¹⁵ Peta, Fuller. *New Zealand's Level Four Coronavirus Lock-down has Been Strict. Here Are Some of the Differences with Australia*. ABC News, (2020), pp. 37-39.

²¹⁶ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

²¹⁷ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

defense policies as a Western-led activist approach to garner greater attention and thus obtain more financing.²¹⁸

In the strategy papers of the United States⁶ and the European Union, the deadliest pandemics-HIV and AIDS, malaria, and tuberculosis, as well as those that directly endanger the West-such as those related to food and migrant birds, including Avian Flu and SARS, have already been included.²¹⁹ They are frequently discussed with a variety of other concerns, such as terrorism, civil wars, and the numerous interconnected phenomena of economic globalization (urbanization, migration, and energy access).²²⁰ Declaring and acknowledging a specific health issue as an existential security concern entails reallocating resources to address this threat. This process is known as "health securitization".²²¹ The securitization model by the Copenhagen School formulates the concept as one which includes a referent object for each security sector; namely the political sector which secures national sovereignty, the military sector for the state, economic sector which addresses economic security, the social sector which addresses the collective national identities and the habitants and species within the environmental sector.²²² In practice, however, in most of the recent empirical studies on de-securitization, the question of the referent object, its role and/or interconnection with processes of de-securitization has been left under-examined or not addressed at all.²²³

According to Agostinho in the case of Africa, it is possible that health security could be considered a gendered issue. This could be because diseases that generally

²¹⁸ Chowdhury, Dhiman. *Institutional Theory*. University of Dhaka, Dhaka, Bangladesh, (2021), p. 2.

²¹⁹ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

²²⁰ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

²²¹ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

²²² Paris, Roland. *Still an Inscrutable Concept*, in: Security Dialogue, 35 (2020), pp. 370- 371.

²²³ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

affect women and children in developing countries are usually forgotten in the formulation of the security agenda and particularly so since they rarely make up most of the military personnel neither are they the majority professionals hence not considered essential in the maintenance of security.²²⁴ Health security has increasingly become a focus in the global health governance agenda. More and more areas are being discussed and acted on in various global forums.²²⁵

According to Brown there is need for a collective securitization approach to understanding how a specific governance regimes have emerged at the European level, one concerned with large-scale "threats" to public health and society as a whole..²²⁶ The analysis reveals that, in addition to elite-level securitisation efforts, bureaucratic actors and transnational professional networks have played a very big role as securitizing agents and also audiences, with the results reflected not only in policy changes but also in newly adopted EU-specific information-sharing platforms, surveillance technologies and institutional structures.²²⁷

In the case of Africa, though these developments would partially be interlinked with the prevailing global trends, Paris has demonstrated the EU chose to institutionalise the health security agenda.²²⁸ This new status quo has since been enshrined in a legal framework and set of procedures that take a multi-hazards approach to preparedness, early detection, and containment of severe cross-border public health threats of any origin, including infectious disease..²²⁹ Indeed, this is

²²⁴ Agostinho, Zebu. *Redefining Security from Cape to Congo: Southern Africa's Evolving Security Challenges*, Colorado: Lynne Rienner, (2019), p. 2.

²²⁵ Owen, Hellen. 'How Liberalism Produces Democratic Peace' *International Security*, vol. 19, no. 2 (2014), pp. 9-11

²²⁶ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

²²⁷ Owen, Hellen. 'How Liberalism Produces Democratic Peace' *International Security*, vol. 19, no. 2 (2014), pp. 9-11

²²⁸ Katzenstein, Peter. *The culture of National Security: Norms and Identity in World politics*, New York, Columbia University Press, (2016), p. 34.

²²⁹ Paris, Roland. *Still an Inscrutable Concept*, in: *Security Dialogue*, 35 (2020), pp 370- 371.

already happening: the United Nations Organization Mission in the Democratic Republic of the Congo (MONUC) and other multinational peace and security organizations are being scrutinized more closely by their host countries, and there are more in-depth discussions about SSR and DDR best practices, outcomes, and local ownership..²³⁰

According to Chowdhury, infectious disease cooperation in the EU and the AU cannot be analysed in isolation from its broader institutional and global setting.²³¹ According to Scott, three factors have influenced the securitization of health and the resulting cooperation at the AU level: an environment of emerging health crises (particularly pandemic influenza), peer examples of international cooperation aimed at protecting health security, and the status of health policy as a means of advancing European integration more broadly.²³²

It means that there are various networks and international organizations that interact to shape the action of the EU on infectious diseases as observed by Brown.²³³ Among them is the World Health Organization (WHO). The International Health Regulations (IHR) of that organisation, which were approved in 2005, impose a legal requirement on its members to respond to any potential 'international public health issue' and to notify the occurrence, regardless of its cause or origin.²³⁴

In an effort to achieve global health security, the IHR has played an instrumental role in the establishment of the Global Health Security Agenda (GHSA) launched in 2014, which is a partnership of more than sixty (64) states. The GHSA

²³⁰ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

²³¹ Chowdhury, Dhiman. *Institutional Theory*. University of Dhaka, Dhaka, Bangladesh, (2021), p. 2.

²³² Scott, Catherine. *The gender of dependency theory: Women as workers, from neo-colonialism in West Africa to the implosion of contemporary capitalism*. Review of Africa Political Economy, Taylor and Francis, (2021), pp. 9-11.

²³³ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), p. 18.

²³⁴ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), pp. 13-16.

also involves other international bodies such as the EU, WHO, Office for Disaster Risk reduction, the UN Food and Agriculture Organization, Interpol and the Economic Community of West Africa states.²³⁵ In addition, under the United States-Canadian Leadership (in which the EU) is a member, the Global Health Security initiative (GHSI) was established in 2001 following the anthrax attacks.²³⁶

The institutional architecture in which the EU operates is indeed congested and fragmented, combining national health authorities in Europe with international agencies and networks..²³⁷ Even the Council of Europe (a non-EU organisation) has dipped into this institutional landscape on occasion; for example, it was involved in the fight against pandemic influenza securitization.²³⁸ In international politics, securitizing a given issue entails employing a political procedure that positions the allusion object in a unique or immediate position that necessitates an instant state's response.²³⁹ There is no doubt that health security has an implication on global security but one aspect that has been overlooked in this investigation is the matter of the discourse that is necessary to incorporate as security.

3.3 The Challenges of Securitization on Health Security Threats

Brown claims that health securitization concepts and practices at the international and domestic levels take on characteristics that affect institutional behaviour and spill over

²³⁵ Hennikus, Eileen and Skolka, Michael. *Social Constructivism in Medical School Where Students Become Patients with Dietary Restrictions*. Department of Medicine, Penn State College of Medicine, Hershey, PA, United States of America, (2020), pp. 2-4.

²³⁶ Ibid, (2021), pp. 21-22.

²³⁷ Basrus, Rajesh and Kliem, Frederick. *Covid-19 and International Cooperation: IR Paradigms at odd*. SN Social Sciences, Article number 7, (2021), pp. 3-7.

²³⁸ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), pp. 13-16.

²³⁹ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 19-25.

into other political problems such as the economy, investments, trade, and intellectual property, among others.²⁴⁰

Gibbs observes a causal chain in whereby the nature of infectious illness to rapidly spread in the globalized world becomes a threat to populations, groups, individual and states, resulting in a major disease burden on political, social, economic, and military dimensions, hence intensifying the threat.²⁴¹ The general issue of Western securitization of infectious diseases is primarily and hierarchically linked to scenarios of the spread of biological agents for terrorist reasons, outbreaks of diseases transmitted along food chains and the widespread impact of major diseases such as HIV/AIDS, tuberculosis, and malaria in some Southern and Eastern African states.²⁴²

Adopting a historical-political lens rather than a juridical-institutional one allows us to reach not only denser, but also potentially startling conclusions about disease's central role in the Western global security agenda.²⁴³ First, the historical-political perspective views governance as an assemblage of distributed, though hierarchical and liberal authorities.²⁴⁴ Further, it allows for a better understanding of the power role played by a broader range of actors, such as INGOs, in addition to states and multilateral organizations..²⁴⁵ As demonstrated by the HIV health security discourse, there is a very important role that INGO plays in the early securitization of the HIV/AIDS condition. This is a case that emphasizes the idea that the structure is a

²⁴⁰ Ibid, (2021), pp. 27-29.

²⁴¹ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

²⁴² Ngugi, Antony and Agoit Felix. *Utilization of Health Services in a Resource Limited Rural Area in Kenya: Prevalence and Associated Household Level Factors*. (2017), p. 4.

²⁴³ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), p. 7-11.

²⁴⁴ Kabonga, Itai. *Dependency Theory and Donor Aid: A Critical Analysis*. Journal of Development Studies, University of the Witwatersrand, Pretoria, South Africa (2017), p. 11-19.

²⁴⁵ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), p. 7-11.

major securitization driver.²⁴⁶ Each incident, according to Thierry, heightened public awareness of disease's potential to become a global threat, as well as the importance of sufficient preparedness and response, prompting policy formulation and changes, as well as the inclusion of health on high level agenda.²⁴⁷ However, this cannot exclude the equality crucial component encompassed in the expansion of security to include human security.

In the 1990s, several interventions and diverse concepts challenged the conceptual focus of the security aspects of "threat, use, and control of military force," and revealed insights of security as encompassing a far broader range of issues, referent objects, and practices, according to Adia.²⁴⁸ Disease and health in general becomes a security objective in two pathways; the individual-centred perspective on disease's threat to human security through calls for extra attention to the threat of "emerging and re-emerging infectious diseases" and "the economic, political, and strategic interests of the state."²⁴⁹ Though the understanding of disease as a security threat remains relevant, it is the combination of the latter and the aforementioned crises that ultimately take precedence in securitization among scholars, organizations and states

According to Adia, as the fear of probable human H5N1 pandemic grew around the world, many governments hurried to stockpile antiviral drugs and vaccines despite the fact that global supply was insufficient to satisfy such a sudden rise in

²⁴⁶ Ngugi, Antony and Agoit Felix. *Utilization of Health Services in a Resource Limited Rural Area in Kenya: Prevalence and Associated Household Level Factors*. (2017), p. 4.

²⁴⁷ Thierry, Balzacq. *Securitization Theory: Past, Present and Future*. Polity, (2019), pp. 9-11.

²⁴⁸ Adia, Benton. *Whose Security? Militarization and Securitization during West Africa's Ebola Break*. In *In the Politics for Fear: Medecins Sans Frontieres and the West African Ebola Epidemic*, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

²⁴⁹ *Ibid*, (2019), p. 105.

demand.²⁵⁰ Recognizing that they would almost certainly be the 'losers' in the contested international race, several countries strategized to openly address the value of maintaining existing types of international health cooperation, particularly the common trend of sharing national virus samples at the international arena.²⁵¹ Given the importance of such virus samples in the West's high-level pandemic preparedness activities, some states such as the Indonesian government felt encouraged to utilize worldwide access to its H5N1 virus samples as a way of 'bargaining chip' for better vaccine availability and other merits for developing states. As a result of the securitized global response to H5N1, the long-standing international virus-sharing mechanism became unexpectedly mired in a larger set of political issues, compelling governments to subject existing virus-sharing arrangements to much narrower considerations of national interest.²⁵² These threats to international health cooperation must be evaluated against the policy benefits of the global health security agenda in the coming years.²⁵³ According to international politics scholars, securitization is defined as the political approach by which a problem is "presented as an existential threat needing emergency measures and justifying actions outside the regular confines of political procedure".²⁵⁴

The key to detecting a securitization process is whether an issue is portrayed in accordance with the aforementioned logic of an existential threat, rather than whether the word 'security' is expressly used. These existential threats can be military in scope, as is usually done when one country declares war on another. Securitization

²⁵⁰ Adia, Benton. *Whose Security? Militarization and Securitization during West Africa's Ebola Break*. In the Politics for Fear: Medecins Sans Frontieres and the West African Ebola Epidemic, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

²⁵¹ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), pp. 7-11.

²⁵² Ibid, (2021), pp. 13-18.

²⁵³ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

²⁵⁴ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

processes, on the other hand, can occur in response to concerns that are mostly non-military in nature. Indeed, one of the most significant features of the international security agenda over the last decade has been the rising numbers of a wider range of social problems that have been debated as important existential threats, stretching from global warming and the "war" against drugs to rapid migration and the gradual collaboration of security and development in several parts of the world. As evidenced by a rapidly developing literature, infectious diseases remain the latest in a long series of non-military challenges to be securitized in this way.

According to Thiery, "health securitization involves declaring and accepting a particular health challenge as an existential security threat and, thereby, reallocating resources to combat this threat."²⁵⁵ Meanwhile, "GHG broadly entails the cooperation of international governments and global health actors towards promoting shared health-related goals in a global context."²⁵⁶ Adia found that, "with these frameworks in mind, the question becomes whether delineating health issues as security threats aids in aligning international actors and effectively achieving desired global health outcomes."²⁵⁷

According to Sam, "securitization only promotes cooperation insofar as maintaining the security and stability of powerful states without regard to whether such actions promote the health and wellbeing of the individuals in afflicted states."²⁵⁸ In other words, "securitization encourages conceptualizing health crises as external threats that need to be neutralized rather than mutual problems that need to be

²⁵⁵ Thiery, Balzacq. *Securitization Theory: Past, Present and Future*. Polity, (2019), pp. 9-11.

²⁵⁶ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

²⁵⁷ Adia, Benton. *Whose Security? Militarization and Securitization during West Africa's Ebola Break*. In the Politics for Fear: Medecins Sans Frontieres and the West African Ebola Epidemic, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

²⁵⁸ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

solved.”²⁵⁹ According to Thiery, “securitization presents a second obstacle for effective GHG because there is not a clear consensus on the definition of an existential health threat or a mechanism to enforce the securitization of a threat on an international scale.”²⁶⁰

Thiery adds that, “the powerful players that set the securitization agenda naturally highlight infectious diseases, which are likely to cross borders, regardless of whether this reflects the global burden of disease.”²⁶¹ However, “securitization still depends on the compliance of affected states, which might be reluctant to fall in line if it negatively impacts other sectors such as the authority of the government or the economy.”²⁶² Thus, “it similarly allows for the de-securitization of pressing health challenges, which could be equally detrimental to the pursuit of global health.”²⁶³ Meanwhile, “GHG broadly entails the cooperation of international governments and global health actors towards promoting shared health-related goals in a global context.” Abraham states that, “with these frameworks in mind, the question becomes whether delineating health issues as security threats aids in aligning international actors and effectively achieving desired global health outcomes.”²⁶⁴

According to Pinto and Alves, “the Security Council adopted at an emergency meeting on 18 September 2014 resolution 2177 (2014), which declared the unprecedented extent of the outbreak of Ebola haemorrhagic fever (Ebola) in Africa a threat to international peace and security.”²⁶⁵ It is said that, “determination was

²⁵⁹ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

²⁶⁰ Fidler, David. *Health and Foreign Policy: Vital Signs*. The World Today 65 (2019), pp. 15-17.

²⁶¹ Thiery, Balzacq. *Securitization Theory: Past, Present and Future*. Polity, (2019), pp. 9-11.

²⁶² Ardern, Jacinta. *Closing the Borders to Foreign Nationals*. The Spinoff, (2021), pp. 8-9.

²⁶³ Fidler, David. *Health and Foreign Policy: Vital Signs*. The World Today 65 (2019), pp. 15-17.

²⁶⁴ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

²⁶⁵ Pinto, Joao and Alves, Paulo. *The Economics of Securitization: Evidence from the European Markets*. Investments Management and Financial Innovation, Washington DC, United States, (2021), pp. 7-9.

reiterated by the President of the Council in a statement made on 21 November on behalf of the Council.”²⁶⁶ According to Waal, “this is an unprecedented step in expanding the concept of threat to international peace and security and implicitly the scope of the powers of the Council under the UN Charter.”²⁶⁷

3.4 The Prospects of Securitization on Health Security Threats

The various issues offered by infectious disease in a worldwide context began to be re-conceptualized as dangers to national and human security in the last decade of the twentieth century.²⁶⁸ The Copenhagen School's securitization theory is the most frequently used paradigm for identifying and responding to such threats.²⁶⁹ Although its analytical framework is widely acknowledged, its applicability, particularly in non-European and non-state settings, is still debated.

Essentially, the global context where global supplies were insufficient to meet the sudden surge in demand, some developing countries quickly realized that there is a profound conflict of interest between developing as well as developed countries when it comes to sustaining the existing forms of global health cooperation.²⁷⁰ For affluent countries with their own pharmaceutical manufacturing base, the international virus-sharing mechanism may function well, but the material benefits of such collaboration to developing countries are significantly less obvious.²⁷¹

Diseases are claimed to traverse borders and pose threats in Sub-Saharan Africa, necessitating immediate coordinated actions whose referent targets are

²⁶⁶ Ibid, (2021), pp. 13-15.

²⁶⁷ Waal, Adel. *Reframing Governance, Security and Conflict in the Light of HIV/AIDS: A Synthesis of Findings from the AIDS, Security and Conflict Initiative*. Social Science and Medicine, (2020), pp. 56-59.

²⁶⁸ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), p. 7-11.

²⁶⁹ Thiery, Balzacq. *Securitization Theory: Past, Present and Future*. Polity, (2019), pp. 9-11.

²⁷⁰ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), p. 7-11.

²⁷¹ Ibid, (2021), p. 7-11.

national sovereignty, human security, global public health, and bio-security.²⁷² The definition of what needs to be protected varies depending on the securitising agent and context, but health crises frequently raise concerns more about global economy, armed forces operational capability, and the escalation of local vulnerabilities, all of which can lead to political instability and migratory flows.²⁷³ The World Health Organization uses a broader definition of health security, that also includes new infectious diseases for which no medicines or containment protocols are yet been developed, as well as diseases that weaken the food supply chain, causing shortages and hunger, and environmental disasters. On a number of fronts, securitization theory has been employed to aid in the understanding of the health-security nexus. Emergency preparedness has been subjected to critical analysis.²⁷⁴

The Copenhagen School also energised arguments on authoritarian health policy' banalization the stigmatisation of infected populations, the impact of contagious diseases on armed conflicts, and on bioterrorism and racism. As a result, securitization processes have become a common issue in global health literature, particularly during significant outbreaks like as HIV/AIDS, SARS, H5N1/bird flu, Ebola and Zika.²⁷⁵ Sam concludes that it's no wonder that the Copenhagen School's vocabulary is now being used to define the issues faced by COVID-19 and the control measures in place across Africa,²⁷⁶

Abraham opines that, “securitization, by definition, involves reacting to crises

²⁷² Adia, Benton. *Whose Security? Militarization and Securitization during West Africa's Ebola Break*. In the Politics for Fear: Medecins Sans Frontieres and the West African Ebola Epidemic, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

²⁷³ Curley, Mike. *The Securitization of Avian Influenza: International Discourses and Domestic Politics in Asia*. Review of International Studies, (2021), pp. 34-38.

²⁷⁴ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), p. 7-11.

²⁷⁵ Ibid, (2021), p. 7-11.

²⁷⁶ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

rather than creating a state of preparedness.”²⁷⁷ Thiery reaffirms that, “in the case of many global health challenges, avoidance and prevention through capacity building and systems strengthening is key to finding sustainable and scalable solutions to protect the world’s vulnerable populations.”²⁷⁸ Therefore, “as prospects adopting a strategy of reaction limits the ability of GHG to promote and protect health effectively on a global scale.”²⁷⁹ Abraham adds that, “securitization represents a compelling strategy to grab the attention and, thus, the money of wealthier states in order to divert more resources towards tackling urgent global health challenges.”²⁸⁰ As such, “proponents of securitization could contend that this point outweighs any disadvantages if an alternative does not exist to mobilize these necessary resources and political will.”²⁸¹ Is this reasoning truly justifiable if these resources are spent to keeping the wealthy safe at the risk of neglecting, and sometimes exacerbating, the problems that the poor face?

Opel states that it remains to be seen whether resolution 2177 will remain an isolated incident or whether it is a further step in a trend that has characterized the practice of the Council since the early 1990s.²⁸² It will also be crucial to see if it confirms and enhances a current tendency of viewing infectious diseases as security dangers in addition to public health threats, and thus ‘securitizing’ health.²⁸³

²⁷⁷ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

²⁷⁸ Fidler, David. *Health and Foreign Policy: Vital Signs*. The World Today 65 (2019), pp. 15-17.

²⁷⁹ Thiery, Balzac. *Securitization Theory: Past, Present and Future*. Polity, (2019), pp. 9-11.

²⁸⁰ Curley, Mike. *The Securitization of Avian Influenza: International Discourses and Domestic Politics in Asia*. Review of International Studies, (2021), pp. 41-42.

²⁸¹ Fidler, David. *Health and Foreign Policy: Vital Signs*. The World Today 65 (2019), pp. 15-17.

²⁸² Opel, John. *Security that Matters: Critical Infrastructure and Objects of Protection*. Security Dialogue 41, London, United Kingdom, (2021), pp. 491-492.

²⁸³ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

3.5 Chapter Summary

Securitisation, according to this study, is the process by which 'ordinary' topics on the political agenda become considered as serious existential dangers. Securitized concerns are prioritized in African decision-making processes, necessitate extraordinary measures, and allow security apparatuses to be deployed to assure extraordinary reactions to whatever crisis occurs. Classifying a phenomenon as a security concern is thus not a neutral representation of reality, but an inter-subjective construction skewed toward the militarization of politics, limiting the range of options and emphasizing the urgency of specific agendas. Given the dangers of deviating from the "regular political norms of the game" in the global health arena, de-securitization measures are required. This chapter also discovered that it was tempting to use the Copenhagen School's analytical framework to examine the many concerns raised by security logic and immediate danger discourse. However, focusing on emergency decisions and severe disruptions of political activity exposes a conservative reading of politics and obscures 'the abundant political life and ephemeral politics' that take place in routine power interactions and security professionals' daily work.

CHAPTER FOUR

**THE EMERGING POLICY FRAMEWORKS AND ACTORS OF
SECURITISATION IN ADDRESSING EMERGING HEALTH SECURITY
THREATS IN THE TWENTY-FIRST CENTURY KENYA AND SOUTH
AFRICA**

4.1 The Regulations of Securitization in Addressing Health Security Threats

The pandemic's catastrophic effect has sparked a debate about the interactions and interplay of public health and national security.²⁸⁴ Africa has struggled to integrate policy responses to Covid-19 into existing security frameworks and distribute resources accordingly, despite once being recognized as worldwide leaders in pandemic preparedness.²⁸⁵ In fact, spending in public health for both countries pales in comparison to spending on counterterrorism. Fidler states that, “some academics and policymakers have questioned whether the prevailing notion of national security, a state’s capacity to defend its territory and protect its citizens from attack or other external dangers by maintaining armed forces, is insufficient.”²⁸⁶

Adia rightly argue, “that conception of national security should be broadened to include health security, public health systems, and the associated global health governance regime.”²⁸⁷ However, caution should be exercised to avoid becoming overly reliant on the military to combat illness.²⁸⁸ Both effects of H5N1 securitization, according to Adia, have caused the virus-sharing

²⁸⁴ Pinto, Joao and Alves, Paulo. *The Economics of Securitization: Evidence from the European Markets*. Investments Management and Financial Innovation, Washington DC, United States, (2021), pp. 7-9.

²⁸⁵ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

²⁸⁶ Fidler, David. *Health and Foreign Policy: Vital Signs*. *The World Today* 65 (2019), pp. 15-17.

²⁸⁷ Adia, Benton. *Whose Security? Militarization and Securitization during West Africa’s Ebola Break*. In *the Politics for Fear: Medecins Sans Frontieres and the West African Ebola Epidemic*, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

²⁸⁸ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

conflict quite difficult to manage: the first has engulfed the long-standing international virus-sharing system in a much broader set of North–South disputes, while the second has reduced international health cooperation to a matter of narrower and calculated national interest.²⁸⁹ Thiery cites that, “a key lesson to emerge from the international virus-sharing controversy is therefore that a securitized response to infectious disease management can also have unanticipated consequences in terms of further complicating international health cooperation.”²⁹⁰ Subsequently, “in the years ahead, those downside risks associated with a securitized response to global public health will need to be balanced with the evident benefits of the global health security agenda, especially in terms of mobilizing political leadership and resources for the management of emerging and re-emerging infectious diseases.”²⁹¹

According to Pinto and Alves, “the last decade has seen the rise of health security on the international agenda which also brought about a transformation of the World Health Organization’s (WHO’s) role in global health governance.”²⁹² The WHO’s growing autonomy in disease surveillance and its successful performance in containing the 2003 SARS outbreak launched a vivid debate as to whether scholars are witnessing the transition to a post-Westphalian order in global health.²⁹³ The revised IHR guidelines in particular have been understood as a shift of public health power to the supranational level.. According to Gibbs, “securitisation is a norm-establishing process whereby a non-security issue comes to be considered a security

²⁸⁹ Adia, Benton. *Whose Security? Militarization and Securitization during West Africa’s Ebola Break*. In *The Politics of Fear: Medecins Sans Frontieres and the West African Ebola Epidemic*, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

²⁹⁰ Thiery, Balzacq. *Securitization Theory: Past, Present and Future*. Polity, (2019), pp. 9-11.

²⁹¹ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

²⁹² Pinto, Joao and Alves, Paulo. *The Economics of Securitization: Evidence from the European Markets*. Investments Management and Financial Innovation, Washington DC, United States, (2021), pp. 7-9.

²⁹³ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

issue by international actors.”²⁹⁴ It is argued that for a threat to be characterized as a security issue, it must first meet stringent defined criteria that distinguish it from a simply political issue, according to a framework proposed by the Copenhagen school of IR academics that aims to describe how securitization works.²⁹⁵ A security threat or issue” has to be staged as an existential threat to a referent object by a securitising actor, [to generate] endorsement of emergency measures beyond the rules that would otherwise bind.”²⁹⁶ Wright adds that once a threat has met this criteria, it must be accepted by the audience (which is usually the civil society) targeted by the securitizing actor.²⁹⁷ Furthermore, according to Waal, securitization must lead to an extra budgetary resource allocation of resources as the final step towards combating the security issue.²⁹⁸ as far as infectious diseases are concerned, securitization has elevated their status to the point whereby the impetus for resource reallocation and international attention was clear.²⁹⁹

Adia states that, “the procedure for securing threats from infectious diseases has followed and largely still follows Buzan's framework.”³⁰⁰ According to this outline, a new or existing infectious disease may be classified as a security threat, or a new security norm may emerge around the threat, if changes in the international environment's physical conditions, the emergence of new diseases, or internal

²⁹⁴ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 23.

²⁹⁵ Adia, Benton. *Whose Security? Militarization and Securitization during West Africa's Ebola Break*. In the Politics for Fear: Medecins Sans Frontieres and the West African Ebola Epidemic, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

²⁹⁶ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

²⁹⁷ Wright, India. Are We at War? The Politics of Securitizing the Coronavirus. The Atlantic, United States of America, E-International Relation, (2021), p. 7-11.

²⁹⁸ Waal, Adel. *Reframing Governance, Security and Conflict in the Light of HIV/AIDS: A Synthesis of Findings from the AIDS, Security and Conflict Initiative*. Social Science and Medicine, (2020), pp. 56-59.

²⁹⁹ *Ibid*, (2020), pp. 62-66.

³⁰⁰ Adia, Benton. *Whose Security? Militarization and Securitization during West Africa's Ebola Break*. In the Politics for Fear: Medecins Sans Frontieres and the West African Ebola Epidemic, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

ideational changes, such as a greater focus on animals as potential disease carriers, provide enough impetus.³⁰¹ However, even in the presence of such prompts, the establishment of new standards ultimately depends on how nations interpret and react to these changes in the global setting.³⁰²

The politics associated with western aid and the overall international development have become both “militarised” and “securitised” especially in those areas that are considered “hotspots” through the so called “global war against terror”.³⁰³ Although varying definitions exist about this process, there seems to be broad consensus on several related issues, according to Opel: first, that 'securitization' seems to have an adverse impact on important development sectors like social development, individual rights, as well as governance reform.

In addition, the global war on terror's security agenda has been conceived and promoted by western actors trying to impose a securitized approach on silent and vulnerable communities in the South.³⁰⁴ Abraham provides a corrective to both of these arguments by focusing on the role of governments in Africa that have eagerly embraced the securitization agenda, actively promoting its practice.³⁰⁵

The COVID-19 epidemic has evolved from a serious health hazard to a significant security concern, necessitating immediate action beyond standard procedures.³⁰⁶ Several African governments have used this outbreak as a justification for unprecedented preventive measures that limit people's freedoms by portraying it as

³⁰¹ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 23.

³⁰² Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³⁰³ Opel, John. *Security that Matters: Critical Infrastructure and Objects of Protection*. Security Dialogue 41, London, United Kingdom, (2021), pp. 491-492.

³⁰⁴ Ibid, (2021), pp. 494-496.

³⁰⁵ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³⁰⁶ Opel, John. *Security that Matters: Critical Infrastructure and Objects of Protection*. Security Dialogue 41, London, United Kingdom, (2021), pp. 491-492.

a lethal threat to the state and society. Opel asserts that the trend toward interventionist government has socio-political repercussions in the long- and medium-term.³⁰⁷ This study looked at the influence of COVID-19 securitization on African societies using a qualitative technique and a literature analysis.³⁰⁸

4.2 The Key Actors of Securitization in Africa

The normative arguments in the field of International Relations arose from the discipline's post-positivist movement, which recognized that social systems were not static, but were continually changing.³⁰⁹ As a result, normative problems about the moral rightness of IR techniques, as well as the social duty of IR theorists, began to emerge.³¹⁰ As it rejected its own positivist beginnings, these ethical problems as to how the "world ought to be" invaded the study of security.

Opel notes that "while it is possible to determine whether a danger has been successfully securitized using the Copenhagen school's framework, it should be noted that securitization is not a concept that is widely understood; its interpretation lies not in what people think it means, but rather in how they implicitly use it."³¹¹ Based on the perceived seriousness of the threat, society establishes the boundaries of what may and cannot be secured.³¹²

Opel further notes that, "securitization theory holds that security threats do not simply exist 'out there', but rather security is a highly political process with issues

³⁰⁷ Opel, John. *Security that Matters: Critical Infrastructure and Objects of Protection*. Security Dialogue 41, London, United Kingdom, (2021), pp. 491-492.

³⁰⁸ Ibid, (2021), pp. 495-497.

³⁰⁹ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

³¹⁰ Opel, John. *Security that Matters: Critical Infrastructure and Objects of Protection*. Security Dialogue 41, London, United Kingdom, (2021), pp. 491-492.

³¹¹ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³¹² Adia, Benton. *Whose Security? Militarization and Securitization during West Africa's Ebola Break*. In the Politics for Fear: Medecins Sans Frontieres and the West African Ebola Epidemic, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

turned into security threats via a sequence of events usually involving a securitising actor, a securitising speech act/securitising move (whereby a securitising actor declares a particular referent object threatened in its existence unless urgent action is taken right away), the audience (which has to ‘accept’ the threat narrative contained in the securitizing move), and the enacting of extraordinary measures (the breaking of established rules) in order to deal with a (perceived) threat.”³¹³ The UN Security Council (UNSC) “determined on September 18, 2014, that the Ebola epidemic in three West African nations—Guinea, Liberia, and Sierra Leone—posed a threat to global peace and security.”³¹⁴ According to Fidler, the announcement marked the first time a disease epidemic with a natural cause was expressly stated using terminology more typically used to describe political violence.³¹⁵ However, it is important to remember that the UNSC's "Resolution 1308 from 2000 also acknowledged HIV/AIDS as a danger to global security.”³¹⁶

Amazingly, though, not only was the rhetoric then much less dramatic, but the main focus was also on how HIV/AIDS affected African peacekeeping operations.³¹⁷ Regardless of its initial goal, the UNSC's resolution on the Ebola outbreak was ground-breaking in that it used language often used for describing violent political disputes to describe a naturally occurring disease outbreak.³¹⁸ The COVID-19 outbreak "may constitute a threat to peace and security throughout the African continent," the African Union Peace and Security Council warned on February 13,

³¹³ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³¹⁴ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

³¹⁵ Fidler, David. Health and Foreign Policy: Vital Signs. *The World Today* 65 (2019), pp. 15-17.

³¹⁶ Pinto, Joao and Alves, Paulo. *The Economics of Securitization: Evidence from the European Markets. Investments Management and Financial Innovation*, Washington DC, United States, (2021), pp. 7-9.

³¹⁷ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³¹⁸ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

2020.³¹⁹

According to Gibbs, virtually every part of the theory has been re-examined and revised; it has been used in a wide range of empirical contexts, both in the West and elsewhere, and is gaining popularity in disciplines other than global affairs and security studies.³²⁰ Despite all of this activity, there hasn't been any specific writing about functional actors, or "actors who alter the dynamics of a sector."³²¹ This actor has a major impact on security-related decisions while not being the referent object or the actor requesting security on its behalf.³²²

Several securitizing actors like the, politicians, government leaders, intelligence agencies, security personnel, and journalists.³²³ However, the most crucial securitizing actors form the socio-political movements which aroused a positive momentum in South Africa, especially during the late seventies.³²⁴ Additionally, the pressure groups attracted a lenient political group to handle the issue which was viewed as the existential threat that affected the social and political demands for securitization of the problem.³²⁵

The different massacres and adverse agitation resulting from the socio-political movements disadvantaged the migrants and pushed the focus of the

³¹⁹ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³²⁰ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 23.

³²¹ Adia, Benton. *Whose Security? Militarization and Securitization during West Africa's Ebola Break*. In the Politics for Fear: Medecins Sans Frontieres and the West African Ebola Epidemic, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

³²² Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), p. 7-11.

³²³ Pinto, Joao and Alves, Paulo. *The Economics of Securitization: Evidence from the European Markets*. Investments Management and Financial Innovation, Washington DC, United States, (2021), pp. 7-9.

³²⁴ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

³²⁵ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

government to rethink about wider interests of the country.³²⁶ Therefore, Brown emphasized that the securitizing actors were viewed as political threat by the colonial authorities.³²⁷ For over a long period, South Africa showed a narrow focus on the negligence of administrators.³²⁸ Abraham states that there is lack of clarity as to what is meant by ‘securitization’.³²⁹

The main conclusions show that non-traditional securitization issues dominated the majority of the African reactions to the pandemic.³³⁰ As a result, these findings are pertinent for additional research exploring new dangers and risks in the framework of securitization. Abraham states that securitizing health has moved beyond a rhetorical device to include direct involvement of the security sector, and third, that the performance of health security has become a security threat in itself.³³¹ It is worth noting that in the context of Africa, the roles and actors advancing securitization are more often than not interlinked.

4.2.1 Executive Arm of Government

The executive is taken as key actor when it comes to advancing securitization within the context of the state, owing to the influential nature of the office and office holder. This is because the executive position in many African countries is often seen to be the arm of government with one of the highest influences when it comes to matters to do with foreign policy engagement and therefore this makes it easy for this actor at

³²⁶ Pinto, Joao and Alves, Paulo. *The Economics of Securitization: Evidence from the European Markets*. Investments Management and Financial Innovation, Washington DC, United States, (2021), pp. 7-9.

³²⁷ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

³²⁸ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

³²⁹ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³³⁰ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 23.

³³¹ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

their level to have a greater say when it comes to the role of securitisation in addressing emerging health threats in the twenty-first Century with reference to Kenya and South Africa.

The general management of the nation is the primary responsibility of the executive branches of government. It is accountable for carrying out state law, and the securitization of tackling new health hazards in the 21st century falls within this responsibility. The executive branch of the government seems to have the most sway. These powers are both efficient or executive and ceremonial or dignified. It has been argued that the main role of the executive is to execute, implement, enforce or apply the laws and policies and particularly laws made by Parliament and interpreted by the judiciary

4.2.2 The Political Class

The political class sometimes loosely translating into parliament has the exclusive role to legislate when it comes to matters of securitization and its impact on health security. This actor is also influential when it comes to legislative approval especially align to the political, social, economic, cultural and religious aspirations of a given state. The political class can also lobby and rally parliament to enact laws and approve budgets that can translate into policies which interlink securitization to any emerging issue of concern to the state. In addition, the ideas of parliament as a true representative organ of the people can urge and recommend other state organs to meet certain obligations when it comes to the role of securitisation in addressing emerging health threats in the twenty-first Century with reference to Kenya and South Africa.

This section concluded that, in conjunction to the special monitoring mechanisms established by the Convention, the oversight role of parliament is crucial

in ensuring the protection of the human rights of people with disabilities. Parliamentary committees typically perform systematic supervision of the executive. They monitor the activities of various governmental ministries and agencies and carry out inquiries into particularly crucial facets of their administration and policy. Committees must have the authority to create their own agendas and the authority to compel ministers and government employees to appear and answer questions in order for oversight to be effective.

4.2.3 The Judiciary

The judiciary as an actor has a critical role to play in securitization, especially the issues that pertain to the interpretation of the law. The judiciary has the responsibility of protecting the constitution, and therefore this means that the element of securitization and its influence on health security must constantly be discussed within the context of the existing laws of the state. The judiciary can legally interpret issues pertaining to securitization in addressing emerging health threats in the 21st Century. In most countries, the independence of the judiciary is protected by the State agencies and anchored in the Constitution. Every governmental institution should honor and respect the independence of the judiciary or the judicial system. Thus, the judiciary serves to decide issues impartially, while focusing on facts and guidance of the law. Also, the judiciary works with little restrictions, inducements, improper influences, unnecessary pressures, interference and other forms of threats. Notably, the judiciary handles all matters of judicial in nature and exercises the exclusive authority to determine how a complaint submitted for hearing is settled based on the law.

4.2.4 The Academia

The growing relationship between matters of academic concern and policy has been debated in Africa for quite some time, especially in the disciples of International

Relations and International Politics. This therefore means that as an actor in matters to do with securitisation, academia serves to churn out new knowledge and, in some instance, even critique the existing understating of the role of securitisation in addressing emerging health threats in the twenty-first Century. The academia also helps to bridge the gap between academia and policy of concerned institutions in both Kenya and South Africa. This generally entails engaging in deep research, strategy and think tanks with regards to emerging issue to do with securitisation.

The role of academia when it comes to securitization of infectious diseases has been to churn out new knowledge linking health and security to mainstream policy issues. Academia through research is important and ensures the discourse of health security remains synonymous with global health. Several debates related to the health-security nexus differ in terms of analysis from the international to the national to the individual level. For example, through research the concept of securitization has been broadened to the extent that a multitude of health issues are constructed as threats to health security.

4.4.5 The International Actors

The topic of securitization can sometimes be best tackled all the way from a global perspective, trickling down to the local level and driven mainly by international actors. In addition, the emerging issues to do with global securitization and in particular the securitization of health are usually set out by key international organizations such as the United Nations and the World Health Organizations.

The other international organizations that rally implementation of securitization include the Organization of American States, European Union, the African Union, the East African Community and many others. This is because health securitization is a process in identifying and declaring a particular disease as an existential security

threat, and this thus means that the actors that serve a role in securitization are varied, they include private individuals, institutions, organizations, multinationals, and the civil society, organizations, religious groups and even community-based organizations.

The world community has a role to play in epidemic securitization, especially in light of the fact that outbreaks of infectious illnesses occur increasingly frequently, forcing the rest of the world to take immediate action in the interest of global health and security. This is because to the resource-constrained nature of resource allocation, which forces all other health issues to compete with the priority given to health security issues, as was seen with the Covid-19 epidemic.

4.3 The Key Policy of Securitization in Kenya and South Africa

The collapse of the Soviet Union and associated power dynamics greatly increased the amount of room on the security agenda for including topics like infectious diseases.

³³² According to Brown, recent shifts in policymakers' perceptions and approaches to public health issues are the result of such opening up. ³³³ As a result, people responsible for public health policy and those working in the fields of foreign policy and security are increasingly seeing and responding to public health crises as security challenges. ³³⁴

It is important to note that, despite the development of the functional actor from a separate theoretical standpoint, this research does not aim to expand the securitization

³³² Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

³³³ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

³³⁴ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

theory; rather, it focuses on a few specific areas to make the theory applicable empirically and make it easier to understand securitizing moves.³³⁵ There is no claim that it will increase the degree to which the theory is applied in totalitarian regimes, in which the issue that needs to be secured frequently coincides with the securitizer and where political decisions that have an impact on security are not subject to 'public' approval, or in areas of the world where politics is influenced more by rational decision making than by social cognition ones.³³⁶ Similar to this, some theories promoting securitization can assist in determining when strong politicization crosses the line towards securitization in societies with emerging democracies.

According to Brown, understanding securitization serves as a successful theoretical framework depicting the value of security beyond the military confines in different states.³³⁷ Review of critical voices reveals that securitization continues to transform into the gold standard for exploring the emerging challenges, like terrorism, migration, intra-state issues, environmental challenges, and human security.³³⁸ On the same note, the framework of securitization is attributed to the Western bias depended on the Western political context.³³⁹

The SARS outbreak in 2003 served as the turning point for a "norm cascade," which resulted in the internalization of the new norms and the formal, unanimous approval of IHR amendment in 2005.³⁴⁰ Although norms have the power to alter

³³⁵ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³³⁶ Pinto, Joao and Alves, Paulo. *The Economics of Securitization: Evidence from the European Markets*. Investments Management and Financial Innovation, Washington DC, United States, (2021), pp. 7-9.

³³⁷ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 7-12.

³³⁸ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³³⁹ Pinto, Joao and Alves, Paulo. *The Economics of Securitization: Evidence from the European Markets*. Investments Management and Financial Innovation, Washington DC, United States, (2021), pp. 7-9.

³⁴⁰ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

state behavior, accepting these new behavioural expectations does not ensure that they will always be met because of capacity issues or state self-interest.³⁴¹ Notwithstanding the, the international health security regime continues to have sway and to be the predominant framework by which states address disease threats. This is a significant departure from pre-2005 state approaches and demonstrates the potent influence that international norms can have on the direction of the global security agenda.

Adia claims that the study's empirical data came from a wide range of sources.³⁴² Although papers dealing with the securitization of healthcare system in Africa are given special emphasis, those spanning other places have also proven important in enabling comparisons.³⁴³ By redefining what appropriate state behaviour is, norms have the ability to broaden and reshape the global security agenda. This is illustrated by the expansion of the international health security regime.³⁴⁴ Abraham states that Linking health and security has become a dominant narrative within health policy over the past two decades.³⁴⁵ Brown reaffirms that whilst the debates surrounding the security-health nexus differ in levels of analysis from the global to the national to the individual, as well as what can be considered a security threat and differences in the process of something becoming securitized.³⁴⁶ Abraham states that in both Kenya and South Africa, health and security have been increasingly connected through the

³⁴¹ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

³⁴² Adia, Benton. *Whose Security? Militarization and Securitization during West Africa's Ebola Break*. In the Politics for Fear: Medecins Sans Frontieres and the West African Ebola Epidemic, edited by Hoffman, M. New York: Oxford University Press, (2019), pp. 99-102.

³⁴³ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 23.

³⁴⁴ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

³⁴⁵ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³⁴⁶ Brown, Mayer. *Securitization 2021: A practical cross-border insight into securitization work*, 14th Edition. International comparative legal guide. Washington DC, United States, (2021), pp. 29-39.

evolution of a particular predominant approach to a global health security narrative, which has become entrenched in the global health landscape and policymaking over time.³⁴⁷ This follows the securitizing logic of the Copenhagen School, that any issue can be perceived as a security threat “not necessarily because a real existential threat exists but because the issue is presented as a threat” to a receptive audience.

4.4 The Issues of Health Security in Kenya and South Africa

The global health agenda may be distorted by securitization and a limited and disproportionate focus on some health issues while ignoring others with comparable or higher morbidity and mortality undermines the conventional humanistic orientation of public health. These are some of the arguments against securitization of health issues.³⁴⁸

Negative effects on individual rights, especially those of those with illnesses that pose security threats, could undermine the international cooperation required to combat communicable diseases threats in a globalized world. They could also make corruption easier by tilting public spending in favour of inflated defence and security. This study examines the process by which some health issues, notably infectious diseases, are regarded as security and existential threats that require actions outside the normal and conventional bounds of political processes and procedures. It focuses specifically on the securitization of public health in Africa and, in specific, that of infectious diseases.³⁴⁹

Sam claims that the securitization of public health appears intriguing for a number of reasons in the context of Southern Africa. He affirms that security actors

³⁴⁷ Abraham, Thomas. *The Chronicles of a Disease Foretold: Pandemic H1N1 and the Construction of a Global Health Threat*. Political Studies, Washington D.C, United States, (2021), pp. 23-27.

³⁴⁸ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 23.

³⁴⁹ Opel, John. *Security that Matters: Critical Infrastructure and Objects of Protection*. Security Dialogue 41, London, United Kingdom, (2021), pp. 491-492.

must play a significant part in keeping their communities healthy. This is so that the security and public health sectors can cooperatively collaborate in locations where disease episodes can have broad-reaching and destructive political, social, and economic impacts. Securitization thus provides people working in public health with a chance to attract more attention and raise much-needed funds for otherwise underfunded health challenges.³⁵⁰

According to Sam, “the moves to securitize health issues are often not motivated by the concerns or sympathy for the affected and most vulnerable populations.”³⁵¹ Instead, “securitisation is primarily meant to protect more powerful countries.”³⁵² This supports the widespread belief in South Africa that international health security prioritizes actions that address diseases' root causes, such as poorly functioning national healthcare systems, institutional racism, and environmental toxins, over mechanisms designed to contain them outside of the developing world.

According to Wright, in the context of South Africa, the meaning of both “health” and “security” in the global health security narrative has varied depending on the immediate pathogen posing a threat, reflecting the dynamism of this concept.³⁵³ For HIV/AIDS, the security, health nexus constructed a narrative based on the more traditional security threat posed to militaries with high prevalence of the virus (with infection rates as high as 50 per cent in some African states which may affect the standing ability of the army and therefore directly impact on state stability and

³⁵⁰ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 23.

³⁵¹ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

³⁵² Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), p. 7-11.

³⁵³ Opel, John. *Security that Matters: Critical Infrastructure and Objects of Protection*. Security Dialogue 41, London, United Kingdom, (2021), pp. 495-497.

security.³⁵⁴ It is prudent to note that this perpetuated a further concern that HIV/AIDS might lead to societal instability as societal structures crumble due to lack of capacity, overwhelmed social provision sectors and fear mongering, leading to a potential breakdown of social norms.³⁵⁵ Although Sam has argued that these societal impacts have yet to be witnessed, show that there needed to be some real risk within this construction to posit the broader health security narrative, and to get an audience to accept the security process.³⁵⁶

4.5 Chapter Summary

The synopsis of chapter four is presented in this section. The research demonstrates that the term "securitization" in the context of public health refers to the discursive process by which public health challenges are framed and regarded as security threats. As a result, technical public health concerns are subordinated to security concerns. These problems can also be resolved by standard operating processes of public health organizations and scientific know-how to something viewed as constituting a much more existential threat and, therefore, necessitating immediate and more severe measures. In this view, securitizing public health entails designating a specific health problem as an existential security danger and announcing it as such. Such securitization strategies are illustrated by several historical examples.

This section provides a critical examination of the securitization of public health in Kenya and South Africa, as well as its ramifications, using securitization theory as its theoretical and conceptual framework. Additionally, it offers a framework and a more effective strategy for boosting the continent's public health systems.

³⁵⁴ Waal, Adel. *Reframing Governance, Security and Conflict in the Light of HIV/AIDS: A Synthesis of Findings from the AIDS, Security and Conflict Initiative*. Social Science and Medicine, (2020), pp. 56-59.

³⁵⁵ Ibid, (2020), pp. 65-69.

³⁵⁶ Sam, Coates. *Coronavirus: Majority of Britons Think Government Doing Bad Job of Handling COVID-19*. Sky Publishers, United Kingdom, Britain, (2020), pp. 18-22.

CHAPTER FIVE

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

5.1 Introduction

This chapter is mainly concerned with the data presentation, analysis and interpretation of the findings obtained in examining the role of securitization in addressing emerging health threats in the twenty-first century with reference to the case of Kenya and South Africa. This study was undertaken owing to the fact that modern times have come with a lot of changes and challenges have reshaped what is considered security threats.

This study employed a case study design. This design was chosen as it dealt with the subject matter in the real-world context, this subsequently gave the researcher a good view of what things are really like in as far as the role of securitization in addressing emerging health threats was concerned. In addition, documents, observations and interviews acted as sources of information for the case study. Therefore, case study analysis has a great deal to offer as a means of both understanding and explaining contemporary international relations issues.

This study employed purposive sampling using snowballing to find the main target population. It is worth noting that this section utilized both qualitative and quantitative research approaches where the primary data sources were mainly harvested through a structured and unstructured interview administered questionnaire (in presence on interviewer, on telephone interviews and Internet mediated interviews were all used) and secondary data sources were extracted through published materials such as books, scholarly journals, reports, academic articles and other periodicals, that were relevant to the research objectives under investigation. The data collection, handling, sorting and management played a critical role in this research. Hence the

data obtained from the field was meticulously synthesized, cleaned and debugged for input and measurement errors and reformatted. The outcome was then analysed using descriptive analysis, document analysis and content analysis; these enabled the systematic application of statistical, non-statistical and logical techniques to describe the data scope, modularize the data structure, and condense the data representation into coherent forms. Finally, the results generated were presented (illustrated) via frequency tables, bar graphs, pie charts and narrative form, in a manner to derive meaningful interpretation.

5.1.1 Research response rate

The response rate also known as the research completion rate generally denotes the number of participants (respondents) who successfully completed the questionnaire and those who were interviewed cumulatively, and it is usually expressed in the form of a percentage. This section established that out of 95 respondents initially targeted, only 73 respondents successfully responded, and this translated into a response rate of 77 per cent. Generally, a high study response rate is important to ensure results are representative of the initial (original) target sample and that the research tool (questionnaire) performed as intended.

The final results showed that the sample size remained as close to the original intention as possible and the questionnaire feedback of most viable respondents for the study was sequentially numbered (serially) ascending 1-73 respectively to give the researcher an idea of the true representativeness, relevance and systematic order of the data collection tool.

According to Dvir and Gafni, the response rate in a given research is often viewed as an important indicator of the research quality.³⁵⁷ This section thus infers

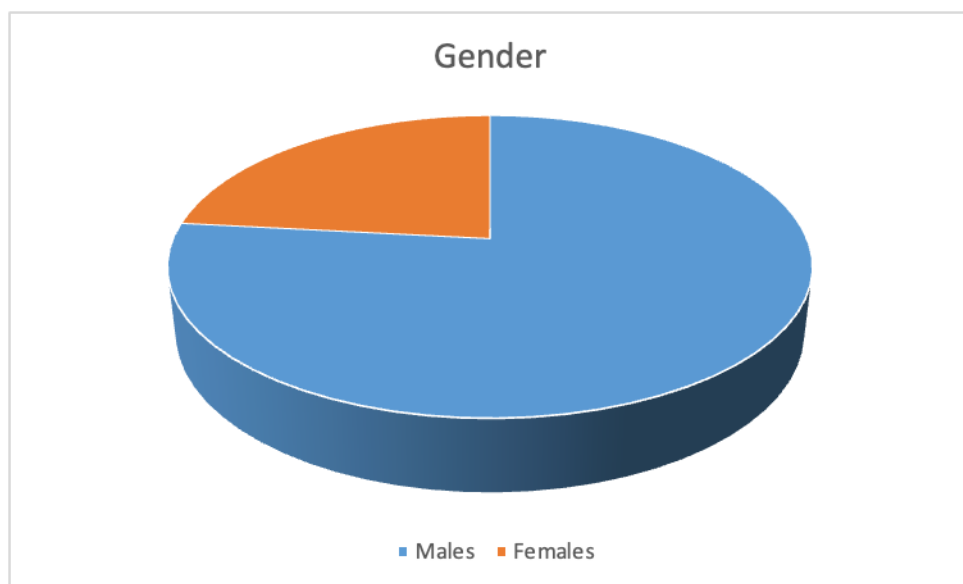
³⁵⁷ Dvir, Nim and Gafni, Ruti. *When Less is More: Empirical Study of the Relation between Consumer Behaviour and Information Provision on Commercial Landing Pages*. Information Science - the

that interview-administrated questionnaire can be used effectively with a large number of respondents and can yield both quantitative and qualitative data. This study found that response rate are usually higher in interviewed, additionally the oral responses from these individuals (the interviewees) contained much more information on the role of securitization in addressing emerging health threats in the twenty-first century using the case of Kenya and South Africa.

5.1.2 Gender distribution

The distribution of gender was taken as an important factor in the study and as a result the research participants were asked about their gender as illustrated in Figure 5.1.

Figure 5.1: Gender of respondents in percentages



Source: Field data (2022)

Figure 5.1 shows that the respondents who successfully responded to the questionnaire. Out of the 73 (100%) responded, 17 (24%) were females and 56 (76%) males. This analysis implies that the majority of male under the study responded to the questionnaire than female participants. This generally implies that the subject of securitization is male dominated.

The findings agree with other studies and reports for instance DeFranzo states that the demographic profiles are an important characteristic of a population, characteristics such as gender distribution is an example of demographics that are used in research.³⁵⁸ Hence, when designing a research survey for instance, the researcher need to assess who to survey and how to breakdown overall research response data into more meaningful group of respondents.

5.1.3 Age distribution

The research participants were asked to indicate their age range. Therefore, table 1 below indicates the respondent age by age range.

Table 1: Participants by age range

Age (years)	Frequency (<i>f</i>)	Percentage (%)
20 – 30	12	16
31 – 40	20	28
41 – 50	17	23
51 – 60	15	21
61 – 70	9	12
Total	73	100

Source: Field data (2022)

³⁵⁸ DeFranzo, Susan. *Why Use Demographic Questions in Surveys*. Study Survey, (2020), pp. 15-17.

The list is a summary of the measures of central tendency calculated based on their age range

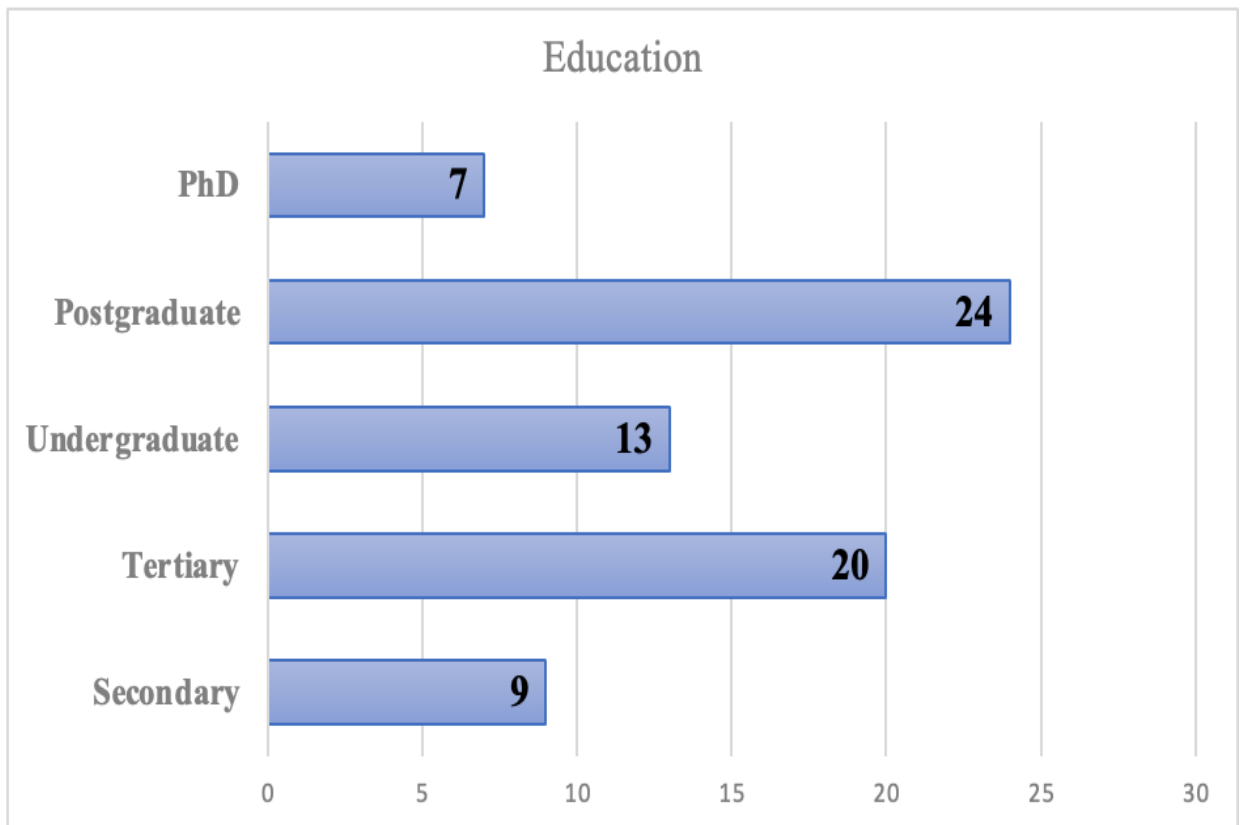
Population sample size:	73
Mean:	44
Median:	42
Mode:	41
Lowest value:	21
Highest value:	70
Range:	49
Standard deviation	12

The outcome shown in Table 1 is of age distribution of the participants, this section found that the highest number of participants were in age range 31 – 40 years at (30%). This can be taken as an indication that most of the research participants were quite experienced, highly knowledgeable, reliable and well vast on the subject matter to make valuable research participants.

5.1.4 Education level

The education level of the targeted respondents was determined, and the response shown in the Figure 2.

Figure 2: Participant education level



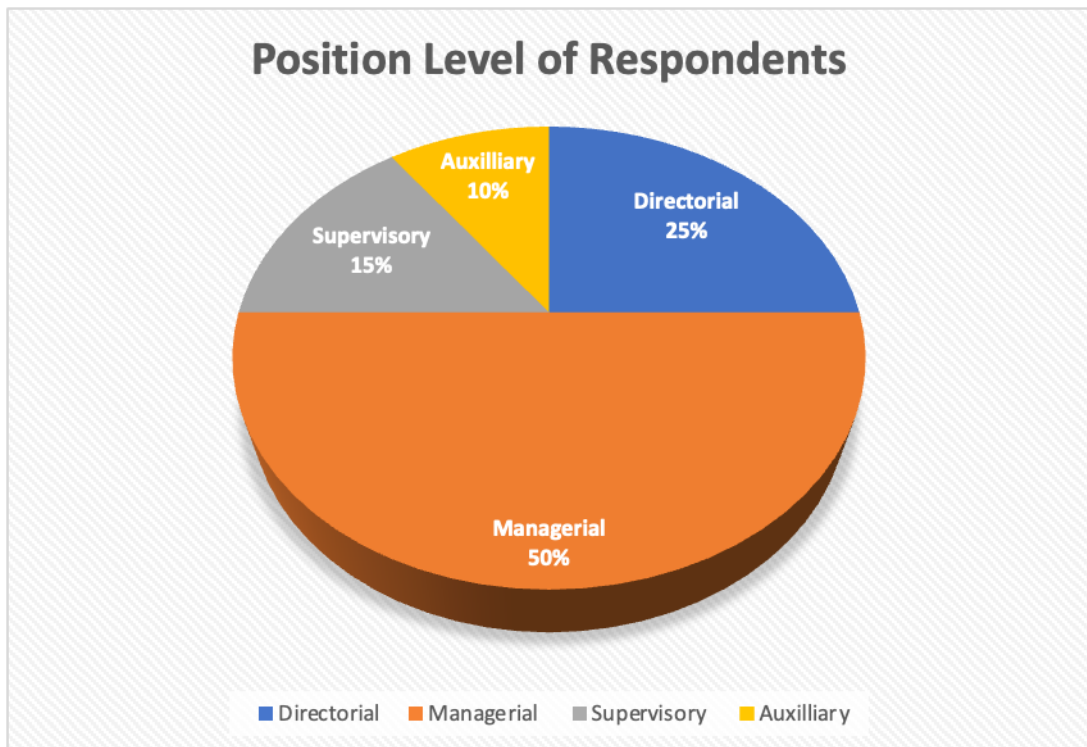
Source: Field data (2022)

This study demonstrated education level of respondents. Figure 3 shows that majority of the participants' education was secondary (9), tertiary (20), undergraduate (13) and postgraduate (24) and others, mainly PhD (7) respectively, indicating that they were all fairly well exposed to the topic under discussion.

5.1.5 Organization and department

The respondents in describing their positions in the respective organizations (department), this study found that the majority of those interviewed were distributed based on the total number captured in each position. That is directorial (25%), managerial (50%), supervisory (15%), and auxiliary (10%) respectively.

Figure 3: Positions in the respective organizations



5.1.6 Duration in office

This study found that the vast majority of the respondents in the research had actually served at least over ten years and more in their respective stations, the results shows that 1-10 year (10%), 11-20 years (20%), 21-30(50%), 31-40 years (15%), and 41-50 years (5%). This therefore means that majority of the respondents (50%) had served at least (31 – 40) years; therefore, on matters pertaining to the subject matter they have experience and knowledge.

5.1.7 The work cadre

This section was keen to know the work cadre of the various respondents, particularly when it came to those from the health sector, and the study found that some healthcare workers mainly included, doctors (30%), nurses (20%), pharmacist (5%), laboratory (10%), health research (15%), and social workers (20%), and this implies that most were skilled and trained on their areas of expertise, making them high-calibre

candidates for the research objectives under study and placing them in mid and senior-level roles.

5.1.8 Core Specialization

Table 2: Participants response by their work specialty

Specialty	Frequency (f)	Percentage (5%)
Academia	6	8
Administration	3	4
Advocacy	5	7
Defence	9	12
Devolution	5	7
Diplomacy	2	3
Foreign affairs	5	7
Health	13	18
Intelligence	7	10
Security	8	11
Others	10	13
Total	73	100

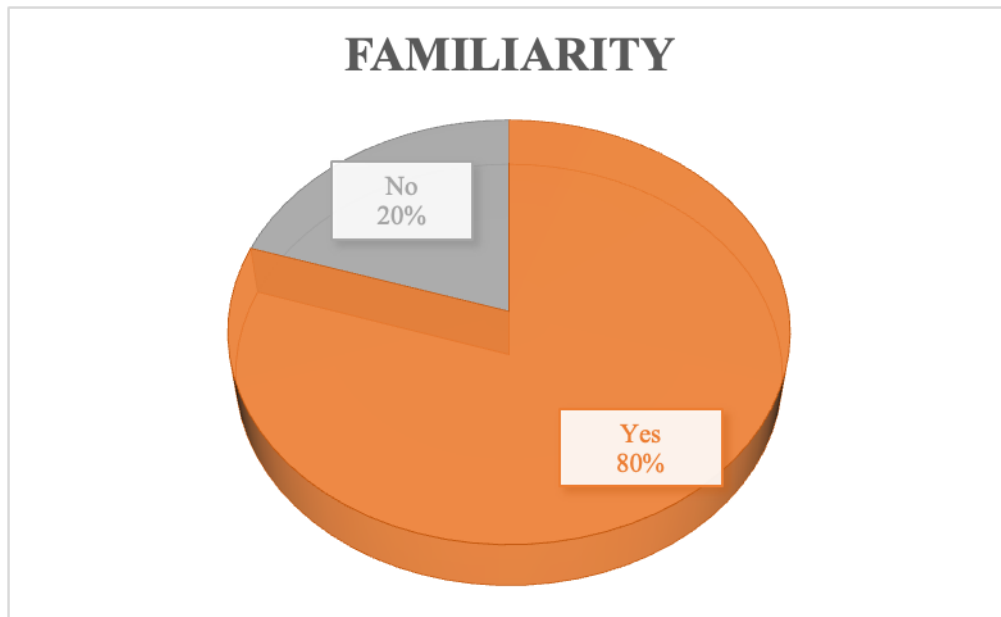
Source: Field data (2022)

The table shows the final outcome of the participants who took part in the study, and this is an indication that most targeted participants were subject matter experts, thus they were considered viable and fit for the research study and found that majority of the respondents were from the health sector (13) and are thus quite competent on the research subject matter.

5.1.9 The securitization concept

This study considered familiarity of participants on the concept of securitization.

Figure 5: Respondents by level of concept familiarity



Source: Field data (2022)

The respondents were questioned on their general awareness and familiarity of the terms under probe, such as the concept of securitization and their answers showed that Yes (80%) and No (20%) responses as illustrated in Figure 4.

It is worth noting that these definitions are a clear indication that that the concept of securitization is still not universally assimilated and was subjective, as it mainly depended on background of the informant and the topic. There is no clear and harmonised understanding of the term securitization with most non-military respondents considering it as similar to militarization. This research study was however guided by the Copenhagen School in standardizing key (securitization) concepts under research.³⁵⁹ The Copenhagen School offers a radically constructivist perspective on how “security problems emerge and dissolve by suggesting that

³⁵⁹ Vieira, Marco. *The Securitization of the HIV/AIDS Epidemic as a Norm: A Contribution to Constructivist Scholarship on the Emergence and Diffusion of International Norm*, (2007), p. 58.

security threats are socially constructed in a process called securitisation.”³⁶⁰

5.1.10 The health security concept

This study purposed to ensure uniformity in understanding of the concept under investigation.

Table 3: Participants by age range

Response	Frequency (f)	Percentage (%)
Yes	56	77
No	17	23
Total	73	100

Source: Field data (2022)

The concept under consideration for the respondents to articulate was health security, and those that were chosen for the interview were asked to discuss their understanding of health security as a concept. The responses show that Yes (77%) and No (23%) as shown in Table 3.

This study reports that one of the respondent states that; *the concept of health security is concerned with the cause and affects that humans experience when any danger or threat posed on their individual threats.*³⁶¹ On was of the view hat, *the concept of heath security broadly denotes the notion of safety and protection from any form of disease, repression and sudden harmful interruption in a person’s day-to-day living.*³⁶²

On the same question, another respondent further stated that the “*the concept of health security was a modern phenomenon that would mostly be concerned with*

³⁶⁰ Buzan, Barry; Ole, Waeve and de Wilde, Jaap. *Security: A New Framework for Analysis*, Lynne Rienner Publishers, London, (1998), pp. 9-11.

³⁶¹The Research Field Data. Respondent Serial Number 11. Ministry of Foreign Affairs - Kenya, (2022).

³⁶²The Research Field Data. Respondent Serial Number 2. The Department of International Relations and Cooperation – Republic of South Africa, (2022).

*activities that aimed to reduce dangers and impacts of serious public health events that would endanger the health of the people across the different geographical regions and international borders.*³⁶³ The majority of the respondents were of the view that; *the concept of health security was an important dimension of human security, especially considering the fact that good health is very essential and instrumental to overall human wellbeing, human survival, livelihood and it enhances basic human dignity.*³⁶⁴³⁶⁵³⁶⁶³⁶⁷ Additionally, some asserted that; *the idea of good health of a given population is important for social cohesion and even community stability.*³⁶⁸

The research findings aligned with Ahmad, a securitization expert, argues that modern scholars are beginning to appreciate that the meaning of security is evolving, even though it is often treated as a common-sense term that can be understood by everyone.³⁶⁹ Gibbs opines that security is a core value of human life.³⁷⁰ It is prudent to note that this study was guided by the United Nations in harmonizing the concept of human security. The concept of human security was birthed from the 1994 United Nations Development Program, and the UNDP report outlined several components that makeup human security, some of which include health, food, economic, personal, environment, and community, political and national security.³⁷¹

³⁶³The Research Field Data. Respondent Serial Number 8. Ministry of Foreign Health - Kenya, (2022).

³⁶⁴The Research Field Data. Respondent Serial Number 1. Ministry of Foreign Health - Kenya, (2022).

³⁶⁵The Research Field Data. Respondent Serial Number 12. Ministry of Defence - Kenya Defence Forces, (2022).

³⁶⁶The Research Field Data. Respondent Serial Number 17. Ministry of Foreign Affairs - Kenya, (2022).

³⁶⁷The Research Field Data. Respondent Serial Number 33. Ministry of Education – University of Nairobi, (2022).

³⁶⁸The Research Field Data. Respondent Serial Number 70. Ministry of Foreign Health - Kenya, (2022).

³⁶⁹ Ahmad, Sohail. *Changing Conceptions of Security in the 21st Century*, (2019), pp. 16-17.

³⁷⁰ Gibbs, Erin. *21st Century Threats: Jurisdictional Challenges*. The Journal of Intelligence, Conflict and Warfare, Volume 4, Issue 1, New York, United States of America, (2021), p. 21.

³⁷¹ Aginam, Oscar. *Bioterrorism, human security and public health: can international law bring them together in an age of globalization?* Medicine and Law; 24, (2015), pp. 455-462.

Bonnel postulates that human security is a comprehensive concept as had been described by in the UNDP 1994 report.³⁷² It is within that basic framework that access to basic health services was identified as a priority issue in human security.³⁷³ The health of an individual is therefore considered the central pillar for quality of life and also survival. This section therefore infers that the goals of securitization and human security are fundamentally valued in all societies, yet the breadth of their interconnections is not properly understood.

5.2 The Process of Securitization of Health Threats in the Twenty-First Century

This section set to establish the process of securitization of health threats in the twenty-first century through a set of both open and closed ended interviews on the key thematic areas under study. The questionnaire interview guide was through ticking the Likert range in the box provided as was applicable and writing a brief follow-up explanation statement.

Table 5: Questionnaire response guide

Response	Strongly agree (SD)	Agree (A)	Undecided (U)	Disagree (D)	Strongly disagree (SD)
Rate	1	2	3	4	5

Source: Field data (2022)

³⁷² Bonnel, Renel. *Economic Analysis of HIV/AIDS*, ADF Background Paper, World Bank, (2000), p. 9-11.

³⁷³The Research Field Data. Respondent Serial Number 33. Ministry of Education – University of Nairobi, (2022).

5.2.1 The securitization takes a process

Table 6: Response on the process of securitization

Response	Frequency (<i>f</i>)	Percentage (%)
Strongly agree	32	44
Agree	24	33
Undecided	8	11
Disagree	9	12
Strongly disagree	0	0
Total	73	100

Source: Field data (2022)

The respondents were probed on whether they appreciated that securitization takes a process and the results showed those that strongly agreed (44%), agree (33%), undecided (11%) and disagree (12%) as illustrated in Table 6. This section found that of the respondents, 77% agreed that there was a process of securitization. However, the actual process of securitization was not known to majority of the respondents despite targeting policy makers from various ministries and departments. Based on COVID-19, the respondents highlighted the process as a flow in which WHO announced it to be a pandemic, the government led by the heads-of-state of specific countries declared it a national threat and mechanisms to combat were introduced. However, according to the respondents it was not clear who the actor was, whether it was WHO or the president or even the Cabinet Secretary. Response mechanisms to combat the threat, in this case COVID-19, were introduced. This included establishment of a multiagency committee led by a senior military officer and resources reallocated to fight the pandemic. Some respondents felt that the response had been militarised. The participants said that “*one of the most important*

frameworks for addressing security challenges over the past three decades has been securitization.”³⁷⁴ Despite several objections and adjustments to the initial idea, some problems still need to be addressed in more detail. These results suggest that securitization in Africa differs from Buzan's expectations.

This study suggests that the securitization mechanism has undergone a number of significant alterations since it was first introduced. The rhetoric used by political elites to identify threats and demand support from the general public in order to combat those threats is referred to as the securitization process. Along with two other fundamental theoretical frameworks of the school, the sectoral approach and theory of regional security complex, the idea itself was created under the aegis of the Copenhagen School of thinking.

5.2.2 The notion of disease securitization

This part of the study established that the increase in the cost of the HIV/AIDS and much other infectious disease has motivated scholars to begin questioning the idea that a disease can cause instability within a given society. Therefore, “more traditional scholars dismiss these claims, only going as far as admitting that disease from the impacts of biological weapons represents a security threat, as they are an attack against a state.”³⁷⁵ However, “disease damages the social and economic order of society, and that infectious disease also causes damage to social and economic order, infectious disease constitutes a traditional, as well as a new security threat.”³⁷⁶ In order to comprehend why sickness is a security concern, it is essential to define disease, look at securitization theory, investigate the securitization of disease, analyze

³⁷⁴The Research Field Data. Respondent Serial Number 33. Ministry of Education – University of Nairobi, (2022).

³⁷⁵The Research Field Data. Respondent Serial Number 39. Ministry of Education – University of Nairobi, (2022).

³⁷⁶The Research Field Data. Respondent Serial Number 51. Ministry of Education – University of Nairobi, (2022).

the implications of bioweapons in security studies, and assess the repercussions of disease on security.

5.2.3 Working with both securitized and unsecuritized diseases

The respondents were generally unable to differentiate a securitised and unsecuritized disease. The respondents were probed on the idea of working with both securitized and unsecuritized disease with reference to using HIV/AIDS and the results showed those that strongly agreed (44%), agree (35%), undecided (11%) and disagree (10%) to working with both securitized and unsecuritized diseases. Given the wide variety of disease forms, this section discovered that the idea of using either securitized or unsecuritized sickness as a broad securitization concept is problematic.³⁷⁷

The overwhelming majority of responders thought the idea of securitization was challenging, thus for simplicity in operationalization, they merely used the COVID-19 definition and recommendations from the UN and WHO. This conclusion was consistent with how other securitized and unsecuritized infectious diseases, such as various influenza strains and HIV/AIDS, responded.

5.2.4 The factors taken into consideration for securitization to happen

This section was keen to know more on just how securitization happens, and therefore the respondents were interviewed in the factors taken into consideration in order for securitization to be successful. One respondent strongly stated that; *the identification of the need for the securitization of health threats is generally pegged on various factors, which are sometimes categorized as either, medical and non-medical factors.*³⁷⁸ Others respondent were of the view that; *the consideration for*

³⁷⁷The Research Field Data. Respondent Serial Number 64. Health Specialist - Kenya, (2022).

³⁷⁸The Research Field Data. Respondent Serial Number 37. Ministry of Health – Kenyatta Hospital, (2022).

*securitization to happen broadly include, the domestic political agenda, economic aspirations, the social norms, the religions beliefs and the cultural practices, as well as foreign policy diplomatic engagement between states.*³⁷⁹³⁸⁰ The awareness of the impact on securitization of some of these non-medical considerations have is of particular interest to Kenya and South Africa. This section found that it is important to define both the political and apolitical dimensions of disease.³⁸¹ The political aspect of infectious disease is weaponised; that is, when the impacts of a disease on individuals and society are deliberately used to cause damage and harm to gain concessions. The apolitical aspect of infectious disease is when diseases function under normal pathogenesis and spread through a population. Some other factors to consider in the process of securitization include political climate, the availability of resources, health situation and the total citizen pollution.

5.2.5 The health system and non-health system related factors for securitization

This section illustrated that there were both health system and non-health system factors that affected securitization.³⁸² This is based on the fact that human health is multi-factorial, and many population health problems are invariably embedded within a global context. The highest number of respondents argued that the health system was rarely put into consideration during securitization of diseases.³⁸³ This was seen in COVID-19, the respondents noted that the response did not put in resources for health system improvement.

The debate on the health and non-health factors of securitization show that

³⁷⁹The Research Field Data. Respondent Serial Number 33. Ministry of Health – Kenya Medical Research Institute, (2022).

³⁸⁰The Research Field Data. Respondent Serial Number 64. Health Specialist - Kenya, (2022).

³⁸¹The Research Field Data. Respondent Serial Number 60. Health Specialist - Kenya, (2022).

³⁸²The Research Field Data. Respondent Serial Number 64. Health Specialist - Kenya, (2022).

³⁸³The Research Field Data. Respondent Serial Number 71. Health Specialist - Kenya, (2022).

ever since SARS epidemic found that, the international community has urged various countries to do more to address infectious diseases.³⁸⁴ It is being argued that the reactive mobilization involved in a securitization move funds counter to the preventive risk management strategy needed to address infectious disease.

5.3 The Role of Securitization in Addressing Emerging Health Security Threats

This part aimed understand the role of securitization in addressing emerging health security threats in the twenty-first century Africa. The questionnaire interview guide was through a scalable research range as a follow-up explanation of the research statement.

Table 7: Questionnaire response guide

Response	Strongly agree (SD)	Agree (A)	Undecided (U)	Disagree (D)	Strongly disagree (SD)
Rate	1	2	3	4	5

Source: Field data (2022)

5.3.1 Securitization has a role in addressing emerging health security threats

According to the study, the current security agenda views health concerns and diseases as both political and non-political threats. It also admits that these disturbances to society's regular operations cause human suffering due to both sickness and the deployment of biological weapons. As a result of the employment of bioweapons to attack a state, sickness is still seen by the conventional security agenda

³⁸⁴The Research Field Data. Respondent Serial Number 64. Health Specialist - Kenya, (2022).

as a political threat. It is undeniable that institutional responses to infectious diseases are important, and both classic and non-traditional security agendas recognize this.

5.3.2 Steps to the securitisation on health in Africa

According to Buzan there are various steps to securitization in which an actor identifies an issue as an existential threat to security and their existence. The identified threat is then declared through a speech act in which the actor pronounces the issue as a threat to national or global security. Following the speech act, acceptance of this issue as a threat by the target audience, usually the civil society, who are convinced of its existential nature. The third phase comes after the acceptance whereby an emergency budget is drawn, and resources are reallocated to combat the threat. Upon the successful resolution of the threat, the issue is de-securitised to such an extent that, if the issue persists, it is simply treated as part of the general policy environment and funds reallocated back to earlier priorities. Securitization is the process by which diseases characterized by high mortality are identified, framed, and declared as security threats in public health, improving them from technical public health issues that could be handled through scientific expertise and standard procedures in government public healthcare systems to something viewed as posing a much greater imminent crisis and requiring immediate and more resolute measures.

One respondent stated that; *in 2014 the World Health Organization (WHO) was widely criticized for failing to anticipate that an outbreak of Ebola in a remote forested region of south-eastern Guinea would trigger a public health emergency of international concern. In explaining the WHO's failure, critics have pointed to structural restraints on the United Nations organization and a leadership 'vacuum' in*

*Geneva, among other factors.*³⁸⁵ This research takes a different approach. In that sense, securitizing public health in the African context involves identifying and declaring a health issue as an existential security threat.

5.3.3 The documented approaches for the securitisation of health in Africa

This section was only able to account that documentation on matters of health security was guided by the United Nations, through the WHO, and in conjunction with the AU, as can be observed by putting the various views of the securitization of AIDS in the perspective of the human security environment in SSA, the HIV/AIDS pandemic in Sub-Saharan Africa (SSA) is regarded as a threat to security. Respondents added that; *various ways were employed in which the HIV pandemic is being securitised, and some of the potential implications of emerging security discourses for HIV/AIDS policy on the continent. It closes with an account of some of the more critical human security accounts on HIV/AIDS in SSA and finally, suggests how a critical feminist lens might broaden and deepen these perspectives.*³⁸⁶

5.3.4 Securitization on health in Africa effect on disease management

To win over the trust of all stakeholders, nations should improve the leadership and governance of the health sectors. Governments need to be more creative in finding domestic funding sources and guaranteeing that all of their citizens have access to healthcare. In order to increase access, they should also enhance the standard of healthcare, ensure the security of patients and healthcare professionals, and establish alliances with the civil society and other partners. A top goal that can help achieve universal health coverage and the SDGs is investing in district and community health systems.

³⁸⁵The Research Field Data. Respondent Serial Number 2. The Department of International Relations and Cooperation – Republic of South Africa, (2022).

³⁸⁶The Research Field Data. Respondent Serial Number 33. Ministry of Education – University of Nairobi, (2022).

5.3.5 Outcome of securitization on health in Africa

According to one reply, securitization has helped Africa make major strides by cutting the number of malaria-related deaths by 66% over the past 15 years and the number of HIV/AIDS-related deaths by virtually half over the past 10 years.³⁸⁷ This has largely been made possible by increasing political will, a stronger global alliance, increased funding, a broader array of effective interventions, and the meaningful participation of AIDS sufferers.³⁸⁸

The COVID-19 epidemic has evolved from a serious health hazard to a significant security concern, necessitating immediate action beyond standard procedures. Numerous African governments have used this outbreak as a justification for unprecedented preventive measures that limit people's freedoms by portraying it as a lethal threat to the state and society.

The purpose of this study was to examine the medium- and long-term sociopolitical effects of the intrusive state trend. This study suggests that non-traditional securitization issues were a major factor in the majority of the African responses to the epidemic. As a result, these findings are pertinent for additional research exploring new dangers and risks in the context of securitization.

5.4 The Policy and Actors of Securitization in Kenya and South Africa

This section aimed to establish the emerging policy frameworks and actors of securitisation in addressing emerging health security threats in the twenty-first century Kenya and South Africa.

³⁸⁷The Research Field Data. Respondent Serial Number 2. The Department of International Relations and Cooperation – Republic of South Africa, (2022).

³⁸⁸The Research Field Data. Respondent Serial Number 2. The Department of International Relations and Cooperation – Republic of South Africa, (2022).

5.4.1 Policies of securitization on health security threats in Kenya and South Africa

To protect the international arena from both political and non-political disease threats, the international community must interact with specific policy frameworks, actors, and communicable diseases behaviours inside a human security framework. Throughout light of this, several locals claimed that *“the AU works to ensure that Africans grows and effectively manages its health sector by setting up the necessary sectoral institutions to assist knowledge building and handle the issues and communicable diseases in the continent.”*³⁸⁹ *In order to assist African nations in promoting health and preventing disease outbreaks by strengthening prevention, detection, and response to public health hazards, “the AU established the Africa Centres for Disease Control and Prevention (Africa CDC).”*³⁹⁰

The study therefore implies that the Africa CDC strives to strengthen Africa's public health institutions' capacities, capabilities, and collaborations to identify and respond promptly and efficiently to outbreaks through interventions and programs that are informed by science, policy, and data. The continental Event Based Surveillance Unit (EBS), capacity-building for Member States, field operations carried out through the Continental Emergency Operation Center (EOC), and establishment of Regional Collaborating Centers are all important functions of the Africa CDC (RCC).

³⁸⁹The Research Field Data. Respondent Serial Number 27. Ministry of Foreign Affairs - Kenya, (2022).

³⁹⁰The Research Field Data. Respondent Serial Number 44. Ministry of Foreign Affairs - Kenya, (2022).

5.4.2 The actors of securitization in addressing emerging health security threats

This study aimed to know the actors actively involved in securitization in order to address the emerging health security threats. This is based on the fact that health securitization was a process in identifying and declaring a particular disease as an existential security threat.

Response	Frequency (<i>f</i>)	Percentage (%)
Strongly agree	30	41
Agree	24	33
Undecided	8	11
Disagree	9	12
Strongly disagree	2	3
Total	73	100

It is worth noting that, “the actors that serve a role in securitization are all interdependent and interlinked in some way; they usually include private individuals, institutions, organizations, multinationals, and the civil society, organizations, religious groups and non-governmental organizations.”³⁹¹

This study found that the UN through the World Health Organization is key actors when it comes to advancing securitization, through various programmes, governments will consequently need to take a fresh, integrated, and comprehensive approach to the SDGs. SDG 3 is the health-focused goal, but for the health sector to achieve its objective, there must be cross-sectoral synergy and complementarity. To coordinate social sector and health demands, especially safeguarding the most vulnerable members of society, governments need new platforms. The goal of WHO

³⁹¹The Research Field Data. Respondent Serial Number 44. Nairobi Metropolitan Services - Kenya, (2022).

and its partners is to support the development of the health sector's capacity so that professionals and decision-makers can meet these needs.

5.4.3 The stakeholders involved in the securitization on health

The merging of development and security is an erasure or suppression of a consideration of the historical underpinnings of inequalities within the global system, of the manner by which wealth is created in determining the extent and nature of global poverty. At a time of unprecedented capital expansion and the merging of key political, economic and security stakeholders, the goal is now the establishment of a liberal peace, to change whole societies and the behaviour and attitudes of people within them, a process instigated (at least in part), through the partnership arrangements of international development.³⁹² Some of these stakeholders include the judiciary, the Presidency, the legislature, the ministries, multi-agency, community and citizens.

5.4.4 The policy gaps in health security threats in Kenya and South

This section discovered that non-medical factors, especially economic and political interests, are given more weight when identifying health issues as risks to national security. In regard to policy gaps, this indicates that various internal political objectives, social and religious standards, desires for economic growth, and international relations influence how different governments change their policies in response to various health hazards. Therefore, it is especially important in Kenya, where issues of economy, political authority, and social resilience dominate modern health security policy, to raise awareness of the effects that diverse non-medical considerations impose.

³⁹²The Research Field Data. Respondent Serial Number 39. Ministry of Interior, National Intelligence Service - Kenya, (2022).

5.4.5 The current limitations of securitization

The undeniable debate of the securitization of the health security for the well-being of individuals, has been of public interest for some time there, but there is a growing on the actual limitations of securitization, particularly in Africa, and the study found that; states and people are left feeling uneasy because they fear infectious disease's effects so much that they perceive them as an on-going threat. This unease also serves as a reminder that, in addition to the institutional examination of illness securitization, human security needs to be addressed. These findings argue for a profound recognition of the policy drivers linked to the securitization of various health threats and a broader comprehension of the process that reacts to concerns rather than what the model alone can provide. Accordingly, this is the view on the subject of the securitization of critical health threats in the international arena. African states occasionally politicize securitization for their own health ends.

5.5 Chapter Summary

According to the findings of this section, it is crucial to consider the systemic, institutional, and human security facets of infectious disease securitization when evaluating disease as a security threat. However, it is also crucial to reevaluate the conventional security argument that diseases pose a risk in relation to biological weapons. Additionally, in seeking to identify securitization strategies put in place and their implications, this section found that in the context of public health, as a strategy, securitization is taken and framed as a security concern, that aims at elevating health issues from technical issues into routine procedures of public health institutions that calls for scientific expertise to project the emergence of infectious diseases.

This section aims brought together in a single analytical framework some of the theoretical contributions made by the securitization framework and constructivist scholarship on norm formation and diffusion. It explores the analytical advantages that such a merger could offer to the understanding of the role of securitisation in addressing emerging health threats in the twenty-first Century through a case study of Kenya and South Africa. This study found that the AU works to ensure Africa develops and sustainably manages its health sector by putting in place the relevant sectoral institutions to support knowledge building as well as manage emergencies and disease outbreaks in the continent.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This section acted as the final conclusion of the research study. It provides the theoretical and empirical underpinning of the securitisation in addressing emerging health threats. Generally, it investigates the role of securitisation in addressing emerging health threats in the 21st Century through a case study of Kenya and South Africa.

6.2 Summary

This study set out to address the following research hypotheses; the securitisation of health in the twenty-first century Africa is on the rise and the role of securitisation is ineffective in addressing emerging health security threats in the 21st Africa. Finally, to prove or disprove the hypothesis that there are robust policy frameworks and actors of securitisation in addressing emerging health security threats in the twenty-first century Kenya and South Africa.

This section found securitisation theory and history of infectious disease can be utilised to assess securitisation of disease which poses security risks. For example, this theory has been denounced in many aspects, but on the other hand there are relevant concerns of the theory expanding the concept of security. The main debate among the critics is that expanding and redefining the concept of security will eliminate its rationality in addressing issues of security threats.

The empirical subscriptions of the securitisation in addressing emerging health threats and theoretical aspects are also addressed in this section. Further, it provides the conceptual foundations of the securitisation in addressing emerging health threats,

its background, and players involved in its development as well as the transnational methods which advances its concepts in the state system. The AU has a goal of establishing “a health volunteer corps within the Africa CDC”, who will assist during outbreak of diseases as well as health emergencies.³⁹³ According to this study coordination between organisations such as the Africa CDC, WHO and other relevant players has assisted countries in enhancing their ability to address pandemics such as COVID-19.

This research found that at the end of the 20th century, infectious diseases posed critical challenges in the globalized environment. The threats caused by infectious diseases increase issues in the national and human security. The securitization theory serves as the best applied model for selecting and resolving threats outlined by the Copenhagen School. Similar findings were echoed by Wright, where the author explored the political drivers that impacts on the responses adopted to address pandemics, demonstrating how the present international political system, which emphasizes more on sovereignty, deters the transnational resolution for related outbreaks.³⁹⁴ Without developing and sustaining a flexible system, several virulent pathogens slowly transcend across the national boundaries. Investigating the situation in Asia, depicts that many societies value cultural reservations whereby diseased persons loath to relinquish sovereignty in efforts to achieve the anticipated common policy objectives, resulting in a particular resonance.

This section utilises securitisation theory to assess the securitisation of public health in the Kenya and South Africa as well as its effects. It also provides a basis of reference which can be utilised in enhancing the public health sector in the region.

³⁹³The Research Field Data. Respondent Serial Number 36. Ministry of Interior, National Intelligence Service - Kenya, (2022).

³⁹⁴ Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021), pp. 13-16.

Finally, this study found that, globally countries aim at attaining better health system. The African countries ought to realise that in order to attain this goal, the ultimate health security relies on the processes of securitization. Enhancing health security is one aspect of attaining long lasting form of securitization. The health implications of securitization can be demonstrated by the nexus between global mobility and the dissemination of pandemics such as COVID-19.

6.3 Conclusion

The study assessed the role of securitisation in addressing emerging health threats in the 21st Century through a case study of Kenya and South Africa and put out appropriate research conclusions. In addressing the objectives, the findings established that, 1994 report clarified that health security as forceful infectious diseases common in the third world countries. Also, the report suggests that several vulnerabilities including unfairness in allocation of resources affect the efforts to combat diseases and determine the ease to acquire health services. In some scenarios, insecurities overlapped due to several challenges. The 1994 report identified elements that constitute security, and identified the most critical issues. This study concludes that there is a gap in the securitization process especially on how health risks constitute security threats.

The addressing of objective two of the study required an understanding of the consideration of infectious diseases as security threats which expands the traditional notion of security which emphasised on the nation state. But most analysis of the securitization of AIDS and COVID-19 in Kenya and South Africa ignored, human security is more refocused. This section concludes that assessing the theoretical history of a disease and theory including both notions of security as well as threats to security demonstrates that it's a legitimate, security issue. Hence, the

applications of securitization aspects to non-communicable diseases are scarce. Nevertheless, this approach assists in understanding of individual-level risk factors. In order to successfully address objective three of the study, this research inferred that the potential securitization of infectious diseases, there is limited attention on how security policies assist in addressing epidemics. It is based on the research findings that this study concludes that; it is important for countries to prepare and address public health risks which may sabotage the health security largely by implementing the IHR's. These regulations help in promoting coordination between countries and preparedness in addressing pandemics and other infectious diseases which transverse across boundaries.

This study observes that some international organizations find it challenging to resolve a health threat because of diverse political considerations. Different organizations insist on their potential to handle potential health threats, except UN. Additionally, states adhere to the speech act proposed by organizations seeking to declare health threats to be unacceptable. Moreover, an investigation of the developing states depicts that the application of political arguments to impose aspersions health systems is ineffective, hence influences problems in efforts to securitize a health threat from outside the state. Thus, political will and political agendas influence the ultimate securitization of health threats.

6.4 Recommendations

This study therefore recommitments. It is worth appreciating that given Kenya position in the United Nations, this study highly recommends that when it comes to health security, Kenya should play a pivotal advocacy role in inspiring donors to provide all the needed support to countries which are more challenged. Nevertheless, it's important to note there, there is a challenge of donor fatigue worldwide resulting

from emerging conflicts as well as humanitarian crises which demands more resources from the international community.

The ministry of health in Kenya and South Africa need to strengthen their own health systems in order to realize securitization aspirations. This will be policy only through greater resources from the continent in order to suppress its dependence on donors when it comes to advancing and especially funding of health security aspirations. There is need to explore alternative ways of mobilizing resources for instance through targeted tax regimes “such as has been done elsewhere with airfares and sin taxes”. The main goal in securitizing a threat is to accumulate more resources to respond to it before escalates. This therefore calls for the state to mobilize greater resources, to first respond to an existing threat, in order to securitize it. This presumption can be utilised in securitizing the public health in Africa. Health systems have been found unprepared to manage securitized diseases. In addition, the resources allocated to securitized diseases do not improve health system resilience and hence the system remains vulnerable to infectious diseases. Health is critical even for economic security as most man hours are lost due to illness and high mortality. Securitization of health would allow increased funding to Universal Health Care (UHC), strengthening health system and eventually increase health resilience for a healthy nation.

6.5 Areas of Further Studies

The continent of Africa is achieving the status of an interconnected region. The fruits of greater interconnectivity are achieved over time and space whereby fundamental challenges are resolved to improve health and security. Notably, the new health policies and practices designed for combating the infectious disease outbreaks in African countries was a vital focus of the study.

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APPENDICES

Appendix 1: Letter of Data Collection Authorization from National Defence College

Telephone: 254-2-38840
Fax: 254-2-3883549
E-Mail: info@ndc.go.ke
When replying please qu



National Defence College
Warai North Road
P.O Box 24381
Karen - Nairobi
Kenya

Ref No: NDC/A/172

22 November 2021

TO WHOM IT MAY CONCERN

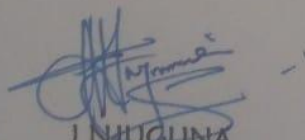
RE: INTRODUCTION TO CONDUCT THESIS RESEARCH INTERVIEWS
DR MAUREEN KAMENE ID NO 21264346

The above Senior Officer is a Participant at the National Defence College enrolled in Course 24-2021/2022 class pursuing Masters in International Studies conducted in collaboration with the University of Nairobi.

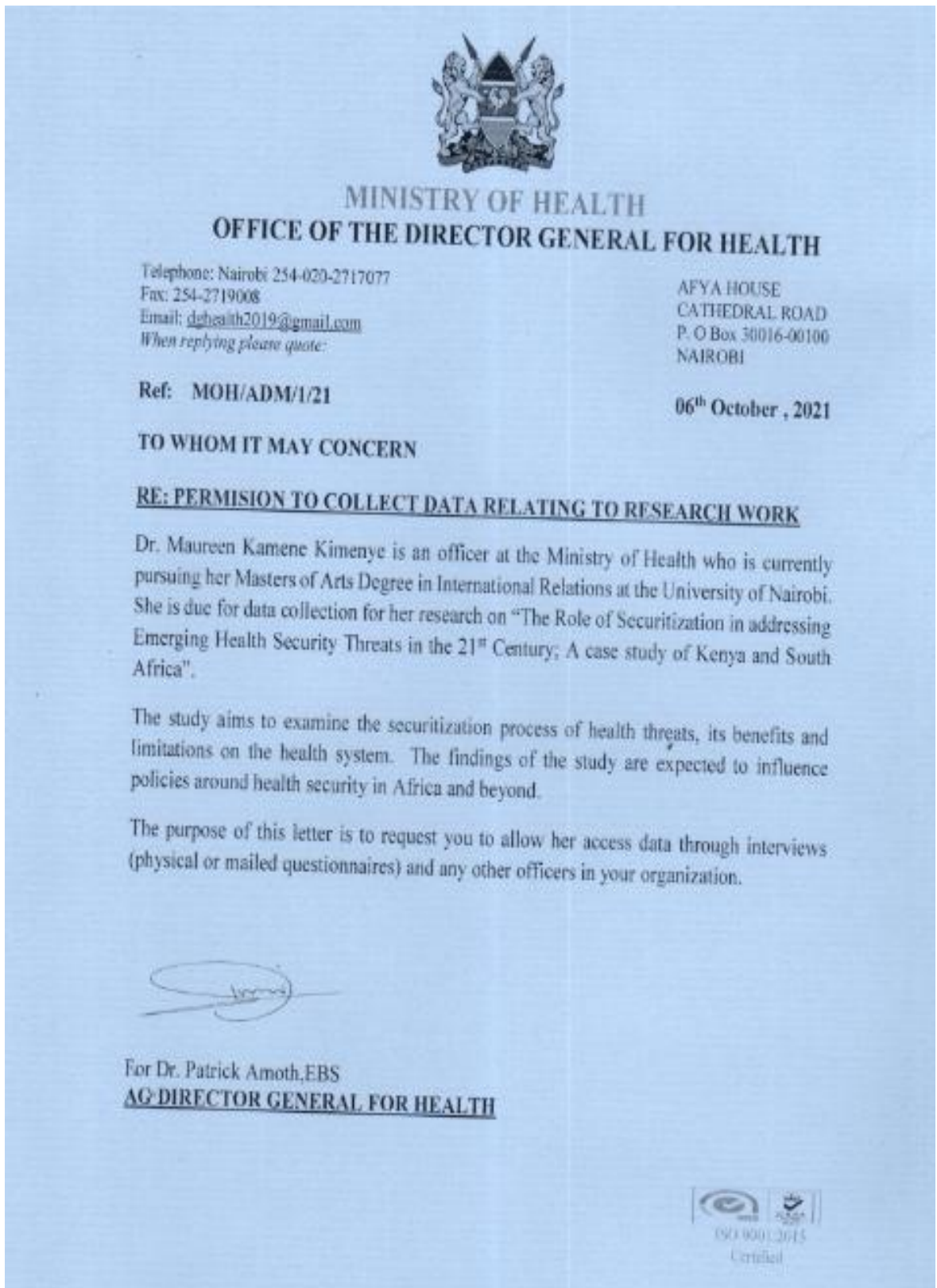
She is currently undertaking a research on a thesis entitled: *The Role of Securitisation in addressing emerging Health Security Threats in the 21st Century: A case study of Kenya and South-Africa* Part of the data collection for this research requires her to collect information from your office/ organization/ department.

The purpose of this letter is therefore to request you to allow her conduct a Key Informant Interview during working hours. The information to be collected will be strictly for research purposes and shall be treated with the confidentiality it deserves.

We hope that our request will meet your highest consideration.


J NJUGUNA
Lieutenant Colonel
for Commandant

Appendix 2: Introduction Letter from the Ministry of Health



Appendix 3: Permit from National Commission for Science Technology and Innovation



REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Ref No: 800812



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Date of Issue: 15/November/2021

RESEARCH LICENSE



This is to Certify that Ms. Maureen Kimani Kamau of University of Nairobi, has been licensed to conduct research in Kinross, Meru, Nairobi on the topic: THE ROLE OF SECURITISATION IN ADDRESSING EMERGING HEALTH SECURITY THREATS IN THE 21ST CENTURY: A CASE STUDY OF KENYA AND SOUTH AFRICA for the period ending: 25/November/2022.

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Director General

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION



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Appendix 4: Research Official Consent Form

I am a student at the University of Nairobi; and required to collect data as part of academic research. Kindly fill this guide to enable me collect data for this study.

This interview guide is meant to collect information, it is for academic purposes only and the study is to examine the role of securitization in addressing emerging health security threats in the 21st century using a case study of Kenya and South Africa.

It is my request that you please give a verbal consent to be a participant in this study, before we begin. Thank you for taking time to participant in this research, please fill in the guide appropriately. It is my hope that you please answer the interview guide by ticking in the boxes provided as applicable and or writing a brief follow-up statement.

Signed Consent.....

Appendix 5: Key Informant Interview Guides

Serial Number:

Instructions:

The purpose of this interview guide is to collect information from a wide range of respondents who have first-hand knowledge to examine the role of securitisation in addressing emerging health threats in the twenty-first century through a case study of Kenya and South Africa. It is requested that you give a small tick in the necessary boxes and follow with a small explanation that is accurate and concise information. Thank you for your interest to participate, fill in the guide by ticking appropriately and writing a brief explanation of your answer. This study on securitization in emerging health threats in Kenya and S. Africa will timely as it comes during a period when the world is addressing infectious disease and pandemic, such as Covid-19, the latest disease to be securitised, and one which all members of society, academia and policy level easily identify with.

Guiding Themes:

The theoretical framework in this study provides a general presentation of the relationships between things in a given phenomenon. While the conceptual background embodies the specific direction by which the research is taken, as it outlines the input, process and output of the whole investigation under study. The response scale was 1 = strongly agree, 2 = Agree, 3 = Undecided, 4 = Disagree, and 5 = strongly disagree.

The securitizations of disease some of them involve; Malaria, HIV, Cancer, Zika virus, Tuberculosis, SARS, HINI, MERS, Diabetes, Hypertension and COVID 19.

Section 1: Respondent Profile

1. Gender? Male Female

2. Age?

Below 30 years 30-39 years 40-49years 50-59 years 60-69 years

3. Education level?

Secondary Tertiary Undergraduate Postgraduate Other (specify)

4. Organization and department?

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5. How long have you worked for this organization?

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6. What is your work carder (especially for health workers)?

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7. Work specialization?

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8. Are you familiar with the term securitization? Yes No

9. Do you understand the concept of health security?

Yes No

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Section 2: The process of securitisation of health threats in the twenty-first century

10. Do you believe that securitization takes a process?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain the process.

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11. That some diseases are easily securitized, and others are not?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain?

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12. There is a difference in working (dealing) with a securitized disease?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain?

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13. There is a difference in working (dealing) with unsecuritized disease?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain?

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14. What are the key factors taken into consideration for securitization to happen?

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15. What are some of the health and non-health related factors taken into consideration for securitization to happen?

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16. How do you think the securitization process of health affects healthcare?

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17. What are some of the diseases that are securitized in your country?

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Section 3: The role of securitisation in addressing emerging health security threats in the twenty-first century Africa

18. Securitisation has a role in addressing emerging health security threats.

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain?

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19. There are dedicated steps to the securitisation on health in Africa?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain?

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20. There are documented approaches for the securitisation of health in Africa?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain?

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21. That securitisation on health in Africa has an effect on disease management?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please elaborate in detail.

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Section 4: The emerging policy frameworks and actors of securitisation in addressing emerging health security threats in the twenty-first century Kenya and South Africa

22. There are existing policies of securitisation in addressing emerging health security threats in twenty-first century Kenya and South Africa?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain?

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23. There are emerging policies of securitisation in addressing emerging health security threats in twenty-first century Kenya and South Africa?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please elaborate in detail.

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24. There are many actors (partners) of securitisation in addressing emerging health security threats in twenty-first century Kenya and South Africa?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain?

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25. There are many stakeholders involved in the securitization on health.

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain?

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26. What are the main frameworks of securitisation in addressing emerging health security threats in twenty-first century Kenya and South Africa?

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27. What are the policy gaps in addressing emerging health security threats in twenty-first century Kenya and South Africa?

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28. The World Health Organization plays an active role in disease securitization?

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

Please explain?

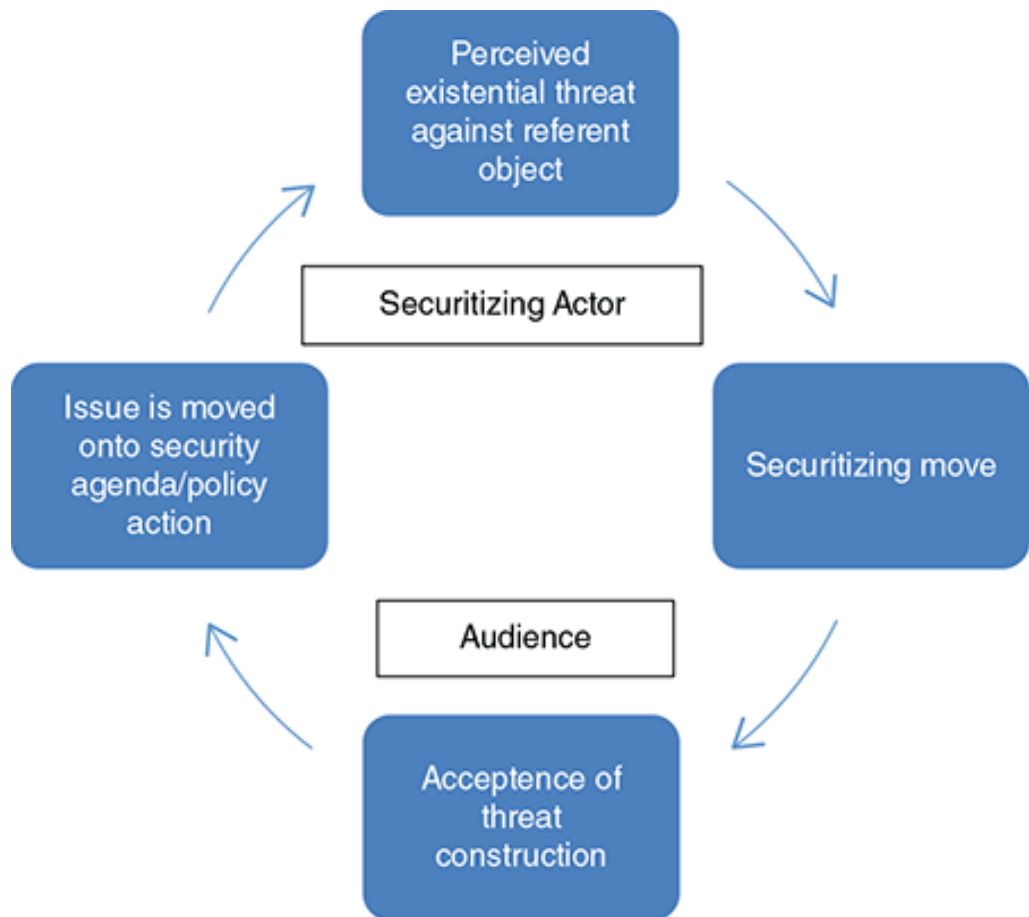
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29. What are the limitations of securitization?

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30. Final remarks

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Source: Wright, India. *Are We at War? The Politics of Securitizing the Coronavirus*. The Atlantic, United States of America, E-International Relation, (2021).

Appendix 7: Map of Study Area



Source: Scott, Catherine. *The gender of dependency theory: Women as workers, from neo colonialism in West Africa to the implosion of contemporary capitalism.* Review of Africa Political Economy, Taylor and Francis, (2021).

End.