



## POLICY BRIEF

# THE SECURITY SECTOR AND GLOBAL HEALTH CRISES: LESSONS AND PROSPECTS

SECURITY SERVICES PLAYED A KEY ROLE IN THE RESPONSE TO EBOLA IN WEST AFRICA.  
WHAT ARE THE MAIN LESSONS AND WHAT SHOULD BE DONE TO ENSURE BETTER PREPAREDNESS  
FOR THE NEXT GLOBAL HEALTH CRISIS?

The outbreak of Ebola virus disease (hereafter referred to as “Ebola”) in 2014–2015 in West Africa – particularly in Guinea, Liberia and Sierra Leone – resulted in more than 28,000 cases and over 11,000 deaths.<sup>1</sup>

With the human and financial costs now being counted,<sup>2</sup> studies are probing what occurred, what weaknesses were uncovered in national, regional and global response processes, and what may be done to strengthen responses and enhance resilience to such health crises in the future.<sup>3</sup> However, **the role of security services has not been systematically assessed.** Yet national security services – including police, border guards, community militias and military services – and United Nations (UN) Police on peacekeeping missions were closely involved in the response. As the Ebola crisis deepened in 2014, international security services were deployed from the United States of America (USA) in Liberia, from the United Kingdom (UK) in Sierra Leone and from France in Guinea, responding to calls for international military assistance.

Much can be learned from these experiences. The Geneva Centre for the Democratic Control of Armed Forces (DCAF) and the Global Health Centre (GHC) at the Graduate Institute of International and Development Studies, Geneva, have joined forces to fill this gap. Experts and high-level opinion leaders from the global health and security sector communities have been brought together to examine experiences of the security sector’s role in preventing and managing global health crises. A roundtable and public event discussing the role of the security sector in responding to Ebola and other global health crises, held in Geneva on 5 and 6 February 2015, informed a first policy brief.<sup>4</sup> Further roundtables, held in Geneva on 22 and 23 October 2015 and on 12 November 2015, brought together senior figures from the health and security sectors to review initial findings, make recommendations for future work, and examine critical links between health crises, health security, the security sector and sustainable development.

The following key lessons and prospects emerging from the engagement of the security sector in global health crises have been identified:

- Health threats are security threats and vice versa; therefore, they must be tackled jointly. **The involvement of the security sector in health crises and emergency responses is becoming more frequent and is often seen as a necessity.** The involvement of non-civilian security institutions, such as the military, must, however, be subsidiary to civilian actors inside and outside the security sector, and should only be triggered in the context of a whole-of-government approach under civilian control and leadership. This also applies at the regional and global levels.
- While the security sector has an important, constructive role to play in fighting epidemics, this can **fully succeed only if the security sector is trusted and respected; its added value in countering health crises is recognised** by other actors responding and by the population; and the security sector is operating under full democratic control. Security actors who are feared or distrusted will not be able to contribute successfully to the public health mission, and may be counterproductive to epidemic control, for example, where force is used in military or police responses to quarantine and curfews. Therefore, **a direct link exists between security sector governance, security sector reform, and the ability of the security sector to contribute effectively** to combating an epidemic.
- In post-conflict or other fragile political contexts where democratic control is not provided and/or the security sector is in the process of being reformed, some roles may have to be asserted by **regional and global actors** at the invitation of the relevant national authorities; or, in extreme cases of national failure, international responses may need to be invoked under ‘responsibility to protect’, or UN Charter Chapter VII provisions to address threats to international peace and security.

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## THE DIVERSE ROLES OF SECURITY INSTITUTIONS IN RESPONDING TO HEALTH CRISES

Across the security sector, a range of security institutions can contribute to national and international responses in different phases of a health crisis. Many of these were seen in action during the Ebola outbreak in West Africa.

- **Police:** can assess local needs, help to isolate cases and pockets of outbreak, trace contacts, and ensure the protection of infected persons, contacts and health personnel.
  - **Community policing** can offer targeted assistance, facilitate liaison and communication between state authorities and local populations, help collect early signals of disease escalation, and contribute to strategic planning for the prevention of major health crises.
  - The **police need to prioritise gender sensitivity** in the deployment of security personnel. When men are prohibited from entering private homes or from talking to single female heads of households for religious reasons, only female officers can ensure such important contacts.
  - Police personnel must be properly trained for such crises, including in collaborating with health actors, national armed forces and other security providers, and international actors involved in crisis management.
- **Border guards:** can assist in monitoring and controlling the cross-border movement of infected individuals to prevent an epidemic from crossing national boundaries. This was one of the most challenging tasks in the recent Ebola crisis.
  - The border should be understood not as a line, but as a space and a trajectory, with both commercial and personal dimensions, and security and health aspects. While modern border guarding integrates border police, customs services and medical and veterinary components into a system of **integrated border management (IBM)**, this is not yet a reality everywhere. IBM requires close cooperative, operational links among the IBM services of neighbouring states, subregions and regions. Sierra Leone, for instance, has porous borders, and closing them was ineffective: infected persons travelled to and from neighbouring countries, contributing to increased infection rates on both sides of the border.
  - Border guards of countries threatened and affected by health crises can play an important role in helping to understand patterns of border movements, as well as to identify and isolate cases of infected individuals.
  - **Airport IBM** is particularly important. Failures in this area risk both exacerbating a local epidemic and transforming it into a global pandemic. Closing airports and other important border points creates difficulties in transporting and distributing humanitarian aid and medical supplies. The interruption of air services to and from an affected country or region should only be implemented based on the World Health Organization's International Health Regulations (IHR) recommendations.
  - As the next epidemic may threaten the world with an **airborne disease**, IBM structures must be well prepared. This implies close collaboration between different ministries as well as with the airline industry.
  - Similar issues apply to **sea ports** and other cross-border transportation facilities. There was poor control of fisheries in the West African outbreak, with uncontrolled movements of fishing vessels along the affected coasts.
- **Military forces** (of the **affected country or other states, when requested**, including their medical corps): can help maintain stability, and provide transportation, other logistical assistance and emergency medical care.
  - **National armed forces** can support national health services, police and international partners by undertaking tasks that permit others to focus more assets on managing the epidemic, and by assisting with their ability to concentrate substantial personnel and equipment. Tasks include airlifts and emergency medical response in rural areas, moving large amounts of material, erecting and staffing field hospitals, and providing assistance in guarding and protecting partners' health interventions and medical infrastructure.
  - **Assistance by international forces** takes many forms, including the provision of transport, supplies, health personnel, logistics, advice and research; building diagnostic and treatment centres, bridges and other infrastructure; and direct involvement in security activities if needed. Military aircraft, equipped with specialised facilities, may be the only means by which infected persons can be safely evacuated for treatment abroad. Capacities for mounting large-scale operations, intelligence gathering, rapid mobilisation and strategic planning are important assets that international forces can contribute when these are lacking in the affected countries.
  - **Intelligence services:** can provide an early warning of the inception and spread of diseases and the accompanying disorder, together with other actors.
  - The **justice sector and penal system:** can ensure that law and order is maintained during periods of crisis and instability.
  - **Local security actors:** can use their proximity to the affected communities to play a pivotal role in helping to manage processes, understanding and expectations.
    - **Local justice and security providers:** can ensure compliance with, and information on, measures to prevent and contain diseases at the local level.
    - **Village militias** under the civilian control of village leaders: can, together with the police, help maintain law and order in affected areas, guard abandoned properties, and protect aid deliveries, health providers and vulnerable groups.
    - **Private security actors:** may be essential, especially in remote areas or where they have replaced state security actors as primary security providers.
    - **Non-state armed groups:** may be required to facilitate healthcare and medical support for populations living in territory under their control, with their cooperation in times of (health) crises temporarily outweighing broader strategic considerations.



Professor Ilona Kickbusch (GHC) and Ambassador Theodor Winkler (DCAF)

## REQUIREMENTS FOR SECURITY SECTOR ENGAGEMENT IN HEALTH CRISES

### BEFORE THE CRISIS

The engagement of national security services such as the police, border control and customs officials in responding to health emergencies like Ebola is inevitable. It is, therefore, vital that planning for such emergencies includes all relevant security services. Preparations must include appropriate and, if possible, joint training, establishing clear lines of control and responsibility that must rest with civilian authorities, and sensitising different groups (including civilian and security sector responders, communities and the media) to create mutual understanding, trust and acceptance of the different roles involved in a cooperative response. There are advantages and disadvantages in engaging the military in the response to health crises, and each case needs to be considered individually, including the potential role of military laboratories and military health personnel.

- **Early preparedness** is key to facilitating rapid deployment in times of crisis. This includes prior agreements between the health and security sectors, and a systematic, joint approach to advance planning, rehearsals, stockpiling of essential materials, and national, regional and international training.
- The creation of an office of a **national public health security adviser** and a **national inter-agency health security council** – both firmly under civilian control – would offer the necessary vehicles to facilitate coordination of such a systematic, joint approach. From the outset, all components of the security sector must be represented in the coordination body as well as in the monitoring or situation room in which preventive measures and responses to a potential outbreak are managed. It is only then that all actors are fully briefed, on alert, and ready to respond once political decisions are made to take preventive and/or responsive measures.
- **Legal frameworks** should be created or adjusted to reflect the new international, regional and domestic health-related role of security institutions. Their mandates must explicitly include preventive and responsive action to assist in the management of health crises. This includes the IHR, agreements by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on the use of military and civil defence assets (MCDA) to support UN humanitarian activities in complex emergencies, and the UN 'Oslo Guidelines' on the use of foreign MCDA in disaster relief, which guide military involvement in medical aspects of governance, reconstruction and development. The 'Oslo Guidelines' need revising to provide guidance for countering complex health emergencies, such as Ebola.
- **Security institutions** must be subject to oversight and management bodies when involved in stemming a health crisis – thereby ensuring a security-sector-wide approach. There may be a need for institutions' mandates to be revised to allow for their participation in managing health crises, as well as to hold them accountable for their actions.
- In countries where **security sector reform activities** already take place, such reforms **should also enhance the security sector's preparedness** to manage health crises through inter-agency cooperation and coordination.
- The **national armed forces** in countries affected by health crises and those offering assistance must be trained for their potential involvement in epidemic outbreak and control. They must be put on standby for assistance as soon as an outbreak occurs, be mobile and well equipped, and have the ability to concentrate means where they are needed and for what is needed. Moreover, in situations where an outbreak seriously threatens the stability of communities or the country overall, the armed forces need to be on standby to respond to, deter and de-escalate any potential violence.
- The special logistical requirements for responding to and overcoming an epidemic must be reflected in the **procurement, stockpiling, maintenance and other logistics policies** of the armed forces.

These must fully understand and respect their **subsidiary role under civilian leadership** in health crisis management. At the same time, civilian leaders must understand the role, operations and capabilities of the armed forces.

- **Standardised status of forces agreements (SOFAs)** and **status of mission agreements (SOMAs)** should be prepared and fully pre-negotiated and signed before an epidemic breaks out. They should also cover issues that are unique but highly relevant to the provision of assistance during epidemics, such as mutual recognition of medical certificates or procedures on who can be in contact with infected persons, where, how and for what purpose. In a spirit of '**do no harm**', it is crucial that the involvement of regional and global actors constructively supports and takes pressure off local and national actors, and in no way hampers effective health crisis mitigation and response, for example, by imposing overly complicated procedures or draining locally required expertise by hiring local professionals. The fusion of strategic intelligence and the use of military assets in **strategic early warning** must be carefully clarified. The role of the **biological and disease research centres of the armed forces can be significant**: they may have the potential to make important contributions, supporting research and monitoring diseases on the ground, including possible mutations of existing diseases.
- Before and during an epidemic, cooperation in sharing early signs of health crisis escalation between all health and security actors is the key to success. However, both open and closed source intelligence also has the potential to create distrust, contradictory assessments, and a subsequent failure to produce much-needed cooperative action.

### DURING THE CRISIS

- **Timing**: The issue of when an Ebola-like outbreak should move from a health crisis to a broader national security crisis, and when actors beyond the health sector should become involved, poses an important challenge. At the national level, affected countries might wait too long, with the issue of control of resources and authority impeding the transition. For the international response, the IHR need a clearer definition of when a crisis – and its management – should be moved beyond the health sector.
- **Sequencing**: The components of the security sector do not all need to become involved at the same time and in the same locations, nor do they all come to play a significant role during every health crisis. They become involved based on their respective comparative advantages and on previously agreed-upon and trained-for arrangements. Intelligence services, village militias, community police and other local security services may be in a privileged position to help in the early detection of the outbreak, and then offer assistance throughout the health and the security sectors' efforts to mitigate its escalation. The police, the border police and customs services, and the veterinary and medical components of an integrated border management structure become more prominently involved once the disease threatens to spread beyond the area of the initial outbreak. The armed forces can finally fulfil critical logistics and security tasks under carefully specified and agreed circumstances. International actors may assist, when required, by supporting and boosting local and national response capabilities.

### AFTER THE CRISIS

**Exit strategy**: The armed forces (as well as other national security institutions) must design and prepare **exit strategies** during the planning and response phases, and implement such plans once the crisis subsides.



Ambassador Christine Fages (Coordinator of the Interagency Ebola Task Force in the French Ministry of Foreign Affairs and International Development), in discussions with Davide Mosca (Migration Health Department, IOM) and Faisal Shuaib (National Ebola Emergency Operations Center in the Nigerian Ministry of Health)

Ambassador Yvette Stevens (Sierra Leone Permanent Mission in Geneva)

## CONCLUSIONS: BEYOND EBOLA

If properly mandated, trained and integrated into a **well-coordinated multi-agency response strategy**, a nation's security sector can make significant contributions to the early detection, effective response and rapid mitigation of health crises.

Lessons need to be generated and guidance developed from the Ebola epidemic for future health crises. These can include antimicrobial resistance, the evolution of microbes, and emerging and re-emerging outbreaks, epidemics and pandemics of infectious diseases. The likelihood of emerging health crises is **intensified by weak national health systems**, with inadequate access to medicines, lacking the flexibility to deal with and adapt to emerging health challenges, and insufficient public resources to boost public health provision. Attempting to separate health from security threats, and thereby separating mitigation measures by health providers from those of security providers, potentially only exacerbates the risk for national and global health crises

to escalate. Building **core competencies to prepare for and respond to future health crises** must, therefore, be a joint effort between the health and security sectors.

In dealing with global challenges like Ebola, **new and innovative relationships are required** between the health, development, humanitarian and security sectors. These new relationships must be initiated, nurtured and practised – and new instruments and processes need to be created jointly – to ensure better preparedness for future crisis response. It is here that DCAF and GHC intend to focus their joint efforts and contribute to policy debate and practice.

The Ebola crisis has been a **wake-up call** to take health crises more seriously and invest **now** in efforts to prepare and collaborate – and get ready for possibly significantly worse crises to come.

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