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**Article:**
Rushton, S. orcid.org/0000-0003-1055-9871 (2022) Can we rely on the Security Council for health emergencies? Australian Journal of International Affairs, 76 (1). pp. 35-39. ISSN 1035-7718

https://doi.org/10.1080/10357718.2021.2017842

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Australian Journal of International Affairs

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/caji20

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**To cite this article:** Simon Rushton (2022) Can we rely on the Security Council during health emergencies?, Australian Journal of International Affairs, 76:1, 35-39, DOI: 10.1080/10357718.2021.2017842

**To link to this article:** https://doi.org/10.1080/10357718.2021.2017842



Published online: 03 Feb 2022.

AUSTRALIAN JOURNAL OF INTERNATIONAL AFFAIRS
2022, VOL. 76, NO. 1, 35–39
https://doi.org/10.1080/10357718.2021.2017842

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# Can we rely on the Security Council during health emergencies?

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**ABSTRACT**

In passing resolutions on HIV/AIDS, Ebola and COVID-19, the Security Council has shown at least a passing interest in health, and calls have been made to give it a more central role in global disease response. In this contribution, reflecting on two decades of the UNSC's engagement with health emergencies, I suggest we should be cautious about making the Security Council too central to pandemic response. I focus on three problems with the Council: that it is highly politicised and deeply divided in ways that mean it cannot be relied on to act when needed most; that when it does act it tends to do so too late, once an emerging problem has already become a global crisis; and that it does not in any case necessarily have the tools at its disposal to make a meaningful contribution. Instead, I argue, it is precisely its role as a 'health outsider' that enables the UNSC to occasionally make a contribution. It would be risky indeed to hand such a body real responsibility for crisis response. That is a task much more likely to be performed assiduously (if often imperfectly) by a body such as the WHO.

**KEYWORDS**

United Nations Security Council; health emergencies; COVID-19; Ebola; HIV/AIDS

## Introduction

In passing resolutions on HIV/AIDS, Ebola and COVID-19, the UN Security Council has shown at least a passing interest in health emergencies. Following the West African Ebola epidemic of 2014–2016, the Harvard-LSHTM expert panel recommended the establishment of a Global Health Committee of the UN Security Council 'to expedite and elevate political attention to health issues posing a serious risk to international peace and security and provide a prominent arena to mobilise political leadership' (Moon *et al.* 2015, 2215). This has not happened—and indeed, as discussed below, there were considerable difficulties in the early months of the pandemic in getting a COVID-19 Resolution through the UNSC. Discussions that began in early April 2000 stalled over the appropriate scope of a resolution, and even when a narrowed focus in which the Council would call for humanitarian ceasefires began to gain support, there were ongoing debates over whether an exception should be made for counter-terrorist operations (in the end, it was) (Gowan and Pradhan 2020).

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In this contribution, reflecting on two decades of the UNSC's engagement with health emergencies, I suggest we should be cautious about making the Security Council too central to global pandemic response. While the Harvard-LSHTM panel were right that a Security Council Resolution can be seen as a signal of global political attention and recognition of the seriousness of an issue, the structure and working methods of the Security Council create significant problems. These problems apply to its engagement with health emergencies in just the same way as more traditional concerns of international peace and security—although with some added complications arising from continuing uncertainty over the extent to which disease is *really* part of the Council's mandate.

Here, I focus on three problems with the Security Council: that it is highly politicised and deeply divided in ways that mean it cannot be relied on to act when needed most; that when it does act it tends to do so too late, once an emerging problem has already become a global crisis; and that it does not in any case necessarily have the tools at its disposal to make a meaningful contribution to the global response to health emergencies.

## The Security Council as an unreliable actor

The Security Council has been divided by geopolitical rivalries for most of its existence. The present time is no exception, and disputes between the P5 (China, France, Russia, the United Kingdom and the United States) in particular have stymied action on a wide range of conflicts in recent years, including in Ukraine, Syria and the Middle East amongst others. The particular approaches adopted by individual governments can make the divisions within the SC more or less acute over time: the Trump administration's combative approach to multilateralism in general exacerbated the obstacles to reaching consensus in the Council (as witnessed over the first COVID-19 resolution, which was delayed over US insistence that the text include reference to the origins of the virus in China (Lederman 2020)). But even during times where there has been greater national-level enthusiasm for international cooperation, these divisions have never entirely disappeared. The fact that each of the P5 has the ability to veto a resolution has meant that action has often not been possible on issues on which they see their vital interests to be at stake. Even more common has been the avoidance of bringing an issue to the Council table at all in cases where one or more of the P5 signal their intention to use the veto. Debates over reform of the Security Council to address its tendency to be hamstrung at moments of crisis have persisted for decades, but so far calls for change have met with little success.

In addition to geopolitical rivalries, there have been long-running tensions between members (again, especially the P5) over the appropriate scope of the UNSC's role. China and Russia have historically opposed the expansion of the Council's agenda into areas they deem to be outside the Council's core mandate of international peace and security. As a result, these countries (and others) have not always been enthusiastic at the prospect of addressing health emergencies. Even in the cases when health resolutions have been adopted, they have had to be carefully framed in ways that fit relatively uncontroversially within the Council's traditional mandate, focussing on peacekeepers (HIV/AIDS), threats to the gains made in previous peacekeeping and peacebuilding missions (Ebola in West Africa), the exacerbation of pre-existing conflict (Ebola in DRC), and calling for a humanitarian ceasefire, and subsequently vaccine access, in conflict-

affected countries or others facing humanitarian emergencies (COVID-19). In each of these cases, while there has clearly been concern about the health impacts of the diseases themselves, in order to reach agreement the UNSC has been forced to frame its Resolutions narrowly around particular aspects of a health emergency in which the links with traditional understandings of 'security' are clear.

Given these dynamics, it is not difficult to imagine scenarios of health emergencies in which the Security Council would find itself unable to act. This alone should give us pause about the idea of handing it a more central role in pandemic response. It is true that other international bodies are wracked by political divisions too—not least the WHO—but at least the WHO has the ability to retreat to the 'technical': to present itself as a source of impartial scientific advice on how to handle an outbreak. The Council is fundamentally and inescapably a political body, one in which geopolitics and perceived national interests are the guiding concern. This could seriously hamper its ability to take action on future outbreaks.

## The Security Council as a late actor

A further problem with relying on the Security Council is that it does not have a good record of intervening early in emergencies. There were almost 35 million people worldwide living with HIV/AIDS when the UNSC took up the issue in 2000 (UNAIDS 2000). In the case of the West African Ebola epidemic, it was over a month after WHO declared the outbreak a PHEIC that the Security Council acted. Early in the COVID pandemic, the UNSC was criticised for being 'missing in action' (Gladstone 2020). By July 1, the day the first COVID resolution was adopted, there had already been over 500,000 deaths worldwide (WHO 2020).

The lesson learned (and continually re-learned) from successive pandemics is that late action costs lives. Responding early, before an outbreak gets out of hand, is vital. The WHO has itself been criticised for being too slow to react to several health emergencies (including COVID-19), but it looks rapid in its response when compared to the Security Council. Thus, whilst in theory the UNSC could have useful roles to play, such as encouraging states to comply with their IHR commitments, the historical record suggests that the likelihood of the Council making such a call before it is too late is low.

## The Security Council's 'toolbox'

Finally, there are questions over whether the UNSC has the right 'toolbox' for dealing with global health emergencies. On the positive side, in theory, the UNSC (in contrast to almost all other multilateral institutions) has the ability to enforce its decisions through various means, including economic sanctions or even, where necessary, the use of force. But it is hard to envisage many situations in which such powers might be productive responses to health emergencies.

Almost certainly more important—as reflected in several of the preceding contributions to this Special Section—is the Council's normative power: its ability to declare the behaviours expected of UN member states, to call for greater cooperative efforts, and (implicitly or explicitly) to criticise states who fail to live up to their obligations. The Security Council highlighting aspects of health emergencies—whether

that be the humanitarian consequences, the gendered consequences, or the human rights issues at stake—might attract the attention of governments, media and wider publics, putting those issues under the spotlight. The Security Council might also be able to galvanise UN member states to devote resources to a health crisis. Addressing the Security Council in September 2014 in advance of the adoption of the West Africa Ebola Resolution, then-President Barack Obama highlighted the US's contributions to the Ebola effort, and called on other governments to do likewise: 'Everybody here has to do more' (Obama 2014).

The impact of this normative power of the Security Council appears to be mixed. The West Africa Ebola Resolution in 2014 has been credited with increasing the resources pledged and improving the response in the region, but there wasn't a similar effect when it returned to Ebola (this time in the DRC) in 2018 (Eccleston-Turner 2018). The Council's April 2020 call for a global ceasefire to assist in responding to COVID-19 in conflict-affected countries had almost no effect: only one party to a conflict—the ELN in Colombia—responded to the call, via an offer (subsequently rejected by the Colombian government) to pause hostilities (Gowan and Pradhan 2020). Security Council Resolution 2565 on COVID vaccine access in conflict and post-conflict settings, adopted in February 2021, has run up against the limited number of vaccine doses that have been delivered to the international COVAX programmes. The choice of wealthy states in the Global North (including a number of prominent Security Council members) to prioritise vaccinating their domestic populations and to oppose changes to global intellectual property rules has been one of the major causes of that shortage. There does not appear to be any correlation between the effectiveness of global responses to health emergencies the Security Council has addressed, and those (e.g. SARS, Zika) it has ignored.

## Integrating the Security Council into global health governance

Given the Security Council's unreliability, its slowness to act, and the mixed impact of its interventions, is it merely a sideshow in the response to health emergencies—or is there a role for its displays of high-level political theatre? What the Security Council does is noticed, throughout the wider UN system and also around the world. It has a perhaps unrivalled ability to demonstrate the seriousness with which nations of the world view crises, and—as it has done with mainstreaming gender and (albeit sporadically) human rights—it can make normative proclamations with lasting effects. The spotlight that the Security Council can shine on crises can encourage UN member states to step up to the plate and can bolster the efforts of other UN actors such as WHO.

At the same time, we should be wary of calls to give the UNSC a more central role in global health governance. At least without significant reform, it cannot be relied upon and is not equipped to play such a role dependably. What is more, much of its impact when it does intervene comes precisely from the fact that it is an 'outsider' in global health: it is not one of the usual institutional voices. That is why—from AIDS to COVID—those in global public health have often pursued a political strategy of getting a health emergency on the UNSC agenda: it is a way to elevate a health emergency above being 'merely' another health issue. But it would be risky indeed to hand such a

body real responsibility for crisis response. That is a task much more likely to be performed assiduously (if often imperfectly) by a body such as the WHO.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Notes on contributor

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