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The United Nations Security Council and health emergencies: introduction

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ABSTRACT


Since 2000, health issues have increasingly been discussed at the UN Security Council (UNSC) without consensus being built on how and when the Council address health topics, or on its role in global health governance. As the contributions in this issue show, high-profile infectious disease outbreaks as well as the disruption of healthcare delivery and assistance in conflict settings have driven the health agenda at UNSC debates, but that agenda has remained ad hoc. Health topics seem most likely to be put on the agenda when the P5 perceive a particular health issue as a threat to international peace and security, or when the social and economic consequences of a health crisis potentially destabilise countries or regions. That raises another political question, however: under what circumstances are they likely to perceive health issues in those terms, and whose interests are being prioritised in such a determination?

KEYWORDS

United Nations Security Council; health emergencies; COVID-19; global health governance

On July 1st 2020, concerned at the health and humanitarian consequences of the COVID-19 pandemic, the UN Security Council (UNSC) adopted a resolution calling on all parties engaged in armed conflict (with some notable exceptions, including military operations against designated terrorist organisations) to take part in ‘a ceasefire of at least 90 consecutive days, in order to enable the safe, unhindered and sustained delivery of humanitarian assistance’ (United Nations Security Council 2020). Although it was adopted unanimously, the passing of this Resolution marked the end of a lengthy and difficult political process that began when UN Secretary-General António Guterres first proposed a global COVID ceasefire in March 2020. A dispute between the United States (at the time under the Trump Administration) and China over what the Resolution should say about the WHO was a sticking point for several weeks. In the end, the Resolution did not mention the WHO by name—only making an oblique reference to ‘all relevant parts of the United Nations system’ (Security Council Report 2020).

In February 2021, the UNSC met to discuss their role in the Covid-19 response and in ensuring vaccines could be rolled out in countries affected by conflict and instability. At

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that meeting, calling vaccine equity the biggest moral test for the global community, Secretary General Guterres called on members of the Council to lead by example in rejecting ‘vaccine nationalism’ (United Nations 2021). In late February, the UNSC passed its second Resolution on COVID-19 (Resolution 2625), which called for greater commitment to global cooperation on vaccine distribution, and again reiterated its demand for ‘a durable, extensive, and sustained humanitarian pause to facilitate, inter alia, the equitable, safe and unhindered delivery and distribution of COVID-19 vaccinations in areas of armed conflict’ (United Nations Security Council 2021). However, after Resolution 2625 was adopted, all went quiet around the UNSC and its role in the Covid-19 pandemic, leaving a question over whether the resolution actually had any impact on the slow international roll out and global maldistribution of vaccines (Gowan 2021). In this collection, in which contributors look at the entire history of the UNSC’s engagement with health, we seek to understand whether, how, and under what circumstances the Council might have a positive role to play in health emergencies.

Given ‘primary responsibility for the maintenance of international peace and security’ by the UN Charter, the UNSC is comprised of 15 members (the five veto-holding permanent members (‘the P5’), and a further 10 elected by the UN General Assembly for a 2-year term). The UNSC is a unique body in many respects. It alone (under Chapter VII of the Charter) has the power to authorise the use of force to ‘maintain or restore international peace and security’. It has also, throughout its history, been a venue for some of the most memorable moments of high political drama.

For the first 55 years of its existence, the UNSC showed little interest in health as a topic, interpreting its mandate narrowly to focus on more traditional issues of international peace and security—in particular international and civil armed conflicts. That all changed in 2000, when the Council turned its attention to HIV/AIDS. It has since followed up with further health-related resolutions, including on Ebola in both West Africa and the DRC, attacks on health infrastructure in armed conflicts, and now on COVID-19. It is also, of course, important to note that many decisions made by the UNSC have a direct or indirect impact on people’s health (especially those living in fragile and war-torn contexts), whether or not that is the focus of the Resolution.

As the contributions that follow show, when the UNSC uses its normative power, health emergencies can gain global political attention, potentially leading to more cooperation and funding. However, what the UNSC has to offer may primarily be of symbolic value more than offering practical ways to effectively, accountably and comprehensively respond to health emergencies.

This collection explores various aspects of the UNSC’s engagement in health emergencies from a variety of perspectives: International relations, international law and human rights, first-hand experiences and reflections from the field, a gender lens, and perspectives from medical humanitarian organisations. The contributors look at various aspects of the UNSC’s engagement with health crises. Examining both the pros and cons of giving the Council a role in the global response to health emergencies, the pieces examine the history, politics and impacts of the UNSC’s engagement with health to date. In doing so, the collection seeks to look ahead to future such crises and provide insights on what the proper role of the UNSC should be (if any), what it can contribute (and what it can’t) to global health governance, and how/whether it can play a more effective part in the response to future health emergencies.

Even if not all authors of this collection agree over the appropriate role for the UNSC in global health governance, we have collectively identified three key tasks for the UNSC. Firstly, it should reflect on its own role in health emergencies and identify its own weaknesses and strengths. Secondly, the UNSC has increasingly recognised the ways in which health intersects with some of its other agenda items, including human rights and women, peace and security. These intersections could be more fully explored, and synergies identified. Thirdly, the UNSC could also explore intersections and duplications with WHO practices and mechanisms as well as gaps between these two UN bodies. This could strengthen collaboration and potentially benefit the prevention of health emergencies, early warning and, if necessary, coordinated responses to future health emergencies.

Disclosure statement

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

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Simon Rushton is Professor of International Politics in the Department of Politics and International Relations, University of Sheffield, UK. His most recent book is *Security and Public Health* (Polity 2019).

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