

Health security and the promotion of peace and security in Africa

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Tomorrow (8 February), the African Union (AU) Peace and Security Council (PSC) will convene its 1200th session to deliberate on the theme of 'health security and the promotion of peace and security in the continent'.

The session is expected to commence with opening remarks by Mohammed Arrouchi, the Permanent Representative of Kingdom of Morocco and Chairperson of PSC for the month of February. The AU Commissioner for Political Affairs, Peace and Security (PAPS), Bankole Adeoye, and the Commissioner for Health, Humanitarian Affairs and Social Development, Minata SAMATE CESSOUMA, as well as the Director-General of the Africa Centres for Disease Control and Prevention (Africa CDC), Dr. Jean Kaseya, are expected to deliver statements. The African Commission on Nuclear Energy (AFCONE), the International Committee of the Red Cross (ICRC) and Pateur Institute of Morocco are also expected to participate in this session.

This session comes amid a cholera outbreak gripping the Southern Africa region, which highlights the persisting challenges of disease epidemics facing the continent. According to Africa CDC, from January 2023 to January 24, 2024, a staggering total of 252,934 cases and 4,187 deaths have been reported from 19 AU Member States. Alarmingly, over 72.5% of these cases are reported from the Southern Africa Development Community (SADC) region. In response to the crisis, SADC convened an extraordinary summit on 2 February, during which the regional bloc outlined range of measures to

curb the outbreak. While the session provides an opportunity to explore ways of supporting SADC's efforts to address the outbreak, it also underscores the growing recognition of the need for a holistic approach that properly caters to human security.

The PSC has previously deliberated on various aspects concerning the nexus of health, peace and security, within the framework of its mandate under Articles 6 and 7 of the PSC Protocol, which outline humanitarian action and disaster management as integral powers and functions of the PSC. Article 15(1) of its Protocol also stipulate that the PSC shall take active part in coordinating and conducting humanitarian action in the event of conflicts or natural disasters, while Article 13(f) specifically mandates the African Standby Force (ASF) to engage in humanitarian assistance to alleviate the suffering of civilian population in conflict areas and supporting efforts to address major natural disasters. Among its significant decisions in fulfilling this mandate was the authorization of an AU-led military and civilian humanitarian mission during its 450th session in August 2014 in response to the West Africa Ebola Virus Disease outbreak.

At its 742nd session held in January 2018, PSC recognized that disease epidemics are increasingly posing serious social, economic, political and security threat to many parts of the continent, while emphasizing the imperative of mainstreaming Africa's public health security within the overall framework of the AU Peace and Security Architecture. It also underscored the need for Member States to embrace and further enhance their collective security approaches and cooperation in preventing, controlling and combating disease epidemics. In the wake of the COVID-19 outbreak, PSC also convened several sessions to explore and address its impact on the peace and security in the continent. Notably, PSC's 918th session, held

in April 2020, acknowledged that 'COVID-19 constitutes an existential serious threat to international peace and security', further recognizing the 'very serious and unprecedented threats to human security and national economies' posed by the pandemic.

Over the years, AU has initiated different institutions and strategies to address the health related challenges of the continent. Aspiration 1 of Agenda 2063, Africa's blueprint and master plan for transforming Africa into the global powerhouse of the future, envisions a prosperous Africa based on inclusive growth and sustainable development. One of the key goals for Africa to realize this aspiration is to ensure that its citizens are healthy and well-nourished and adequate levels of investment are made to expand access to quality health care services for all people. AU also developed the African Health Strategy 2007-2015 and 2016-2030. In January 2017, the Africa Centers for Disease Control and Prevention (Africa CDC) was launched to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats. In a significant move in February 2022, the Assembly (**Assembly/AU/Dec. 835(XXXV)**) elevated Africa CDC to an autonomous public health institution. It also upgraded the 'AU COVID-19 Response Fund' into the 'Africa Epidemics Fund' to mobilize resources for preparedness and response to disease threats on the continent. Furthermore, the Africa Medicine Agency (AMA) has been established as a specialized agency of the AU through a treaty adopted in February 2019 to enhance the capacity of State Parties and regional mechanisms to regulate and improve access to quality, safe and efficacious medicines, medical products and technologies in Africa.

While the initiative to enhance its health security architecture is commendable, the continent still faces recurring disease outbreaks, including emerging and re-

emerging infectious diseases. The COVID-19 pandemic starkly exposed the 'weaknesses and inequities' inherent in the global health ecosystem, where Africa found itself largely neglected as wealthier nations monopolized doses for their own citizens and refused the request for TRIPS waiver to allow the generic production of COVID-19 vaccine. This underscores the critical imperative for Africa to prioritize investments in its health system and enhance its preparedness for future outbreaks. Indeed, it was against this context that the AU launched a framework for action known as 'A New Public Health Order for Africa' in September 2022 with the view to addressing the structural deficiencies ranging from national to global health system. The new public health order calls for: strengthened public health institutions, strengthened public health workforce, expanded manufacturing of health products, increased domestic investment in health, and action-oriented and respectful partnerships.

One key aspect of tomorrow's deliberation is expected to be the intersection between health, peace and security. Echoing the sentiments of the Director-General of the World Health Organization (WHO), it is often stated that 'there is no health without peace and no peace without health', encapsulating the ideals of the WHO Constitution which recognizes that the health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and states. The new WHO Global Health and Peace Initiative (GHPI), aimed at strengthening the WHO and health sector's roles in fostering peace, highlights the intricate and bidirectional interplay between conflict, health and peace. The most apparent nexus between health and peace arises when conflicts precipitate direct, violent fatalities among civilians and combatants, leading to physical and psychological disabilities. Conflicts disrupt health systems, impede medical supply chains, break social structures, and cause health care workers to leave, and fuel epidemics and starvation.

On the other hand, as the GHPI notes, for citizens, the provision of healthcare and other essential services serves as the most tangible manifestation of national authority and a key determinant of state legitimacy. Disparities in the delivery of these services can erode such legitimacy and escalate the risk of violence, particularly when certain groups perceive unequal access as deliberate exclusion or neglect by the government. In some context, the lack of access to basic services, including health, has been identified as a driver for recruitment into violent extremist groups. Healthcare systems that address economic, geographic, epidemiological and cultural barriers to access, while striving for Universal Health Coverage (UHC), enhance better state-citizen relationships. This aspect of the intersection also underpins the concept of health security, an essential component of human security, as good health is not only vital for human survival but also plays crucial role in sustaining livelihoods and upholding human dignity.

In light of the above, there are several policy considerations that merit reflection in tomorrow's deliberation. Beyond mere recognition of constitutional recognition, governments should demonstrate their commitment to the right to health through tangible actions, including through prioritizing and allocating adequate resources for healthcare. In April 2001, Member States of the AU committed to allocate at least 15% of their annual budgets to health, known as the 'Abuja Declaration'. However, over two decades later, only a few countries (South Africa and Cape Verde, according to one source) have achieved that target. It is also imperative that health policies and their implementation be grounded in the principles of equity and universal access to high-quality care. Such an approach not only fosters inclusivity but also contributes to achieving sustainable peace. In fragile and conflict settings, targeted health interventions have a high potential to significantly enhance prospects for peace. These interventions are particularly effective when tailored to

address the root causes, drivers, and triggers of conflict. Moreover, initiatives aimed at preventing the collapse of health systems and subsequent reconstruction play pivotal role in mitigating simmering grievances and preventing further tension fueled by inadequate access to healthcare.

The expected outcome of the session is a communiqué. PSC may take the opportunity to welcome the convening and outcome of the 2 February extraordinary summit of SADC on the cholera outbreak in the region. In this regard, PSC may call upon the Africa CDC and international partners to sustain their technical and financial support for the cholera response efforts in the region. Recognizing the nexus between health and peace, and health security as a fundamental pillar of human security, PSC may echo the statement by Director-General of the World Health Organization (WHO) that 'there is no health without peace and no peace without health'. While highlighting the imperative of health security in fostering sustainable peace and development in the continent, PSC may urge Member States to demonstrate political commitment by increasing investments in the health sector and establishing equitable health system to attain universal health coverage. In this connection, PSC may seize the opportunity to reiterate the importance of Member States reaffirming their commitment to the Abuja Declaration, which calls for allocating 15% of their annual budget on health. In relation to Africa's New Public Health Order, it may call upon various stakeholders, including Member States, international partners, the private sector, Civil Societies to support the full implementation of the initiative and enhance health emergency preparedness and response. It may also underscore the significance of investing in vaccine production, as well as the imperative to protect health infrastructure and personnel. Finally, PSC may urge the Commission to work on the full operationalization of the different initiatives that are aimed at strengthening AU's health security architecture, notably Africa CDC, the Africa Medicine Agency (AMA), and Africa Epidemics Fund.