The Security Sector and Health Crises

The roles of security sector actors in preventing and responding to epidemics and pandemics

About this series

The SSR Backgrounders provide concise introductions to topics in good security sector governance (SSG) and security sector reform (SSR). The series summarizes current debates, explains key terms and exposes central tensions based on a broad range of international experiences. The SSR Backgrounders do not promote specific models, policies or proposals for good governance or reform but do provide further resources that will allow readers to extend their knowledge on each topic. The SSR Backgrounders are a resource for security governance and reform stakeholders seeking to understand and to critically assess current approaches to good SSG and SSR.

About this SSR Backgrounder

This SSR Backgrounder is about the role of security sector actors in health crises. Outbreaks of infectious disease put pressure not only on health systems, but also on political, economic, food, water, educational, societal, and cultural systems. As such, security institutions offer strategic advantages and play essential roles which are indispensable in integrated crisis prevention and response.

This SSR Backgrounder answers the following questions:

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What is a health crisis?

A health crisis is a **new, acute, or rapidly spreading outbreak of an infectious disease** at the community or national level, such as an epidemic; or at the regional or global level, such as a pandemic. Some infections spread from humans directly to other humans, while others are transmitted by animals, insects, water, soil, or other environmental vectors. Recent examples have included coronaviruses (COVID-19, SARS, and MERS), Ebola, influenza (swine flu, avian flu), various tropical diseases (Zika, Chagas disease, tuberculosis, yellow fever), and HIV/AIDS.

Outbreaks of infectious disease put direct pressure on health systems. Often, these systems lack qualified and prepared personnel, sufficient materials, and adequate resource mobilization. Logistics and weak infrastructure pose further limitations, especially in accessing remote or otherwise vulnerable communities. Moreover, health workers, including doctors, nurses, ambulance drivers, pharmacists, and laboratory technicians, are at the forefront of the fight and are exposed to infections in the line of duty, so that they frequently fall victim themselves. During the COVID-19, swine flu, Ebola, and other crises, health systems have been overwhelmed.

What security challenges are raised by health crises?

Even beyond health systems, the emergency that health crises represent can reveal vulnerabilities in **human security and critical infrastructures, as well as national security and public order.** Emergency measures can alter chains of command and consolidate and/or concentrate power to foster fast responses, and can even impact top government actors. The insecurity that results from a crisis can lead to challenges to public order, such as increased incidence of burglary, theft, cybercrime, fraud, or other criminality. On top of this, the enforcement of health regulations can stagnate human movement; food and water can become difficult to access, especially for those under quarantine and for the elderly, disabled, less mobile, or those living in rural settings; and disruptions of supply chains can burden humanitarian aid efforts, negatively impacting those living through armed conflict. During the COVID-19 crisis, for example, extensive public health measures, including national or regional lockdowns, preceded economic recession and unemployment, disproportionately affecting small businesses, lower income earners, and minorities. The confinement of large

numbers of people to their homes carries significant implications for mental and psychological health (and related medical provisions), as well as for domestic violence and abuse. In addition to the latter, school closures are also linked to higher rates of both gender-based violence and teenage pregnancy. People who show symptoms of disease, or who are associated with hotspots of disease outbreaks, may face stigmatization, sometimes with ethnic or racial overtones. Traditional rites, such as handshaking, family washing, and the traditional burial of the dead, are also denied, which slowly unravels the cultural and social fabric of a community. In sum, all systems – of food, water, economics, education, society, and culture – are affected by strained health systems, and all are interlinked.

Laws, emergency measures, and health regulations must be enforced to **protect life and property,** but must be **balanced with human rights.** Any **fear or mistrust** of government agencies, including security forces, can lead to resistance within communities against protective measures. **Quarantine, border management, and travel restrictions** can be crucial in early detection and prevention, but they require clear directives and information flow, and should be limited in time and subject to continuous revision; these restrictions can have serious political and diplomatic consequences and may negatively impact individual and family livelihoods and well-being. **Where individuals live in close quarters,** such as in prisons, detention centres, refugee camps, and homeless encampments, the risk of infection spreading in already vulnerable populations is especially high. Yet, many countries faced with an emergency health crisis **lack immediately deployable resources,** including financial, material, and human resources, due to inadequate stockpiling and disaster preparation.

Access to timely and reliable **information** – for and among governments, international actors, health providers, and citizens – is vital to efficient crisis management. Inaccurate or inconsistent information can lead to mistrust between key stakeholders, such as health-care providers, government officials, and civil society. However, there are obstacles to transparency, including concerns over data privacy, capacities for information gathering, the spread of misinformation on social media or other platforms, and the politicization of intelligence. Thus, emergency responses demand **international and multidisciplinary cooperation** between health personnel and professionals

from various sectors. A government must coordinate with international, security, and other multidisciplinary actors in order to secure necessary resources and control the spread of infection. To do so requires mutual trust, a clear demarcation of roles and responsibilities, and the sensitivity and agility to work across varying languages, religions, cultures, and values.

Figure 1   Key security challenges during health crises

Democratic institutions

– A need to balance emergency measures with rule of law, human rights, and fundamental freedoms

– The undermining of democratic procedures

– Impacts on elections and election security

– Constraints on or suspension of the oversight roles of representative bodies

– Deviations from the typical political chain of command

– Civil-military tension and challenges to the civilian supremacy of the security sector in times of emergency

State response and infrastructure

– Maintenance of critical infrastructure, as well as government systems and processes

– Delays in decision making, and obstacles to necessary legal and policy work

– Response cooperation and coordination

– Economic obstacles for institutions and companies

– A lack of financial and material resources, and constraints to the health, preparedness, and mobility of personnel

– Border and travel management

– Dangers to overcrowded penal institutions and impacts on criminal justice processes

– The dissemination of accurate and timely information, and the identification of mis/disinformation

– Social instability and challenges to public order, the threat of armed conflict, and risks to developing countries or those undergoing transitional justice processes

Psychological and societal effects

– Recognizing, managing, and responding to fear

– Food, water, economic, educational, societal, and cultural impacts on civilians

– Language, cultural, spiritual, and anthropological considerations

– Mistrust in civilian and military authorities

Which roles do security sector actors play?

Security institutions – often armed forces – are increasingly called upon to support civilian actors in times of crisis. Multilateral security missions at the regional and global levels also provide assistance and relief. However, past experiences raise the question of which contributions can and *should* be made by national and international security institutions during health crises. Each security institution provides strategic advantages due to their tailored capabilities, and each is thus indispensable to an integrated health response. *For general information on security actors and their roles, specifically in cities, please refer to the SSR Backgrounder on "Urban Safety and Security".*

Why is the involvement of security institutions and their oversight essential?

Health threats can be security threats, and vice versa, and the COVID-19 and Ebola outbreaks have demonstrated that it is not enough to address such outbreaks as "health crises" only. Indeed, the lines are blurred between a public health emergency and a national security crisis with economic, human, and humanitarian aspects. Therefore, an efficient response should deal with a crisis of this nature holistically, and cross-sectoral cooperation is often necessary. It bears noting, however, that all the security actors involved in health crisis management through a whole-of-government response must be subject to civilian/democratic oversight.

Security institutions are uniquely equipped to handle emergency needs. Militaries have and maintain **logistical preparedness,** with vehicles, aircraft, and ships ready to carry cargo, and personnel on call for rapid deployment. The nature of military activities also means that militaries have the capacity to **deliver materials to remote locations,** where local medical facilities may not have the resources to handle crises, and can **airlift** people or materials out of an area. This mobility enables militaries to **erect makeshift facilities** as well. The highly regimented and disciplined character of armed forces makes them **highly efficient.** Gendarmeries, national guards, and civil protection units are trained in **crowd management,** and their materials and expertise can be helpful in enforcing quarantine measures. Police, local security actors, and community or traditional leaders have unique relationships with citizens and can **promote public safety and foster trust** while emergency measures are in place. In remote locations or territories under non-governmental control,

access to affected individuals may be entirely impossible without cooperation from **non-state armed groups** or **private security companies.** When security institutions dedicate these assets, health-care workers can focus their time and resources on managing the health crisis from a public health perspective.

Early and proper preparedness is key to facilitating the rapid deployment of crisis relief, and well before a serious outbreak, security institutions can lay the groundwork to ensure efficient health responses in the future. **Prior arrangements** between health and security sectors, on both national and international levels, can be established in advance so that roles and responsibilities are well established. These may take the form of bilateral or multilateral agreements, standard operating procedures, disaster preparedness plans, and trainings that include simulated disaster scenarios. To ensure capacity for rapid deployment, **stockpiles of essential material and human resources** should be gathered. Governments can ensure that their citizens are educated on **risk prevention** and the simple hygiene practices that can slow the spread of infection. **Infrastructure** such as hospitals, roads, and communication lines can be strengthened in advance of a crisis, particularly to ensure access to rural populations. Military hospitals play important roles in **research and vaccine development** and can relieve the pressure on civilian hospitals when deployed. Times of relative calm should be used to prepare for the next outbreak, to avoid being caught by surprise and scrambling to react to a developing crisis. Security institutions must also design and implement **exit strategies,** in consultation with civilian (oversight) institutions, to seamlessly return to their regular roles and responsibilities without risking public health recovery once a crisis subsides. **Non-state security actors and justice institutions** may gain importance and relevance as communities rebuild and manage the repercussions of crises.

Oversight mechanisms are as important as ever during health emergencies. National and subnational emergency measures often extend the scope of duties for security actors or consolidate power to facilitate speedy decision making – both of which heighten the risk of abuse of power. Restrictions on free movement and public gatherings should not be imposed indefinitely, nor interfere with democratic processes and elections. Additionally, the global and social pressures felt by politicians during

crisis management should not lead to restrictions on information at a time when accurate, timely, and transparent information is crucial to health outcomes; and when societies are especially vulnerable to deliberate disinformation campaigns by private or anonymous individuals, state authorities, or external non-state and state actors. To balance these risks, parliaments, judiciaries, civil society, and the public must be prepared to uphold accountability.

Figure 2   Roles for security institutions in health crises

State security and justice providers

– National, foreign, and coalition armed forces can provide political stability, transportation and logistical assistance, emergency medical care, military hospital facilities, quarantine encampments, research support, vaccination development, and training and preparedness

– Gendarmeries, national guards, or civil protection can provide crowd control, maintain public order, and help enforce quarantine measures

– Police can assess local needs, provide targeted assistance, detect and isolate early cases of disease, and serve as first responders

– Border and immigration guards can control and monitor cross-border movement

– Intelligence services can work domestically to centralize and analyze data, assist in contact tracing, and collaborate internationally to prevent cross-border disease transmission; as long as this is done proportionally, in a time-limited manner, and in close adherence to the legal framework

– Justice and penal systems can help maintain law and order, particularly by prosecuting infractions of emergency regulations while observing procedural and substantive standards, and by ensuring that security actors remain within their mandates

Non-state security and justice providers

– Community security providers, such as neighbourhood watches, self-defence groups, and police reserve corps, can collaborate with police in providing local safety and security, and play an important role in building trust between police and citizens

– Prison guards and prison security can maintain order, help maintain good sanitary conditions, implement health security measures, and prevent panic and rioting

– Local community leaders can provide crucial information to front-line actors and support citizen compliance and comprehension

– Non-state armed groups and private security actors may need to provide many of the services listed above in places where they maintain territorial control or have replaced state security actors

Oversight actors

– Parliaments can hold security actors accountable and oversee their actions

– Parliaments vote for budgets and enact legislation required to meet health emergencies, and to recover in the aftermath

– It is often within the remit of parliaments to declare and terminate times of emergency

– Media and civil society can monitor the roles played by security institutions to assure they do not overstep their constitutional and legal bounds

What are the risks and benefits of security sector involvement in health crises?

It is clear that security sector actors must be prepared to perform tasks outside their core activities. Yet, engaging in a health crisis comes with risks. For example, governments often hesitate to deploy military forces on the front lines of an infectious disease crisis due to the risk of **exposure to infection** and the potential loss of lives among troops. Moreover, the discipline of armed forces makes them efficient but can also lead to **inflexibility** in their responses, and strict mandates and operating procedures can make their involvement complicated. On the other hand, there are direct benefits to security sector actors when they engage in health crises. Foremost, institutions gain **reputational credibility** by transcending traditional notions of security and furthering health and human security. When police host trainings or support citizens through crisis management, they **improve relations** within the communities they serve, thereby building trust and **enhancing capacity** to protect the public. *More on effective policing may be found in the SSR Backgrounder, "The Police".* Public health emergencies also present opportunities to uphold compliance with **international human rights and humanitarian laws.** Early collaboration with human rights actors and the humanitarian aid community can be key to guiding decision makers, for instance on how to construct and implement pre-screening facilities and quarantine centres without impeding on individual rights and liberties.

Several positive examples highlight the benefits of this kind of cross-sectoral cooperation. During the Ebola crisis, armed forces supported the work of centres of disease control allowing them to expedite the processing of samples; military engineering units assisted in constructing makeshift treatment facilities; and border guards met regularly with health emergency operation officials to be updated on the scope and nature of the outbreak. Similarly, during the COVID-19 outbreak, military medical staff in countries around the globe have played a crucial role in supporting civilian health-care infrastructure when it has become strained by a surge of patients.

How is (good) SSG central to public health and health crises?

The goals of good, democratic SSG are, among others, efficiency, effectiveness, participation, inclusivity, equity, rule of law, transparency, and accountability of security institutions. *Please see the SSR Backgrounder on "Security Sector Governance".* These principles are supremely essential during a health emergency, when swift and concerted action is necessary to protect human life on a large scale. Security institutions have a vital role to play in mitigating the devastating human costs of infectious outbreaks, but they can only succeed if their personnel are trusted and respected by the public, recognized by other actors that respond to health emergencies, and accountable to democratic oversight mechanisms. A failure to do so exacerbates the risks of a public health mission. Therefore, a direct link exists between good security sector governance, security sector reform and development, and the ability of security institutions to effectively contribute to combatting an outbreak.

In security sector institutions, anticipating potential health crises means focusing on preparedness. Direct actions that can be taken by security sector actors include the implementation of **training and capacity building for armed forces and police** on the topics of crisis management and engagement in potentially affected communities. **Clear health and safety guidelines** should also be established and disseminated in advance of emergency responses, to prevent misunderstanding. Government agencies, as well as their foreign counterparts, should **share experiences and lessons learned** in order to deliver an efficient and coordinated response. Existing security sector activities related to **mainstreaming gender** can be directed towards preparing to address the gender-specific health needs and consequences of health crises and responses. Many of these activities are broadly valuable and applicable and bring to the fore the urgency of much-needed security sector reforms.

Security sector oversight mechanisms are particularly important during health crises. The legal frameworks designed to cope with health emergencies require corresponding legislation to ensure enforcement. With that in mind, **parliamentary oversight committees** can be strengthened, and capacities improved, especially on the nexus between defence and health security matters. *Please see the SSR Backgrounder on "Parliaments".* **Independent**

oversight bodies, such as human rights commissions, police complaint boards, intelligence oversight bodies, and defence ombuds institutions fulfil an important role by providing complaints mechanisms and exercising control over security institutions. **Journalists** from regional, national, and global news outlets also play an essential role by providing critical information, and should be trained on reporting and handling emergency situations, as well as on responsible journalism. They should be engaged and represented in shaping and implementing health crisis responses through community measures, outreach activities, or regular communication with civilian and military actors involved in health crisis management. **Civil society** actors are uniquely positioned to mobilize and engage communities. Think tanks and research institutions can share data and other information relevant to policy makers with those shaping the health disaster response. *For more information on how civil society can improve SSG, please see the SSR Backgrounder on "Civil Society".*

What to read next

General reading:

– **The Next Ebola: Considering the Role of the Military in Future Epidemic Response**
London: Chatham House, 2017.

– **Position Paper: Civil-military coordination during humanitarian health action**
Geneva: WHO Global Health Cluster, 2011.

– **Security and Justice Reform Response to Covid-19 Crisis**
Geneva: DCAF International Security Sector Advisory Team, 2020.

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Impact of COVID-19 on Security Sector Governance, Briefing Note
Geneva: DCAF, 2020.

– Ilona Kickbusch, James Orbinski, Theodor Winkler, and Albrecht Schnabel
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– Jennifer B. Nuzzo and Gigi Kwik Gronvall
Global Health Security: Closing the Gaps in Responding to Infectious Disease Emergencies
Global Health Governance, 4(2), 2011: 1–15.

– Albrecht Schnabel and Ilona Kickbusch (eds.)
The Security Sector and Health Crises
Geneva: DCAF, forthcoming in 2020.

Guiding tools for security sector actors:

– **Guidelines for Developing Emergency Simulations and Drills**
Washington DC: Pan American Health Organization, 2011.

– **Health, Border and Mobility Management Fact Sheet**
Geneva: International Organization for Migration, 2015.

– **Oslo Guidelines: Guidelines on the Use of Foreign Military and Civil Defence Assets in Disaster Relief**
Geneva: Office for the Coordination of Humanitarian Affairs, 2007.

– **Sendai Framework for Disaster Risk Reduction 2015–2030**
Geneva: UN Office for Disaster Risk Reduction, 2015.

– **The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises**
Washington, DC: Commission on a Global Health Risk for the Future, 2016.

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PLOS One, 9(10), 2014.

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London: Elsevier, 2017.

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American Journal of Epidemiology, 158(10), 2003: 996–1006.

On Ebola

– Adam Kamradt-Scott, Sophie Harman, Clare Wenham, and Frank Smith III
Civil-military cooperation in Ebola and beyond
The Lancet, 387, 2016: 104–105.

– Cathy Haenlein and Ashlee Godwin
Containing Ebola: A Test for Post-Conflict Security Sector Reform in Sierra Leone
Stability: International Journal of Security and Development, 4(1), 2015: Art. 38.

– Stephen A. Matlin, Albrecht Schnabel, Ilona Kickbusch, Miriam Sangiorgio, and Michaela Told
Security Sector Engagement in Global Health Crises. A Brief for Policy-Makers
Geneva: Global Health Programme, IHEID and DCAF, 2015.

– Stephen A. Matlin, Albrecht Schnabel, Ilona Kickbusch, Theodor Winkler, Miriam Sangiorgio, Michaela Told, Usha Trepp, and Werner Werder
The Security Sector and Global Health Crises: Lessons and Prospects. A Policy Brief
Geneva: Global Health Programme, IHEID and DCAF, 2016.

– Jonathan Sandy, Albrecht Schnabel, Haja Sovula, Usha Trepp, and Raphael Zumsteg
The Security Sector's Role in Responding to Health Crises: Lessons from the 2014–2015 Ebola Epidemic and Recommendations for the Mano River Union and Its Member States
Geneva: DCAF, 2017.

On SARS

– Melissa Curley and Nicholas Thomas
Human security and public health in Southeast Asia: the SARS outbreak
Australian Journal of International Affairs, 58(1), 2004: 17–32.

– Julie E. Fischer
Global Health Security: A Long-Term Prescription
Washington, DC: Stimson Center, 2013.

On swine flu

– Allen Yu-Hung Lai
Organisational Capacity and Health Security: Evidence from Fighting Influenza A H1N1 Pandemics in 2009
Asian Journal of Social Science, 42(1/2), 2014: 103–121.

On COVID-19

– **Armies are mobilising against the coronavirus**
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https://www.economist.com/international/2020/03/23/armies-are-mobilising-against-the-coronavirus

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More DCAF resources

– DCAF publishes a wide variety of tools, handbooks, and guidance on all aspects of SSR and good SSG – including many offered in languages other than English – available free-for-download at:
    www.dcaf.ch

– The DCAF-ISSAT Community of Practice website makes available a range of online learning resources for SSR practitioners at **http://issat.dcaf.ch**

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Geneva Centre for Security Sector Governance (DCAF)
P. O. Box 1360
CH-1211 Geneva 1
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