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**REIMAGINING STATE
AND HUMAN
SECURITY BEYOND
BORDERS**

Annamarie Bindenagel Šehović



Reimagining State and Human Security
Beyond Borders

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*To my parents
Who taught me to see beyond borders*

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CONTENTS

1	Introduction: Origins of Human Security	1
1.1	<i>Origins</i>	2
1.2	<i>Emergence of Human Security</i>	3
1.3	<i>Conceptual Overview</i>	5
1.4	<i>Conclusion</i>	10
	<i>References</i>	11
2	Human Rights and State Responsibilities	13
2.1	<i>Human Security in Conversation with Sovereignty</i>	15
2.2	<i>Rights and Responsibility</i>	20
2.3	<i>Conclusion</i>	25
	<i>References</i>	26
3	States and Citizens: Reciprocal Rights and Responsibilities	29
3.1	<i>Contribution of the GAP</i>	33
3.2	<i>Consequences: (Re)locating Responsibility and Accountability for Human Security</i>	35
3.2.1	<i>National and International</i>	36
3.2.2	<i>Local and Global</i>	37
3.3	<i>Conclusion</i>	37
	<i>References</i>	39

4	Beyond the Binary: Beyond States, Beyond Citizens	41
4.1	<i>Changing Rules of the Game</i>	43
4.2	<i>Caveats: Without Responsibility—Reneged Rights</i>	44
4.3	<i>Re-poling Governmentality for Order</i>	46
4.4	<i>State/Sub-State/Supra-State</i>	47
4.4.1	<i>Low-Order Human Security</i>	48
4.4.2	<i>High-Order Human Security</i>	49
4.5	<i>Military</i>	51
4.6	<i>Conclusion</i>	53
	<i>References</i>	54
5	Re-Bordering State Responsibilities and Human Rights	57
5.1	<i>Borders</i>	58
5.2	<i>Bordering Health</i>	63
5.3	<i>Migrating Citizens(ships): Mitigating Human (In)Securities</i>	67
5.4	<i>Conclusion</i>	69
	<i>References</i>	71
6	Health and Human Security	73
6.1	<i>The Right to Health</i>	74
6.2	<i>HIV and AIDS and Ebola: Evidencing the Right to Health/Evaluating Responsibilities</i>	77
6.2.1	<i>HIV and AIDS</i>	78
6.2.2	<i>Ebola to Zika</i>	79
6.3	<i>Health Security at Borders</i>	80
6.4	<i>Health Security Beyond Borders</i>	83
6.5	<i>Conclusion</i>	86
	<i>References</i>	87
7	Reimagining State and Human Security Beyond Borders	91
7.1	<i>Right and Responsibility for Health and Human Security</i>	92
7.2	<i>Low-Ordering Arrangements</i>	93
7.3	<i>High-Ordering Solutions</i>	95
7.4	<i>Conclusion</i>	98
	<i>References</i>	99
	Index	101

ABBREVIATIONS

A4H	Accountability for health
AA	German Foreign Office
Africa CDC	Africa Centres for Disease Control and Prevention
AIB	Asian Infrastructure Investment Bank
ASEAN	Association of Southeast Asian Nations
AU	African Union
BRICS	Brazil, Russia, India, China and South Africa
CLAP	Local Committees for Supply and Production
CSR	Corporate social responsibility
DACA	Deferred Action for Childhood Arrivals
ECDC	European Centre for Disease Prevention and Control
ECOWAS	Economic Community of West African States
EIDs	Emerging infectious diseases
ERASMUS	European Community Action Scheme for the Mobility of University Students
EU	European Union
EVD	Ebola virus disease
FCGH	Framework Convention on Global Health
FCTC	Framework Convention on Tobacco Control
GAP	Governance Accountability Problem
G7	Group of 7
G20	Group of 20
GOARN	WHO's Global Outbreak Alert and Response Network
GPHIN	Global Public Health Intelligence Network
H5N1	Avian influenza

HIV	Human immunodeficiency virus
IBSA	India, Brazil, and South Africa
ICE	U.S. Immigration and Customs Enforcement
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICCPR	International Covenant on Civil and Political Rights
IHRs	International Health Regulations
ISIS	Islamic State of Iraq and Syria
MDGs	Millennium Development Goals
MDR	Multidrug resistant
MERCOSUR	the common market of select South American States
MERS-CoV	Middle East respiratory syndrome-related coronavirus
MSF	Médecins Sans Frontières
NATO	North Atlantic Treaty Organization
NCDs	Noncommunicable diseases
NEC	National Executive Committee
NGOs	Nongovernmental organization
NSAs	Non-State actors
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PHEIC	Public Health Emergency of International Concern
PUGWASH	Pugwash Conferences on Science and World Affairs
R2P	Responsibility to Protect
RBA	Rights based approach
SADC	Southern African Development Community
SARS	Severe acute respiratory syndrome
SDGs	Sustainable Development Goals
SWAT	Special Weapons and Tactics
TB	Tuberculosis
UHC	Universal health coverage
UN	United Nations
UDHR	United Nations’ Universal Declaration of Human Rights
UNSC	United Nations Security Council
VCT	Voluntary counselling and testing
WHO	World Health Organization
XDR	Extensively drug-resistant

LIST OF BOXES

Box 1.1	Assumptions	7
Box 2.1	Practical Limits to Krasner's Cartography of Sovereignty	19
Box 7.1	Low-ordering health security/High-ordering health security	93

Introduction: Origins of Human Security

Abstract Human security denotes a human-denominated, as opposed to State, focus for security. It highlights the duality of individual, universal—universalizable—human rights. This duality is central to the notion of human rights tied to human security. The idea of human security beyond borders is fundamentally an exercise in reimagining the traditionally State-based loci of responsibility for those individual but also universal human rights. This chapter introduces the challenges of geopolitical shifts compounded by unprecedented impacts of climate change, migration, and pandemic (potential). It makes a case for rethinking human security of citizens and non-citizens alike—beyond borders.

Keywords Human security • Human rights • Universal

Human security denotes a human-denominated, as opposed to State, focus for security. It highlights the duality of individual, universal—universalizable—human rights. This duality is central to the notion of human rights tied to human security. While not in itself the focus of this small book, the idea of human security beyond borders is fundamentally an exercise in reimagining the traditionally State-based loci of responsibility for those individual but also universal human rights.

In other words, though human rights can be taken to be universal, the responsibility for their security has been State-grounded. Though States have never been omnipotent in terms of their own or their citizens' security, this particular moment in time poses especial challenges to territorially delineated security. The challenges of geopolitical shifts compounded by unprecedented impacts of climate change, migration, and pandemic (potential) make a case for rethinking human security of citizens and non-citizens alike—beyond borders.

Human security presents a lens through which to approach a human rights/responsibility nexus. Building on the philosophical background informed by Christian ethics and the Enlightenment, it represents the culmination of a half-century's worth of effort to raise global awareness of human rights, dating from the establishment of the post-World War II institutions of the United Nations system.

1.1 ORIGINS

The origin of State responsibility for security predates even the Treaty of Westphalia. It is to be found in the two pillars of modernity which arguably emerged with the articulation of dual allegiance expressed in Christianity. While not arguing for an exclusive Christian viewpoint of human security, taking the particular contributions of the influence of Christian ideas about God and the State into account does shed light on the secular constellation of Statehood which continues to be the building block of the international, State-based world order. Thus these dual allegiances refer not to those separate allegiances owed God and Caesar, but instead to the dual pillars of human and especially universal human rights. Here the first pillar refers to the conception of a deity in the arcane world, conveying a human right on the human creatures of the earth created in that image.

In Christianity there is only one god who is fundamentally concerned with every individual person's salvation, it paves the way for modern individualism, which culminates in the assumption that the individual has inalienable rights.
(Hösle 2003, 23)

Building upon this argument, the second pillar confers that human right *universally*, on all human beings as beings created in that image.

Only through reflection on the transcendent god did humans emerge from their immediate unity with their political community, and no matter how much this god at first bound this community to a religious value world whose claims were even more unconditional than those of the polis, his ultimate decline left behind a social world in which even the values of one's own community appear to be objective facts that have no claim of their own to be loved or even merely obeyed. At the same time, this belief afforded a strong upswing, even an infinite emotion, to universal ideals, according to which all human beings should be regarded as equal. For if there is only one god, then he can hardly be the god of one's own people alone. (Hösle 2003, 23)

Pillars one and two together lead one step further even from the separation, referred to above, between the spheres of Caesar and of God. They coalesce into a *demand* upon the governing State, the secular Caesarian State, to uphold the universalistic morality demanded by Christianity. “[Christianity] made possible a politics that was finally free of all religious and especially ritual considerations. ...Through an extremely intensive moralization of the religious, it demanded an influence on politics that went far beyond what was conceivable for the ancients” (Hösle 2003, 24). In doing so, Christianity set a high bar for governance and States:

If Christianity demanded only a retreat from the world, it would be in a sense less threatening than it actually is. The difficulty with Christianity, however, consists in the fact that it not only devalues politics, but also makes demands on politics, based on its universalistic and individualistic ethics. (Hösle 2003, 24)

This process reinforced the secularity of the State, while simultaneously endowing it singularly with the authority and responsibility and accountability for a moral security: a human security. This is not to argue that either universal human rights or a State guarantee of security is accepted or implemented. It is to assert that the originating impulses exist and permeate if not penetrate the status quo, which is arguably the ideal of the universality of human security.

1.2 EMERGENCE OF HUMAN SECURITY

The concept of human security emerged in the post–Cold War era of the briefly heralded ‘unipolar’ moment which seemed to imply the end of inter-State security threats. It was first explicitly named in the 1994

United Nations Development Programme's (UNDP) report, *New Dimensions of Human Security*, yet built on a long tradition of sovereignty theory. The human security scaffold is predicated on the *national* responsibility to accept, promote, and protect the—ever-expanding—pantheon of those human rights. Nef (1999) and others count between five and seven dimensions of human security, each of them with echoes in the UN definitions of human, as well as political and social, cultural and economic rights. They are generally accepted as including: economic security, food security, health security, environmental security, personal security, community security, and political security. Given both the vagary of their definitions and the vastness of their possible scope, with the sole exception of provisions of asylum tied to political (in)security, none of these human security elements are protected by legal provisions nationally, let alone internationally. Consequently, while these elements of human security 'rights' have benefited from a boundless imagination, the same cannot be said for the creativity applied to their realization, which remains the responsibility of the citizen-State.

In practice, however, this is not the case, as non-State actors (NSAs) of various kinds advocate, influence, write, and implement the ordering rules. At the same time, the very legitimacy of the world order—State and NSAs all—is undergoing a shift: an uncoordinated stress test whose outcome is uncertain. Indeed, the State has also undergone a transformation. While the scope of human rights has expanded, that of States' rights has both expanded and contracted, at times retracting and contracting and at others effectually expanding (again): constrained first by the Cold War logic of mutually assured destruction (MAD); opened to new forms of government by the ideas of Foucault's 'governmentality' (Faubion and Rabinow 1994) and the 1990s' promulgation of issue-specific governance regimes that included NSAs (Rosenau 1992); seemingly eroded by the 'diffusion' of power (Guzzini and Neumann 2012); only to be recaptured in the emergence of the Responsibility to Protect (R2P) of 2001 (ICISS 2001). On the one hand, myriad regulations and treaties curtail State maneuvering with regard to, among many others, the realm of international health crises through the International Health Regulations (IHR, updated 2005, brought into effect 2007). On the other, adaptations to States' continued (full) responsibility for the realization of human rights of their citizens continue to put the onus for an ultimate guarantee of human security (Šehović 2014) at their doorsteps. This is one side of the emergent challenge. The other is the void of imaginative beyond-State responses to the

acceptance, promotion, and protection of the human rights' realization of non-citizens beyond borders.

This book aims to address this gap by reimagining both State and human security beyond borders. Chapters 1 and 2 begin by laying out the foundational arguments that underscore State responsibility for citizens' human rights. Chapter 3 analyzes the kind of gap that has emerged between the expansion of individual human rights and the (inadequate) adaptation to State responsibilities for such rights. Chapter 4 delves into concept of order, analyzing high and low-orders of State and human security. Chapters 5 and 6 offer case studies on migration and health to illustrate and evaluate these hypotheses. Chapter 7 concludes with possible policy and research recommendations.

1.3 CONCEPTUAL OVERVIEW

Like the concept of human security itself, this book has the potential to become an unwieldy tome. In order to limit its remit, it will focus on delineating the definitions of human security juxtaposed against State security (defense) and in relation to *health security and citizenship*. In addition to the 1994 UNDP report, the argument builds on that of the Commission on Human Security, *Human Security Now*, (2003), and the literature on the social determinants of health (Benatar 2011; Gill and Benatar 2016). This in turn builds upon centuries of development of the argument that State has the responsibility to promote and protect the rights of its citizens, not only in terms of territorial integrity but also in terms of welfare—including health (Gill and Benatar 2016). Together, these link national and international human security, and are applicable to reimagining, for example, citizenship rights to health security beyond borders (Table 1.1).

This illustrative nexus shows that just as global and international health diplomacy are differentiable, so, too, is international health security from global health security. Whereas the former emphasizes the security, primarily in the form of the protection of territory, of States, the latter prioritizes the health of people (in or between) any State. Yet regardless of whether State or human security is the ultimate goal, it is States which

Table 1.1 Nexus of health diplomacy–health security

Health diplomacy: Diplomacy of/for health	Health security/defense
Health (science) for diplomacy–security	Health security–human security

retain the status of the final arbiter of (any) security. This is because only States possess the necessary legal, procedural, and generally material capabilities of providing for and enforcing (human) security (Šehović 2014; Šehović 2017 forthcoming). Despite inputs and supplements and assumption of an increasingly diverse portfolio of roles and responsibilities both internationally and globally on the part of NSAs, whose numbers have exploded since the mid- to late 1990s, the centrality of States to the world order prevails.

Indeed, internationally recognized Statehood continues to be a prerequisite for a seat at the rule-making table. Ulrike Guérot, quoted in her provocative interview entitled “Europe needs to transcend the nation state” (2016), goes so far as to ask: “Why do we have a system in which we ask all the communities to become nation states first before joining a supranational entity?” Though this is not the question to be answered in this book, it nonetheless represents a lens to the frame explored here. By holding the implicit presumption of a State-based international order up to the light, Guérot sets the stage for the question this book asks: *In a world of imperfect State security, of porous borders, how might it be possible to reimagine establishing and protecting human security beyond borders?*

The question is premised on the endurance of the State-based international order. This is a practical consideration as the current order is built on States. Where and when these also act as Member States in collaboration with NSAs or other actors does not detract from the primacy of States.

The question is also based on two additional assumptions: (1) that borders are porous, and will continue to be so; and (2) that such porousness leads to two choices: (a) State-centric security, prioritizing external territorial demarcation, and internally directed citizenship; and (b) human security beyond borders, requiring a new conceptualization of citizenship with(out) regard for territory. The latter would require a reimagining of the allocation and attribution of human (security) rights and responsibilities. If the first assumption holds true, then the second must also be correct. That is the argument put forward in this book (Box 1.1).

In order to test its assumptions and to answer its questions, this book draws on a long list of literature on State sovereignty and human security and analyzes two relevant case studies. In terms of sovereignty literature, this can be divided into two sets: that which rests on the assumption of State sovereignty and its enduring preeminence capable of withstanding change (Matthews 1997; Philpott 2001; Höslé 2003; Carlson and Owens

Box 1.1 Assumptions

Assumption 1: The ‘rules’ of the State-based order are shifting, with no clear loci of responsibility and accountability for (human) security.

Question 1: What is changing in the reordering of State-based ‘rules of the game,’ with what anticipated *consequences*, in terms of the loci of responsibility and accountability for (human) security?

Assumption 2: A renewed articulation and application of universal human rights is necessary, particularly with the acknowledgment of the increasing numbers of State-less (non-citizen) people.

Question 2: How might it be possible to renew universal rights through a sub-State, State, and supra-State articulation and implementation?

2003; Krasner 1999; Kissinger 2015) and that which assumes that the rise of NSAs in particular presages a State-less, if not stateless, order (Slaughter 2004; Guzzini and Neumann 2012; Risse 2012; Terhalle 2015). It is indisputable that the number and role of NSAs have increased exponentially since especially the end of the Cold War. A mountain of literature has contributed to the understanding of their assumption of responsibilities and potential and modes of accountability. Yet as the case studies, focused on human security vis-à-vis health and migration, show, the scope and depth of NSA involvement in, for example, HIV (human immunodeficiency virus) and AIDS response and governance wax and wane. Whether a trend, or a recurring cycle, can be identified remains to be seen. As such, it remains an open question whether the ultimate guarantee of responsibility for human security will rest with States, with NSAs, or with another form of governance.

The project is exploratory. It refines questions that need asking, and engages with pressing questions both in the current geopolitical sphere and at the local level. By articulating and exploring these questions and possible answers to them, the project aims to bring the questions into the public sphere and engage with possible community and policy solutions.

First, briefly, this project traces the historical trajectory of rights’ demands on State (Hösle 2003; Carlson and Owens 2003; Philpott 2001). In doing so, it lays out the argument for State guarantee of human security—beyond the obligation to protect the integrity of territorial

borders. For the overall argument of the book, it is also necessary to differentiate between State-focused security of humans—citizens—within State borders, and the security of any and all human beings both within and between States. Understanding this distinction makes the case of reimagining human security beyond borders plausible.

Second, taking into account these rights' demands and dimensions of human security, the project then charts the orders of responsibility between State and non-State actors, accounting for (any) gaps. Here, the focus is on not just functional or operational realization of rights, but on their guarantee. It explores two case studies chosen for their timeliness and their relevance to both State security and human security, as well as their complicated relationships to borders: health and migration.

Health is a universal right in theory. It links human rights discourse with that of responsibility, both State and human. With regard to State responsibility, health is also linked with defense: securing territory requires a fit (standing) military (Howell 2014). Responsibility for human health security takes into account both individual and communal decision-making and their relationship: individual freedom versus communal protection, as seen most glaringly in the debate around vaccination (Šehović 2017, forthcoming). As such, health is a unique, local commodity, inextricably tied to communities and States. It is international insofar as its protection depends upon more than one State's actions. It is also increasingly being framed as global in practice: from the WHO through to the current focus on universal health coverage (UHC) and the Framework Convention for Global Health (FCGH). Health critically depends upon the implementation of systems based in and on State capabilities, notably with regard to services such as maternity care, as well as on surveillance at and across borders, as is the case with transnational threats such as SARS (severe acute respiratory syndrome) and H5N1 (avian influenza).

In this, health introduces a dichotomy of threats and vulnerabilities as distinct from risks (Nunes 2014; Liotta and Owen 2006; Singer and Baer 2011). It is often—not always—possible to minimize vulnerabilities and risks through the deliberate establishment and use of culturally appropriate and applicable systems (Lenard and Strahle 2012; Farmer 1999). It is more possible to control risks than vulnerabilities; and both are more controllable than threats.

Vulnerabilities here refer to what Liotta and Owen have debated as structural weaknesses which make health harder to achieve or to maintain (Liotta and Owen 2006). Examples include environmental factors such as

persistence of endemic disease and poor infrastructure, but also ‘creeping vulnerabilities’ such as expanding malaria regions (due to) and climate change. While not easily addressed, coping mechanisms and adaptations can make it possible to lift or limit these vulnerabilities.

Risks refer more specifically to the confluence of factors influencing the likelihood of a health crisis or (infectious) disease outbreak. In this rendering, risk refers to (lack of) herd immunity coupled with the probability of the introduction of, for instance, polio or measles. It also refers to the degree of possible spread of tuberculosis (TB) due to the vulnerability caused by population density, as well as the heightened potential of the spread of drug-resistant TB, or HIV, in the context of inadequate or interrupted medical treatment. Comprehensive interventions can—in theory and practice—reduce these risks.

Threats, but contrast, are more difficult to eliminate. These include (re)emerging infectious diseases (EIDs) such as SARS, H5N1, and Middle East respiratory syndrome-related coronavirus (MERS-CoV), as well as HIV and AIDS (HIV) and Ebola Virus Disease (EVD). The problem with such threats is that they cannot be wholly anticipated. Consequently, they cannot be eliminated. However, coordinated and collaborative research, such as that being conducted through the Centre for Viral Zoonoses and the Zoonoses Research Unit at the University of Pretoria in South Africa, with (potentially) the Robert Koch Institute and the School of Public Health at the University of Heidelberg in Germany, together with the Africa Centres for Disease Control and Prevention (Africa CDC), the EU CDC and the US CDC, might make inroads into anticipating and preparing for appropriate and mitigating responses.

In terms related to migration, the calculus to and of human security rights and responsibilities is a bit different. Migration need not be seen as a threat (at all). Risks then can be minimized, and responding to the vulnerabilities posed to migrants, and to both sending and recipient countries, can be systemically addressed. The link between migration and health can serve to make this clear.

Migration appears to be more obviously dependent upon border controls than health, though the case for this is not clear-cut. Continual migration, complemented by successive waves of a greater or lesser magnitude, has been and is a fundamental fact. Climate change is an additional driver of this phenomenon (Singer and Baer 2011). So, too, are repeated (new) eruptions of EIDs, as well as concomitant burdens of returning vaccine-preventable diseases such as measles, and non-communicable diseases (NCDs). Borders stem neither the tides of diseases nor those of migrants.

Third, and consequently, given the historically high number of migrants moving across the globe, and the expedited potential for (new) EIDs, the project speaks to a moment when these rights and responsibilities are in the process of being profoundly challenged. Fourth, and finally, the project aims to offer initial ideas to take into account in any new ordering of rights and responsibilities.

1.4 CONCLUSION

This book ties two traditionally separate spheres together, namely, geopolitical order as primarily related to State security and human security, typically rendered a concern of the ‘development’ agenda—of States. Binding the two reconceptualizes order for both human and State security as seen against two of the most pressing issues of our time: health and human (in)securities. It seeks to identify the sources, both theoretical and practical, of the increased pressure on rights and responsibilities for health and human security.

In so doing, it positions itself within the scholarly debate on the series of ordering changes that have occurred in the global system of governance since the 1990s. These have (unwittingly) diverged from the understanding of the State as the arbiter within its territory and as the guarantor of (human) security within its borders. This had had two separate sets of consequences. First, an attempt through the paradigm of human security (UNDP 1994), exemplified but not operationalized by the concept of the R2P (ICISS 2001), to expand the host of arbiters and guarantors upward to the ‘global’ (international) community has possibly failed. Second, interventionist actions of various NSAs to implement material guarantees of (human) security reaching both citizens and non-citizens (including refugees) have solved some immediate problems but not answered the question of where accountability lies at the last instance.

Given the current migration and refugee crisis, this diffuse relationship between States and citizens, and especially, non-citizens, is of particular interest. The impending wave(s) of anticipated climate (environmental) migrants makes an additional case of conceptualizing and addressing the legal and administrative challenges of (re)negotiating the relationship between States and citizens, responsibility and accountability. This short framing of the argument with pertinent examples is an apt way to contribute to and stimulate further scholarship and practical debate.

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Human Rights and State Responsibilities

Abstract This chapter lays out an argument that citizens' human rights are the responsibility of the corresponding State, meaning that citizens of a territorial State claim particular rights that State is obliged to deliver. In return, in an aspect which is often neglected in analyses of human security, citizens also owe allegiance to the State. Citizens' rights have been expanded to encompass not only physical protection within a territory but also a host of economic and welfare provisions. Despite the increasingly international discourse on human security rights, their legal home remains with the national State vis-à-vis its citizens. The chapter argues that the rules of the State-based order are shifting, with no clear loci of responsibility and accountability for human security.

Keywords State • Citizen • Rights • Responsibility

The Introduction sketched the origins and elements of human security. This chapter lays out one argument to make the case that citizens' human rights are the responsibility of the corresponding State, meaning that citizens of a territorial State claim particular rights that State is obliged to deliver. As outlined in the Introduction, these rights have been expanded to encompass not only physical protection within a territory but also a

host of economic and welfare provisions (Hösle 2003; Slaughter 2004; CESCR 1966; ICPCR 1966). However, especially with regard to the latter, not all of these rights are equally or legally encoded into national law. Thus despite the increasingly international discourse on human security rights, their legal home remains with the national State vis-à-vis its citizens. In return, in an aspect which is often neglected in analyses of human security, citizens also owe allegiance to the State.¹ This includes submitting to civic codes such as police ordinances and taxation, as well as to the military draft when instituted²: without such a reciprocal relationship between States and citizens, it might not be possible to guarantee territorial or other human security protections. Of course, the necessary existence of such a relationship does not preclude its potential for abuse by either party (see also Howell 2014). This reciprocal relationship is based on a State-citizenship centric order, and that not only at the national level, but also internationally. In other words, citizenship here is dependent upon its conferral by a territorial State, which derives its contours from its citizenry.

This chapter thus assumes that the current national/international governmentality order continues to be based upon this State-citizens relationship, with a twist. That is, while the national/international legal order rests upon the pillars of State-citizen reciprocity with regard to rights and obligations, this exchange does not reflect the more complicated reality. That is, the rules of the State-based order are shifting, with no clear loci of responsibility and accountability for human security.

The hypothesis presented here argues that a bifurcated evolution wherein rights have ascended up the international agenda but not necessarily at the national level, and State or sovereign obligation has been diffused between State and NSAs without clarifying where the locus of the final guarantee of protection lies, describes the current status. This has led to a diffusion of the guarantor status of the national State, with elements of power in governance—agency, scope, mechanisms, and normative context—diverging. This leads to two questions: first, if State A acts as a guarantor to the human security of citizens of A, the same holds for State B and citizens of B; but what happens to citizens of State A residing in State B, or vice versa? Second, what are the consequences of human security provision to citizens of A or B by NSAs, notably when NSAs go bankrupt or depart? Both of these questions point again to the need to clarify the relationship between citizens and States in order to conceive of suitable answers.

2.1 HUMAN SECURITY IN CONVERSATION WITH SOVEREIGNTY

As outlined in the Introduction, the idea of human security as the remit of the State is inextricable from the notion of State sovereignty. Sovereignty as a concept has been debated since its inception, and each idea of it has made various assumptions as to what it entails and what it excludes. The majority of scholars (Krasner 1999) of Westphalia-influenced definitions of sovereignty include requisites such as the State enjoying a monopoly of power capable of defending its territorial borders against external aggression; even these have rarely been absolute in practice (Krasner 1999, 8–9, 42). In describing this ‘compound’ myth, Anne-Marie Slaughter defines Westphalian sovereignty as “the right to be left alone, to exclude, to be free from any external meddling or interference” (Slaughter 2004, 284). Yet the same sovereignty that offers the option to opt out is also the ticket to inclusion in the inter-*national* community of (equal) States. The Westphalian definition also invokes “the right to be recognized as an autonomous agent in the international system, capable of interaction with other States and entering into international agreements” (Slaughter 2004, 284), the responsibility for whose implementation resides squarely with those signatory States.

This reveals the schism between what Robert Keohane (1995) called formal and ‘operational’ sovereignty, and what I referred to as the divergent ‘final guarantee’ and ‘functional’ sovereignty with regard to the governance accountability problem (GAP) (Šehović 2014). It acknowledges that Westphalian sovereignty is not absolute, and rather that “it is now a platitude that the ability of governments to attain their objectives through individual action has been undermined by international political and economic interdependence” (Keohane, quoted in Slaughter 2004, 283). The EU exemplifies political and economic interdependence, a model partially replicated to differing degrees by the African Union (AU), ASEAN (Association of Southeast Asian Nations), and MERCOSUR (the common market of select South American States) in a quest to confront threats and maximize opportunities. Both in theory and in practice then, this means that, on the one hand, States increasingly cannot—and often do not want to—fully guard against external interference. On the other hand, States (should also) acknowledge that the sources of such interference include not only other States but also activities of NSAs, from crime syndicates and cyber surveillance and mercenaries to human rights’

campaigners, as well as cross-border challenges such as (infectious) disease spread and migration. These interdependencies and their potential both for cooperation and for conflict directly influence a State's ability not only to control its own territory (see Krasner, interdependence sovereignty, pages 12–14) but also to the “security, economic stability and a measure of prosperity, clean air and water, and even minimum health standards” (Slaughter 2004, 283) that are the hallmarks of Hösle's expanded definition of sovereignty (Hösle 2003) and the integral components of human security.

Human security's main argument places the emphasis of security on the human as opposed to the State. The central assumption underscoring human security is that “when a human faces a threat, so does international security” (Burgess and Gräns 2012, 101; Kerr 2007, 92; UNDP 1994). Yet the two are necessarily in dialogue with each other: first of all, States in the inter-*national* remain the arbiters of human security (Hösle 2003; UN Declaration 1948; UNDP 1994), regardless of whether the point of departure is human- or State-centric; and second, as members of the inter-*national* community of (equal) States, these are themselves increasingly subjected to trial by their peers. “States can no longer assume that if they refrain from interfering in the affairs of other states they will remain free from interference themselves” (Slaughter 2004, 284). Furthermore,

Governments increasingly understand that they often cannot afford to look the other way; that fundamental threats to their own security, whether from refugees, terrorists, the potential destabilization of an entire region, or a miasma of disease and crime, may well have their origins in conditions once thought to be within a state's exclusive domestic jurisdiction. (Slaughter 2004, 284)

As the post-Cold War era has shown, both intra- and inter-State conflict have coincided with the spread of disease. This has been evident in the former Yugoslavia, in Rwanda and Somalia, in Iraq and Syria (*Intrastate Conflict by the Numbers* 2013; Human Security Centre). These conflicts have seen the increase in cross-border spread of disease such as EVD, H5N1, HIV, measles (notably in continental Europe, and the US), MERS-CoV, and SARS, to name a few examples. This incidence salience of the insight that: “States can only govern effectively by actively cooperating with other states and by collectively reserving the power to intervene in other states' affairs” (Slaughter 2004, 285). It has been backed up by

the normative evolutions first from rights to responsibility, to the R2P, to, arguably at this moment, the responsibility to respond.

This captures the essence of a continual conversation between human security and sovereignty. Therein, “internally, a government has a responsibility to respect the dignity and basic rights of its citizens,” and “externally, it has a responsibility to respect the sovereignty of other states” (Slaughter 2004, 287), except when a State heeds the (r)evolution rewriting sovereignty as control to sovereignty as responsibility. Daniel Philpott describes this shift as part of an ongoing process. He attributes this revolution in sovereignty to “prior revolutions in ideas about justice and political authority” (Philpott 2001, 4). The post–Cold War reordering of the world proffers a multitude of examples of this progress: from emergent multipolarity (Flockhart 2016) to the rise of nongovernmental organizations (NGOs) and NSAs, from the human rights debates to gain access to HIV treatment to those to usher in the R2P (ICISS 2001), reconceptualizations of internal and external State responsibility have been pitted against each other. Though the State remains legally dominant, theoretical and philosophical evidence underscored by empirics points to two key unresolved tensions: the locus of the responsibility for human security and the scope of human security, particularly in reaching non-citizens.

On the theoretical side, Foucault presciently identified emergent ‘governmentality’ (Faubion and Rabinow 1994), anticipating the collaborative governance that would emerge as States and NSAs sparred and cooperated in response to ever more global challenges to human security.

The 1990s, amid the (Western) euphoria of the ‘end of history’ (Fukuyama 1989), witnessed an initial acknowledgment that States alone could not meet the rising number of international and increasingly global challenges—from the multiplication of intra-State conflict and the proliferation of weapons to water management. Rosenau introduced the idea of ‘governance without government’ (Rosenau and Czempiel 1992), maintaining that governance ‘regimes’ composed both of States and NSAs would form to tackle specific issues in the international realm. NSAs have long been engaged in shoring up or tearing down State sovereignty, with (Hösle 2003) or without the consent of the State. While on the one hand a tension exists between theory and practice of State sovereign obligation with regard to human security, it also means that though threats to human security abound on the part of both State and NSAs, precedents likewise exist for mitigating these to the benefit of human security. To a large extent, Rosenau has been proven correct: if NSAs are included, then a

plethora of organizations exist dedicated to treating HIV/AIDS, providing water and sanitation, and even administering public transportation in municipalities around the world. However, these are not regimes in the sense that they have a central organizational structure, that their interventions are legally binding, or that any mechanisms are in place to ensure the continuation of their work if and when they opt out.

This is not a central theme of Risse's work, which focuses on 'areas of limited statehood' (Risse 2007). Here NSAs might perform functions theoretically if not in practice associated with State responsibility for human security. Yet they are not bound to such actions, for instance, of service delivery and health care. Critically, instead of shoring up States' lack of capacity, NSAs have contributed to the fragmentation of their power—including their ability to guarantee traditional and human security:

NGOs' [nongovernmental organizations'] role and influence have exploded in the last half-decade. Their financial resources and—often more important—their expertise, approximate and sometimes exceed those of smaller governments and of international organizations. "We have less money and fewer resources than Amnesty International, and we are the arm of the U.N. for human rights," noted Ibrahim Fall, head of the U.N. Centre for Human Rights, in 1993. "This is clearly ridiculous." Today NGOs deliver more official development assistance than the entire U.N. system (excluding the World Bank and the International Monetary Fund). In many countries they are delivering the services—in urban and rural community development, education, and health care—that faltering governments can no longer manage. (Matthews 1997)

Nonetheless, Risse assumes that NSAs will continue their activities. That these NSAs might be accountable not to the human beings they serve, but otherwise, or that they might be dependent upon funding sources whose priorities are prone to shift, remains under-analyzed. It leaves unanswered the questions of what happens to the State-citizen relationship when they do not.

Krasner attempts to corral some of these disparate responses to the sovereign redrafting by delineating four elements of sovereignty: Westphalian, juridical, domestic, and interdependence (Krasner 1999; Czempiel and Rosenau 1992). None directly deal with the engagement between sovereignty and human security explicitly, yet they are critical in highlighting their exchange. Whether the four 'sovereignties' can be meaningfully divorced from one another and applied in an empirical sense

Box 2.1 Practical Limits to Krasner's Cartography of Sovereignty

- What is the value of Westphalian sovereignty where a State cannot control its territory?
- What role does juridical sovereignty play when a State is only partially recognized by its peers? (see Kosovo)
- What does domestic sovereignty mean if (a) a portion of the citizenry is excluded from, for instance, health care? (b) non-citizens have no recourse to rights (to education, health, justice)?
- What is interdependence sovereignty if borders are porous or surveillance systems are technologically or politically incompatible?

to State or human security remains unproven: while theory must conform to practice, so, too, must practice inform theory (see Box 2.1).

While Keohane's divide between formal and functional sovereignty alludes to some of the problems with distilling sovereignties listed above, they are not thereby resolved (Keohane 1995). Similarly, Slaughter's network theory, taking NSAs into account, revives some of the same solutions put forward by Foucault and Rosenau. Likewise my 2014 GAP thesis, while identifying the lack of accountability between State and NSAs with regard to the guarantee of human security to citizens, it did not deal with the same responsibility to non-citizens. This points to a new stage in Philpott's (r)evolutions in ideas: while each of the conversations between sovereignty and human security introduced above acknowledges the limits of Westphalian absolutism, each fails to account for their (re)imagining beyond borders.

On the philosophical side, scholars have wrangled with this conceptually in various terms. The human rights agenda, which both precedes and parallels that of human security, is itself an outgrowth of a historical trajectory of political theology. Referring to "to the connections between religion (in the broadest sense, including philosophy as well) and legally structured power," political theology is of "special importance in the Western world and influenced the development of juristic concepts, especially those concerned with public law" (Hösle 2003, 467; Schmitt 2007). Public law, inextricable from the relationship between States and subjects, then States and citizens, is vested with antecedents of values—with morals and their changing interactions with politics (Hösle 2003, 21; Carlson and Owens 2003).

Christianity in the West, particularly after the treaties of Westphalia largely ended internecine wars on the European Continent, contributed immensely to the conversation and construction of sovereignty, as related to human rights and human security. Hösle argues that Christianity estranged citizens from their State and universalized their rights' claims.

Through the idea of all human beings as God's children, a broader as well as existentially deeper diffusion of the universalistic and individualistic ideas of Hellenism—and thereby eliminated a possible identification with any state that does not include all human beings and is not constituted in accord with the principles of Christianity. (Hösle 2003, 22)

Christianity can arguably be made responsible for two things (Hösle 2003, 24): first, a politics free of religious and ritual considerations, taken further through the Enlightenment; and second, an intensive moralization of the religious, demanding “an influence on politics that went far beyond what was conceivable for ancients” (Hösle 2003, 24). The latter finds its echo in the articulation and demand for individual human rights delivered by the State. Thus although the notion of a Christian theocracy likewise receded with the secularization of Westphalia, the *ideas* of universal human rights and of a universal claim to human security have wound their way through various (r)evolutions in sovereignty right up to this present reimagining.

Returning to the core of the conversation between sovereignty and human security, theory and philosophy back up the urgent need to practically respond to the three main tenets of State and human security: (1) ensuring the territorial and physical security of citizens; (2) protecting lives and livelihoods through basic economic stability, health, and welfare; and (3) bearing accountability internally and to the international community (Hösle 2003; Risse 2007). Assuming that States remain the final arbiter of such securities, articulating, delegating, and assuming respective State and human rights and responsibilities are key to reimagining and implementing human security beyond borders.

2.2 RIGHTS AND RESPONSIBILITY

States, sovereignty, human security—all are predicated upon a relationship of rights and responsibilities between citizens and States. The tension in this reciprocal relationship is not new. It can be divided into three

broad shifts dating from Westphalia through to the last major global reordering in the 1990s, which ended the second wave of democratization (Strand et al. 2012) and inaugurated the third wave of liberal, democratic capitalism based on State sovereignty.

The first shift, demarcated but by no means consolidated with the treaties of Westphalia in 1648, ordered responsibility, for territorial and physical protection in the name of State sovereignty, at the level of the State. The second shift, from circa the 1960s, occurred at the height of the second wave of democratization, and in the name of ‘self-determination’ (UNPO 2006). This meant on the one hand that especially newly minted States could cling in particular to the Westphalian notions of ‘nonintervention,’ a stance reemphasized by both blocs at the height of the Cold War. On the other hand, however, the existence of the post–World War II UN and its emerging norms and values spread the notion that State responsibility includes human rights discourse if not its translation into practice. This pre-exposure arguably paved the way for the 1990s shift, which, in the words of the independent Commission on Human Security, refers to the ‘vital freedom,’ explicitly tied State responsibility to “protecting people from severe and pervasive threats, both national and societal, and empowering individuals and community to develop the capabilities for making informed choices and acting on their own behalf” (Ogata and Cels 2003, 274). What remained formally the same throughout these transitions, and became all the more pronounced as State subjects/constituents became citizens, is the onus placed on the State to assume responsibility for the security of those citizens.

While a constituent refers to a voter within a particular area, a citizen is a (political) member of a State. This has two implications: first, a constituent must not be a citizen. Indeed, a constituent might receive physical security within a territory in return for heeding the obligation to serve that same territorial State’s security in the event of war. This leads to the second point: a citizen might have more privileges, such as the right to vote. Yet the obligation to serve the State—by taxation and/or by (required) military service—remains. So, too, does the threat of the revocation of citizenship if an individual serves in the armed forces or swears allegiance to another State. As is quoted on the inside of every US passport:

13. Loss of U.S. Citizenship: Under certain circumstances, you may lose your U.S. citizenship by performing, voluntarily and with the intention to relinquish U.S. citizenship, any of the following acts: (1) being naturalized in a

foreign state; (2) taking an oath or making a declaration to a foreign state; (3) serving in the armed forces of a foreign state; (4) accepting employment with a foreign government; or (5) formally renouncing U.S. citizenship before a U.S. consular officer overseas. (Authors' passport)

(Generous) Provisions do exist that allow dual citizenship. Some States, the US among them, allow citizens to renounce their citizenship. Others, such as Iran, do not. While citizenship obligation has long been linked to a measure of State responsibility for protection, such as consular services overseas, it has not been synonymous with citizenship rights. By its very exclusivity, citizenship does not and cannot confer universal, inalienable rights. The concept and enactment of human security attempt to rebalance those obligations into an equation wherein State sovereign responsibilities meet individual human rights (Bergman 2010; Kerr 2007; Nef 1999; UNDP 1994).

The revolution of human security and rights-based development lies in their universalism. States become the bastions not only of ultimate responsibility for the extent of the provision of rights for what is possible within their capacities but also, arguably, for the highest standard internationally. President Franklin D. Roosevelt's now-famous "Four Freedoms Speech" of 1941 preceded the call for human security in the 1994 UNDP and again in the 2003 publication of the report "Human Security Now" by the Commission on Human Security (Roosevelt 1945; Ogata and Cels 2003). From the very beginning of the post-World War II period, Article 1 of the UN Charter and Article 25 of the UN Universal Declaration of Human Rights (UDHR) encoded the principles of human security, including an emphasis on the right to health, which is central to the case studies presented in Chaps. 5 and 6:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care ... and the right to security in the event of ... sickness, [and] disability ... Motherhood and childhood are entitled to special care and assistance. (UDHR 1948)

The centrality of health among global policy priorities is reiterated in the constitution of the World Health Organization (WHO) in 1948; the International Covenant on Economic, Social and Cultural Rights (ICESCR); the 1994 UNDP; and the adoption of the IHR in 1969 and most recently

updated in 2005. The ICESCR—as well as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child, and the World Trade Organization’s Doha Declaration on “Trade-Related Aspects of Intellectual Property Rights,” which allows for the production of generic versions of essential medicines under certain conditions before patent protection runs out—appears to provide an *implicit* obligation on the part of States to improve health and to establish and secure health as a human (security) right. However—and crucially—none of them prescribes an *explicit* obligation.

Similarly, the IHR emphasize the universal and expanding right of each individual citizen (of the world) to the highest standard of health. In fact, the IHR, having gone into effect in 2007, require their 196 signatory State parties to “develop public health capacities to detect and respond to public health emergencies of international concern (PHEIC), with States required to cooperate in building these capacities” (WHO 2008). “However, the regulations do not provide incentives, sanction states for failing to cooperate, or allocate responsibility” (Gostin and Friedman 2014, 1323). No specific or enforceable obligation to ensure that individuals attain physical and mental health and no guidelines for how the State’s obligations are to be discharged exist (Davies 2010). This situation obviously creates problems for the implementation of the right to health within the remit of a State’s responsibility to provide (human) security. Nonetheless, these agreements have transformed normative ideas into principles of action (ICESCR 1966, Article 12). Yet real implementation lags, lost in the opaque realm between theoretical and practical responsibility. The consequences are particularly obvious with regard to States’ responses to threats to human security of, but not only of, health.

In the narrow sense, human security is limited to physical protection and the creation of conditions conducive to human welfare, but stops short of full protection and provision. Whether or not defending those values parallels interests that reach to the Hindu Kush (Löfflmann and Vaughan-Williams 2017; Maull 2006), the assertion of which resulted in the then German defense minister Struck (2002–2005) tendering his resignation, remains a point of contentious debate, not just in Germany. Kaldor et al. (2007) attempt to work this into an especially value-based foreign policy strategy for the EU that nonetheless takes State interests into account. This morphs into the broader conceptualization of human security, wherein an equal level of priority is given to any type of threat (Thakur 2004, 37). Critics argue that such prioritization of all is equal to

prioritization of none. Liotta and Owens present one attempt to differentiate between threats, risks, and vulnerabilities as part of this debate (Liotta and Owens 2006). They arguably all converge and infringe upon human security which demands a response. A gap emerges between theory of protecting human security and its practice.

It begs the questions: for whom? How far? By whom?

The (inter)national system based on sovereign States continues to operate under the assumption that “governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures” (WHO 1948). Critically, “while only States are parties to the Covenant, and thus ultimately accountable for compliance with it, all members of society—individuals, including health professionals, families, local communities, intergovernmental and non-governmental organisations as well as the private business sector—have responsibilities regarding the realisation of the right to health” (WHO, IHR 2005). As Lake notes with regard to judicial processes in the Congo, “The *de facto* assumption of power by these diverse sets of actors has created opportunities through which non-State actors can enter and influence juridical processes by engaging in tasks normally reserved for representatives of the sovereign government. These activities would not be possible in contexts where the State had greater reach” (Lake 2014, 519). This exacerbates the problem of responsibility because merely counting the number of convictions of a prioritized crime or the number of people inquiring about health treatments and antiretroviral medications for HIV, for example, “tells us little about the dynamics of power” that determine the necessary response to the problem (including the problem definition) at hand (Lake 2014, 523). Lake notes that “on a broader scale, it could also be argued that the involvement of international actors in micro-level governance activities in DR [Democratic Republic of] Congo has served not to build capacity but in fact to further relieve the Congolese state of its responsibilities to provide basic goods and services to its citizens.” Indeed, because a litany of “international and domestic organizations ready to engage in this work, there may be little incentive for the central government to re-invest its own time and resources into developing a functional state apparatus” (see also Keohane 1995; Lake 2014, 524).

Such developments actively undermine State’s sovereignty and capacity to exercise responsibility, leading to absurdities such as Indonesia’s claim to ‘viral sovereignty’—the idea that viruses belong to the State in which they originate. It was invoked to prevent and delay sharing data and sam-

ples of H1N1 influenza also due to the anticipated costs of being branded a State of contagion amid exclusion from research and treatment benefits. Indonesia's was an ill-fated attempt by the State to seize control over information pertaining to the outbreak, its domestic response, and its interdependence sovereignty—notably its ability to regulate any potential medical interventions and possible patents created externally and sold (back) to Indonesia.

These examples all iterate the theory and practical reality in the still State-centric international system that

There are roles that only the state—at least among today's polities—can perform. States are the only nonvoluntary political unit, the one that can impose order and is invested with the power to tax.... Moreover, it may be that only the nation-state can meet crucial social needs that markets do not value. Providing a modicum of job security, avoiding higher unemployment, preserving a livable environment and a stable climate, and protecting consumer health and safety are but a few of the tasks that could be left dangling in a world of expanding markets and retreating states. (Matthews 1997)

Assuming then the necessary vitality of a responsible sovereign State to the guarantee of access to rights, any reworking of State and human security must take States into account even while rising to the challenge of responding to and guaranteeing human security *beyond* States.

2.3 CONCLUSION

Placing the responsibility for human security beyond States requires flexible relocation of that responsibility itself. Although State sovereignty continues to be the building block of local, national, and international relations and global governance, its real power to enact responsibilities and assume accountability for the provision of the rights of its citizens has arguably waned—not uniformly but almost regardless of whether the State in question is considered consolidated, fragile, or failing/failed. Consequently, the ostensibly sovereign State is *ultimately* responsible for the traditional, territorial security and physical security of the populace within its borders. In addition, it is accountable for both of these securitizations both internally and externally (i.e., within the international community of States). However, the same State is increasingly confronted with NSAs that both demand its action and assume some of its functional

responsibility—but not State(-citizen) accountability. As such, the State-centric international governance system faces the challenge of responding to both internal and external rights' demands and responsibility duties. The next chapter will further explore these conceptual challenges and analyze possible levels of such a reordering of human security responsibilities beyond borders.

NOTES

1. See also the Cambridge Dictionary entry for “citizenship: the status, rights and duties of a citizen, *especially* of a particular country.”
2. Noting that in most Western countries the permanent draft has been suspended—though not eliminated.

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States and Citizens: Reciprocal Rights and Responsibilities

Abstract This chapter sketches the lack of alignment in the relationship of reciprocity between human rights and State responsibilities. It uses the concept of the GAP to highlight the gap between the provision and protection of the element of human rights and security and the abilities and responsibilities of the accountable State. It analyzes the consequences thereof at various levels of governance: local, national, international, and global. It argues that the current moment is witnessing a change in the order of State-citizen relationship, caused by and contributing to such a misalignment. It asks, first, what is changing the reordering of State-based ‘rules of the game’; second, what are the anticipated *consequences* in terms of the loci of responsibility and accountability for (human) security?

Keywords Governance accountability problem • Consequences • Governance

This chapter builds upon the argument introduced in Chap. 2. It reinforces the relationship of reciprocity between human rights and State responsibilities. It sketches their lack of alignment. In doing so, it employs that of the GAP (Šehović 2014). The GAP emerges when the provision and protection of the element of human rights and security are mismatched with the abilities and responsibilities of the accountable State. The argument here

further analyzes the consequences thereof at various levels of governance: local, national, international, and global. It makes the assumption that the current moment is witnessing a change in the order of State-citizen relationship, both caused by and contributing to such a misalignment. It asks, first, what is changing the reordering of State-based ‘rules of the game’; second, what are the anticipated *consequences* in terms of the loci of responsibility and accountability for (human) security?

Writing within the context of these current changes, Flockhart identifies an emergent, or possibly reemerging, ‘multi-order’ world (Flockhart 2016). Her concept of order extends both explicitly and implicitly simultaneously back in history (Hösle 2003) as well as into the present moment. She acknowledges competing and complementary systems of both formal and informal governmentality bordering on governance based on divergent values and modalities. In other words, Flockhart both remembers and anticipates an order with(out) the centrality of States. As a result, she is able to identify the current ordering change wherein instead of an international system of State-based State–human security relations configured as opposing poles of power, multiple poles of power are competing with one another within one global system. “It is ‘multi-order’ because the *primary dynamics are likely to be within and between different orders, rather than between multiple sovereign states*” (Flockhart 2016, 22). In naming this emergent reordering multipolarity, Flockhart notes that

The coming system is more correctly characterized as multi-order rather than multipolar because of its ‘second-order nature’ composed by clusters of states with differences across all component parts. The multipolar order shared a European identity, which although growing nationalisms gradually undermined it, nevertheless remained the dominant identity of the great powers until that identity was replaced by a Western identity. ...the multipolar system displayed a degree of similarity in all component parts of international society except the power component, but in the multi-order world there is no such similarity in any of the component parts. It must be expected that such across the board differences between composite units in the system will have significant effects on the dynamics of the system and call for new primary and secondary institutions for managing complex and composite relationships. (Flockhart 2016, 23)

Whereas bipolarity between East and West acting through the unipole of the UN characterized the Cold War, this (re)emerging multi-order world is characterized not only by different power poles but by these competing within separate systems of which the UN constitutes only one (Flockhart 2016).

Barry Buzan argues that societies of States constitute “‘second-order societies’ because its members are not individuals but collective entities” (Flockhart 2016, 22). Such societies can reach across borders, linked by geography, institutions, sub-national, supranational, and transnational, as well as by NGOs and NSAs, private-public partnerships (PPPs) and civil society (Buzan 2014; Flockhart 2016, 15). While Flockhart’s emerging multipolar order could be seen as a ‘second-order system’ whose collective entities include States, Buzan’s conceptualization of societies is also applicable without or beyond States. As Slaughter’s (Slaughter 2004) network theory posits, and Flockhart reaffirms, “new forms of relationships *between* orders are likely to emerge” (Flockhart 2016, 22).

Flockhart’s argument does two things: First, it opens up a space to critically analyze the assumptions behind the relationship between States and citizens. While the post–World War II order makes it appear that all States are party to that system, notably through the UN, understand and adhere to a Westphalian conception of sovereign Statehood, this is not actually the case: witness the divergent sovereign—citizenship—State—arrangements in, among others, China, Saudi Arabia, Iran, and Turkey, which accord vastly different ideas of (restricted) gendered, religious, and political citizenship. Acknowledging such differences and possibly competing spheres of State-citizenship arrangements is the first step toward unlocking the potential of new thinking. Flockhart’s second contribution is that: a window into the reality of and the need for nuances in the analysis and application of State-citizen relations.

It is in this space in between that new political philosophical and practical rearrangements in the State-human relations of rights and responsibilities, of State and human security become plausible and possible.

Philosophies and philosophical approaches include the ideas of Christianity, human rights, and human security introduced in Chap. 1. While Westphalia offers one ‘order’ (Flockhart 2016) through which to argue for a rights-responsibility balance, other ‘orders’ might make the case from another philosophical and/or practical basis. As Höfle argues of the Christian dictate *vis-à-vis* the secular State, so, too, might the rationale for human security be infused into the Islamic code of conduct, for example.

That the practice does not emulate the preaching is not necessarily a detraction from the legitimacy of the argument. This is not an argument for relativism. It is an argument of aspiration, not of repression.

Each political philosophical approach is in conversation with sovereignty. Realists (Hobbes 1994) focus on State security, Liberals (Locke 1988; Rousseau 1987) focus on institutions, Constructivists (Faubion and Rabinow 1994; Risse 2012) focus on norms, and their divergence or convergence, the English School (Buzan 1991; Buzan and Little 1994) analyzes the constitution and role of societies, while the Copenhagen School of Security introduces graduated (human) securities. Each of these political philosophies illuminates aspects of the relationship between States and human beings; none captures the picture in its entirety.

Scholars have attempted to understand this uncertainty and to evaluate the causal shifts in the State-citizen order. Approaching these shifts from a constructivist perspective, others have identified an increase in ‘heteronomy’: external rule that impacts agency (see Sending 2017; Sending and Neumann 2006), with reference both to State and individual scope of action, of power. As Kaldor points out, it is States themselves that regularly fail to live up to objective dangers threatening their citizens (Kaldor 2014). Those dangers may stem from the exertion of either hard and/or soft power. Perhaps no development showcases this as poignantly as does the rise in cyber (in)security. It is matched only by the inadequate abilities, legal as well as technological, and capabilities of States and citizens to respond. The threat is multidimensional, the product of both multiple orders and none. Furthermore, on the one hand is the threat States themselves pose to the rights of their citizens. On the other hand, the changing nature of the threats to peace and development—among them, climate change, pandemics, migration, and cyber (in)security—threatens citizens and non-citizens as well as States themselves. These are accompanied by a rise in uncertainty with regard to the erstwhile accepted sanctity not only of State sovereignty but also of the human security within it.

What is becoming clear is that the locus of that responsibility is shifting in practice, if not fully (yet) in theory. An increasingly diverse array of official and unofficial actors and institutions are assuming responsibilities for what has been understood as State sovereign obligation. These institutions include, among many others, the unwieldy G20¹ and all of its various committees and sub-committees, the IBSA,² the BRICS,³ and the proliferating institutions of Asia, which boast the relatively power-less ASEAN,⁴ but the increasingly centrifugal AIIB.⁵ While these are altering the balance of power, other actors, especially NSAs, are shifting the focus of practical response (see also Keohane on formal versus functional sovereignty, Chap. 2). A host of non-State or non-member States, such as Palestine, have observer status

at the UN. A vast panoply of NGOs, such as Amnesty International (since 1964), has been accorded special consultative status at the UN. While seeming to shore up the legitimacy of the post–World War II order, in practice, these entities can pack a huge punch that at times serves to undermine that same order. For example, the US President’s Emergency Plan for AIDS Relief (PEPFAR), which is a boon to many countries’ HIV responses, shifts the response to the epidemic functionally (Šehović 2014; Keohane 1995) away from the State. Sending and Neumann (2006) argue that this does not constitute a transfer of *formal political* power. Sending and Neumann argue that the role(s) of NSAs does not constitute a transfer of power, but instead indicates a transformation of governance. Therein civil society plays both a constitutive and a constituting role (Sending and Neumann 2006). That is correct.

However, this lack of transfer also serves to further highlight the schism between formal and functional power and leaves unresolved the issue of where the final reckoning for governance—most notably the protection and provision of human security—lies. As this gap yawns wider, Flockhart notes, change is coming.

It seems that the policy-makers in the coming multi-order world may be facing all the changes and challenges that were outlined by the three competing narratives—plus the challenges associated with a changed international system, where interaction will be between composite actors in addition to the already complex relationships between states. Changes are happening both at the international system level and at the international order level and reformed and strengthened order-making institutions will be needed for both levels. (Flockhart 2016, 24)

All this change is serving up an insecurity that demands to be addressed at the local, national, international, and global levels of governmentality, of response. The question thus remains whether these non-State institutions, NSAs, and entities also assume not only immediate responsibility but also ultimate accountability for human security, narrowly or broadly defined.

3.1 CONTRIBUTION OF THE GAP

The GAP wrestles with this conundrum. Introduced in 2014, it (Šehović 2014) posits that there is a disconnect between State and (more) ad hoc non-State (NSA) interventions in response to an epidemic crisis. While

NSA, ad hoc solutions apply at the local but also at the global governance levels, and include bilateral NGO interventions. Yet the ultimate guarantee for health (security) remains legally vested with the State. This is further illustrated in the strengthened IHRs at the WHO, which rely upon Member States for their adoption and implementation.

As such, the GAP contends that in the current global order of governance—and governmentality—final responsibility and accountability for human security resides with the State. Distinct from the scholarship of ‘securitization’ (Kamradt-Scott and McInnes 2012; McInnes and Rushton 2010b; Elbe 2010), which prioritizes the security of the State itself, the GAP thesis emphasizes the human security in health security in particular (Farmer 1999; Farmer 2003; Nef 1999; Nunes 2014; Šehović 2014). As a core element of human security, health is a poignant example. The two, human security and health security, are inextricably linked because, despite the theoretical grounding of human security, the practical reality remains that the final onus of any security—State and human—lies with States. The contribution of the GAP is to show that while NSAs contribute to health and human security, even holding themselves to account (Rights-Based Accountability [RBA]; Accountability for Health [A4H]), the ultimate guarantee of accountability for such security resides with the State. This is due to the fact that despite the myriad State- and NSA-led initiatives and interventions for health security, only States—also as Member States of organizations such as the UN and the WHO—retain final decision-making power and obligation of response.

Furthermore, the GAP posits that States and NSAs have different allotments of accountability with regard to the protection and provision of health security. This is derived from the assumption that States harbor the ultimate responsibility for health security while NSAs operate in an ad hoc fashion whereby their contribution to the protection and provision of health security is accepted—invited, imposed—possibly even indispensable. However, whereas States account for the unalienable right to health and health security, NSAs do not.

National State actors, notably governments acting through their treasuries, finance and health ministries pertinent to this case, are capacitated as well as limited by their coffers and the capabilities of their citizens. They are also confronted by competing policy priorities. International and non-State actors tend to have deeper coffers and more substantial human resources on which to draw and to apply, for example, to one overriding policy focus: The WHO has as its sole aim the attainment of health. Health includes various facets in and of itself, making its realization a complicated endeavor.

Yet the WHO is tasked only with promoting health. Though which health priorities to tackle with inadequate and especially in terms of voluntary commitments, also unpredictable, financial resources, its mission remains the same. Unlike States, the WHO does not have to internally complete for policy prioritization of, for example, military, infrastructural, or educational expenditure. In addition, national States can issue binding rules for whose compliance they are held to account. In contrast, international actors, whether institutions such as the WHO, composed of States, or NSAs such as Médecins Sans Frontières (MSF), can merely issue recommendations and guidelines, for whose consequences they are not held to account.⁷

Yet as has often been argued, NSAs are invaluable. They perform tasks that States, particularly fragile or failing States, cannot or will not, including those which are impoverished, apathetic, or openly hostile to particular treatment interventions,⁸ such as for HIV and AIDS regimens⁹ (Davies et al. 2015). Seen from this vantage point, it has been argued that such ad hoc relationship poses no (additional) threat or risk (Risse 2012) to the securing of health (rights to) security.

Yet they remain outside of the purview of accountability that uniquely ties States to their populations—a relationship that, despite its panoply of imperfect incarnations from democracy to dictatorship, exists in theory, if not in enforceable practice, across the globe. Given this near-universality of State-population accountability, it becomes evident that there is a mismatch between State and NSA protection and provision of health security. That mismatch is explained by the GAP.

The GAP therefore points to a functional as well as a normative schism. It highlights the lack of formal relationship between citizens' rights and States' responsibilities vis-à-vis NSAs. It also lays bare the normative oversight of non-citizens' rights: these go completely unaccounted for between the responsibility loops linking States-citizens and NSAs-donors. That particular problem is even more glaring when taking into account bilateral State(-citizen) relations which honor the rights of taxpayers in the giver-State but which likewise fail to account for the rights of recipient-States.

3.2 CONSEQUENCES: (RE)LOCATING RESPONSIBILITY AND ACCOUNTABILITY FOR HUMAN SECURITY

What are the consequences of this unresolved reordering? Where Keohane and the GAP see a separation between formal and functional power, between functional responsibility and an ultimate guarantee, Guzzini and Neumann see a diffusion of power (Guzzini and Neumann 2012) to NSAs

among other actors in concert with States. Where Risse sees unproblematic assumptions erstwhile State governance tasks by NSAs, Sending and Neumann see no transfer of power. Where the former sees a continual evolution of the post–World War II and post–Cold War sovereign State order, with adaptations along the lines of Rosenau’s regimes and Slaughter’s networks, Flockhart sees a different, emergent multipolarity that could rock this world.

Which will it be? What does it mean for (re)locating responsibility and accountability for human security? Inasmuch as States are sovereign, fulfilling all of Krasner’s definitional components, they bear both internal and external responsibility and accountability to guarantee security and human security within their borders. This is a State of exception. Instead, as argued above, each State has always been co-constituted by both domestic and foreign influences.

Whichever ordering mode prevails, whether contested or complementary multipolarity, or a continual GAP-trajectory of dislocation and diffusion of the inherent power relationship governing the rights—responsibility spectrum of State—human security, it appears uncontested that the governmentality of responses are vital at four levels as outlined above: locally, nationally, internationally, and globally. While national and international levels invoke territorial States, the local and global levels do not: these can act across borders at the social, institutional, and supra-global levels, spanning poles.

3.2.1 *National and International*

At the national and international levels, recognizing human rights is one thing, while “enforcing rights is another matter altogether, since it is often the signatory states themselves who are responsible for rights violations, from torture to neglect of the public sector” (Farmer 1999; Farmer 2003; Kaldor 2014). A possible approach to facilitating both formal and functional assumption of human security responsibility could be to share sovereignty, either by formally delegating tasks from the State to another entity or by sharing governance tasks. This would have the State retain the right to revoke the delegation or the sharing arrangements and (re)assume control over its territorially defined State governance. For example, State A gives State B or NSA X the authority to deliver health care against disease Y. In the first instance of shared sovereignty, the State retains full power and all actors involved in disease Y defer to the State’s authority.

Under delegation, those States or NSAs to whom authority is delegated assume responsibility—and accountability—vis-à-vis the deferring State for the health of its citizens unless the State revokes this license.

This is different from global approaches (see below) that seek (non-) binding treaty arrangements through which States pledge to help each other or their human populations (see Framework Convention on Tobacco Control, FCTC; Framework Convention on Global Health, FCGH; Prah Ruger 2011). Instead, this approach builds upon the current nation-State centric system, acknowledging that States, individually and in regional (EU) (Martin and Owen 2010)¹⁰ and international (UN, WHO), retain ultimate legal sovereignty.

3.2.2 *Local and Global*

Local is always the level of first response. It is here that strategies of adaptation, coping, and resilience are tried and tested. It is when these fail that the fallout can seep and spread across borders, confronting—not necessarily threatening—the national, international, and global (lack of) mechanisms of response. The connection between the local and the global levels is strengthening in this current moment, spurred by porous borders, information technology and networks of all kinds—bureaucratic (Harman and Brown 2013), elite (Stone 2016), cultural (cultural institutes and exchanges, such as ERASMUS), social (Occupy, for instance), technological,¹¹ scientific (PUGWASH, as an example), and innovative. Yet the coralling of these ad hoc and disparate attempts to bring order to chaos in a (re)emerging governmental order has only just begun.

3.3 CONCLUSION

This chapter analyzed further the existence and charted initial consequences of a misalignment between State responsibility and the response to human rights and human security. It argued that despite disparate diagnoses of the locus of responsibility, contemporary theoretical and ideational currents combined with initial empirical evidence indicate a shift. While States remain significant in the ordering of human security, they are not the only actor, and they have never been absolute, or reliable, proponents of population security. While national and international mechanisms exist to respond to human security, these are not adequate. Ad hoc local and global efforts are still that: ad hoc. While this may not always be a

hindrance, its lack of focused responsibility and accountability is an Achilles' heel in guaranteeing human security. The next chapter explores the consequences past this stage, namely of reneged upon rights. What happens then, especially to the provision and protection of human security?

NOTES

1. Group of 20, whose ministers of various governmental sectors, including finance and foreign policy, increasingly meet to discuss, if not (yet) make, global policy.
2. A grouping of India, Brazil, and South Africa. This has been particularly active in advancing the human "right to health" also through access to medicines.
3. Brazil, Russia, India, China, and South Africa—a political grouping more than a center of political or economic power.
4. Association of Southeast Asian Nations (ASEAN) does, however, coordinate the sharing of policy in the area of (human) security, and is even pioneering the sharing of health professionals. The latter is possibly the result of the "viral sovereignty" crisis related to the sequencing of H5N1 in 2007 and Indonesia's refusal to participate without a guarantee of access to subsequently developed medicines to treat the epidemic.
5. Asian Infrastructure Investment Bank.
6. My emphasis.
7. International institutions and organizations, as well as NSAs, can of course be held to account in the court of public opinion. Yet this chapter is concerned with legal and structural accountability, outside of which these entities operate. Legal and structural accountability remains the purview of States, or Member States, as the case may be, though this is starting to change—as seen in the process of holding the UN to account for importing cholera into Haiti shows.
8. This seems to be recurring as draconian anti-homosexuality laws are being discussed and passed in, for example, Kenya and Uganda. As the governments retract support for HIV and AIDS treatment and care, NSAs are (again) filling the void, sometimes under dangerous conditions.
9. Such as when Zackie Achmat and the Treatment Action Campaign in South Africa illegally imported anti-retroviral drugs from Brazil to administer in the Cape townships to prove wrong the naysayers who argued that (poor) Africans could not tell time and therefore would be unable to stick to the strict treatment regimens.

10. For instance, “The European Commission through the Commissioner for External relations declared: ‘the idea is to put people [...] at the centre of our policies’ quoted in Martin, M. and Owen, T. (2010) “The second generation of human security: lessons from the UN and EU experience,” *International Affairs*, 86(1), pp. 211–224, p. 218. <https://doi.org/10.1111/j.1468-2346.2010.00876.x>
11. Interview with J. Blignaut on computer coding training and exchange between South Africa and the Middle East; Pretoria, South Africa, 4 April 2017.

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Beyond the Binary: Beyond States, Beyond Citizens

Abstract This chapter makes the assumption that such linearity is no longer adequate. It argues that in order to articulate universal human rights today, a new conception and application of human security that acknowledges the increasing numbers of State-less people and non-citizens is necessary. It asks two sets of questions.

- What happens when the assumed reciprocal State-citizen relationship guaranteeing rights and responsibilities no longer holds or does not hold? If this rule of the game changes?
- What happens when NSAs divorce such material provision of elements of human security, for instance, of health care, from the State's ultimate responsibility for (human) security? Where does the guarantee that belongs or belonged to the State under (Westphalian) sovereign obligation go?

This chapter attempts to address these questions and their consequences.

Keywords Sovereignty • State-less • Reciprocal • Non-State actors

This chapter delves further into the argument presented in Chap. 3 on reciprocal human rights and State responsibilities. While Chap. 3

expounded upon the sources of that bidirectional, but linear relationship, Chap. 4 makes the assumption that such linearity is no longer adequate. In other words, human rights and State responsibilities need to expand in scope. Chapter 4 argues that in order to articulate universal human rights today, a new conception and application that acknowledges the increasing numbers of State-less people and non-citizens is necessary. The impetus for this assumption is both philosophical and informed by empirical evidence.

The concept of human security places the focus of security on the human individual. Yet, as argued in the previous chapters, the currently dominant form of governmentality prioritizes the State as the guarantor of its human—citizens’—security. This presents a twofold conundrum compounded by a third. First, this order does not protect citizens against rights abuses perpetrated by their State. Second, it does not protect human (non-)citizens not within their State. Third, without a modicum of State, or more broadly, physical, territorial safety and security, human security is hollow. These exceptions and exclusions make clear that a solely linear relationship between citizens’ rights and State responsibilities is inadequate for the provision and protection of human security.

In order to explore this assumption further, this chapter asks two sets of questions.

- What happens when the assumed reciprocal State-citizen relationship guaranteeing rights and responsibilities no longer holds or does not hold? If this rule of the game changes?

On the one hand, despite the assertions of Westphalian sovereignty, States have never had full, un-infringed upon capacity to guarantee territorial and human security. In addition, neither have States always been expected to provide and protect human security, as outlined in the previous chapters. This understanding of a States’ (expanded) responsibilities has been a (r)evolutionary process lasting centuries. On the other hand, that expectation is now widespread, even if the capabilities of the State have not evolved in tandem. Partly as a consequence, especially since the 1994 UNDP report presenting human security to the world stage, NSAs have seen their numbers grow exponentially, partly in response to the rising demand for the material delivery of human security.

- What happens when NSAs divorce such material provision of elements of human security, for instance, of health care, from the State’s

ultimate responsibility for (human) security? Where does the guarantee that belongs or belonged to the State under (Westphalian) sovereign obligation go?

This chapter attempts to address these questions and their consequences.

4.1 CHANGING RULES OF THE GAME

For the better part of the last 500 years, the State-citizen relationship has been (r)evolving to encompass ever broader rights and responsibilities. Encoded in the post-World War II order and enshrined in the UN, the UN Charter (1945), the UNDHR (1948), the WHO's right to health (2006 [1948]), the International Covenant on Civil and Political Rights (ICCPR 1966), and the ICESCR (1966) are illustrative of the widening remit of rights. Yet the responsibilities for ensuring those rights have remained with the national—Member—States that comprise these bodies. That State-based primacy is reinforced in the political and economic spheres of governance of the EU, the World Bank Group, the International Monetary Fund, and among the newcomers to the scheme such as the Asian Infrastructure Investment Bank (AIIB). It is also paralleled in regional governance blocs in the UN system itself, such as the WHO's six regions, and in the ASEAN, the AU, the Economic Community of West African States (ECOWAS), the MERCOSUR, and the Southern African Development Community (SADC), to name a few. While some of these grant observer or consultative status to NSAs, they are all constituted upon the principle of State sovereignty. That sovereignty is itself predicated upon the State-citizen relationship of rights and responsibilities.

What happens then if that assumed reciprocal State-citizen relationship guaranteeing rights and responsibilities no longer holds or does not hold? This question does not come out of the blue, but is rather based on empirical observation. It hinges on the presumption that this time something is different. It presumes that although, as argued in previous chapters, States have never been absolutely sovereign (see all four components of Krasner's definitions of sovereignty [Krasner 1999]), this moment in time represents a break in the (r)evolution toward broader rights matched with deeper responsibilities. Two major trends underscore this:

The rise of NSAs and the emergence of the GAP are one element of this break. This is compounded by an ideational un-bordering: the notion, arrived at from each extreme of the political spectrum, that borders are

fungible—on the one hand to be reclaimed as real tokens of mythological cultural memory¹ and on the other hand to be subsumed into a supranational entity (Schengen or no?). Critically, neither version offers a tried and tested theoretical or practical defense of either territorial security or human security. The implications for borders and security from Rome to Cologne, from Belgrade to Sarajevo, from London to Washington, D.C., are enormous. The very proffering of such possibilities implies a waning of the Westphalian commitment to nonintervention not in order to protect the inviolability of borders and the defense of human security within, but rather to redraw them completely to ride roughshod over any notion of human security—in the name of a supra-sovereign (a myth, even a theodicy,² for instance)—at all.

The proliferation of *armed* NSAs, such as Al-Shabaab and Boko Haram, as Islamic State of Iraq and Syria (ISIS), as cartels, and as CLAP (Local Supply and Production Committees, Venezuela), which can exacerbate areas of limited Statehood (Risse 2012) or even render territories ungovernable—or alternatively governed—is another. The (re)emergence of such weaponized actors is both a cause and a consequence of the challenges leading to the changes in the Westphalian rules of the game. Their presence also ups the ante for State-military interventions, not only in the service of State security, as ostensibly in Afghanistan, Iraq, and Syria, but also in the name of human security, as per the Ebola response in West Africa. The problem, as anticipated by the GAP, is that neither State nor human security is reinforced. Failing to do so, to (re)invigorate reciprocal rights-responsibility and accountability, the assumptions and reality of that (r)evolutionary Westphalian system are further eroded.

Having identified these two breaks, it becomes imperative to consider their repercussions. The next section argues that they lead away from reciprocal responsibility and thus to reneged rights. That presents twin challenges: how to guard against a low Hobbesian (1994) order in disorder of the lowest common security denominator (e.g., Terhalle 2015), and how instead to create a high order in disorder.

4.2 CAVEATS: WITHOUT RESPONSIBILITY—RENEGED RIGHTS

While inarguably valuable in the short term, meeting human security needs that would otherwise be neglected, NSAs present a long-term challenge to the rights-responsibility relationship between State and citizen. As the

GAP argued, a key part of the problem is the lack of allocation of responsibility for citizen rights, and more broadly for human rights. While objectively rights remain, without the State as a harbor of responsibility for them, their realization becomes a subjective prospect. Without a sub- or supra-national guarantee to supplement or replace that of the State, rights are renegeed upon (without consequence). This begs the questions:

- What happens when NSAs divorce such material provision of elements of human security, for instance, of health care, from the State's ultimate responsibility for (human) security? Where does the guarantee that belongs or belonged to the State under (Westphalian) sovereign obligation go?
- What happens when a (significant) player within the system opts out?
 - Is the assumption merited that all governance entities adapt to the nation-centric rules of the game?
 - If not, what theoretical and practical questions need to be posed?
- Where in history can ideas for a renewed ordering of human rights for human security be drawn?

Succinctly stated, these questions themselves indicate that if and when the State fails as the guarantor of human security, there is no alternative. NSAs might act at the sub-State or inter-State level. International conceptions such as the R2P (ICISS 2001) flout the idea of supra-State responsibility. Yet neither has assumed practical authority for human security in any way commensurate with the obligations in the Westphalian order. Nonetheless, the emergence both of NSAs and R2P offer some initial ideas of what might constitute possible bridges to the gap not only in State citizen rights and responsibilities, but also in the chasm between State and *non*-citizen human security.

The following sections present initial excursions into possible relocations of those rights and responsibilities along a State-non-State spectrum. It asks the question: how might it be possible to relocate universal rights at State, sub-State, and supra-State levels of governmentality? This chapter draws on theoretical reflections, but also on empirical examples, including the deployment of military intervention in the name of securing human (health) security.

While the State-centric system that has evolved since the Westphalian peace of 1648 has increasingly accommodated human rights and human

security demands, the current moment arguably presents a case for a post-Westphalian arrangement. This argument rests on three pillars. The first is Flockhart's identification of a (re-)emergent multipolar world (Flockhart 2016). Hers is one of a host of insights into the return and rise of non-Westphalian conceptions of security and governance. The second is the unprecedented migration increasing the number of non-citizens claiming rights in a UN-sanctioned but impossibly implemented State-based human rights apparatus. The third is that further cross-border threats, such as pandemic diseases (Farmer 1999; Farmer 2003; Nunes 2014), as well as opportunities, such as city partnerships (see Pittsburg to Paris) to confront challenges of climate change, likewise point to the need to rethink territorially limited rights-responsibility relationship between citizens and States.

Such rethinking might be done at the State, sub-State, or supra-State levels. It could evolve along a spectrum of low- to high-ordering of disorder. Disorder used here refers to ad hoc allotment of rights and assumption of enactment of the security human rights, while ordering envisions the assumption of responsibility for their guarantee through governmental re-poling.

4.3 RE-POLING GOVERNMENTALITY FOR ORDER

Drawing on the GAP thesis, any attempt to re-pole, or reallocate, rights and responsibilities takes into account challenges to governmentality. One challenge is the vital role played by NSAs which assume the provision of elements of human security when the State cannot or will not. In and of itself, this arrangement is uncritical. However, where and when it further weakens the State (Matthews 1997), or then abandons that State, it proves to be an unstable construct. Furthermore, some evidence indicates that the role of NSAs can be cycled. For example, from the late 1990s to the mid-2000s in South Africa, innumerable NSAs streamed into South Africa to assist with interventions to address the burgeoning HIV and AIDS epidemic. While on the one hand these facilitated voluntary counselling and testing (VCT) and in fewer cases treatment, they also created a vast health (security) network parallel to the State (Šehović 2014; Šehović 2017, forthcoming). Sustained primarily by bilateral and philanthropic finance, this network consisted of a reciprocal relationship not between South African citizens and their State, nor between South African citizens and their provisioning NSA, but rather between the NSA and its funders. Without them, countless South Africans would not have received VCT for HIV and AIDS. Yet when the South African State unveiled its first National

Strategic Plan for the treatment and care of HIV and AIDS, instead of supporting and integrating into this effort, many of these NSAs abandoned it. No ordering mechanism bound them: the State remained responsible for the health security of its citizens all the while (Šehović 2017b, forthcoming). Nonetheless, the shock to the system revealed the frailty of the (financially dependent) State-citizen relationship.

In the interim, the South African State has largely managed to stem the worst of the tide of the HIV and AIDS epidemic. However, in 2017, it is faced with an unprecedented scourge of TB, including multidrug-resistant (MDR) and extra-drug-resistant (XDR) TB.³ The number of NSAs is again on the rise. Unlike with the HIV and AIDS epidemic, however, experts agree that the interventions these (might) offer will not assume comparable dimensions. This further underscores the need to craft ordering rules that take these NSA cycles into account to make the most of their activity while preserving the still paramount State-citizen responsibility-rights relationship. Where this is not possible, it is necessary to look below and above the State for other ordering solutions that draw on different poles of governmentality.

4.4 STATE/SUB-STATE/SUPRA-STATE

The ordering of human security between the State/sub-State/supra-State levels is attributable to the above-outlined shift in the onus of rights responsibility to include NSAs. Externally oriented human security is predicated on territorial State integrity. Internally oriented human security relies on the provision of socioeconomic and health conditions conducive to human well-being. As den Boer and de Wilde argue, “the human security approach is comprehensive and needs to be understood as a process that puts human rights in action. Traditionally, human rights are merely expressed, but within a human security approach they have to be **enforced**” (den Boer and de Wilde 2008, 181). That enforcement—or guarantee—has come from States in the (post-)Westphalian conception.

Kaldor writes that “the primacy of human rights is what distinguishes the human security approach from the traditional state-security approach” (2006, 183). She elucidates: “human security refers to freedom for individuals from basic insecurities caused by gross human rights violations,” undergirding “the main objective,” which is “to guarantee the freedom of every individual for the promotion and preservations of his/her well-being and dignity” (Nef, in den Boer and de Wilde 2008, 182). Against

the backdrop of increasingly cross-border threats to human security, Nef situates the definition of human security within a spectrum of security that seeks to ameliorate the ensuing insecurity: the “abatement of insecurity” (Nef 1999, 24).

These insecurities include three dimensions: threats, risks, and vulnerabilities. Identifying and differentiating these is useful vis-à-vis any response, which is necessarily bifurcated, including protection from risks, threats, and vulnerabilities themselves; and protection from the source(s) of such risks, threats, and vulnerabilities. These risks, threats, and vulnerabilities might emanate internally or externally, but the human population upon which they produce insecurities merit the same protection. Risk refers to “a situation involving exposure to danger” (Oxford English dictionary). A threat is regarded as an impending external action: “in short, [a threat is] *clearly visible or commonly acknowledged*” (Liotta and Owen 2006). A vulnerability, by contrast, can refer to either an internal or external action exerting complex influence (Liotta and Owen 2006).

A vulnerability—unlike a threat—is not clearly perceived, often not well understood, and almost always a source of contention among conflicting views. Compounding the problem, the time element in the perception of vulnerability must be recognized. Some suggest that the core identity in a security response to issues involving human or environmental security is that of recognizing a condition of extreme vulnerability. Extreme vulnerability can arise from living under conditions of severe economic deprivation, to victims of natural disasters, and to those who are caught in the midst of war and internal conflict. (Liotta and Owen 2006, 46)

Threats, risks, and vulnerabilities impacting upon human security all demand a response. It in turn can be ascribed to States, but also to NSAs, as seen above. It can also be foisted into and onto the ‘international community’ or governmentality at the supra-State level. These can be charted on a spectrum of low- to high-order human security vis-à-vis the rights-responsibility relationship.

4.4.1 *Low-Order Human Security*

Low-order human security refers to the lowest common security denominator of governmentality for human security. In theory it adheres to the narrow definition of human security, limiting its scope to the governance

of borders within which zone(s) of safety constitute parameters for any construction of further elements of human security. In practice this translates into territorially circumscribed safety prescribed and provided by whichever means possible.

At the State/sub-State level, the modicum on low-order human security can be provided by NSAs or by NGOs. Their responsibility to protect and provide to the recipient population is tenuous. Nonetheless, their services are constitutive of some (additional) human security. Examples include Al-Shabaab in Somalia and ISIS in the territories it (once) controlled, both of which have provided water and electricity (to select population [segments]). These sub-State actors might operate with or beyond the State, which in these cases is more often than not fragile and failing (Risse 2012) or flailing (Šehović 2014).

Similarly, at the supra-State level, low-order human security is circumscribed but present. Examples here include internationally sourced peacekeepers, notably those deployed under the auspices of the UN or the AU. Their main task is to safeguard particular territory or zones. Also operational at the supra-State level is the R2P: its remit is limited to extreme instances of war crimes, crimes against humanity, ethnic cleansing and genocide (ICISS 2001; Terhalle 2015). Here actors intervene and operate with or despite the State, which in these instances can be both protector and perpetrator.

4.4.2 *High-Order Human Security*

High-order human security sets the bar higher for the governmentality of human security. It invokes a broad spectrum of human rights in conjunction with the protection and provision of human security (Hösle 2003; Carlson and Owens 2003). It acknowledges the fragmentation of the State in terms of its ability not only to protect along the lines of R2P (ICISS 2001; Kaldor 2006; Nef 1999; Nunes 2014; Farmer 1999), but also to provide welfare. Doing so, high-order human security adheres to a deeper and wider responsibility to *respond* (Šehović 2014).

Such a responsibility to respond casts a wider net of protection beyond the State-citizen relationship. As with low-order human security, this, too, can be delineated at the sub-State and supra-State levels. Using the example of health security at the sub-State level, high-order human security takes into account local and global actors whose aim is not only to cordon off disease corridors but to provide treatment and care to facilitate, for

instance, further economic productivity, social cohesion, and knowledge exchange (Whiteside and Poku 2004; World Bank 1997). Examples from South Africa include Tsa-Botsogo Community Development in Soweto⁴ and the Islamic Careline in Fordsburg, Johannesburg, South Africa.⁵

These local high-order efforts toward human and health security can be supported and supplemented by bilateral, multilateral, and other supporting actors. Though the latter operate at the sub-State level, their political decision-making takes place at State level—between the external and the internal State. Examples on this level include the bilateral PEPFAR, the multilateral Joint United Nations Programme on HIV and AIDS efforts, and NSAs such as the Bill and Melinda Gates Foundation. As such, they form an in-between level of response whose existence serves to highlight the State-centric governmentality order operating in parallel to any repoling of governmentality for human security.

At the supra-State level of high-order human security, theory points to commensurate State-centric supported governmentality by delegating or sharing sovereign responsibilities (see Fig. 4.1 below). In practice, such high-order human security is severely constrained by such State-bound decision-making (UNDP 1994; Haas 2017). It is further compromised by the diffusion of responsibilities exacerbated by the proliferation of NSAs (Guzzini and Neumann 2012) unbound by the State-citizen relationship.

This tenuous tie is predicted to fray further, challenged in particular by threats, risks, and vulnerabilities. These strain the capacity and legality of the ability of States alone to respond to the human security needs and demands of (only) (non-)citizens. Consequently, both low- and high-order human security arrangements reveal that the State remains the central actor in the State-citizen relationship.

One previously unlikely but increasingly debated and deployed actor able to link both low- and high-order human security protection and provision is ‘the military.’ While the question of which military is critical, the

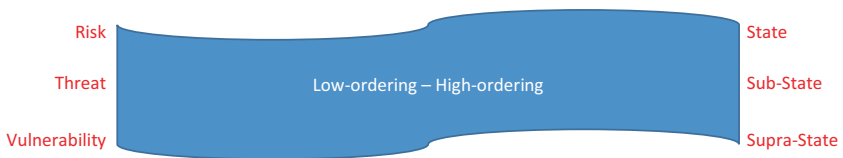


Fig. 4.1 Low- to high-ordering of disorder

conceptual and practical viability of its intervention as an operative option marks a crucial shift. It reveals a political and practical willingness to acknowledge and act upon the need for low-order security in order to enable high-order human security. For instance, the recent use of military intervention to shore up human security in the face of the transnational risk of, and threat and vulnerability to, Ebola infection in West Africa illustrates at once the supra-State border-less challenge emanating a strain to the protection and provision of human rights and human security, and necessarily sub-State applied response: a new responsibility to respond.

4.5 MILITARY

In the traditional, historical sense of Westphalian Statehood, the military represented both the (theoretical) externally oriented monopoly of force against risks and threats and also the internal concentration of force, including, though not necessarily against, vulnerabilities. Alison Howell argues that war and medicine are intrinsically linked as “strategic technologies of defense ... [of] the population” (Howell 2014, 974). Refracted through the lens of human security, defending or protecting the population has two elements: State and human. The first order of protection is that of the State: State security. The second order of protection is that of the resident population: human security, and specifically health security. As in the case of Ebola, it is indeed the *resident* population that came under scrutiny—for both protection and not: citizenship played a role only with regard to those persons forcibly taken out of the affected countries of West Africa.

Security perspective also has an important political added-value. As securitization theory reminds us, security is not merely a description of reality, but also a political modality, that is, a register of meaning that helps to shape politics.... This means that health security can be conceived without bringing forth a range of emergency measures—such as forced inoculation campaigns, quarantines, or travel restrictions. Rather, the politics of health security can be oriented towards identifying and alleviating the structures and relations that are responsible for the reproduction of concrete insecurities experienced by individuals. (Nunes 2014, 957)

The military can be used for both.

Defending the narrowest definition of human security, military force can be deployed to reinforce territorial borders. The security gained within

these can serve as the springboard for the further protection and proliferation of elements of human welfare and human security. Invoking the broader notion of human security, military intervention can be used to establish both external—territorial—and international dimensions of human security. While the former might include border controls to monitor weapons flows, the latter refers to conditions including safe passage, for instance, to (foreign) established clinics,⁶ as well as to the establishment and equipment—personnel and material—of such clinics themselves. Casting the widest net for military involvement in human and health security are militaries working together. For example, the German Medical Service of the German Armed Forces⁷ and the North Atlantic Treaty Organization (NATO) track incidents/outbreaks which could be harbingers of potential epidemics.⁸ Indeed, militaries, trained in rapid deployment to hostile terrain (including of people), are uniquely posed to respond and protect people on the ground.

In the case of West Africa, the call for military assistance to respond to the 2014 Ebola outbreak came as a surprise. On the one hand, the region remains fragile following the decades-long civil war. That history alone makes the idea of military intervention fraught. On the other hand, the sub-State actor calling for essentially supra-State assistance presented a new model for a responsibility to respond. That response included both low- and high-order human security elements.

MSF made the call. MSF's Dr. Maximillian Gertler recounts that the request for international military intervention to assist in responding to Ebola was driven by despair.⁹ It was also an admission that, as Samaritan's Purse likewise acknowledged, sub-State operating NSAs and NGOs are no match or replacement for States in terms of their responsibility or ability to respond to and for security, including against health risks, threats and vulnerabilities.

Despite onerous structures which can slow initial decision-making as hierarchical chains of command get into gear, once the decision for intervention has been taken, the same hierarchy is beneficial. Uniquely among institutions and apparatuses, and in stark contrast to NGOs,¹⁰ militaries operate almost exclusively by command.¹¹ Once the command is spoken, the ground, sea, air, and personnel logistics that characterize militaries can be deployed. As MSF noted in the aftermath of the 2014–2015 Ebola outbreak, money alone does not stop an epidemic, but 1000 trained personnel, military and medical, can (Šehović 2017a).

The military is not, however, an unmitigated savior. Numerous caveats to its low- as well as high-order intervention at both the sub-State and supra-State levels exist. At the sub-State level ‘mission-creep’—unwarranted expansion of intervention in the name of ‘protection,’ or ‘nation-building,’ or a related, most often lofty, but poorly defined—not easily measurable or achievable—end goal—remains a continual threat. At the supra-State level and directly in conflict with the (recipient) State-citizen relationship, regulations meant to keep intervening military personnel safe come at the expense of comprehensive support and protection, leading (1) to a failure to protect, for instance by curtailing intervention to capital cities while epidemic disease ravages rural areas, as was the case during the Ebola outbreak in West Africa; and (2) to a distracting diplomacy at the expense of the human and health security of responsive and receptive people; and (3) to misaligned priorities. For example, also during the Ebola response, Liberian citizens pleaded for a hospital equipped to treat patients *other* than those stricken with Ebola. However, external States and NGOs wanted to focus exclusively on the epidemic at hand. This reinforces the insight that without aligned low- and high-order human, and in particular here health, security priorities and practice, both are at risk and a future outbreak is guaranteed (Šehović 2017).

4.6 CONCLUSION

This chapter delved into the shifting rules of the game with regard to the theoretical and especially practical division of labor between States, sub-State, and supra-State actors in the protection and provision of human security. In doing so, it identified a trajectory of low- to high-order human security. This distinction is especially valuable with regard to dissecting the (re)allocation of rights and responsibilities for aspects of human security. The chapter also introduced and analyzed the role of the military as an additional actor potentially linking internal and external rights and responsibilities, invoking State, sub-State, and supra-State actors. It offered initial examples with regard to health security at and beyond borders to illustrate these points.

The following two chapters build on this analysis. Chapter 5 focuses on rights and responsibilities of human security at and beyond borders. Chapter 6 analyzes rights and responsibilities in health security also at and beyond borders.

NOTES

1. A panel discussion in Berlin, June 2017.
2. The permittance of evil in the service of an overarching good/god.
3. Interviews with Dr. Webber, Pretoria, 4 April 2017; Centre for Sexualities, AIDS and Gender, Pretoria, 4 April 2017; with M. Boddenberg, Deutsche Industry und Handelskammer - German Chambers of Commerce and Industry (DIHK), 3 April 2017; S. Timol, 9 April 2017).
4. Author worked with Tsa-Botsogo, founded by Masi Makhalemele, 2003–2004, on strategic development.
5. Interview with Suraiya Nawab, 5 April 2017.
6. Conversation with T. Koloma Beck, Berlin, 13 July 2017.
7. Original German: Sanitätsdienst der Bundeswehr.
8. Private conversation with Dr. Roßmann, Sanitätsdienst der Bundeswehr, Heidelberg, 28. October 2016.
9. Interview with M. Gertler, MSF/Institute of Tropical Medicine and International Health, Berlin, 8 June 2016.
10. NGOs are generally, if not nominally, run more democratically than is the case with hierarchical militaries.
11. An exception here was German defense minister Ursula von der Leyen's unprecedented call for 'volunteers' to staff and stem the effort to respond to the Ebola outbreak in West Africa in 2014–2015.

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Re-Bordering State Responsibilities and Human Rights

Abstract This chapter explores the relationship between human security and borders, specifically the borders of sovereign States. Seen through the lens of human security, it argues that on the one hand the right of migrants to move across borders is fundamental, and on the other hand, the human rights and human security of both sedentary and migrant populations across borders are paramount to the security of both the States on either side of any border. It asks the questions: Whose rights are met with responsibilities? What options are there? Answering these questions sheds light on the tensions between State-citizen security and (non-)citizen security and human security, all of which are likely to become more acute; accentuated as they are by political instabilities and exacerbated by climate change, among other co-factors.

Keywords Human security • Borders • Boundaries • Sedentary • Migrant populations

This chapter explores the relationship between human security and borders, specifically the borders of sovereign States. It acknowledges that despite the theoretical assumption which accords a State the monopoly of power, particularly over its territorial confines, such control is not absolute in practice. Going back to Krasner (1999), and from a State-centric perspective, it accepts that at the very least interdependence sovereignty is a

porous concept: no State can perfectly control the in- and out-flow either of persons or of goods across its borders. Seen through the lens of human security, it argues that on the one hand the right of migrants to move across borders is fundamental, and on the other hand, the human rights and human security of both sedentary and migrant populations across borders are paramount to the security of both the States on either side of any border. It asks the questions: Whose rights are met with responsibilities? What options are there?

The chapter focuses on State-citizen relations in cross-border populations increasingly composed of both citizens and non-citizens. This is especially relevant not only with regard to the post-2015 influx of refugees and migrants into Europe but also of a parallel movement from across Africa notably into South Africa.¹ Nunes highlights the role of borders as they are invoked to dominate and subjugate; as in the powers, hard and soft (Kevany 2016; Filder 2015; Šehović 2017, forthcoming) wielded by sovereign States for their citizens and vis-à-vis non-citizens and other States. Answering these questions sheds light on the tensions between State-citizen security and (non-)citizen security and human security, all of which are likely to become more acute; accentuated as they are by political instabilities and exacerbated by climate change, among other co-factors (Nunes 2014; Farmer 1999; Farmer 2003).

5.1 BORDERS

Borders give the illusion of control over otherwise uncontrollable internal or external threats (Liotta and Owen 2006). Viewed from the inside, borders demarcate and thereby limit the scope wherein security need be established and maintained. Reflected toward the outside, borders appear to promise protection from loss—for example, ‘brain drain,’ outward capital and financial flows—as well as defense against invasion—for example, military aggression or intervention, disease, migration.

Yet as Krasner’s definition hints, borders can also represent a positive gain: interdependence as cooperation. It is in this vein that Prescott defines border and boundary (Prescott 1965; Neuman 2001). He defines ‘boundary’ as a physical line between States and ‘border’ as “adjacent areas which line the boundaries” (Prescott 1965). Furthermore, “a borderland is a transition zone within which a boundary lies” (Prescott 1965). That these are contested seems a requisite admission, and applies not only on land but also at sea.² Whether territorially or (increasingly also) aquatically, it is

States that remain sovereign, responsible for the security of their bounded borders and for that of the citizens within those (Kamel 2009, 160). Indeed, the very concept—whereto the (r)evolutions of security into human security have led—of Statehood and sovereignty has, in these modern times, culminated in a State that defines “itself by its borders, whose complexity is a function of the State having become more complicated and organized” (Bashford 2006, 21). Yet control remains an integral function of borders.

Though Krasner’s interdependence definition might imply that such an arrangement means less control over borders, this is not necessarily the case: providing increasing human security, or “civilizing’ a State does not refer to the gradual lessening of its use of coercion, but rather to the history of the limits it has set for itself, legally and geographically” (Bashford 2006, 22; Nye 2004). In other words, borders, and the traditional military and technological and medicinal powers used to define and defend them, play an integral role in the relationships between citizens’ and non-citizens’ rights vis-à-vis responsible or accountable States.

The GAP, introduced in previous chapters and applied to the NSA-State interplay regarding the provision and protection of citizens’ human security *within* States, illustrated the schism between the promise of human security and responsibility and accountability for its guarantee. When adding the element of borders, these same insights can be applied to the human security of non-citizens as well. Whose rights are to merit human security (intervention), and who is to be responsible for their provision and protection?

Migration offers a number of pertinent examples. In order to analyze them, it is important to distinguish between migrants and refugees. While the former are classified into a panoply of categories vested with different, particularly economic rights—detailing length of legal stay and work permission—which also give them access to amenities such as the right to health care. The latter, when they are recognized, are granted a host of rights and protections, including rights to health care and education, and the right to work. Depending upon the status granted, both migrants and refugees are entitled to familial (re)unifications as well.

However, all is not equal either between migrants and refugees or between citizens and non-citizens, which both of these are. Neither migrants nor refugees are automatically entitled to citizenship or the rights that would bring. Neither are States responsible for according non-citizen migrants and refugees the same human security protections given citizens.

In the simplest, but not simple, terms, in democratic States, non-citizen migrants and refugees have few rights claims and also cannot vote in the State of their residence. Host States, then, are not responsible for being responsive to these people's demands. Perhaps this explains why Nobel Peace Prize Laureate Aung San Suu Kyi and her government, unaccountably at the ballot box to non-citizen Rohingya, callously assert that the majority Muslim Rohingya, who have been in Myanmar for generations, are "migrants from Bangladesh who do not deserve citizenship rights" (Ramzy 2017). The current government is instead even actively abetting their poverty, State-backed violence against them, spurring their current flight across the Bangladeshi border. There the Rohingya are also regarded as non-citizens devoid of rights to human security. Their plight vividly demonstrates the human need for security across borders.

The right, or lack thereof to vote, can similarly lead to two levels of political distortions, if not to a threat of immediate survival. Nonetheless, these distortions imperil both individual human security on both sides of borders, as well as internal State security. This is exacerbated when diaspora voters are only citizens in their countries of origin and not in their countries of residence. Possibly alienated where they reside, and far away from having to come into contact and compromise with neighbors where they can vote, can contribute to intolerant and nationalist voting with dire consequences in both bordered lands.

First, diaspora citizen voters around the world have helped propel nationalist (ethnic) representatives into power in the States of their citizenship, for instance, in the fragmented States of the post-Yugoslav Balkans. Currently, for example, in response to "demands of Bosnian Serbs, Bosnian Croats are calling for **their own autonomous entity**" (Skrpec 2017). If Croatia's own internal politics "once again become polarized, hard-line conservatives could revive Croatia's support for Bosnian Croats—who can legally vote in Croatia's elections and tend to support the nationalists" (Skrpec 2017). So far in 2017, the neighboring government in Croatia, led by Prime Minister Andrej Plenković, has doggedly stuck to a course of noninterference. This appears to be functioning as a brake on further Serbian efforts to secede. However, if the peace fractures, such voting patterns could upend the fragile compromises that have kept war at bay in the Balkans since 1995. Similar voting patterns likely fuel some of the instability plaguing Kenya's electoral rivalries (as per elections in 2008, 2017). This effect is likely to emerge again as the UK's BREXIT negotiations impact the migration status of Irish workers on both sides of the Ireland/Northern Ireland border.

Second, such citizens are actively courted by politicians from their countries of origin in return: Mexican presidents regularly campaign in Chicago, the largest Mexican city outside of Mexico, and Turkish President Erdoğan's party, AKP, has actively attempted to campaign in Germany in 2017. The German government denied numerous Turkish politicians opportunities to do so. In the process, however, two additional elements of human and State security associated with territorial and political borders were exposed. These are (1) the State security exposure brought about by external State interference vis-à-vis its claim on its nonresident citizens, and in association, (2) the human security vulnerability wrought from the lack of a complete citizen-State relationship. With regard to the latter, if nonresident citizens are only able to voice their demands toward the State of their citizenship, their political and human position becomes precarious: possibly seen as a threat to the State of their residence, and singled out by the State of their citizenship for their (political) participation and acquiescence. The fact that such citizens are not resident reduces their personal sense of responsibility for any (untoward) consequences, though their expression of citizenship impacts themselves and others around them.

Another example is of migrants and refugees from Zimbabwe into South Africa. While the former may register to work and receive a permit, and eventually a South Africa identification number also enabling access to the health-care system, to do so, they are required to renew this on a regular basis. In early 2017, the South African government changed the length of such a permit from six to one month. That means that a worker, a teacher for instance, must take at least a day of leave every month, venture into the overburdened Department of Home Affairs, and hope for a clerk on duty who will apply the stamp to extend the permit. Very often, one day in line is inadequate.³ Whether or not an employee requiring such onerous and unpredictable paperwork is retained becomes an open question with myriad human security consequences: for instance, for pupils in school and for any family members dependent upon the employment status of the migrant worker for their own residency permits. As a case in point, the children of such a migrant worker depend, and can depend, upon his/her residency and employment status for their own residency permits and access to education—up onto a point. The challenge Busi⁴ and other children of migrants interviewed in South Africa in April 2017 were contemplating is twofold: despite having been born in South Africa, without either (1) declaring themselves refugees and applying for South African citizenship, or (2) returning to Zimbabwe, where they can claim

citizenship, they are ineligible to register for the matriculation (matric) examinations that mark the end of their secondary schooling.⁵ It goes without saying that without the matric exam their education remains officially incomplete, making it impossible for them to apply for vocational school or tertiary education anywhere in the world. With that, their human—social and economic—security is in doubt; so, too, is the contribution that would be slated to make to the societies, on either side of the border, if their migration status and their claim to citizenship and human security provisions and protections were honored.

US President Trump's decision to end the Deferred Action for Childhood Arrivals (DACA), announced on 5 September 2017, follows a similar anti-migrant (il)logic. The estimated 800,000 American-raised 'Dreamer' children were not born on US territory, and therefore not automatically granted US citizenship. Ostensibly, the termination of DACA is a political machination to propel the US Congress to reform the Development, Relief and Education for Alien Minors Act, known as the Dream Act. The Dream Act, if passed, would grant residency and a path to citizenship to young immigrants (Jordan 2017). However, given the current State of US governance, it seems highly unlikely that such an exception—which has eluded Congress for 16 years—would pass. In the interim, the DACA has allowed those accepted into the program to apply and qualify for driver's licenses, in-State tuition at public colleges and universities, and work permits. They contribute much more to the US social and economic fabric than would their deportation: calculations vary, but hover in the range of \$60 billion just to deport 'Dreamers,' and between \$280 billion (Brannon and Albright 2017) and \$460.3 billion (Center for American Progress and FWD.us 2017), with an additional drop of \$24.4 billion projected for social welfare programs such as Medicare and Social Security, to the US economy as a whole. These losses directly impact the human security of all directly and indirectly affected by the ensuing loss of social protections, health care, and societal cohesion. The limbo such young people become caught in, in South Africa or the US, is an affront to their human security rights and a potential source of instability—as unemployment and disaffection rise—for State security on both sides of the implicated borders.

In addition, the militarized means by which such deportations and exclusions are enforced are inhumane. Landau and Kihato emphasize this (2017). In 2017, concomitant with the example above, South Africa's

National Assembly passed a bill establishing the Border Management Authority under the auspices of the Department of Home Affairs. It weakens civilian political oversight and, in an affront to human security rights, envisions a “‘risk-based’ vetting system that could be used to justify barring most people from entering the country overland” (Landau and Kihato 2017), while at the same time likely to do nothing to prevent smuggling or human trafficking or to thwart terrorism (Landau and Kihato 2017). It severely hampers the freedom of movement essential to enhancing regional cooperation and integration. Yet it has company in countries such as Eritrea—not known for its human rights or human security record—which maintain ‘exit visa’ controls. The momentum of the South African bill is being aided and abetted by financial aid from the EU⁶ and technological advances such as biometric tracking and militarization of borders as already seen in the “Central African Republic, Ethiopia, Niger, and Sudan” (Landau and Kihato 2017). The US Immigration and Customs Enforcement (ICE) teams increasingly resemble armed SWAT (Special Weapons and Tactics) teams bearing military arms aimed specifically at (non-citizen) civilians.

These (il)legal means to curtail human security are the mark of fragile and failing States, areas of limited sovereignty (Risse 2012). They aptly illustrate the GAP: they are insecure in their Statehood, and unable and often unwilling to provide or protect the human security of their citizens, let alone non-citizen residents. All in need of *more*, not less, ability to be responsive and responsible for human and thereby State security. Militarizing—or containing—purported risks and threats at borders is more likely to increase as opposed to decrease such insecurity. Cross-border health risks and responses poignantly illustrate this.

The following section introduces the challenge of health security across borders; the following chapter explores this more deeply.

5.2 BORDERING HEALTH

Gro Harlem Brundtland, former executive director of the WHO, once stated that “a single microbial sea washes all of humankind. There are no health sanctuaries. Diseases cannot be kept out of even the richest of countries by rearguard defensive action” (Kamel 2009, 160). Yet health has long been used as a tool of territorial control.

As the WHO issued International Certificate of Vaccination, as issued by the US State Department, says,

This International Certificate of Vaccination or Revaccination is an official statement verifying that proper procedures have been followed to immunize you again a quarantinable disease which could be a threat to the United States and other countries. The Certificate is essential in permitting uninterrupted international travel. IT MUST BE COMPLETE AND ACCURATE IN EVERY DETAIL, or you may be detained at international ports of entry.

Such documents of health, attesting to the status of the carriers as being disease-free, or as coming from a disease-free town or region “existed as system prior to the widespread use of identity documents” (the passport or the visa, in example cited earlier). One of the factors which delineated and reinforced the legitimacy of sovereign borders in the past “was the checking of health documentation and of people’s bodies for signs of infectious disease,” and even “disease prophylaxis—vaccination” (Bashford 2006, 6). Past is also present. These same bordering practices have again been on display during the outbreaks of SARS, MERS-CoV, Ebola, and, most recently, Zika.

The WHO explicitly allows such screening. Its aim is to protect and produce the right to health for both domestic—public—and migrant populations. With particular regard to migrants, it advocates that “foreign-born persons intending to stay in the country (other than for a stated short period of time, for example not more than three months), who are not exempt from any residential permit requirement, have a duty to undergo medical examination for tuberculosis” (Bashford 2006, 170). Indeed, TB, as an airborne disease, presents a particular threat, both historically and currently. Its threat is exacerbated by the rise in drug-resistant TB, which is putting a strain on health systems, especially in hard-hit regions such as the Eastern Cape in South Africa. In an attempt to address the particular risk of TB,

(UK) Government proposed to screen 250,000 visa applicants for tuberculosis ‘on high risk routes’ and require those diagnosed to seek treatment before being allowed to travel to the UK.⁵⁷ Although such a policy might be appealing because of the potential to shift cost and responsibility (in line with the general move to contain potential immigrants and asylum seekers in their regions and countries of origin and buffer zones around the EU), and in terms of the political messages it sends (‘our borders are secure, we are keeping disease at bay’), it is unlikely to be effective, and the diversion of resources will have opportunity costs that may undermine effective public health policy in the UK and poor countries. By defending the country from disease in this way, UK public health may in fact become less secure. (Bashford 2006, 172)

This dual dependency—treatment tied to entry tied to treatment—shows the inextricable links between migration and borders and health. While screening need not be the culprit cutting migrants off against treatment *per se*, it needs to be reimagined beyond borders. Merely barring migrants in need of treatment raises the risk of infection for migratory and sedentary populations. Enabling treatment, and prevention, at and across borders, presents in theory, if not always in practice (see following chapter)—yet—an opportunity to protect and provide health security for both populations.

Altogether, as the TB example illustrates, and as was seen during, among others, the 2014–2015 Ebola outbreak during which travelers from the affected region were screened for elevated temperatures, screening practices are arguably intensifying. This trend is likely to increase further, parallel to continued global migration. The consequences can be either protective of sedentary and migrant populations or threatening. At both the external and along the internal borders of the EU, migrants from “regions with high rates of diseases such as tuberculosis and HIV/AIDS are likely to fall within the broader exclusionary approach to migration and borders being implemented through the EU itself” (Bashford 2006, 166). In South Africa, the use of biotechnology to screen for previous trial participants in, among others, HIV and AIDS research studies can also be availed for screening (il)legal migrants. Similarly, the implementation of such screening procedures in Germany is part and parcel of the asylum process (Löffelmann and Vaughan-Williams 2017).

These screening processes remain *ad hoc* and State-based, even within the EU. In fact, “approximately half of countries in the pre-May 2004 European Union have no policies, those that do (broadly speaking, those in Western Europe) have policies that screen varying populations, with varying tools, that are interpreted differently” (Bashford 2006, 171). As evidenced by the (re)emerging controls and reinforced by the international protocols attesting to health status outlined above, the notion of health risks and threats as pervading porous borders has not stopped technological surveillance and the philosophical and practical conflation of ‘disease’ and threats to security, including terrorism (Kamel 2009, 160). Yet, ultimately, such “an excessive focus on border control will ultimately undermine protection against global infectious chronic disease” (Kamel 2009, 160). This is because infectious diseases will spread regardless of territorially bounded border controls. No border is airtight—not capable of sealing itself off against inward or outward migrants; no State is so

self-sufficient as to be able to desist from the brain or financial gain contained in human or monetary capital, each movement of which has the potential to import—or export—disease. “With as many as 1.6 billion people predicted to travel abroad each year by 2020, a fast-moving new lethal disease, a catastrophic flu epidemic, or a drug-resistant ‘superbug’ could abruptly increase the level of risk” (Kassalow 2001; and Kassalow in Coker and Ingram 2006, 161). The US National Intelligence Council notes that emerging and resurgent infectious diseases in particular stand to impact US and global security (Coker and Ingram 2006, 162).

Consequently, how borders are maintained is key to understanding their contribution, or lack thereof, to whose—citizen or non-citizen—human and State security. For example, France recognizes the human right of ill people to “make a claim to be treated within France” (Bashford 2006, 9; see also Höslé 2003). However, in order to remain eligible for treatment, “people residing in France on grounds of their illness must remain ill; despite a rhetoric of universalism, they must remain in a position of dependence in, and on, the French State, never quite equal, never quite citizens” (Bashford 2006, 9).⁷ While protective of the individual health of both non-citizen and citizen, this provision makes no further social and State health sense. In other example, the fluid borders in the Golden Triangle in Southeast Asia, at the conjunction of India and Myanmar, have contributed to the cross-border flows of both opium and HIV. The lack of coordinated health surveillance, treatment, and care means that both individual health security, of both citizens and non-citizens all each side of these borders, and wider State security are at risk of an epidemic.⁸ Indeed, small epidemics have been reported (Kamel 2009).

It remains that the most unwieldy health risks are those that are unknown (Kassalow in Coker and Ingram 2006, 8). As such, ‘enlightened self-interest’ would seem to dictate such informational exchange and support: “sketching out of a system of defense against epidemiological hazards” (Bashford 2006, 22). In doing so, “health borders combine the language of epidemiology and medicine (epidemic, contagion, immunity) with the vocabulary of national defense (protection, invasion, security)” (Bashford 2006, 22). As such health borders incorporate both human and State security. These examples reinforce the idea that cooperation between States, and taking into account citizen and non-citizen right to health and provision and protection of health security for all—including through surveillance and reporting and response preparation—is vital to providing and protecting human (health) security *beyond* borders.

5.3 MIGRATING CITIZENS(SHIPS): MITIGATING HUMAN (IN)SECURITIES

The analyses and examples above relate migration and borders to human and State security. In doing so, they lay out the dichotomy between State sovereignty and universal moral obligations. Hösle, quoted in the early conceptual chapters of this book, traced this tension to the competing allegiances to God and Caesar in a particularly Christian rendering. Linklater (2007) builds on the pillars of this argument, exploring the comparable competition between citizenship, sovereignty, and humanity. Benatar does as well, with unabashed emphasis on the latter. All of these scholars, and more (Kaldor et al. 2007), try to dissect the range of possible relations between State and citizens and non-citizens. As argued in previous chapters and illustrated above, given the increasing empirical evidence of unprecedented⁹ migration movements and health threats across borders, continuing this exploration in theory and practice is of utmost importance. This section does not purport to give an answer, only to lay out how the enactment as well as the lack of citizenship beyond borders contributes to wider spread human insecurities. It then argues that by recognizing and preparing to implement human security provisions and protections *for all* would contribute to both universal human and State security.

Historically, State sovereignty has always existed in compromised form. Indeed, sovereignty theorists John Carlson and Erik Owens argue that sovereignty, and thus the scope of citizenship, can be limited, or infringed upon, from three directions: from ‘above,’ from international or non-State organizations; from ‘alongside,’ from other States, often operating in loose coalitions with others, who claim the right and/or duty to cross international borders in pursuit of specified interests; and from ‘below,’ from citizens’ militias or peoples’ armies who present themselves as defenders of justice to which established State and/or international authorities are indifferent or even actively hostile (Carson and Owens 2003, 113). At this point in time,

A democratic deficit arises from the confidential nature of dispute-settlement proceedings. Second, whereas strong institutions exist for the protection of investors’ rights, mechanisms to hold investors accountable for the negative health effects that can result from their legal challenges are weak. Finally, investment agreements have proven difficult to reform: despite some progress, calls to

substantially increase the transparency of the system have proven difficult to implement. (Ottersen et al. 2014)

Attesting, on the one hand, to this (powerful) State-centric setting of global norms and rules, and to the rising demand for a human-centric approach, on the other, Ottersen writes referring to financial and human “capital has been freed from State control, and the policy space of governments to control capital inflows and outflows has shrunk ... the interests of governments in retaining the confidence of global financial markets have come into conflict with protection of health and welfare” (2014). Human beings around the world are increasingly demanding the same rights—for instance in health. This means that in order to attract the financial and human capital necessary to guarantee the (economic) conditions for human rights and development, States are more co-dependent than ever. This is also the case because “*the sovereign state is an enduring feature of the global political structure, and remains the primary authority for the negotiation of global rules*” (Ottersen et al. 2014). Those rules apply within borders; international treaties can make them applicable beyond. Effective implementation relies on the same international constellation of sovereign States: a Catch-22 unless corralled to bridge the GAP.

This has consequences beyond borders. While the relative integrity of borders was paramount for State security early, human security within and without State boundaries—especially insofar as external threats impacted internal security—entered the lexicon and practice piecemeal. Now, in this contemporary scene, while State sovereignty continues to win a seat at the decision-making tables, demands for human security are louder than ever. This has implications for citizenship, as cross-border claims, and NSA could be rewriting the linearity of this relationship.

This is due to the fact that the theoretical linearity of this arrangement leaves a gaping hole for the GAP to emerge. The arrangement conspicuously lacks an inverse relationship: whereas the State is accountable to NSAs or even to the ‘international community,’ the same is not true in reverse. Despite whatever action or intervention NSAs or the ‘international community’ might take on behalf of, with or without the consent of the sovereign State, for whatever period of time, this is not subject to the same ultimate guarantee. Thus if that ‘international community’ deigns to continue its intervention, there is little if any recourse for the State to take

to reinstate a guarantee; if such intervention has undermined State provision all the worse for the State, precisely as this ultimate guarantee of sovereign rights remains with the State.

In order to reimagine this linearity in more inclusive terms, the image would have to incorporate the guarantee of health and human rights beyond national citizenship. Citizenship, and its claims, would need effectively to be made global. This means that States would have to embrace the rights of each of their residents as constituents and would have to answer for the long-term provision of rights whose delivery they initiate beyond their borders. Furthermore, the ‘international community,’ of States, but also of NSAs, would have to be able to and be made answerable for global rights provisions as ‘guaranteed’ in the UNDR. That this is ‘impractical’ is clear—States’ rights continue to trump those of (global) citizens, so say nothing about the Stateless. However, the theory unequivocally points in this direction, as only such global citizenship claims, directed at State and non-State actors alike, will meet the human rights demands prescriptively guaranteed regardless of State or non-State affiliation and action. The consequence would be citizenship claims that are both local—in residence—and global; States would also be called to task not only for their action, but also for their inaction, and would be joined by NSAs currently operating outside of any accountability framework. The short-term political and economic costs appear high; the long-term benefits for rights provision are incalculable.

5.4 CONCLUSION

Migration by definition shifts the bounds of borders. The visceral connection between human and States itself invokes State and non-State actors for the identification and implementation of rights and responsibilities at the local, national, international and global levels. It tests the stretch of human rights and State capacity to protect and provide human security within, in between and beyond those borders. The chapter sketched some of the explicit challenges and outlined initial possible changes necessary to providing and protecting human—and State—security beyond borders.

Any such rearrangement raises the specter—political and practical—of a (re)alignment of citizenship claims. The theoretical considerations need to be matched with their realization. The world emergent in the ad hoc

alliances between States and NSAs has rendered a reordering of citizenship—the contract between individuals and their government for the recognition of the latter’s sovereignty and the provision of the former’s welfare, notably and increasingly the human rights to security and economic welfare (Hösle 2003) including the right to health—and its claims, necessary, if not yet viable. Practitioners and academics have both contributed to this change: reality affirming theory. Now the challenge is to bridge the gap. How this looks with regard to health is explored more deeply in the following chapter.

NOTES

1. South Africa currently has a refugee, not including migrants, population of between 3 and 5 million out of a total indigenous population of ca. 55 million, interviews in South Africa, April 2017.
2. See the 21 August 2017 collision of the US Navy Destroyer John S. McCain with a Libyan oil tanker in waters contested by both Singapore and Malaysia: <https://www.reuters.com/article/us-usa-navy-crash-malaysia-idUSKCN1B1171>
3. Conversational interview with Adrienne Blignaut, Pretoria, South Africa, 4 April 2017.
4. Not her full name.
5. Conversational interviews, Pretoria, South Africa, 4 April 2017.
6. “At the very least, the kind of bilateral arrangements various African countries are signing with the EU will scupper African Union [plans to promote easier and safer movement within the continent](#). They will similarly curtail free movement policy proposals circulating within sub-regional economic communities” (Landau and Kihato, 2017).
7. My emphasis.
8. “Border crossing for hospital care has implications for the use of statewide data. A major concern of researchers using state data sets for population-based analyses and market share studies in the health care sector is the potential bias caused by border crossing patients—patients receiving care out of state. At the county and zip code level, border crossing is more frequent but tends to be concentrated in areas adjacent to other states. Biased statistics misrepresent the needs of a population and can impact the adequacy of health care planning and delivery” (Kamel 2009).
9. According to the UN, since it has been keeping track, an unprecedented number of people are on the move—as migrants and refugees. At last count, these numbers were over 62 million (UN, 2016).

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Health and Human Security

Abstract This chapter focuses on health and how it can be reimagined through the lens of human security. It builds on Chap. 5's exploration of human security, including of health, beyond borders. It delves more deeply into the nuts and bolts of delivering the right to health by reallocating the responsibility for it across State border as well as between States and NSAs. Antecedent to its analysis is the acknowledgment of the tension between the morality of a universal human right to health and the claim to health care conferred by citizenship, focusing on the continued (r)evolution of the human right to health as part and parcel of human security, and of its practical feasibility beyond State borders.

Keywords Human security • Health security • Borders • States • Non-State actors

This chapter focuses on health and how it can be reimagined through the lens of human security. It builds on Chap. 5's exploration of human security, including of health, beyond borders. It delves more deeply into the nuts and bolts of delivering the right to health by reallocating the responsibility for it across State border as well as between States and NSAs. Antecedent to its analysis is the acknowledgment of the tension between the morality of a universal human right to health and the claim to health

care conferred by citizenship (Linklater 2007). This is evidenced on the one hand in France's extension of health care to all those ill within its territory and on the other hand Spain's curtailment of the same in the wake of the 2007–2008 global financial crisis. The introductory Chaps. 1 and 2 traced this competition to the division between church and State (Hösle 2003), which will not be repeated here.

Instead, the focus of this chapter is on the continued (r)evolution of the human right to health as part and parcel of human security, and of its practical feasibility beyond State borders (Benatar 2011). As such, it follows from the previous chapters' focus on borders and relates to the migration not only of people, but also of disease (potential). Throughout, State security, human security, self-interest, knowledge and knowledge transfer, acknowledgment and adaptation, culture and fear intermingle (also Šehović, *Policy Paper* 2017; Stone 2016), and Nunes 2014; and Singer and Baer 2011).

The chapter first situates the human right to health within the framework of human security. Second, it traces the responses to the HIV and AIDS and Ebola epidemics to illustrate the political and security acceptance of the right to health and to elevate the rationale for securing health beyond borders. While not absolute, the chapter argues that the right to have has arrived in the discourse on State responsibility vis-à-vis its citizens. This does not resolve the conundrum around whether health security can be used for predominately State security reasons (see McInnes and Rushton 2012; Nunes 2014; Howell 2014; McInnes and Lee 2006; Kevany 2016). Nor does it absolve NSAs either of their liability in undermining State sovereign capacity (see Matthews 1997; Šehović 2015) or of their predetermined focus on select disease threats. Nonetheless, health security can arguably be said to have arrived on the international agenda (see UNSC; Trilateral Commission; G7; G20). The examples below offer more detail on this evolution. Third, and finally, the chapter introduces ideas reimagining health security beyond borders.

6.1 THE RIGHT TO HEALTH

Since the initial incorporation of the right to health in the post–World War II period, its prioritization on the international policy agenda and in practice has steadily progressed. However, its realization has remained tied to the sovereign responsibility of States for their citizens. This relationship, as seen throughout this book, has become too limited in a world increasingly defined and beset by cross-border challenges and opportunities.

In 1948, the newly founded WHO defined the right to health as “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being” (WHO 1948). As the decades since have passed, this has come to conceptually incorporate access not only to preventive, notably vaccines, and primary care, particularly maternal and newborn care, but also to tertiary care and treatment for communicable infectious diseases such as HIV and Ebola, and chronic conditions such as cardiovascular disease and mental health. The delivery of these promised rights has been hampered by the State’s citizen-centric allocation of responsibility and accountability.

Numerous agreements codify the right to health and human security. These all allocate the attendant responsibility to States. The ICESCR’s Article 12 states that the right to health requires *States* to recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The remit is limited to States’ obligation to respect, protect, and fulfill the right to health for *citizens* within their borders (ICESCR 2000, General Comment 14).

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. (Declaration of Alma-Ata 1978, paragraph V)

This allocation of responsibility is repeated in the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs). It is also reiterated in the UN Security Council (UNSC) resolutions and UN General Assembly (UNGA) declarations pertaining to the international responses to the HIV and AIDS and Ebola epidemics (UNSC 2000; UNGA 2006, 2011; UNSC 2014). This trajectory highlights three points: first, that health is increasingly accepted as a universal right; second, that the international order as currently conceived and practiced holds national States responsible for the provision and protection of health security; and third, that non-citizens and cross-border coverage, prevention measures and eventually necessary intervention are not codified (see also Davies 2010; Davies et al. 2015).

As Frenk et al. (2014) among others have written, “increased interdependence has eroded the capacity of states” to meet their health security obligations to their own populations, to say nothing about non-citizens. As the GAP also noted,

The challenge is that in a world of sovereign states, there is no hierarchical authority or world government to fill in the gaps. Rather, there is only a relatively weak system of multilateral institutions built on the shaky foundations of the consent of sovereign states. (Frenk et al. 2014)

Adding a further complication is the fact that these multilateral institutions, notably the WHO and its IHR (updated 2007), lack mandatory and effective implementation measures to ensure health security provisions if and when States fail to do so. Thus while States continue to assume the obligations of health security, they face constraints of both willpower—including their own—and capacity. Anyone who falls outside of the jurisdiction of State responsibility for health security¹ is left vulnerable—a vulnerability which can easily spread even to those who are ‘secure’ (Liotta and Owens 2006).²

The case of South Africa offers one illustration of this. South Africa espouses an ardent commitment to human rights and assumes the corresponding responsibilities in delivering these explicitly as per the Constitution.

Everyone has the right to have access to health care services, including reproductive health care.... The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights. No one may be refused emergency medical treatment. (Constitution of the Republic of South Africa 1996, Paragraph 27, Chap. 2, Bill of Rights)

Yet the State arguably became caught in the conundrum between universalism and practice in its woefully short initial HIV and AIDS response. It was also not always aided by external State or NSA intervention.

In July 1989, long before HIV surfaced as an epidemiological and possible existential threat to the South African State, now former president Thabo Mbeki observed that to govern, “you have to be in office” (Gevisser 2007, 540). Upon assuming office in 1994, the newly elected African National Congress inherited a nearly depleted treasury. Bowing to the strictures of the global capital market, the democratic government aimed

to work for ‘broader public interest,’ whose priorities included HIV/AIDS (Skinner 2010, 46). However, the exorbitant costs of HIV treatments that entered the market in 1996 made such a pledge prohibitive: other policy priorities also had to be addressed.

As the government stalled on HIV and AIDS, shirking its responsibility for that specific aspect of health rights and health security, NSAs entered the void, yet, as indicated by Frenk et al., exacerbated it further, confirming the GAP. “In using business, NGOs, and international organizations to address problems they cannot or do not want to take on, States will, more often than not, inadvertently weaken themselves further” (Mathews 1997). When these NSAs shifted their focus on water security (see Gates Foundation), the ability of the State to respond to HIV and AIDS threatened to recede further.

South Africa has been able to rise to the occasion to provide (some) HIV and AIDS treatment to the largest number of its citizen HIV patients of any country in the world. This reflects its status as the nation with the highest infection rate. Yet its success is being tested by the high numbers of migrants and refugees from across the African continent and the rise of concomitant diseases, notably tuberculosis. At the current imprecise count, South Africa is host to upwards of 3 million refugees out of a population of 55 million.³ Especially alarming are also increasing rates of TB, including multidrug- and extensively drug-resistant strains; the future of its health security provisions and protections is in doubt: “U.S. experts agree that the disease that currently poses the greatest risk, both to the border crossers themselves and the public at large, is tuberculosis (TB)” (Kamel 2009; Kassalow 2001). TB, as opposed to either HIV or Ebola, is airborne, adding a particular menace to an overburdened health-care system. The examples below illustrate this further.

6.2 HIV AND AIDS AND EBOLA: EVIDENCING THE RIGHT TO HEALTH/EVALUATING RESPONSIBILITIES

The prescient case of the national, international, and global HIV and AIDS response illustrates at once an unprecedented success and a possibly equally unparalleled failure. In terms of success, it can be argued that HIV and AIDS both put health rights and health security on the international agenda. In terms of failure, the enormous success of that rights campaign, and the tremendous financial flows that followed in its wake, can be held partially responsible for the current fatigue for health issues.

6.2.1 *HIV and AIDS*

Epidemiologists, scientists, political scientists, and international security experts, notably at the US National Security Agency, predicted a crisis with the onset and spread of HIV and AIDS. They foretold of peacekeepers bringing the virus with their deployments, of war (Singer 2002), and of already fragile States failing. This was the premise of UNSC 1308 (2000) which called for an unprecedented global response to an infectious disease also considered a security threat.

This threat was not borne out in reality. However, lacking a baseline comparison, it is impossible to evaluate what ‘would have’ happened without the ensuing global mobilization to fight HIV and AIDS. Beyond the militarized security threat, scholars, notably again political scientists, predicted a ‘hollowing out’ (Poku and Whiteside 2004) of State bureaucratic and service delivery capacity. Sociologists anticipated unparalleled numbers of orphans (Demographic Information Bureau, Southern African Development Bank) whom they feared would become street urchins prone to violence. Economists estimated that South Africa’s economy alone would shrink by an estimated 17% of GDP in 2000 (Arndt and Lewis 2000) due to the effects of the epidemic. None of these predictions have come to pass—at least not in the ways anticipated (Barnett and Prins 2006).

Health practitioners swarmed to the most affected regions, and while they did not ‘see’ the destabilizing effects of HIV and AIDS on peacekeeping forces, military forces were among the first groups to benefit from interventions against the epidemic, including treatment. While military interventions remained firmly under the remit of the State, other interventions, such as those established bilaterally (US PEPFAR) or by NGOs, helped staunch the tide of HIV and AIDS infections, but had two adverse consequences: first, they ‘brain-drained’ public sector staff with the lure of better salaries and conditions into effectively parallel health structures, and second, as a result, undermined other health services, such as maternity care and internal medicine, depriving the public health system and, however inadvertently, undermining the right to health (services).⁴

Such an ad hoc arrangement saw—and continues to see—HIV and AIDS health-care provision prioritized over other health demands, and the line(s) of allocation and assumption of responsibility and accountability between government and non-State actors remains unclear. South Africa’s experience confirms that the global response to HIV and AIDS scattered among assorted State and non-State actors and interventions.

The State continues to bear ultimate responsibility and accountability for the health and welfare of all of its citizens, even as its capability to enact that guarantee is effectively outsourced to unaccountable NSAs.

Similar interventions and accompanying consequences would be mirrored in the response to Ebola—with one important difference: the first responders to HIV and AIDS had to establish the right of infected and affected people to receive a response; that right was taken (mostly) as a given in the response to Ebola, and to Zika. Liberia ‘solved’ this citizenship claim for the right to health during the Ebola epidemic by actively outsourcing Ebola response to bilateral actors; the Zika response in Brazil consisted of a military intervention that heeded immediate citizenship claims but possibly imperiled civil liberties in the longer term.

6.2.2 *Ebola to Zika*

In the case of Ebola, it seems clear that the States most affected were indeed aware of the expectation of responsibility and accountability that accrued to them for the health of their populations. Owing an enormous debt to the African HIV and AIDS experience, little international resistance met the desperate cry for help. Admittedly, however, no medications were or have been forthcoming.⁵

Nonetheless, Guinea, Sierra Leone, and Liberia accepted the theoretical responsibility for the health of their populations and took differing practical routes toward devising responses to their epidemics. Guinea, despite the presence and early warning of MSF, assumed responsibility for the epidemic response itself. Sierra Leone benefited from the external aid of the UK, and an influx of Cuban doctors, though it lost (too) many of its doctors and its one and only infectious disease expert. Liberia made headlines when President Sirleaf Johnson pleaded for assistance in an open letter. Her plea resulted not only in financial and NSA aid but, most controversially, in military deployments by a number of countries (the US, the UK, and Germany were involved), to build clinics and stem the spread of the Ebola epidemic. Whether these effects worked, or whether they were deployed as the tide of the epidemic was already turning, remains debated (Price-Smith 2009).

What seems clear is that, as both the epicenter, the first point (Iliffe 2006), of the outbreak and the country which asked for no outside assistance, and evinced difficult relations with internal helpers (MSF), Guinea suffered the highest Ebola mortality (60%). Sierra Leone and Liberia

benefited both by being the secondary victims of the epidemic and from aid, though much of its impact is in dispute. Notably, it remains that first, the accountability for the given aid rests with the giver, not with the recipients: in other words, US (citizen) taxpayers can demand an accounting of the funds spent in West Africa since these are theirs, but West Africans cannot do the same although they were (to be) the beneficiaries of the monies, reinforcing the gap between the theory of sovereignty and citizenship divorced from the practical responsibility for health delivery; and second, notably given the uncertainty of the timing and effectiveness of the aid, it remains unclear what role such diplomatic and military aid had versus local interventions to end the Ebola epidemics.

With regard to Zika, the Brazilian government mounted the largest joint military-civilian operation in Brazil's history, [mobilizing](#) 315,000 people into a mosquito-elimination campaign (Garrett, 13 April 2016). Then, a number of regions of Brazil “proactively declared a public health emergency with regard to Zika in November 2015” (Gostin and Lucey [2016](#)). If and when the expanded political, and military, powers granted under the emergency are not revoked, these could lead to serious infringement of biological and civil liberties. As the Zika epidemic slumbers for the duration of the winter in the southern and now northern hemisphere, the time is ripe to consider the lessons it, alongside the Ebola and HIV and AIDS epidemics, continues to offer vis-à-vis the role of health diplomacy at the interregnum between citizenship and States.

Indeed, this present moment showcases a liberal international order confronted by innumerable challenges—including unprecedented migration and (re)emerging infectious diseases (EIDs) (Brower and Chalk [2003](#), xiii). However, it is especially constitutional crises of democracy and governance writ large which imperil the right to health and real commitment to human security for citizens as well as non-citizens. Consequently, the urgency of reimagining such security beyond borders grows.

6.3 HEALTH SECURITY AT BORDERS

As the post-World War II liberal order faces constraints, health security has not lost its resonance. In spite of some ‘AIDS fatigue’ and the crowding out of health security on some international agendas, the issue retains its salience and importance for human security. Indeed, health security is indisputably present on the international agenda (see UNSC; Trilateral Commission; G7; G20; European Council [2003](#)).

The international discourse (at the UN, ICC, G7/G8) is beginning to effect change on the institutions and practice of global governance. ...Synergies between issues and the new coalitions that result have produced new forms of diplomatic action. Coalition building among like-minded states and non-state actors is one dynamic element of this “new diplomacy.” (Axworthy 2001, 20)

This diplomacy operates at the traditional, bilateral level of State-to-State relations wherein the security of population health is evaluated in the service of the security of the State. Yet it also involves NSAs and NGOs in efforts to elevate health on the international agenda in what Luk van Langenhove (2016) calls ‘science for diplomacy’. Altogether, these trends and attendant initiatives have resulted in a proliferation of health security initiatives, spanning the whole range of State and human security definitions (Nunes 2014; Howell 2014; Mcinnes and Lee 2006; Kevany 2016; Kickbusch 2007). These reinforce the embeddedness of health security within human security, though their relationship(s) with State responsibility remain contested (Der Derian 1995, 28).

Yet States remain the decision-makers on health security. As such, more often than not, it still stops at borders. The right to health without the right to migrant health cannot be guaranteed. The provision and protection of any such right without the delineation of attendant responsibilities, of States and NSAs (please see Fig. 4.1 in Chap. 4), can likewise not be guaranteed. Yet little movement has taken place to rearrange responsibility for health security beyond State borders.

While disease, migration and borders are present in the EU variant of the new security discourse, the nature of concrete policy responses is determined by the differential development of EU powers. The centrality of health policy to electoral politics in all European countries has meant that control has largely been retained by states, and authority within European institutions is consequently relatively weak. (Bashford 2006, 164)

Furthermore, EU Decision No 1082/2013 calls for only ‘coordination’ between Member States (European Commission 2013). It also calls for the extension of notification of threats as per Decision No 2119/98 to human health security at the EU level. Toward this end, the EU has set up the Health Security Committee (2001) on the basis of the Presidency Conclusions of 15 November on bioterrorism. However, the group, composed of high-level representatives from Member States, is informal.

The EU established (Regulation [EC] No 851/2004) the European Centre for Disease Prevention and Control (ECDC). Its mandate includes “surveillance, detection and risk-assessment of threats to human health from communicable diseases and outbreaks of unknown origin” (European Commission 2013). The ECDC began working in May 2005. It is much smaller than its equivalent in the US. The EU also launched the European Medical Corps in February 2016, but participation is voluntary. Meanwhile, the Africa CDC, inaugurated 31 January 2017, in Addis Ababa, Ethiopia, the seat of the AU, is just getting off the ground. Each of these also complements and ideally coordinates with the WHO’s “Global Outbreak, Alert and Outbreak Network” (GOARN), which collects disease surveillance data and contributes to the coordination of outbreak responses.

The US, the EU and all of its Member States are also signatories of the WHO’s IHR of 2005, which went into effect in July 2007. The IHR are designed to limit and stop the spread of infectious diseases across borders. They prescribe capacities that countries should develop to enable and reinforce disease outbreak response, and foster coordination among States toward “the preparedness for, and response to, a public health emergency of international concern” (WHO 2005; European Commission 2013). However, far from all countries around the world have established even one ‘core capacity’: the African IHR website is currently unavailable (5 September 2017). Further crippling their effect is the IHR’s lack of implementation tools, including sanction options if and when countries fail to comply and contribute. This endangers health security beyond their borders—as when an outbreak becomes an epidemic which becomes a pandemic as in the case of the 2014–2015 Ebola outbreak in West Africa. The only incentive the IHR have is reputational: a country which complies with the requirements to notify the WHO of a suspected outbreak is spared public shaming and instead (ideally) rewarded with international acclaim for its forthright actions to protect international health security. When China failed to do so during the 2003 SARS epidemic, it was internationally condemned. When it did adhere to IHR guidelines during the H5N1 outbreak of 2005 and beyond, it was internationally lauded. Yet the IHR, like the EU decisions, rely on States to provide for health within their borders, and to enable other States to do the same in instances of cross-border penetration of disease outbreaks. None of these provisions present adequate measures to protect and provide for health security, for sedentary and/or migrant populations, beyond borders.

6.4 HEALTH SECURITY BEYOND BORDERS

As argued throughout this book, State-based security alone is inadequate in the face of the cross-border impacts on health and human security. As Brower and Chalk argue, “statecentric models of security are ineffective at coping with issues, such as the spread of diseases that originate within sovereign borders, but have effects that are felt regionally and globally. Human security reflects the new challenges facing society in the twenty-first century” (Brower and Chalk 2003, 161). Even the State-based entities of the EU and the WHO illustrate the limitations of State-based responses to health security.

NSAs alone are not up to the task either. Though they have a role to play, they retain their liability both in their capacity undermining State sovereign capacity (see Matthews, 1997; Šehović 2015) and in their predetermined focus on select disease threats. They can, however, play an important role in highlighting emerging health security threats. They seem, for instance, to work anti-cyclically: when a State cannot or refuses to engage against a particular disease threat, NSAs might fill the void (Risse 2012; Keck and Sikkink 1998). When the State assumes its responsibility, NSAs might dissipate. The risk remains in the (un)avoidable gap: when NSAs shift their focus onto other risks or threats and States fail to step in and take over their security guarantee (Šehović 2014). For example, as the HIV epidemic burgeoned in South Africa in the late 1990s to early 2000s, any response lay mostly in the hands of NSAs, including NGOs, civil society, and the business community and private industry (Šehović 2014). As the State assumed greater responsibility for treatment and care, many of these NSAs shifted their focus elsewhere. This worked as long as not another massive (health) demand overburdened the State’s capacity to respond. Now, in 2017, South Africa faces a skyrocketing number of TB, including MDR and XDR, cases, as well as a surge in drug-resistant HIV infections.⁶ As during the early days of HIV, NSAs are providing much of the care and support.⁷ This time, however, there is little likelihood of the South African State stepping in, let alone to the extent that it did with HIV, again.⁸ That TB is airborne and therefore able to cross borders even more readily than HIV, affecting sedentary and migratory populations alike, should elevate the argument that removing myopia on borders and disease is all the more critical to imagining health security beyond borders.

Some imagining is being done and put into practice. Adding to GOARN, the Global Public Health Intelligence Network (GPHIN) is expanding the net of disease outbreak inputs to include NSAs. By ignoring geographical lines and circumventing governmental border surveillance, it is able to garner more precise data. However, as seen above, most of these initiatives hit a State-backed wall with regard to either information access or decision-making procedure. Furthermore, the boundaries between citizen and non-citizen plague equitable access to protections and provisions of health security which would benefit all persons and parties, including States. Yet without implementation, authorizations, and capabilities similarly across borders, the information falls on deaf ears of closed decision-making rooms whose access is restricted to disinterested or disinclined States, despite an eventual reputational cost (see also Weir and Mykhalovskiy, in Bashford 2006; Davies et al. 2015).

Despite such obstacles, movement beyond such State-centric, vertical responsiveness is taking place. The Framework Convention on Global Health (FCGH) represents one example. The FCGH is a proposed global treaty based on the right to health and aimed at national and global health equity. The treaty would reform global governance for health to enhance accountability, transparency, and civil society participation and protect the right to health in trade, investment, climate change, and other international regimes, while catalyzing governments to institutionalize the right to health at community through to national levels. It, too, relies on States as the ultimate guarantor of health security. Yet, by being a treaty agreement, the FCGH does two things: (1) incorporates the possibility of sanctions in the event that a State does not provide for health security, including through trade and investment provisions, among others; and (2) it thereby legalizes the possibility of external State intervention if and when the (internal) States fails to meet its treaty commitments. Such interventions might include (imposed) bilateral or multilateral aid, or the imposition of decision-making around health investment. They might also provide for options for the use of military intervention—with caution.

Military intervention, especially in the aftermath of its deployment during the Ebola outbreak in West Africa, albeit late, represents the second option. In this instance, it might be to have national States, as Member States of the UNSC and the WHO, sign preemptive agreements which foresee military intervention in the event that civilian actors, both national and non-State, invoke the need. The trouble with the WHO is that it is politically constrained; it must obtain governments' permission to work in

their territory, as in Liberia. Therefore, such preliminary agreements directly between States and, for instance, a coalition of signatories to the FCGH might be useful on two counts in securing health and human security: first, to accelerate investment in civilian capacity could forestall the need for such an intervention having to be invoked; second, by establishing *a priori* which foreign militaries might come to the aid of which nations, for how long, and under what conditions. This might also prevent the national or international abuse of States of emergency or uninvited military intervention in the name of ‘security’ (Šehović 2016).

In the end,

Each disease outbreak is potentially different, with varied epidemiology, infection, morbidity, and mortality rates and requiring diverse control measures, means that each outbreak obliges governments to be flexible in how they respond.
(Davies et al. 2015)

In order for any of these strategies to be successful, however, not only action but also accountability is required. As States remain the entities at which both human security per se and its provision and protection rest, the onus is on them to respond. This ups the ante for any response, for States to be seen ‘doing something’ (Davies et al. 2015, 123). The challenge then is not to equate ‘doing something’ as opposed to nothing with doing anything, but to customize the response to render it timely and effective. Such effectiveness is in turn predicated upon coordination, at the national, international, and global levels.

On the national and international levels in Europe, a European global health strategy could present a first step (Speakman et al. 2017). Supplementing the European Medical Corps and the ECDC, this could tie into the German Foreign Ministry’s Global Health Security Office, established in 2015. Such a strategy would also enable the European and German offices to link with others, such as the US Global Health Security Initiative and the State Department’s health diplomacy desk, both launched in 2009, at the bilateral level. This could be critical in terms of both additional coordination and deployment capacities, but also as a buffer should any one national State pull out.

On the global level, the Global Health Program of the WHO, inaugurated in 2012, holds true to its Status as a Member State organization. As such, it focuses mostly on inter-State coordination. As argued above, this has two shortcomings based on the assumption that States are the final

guarantor of human and thus of health security. First, States may or may not be able to meet their obligations toward human security. Second, they may actively neglect or even pursue aims contrary to the provision of human and health security. Particularly at risk are non-citizens. The ensuring gap cannot be filled by NSAs alone. Likewise, military intervention without prior coordination is a risky strategy with unproven (long-term) repercussions for the health and human security of both sedentary and migrant populations on all sides of borders to which it remains unaccountable. Consequently, a new global ordering of health and human security responsibilities premised on State but capturing non-State actions toward its realization is vitally necessary.

6.5 CONCLUSION

Since the International Sanitary Regulations were adopted in 1851, the precursors for the IHR of 2005 (2007), health security has gained national, international, and global attention. States and, increasingly, NSAs have engaged with one another through traditional as well as newer forms of diplomacy in order to stem the tide of various initially infectious diseases, from cholera to HIV and AIDS, to noncommunicable diseases (NCDs) within and across borders. This has resulted in the IHR of 1969, updated in 2005 (2007), as well as the Framework Convention on Tobacco Control. An FCGH, focusing on universal health coverage (UHC), is being negotiated. In the interim, the UNSC and, among others, the US National Security Council, the WHO, and the German Foreign Office (AA) have identified particular diseases as health security threats, propelling health security to the heights of the international and global political and policy agendas and keeping it there—so far.

At this juncture, newly or reemerging diseases present the latest challenge to be addressed by health security. Their proliferation is exacerbated by the unprecedented movement of people likewise within and across borders. A particular challenge is posed by and to the human security of those who can(not) claim health rights as a function of citizenry.

As this chapter has striven by analyzing the attendant challenges thereof through the lens of human security, there is an urgent need to reimagine health and human security beyond borders. The chapter offered initial ideas toward approaching disease and population movements across (always) fluid borders to provide for and protect the health security of both mobile and sedentary populations. It emphasized that each conceptual

level of political theory and each organizational level of health, the choice can be made to prioritize State or human security. The following and final chapter makes this choice and offers a number of more concrete solutions to high- and low-ordering human security beyond borders.

NOTES

1. This includes non-citizen residents who might not have access to health care within a State and cross-border migrants who cannot claim citizenship or access within any border.
2. In this case 'secure' refers to those who can claim, through their citizenship, access to health security provision and protection.
3. Conversational interview with Adrienne Blignaut, Pretoria, South Africa, 4 April 2017.
4. Of the most affected countries in Africa, notably East and Southern Africa, Rwanda might be an exception here. Emerging from its 1994 genocide just in time for anti-retrovirals to enter the market in 1996, Rwanda kept tighter reins on its international aid than did most countries, integrating donors' aid into budget support aligned to national priorities, largely successfully. Also, author's interviews at Kalafong Hospital 2004.
5. Experimental treatments, such as with donated plasma, often went to Westerners medevacked out of the region, or were tried ad hoc in local settings.
6. Interviews with Dr. Webber, Pretoria, 4 April 2017; S. Nawab, Johannesburg, 5 April 2017; S. Timol, Cape Town, 9 April 2017; K. Grosvender, Durban, 10 April 2017.
7. Interviews with S. Nawab, Johannesburg, 5 April 2017; at Centre for Sexualities, AIDS and Gender, Pretoria, 4 April 2017.
8. Interview with M. Boddenberg, DIHK, Johannesburg, 3 April 2017; Dr. C. Panter, Daimler, Centurion, 4 April 2017; Dr. Webber, Pretoria, 4 April 2017, Centre for Sexualities, AIDS and Gender, Pretoria, 4 April 2017.

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Reimagining State and Human Security Beyond Borders

Abstract This chapter offers some preliminary conclusions garnered from the theoretical considerations and practical case studies analyzed in the previous six chapters of this book. It argues that States can and do continue to respond to intensifying calls for human security provisions. How they do so, and in conjunction with whom—NGOs or NSAs, industry, or others—and to what extent they extend or retract their own jurisdictions, remains a field of exploration and experimentation. Given especially the intensifying cross-border challenges presented by EIDs and migration, mechanisms to trigger action for such a guarantee for citizens and non-citizens, sedentary and migratory populations together need to be found. This chapter develops initial ideas for such mechanisms to reimagine human security beyond borders.

Keywords States • Non-State actors • Citizens • Non-citizens • Human security

This chapter offers some preliminary conclusions garnered from the theoretical considerations and practical case studies analyzed in the previous six chapters of this book. Here, from the vantage point of the conclusion to this analysis of human security beyond borders, it is worth returning to Ulrike Guérot’s question quoted at the outset: “Why do we have a system

in which we ask all the communities to become nation states first before joining a supranational entity?” Why, indeed? Though not strictly necessary, three critical points speak to the continued existence of the State-based international order.

First, because the (r)evolution of the Westphalian consensus has enabled State security to evolve to increasingly include human security—within and beyond borders. Second, because the powers to provide and protect human security remain legally and practically vested in States, including any decision to share and delegate their responsibilities, the State remains the most accountable for human security. Third, because the (r)evolution is not at an end: States can and do continue to respond to intensifying calls for human security provisions. How they do so, and in conjunction with whom—NGOs or NSAs, industry, or others—and to what extent they extend or retract their own jurisdictions, remains a field of exploration and experimentation.

The theoretical chapters and the case studies presented here argue that in order to guarantee human security, responsibility and accountability for the components thereof must be allocated somewhere. Given especially the intensifying cross-border challenges presented by EIDs and migration, mechanisms to trigger action for such a guarantee for citizens and non-citizens, sedentary and migratory populations together need to be found.¹ This chapter develops initial ideas for such mechanisms to reimagine human security beyond borders.

7.1 RIGHT AND RESPONSIBILITY FOR HEALTH AND HUMAN SECURITY

The case of HIV and AIDS aptly illustrated that the question of the right to health and human security is less in dispute than before the eruption of that global pandemic. As treatment resistance and co-infections, notably of TB (MDR and XDR, as well), and cross-border claims to access health care have increased,² the schism between the right and its realization has again widened. Furthermore, not meeting the demand for the right to health poses an equal risk to infection to both sedentary citizens as well as resident and migratory non-citizen populations.

Four possible responses present themselves, delineated by low- versus high-ordering human security and charted along two timelines. First, any response can remain contingent on citizenship. This can then exclude non-citizens completely. On the one hand, States endowed with guaranteeing the threatened right to health can then wait for an outbreak and

Box 7.1 Low-ordering health security/High-ordering health security

<i>Low-ordering health security</i>		<i>High-ordering health security</i>	
Citizens only	No preparation	No preparation	Citizen/Non-citizen
No preparation	IHR compliant	IHR compliant	IHR compliant

depend upon—demand—(inter)national and NSA support to meet that obligation. On the other hand, States can shore up their capacity as per the IHR, or via preordained requests for military or other intervention, and, failing adequate preparation, seek such additional assistance. Second, States can extend access to health care to all of its residents, even to all of its migrants (as per France to anyone ill within its territory). This can be met on the one hand, with no preparation for (extraordinary) disease outbreaks, or with IHR capacity. The latter can also be supplemented by a priori agreements, with States and militaries, and/or NSAs, for further assistance in an emergency (Box 7.1).

7.2 LOW-ORDERING ARRANGEMENTS

The *low-ordering* human health security modus adheres to traditional, linear lines of citizen rights and State responsibility as laid out at the outset. While limiting its scope and seeming to make manageable the cache of recipients and responsibilities, its prioritizations inevitably put both human and State security at risk. As the previous chapters have argued, neither diseases nor people stop at borders. Yet failing truly international and global sharing of not only risk but also response responsibility, this is likely to remain as the lowest common denominator approach to health and human security around the world.

In order to maximize its minimal potential, the world needs a multilateral framework to provide both rapid responses to emergencies and long-term capacity building that targets the underlying deficiencies in infrastructure, expertise, and funding in these weak and neglectful States. Terje Tvedt argues that such a framework might well remain within the domain of intergovernmental organizations representing sovereign nations (Jarvik 2007). Any such framework would require States to formally share

sovereignty, to institute legal mechanisms to delegate sovereignty, and to create conditions and attendant mechanisms by which sovereignty is returned to the States. This would simultaneously acknowledge the durability of the current State system, alongside the caveat that no State is sovereign, and deliberately reapportion the “diffuse power in the global order not only to provide for human security on an ad hoc and short-term basis but also to guarantee its provision over the long term” (Šehović 2015, ASPJ). This could be made to work along three lines:

- First, through the explicit acknowledgment of the preeminence of the State as the guarantor of human security. Given the plethora of NSAs operating at the local, national, international, and global levels, curtailing or terminating their work is unlikely to be either possible or useful. Having them register at the State and international levels, and giving States more control over which activities which of them engages in and for how long, would add transparency to their activities while enabling a host State to determine where and how to negotiate the allocation of resources.
- Second, similarly, as practiced in the Ebola response, States petitioning for or acceding to assistance should formally be in the position of power with regard to whom they approach, for what, and for how long; moreover, those States, NSAs, and multinational or international organizations receiving requests should not be able to decline but should be compelled to meet the demand and coordinate their actions. Such shared or delegated sovereignty would offer a way to shore up the provision of human security while clearly delineating the lines of responsibility and accountability.
- Third, States (overly) reliant on or sharing or delegating some of their sovereignty to other States or NSAs must have a mechanism through which to reclaim it. This provision might also prove useful in the event of the abuse of shared or delegated sovereignty by NSAs that fail to meet their obligations or that actively circumvent the State above, horizontally, or below which they are operating (Šehović 2015).
- Fourth, it is vital to take into account that health emergencies do not erupt without some forewarning. The recent establishment of the ECDC, the Africa CDC, the University of Pretoria’s Centre for Viral Zoonoses, and the various Global Health Security initiatives of the WHO, the US and German governments, offer unique opportunities to establish direct lines of communication on surveillance tied to

decision-makers for responsible for response (also Šehović, *Policy Paper*, 2017).

Even these low-ordering arrangement would go a long way toward enhancing human and health security for those who fall under its remit. However, a higher-order rearrangement would be necessary to capture the human and health rights and human security of all.

7.3 HIGH-ORDERING SOLUTIONS

Alternatively, *high-ordering* human security can yet be an option, although a tall order, as argued throughout this book, as it seeks to include all human persons in its remit. Failure to do so, however, by excluding non-citizens, migrants, or others from the provisions and protections afforded by the conceptualization and implementation of human security puts exponentially more people—and States—at risk for insecurities. Spanning this schism is the dissociation between survival and life beyond living. In other words, mere survival, whether of the hulk of a human or the encasement of a State (see Syria), cannot be the goal. Instead, both State and human beings require the realistic possibility and plausible implementation of human security interventions in order to invest in the latter in the first instance and to sustain them thereafter. High-ordering solutions to risks of insecurity aim not at mere survival of human and State, but at their thriving.

This is especially vital given the rise in ‘AIDS fatigue’ and apathy vis-à-vis risks to health and risks associated with migration. The phenomenon is not new. The 19–25 July 2003 issue of the *Economist* ran an article entitled “Trick or treatment?,” referring to the challenge of responding to the HIV and AIDS epidemics in South Africa. It stated that “what they forgot was that somebody who has no prospect of treatment has little incentive to be tested, and so identified as a potential link in the chain of transmission.” This weak link still exists. It is among the reasons why low-ordering human security is not enough. It illustrates the lack of personal and State dedication to the provision and protection of human security: both need to muster the courage to claim human rights and to contribute to States of security. Such lethal apathy has recently been reported in research conducted by the University of Heidelberg’s School of Public Health (Bärnighausen et al., forthcoming) as well as the Northwestern University’s School of Public Health³ and corroborated by experts at the

University of Pretoria⁴ and in the education sector in Cape Town,⁵ documenting falling uptake in medical preventions and treatments against HIV and AIDS.

This emphasizes that beyond information, for instance, of the dangers of a migration route and the risk of disease infection, there must be hope. If people do not have an assurance of a sense of individual dignity, and an ability to express themselves in work, family, and community, and the ability to realize hopes and dreams, they will struggle to find a reason to care about a disease that robs them of a life they are not living.

In order for high-ordering solutions to function, their politics and policies must move beyond treatise agreements and into ties between human beings across borders. The first key to this is knowledge and education, flowing in multiple directions.

Multi-directional knowledge exchange as used here refers to the transmission of health policy knowledge both from States to NSAs and other actors, as well as from the latter back to the former. Inherent in the idea of multi-directionality is its lack of linearity. It involves “hybridity, synthesis, tinkering with models, adaptation and localisation.” (Mukhtarov 2014)

Dr. Rüdiger Krech at the WHO takes this localization and embeds it in a global network of ‘glocal’ (interview, April 2016; again, April 2017). The advantage of multidirectional knowledge exchange is its potential to reap the insights of both local and global expertise and experience in adapting and fostering high-order human security solutions. Krech’s ‘glocal,’ otherwise grassroots to global networks (Bindenagel, *Life Beyond Living*, 2006), cultivated by personal and professional ties, vested in social fabrics and industrial and institutional knowledge are uniquely poised to adeptly respond to numerous facets influencing insecurities. These include:

1. existing and expanding economic burden of disease on the employed generation and on the generation currently being educated (or failing to be educated due to insecurities);
2. political and economic pressures nationally and internationally to accede to unequal globalization economics, at the expense of interventionist development initiatives and the increase in inequality with the consequence of poverty and loss of potential and profitability;
3. the challenge of contributing sufficient funds and accumulating enough human capacity and structural capital to overcome those and to allow economic growth and social stability;

4. the lack of political and personal will to infuse hope and help in investing in a long-term sustainable solution (Bindenagel, *Life Beyond Living*, 2006).

These challenges are local and global, highlighting at once the value of knowledge exchange as well as the flexibility in identifying threats and risks to human security, and in responding to them with innovative provisions and protections that necessarily cross borders. Networks can and are cropping up between grassroots and global—aiding and abetting these process of multidirectionally are constellations of uniquely global actors. They include:

1. consortia of individual and networked academics;
2. national communication network(s) among State officials;
3. States influenced by geographically proximate neighboring States;
4. leader States pioneering the adoption of a policy that ‘laggard’ States subsequently follow; and
5. national government(s) as vertical influence for prompting emulation (Berry and Berry 1999; also quoted in Stone 2016, 2).

These networked flows can go a long way toward introducing and innovating political acceptance and policy agendas of high-order human security solutions.

Indeed, such multidirectional knowledge exchange can inform preventative action and lead to treatments. These and their palatability must be planted and imparted into fertile social, economic, and cultural grounds. Such knowledge exchange must be watered by progressive development that nurtures survival into sustained thriving. This was laid out in a concept paper presented to the South African National Executive Committee (NEC) by Fanyana Shiburi in 2005. A number of components are necessary for such high-ordered human security conceived as ‘life beyond living’ (Bindenagel, *Life Beyond Living*, 2006), which explicitly linked knowledge exchange with efforts to mitigate health and food insecurities, and to facilitate educational opportunities and access to productive, service, and social sectors.

This can be done—even against seemingly insurmountable odds which reinforce the need for reimagining human security beyond borders. For example, the German⁶ and EU Chambers of Commerce⁷ in South Africa emphasized that companies would not respond to the burgeoning TB epidemic anywhere near the same extent as they did to HIV. Despite, or

perhaps because of the value of sunk costs, industry would expect the State to deal with a (new) health security crisis—and yet.

Multinational corporations with vested interests—mines, production facilities—in South Africa, for example, launched unprecedented corporate social responsibility (CSR) programs to try to tackle the HIV and AIDS epidemic. Companies such as Anglo Group Ltd and Daimler (now Mercedes-Benz) established employee benefits schemes to stem the tide and contain the costs of HIV and AIDS (Šehović, *Policy Paper*, 2017). Today, in 2017, Mercedes-Benz in South Africa is spearheading a high-ordering effort. In addition to having expanded its HIV and AIDS prevention and treatment program, launched in 2003,⁸ the company is offering comprehensive access to its wellness programs to employees and their families. The company has a HIV rate of ca. 5–7% of active employees.⁹ Furthermore, having discovered the extent of household debt in its region of operation, in East London, Eastern Cape, it now provides services such as financial planning.¹⁰ This goes to show that while States remain responsible for human security within their borders, they are not—nor need they be—alone.

7.4 CONCLUSION

Human beings are holistic beings. Their prospect of life beyond living, imagined and implemented, is the critical component of human and State security. Indeed, the claim for human security beyond borders is strong.

Human security depends in its essence on its applicability beyond borders. Human beings, individually and collectively, as citizens and non-citizens, can make a claim for their human security. As such it is high time to continue to reimagine human security in principle and practice to mitigate insecurities of all.

NOTES

1. The 2001 concept of the “responsibility to protect” as an attempt to force the assumption and action of the global community in cases of genocide or crimes against humanity has failed to be effective. Quoted in Šehović 2015.
2. Interview with K. Grosvender, HEARD, Durban, South Africa, 10 April 2017.
3. Telephone interview with Prof. Murphy, Northwestern University, April 2017.

4. Interview with Prof. Dr. Lynne Webber, Department of Virology, University of Pretoria, 4 April 2017.
5. Conversation with S. Timol, retired teacher, Department of Education, Cape Town, 8 April 2017.
6. Interview M. Boddenberg, DIHK, Johannesburg, 3 April 2017.
7. Interview with director of EU Chamber of Commerce and Industry, S. Shakochek, Johannesburg, 12 April 2017.
8. Disclosure: the author worked for then DaimlerChrysler AG in its South African headquarters in Centurion from June through October 2003, along with Dr. Panter. Fanyana Shiburi, noted above, was my DCSA superior and mentor.
9. Interview with Dr. Clifford Panter, via internal telephone, Mercedes-Benz S.A., Centurion, 4 April 2017.
10. Internal interview with Dr. Clifford Panter, 4 April 2017.

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INDEX¹

A

AA, *see* German Foreign Office
Accountability for Health (A4H), 34
Accountability for Human Security,
13, 14, 33–37
Achmat, Z., 38n9
Ad hoc global efforts, 37
Ad hoc local efforts, 37
A4H, *see* Accountability for Health
Africa Centres for Disease Control and
Prevention (Africa CDC), 9, 82, 94
African Union (AU), 15, 43
AIDS, 7, 9, 35, 38n8, 46, 50, 65,
74–80, 86, 92, 95, 98
AIIB, *see* Asian Infrastructure
Investment Bank
AKP, 61
Asian Infrastructure Investment Bank
(AIIB), 32, 38n5, 43
Association of Southeast Asian Nations
(ASEAN), 15, 32, 38n4, 43
AU, *see* African Union
Aung San Suu Kyi, 60

B

Borderland, 58
Border Management Authority, 63
Borders, 1, 2, 5, 6, 8–10, 19, 20, 25,
26, 31, 36, 37, 43, 44, 49, 52,
53, 57–69, 70n8, 73–75, 77,
80–84, 86, 87n1, 93, 96–98
Bosnian Croats, 60
Bosnian Serbs, 60
Boundaries, 58, 84
Brazil, Russia, India, China, and South
Africa (BRICS), 32, 38n3
Brower, J., 83
Brundtland, H., 63
Buzan, B., 31

C

Carlson, J., 67
Cartography, 19
Caveats, 44–46, 53, 94
Chalk, P., 83
Christianity, 2, 3, 20, 31

¹Note: Page number followed by ‘n’ refers to notes.

Citizens, 2, 4, 5, 8, 10, 13–15, 19–25, 29–39, 41–54, 58–61, 63, 66–69, 74, 75, 77, 79, 80, 84, 92, 93, 98
 Citizenships, 6, 62, 69, 74
 migrating, 67–69
 Citizen-State relationship, 61
 Climate change, 2, 9, 32, 46, 58, 84
 Conflation of ‘disease’, 65
 Consequences, 10, 14, 23, 30, 35–38, 42–45, 60, 61, 65, 68, 69, 78, 79, 96
 Constructivists, 32
 Continual migration, 9
 Corporate social responsibility (CSR), 98
 Croatia, 60
 Cross-border populations, 58
 CSR, *see* Corporate social responsibility

D

DACA, *see* Deferred Action for
 Childhood Arrivals
De facto assumption, 24
 Deferred Action for Childhood
 Arrivals (DACA), 62
 Democratic deficit, 67
 den Boer, M., 47
 Development, Relief and Education
 for Alien Minors Act, 62
 de Wilde, J., 47
 Diaspora citizen voters, 60
 Disorder, 44, 46
 Dream Act, 62
 Dual citizenship, 22

E

Ebola, 44, 51–53, 54n11, 64, 65, 75, 77–80, 82, 84, 94
 Ebola epidemics, 74, 75, 79, 80
 Ebola Virus Disease (EVD), 9, 16

ECDC, *see* European Centre for
 Disease Prevention and Control
 ECOMAS, *see* Economic Community
 of West African States
 Economic Community of West African
 States (ECOWAS), 43
Economist, 95
 Emerging infectious diseases (EIDs),
 9, 10, 80, 92
 EU Decision No 1082/2013, 81
 European Centre for Disease
 Prevention and Control (ECDC),
 82, 85, 94
 European Commission, 39n10, 81, 82
 European Medical Corps, 82, 85
 European Region Action Scheme for
 the Mobility of University
 Students (ERASMUS), 37
 EVD, *see* Ebola Virus Disease
 Extra-drug-resistant (XDR), 47, 83,
 92

F

FCGH, *see* Framework Convention for
 Global Health
 FCTC, *see* Framework Convention on
 Tobacco Control
 Flockhart, T., 30, 31, 33, 46
 Foucault, M., 17
 Framework Convention for Global
 Health (FCGH), 8, 37, 84–86
 Framework Convention on Tobacco
 Control (FCTC), 37
 Frenk, J., 76

G

GAP, *see* Governance accountability
 problem
 GDP, 78
 German Armed Forces, 52

- German Foreign Office (AA), 86
 German Medical Service, 52
 Global actors, 49, 97
 Global financial crisis, 74
 Global Health Program, 85
 Global Health Security Initiative, 85, 94
 Global levels, 33, 36, 37, 69, 85, 94
 Global Outbreak & Alert Network (GOARN), 82, 84
 Global Public Health Intelligence Network (GPHIN), 84
 GOARN, *see* Global Outbreak & Alert Network
 Governance, 3, 7, 10, 14, 17, 25, 30, 33, 34, 36, 43, 45, 46, 48, 62, 81, 84
 Governance accountability problem (GAP), 15, 19, 29, 33–35, 43–46, 59, 63, 68, 76, 77
 Governmental re-poling, 46–47
 Group of 7 (G7), 81
 Group of 20 (G20), 32, 38n1, 74, 80
 Guérot, U., 6, 91
- H**
- Health
 bordering, 63–66
 diplomacy, 5, 80, 85
 right and responsibility, 92
 Health security, 73
 at borders, 80–82
 beyond borders, 83–86
 H5N1 (avian influenza), 8, 16, 38n4, 82
 High-order human security, 48–53, 92, 95–98
 High-ordering health security, 93
 H1N1 influenza, 25
 Hösle, V., 16, 31, 67
 Howell, A., 51
- Human immunodeficiency virus (HIV), 7, 24, 46, 65, 66, 75, 77–79, 83, 86, 95, 98
 Human in-securities, mitigating, 67
 Human rights, 1–5, 8, 29, 31, 36, 37, 41, 42, 45–47, 49, 51, 57–70, 73, 74, 76, 95
 and State responsibility, 13–26
 Human security, 1, 2, 5, 13–20, 22, 31, 34, 37, 42, 47, 48, 51, 53, 57–61, 73–87, 98
 beyond borders, 91–98
 emergence of, 3–5
 governmentality for, 48, 49
 responsibility for, 25
 right and responsibility, 92–93
 State responsibility for, 18
 origins of, 1–10
Human Security Now, (2003), 5, 22
 Human security rights, 9, 14, 62, 63
- I**
- IBSA, *see* India, Brazil and South Africa
 ICESCR, *see* International Covenant on Economic, Social and Cultural Rights
 Identity documents, 64
 India, Brazil and South Africa (IBSA), 32
 International community, 10, 15, 16, 20, 25, 48, 68, 69
 International Covenant on Civil and Political Rights (ICCPR), 43
 International Covenant on Economic, Social and Cultural Rights (ICESCR), 22, 43, 75
 International Health Regulations (IHR), 4, 22, 23, 34, 76, 82, 86, 93
 International levels, 36, 85, 94

International Sanitary Regulations, 86
 International security, 16, 78
 Intra-State conflict, 16, 17
 ISIS, *see* Islamic State of Iraq and Syria
 Islamic State of Iraq and Syria (ISIS),
 44, 49

J

Johnson, Sirleaf, 79

K

Kaldor, M., 23, 32, 47
 Keohane, R., 15, 19
 Kihato, C., 62
 Knowledge transfer, 74
 Krasner, S. D., 18, 43, 57, 59
 Krech, R., 96

L

Lake, M., 24
 Landau, L.B., 62
 Liberia, 79, 85
 Linklater, A., 67
 Liotta, P.H., 8, 24
 Local levels, 7, 37
 Local Supply and Production
 Committees (CLAP), Venezuela,
 44
 Low-order human security, 48, 49,
 93–95
 Low-ordering health security, 93

M

MAD, *see* Mutually assured destruction
 Mbeki, Thabo, 76
 MDGs, *see* Millennium Development
 Goals
 MDR, *see* Multidrug-resistant

Médecins Sans Frontières (MSF), 35,
 52, 79
 MERCOSUR, 15, 43
 MERS-CoV, *see* Middle East
 respiratory syndrome-related
 coronavirus
 Middle East respiratory syndrome-
 related coronavirus (MERS-CoV),
 9, 16, 24, 64
 Migrants populations, 58, 64, 65, 82,
 86
 Migration, 2, 5, 7–10, 16, 32, 46,
 58–60, 62, 65, 67, 69, 74, 80,
 81, 92, 95, 96
 Military intervention, 44, 45, 51, 52,
 78, 79, 84–86
 Millennium Development Goals
 (MDGs), 75
 Mission-creep, 53
 MSF, *see* Médecins Sans Frontières
 Multidrug-resistant (MDR), 47, 83,
 92
 Mutually assured destruction (MAD),
 4

N

National Executive Committee
 (NEC), 97
 National levels, 14, 84
 NATO, *see* North Atlantic Treaty
 Organization
 NCDs, *see* Non-communicable
 diseases
 NEC, *see* National Executive
 Committee
 Nef, J., 48
 Neumann, I. B., 33
 NGOs, *see* Nongovernmental
 organizations
 Non-citizens, 2, 5, 7, 10, 17, 19, 32,
 35, 42, 45, 46, 58–60, 63, 66,

67, 75, 76, 80, 84, 86, 87n1, 92, 95, 98

Non-communicable diseases (NCDs), 9, 86

Nongovernmental organizations (NGOs), 17, 18, 31, 33, 34, 49, 52, 53, 54n10, 77, 78, 81, 83, 92

Non-State actors (NSAs), 4, 14, 17, 18, 25, 31–35, 37, 38n7, 42–47, 49, 50, 68–70, 78, 79, 83, 84, 86, 92, 94

North Atlantic Treaty Organization (NATO), 52

NSAs, *see* Non-State actors

O

Operational sovereignty, 15

Owens, E., 8, 67

Owens, T., 24

P

PEPFAR, *see* President's Emergency Plan for AIDS Relief

PHEIC, *see* Public health emergencies of international concern

Philpott, D., 17

Physical security, 20, 21, 25

Plenković, A., 60

Post-Yugoslav Balkans, 60

PPPs, *see* Private-public partnerships

Prescott, V., 58

President's Emergency Plan for AIDS Relief (PEPFAR), 33, 50, 78

Private-public partnerships (PPPs), 31

Public health emergencies of international concern (PHEIC), 23

PUGWASH, *see* Pugwash Conferences on Science and World Affairs

Pugwash Conferences on Science and World Affairs (PUGWASH), 37

R

RBA, *see* Rights-based accountability

Realists, 32

Reciprocal human rights, 41

Reciprocal relationship, 14, 20, 46

Reciprocal responsibility, 44

Reciprocal rights, 29–39

Refugees, 10, 16, 58–61, 70n1, 70n9, 77

Reneged rights, 44–46

Reproductive health care, 76

Responsibilities, 1–10, 20, 41–47, 49–53, 73, 77–81, 83, 86, 92

human rights and State, 13–26

re-bordering State, 57–70

reciprocal rights and, 29–39

for health and human security, rights and, 92–93

Responsibility for Human Security, 7, 17, 18, 25, 35

Responsibility to Protect (R2P), 4, 10, 16, 17, 45, 49, 98n1

Revolutionary Westphalian system, 44

Rights, 1–10, 20–25, 73–82, 84, 86, 92, 93, 95

human, 13–26, 57–70

reciprocal, 29–39, 41–49, 51, 53

to responsibility, 17

Rights-based accountability (RBA), 34

Right to health, 22–24, 34, 38n2, 43, 59, 64, 66, 70, 73–81, 84, 92

AIDS, 78

Ebola epidemics, 79

HIV, 78–79

Zika, 79–80

Risk, 8, 9, 24, 35, 48, 50–53, 63–66, 77, 83, 86, 92, 93, 95–97

Risse, T., 18

Rohingya, 60

Roosevelt, F. D., 22

R2P, *see* Responsibility to Protect

Rwanda, 16, 87n4

S

- SADC, *see* Southern African Development Community
- SARS, *see* Severe acute respiratory syndrome
- SDGs, *see* Sustainable Development Goals
- Second-order societies, 31
- Sedentary, 58, 65, 82, 83, 86, 92
- Self-determination, 21
- Self-interest, 66, 74
- Sending, O. J., 33
- Severe acute respiratory syndrome (SARS), 8, 9, 16, 64, 82
- Shiburi, F., 97
- Sierra Leone, 79
- Slaughter, A.-M., 15, 19, 31
- Social welfare programs, 62
- South Africa, 9, 38n2, 38n3, 38n9, 39n11, 46, 50, 58, 61, 62, 64, 65, 70n1, 76–78, 83, 95, 97, 98
- South African National Executive Committee (NEC), 97
- Southern African Development Community (SADC), 43
- Sovereign responsibility, 74
- Sovereign rights, 69
- Sovereign State, 24, 25, 30, 36, 57, 58, 68, 76
- Sovereign Statehood, 31
- Sovereignty, 4, 6, 15, 43
 - human security in conversation with, 15–21, 24, 25, 32, 36, 37, 42, 43, 57, 59, 63, 67, 68, 70, 80, 93, 94
- Special Weapons and Tactics (SWAT) teams, 63
- State, 2, 3, 14, 16, 20, 29–38, 38n7, 47, 48, 73–76, 81, 85, 86, 91
- State-based international order, 6, 92
- State-centric governmentality order, 50
- State-centric international governance system, 26
- State-citizen relationship, 14, 18, 30, 42, 43, 50, 53, 58
- State-citizenship arrangements, 31
- State intervention, 84
- State-less people, 42
- State-military interventions, 44
- State responsibilities, 13–26, 29, 41, 42
 - origin of, 2
 - re-bordering, 57–70
- State security, 5, 6, 8, 10, 32, 44, 51, 60–63, 66, 67, 69, 74, 92, 93, 98
 - exposure, 61
- State sovereign capacity, 74, 83
- State sovereign obligation, 17, 32
- State sovereignty, 6, 15, 17, 21, 25, 32, 43, 67, 68
- Sub-State actors, 49, 52
- Sub-State level, 47, 50, 53
- Supra-State level, 45–50, 53
- Supra-State responsibility, 45
- Sustainable Development Goals (SDGs), 75
- SWAT teams, *see* Special Weapons and Tactics teams

T

- TB, *see* Tuberculosis
- Territorial security, 25, 44
- Threats to security, 65
- Traditional State-security approach, 47
- Tsa-Botsogo Community Development, 50
- Tuberculosis (TB), 9, 64, 65, 77, 83
- Tvedt, T., 93

U

- UHC, *see* Universal health care

UN, *see* United Nation
 UNDHR, *see* United Nation Universal Declaration of Human Rights
 UNDP report, *see* United Nations Development Programme's report
 UNDR, 69
 UNGA, *see* United Nation General Assembly
 United Nation Charter, 22, 43
 United Nation General Assembly (UNGA), 75
 United Nations Development Programme's (UNDP) report, 4, 5, 22, 42
 United Nation Security Council (UNSC), 75, 78, 84, 86
 United Nation (UN), 21, 30, 31, 33, 34, 38n7, 43, 49, 70n9
 United Nation Universal Declaration of Human Rights (UNDHR), 22, 43
 Universal, 1–3, 8, 20, 22, 23, 42, 45, 67, 73, 75
 Universal health care (UHC), 8, 86
 UNSC, *see* United Nation Security Council
 UNSC 1308, 78
 US Immigration and Customs Enforcement (ICE), 63

V

Vaccine-preventable diseases, 9
 Van Langenhove, L., 81
 VCT, *see* Voluntary counselling and treatment
 Viral sovereignty, 24, 38n4
 Vital freedom, 21
 Voluntary counselling and treatment (VCT), 46
 Vulnerability, 9, 48, 51, 61, 76

W

West Africa, 44, 51–53, 80, 82, 84
 Westphalian sovereignty, 15, 19, 42
 Westphalian Statehood, 51
 WHO, *see* World Health Organization
 World Health Organization (WHO), 8, 22, 34, 35, 43, 63, 64, 75, 76, 82–86, 94, 96

X

XDR, *see* Extra-drug-resistant

Z

Zika, 64, 79, 80