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Scoping Review

When Health Becomes Security: Theorizing Infectious Disease Securitization Beyond the Biomedical Frame – A Scoping Review

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ABSTRACT

Objective: The Securitization Theory by the Copenhagen School frames the unchecked spread of infectious diseases as an existential security threat, broadening traditional militarized security concepts to include public health. This review enhances understanding of the securitization of infectious diseases and its implications for interpreting contemporary "existential" security threats.

Data Sources: Using Prisma guidelines, two independent researchers identified relevant literature using the PubMed, Science Direct, Google Scholar, and Medline databases.

Study Selection: The search strategy focused on articles published in the past 15 years in English. Boolean Operators and key terms used include: "emerging infectious diseases" AND "securitization theory" OR "securitization," "security–public health nexus," "infectious diseases" AND "health security," and "securitization of COVID-19" AND "securitization theory." Concept papers, peer-reviewed articles, books, and policy analyses (policy briefs) were included. Non-English publications, editorials, or conference abstracts, and any other literature lacking clear relevance to the securitization of infectious diseases were excluded.

Data Extraction and Synthesis: The data collection took four months, resulting in 137 citations from database searches and 31 from supplementary sources. After removing duplicates, 61 citations were included, with three non-English papers excluded.

Conclusions: The in-depth deliberation on the securitization of infectious diseases presented in this article offers a modern pragmatic worldview of utilizing securitization theory as a practical security analysis tool while reconciling with critics of the theory to facilitate policies and public health responses for pre-emptive global health security, governance, and regulation.

Keywords: Securitization Theory, Security-Public Health Nexus, Emerging Infectious Diseases, Global Health Security, National Security, One Health.

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INTRODUCTION

The securitization of health refers to viewing specific health issues as existential threats that require reallocation of resources and international cooperation among governments and health organizations.[1] Securitization Theory, particularly regarding infectious diseases, highlights important questions about the relationship between security and public health in international politics and national security, as highlighted in Western literature.[2] Infectious diseases have been low on security agendas, historically focusing on military or state-centric concerns.[3,4] However, the COVID-19 pandemic highlighted the shortcomings of these traditional approaches, prompting a broader discourse on securitization.[5] Governments worldwide now recognize the vulnerabilities posed by health threats and are actively working to build resilience.[2,6] The pandemic underscored the fragility of human life, elevating health preservation from various threats to a top priority in national security and international relations.[7]

Pandemic in today's age of information also triggered careless media projection of conspiracy theories as well, including from devious schemes to thin minority populations, to stealthy efforts to release contaminants through vaccines on developing world's populace as part of advancing in bio-warfare to genetically- altered mosquitoes.[8,9] The ultimate result, irrational fears and significantly elevated levels of public distrust in the authenticity of information, rendered the pandemic more susceptible to politicization.[10]

With this review, we intend to reiterate the mechanisms, actors, and outcomes of securitizing emerging infectious diseases as an existential threat within the domains of the security-public health

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nexus. This appraisal dives deep into the historical perspectives on securitizing infectious diseases in global health security to address the implications of securitizing infectious diseases in local contexts. The explicit object of this review was to examine the security-public health nexus in the context of the securitization theory proposed by the Copenhagen School,[11] which provides a comprehensive framework to analyze the outcomes and implications (preparedness and surveillance) of securitizing infectious diseases.

METHODOLOGY

The research for this extensive review was conducted in three phases.

Phase 1: The gleaming research questions framed are: What is the process of the securitization of health in the 21st century? How can infectious diseases pose a security threat, and in what ways are the subsequent links between security and health nexus? What are the roles and outcomes of securitization on national and global health security agendas in addressing emerging threats from infectious diseases? What are the implications of securitization for public health preparedness infrastructures, such as bio-surveillance and molecular technologies?

Phase 2: A review protocol was structured using the PRISMA guidelines, as illustrated in Fig-2.

Phase 3: The second round of the search was conducted by the Reviewer, and themes were identified.

The study strategy was in accordance with Arksey and O'Malley's framework and PRISMA-ScR guidelines.[12] Two reviewers independently screened the titles, abstracts, and full texts. Agreements were reached, and discrepancies were addressed through regular monthly meetings between the reviewers and the study team. Challenges and uncertainties in the search strategy were discussed at length and refined under the advice of the Principal Investigator, who vetted the article review against the inclusion and eligibility criteria determined as per the designed protocol (Figure-1).

Articles published in English language yielded from the search results using the following keywords with Boolean Command: Emerging infectious diseases AND securitization theory OR Securitization, security-public health nexus, infectious diseases AND health security, securitization of Covid-19 AND Securitization Theory. The databases used to identify relevant literature were PubMed, ScienceDirect, Google Scholar, and Medline. Preference was given to articles published in the last 15 years. The data collection process took four months, yielding 137 relevant citations from online searches. Additional resources added 31 articles, bringing the total to 168 citations. After removing duplicates, 127 primary data sources were retrieved. Following screening, 61 citations met the eligibility criteria, but three were excluded for not being in English, resulting in 58 citations for this study.

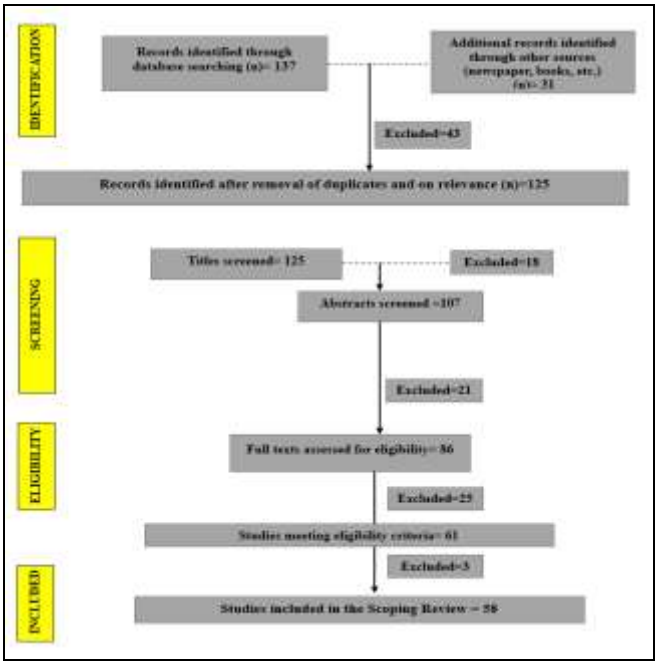

Figure-1: Study Selection Stages and Processes Adopted for Identification, Article Selection, and Analysis

The citations in this review focus on the securitization of infectious diseases and their global health implications. The selected articles are primarily narrative and qualitative. They were imported into Mendeley, linking each article's PDF to its bibliographic information for easy exportation to NVivo 12 Plus, a qualitative data analysis software used for pattern identification and literature interpretation. In the first cycle, open descriptive coding was conducted to familiarize with the data, followed by pattern coding to refine and merge related sub-categories. A structured approach, following Arksey & O'Malley's guidelines,[13] ensured rigor and trustworthiness, with explicit methods detailed for clarity and repeatability, documented using a PRISMA flowchart (Fig-1). NVivo was utilized to reduce human

error and enhance coding consistency. Throughout the study, a research journal was kept to audit procedures and ideas from data collection to the conclusion of data analysis.

RESULTS

The 58 articles included in this review were published over the last 15 years, from 2010 to 2024. The disciplinary contexts of this review's qualitative research method were primarily situated in the security-public health nexus, which is deconstructed at length in the discussion section of this article. A thematic approach was used to synthesize information through the lens of the conceptual framework to describe the securitization of infectious diseases from the perspective of policy outcomes of securitization of infectious diseases and/or utilization of this framework as a meta-analysis tool.

Broadly, two major themes were identified: securitization as a policy outcome and securitization as a framework for outcome analysis. The process of thematic analysis, themes, and subcategories identified in this review and the interconnectedness of the same within the security-public health nexus influencing constructs of human, national, and global health security are illustrated in Figure-2.

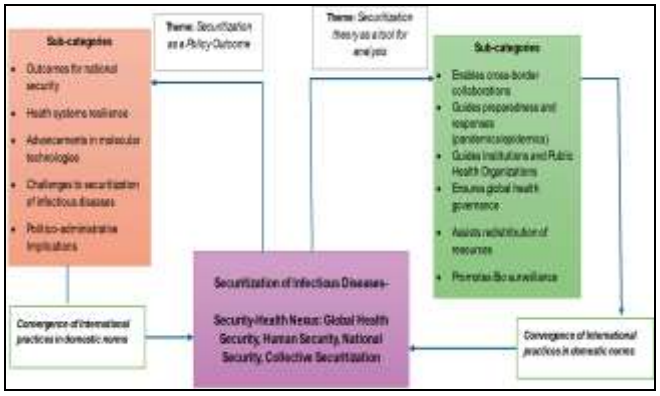

Figure-2: Thematic Analysis and Sub-categories

DISCUSSION

The findings in this paper are based on 58 sources, with only the most relevant documents cited. Key themes include historical perspectives on securitization theory, the interconnection of security and public health, and challenges in securitizing infectious diseases.

What is Securitization Theory? The Copenhagen School describes securitization as an assertive declaration of something as an existential threat (speech act) that gains acceptance by a target audience (such as civil society). The consequence of this is the legitimization of the emergency reallocation of resources (budget and others) and curtail, control, or combat the perceived threat. Upon resolution, the threat is either de-securitized or enters the mainstream policy environment.[14]

Historical Perspectives: The concept of security has evolved over the years, especially since the end of the Cold War.[15] Modern-day notions no longer refer to it as an exclusive entity for internal state or external militarized defenses; rather, it encompasses virtually every aspect of national life and nation-building.[16] Ideas of what constitutes the paradigm of security have been vehemently debated among 'narrowers' – focused on military and political conceptions of security–and 'wideners' – seeking inclusion of contemporary aspects of human security, regional security, culture, and identity.[17] Feminist perspectives further widened the agenda by challenging the notion that the production of security was gender irrelevant and that the state was the sole provider of security.[3,18]

Gaps in understanding health concerns as security threats were first identified in the annual report of the United Nations Development Program 10 titled "New Dimensions of Human Security," which put forward the notion of non-traditional security in health.[19] This was followed by the proposition of the Securitization Theory of the Copenhagen School, which to-date provides' the foundation and logical grounds for most security-public health narratives.[4,20] Many of these consider infectious diseases a significant threat to human security owing to fast transmission, little related scientific knowledge of causation, unknown treatments or cures, high morbidity/mortality, and associated visceral fearmongering and suffering.[21]

Broadly, health security narratives are woven around immediate infectious pathogens posing a threat. For HIV/AIDS, they were rooted in the concepts of traditional security threats; that is, the high infection rates of HIV/AIDS in African armed forces were found to affect their ability to function and hence compromise state security.[22] Major global outbreaks of SARS, H1N1, H5N1 and other influenza-related illnesses, for the first time, expanded the scope of security-public health nexus beyond concerns related to militarised defenses of a state to global population.[23] Furthermore, the securitization logic in these instances

also helped expound economic risks and highlighted the possibilities of altered patterns of trade and travel.

The Ebola and Zika virus epidemics (2014-2016), developed a new narrative for the security-public health nexus.[24] Since infection control protocols had already been devised and rigidly implemented, the securitization logic rested on post-conflict instability in West Africa, pressing on the cross-border risk of disease transmission and a path dependency route. In their case, the security process was not specifically pertinent to the causative viruses but rather based on causal links between these viruses and the expanding geographical scope of morbidities.[25]

These historical empirical examples illustrate the dynamism and diversity inherent in the security-public health nexus. Since the initial treatment of public health problems as a security threat in the 1990s,14 securitisation of health has been extensively explored in research by international organisations, such as the World Health Organisation, the UN Security Council, National and International Security Agencies and scholars of public health and contemporary security studies.[26] Despite the variety of security grammars in the security-public health narratives reviewed in this study, a lack of vocabulary for distinguishing context-specific health issues within the security-public health nexus remains unaddressed.

Outcomes of Securitization of Infectious Diseases Within the Security-Health Nexus

The process of constructing a security-public health nexus, both academically and politically, often requires widening existing security notions. In this regard, securitization theory provides the fundamental basis for meta-reflection and self-criticism of security and health policy discourses as a model for "action research.[27] On another level, securitization theory itself provides a template for analytical and practical explanations in analyzing patterns of securitization, schism between experts, ideological confrontations and interests, the dilemma of recognizing challenges or opportunities, and the subsequent widening of political underpinnings, along with other possible challenges and practical implications for health security. The same is illustrated in Figure-3, adapted with permission from Greenwood and Ole'waever using COVID-19 as an example.

There are several ways in which the interconnectivity of security and public health can be deconstructed. First, the health sector may receive assistance from security agencies and actors in the absence of an obvious health threat. For instance, military medical services can be deployed to civilians as part of a national healthcare system or program.[27] Second, the security sector can be mobilized to assist the healthcare sector in case of an emergent public health problem that is also likely to become a security threat, to enhance the authority of public health professionals and frontline health workers in ensuring the implementation of immunization protocols, coordination, and cooperation for related measures, such as social distancing, as seen in many national responses for the prevention of the spread of COVID-19.[28] The third scenario exhibits an overlap of security and health objectives, as commonly observed in wars or active conflict zones, where security itself becomes a source of public health threat. Fourth, there are situations where the reliance of health sector actors on security actors for the implementation of policies is increased, as seen in immunization programmes such as polio vaccination campaigns in Pakistan, where healthcare workers need to be protected by security and law enforcement agencies. Figure-4 illustrates the McCoy *et al.*,[15] framework describing the varied interconnections within the health security nexus adapted for this review with permissions from BMJ. The implications of these interactions are further elaborated in the context of pandemics and human security, National Interests, International relations and Global Health Security, and the emergence of bio surveillance and molecular technologies.

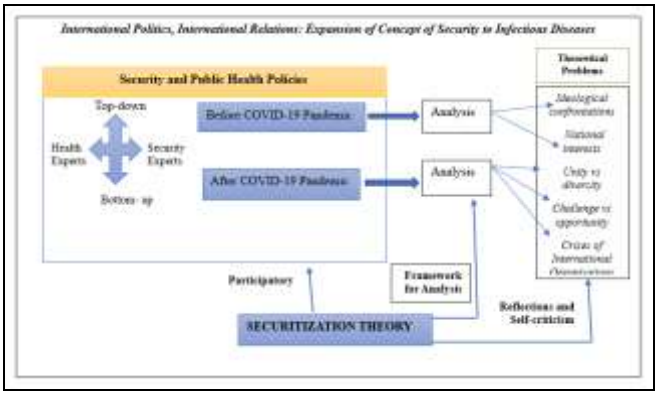

Figure-3: Roles of Securitization Theory: participatory and/ or as a framework for analysis adapted with permission from Greenwood & Waever (2013)

Pandemics and Human Security

Epidemics/pandemics in human history tell a tale of people who have survived with immunity to particular pathogens, which either wait for a

generation to host or migrate to distant populations more suited for them to break out.[19] They can be viewed from two perspectives: individuals and societies or nation-states and/or international systems as referents. Whichever the case may be, both advocate for a One Health and Human Security approach that stands at odds with upholders of traditional militarized security discourse.[29]

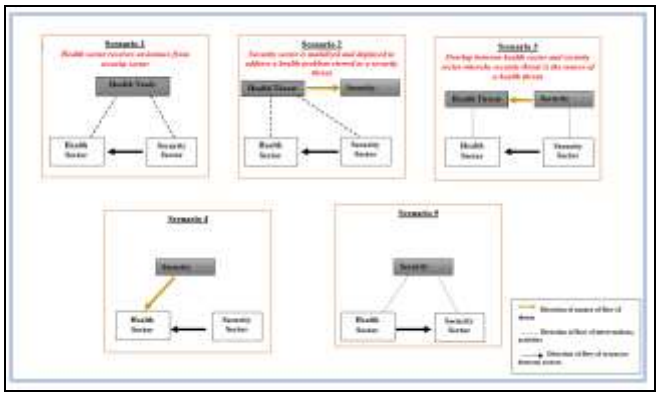

Figure-4: Deconstructing Possible Interactions between Health and Security Sectors

National Interests

National interests are influenced by diseases in that they are 22: a challenge to the health of individuals and economic productivity, a threat to economic development and political stability across borders, a potential danger of bioterrorism, or those that necessitate enhanced national preparedness against emergencies/crises (epidemics/pandemics) to safeguard not only citizens but also global communities.[30]

Although the relationship between infectious diseases and political stability is real, it is largely indirect in nature. Socio-economic overlaps of infectious diseases and security agendas can be used to exaggerate struggle for political power to control scarce state resources. The same can be observed from mortality rates that are politicized owing to their significant correlation with political instability as seen in active-conflict zones.[31] Infectious diseases slow down economic development, more so in low-middle-income countries with compromised democratic values and can more often lead to civil conflicts and humanitarian emergencies.[32]

Urbanization and population growth, particularly in low- and middle-income countries, are driving the spread of infectious diseases both within and across borders. Population displacements and frequent movements, courtesy of climate change and/or conflict, also increase the risk for vulnerable populations. Lifestyle changes, global trade and commerce, misuse of antibiotics, and burdened health systems together turn infectious diseases into serious security threats, demanding urgent and coordinated response.[33]

International Relations and Global Health Security

In global health narratives, securitization is a dynamic concept drawing relevance for health security from specific pathogen/microorganism affecting the political system and policy environment at a given time. The United Nations declaration of HIV/AIDS as a security issue is a historic landmark for building the security-public health nexus.[15,22,34] Some earlier empirical studies on securitisation of health predominantly considered nation-states as the unit of analysis. The newer concepts arising from globalization, regional trades, and cross-border politics, call for the articulation of global health governance around collective health securitisation.[35]

This approach is being adopted by many LMICs, the European Union, and others. It expands the conceptual framework of securitisation of health to institutionalized concepts of health threats. Transnational professional networks, media projection, and bureaucratic actors can participate as both securitizing agents and the audience.[36] The outcome of this collective securitisation is reflected in policy change, health surveillance technologies, institutional structures, and information sharing platforms. These elite-level securitisation moves are often interlinked with global trends and upstream approaches targeting preparedness, early detection, and containment of "serious cross-border threats to health" as seen with infectious diseases.[23,37]

Many international norms mostly fall under the realm of politicization.[11] The magnitude of confrontation or adequacy of response for securitizing new threats in the international relations arena depends on the nature of political settings (multi-lateral, regional, or national) in which securitization is attempted. International security norms, therefore, remain swinging like a pendulum between politicization and securitization based on perceived levels of threat to national and human security arising from health issues.[38]

Emergence of Bio-surveillance Infrastructure and Molecular Technologies

The rise of digital and technological inter-connectivity is the highlight of 21st century as it marks a shift from expert knowledge to algorithmic knowledge. Novel technologies using digitised algorithms constitute a significant component of new health security governing practices and technologies. With infinite diverse, voluminous data available at an unprecedentedly feasible rate, security and public health spheres have introduced the capacity to connect operational "dots" between unstructured streams of unintelligible data in surveillance as a novel and salient technology for early detection of outbreaks of infectious diseases.[33] For instance, the Global Public Health Intelligence Network (GPHIN), an online automated health surveillance system, identified the early reporting of an atypical pneumonia (aka origins of SARS) in Guangdong Province, China, almost three months prior to identification by traditional public health and governance authorities.[40]

Framing infectious diseases as imminent, albeit uncertain, global events posing serious threats to economic and human security often coincides with pre-emptive construction of bio-political regulations and pandemic preparedness discourses expanding beyond corporeal and territorial boundaries.[33] Global bio-surveillance networks and digital epidemiology based on the molecular characteristics of spread of the causative agent are at the forefront of securitisation of infectious diseases in the 21st century.

The process of securitisation identified earlier in this paper is along a continuum and emphasizes the significance of scientific evidence to understand with greater precision contexts that foster, promote, and limit specific outcomes of securitisation. For H1N1 outbreak in 2009, genome sequencing was used to identify the "un-typable nature"; experts used reverse polymerase chain reactions to identify Ebola in West Africa (from 2014-2016), and a combination of genome sequencing and PCR testing was done in case of COVID-19 (2019-2023). Social perceptions and public's understanding of science help objectivize and classify infectious diseases as clear, measurable threats to health. to health of local and international communities. Consequently, Scientific facts and evidence highlighting these risks gives political actors the justification to treat these diseases and take action based on policy priorities.[27,41]

Challenges to the Securitisation of Infectious Diseases

Managing public health security threats requires sustained commitment, resilient health systems, and effective risk management and preparedness appealing to common international interests and fostering mutually beneficial, collaborative practices.[36]

With the conceptualization of infectious disease as possible security risks and recognition of epidemics and associated crises as an important security issue, many countries have integrated health security in national action plans/policies as a prominent security challenge calling for action and efforts from their citizens to address such contemporary public health issues.[17] The fact that securitization involves silencing certain voices and further marginalizing certain groups tends to add to disparities by virtue of dynamics of exclusion and health inequalities. This elitist approach of voicing views of a privileged few while silencing those unable to make successful claims to security is a great concern for the logic presented in securitization theory. The historical linkage between disease outbreaks and attitudes towards immigrants is an example of the same. For instance, as seen in the securitization of HIV/AIDS related arguments, which often fail to address certain groups, such as women, have resulted in labelling these groups as "generic threats to security" which further leads to violence in post-conflict low-income countries.[42]

Case studies of recent health crises, such as the SARS epidemic, COVID-19 pandemic and others, illustrate a broad variety of scholarly debates.[43,44] While some studies urged political/ administrative elites to do more to address infectious diseases, others argued that the reactive mobilisation of resources in a securitising move is often counterproductive in preventive risk management strategies. Whilst the Copenhagen School calls for a return to normal practices following de-securitisation, case studies of infectious disease epidemics from China, Egypt, Canada, Georgia, and Bangladesh revealed possibilities of cover-ups, restrictions on information, and other measures after de-securitisation to prevent fear mongering.[29,35] This also resulted in foreign investments being deterred and other implications for local economies. In an attempt to improve international image of the nation-state, government responses often resorted to imposition of severe legal penalties, such as capital punishment in China for knowingly spreading SARS, construction of isolation wards, and mass immunizations and/or anti-viral medications that activated anti-vaccination interest

groups and compromised compliance. Securitisation is associated with high personal costs for local whistle-blowers, such as harassment from local police, house arrests, or imprisonments of local government officials attempting to downplay the existence or severity of infectious disease, and resistance by locals to avoid stigmatization of their localities by high-ranking officials.[29,37]

Although securitisation of infectious diseases led the revolution of health technologies, biovigilance and health management information systems, these delicate technologies reportedly were found to be cantankerous and false reporting, as in the case of 2007 Cholera outbreak in USA by Google.[44] With the ascent of digital era and a growing demand of digital epidemiology, the gains from this technology come with the cost of an uncommon kind of knowledge generated through algorithms, unlike the earlier knowledge-based on human assessments, analyses, hypotheses, trials and testing. The status of this new and different kind of knowledge is unclear in various global health contexts and may lead to ill-informed decision-making.[45]

A notable limitation of this review is that most of the empirical research described securitization as an analytical framework for security and health policies using demographic mapping, risk analysis, etc., while ignoring routine forms of social control on medical practice And knowledge, experts scientific knowledge to influence their respective subjects to legitimize a set of security practices and the concealment of historic constitution of government apparatuses in data collection and statistical analyses.[46]

CONCLUSION

This scoping review examined infectious diseases through the lenses of national security, international politics, public health, and public policy, highlighting how health threats become "securitized." It traced the historical development of the security–public health nexus, drawing on securitization theory and related scholarship on international norms and their translation into domestic practices. The review showed that framing health issues as security threats often reinforces power imbalances and politicizes public health concerns. This perspective helped identify key outcomes of securitizing infectious diseases, including their implications for national and human security, global health governance, pandemic response, and the development of biovigilance and disease surveillance systems in an increasingly digital world.

Major challenges included the elitist nature of securitization that sidelines public voices, gaps between securitization theory and everyday public health practice, coordination among public, private, and international actors, difficulties in de-securitization, and institutional and ethical challenges linked to digital health systems. Overall, securitization theory is useful for understanding emergency responses to transnational health threats, but further research is needed to address its elitist bias, particularly in low- and middle-income countries. Integrating routine public health knowledge with security practices through continuous policy evaluation may better align health and security responses.

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Authors' Contribution

Following authors have made substantial contributions to the manuscript as under:

SMA & MH: Study design, drafting the manuscript, data interpretation, critical review, approval of the final version to be published.

MON & MN: Data acquisition, data analysis, approval of the final version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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