© Ideal True Scholar (2016) (ISSN: 2067-7725)
http://ijah.truescholar.org

THE SECURITISATION OF COMMUNICABLE VIRAL DISEASES IN THE 21ST CENTURY: A GROWING HUMAN SECURITY DANGER IN A GLOBALIZED WORLD

[1]Adeola, Gabriel Lanre (PhD) and [2]Ogunnoiki, Adeleke Olumide
[1]Department of Political Science and International Relations
Crawford University, Igbesa, Ogun State, Nigeria
[2]Department of Jurisprudence and International Law
University of Lagos, Akoka, Lagos State, Nigeria
Corresponding Author: Adeola, Gabriel Lanre

ABSTRACT

Inter-state relations over the past few decades have witnessed remarkable changes which consequently have generated myriad of problems for the international community. Foremost is globalization, which in the process of engineering the liberal integration of nation-states, has brought upon mankind diverse global health risks. Since the beginning of 21st Century, countries across the world have been engrossed on diverse geographical frontiers in the fight against the Human Immunodeficiency Virus(HIV)/Acquired Immunodeficiency Syndrome(AIDS)as well as other communicable viral diseases ranging from the Ebola Virus Disease(EVD) in Sub-Saharan Africa, Avian Influenza(AI)and Severe Acute Respiratory Syndrome(SARS-CoV) in South East Asia, the Middle East Respiratory Syndrome Corona virus (MERS-CoV) in the Arabian peninsula and lastly the Zika Virus (ZIKV) in South America. This paper therefore takes a critical look at the threat of these viral diseases by national, sub-regional, regional and international actors while at the same time, proffering possible measures that could be undertaken to effectively combat and eradicate these contagious viral diseases both now and in the nearest future. Furthermore, it provides up-to-date information on the dangers of infectious viral diseases in 21st century inter-state relations and how public health risk has been managed by securitizing actors.

KEYWORDS: communicable viral diseases, threat, globalization, international relations, human security, United Nations (UN), World Health Organisation (WHO).

INTRODUCTION

Whenever the term "globalization" is the subject matter of discourse since it's coinage by Harvard University don, Professor Theodore Levitt in his article "*Globalization of Markets"*(1983), the simplest analogy resorted to by intellectuals in elucidating the phenomenon to their listeners and readersalike has been what Marshall McLuhan metaphorically describes as a "global village". While such abstract phrase depicting the international system as becoming a communal milieu over the usage of cutting edge technologies and communication systems available and accessible to mankind, does capture in a nutshell the reality of the present world order. Globalization in the light of this truism also is fast becoming a 'game changer' in the practice of contemporary international relations.

Globalization is "the integration of the world economies through trade, financial flows, exchange of technology and information and the movement of people and goods on a free basis across the world. It is the interdependence of national cultures, politics, social, environmental and security concerns" (Adeola and Adeola, 2015, Vassiliev, 1999).While suchchanges have on one hand been a 'blessing', with mankind as the sole beneficiary in a number of ways, particularly over the free movement of goods, capital and labor between countries, it has however on the other hand been a 'curse' in disguise, as it has equally made the world's populace vulnerable to some of the deadliest and life disabling viral diseases ever known to be highly contagious.

"It is often claimed that globalization has brought on new challenges to health and human security"(Caballero-Anthony, 2006). Prior to now, some of the world regions which were known to be isolated habitation areas of existing viral diseases, where places with a relatively small number of infected persons. However, following the growing complexity of inter-state relations over the years, pathogens that once were confined to the world's regional and sub-regional eco-system are now at large, not only in motion across national borders but also in some cases have been mutating into more lethal communicable viral diseases which constitute a

threat to the lives of the over 7 billion persons inhabiting the earth. As a matter of fact, these communicable viral diseases "can now travel at a frightening pace around the world, spurred on by the frequency of trade and the speed of air travel"(Curley and Herington, 2011).

At present, there exists a plethora of viral diseases that have caught the attention of national, sub-regional, regional and international actors respectively. While efforts on their part at containing these communicable viral diseases have to a great extent proven to be productive, mutating and indeed outbreaking novel pathogens have been scaling back the successes already recorded in eradicating them off the surface of the earth. This paper therefore would be analyzing these contagious viral diseases that have so far been prevalent and outbreaking in 21st century inter-state relations. Thus, the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), the Ebola Virus Disease (EVD) in Sub-Saharan Africa, Avian Influenza (AI) and Severe Acute Respiratory Syndrome (SARS-CoV) in South East Asia, the Middle East Respiratory Syndrome Corona virus (MERS-CoV) in the Arabian Peninsula and lastly the Zika Virus (ZIKV) in South America have been selected among other globalizing contagious viral diseases for an empirical review below.

Conceptual Issues

There are but three salient concepts capturing the whole essence of this paper. Clarifying each and every one of them would afford us a concrete intellectual background on the nexus between globalization and communicable viral diseases in 21st century international relations.

Globalization

Globalization has been "a term used by a lot of woolly thinkers who lump together all sorts of superficially converging trends in popular tastes for food and drink, clothes, music, sports and entertainment with underlying changes in the provision of financial services and the directions of scientific research, and call it all globalization without trying to distinguish what is important from what is trivial, either in causes or in consequences" (Strange, 1995). However, globalization for clarity purposes should first and foremost be conceived as "an ever increasing integration of national economies into the global economy through trade and investment rules and privatisation, aided by technological advances" (Adejo, 2001).In other words, it "seeks to remove all national barriers to the free movement of international capital and this process is accelerated and facilitated by the supersonic transformation in information technology"(Tandon, 1998).Thus, it is not out of way to speak of globalization "as an evolution which is systematically restructuring interactive phases among nations by breaking down barriers in the areas of culture, commerce, communication and several other fields of endeavour" (Ohuabunwa, 1999).

i) International Relations

International relations as a concept has two broad meanings – as an academic field, and as relations among states (Akinboye and Ottoh, 2005). Distinguishing the former from the latter should not become a challenge so far as it is understood to mean first and foremost as a discipline and lastly as a practice among States in the international system. As Brown (1997) rightly asserted, "International Relations (uppercase) is the study of international relations (lowercase)". This goes to say that, International Relations with the capital letter "I" and "R" respectively is used when reference is made to the academic field of study that develops models and theories for studying the behavioral patterns of interacting nation-states, while the actual everyday intercourse between States across their national boundaries is "international relations" having the lower casing. In this perspective, international relations with the lower casing "i" and "r", is the appropriate contextual usage for this paper. As regards defining international relations therefore, it is simply put "...a complex process through which nations develop, maintain, improve, or at times destroy relationships among members of the global community" (Akinboye and Ottoh, 2005).

Human Security

As was pointed out in the 1994 United Nations Development Programme (UNDP) report entitled "*New Dimensions of Human Security"*, "the concept of security has for long been interpreted narrowly; as security of territory from external aggression or as protection of national interests in foreign policy or as global security from the threat of nuclear holocaust. It has been related more to nation-states than to people…"(UNDP, 1994). Much as this assertion has been the case in time past, "the world is entering a new era in which the very concept of security, will continue to change. Security will be interpreted as: security of people, not just territory. Security of individuals, not just nations. Security through development, not through arms. Security of all the people everywhere - in their homes, in their jobs, in their streets, in their communities, in their environment" (Haq, 1995).Security "is taken to be about the pursuit of freedom from threat and the ability of states and societies to maintain their independent identity and their functional integrity against forces of change, which they see as hostile" (Buzan, 1991). In essence, it is in"…an objective sense, the absence of threats to acquired values, in a subjective sense, the absence of fear that such values will be attacked" (Wolfers, 1962).That being said, conceptualizing human security can be deduced."Human security is a concept that identifies

the security of human lives as the central objective of national and international security policy. It contrasts with, and grew out of increasing dissatisfaction with, the state-centered concept of security as an adequate conceptual framework for understanding human vulnerabilities in the contemporary world and military interventions as adequate responses to them"(Fukuda-Parr and Messineo, 2012).In all, human security is not only people-oriented but also takes a keen interest in their "safety from chronic threats and protection from sudden hurtful disruption in the patterns of daily life" (UNDP,1994).

THEORETICAL FRAMEWORK

In the discipline of International Relations, there exists a flurry of mainstream theories addressing international security issues one way or the other. Among these numerous theories, the most appropriate theory that permits among other things, a discourse on human security as threatened by communicable viral diseases is none other than the Securitization Theory of the 'Copenhagen School'.

The 'Copenhagen School', so named by Bill McSweeney in his article '*Identity and Security: Buzan and the Copenhagen School'* (1996)refers to the constellation of securitization theorists which emerged out of a growing dissatisfaction over the narrow conceptualization of 'security' solely as threat or act of military aggression against sovereign entities as the traditional security theorists (i.e the Realist of international relations) would continually conserve it to be defined, claiming thus that any advertent expansion to the conceptualization of security would bring about a loss of its original meaning. However, with the founding of the school (which can be traced to the Danish think-tank body, the Copenhagen Peace Research Institute (CPRI) established in 1985 to advance scholarly research on peace and security studies), a number of its scholars have been instrumental in expounding the tenets of the securitization theory notable among them being Barry Buzan, Ole Wæver and Jaap De Wilde.

"The securitization theory essentially offers a systematic framework to determine how and when a specific issue is perceived as an urgent, existential threat to a given referent object, such as state, a community, the biosphere or the economic system"(Caballero-Anthony, 2006).The question first and foremost to be addressed at this juncture is"what quality makes something a security issue in international relations?" (Buzan, Wæver and de Wilde, 1998).Answering such a question can only be done following a digest of what securitization actually is.

As postulated by the Danish scholar, Ole Wæver, who coined the concepts of "securitization" and "desecuritization", "*Securitization* is a process in which a securitizing actor(state government, intergovernmental organizations etc.) identifies and declares a phenomenon to an audience (the masses, international community etc) as a security threat to a referent object's existence (mankind, state, society or entity enjoying the right to survive) to the end of adopting extraordinary measures at addressing such existential threat. In other words, "something is a security problem when the elites declare it to be so"(Wæver, 1998).This declaration which comes in the form of a "speech act" is subjected to rounds of deliberative discussions and politicking among the actors who are also key policy makers. In the course of their discussion, such a security issue would " have to be staged as existential threats to a referent object…who thereby generates endorsement of emergency measures beyond rules that would otherwise bind"(Buzan, Wæver and de Wilde, 1998).However, the process of securitizing an existential threat does not rest solely on the shoulders of a securitizing actor(s). Rather, the necessity to adopt an extraordinary measure to curtail any existential threat derives its legitimacy from the acceptance of the audience of the need to do so. It is only when a securitizing actor has been able to convince their audience as regards the need to adopt an extraordinary measure therein gaining their support for it that, the process of securitization can be said to have been completed. *Desecuritization* on the other hand is the reverse of the securitization concept. It is "the discursive process by which a political community downgrades or ceases to treat something as a threat"(Buzan and Wæver, 2003). Being the direct opposite of securitization, the desecuritization process becomes necessary after substantial assessment has been made that proves that a securitized issue no longer constitutes an existential threat to the referent object in question.

Barry Buzan is yet another outstanding scholar to have not only contributed immensely to the development of the securitization theory, but also to have complemented the work of Ole Wæver by developing further some of the tenets of the securitization theory which serve as the theory's building blocks till date. Left to Buzan, security should notin any way be circumscribed to the usual idea of military threat. As he rightly pointed out, "the term security was too narrowly founded, thus, the main purpose is to offer a broader framework of security" (Buzan, 1991).Thus, Buzan came up with several categories which he believed to be the diverse ways mankind as a referent object has come under existential threat. Each of these forms he preferably called a"*Sector*". In his sectoral analysis of security, Barry Buzan's five security sectors are(i) political sector(ii) economic sector (iii) military sector (iv)societal sector and (v)environmental sector. It is therefore within the environmental sector that our discourse on human security as threatened by communicable viral diseases has a relevant place.

SIGNIFICANCE AND SCOPE OF STUDY

The outbreak of existing, novel and mutating contagious viral diseases across national borders, no doubt has been a topical issue on the agenda of national, sub-regional, regional actors. With the world's population repeatedly kept abreast of lethal and life incapacitating viruses, this paper explicitly enlightens global citizenry on major communicable viral diseases as they dangerously affect public health. The study covers the history of Human Immunodeficiency Virus (HIV)/Acquired Immuno deficiency Syndrome (AIDS), the Ebola Virus Disease (EVD) in Sub-Saharan Africa, Avian Influenza (AI) and Severe Acute Respiratory Syndrome (SARS-CoV) in South East Asia, the Middle East Respiratory Syndrome Corona virus (MERS-CoV) in the Arabian Peninsula as well as the Zika Virus (ZIKV) in South America, their symptoms, mode of transmission, scientific breakthrough vis-a-vis its cure/vaccine and more importantly, the securitization efforts thus far by international actors since the beginning of the new millennium to 2016. Lastly, the root causes of the globalization of communicable viral diseases in the 21st century were also studied.

LIMITATION OF STUDY

In the course of the study, the impediment that continually stood against the attainment of an in-depth and comprehensive research on the securitization of communicable viral diseases in the 21st century is none other than the dynamism of the study itself. The globalization of contagious viral diseases is an on-going human security crisis thus, causing the data available for analysis to constantly change overtime. Consequently, the statistics of the death toll and cases of infected persons in this study as reported by national, sub-regional, regional and universal health agencies are subject to annual update.

Globalizing Communicable Viral Diseases in 21st Century International Relations

"Viruses, bacteria, and various kinds of plants and animals have never respected national borders. They have travelled across frontiers with the winds, waters, explorers, merchants, and mercenaries. Most of the time these crossings have been quite innocent, but occasionally whole societies or ecosystems have been reshaped by them. Now there is growing concern over the impact of increasing globalisation on the potential development and spread of new and resurgent diseases across increasingly porous borders" (Pirages and Runci, 2000).

"Disease has long been the biggest threat of all to humankind and, despite the unrelenting advances of medical science, looks set to continue to be for the foreseeable future" (Hough, 2008). "Historically, infectious diseases (IDs) have been the most important contributor to human morbidity and mortality….Today IDs still account for large portion of death and disability worldwide and in certain regions remain the most cause of ill health" (Saker *et al.*, 2004). The spread of communicable viral diseases so far has been a challenge for securitizing actors as a result of the outbreaks and grounds lost to the spread of novel, existing and mutating pathogens. These contagious viral diseases would be discussed at length in which the history, nature, symptoms, cure, transmission mode (i.e. animal-to-human transmission/human-to-human transmission) of these contagious viral diseases and lastly the response given to them by securitization actors would be touched.

Ebola Virus Disease (EVD)

Belonging to the filoviridae family, the Ebola Virus Disease (EVD) otherwise known as Ebola Hemorrhagic Fever (EHF) is a contagious viral disease that is commonly found in the tropical region of Sub-Saharan Africa. So named "Ebola" after the Ebola River in Zaire (now called the Democratic Republic of Congo) where the first recorded case of the virus in humans was reported from the remote area of Yambuku in 1976.Similarly, cases of persons infected with the virus were equally reported from Nzara, Sudan (now part of South Sudan)in the same year. The virus, ever since its outbreak on African soil, subsequently has reared it sugly head in some of the continent's sub-region. In 1994– 1996 the virus resurfaced in Gabon and Zaire only to stage a comeback in the year 2000 killing over 224 people in Uganda.

The EVD is a viral disease found among fruit Bats, Monkeys, Gorillas and Chimpanzees which are the scientifically verified animal reservoir of the virus living in the wild. It is upon an individual coming in contact with any of these infected animals either through the deforestation of virgin lands, hunting or the processing and ingestion of their protein that, the voonos is of the virus can be said to have taken place. Human-to-human transmission on the other hand only occurs when an uninfected person comes in direct contact with an infected person's body fluids e.g. blood, semen, saliva, breast milk, feces, and vomit. The symptoms therefore exhibited by an EVD infected person include fever at (37.5^{0}C), vomiting, headache, diarrhea, weakness, sore throat, muscular and joint pains and lastly skin rash. It takes only an incubation period (i.e. the time interval between when a person gets infected with the virus and when such a person begins to manifest the symptoms) of 2-21 days for an infected person to begin manifesting such symptoms. Sufferers of the virus do experience dehydration, internal and external bleeding at the critical stage of the disease before their eventual death.

"Africa is experiencing its worst outbreak of Ebola virus disease (EBOLA) since the disease appeared in 1976. West Africa—the epi centre—is experiencing its first outbreak, which began in March 2014. Cases have been reported in Guinea, Liberia, Mali, Nigeria, Senegal and Sierra Leone, with few additional cases in northern Democratic Republic of the Congo" (ECA, 2015)."Indeed, the roots of this specific outbreak – that spread through capitals and across borders with a 60% mortality rate – can be traced back to December 2013, when a two year old boy from Guinea, who was thought to have been playing in the vicinity of fruit bats, suddenly died from an infectious disease. Originally thought to be some form of diarrhea disease or even lassa fever, the outbreak gradually spread into Liberia and Sierra Leone. The virus was not identified as Ebola until March 2014" (Maxey and Finlay, 2015). On August 8, 2014 "WHO declared the epidemic a "public health emergency of international concern" under the International Health Regulations(IHR (2005)" (Burci and Quirin, 2014). Accordingly, on September 18, 2014 the United Nations Security Council (UNSC) historically adopted unanimously its resolution 2177 stating "that the unprecedented extent of the Ebola outbreak in Africa constitutes a threat to international peace and security". This resolution by 130countries complements the United Nations General Assembly(UNGA)resolution 69/1 which called for the setting up of a United Nations Mission for Ebola Emergency Response (UNMEER). At the sub-regional level, there was also evidence of neighboring States synergizing to combat the EVD. One of such securitizing measure came by the convergence of eleven Health Ministers of West African States in Accra, Ghana between July2-3, 2014 as initiated by WHO in order to formulate strategies at containing the spread of Ebola in the sub-region. The countries worst hit by the virus in the sub-region remain Guinea, Liberia and Sierra Leone."The latest WHO figures put the number of cases in the three West African countries at 27, 001 with 11,132 deaths" (Schlein, 2015).

As regarding the cure of Ebola, there is every reason to be hopeful for the production of a vaccine in mass soonest. Trial drugs from pharmaceutical giants recently have been a welcome development. The experimental drug "ZMapp" hasproven to be effective on laboratory mouse, gorillas and infected foreigners thus raising the level of optimism in Africa vis-a-vis a definite cure of the Ebola.

HIV/AIDS

"The Human Immune Virus and Acquired Immune Deficiency Syndrome epidemics are both global phenomena threatening the health of various people, culture and population in the world"(Azuh *et al.*, 2014).The Human Immune Virus (HIV) inthe human body isa virus that attacks and destroys the white blood cells there by causing the immunity system to be unable to defend the body against infections and diseases which if not properly managed could degenerate to the advance stage of Acquired Immune Deficiency Syndrome (AIDS).Unlike other major contagious viral diseases which have animals as their primary host, the HIV pandemic has been by a human-to-human transmission. The Human Immune Virus"…is transmitted primarily through heterosexual intercourse; contact with infected blood and drug needles, both by drug abusers and in hospitals; and prenatal transmission (from mother to fetus)"(Todaro and Smith, 2012).Till date, progressive research is still ongoing as to finding a lasting cure to HIV/AIDS. Pending that happening, the communicable viral disease has be managed using anti-retroviral drugs as complemented by good dieting and hygiene on the part of infected persons.

"When acquired immune deficiency syndrome (AIDS) was first recognized in early 1981, few would have predicted that it would escalate into a modern day plague, with over 40 million individuals infected worldwide" (Mahal and Rao, 2005)."HIV/AIDS has become a major source of death in the world today, especially in sub-Saharan Africa. Not only is it the leading killer of youths and adults in Africa, it is also further entrenching poverty, weakening the productive capacities of countries, overwhelming already over-extended healthcare systems, and threatening both national and continental security. However, contrary to widespread belief, HIV/AIDS is not at all confined to sub-Saharan Africa. Every region of the world currently has a significant number of people living with HIV/AIDS"(Adesina, 2014). As Mark Schneider and Michael Moodie opined:

> "Rising infection rates are of growing concern in Russia, China, and India as well. In Russia, HIV infection rates have quintupled since 1997, and the world's fastest-growing HIV prevalence rates are in Eastern Europe. India now has 3.86 million citizens infected with HIV. China has more than 1 million citizens living with HIV and suffers severe localized epidemics, with adult infection rates of about 50 percent in some rural communities"(Schneider and Moodie, 2002).

Much as HIV/AIDS is known to affect virtually all the regions of the world, their ratio vary one from the other. Africa which is home to 10% of the world estimated population accounts for an alarming rate of more than 70% of HIV/AIDS cases. This worrisome fact has triggered proactive actions by various States and intergovernmental organizations (IGOs) at securitizing the dreadful HIV/AIDS at national, sub-regional, regional and international levels. The United States in this regard has been a leading world

power, unilaterally championing the containment and possible eradication of HIV/AIDS in Sub-Saharan Africa. President George W. Bush initiative of the President's Emergency Plan for AIDS Relief (PEPFAR) established in 2004, has played a major role in the fight against HIV/AIDS, distributing thus affordable Anti-Retroviral Drugs(ARVs) to people in dare need of the drug on the continent.

On a multilateral front, the African Union and the United Nations have been actors securitizing the HIV/AIDS pandemic. The Heads of States and Governments of the Organization of African Unity (OAU), held a Special Summit in Abuja, Nigeria between April 26-27, 2001 which led to the Abuja Declaration. On that, African leaders pledged to earmark 15% of public funds to the health sector of their country. Now the African Union, the AU coinciding with the year of the defunct OAU's 50th anniversary, held yet another Special Summit of Heads of State and Government tagged "Abuja+12"(i.e twelve years after the Special Summit of 2001) from July12-16, 2013 at the International Conference Centre, in the Nigerian Federal Capital Territory(F.C.T), Abuja to assess the progress attained by African countries vis-a-vis the 2001 Abuja Declaration funding initiative, as well as review it. With the theme "Ownership, Accountability and Sustainability of HIV/AIDS, Tuberculosis and Malaria response in Africa: Past, Present and Future" only six countries met the 15% benchmark – Rwanda, Liberia, Malawi, Zambia, Togo and Madagascar.

The response from the UN at combating HIV/AIDS is not a far cry from that of the AU. The 10th of January, 2000 shall remain a significant day in the history of the United Nations Security Council owing to its maiden deliberation over HIV/AIDS as a security challenge confronting the international community. On July 17, 2000, the Council took a step further by classifying HIV/AIDS as a threat to international peace and security. The Council's securitization of HIV/AIDS took shape over the passing of resolution S/RES/1308 where it stated that:

> "The HIV/AIDS pandemic is exacerbated by conditions of violence and instability, which increases the risk of exposure to the disease through large movements of people, widespread uncertainty over conditions, and reduced access to medical care…If unchecked, the HIV/AIDS pandemic may pose a risk to stability and security" (UNSC,2000).

Similarly, in 2011, the Council yet again with resolution S/RES/1983 called for the inclusion of HIV prevention, treatment, care and support in implementing peacekeeping mandates.

i) **Severe Acute Respiratory Syndrome (SARS-CoV)**

According to WHO, the Severe Acute Respiratory Syndrome (SARS) has been noted as"the first severe infectious disease in the twenty-first century" that "poses a serious threat to global health security, the livelihood of populations, the functioning of health system, and the stability and growth of economies" (WHO,2003). Belonging to the corona virus family, "atypical pneumonia" or SARS as it was later christened by WHO, is contagious viral disease that affects the respiratory system of the human body. The carriers of the virus are believed to be the Chinese horseshoe Bats. The symptoms of the virus in humans include fever, pneumonia, body aches, dry cough, sore throat, shortage of breathe among others which begins to manifest from 2-10 days in the human host following exposure to the virus.

"The virus that causes SARS is thought to be transmitted most readily by respiratory droplets (droplet spread) produced when an infected person coughs or sneezes. Droplet spread can happen when droplets from the cough or sneeze of an infected person are propelled a short distance (generally up to 3 feet) through the air and deposited on the mucous membranes of the mouth, nose, or eyes of persons who are nearby. The virus also can spread when a person touches a surface or object contaminated with infectious droplets and then touches his or her mouth, nose, or eye(s)" (CDC, 2014).

"In November 2002, the latest crisis—Severe Acute Respiratory Syndrome (SARS)—broke out in southern China. Though it was thought contained, an index case travelled to Hong Kong where he unwittingly passed on the virus to nine others. From this small beginning a major threat to public health spread rapidly across Southeast Asia and throughout the world"(Curley and Thomas, 2004). As a matter of fact, following the first reported case from Guangdong province in the Peoples' Republic of China in 2002, the cumulative number of infected persons rose from hundreds to thousands as at July 2003 with China and Hong Kong having the highest number of cases from the total figure

Till date, SARS is without a cure, let alone a preventable vaccine. However, common antibiotics and supportive therapy have proven effective at managing some of the symptoms.

The securitization of the SARS pandemic has been more pronounced in South East Asian sub-region than anywhere else in the world. In Kuala Lumpur, Malaysia, ASEAN held the ASEAN+3Special Meeting of Health Ministers of member States in

April 26, 2003,where it sought out a collaborative effort at containing the spread of SARS in South East Asia by developing a concerted action plan. This was followed up by another Special ASEAN+3 Health Ministers on SARS in June 10-11, 2003,Siem Reap, Cambodia.

Table 1. World Health Organization (WHO) Summary of Probable SARS Cases from November 1, 2002 – July 31, 2003

Country	Cumulative Number of Case(s)	Number of Deaths	Case Fatality Ratio (%)
Australia	6	0	0
Canada	251	43	17
China	5327	349	7
China, Hong Kong Administrative Region	1755	299	17
China, Macao Special Administrative Region	1	0	0
China, Taiwan	346	37	11
France	7	1	14
Germany	9	0	0
India	3	0	0
Indonesia	2	0	0
Italy	4	0	0
Kuwait	1	0	0
Malaysia	5	2	40
Mongolia	9	0	0
New Zealand	1	0	0
Philippines	14	2	14
Republic of Ireland	1	0	0
Republic of Korea	3	0	0
Romania	1	0	0
Russian Federation	1	0	0
Singapore	238	33	14
South Africa	1	1	100
Spain	1	0	0
Sweden	5	0	0
Switzerland	1	0	0
Thailand	9	2	22
United Kingdom	4	0	0
United States	27	0	9
Viet Nam	63	5	8
Total	**8096**	**774**	**9.6**

Source**: WHO, December 31, 2003, http://www.who.int/../en**

i) **Avian Influenza (AI)**

"Since the Asia-wide outbreak of the SARS virus in 2003, the threats from infectious diseases have become more severe. No sooner had the region begun to recover from the devastating impact of SARS than news about the rising incidence of avian influenza cases on almost daily basis and with an ever-expanding geographic reach-raised alarm about the potentially imminent outbreak of a pandemic of global proportions"(Caballero-Anthony, 2006).

Avian Influenza (AI) type A, popularly called Bird Flu is a dreadful communicable viral disease which primarily affects flightless and flight capable birds (i.e chickens, ducks, turkeys, fowls etc) in the wild and those that are reared for human consumption or just kept as domesticated pets. Owing to the close proximity the human population share with birds, the zoonos is of AIover the years has been taking place over human contact with bird droplets. Other mode of human contraction of the disease include through the culling of birds, ingestion of improperly prepared bird protein (i.e egg/meat) etc. The symptoms therefore observable in persons infected with the virus include dry cough, high fever, body aches, fatigue, upper respiratory infection, runny and bleeding nose and gum. These symptoms of AI only begin to manifest in an infected person following the incubation period of 3-5 days which does extend up to 7 days in rare cases. In the absence of a definite cure, AI has been managed medically with anti-viral drugs such as Zanamivir, Peramivir and Oseltamivir.

The outbreak of AI in the early years of the new millennium has been a source of international concern particularly the Highly Pathogenic Avian Influenza (HPAI) in South East Asia. In 1996, the Avian Influenza type A, Hemagglutinin-5 Neuroaminidase-1 (H5 N1) was behind the death of some Geese in the Guangdong Province of China. "In Hong Kong in late 1997, the H5N1 avian flu virus was recorded as jumping directly from its traditional animal species to humans for the first time, infecting 18people in Hong Kong and killing six" (Chanlett-Avery *et al*., 2006).This single incidence in the Chinese administrative region of Hong Kong saw the government carry out the containment measure of exterminating the infected poultry birds in the region. "Nevertheless, the extent, spread and wide-scale

impact of the most recent waves of avian flu, which started in Asia in 2003 and have reached Europe and Africa, are unprecedented and have caught many by surprise"(Hancock and Cho, 2008). Countries to have recorded cases of infected persons of AI among others include: Egypt, Nigeria, China, Cambodia, Thailand, Indonesia, Vietnam, Turkey, Russia and Indonesia which has the highest number of cases.

Table 2. Cumulative Number of Confirmed Human Cases for Avian Influenza A (H5 N1) as reported to the World Health Organization (WHO), 2003-2009

Country	2003 – 2009	
	Cases	Deaths
Azerbaijan	8	5
Bangladesh	1	0
Cambodia	9	7
Canada	0	0
China	38	25
Djibouti	1	0
Egypt	90	27
Indonesia	162	134
Iraq	3	2
Lao People's Democratic Republic	2	2
Myanmar	1	0
Nigeria	1	1
Pakistan	3	1
Thailand	25	17
Turkey	12	4
Viet Nam	112	57
Total	**468**	**282**

Source: WHO/GIP Data in HQ as of March 5, 2015, www.who.int/influenza/human_animal

ASEAN as the sub-regional body of South East Asian countries, has been playing a crucial role in joining forces with the affected countries at securitizing AI. As Avian Influenza type A primarily affect poultry birds, ASEAN Ministers of Agriculture and Forestry (AMAF) on October 7, 2004 in Yangon, Myanmarset up the Highly Pathogenic Avian Influenza (HPAI) Task Force under the aegis of ASEAN Sectoral Working Group on Livestock (ASWGL) with the sole aim of containing and terminating AI.

While the securitization of Avian Influenza A has been fully operational in South East Asia, there is however still fears in some quarter over the possibilities of an out breaking new strain of AI. This probable fright in some countries became a reality in March 31, 2013. "In early 2013, a new strain of influenza A—H7N9—was reported from China. As of the end of April, there were 126 human cases and 24 deaths reported" (Bernard, 2013).This new strain of AI unlike H5 N1 has an incubation period of 10 days in an infected person. Cases of persons infected with the H7N9 have already been reported from the Chinese cities of Shanghai and Beijing and other South East Asian countries.

ii) **Middle East Respiratory Syndrome (MERS-CoV)**

Once called the "novel corona virus", the Middle East Respiratory Syndrome (MERS-CoV) or simply" Camel Flu" is, a human respiratory viral disease that is caused by the MERS-CoV. Although it shares certain attributes with the Severe Acute Respiratory Syndrome (SARS-CoV), the MERS viral disease is distinct from SARS or any other common cold corona virus.

The MERS virus attacks the upper respiratory lungs in humans causing an infected person to develop dry cough, fever and shortness of breath which if not properly managed can degenerate further to other diseases such as pneumonia and kidney failure. The primary animal hosts of the MERS-CoV remains the dromedary (single-hump) Camels and Bats. Human contraction of this virus therefore can only take place upon direct contact with these infected mammals e.g consumption of their protein (milk/meat) etc. There is yet to be any successful breakthrough in the scientific world over the development of a cure or vaccine for the MERS virus.

The MERS-CoV first broke out in the Sunni Kingdom of Saudi Arabia when a 60-year-old man took ill of the virus in 2012. Ever since then, the spread of the virus has been an annual health concern for Saudi Arabia especially during the influx of Muslim faithful from all over the world who converge at the holy land, Mecca to observe the lesser Hajj. Such a sacred religious rite observed by pilgrims along side business and leisure activities have all aided the spread of MERS-CoV to other regions of the world. Between 2012 and 2014, MERS-CoV cases were reported in a number of Middle East, North African, Asian and European Countries among which are the United Arab Emirate, Kuwait, Oman, Tunisia, Egypt and Algeria, France, the United Kingdom, Malaysia and the Philippines. From all the reported cases of the MERS-CoV, the common symptoms infected humans have manifested include fever, cough, headache, pneumonia and respiratory failures.

The MERS-CoV is fast becoming a life threatening viral diseases for countries of the world. "Globally, since September 2012, WHO has been notified of 1,374 laboratory-confirmed cases of infection with MERS-CoV, including at least 490 related deaths"(WHO, 2015). The most recent outbreak of the virus occurred in South East Asia in May 20, 2015."The first confirmed patient was a Korean man who returned to Seoul in May after travelling to the Middle East. He then developed a cough and fever, and visited four medical facilities seeking treatment before he was properly diagnosed. Along the way he inadvertently infected numerous others and triggered the largest outbreak of MERS outside the Middle East"(Padden, 2015).The 68-year-old South Korean,

made a stopover at Bahrain, Saudi Arabia and United Arab Emirate before returning to South Korea."To date, a total of 186 MERS-CoV cases including 36 deaths, have been reported" (WHO, 2015) in South Korea. This notwithstanding, the war on MERS-CoV by the government in Seoul alongside the securitizing actor, WHO, resulted in the declaration of South Korea as MERS-CoV free at the close of July, 2015. But South Korea seems not to be the only country to have been affected by the globalization of the MERS virus in Asia. "In China, a 44-year-old South Korean businessman diagnosed with MERS in Guangdong reportedly had been exposed to Patient No. 1 in Seoul. He began to feel ill but, against doctor's orders, nonetheless travelled to China through Hong Kong" (Padden, 2015).

iii) **Zika Virus (ZIKV)**

No sooner had the world's foremost securitization actors contained the lethal Ebola virusthat claimed the lives of over 11,000 persons in the West African sub-region in 2015 than the Zika virus broke out in South America at the close of that year. The Zika virus(so named after the Zika forest in Uganda where it was first discovered in rhesus monkeys) is a mosquitoes-borne communicable viral disease that is common to the tropical regions of the world.

Belonging to the flavivirus family, the Zika virus is contracted by humans from the *Aedes aegypti*mosquito, an active day-light biter which is also responsible also for the Dengue, Yellow and Chikungunya fever. Asides the transmission of the Zika virus from the Mosquito vector to humans, human-to-human transmission has recently been discovered over the exchange of body fluids. This happened in Texas, U.S, where a case of the Zika virus was reported on February 3, 2016, the source of contracting the virus being over the course of copulation. The symptoms observable in persons bitten by the Aedes mosquito are so to say a milder version compared with sufferers of Dengue fever. They include: fever, headache, body rash, conjunctivitis (red eyes), and joint pains following the incubation period of 2-7 days.

"This mosquito, native to east Africa, is thought to have travelled across the world with European exploration in the 15th and 16th centuries" (Chari, 2015). The "Zika virus was discovered in 1947, but for many years only sporadic human cases were detected in Africa and Southern Asia. In 2007, the first documented outbreak of zika virus disease occurred in the pacific. Since 2013, cases and outbreaks of the diseases have been reported from the Western Pacific, the Americas and Africa. Given the expansion of environments where mosquitoes can live and bread, facilitated by urbanisation and globalisation, there is potential for major urban epidemics of Zika virus disease to occur globally" (WHO, 2016).

The Zika virus is a life disabling virus for the unborn child of pregnant women. The virus has been linked to a few neurological birth defects in children such as the Guillian Barré syndrome – a situation where the immune system attacks the nervous system and, Microcephaly – an abnormal brain development in infants from the womb causing them to have small heads. Brazil since October 2015 has had 4,000 cases of babies with the Microcephaly deformity. In South America alone, there are 23 countries with recorded cases of the virus, the most hit being Brazil. Over the exploding rate of the virus in South America, WHO declared the Zika virus on February 1, 2016 to be "a public health emergency of international concern" following its emergency committee meeting in Geneva.

Women in these countries have been advised against conceiving during this period. Presently, there is no vaccine or cure available yet from pharmaceutical companies. Those infected by the virus have been given drugs such as acetaminophen to relief them of body pains. In the fight against the Zika virus, fumigation exercises and the household use of insecticides are some of the measures adopted so far in affected South American countries. Laboratory scientists on their part are making moves at reducing the population of the Aedes mosquito. This they have done by releasing genetically modified Aedes mosquitoes into the atmosphere in open field trials in some countries.

The outbreak of the Zika virus comes at a very crucial time for Brazilas it gets set tohost one of the world's biggest sporting event, the Olympic Games at Rio de Janeiro in August 2016,having successfully done the FIFA World Cup tournament in 2014. The safety of athletes during the summer Olympic Games is fast becoming a concern to Brazilian authority. To ensure their safety, the OIC in collaboration with the Brazilian government are working out measures at reducing the chances of athletes and visitors from contracting and spreading the virus during and after the Games in Brazil and around the world.

1. **The Root Causes of the Spread of Communicable Viral Diseases in the World**

"The globalization of infectious diseases is not a new phenomenon. However, increased population movements, whether through tourism or migration or as a result of disasters; growth in international trade in food and biological products; social and environmental changes linked with urbanization, deforestation and alterations in climate; and changes in methods of food processing, distribution and consumer habits have reaffirmed that infectious disease events in one country are potentially a concern for the entire world" (WHO, 2001). Going by this assertion put forward by WHO, a few of these anthropogenic factors behind the globalization of communicable viral diseases in 21st century international relations shall be

reviewed."According to the World Tourism Organization (WTO), by the year 2010 there were 935 million international tourist arrivals, a 6.6% increase compared to 2009 and a 1.8% increase over the previous peak in 2008. It is estimated that by 2020, the number of people crossing international borders will increase even more, exceeding1.5 billion per year (Torres, 2012).This prognosis of the rise in world travels is bound to be exploited in the nearest future by pathogens which can now move at ease from one part of the world to another. Secondly, the rapid urbanization of numerous countries is yet another factor to consider. The rate at which cities are springing up in countries owing to state economic growth and development has caused an influx of a sizable number of their population from rural areas into these cities. Consequently, the resultant overpopulation of these urban areas has brought about the environmental problems of poor waste disposal and sanitary conditions which thus has created a conducive breeding ground for these lethal viruses. Thirdly, countries of the world have unconsciously brought upon themselves globalizing pandemics over their deforestation of woodlands. Destroying the eco-system that once harbored to a great extent these viruses and their primary hosts thus has led to their migration into human populated areas. Lastly, climate change over the years has been one of the contributing factors to the globalization of communicable viral diseases. With a rising level of global temperature as a result of the emission of 'green house gases' into the atmosphere, the environmental conditioning for new existing viral diseases to strive in has been met of which their widespread outbreak is only but a matter of time.

CONCLUSIONS AND POLICY RECOMMENDATIONS

The attention given the threat posed by the myriad emerging communicable viral diseases in the world has been nothing short of an emergency that has involved diverse securitizing actors swing into action at containing and eradicating them. Although in some cases, the efforts came much later; however, the securitization of communicable viral diseases in the world so far cannot be said to be a complete success. The management of these lethal and life disabling viral diseases continue to engage the attention of governments and institutions worldwide. As humanity is yet to witness the complete eradication of these existing, mutating and novel communicable viral diseases, the fight against them sadly is far from been over. Thus, all efforts and initiatives should be intensified on all frontiers. To this end, the following policy recommendations have been put forward for the consideration of national, regional and international securitizing actors.

i) Ensure adequate funds are earmarked at national, regional and international levels for the training of public and private health workers, building state-of-the-art diagnostic laboratories for supporting all ongoing Research& Development (R&D) geared towards finding a cure/vaccine for these communicable viral diseases.

ii) Equip all national ports of entry with hi-tech detection gadgets and quarantine facilities.

iii) Ensure the continual surveillance and reporting of existing and novel infectious viral diseases.

iv) Raise the level of preparedness and logistic response of health organization all over the world.

v) Embark on a massive sensitization programme of the world's populace on their role in combating these contagious viral diseases.

vi) Introduce legislations on the strict regulation of domestic/mass rearing of the animal vectors of these contagious viral diseases in human populated areas as well as their slaughter houses (abattoirs) operations.

vii) Initiate a robust Public Private Partnership (PPP) most especially in raising the much needed funds needed to the fight against globalizing communicable viral diseases.

viii) Revisit for modification all sections of bi-lateral and multilateral treaties that have liberalized human mobility between countries which has/can aid the globalization of infectious viral diseases.

REFERENCES

Adejo, A. M. (2001). The Roots of Globalization: A Historical Review. *Journal of Globalization and International Studies*, 1(1).

Adeola, G. L. & Adeola, A. O (2015), the politics of globalization in Africa: averting industrial failure in the New Millennium *International Journal in Management and Social Sciences 3 (2) 499 – 518.*

Akinboye, S. & Ottoh, F. O. (2005). *A Systematic Approach to International Relations*. Lagos: Concept Publications.

Adesina, O. S. (2014). HIV/AIDS as a Threat to Nigeria's National Security. *International Journal of Business and Social Science*, Vol. 5, No. 5(1).

Azuh, D., Osabuohien, E. S. C., Nwaubani, O. O. & Ugwuanyi, B. E. (2014). Cost Implication of the Prevalence of HIV/AIDS on the Economic Development of Nigeria, *Journal of Education and Practice*. Vol. 5, No. 13, pp. 82-90.

Bernard, K. (2013). Health and National Security: A Contemporary Collision of Cultures. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*, Vol. 11, No. 2.

Brown, C. (1997). *Understanding International Relations*. Basingstoke: Macmillan.

Burci, G. L. & Quirin, J. (2014). Ebola, WHO, and the United Nations: Convergence of Global Public Health and International Peace and Security. Vol. 18, Issue 25, www.asil.org/insights/volume/18/iss...

Buzan, B. (1991).New Patterns of Global Security in the Twenty-first Century *International Affairs*, 67.3, pp. 432-433.

Buzan, B.(1991). *People, States and Fear: An Agenda for International Security Studies in the Post Cold War Period.*Brighton: Harvester Wheatsheaf.

Buzan, B. & Waever, O. (2003). *Regions and Power: The Structure of International Security.*New York, United States: Cambridge University Press.

Buzan, B., Wæver, O. &Wilde, J. (1998). *Security: A New Framework for Analysis*. Boulder, CO; London: Lynne Rienner Publishers.

Caballero-Anthony, M. (2006). Combating Infectious Diseases in East Asia: Securitization and Global Public Goods for Health and Human Security. *Journal of International Affairs*, Spring/Summer, Vol. 59, No. 2.