



# PANDEMICS AND INTERNATIONAL SECURITY: THE OUTLOOK FOR NATO

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(Photo credit: EPA, Maxim Shipenkov)

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# WORKING GROUP REPORT

## INTERNATIONAL COOPERATION TO ADDRESS PANDEMIC

*Michela Ceccorulli - University of Bologna*

The scope and the pace of diffusion of the undergoing SARS-COV-19 pandemic seem a confirmation of the truism that wants magnified cooperation as inevitable in a globalized world. Truly, this assertion is hardly disputable if one looks beyond the health sector to the many disruptions caused by “go it alone” policies. Moreover, the assertion that cooperation might ward off, assist to cope, and make up for the effects of (very likely) future pandemics has no true contestant of late, not even among those actors most fiercely opposing any external intrusion in own affairs. No border would suffice, for the virus would spread anyway, sooner or later.

However, how to reach such scale of cooperation and under which terms is far from ascertained. Covid has uncovered a Pandora box of unanswered and unresolved issues stored over the years for everyone to wonder about and one has only spoiled for choice where to start from. Are IOs to gain more independency in the global landscape? Is health a public good and who is going to provide such public good? Do we all share a meaning of public good or is health instead a club good mastered by the most powerful actors to score yet another point in their strategic game? Is crisis a trigger for more integration and if yes how to exploit the moment? Is the securitization of health a risk to avoid or a quasi-normative prescription to keep an eye on the potential consequences of health disruptions? These and more issues were brought to discussion among participants of WG 1, whose composition ranged between scholars, analysts, and practitioners.

The debate was rich and fruitful, nuanced at times with different positions and articulated in three phases: a first aimed at presenting the evidence of cooperation on the pandemic among states and different organizations; a second delving into possible and likely developments in addressing health and health-related issues; a final one speculating about the role of NATO with a view to possible future health emergencies. Overall, three main questions have respectively guided the three-pronged debate:

1. What type of challenge are we facing? Which strategies have been put in place to cope, by whom? What has been missing?
2. What role (if any) has NATO played to marginalize the effects of the crisis? Which the rationale behind its action? How good was coordination with other actors?
3. What could NATO do in the case of a future pandemic? Should it have any role at all?

Next three sections regroup most of the arguments raised and the conclusions reached in each of the phases just presented.

### **A truly global challenge**

As reiterated many times during the Academic Conference, Covid has caught us as profoundly vulnerable. Vulnerable in a literal sense, for Covid impacts our health but also in many other ways: in our ability to act according to largely predictable warnings; in our surveillance and alert systems; in preparedness and response and in grasping the real magnitude of the challenge at stake. The stance has been reactive at best and the gloomiest part of the argument is that its long-lasting consequences have only begun to be sensed and stretch out to touch economic, security and social dynamics to name but a few. Covid is truly a global challenge that has tested, and will continue to do so, our capacity at collective action.

As pointed out in the discussion, the immediate reaction has been slow and inconsistent, characterized by the lack of assertiveness and enforcement mechanisms, insufficient funding and personnel, limited and belated decision-making in relevant institutions (the WHO foremost), mistrust among actors on many levels and contradictory communication diffusing among people a layer of scepticism towards experts and actors in charge. Among the first to be hit by the pandemic, the EU's answer has been scattered at best. If past epidemics such as SARS had favored the creation of the ECDC and talks on serious cross-border threats, in the case of Covid-19, poor implementation of existing recommendations by member states, travel bans and divergent data collection systems (if any) have all contributed to make the toll particularly high.

A second moment during the height of the crisis in 2020 has displayed more positive stories, with better understanding of the overall situation and its broader ramifications and the fast development of a vaccine. The issue of vaccines, their production and distribution occupied central stage in the debate within the WG as this new scientific outburst is thought to be the main instrument in the journey from crisis to normality. As we are moving from shortage to plenty of vaccines, though, many other problems come to the surface, it was noted. A crucial issue is the one of vaccines provision: international leaders loudly spoke of vaccines as a public good but participants soon identified two sets of challenges there related. First, are vaccines really a global public good? And more preliminarily, what is the understanding of public good as used by world leaders? The assertion that vaccines are public goods reasonably creates expectations about their delivery for free and in sufficient amounts to reach everyone, clearly a normative point. If actions do not match words, this has the potential to create a major political problem, let alone a health one. If publicness is valuable, and if we assume that certain countries seem better positioned to contribute to vaccines production, the issue then is one of both leadership and responsibility and directly questions the West's role in the current lack of equitable and fair access. Building on that, the understanding of public good seems far from shared: the debate has underlined how vaccines have been provided by China under payment (if moderate) and through bilateral relations. More to that, vaccines production and provision then seem to be yet another stage in superpowers competition, as the wording "vaccine diplomacy" clearly suggests. The issue of vaccines production solicited other reflections: the debate lingered on how far to go with respect to the WHO's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver option. Here the WG reckoned that a careful assessment of the different phases of production, distribution and technology diffusion had to be considered. In fact, many critical issues could be raised on the profitability of completely relaxing production and technology protection restrictions.

Overall, it was largely acknowledged that for the discussion to be of use a talk on what is feasible rather than what should ideally be achieved would serve more the cause of rethinking international cooperation on global health challenges.

### **Coping with the pandemic: NATO's role**

Faced with uncharted cooperation patterns, the current governance of Covid has clearly shown problems on many fronts as seen above. Available organizations have tried to cope with the instruments at disposal and the margin of manoeuvre them accorded. Among these, NATO has offered a valuable contribution. Precisely because of this and with a view to better decipher its role *vis-à-vis* upcoming challenges to the Alliance, the WG has examined NATO performance during the pandemic. The debate has highlighted three key points.

First, NATO has provided a visible contribution in general and with respect to specific geographical contexts. The immediate concern has been ensuring the safety of troops on the ground and the smooth running of ongoing operations and activities. The supportive task of NATO, as dubbed, has regarded logistics, air-lift, the deployment of field hospitals, transportation of medical tool and staff among others. Thanks to its chain of command, which serves the purpose of fast mobilization, NATO's contribution has been concrete not only in members but also in partner countries, whose calls have been promptly received.

Second, NATO-EU cooperation has been particularly fruitful. On the assistance side, the EADRCC and the NATO Support Procurement Agency have proved useful tools for coordination and for information sharing. More to that, though, as it has been pointed out, informal talks have explored the key aspects of countering mis- and disinformation about the nature of the pandemic and the mechanisms to cope and to ward off the risk that critical infrastructures may be subject to cyber attacks.

Third, NATO involvement may have exerted positive effects for the same organization. Some participants have highlighted that the pandemic may have re-energized NATO self-confidence by showing members that investments in security and defence are worth paying. Furthermore, NATO usefulness may have played as a trust-builder in a time when the direction to go and the role to perform is unclear to states.

If there was no denying of the considerable work of NATO and of its urgency scant of alternative tools, most of the discussion was centred around the possible "normalization" of NATO role in future health challenges. Hence, the next section presents main positions and arguments emerged.

### **Fit for the purpose...or not?**

Envisaging NATO as an active actor in future challenges has required a close scrutiny over the possible problems such an occurrence might cause. Two main concerns were mainly academically driven, one was decidedly more practical and the last one stood in between. All of them made for a rich, variegated and insightful debate in the WG.



The opportunity of NATO's involvement was at first evaluated within the broader issue of civil-military cooperation. Indeed, the military sector has been a constant presence in the governance of the pandemic, spanning from NATO to national resources. But wondering whether NATO should play a role in the future requires answering to two preliminary questions: has NATO stepped in because it is better at performing some functions? Or instead to fill gaps? The answer stands most likely in between; however, the two inferences imply different arguments and reasonings. In the first case it is possible to imagine a role for NATO in the future, one that is interoperable with other governance tools and that is displayed when asked for. In the second case, instead, participants agreed that there is a major health issue at the basis that has to be fixed, with all related components and consequences. That is, the civil sector has to catch up soon.

Somehow related to the concern of NATO intrusion in a field that is not its own was a second concern, that of the potential securitization of a non-security issue. Engaging NATO would stir the concern of those fearing that appropriate forum of discussion is diverted from "health" to somewhere else, with fundings following suit. If we proceed in tasking the military, the next crisis is going to be coped with differently, has been pinpointed by some. Also, a pertinent suspicion regarded the consequences of a security framing on transparency and democratic practices, on legitimacy and accountability, as evidence from other securitization processes has made clear. Not all participants, though, were skeptical of "bringing security in": perhaps, a distinction between militarization and securitization, was suggested, could better serve the cause of edging different domains while keeping an eye on potential security repercussions of global challenges.

On a more practical level, it was suggested that NATO's involvement in health crises might in fact overstretch its capacities, drain resources and take them out of core and urgent domains/situations. NATO cannot defend everything was repeatedly affirmed during the Conference. As NATO has already a lot in its plate, diversion of personnel, tools and efforts in general (its sustainability) may be more counterproductive than beneficial to the Alliance.

A final concern raised was one reflecting on the scope of the possible NATO intervention. In the end, NATO remains a "regional organization", whose reach is limited to membership and partnership. This somehow resonates with the discussion presented above about the mismatch between the comprehensiveness of the challenge and yet the imagined "divisibility" of the solution (only illusory given that limited geographical "freeness" would be useless). Here relevant questions involve ethical considerations on top of effectiveness ones, but equally worth considering for soliciting true international cooperation.

### **Concluding remarks**

The pandemic does not end with health, it is multidimensional and stirs effects on many fronts which accordingly require the engagement of many actors beyond the health domain. From a global R&D effort on vaccines to the necessary supportive role of financial structures (WB, IMF and others) a comprehensive approach should be put in place to cope but mostly to prevent or fast marginalizing upcoming global challenge. Given the fact that, as remarked by experts in the WG, the likelihood of new pandemics between

now and 2030 is a matter of “when” rather than “if”, reflection and action can no longer be deferred. The question of “who is calling whom” is to have a prompt answer.

NATO has indeed some tools and instruments that could be useful especially in coordination with the EU such as those activated during the height of the Covid-19 crisis: ultimately, this would allow to reach Allies and partners which for example are NATO but not EU members. Large agreement was shown on the fact that no new policies or crisis capabilities are to be produced: the task should be specific, limited and on demand. This seems to fit well with NATO’s current stance of no intention to expand or enter foreign fields.

However, this is no invitation to disregard how the social, economic and security situation evolves both for Allies and partners: no matter which challenge they have been caught under, their resilience should be always closely monitored, a task that NATO intends to absolve. As a matter of fact, a collapsing health system may be more easily and more seriously prey to cyber attacks; an economic downturn may cause further instability with impact on security looming large. Also, an ancillary but key NATO’s role is that countering mis- and disinformation to avoid that a future pandemic is used, as it was under Covid-19, for strategic purposes. As it was reminded, interdependences created during moment of particular strain are hard to be dissolved afterwards.