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Global Re-Ordering: Towards the Next Generation of Scholarship

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Abstract

***Diffuse Power: How to Reclaim and Regulate Responsibility and Accountability for Human Security
between State and Non-State Actors***

The reigning system of global governance is based on the idea of sovereign states. States are assumed able to meet three tenets of human security: (a) ensure the territorial and physical security of citizens; (b) protect lives and livelihoods through basic economic stability, health, and welfare; and (c) bear accountability internally and to the international community.¹ Onus for guaranteeing these obligations remains with the state even when functional implementation lies with non-state actors. This poses severe challenges to human security.

No global governance regime for human security exists. The status quo remains: “*governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measure.*”² While proffering elements of human security in the short-term,³ networks⁴ of (state and) non-state actors have not assumed ultimate responsibility or accountability. Where the state lacks such capability, non-state actors have taken on limited functional responsibility, for instance in addressing HIV/AIDS, but not the final guarantee. This remains vested in the state. The resulting diffusion has taken power away from states, but not created an alternative.

This paper explores options to reclaim this diffusion and regulate responsibility and accountability in global governance for improved human security. It identifies three options: first, lassoing non-state actors to existing state and global governance structures for accountability; second, sharing accountability between states and non-state actors; finally, shedding sovereign responsibility and accountability to non-state actors.

¹ Vittorio Hösle, *Morals and Politics* (Notre Dame: University of Notre Dame Press, 2004); and Thomas Risse, “Paradoxien der Souveränität. Die konstitutive Norm, auf der die heutige Staatenwelt gründet – dass nämlich Staaten souverän sind – gilt uneingeschränkt nicht mehr. Was heisst das?” *Internationale Politik* July/August (2007): 40-47.

² From the Declaration of Alma-Ata, paragraph V.

³ For example, humanitarian aid and relief work; medical diagnostics and drugs; etc.

⁴ Also referred to as alliances, see also Margaret E. Keck and Kathryn Sikkink, “Transnational advocacy networks in international and regional politics,” Blackwell Publishers, UNESCO, ISSJ (159/1999): 90-103.

Introduction

What is security? What is human security? The absence of war? Of violence? Of physical violence? Of structural violence? Human security? The right to health? To healthcare? Economic opportunity? Affirmative action/positive discrimination? The ability to self-actualize? To live free from the adverse effects of climate change? To migrate? This paper will use the definition that human security refers to the creation of conditions – social, economic and political – that enable each individual to attain the fullness of his/her potential.

The dawn of the era of human security coincided with the democratic proliferation of non-governmental organizations and non-state actors eager to support it. It coincided roughly with the 1994 UN Human Development Report. This followed an evolution, over the past 100 years, or roughly since the outbreak of World War I, in the conceptualization, creation, enforcement, guarantee, and responsibility for 'security.' Notably between 1945 and 1989/1990, and arguably again after 9/11 and 2003, the idea of security has undergone definitional change but without producing a new consensus of what it entails and who is responsible for it.⁵

The state remains the default bastion of responsibility and accountability. It is still the basis of the global order of governance. And yet, as the examples above, and the necessity of intervention in crises posed by such threats as the Ebola pandemic and the spreading violence of the Islamic State (IS) in Iraq and Syria, highlight, new thinking and associated action appears more imperative than ever.

What is the status today? Where is security? Who is responsible for the creation human security conditions? Despite evolutions to the contrary, the notion that traditional security belongs to the realm of the (nation) state remains relatively undisputed. These trends towards exceptions are ascribable to changes in governance arrangements wrought by the willing or unwilling insecurity or lack of, or inability to assume responsibility by any one state for security and human security. Both traditional security and the underlying logic of collective responsibility⁶ and responsibility for human security assume that states are willing and capable of acting to ensure both the territorial and the human security of populaces within their borders and even those within other borders. In other words, both rely on the myth that states are willing, capable and accountable in their actions to

⁵ In fact, in can, and has been argued elsewhere, that the post-Cold War order that emerged after 1989 represents a 'missed opportunity' in terms of global re-ordering. The Cold War East-West blocs, as well as the definition of security could have – should have been – rethought and rearranged. Instead, the West experienced a 'triumph' of history (see Francis Fukuyama, 'End of History'). Neither the West, however, nor the East exercised critical reflection of the moment or the way forward, with the consequence that the definitions and arrangements of security today are perhaps more precarious than they might have been. In any case, this missed moment, and the trajectory since, highlight the need for a global re-ordering in systemic thought and systems' structure.

⁶ The resulting 'Responsibility to Protect' (R2P) is explored below.

secure and provide conditions of human security to their populaces. Until 1989/90, taking as the initial consolidation of (European) state sovereignty as 1648 (Buzan and Lawson, Rethinking Benchmark Dates in International Relations, EJIR 2013), this notion of state-centric control and responsibility for security and human security evolved (Philpott, Revolutions in Sovereignty), deepened, and then, devolved. The examples listed above also illustrate this trajectory, welded onto the two principle reigning assumptions of state-based responsibility and accountability for security and human security.

First, state sovereignty continues to be the building block of local, national and international relations and global governance. As such, the ostensibly sovereign state is *ultimately* responsible for the traditional of its territory and human security of the populace within its borders. In addition, it is accountable for both of these securitizations both internally, as well as within the international community of states, so externally. Second, however, the sovereign state is increasingly confronted with non-state actors (NSAs) which both demand its action, and also assume some of the functions of the state. In the process, these erode – *devolve* – the internal and external relations of responsibility and accountability. Furthermore, these three-fold constrictions are amplified by the external circumscriptions of the ‘hard power’ dictated by geography and military might (as realists might have it), but also by the ‘soft power’ of economics (as liberals might argue), and even by the attraction of particular norms (as per constructivists). The dynamics identified by each of these schools of thought highlight the dynamic relationship between the state and surrounding actors. As such, in its current incarnation, sovereignty is the bearer of considerable responsibilities and accountabilities, but is a severely circumscribed from above, horizontally, and from below. Today the state system is characterized less by the power relationships between sovereign states, than by a diffusion of power between state and non-state actors.

This diffusion is a symptom of the dynamic relationship between changes in the global ordering of responsibilities and accountabilities over time; according to unwritten rules variously identified and emphasized by the theories of realism, liberalism and constructivism. These changes have accelerated since the end of World War II, and even more so since the closure of the Cold War. Three examples briefly cited here illustrate this acceleration. The assumption of action and responsibility in each of these cases rests on public outrage on the part of an external audience, and is in turned geared towards its preferences and power. Nonetheless, increased human security conditions are an outcomes. Each relies on the star power of either an individual or an idea, supported by, but not initiated by a state. Finally, each operates around – from above, horizontally, or below – the state: a) The International Campaign to Ban Landmines (ICBL), which Lady Di (Princess Diana) championed. Pictures of maimed children ignited global public outrage; fueling the 1996 Ottawa Treaty, in which the Canadian Government promoted the concept of human security; b) The

transnational alliance between the U.S. Act-Up and the South African Treatment Action Campaign (TAC) to advocate for HIV and AIDS treatment on the part of the state. Here, too, images of children (born with HIV in refugee camps in Cambodia) helped prompt U.S. Ambassador to the UN, Richard Holbrooke, to bring the issue of the pandemic to the Security Council; and c) the Global Witness campaign to ban 'blood diamonds', whose sale filled the coffers of the fighters in the brutal civil wars in Sierra Leone and Liberia. American consumers, seeking diamonds for marriage proposals, as well as diamond houses such as DeBeers and jewelers such as Tiffany & Co. joined the effort which resulted in the Kimberly Process to certify non-conflict (non-blood) diamonds.

Working around and yet on the state, these three examples illustrate the translocation of power in the global order: from the state itself, to alliances of non-governmental (NGO) or non-state actors (NSAs), to state-NGO/NSA-market actors. Conceptually, this transfer has resulted in the ideas of human security, and in the attempts to institutionalize it through, for instance, the International Commission on Intervention and State Sovereignty's (ICISS) Responsibility to Protect (R2P). R2P is meant to trigger an international response to instances of genocide, crimes against humanity and war crimes, whether inter- or intra-state. Despite its being touted, it has not proven workable.

Shifts in all three dimensions of order – political (realism), economic (liberalism) and norm (constructivist) – have all taken place. It is these shifts, particularly as associated with the increasingly global allocation and acceptance of responsibility and accountability for security and human security that form the impetus revised thinking on global (re)ordering. By global 're-ordering' in this context, I mean: a) the formal state and international (including multinational) regulation of the responsibility and accountability for territorial security with respect to the human security of the population therein, including migrants (in all forms); b) the informal arrangements that assume and perform functions of responsibility and accountability for such security and human security, particularly with a focus on the provision of health and food security; and c) the construction of a bridge in order to establish a more seamless governance order to guarantee both forms of security over the long-term (+ ten years).

Shifts in Global Ordering

These shifts have come in waves. Relevant for the argument here are those that encompass the time-frame from the end of World War II through today (2014). Conceptually, this span includes the sweeping shifts in global order identified by James Rosenau's 'governance without government' thesis, through Stephan Krasner's assertion of sovereignty as 'organized hypocrisy, to what I would call 'disorganized hypocrisy.' Rosenau argued that a slew of governance 'regimes' would form to tackle specific issues in the international realm. To a large extent, he has been proven correct: if NSAs

are included, then a whole plethora of organizations exist dedicated to treating HIV and AIDS, providing water and sanitation, even administering public transportation in municipalities around the world. However, these are not 'regimes' in the sense that they have a central organizational structure, that their interventions are legally binding, or that any mechanisms are in place to ensure the continuation of their work if and when they opt out. Krasner hypothesized that states, as the central building block of government and governance, were not omnipotent and sovereign, but nonetheless the key organizing agent in a global order increasingly characterized by actors acting outside of the state system.

States are assumed able to meet three tenets of human security: (a) ensure the territorial and physical security of citizens; (b) protect lives and livelihoods through basic economic stability, health, and welfare; and (c) bear accountability internally and to the international community.⁷ Onus for guaranteeing these obligations remains with the state even when functional implementation lies with non-state actors. As long as these could be coordinated by states, the latter remained as the definitive agent.

However, the continued rise of NSAs represents a fundamental shift in the nature, not just the organization, of sovereignty, as pertaining both to territorial and to human security. With the term, 'disorganized hypocrisy,' I refer to the current state of affairs in which many actors are 'in on' the action of addressing, even providing provisions of security and human security, but are both beyond the realm of state government as well as international or global governance. The critical difference today is that NSAs have, instead of shoring up the lacking capacities of states, contributed to the fragmentation of their power – including their ability to guarantee traditional and human security.

Diffuse Power: Disorganized Hypocrisy

If sovereign states were omnipotent and omnipresent in the territories under their ostensible control and purview, such re-ordering would not be necessary: states alone would carry and wield their responsibility and accountability, both internal and external, to guarantee security and human security within their borders. This is, however, not the case. In terms of external geopolitics, each state is, and has always been, influenced and impacted by its neighbors both near and far.

⁷ Vittorio Hösle, *Morals and Politics* (Notre Dame: University of Notre Dame Press, 2004); and Thomas Risse, "Paradoxien der Souveränität. Die konstitutive Norm, auf der die heutige Staatenwelt gründet – dass nämlich Staaten souverän sind – gilt uneingeschränkt nicht mehr. Was heisst das?" *Internationale Politik* July/August (2007): 40-47.

This is evidenced in the period under review during which (national) state sovereignty was exported to most of the world, while it was also purposefully corralled. It occurred through the geopolitical East-West conflict, as well as through issue-specific governance regimes. Its circumscription was further entrenched through the asymmetric establishment of institutions of global governance, including the United Nations, and the proliferation of NSAs whose organized assumption of responsibility and accountability for human security is unclear at best and nonexistent at worst. Consequently, the centrality of the state is rapidly becoming more conceptual than actual; the result of which is ‘disorganized hypocrisy,’ with very real implications. The contemporary consequences of this ‘disorganized hypocrisy’ pertain particularly to transnational threats to human security posed by disease outbreaks (notably HIV and AIDS and Ebola), as well as the immediate and the attendant responses to financial crises (such as cutting health care provisions) and crime syndicates (including IS). The next two sub-sections will focus on the two brief case studies, the global response HIV and AIDS and Ebola, in comparison. It will focus on illustrating the hypothesis of sovereignty today as disorganized hypocrisy. Finally it will delve into an analytical discussion of what might be done about **diffuse sovereignty**.

The global response from HIV and AIDS to Ebola

Tracing the trajectory of the local emergence to the global responses HIV and AIDS to Ebola, iterates the fragmentation of the global order into disorganized hypocrisy. As both pandemics make abundantly clear, no global governance regime for human security exists. The international global order based on ostensibly sovereign states declares that “*governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measure.*”⁸ Yet in each case, HIV and AIDS and with regard to the ongoing response to the unprecedented Ebola outbreak, it is non-state actors who (NSAs) have taken a lead.

HIV and AIDS

In the case of HIV and AIDS and the global response to it, over a now 30-year period, those NSAs have been able to do three things: first, raise the alarm and goad states, initially wealthy and relatively unaffected (notably the U.S. and Europe), into springing into action on behalf of their infected populations; second, to perform a triage role in the worst-affected states, predominantly in

⁸ From the Declaration of Alma-Ata, paragraph V.

Sub-Saharan Africa, caring and eventually treating the ill⁹; and third, to pressure the states whose populations suffered the most to accept the final responsibility and accountability for the provision of life-long treatments on an ever-greater scale. This happened in a number of phases. First, NSAs, both local and global, provided care for HIV-infected persons. Second, as treatments became available, these local and global NSAs lobbied for access to them, even going to get them on occasion.¹⁰ Such actions were reinforced by international and multilateral organizations such as UNAIDS, and political statements such as the 2000 UN Security Council resolution 1308 and the 2006 and 2011 UN General Assembly political declarations on HIV and AIDS; bilateral agreements (the US President's Emergency Fund for AIDS Relief, PEPFAR, launched in 2003, for example); and philanthropic activities (notably by the Gates' Foundation). The HIV and AIDS response these advocated were further cemented by tenders for anti-HIV medications which effectively locked recipient states such as South Africa and Uganda, into agreeing to provide a particular kind of HIV and AIDS response ad infinitum. Finally, in accepting the prescriptions of this course, South Africa, for example, rose to the occasion to honor Chapter 2 of its Constitution to bear responsibility for the health of its population. It seemed to illustrate the lasting power and authority, the vested responsibility and accountability for human security on the part of the state.

The state remained the focal point of advocacy and action. The myth of its sovereignty reinforced the notion of its ultimate responsibility for and accountability to the populace within its borders. Nonetheless, there is little escaping the fact that the state's charged with the ultimate response to HIV and AIDS presided over precious little room for maneuver, their agency constrained from above, horizontally, and from below.¹¹

Ebola

Similarly, the currently raging Ebola pandemic is putting enormous pressure on the worst-affected states – Guinea, Liberia and Sierra Leone – from below, horizontally and from above. This case highlights both similarities and differences to the HIV and AIDS response trajectory. A response here might be characterized by even more urgent than that to HIV and AIDS (whose incubation period is measured in years, not days). These worst-affected states, by their own and the accounting of the

⁹ Notably with treatments, anti-retroviral cocktails, developed and patented in pharmaceutical powerhouses in the global North and West (mostly in the U.S., Britain and France, and Israel), until India in the 2000s became the 'world's pharmacy' providing generic, often innovatively recombined medications at a fraction of the initial cost.

¹⁰ See the Treatment Action Campaign (TAC).

¹¹ The case of Uganda is starker: when the initial incarnation of PEPFAR required states to earmark 33,3% of funding for abstinence-only HIV preventions programs, Uganda's President Museveni drastically changed his political message of 'zero-grazing.' The result was both a funding increase and a rise in HIV incidence.

global order, incapable to mounting an adequate response, too little is being done, from all directions. Liberia has pleaded for outside help; effectively declaring its lack of sovereignty.

NSAs, notably the commendable *Medécines Sans Frontières* (MSF, Doctors without Borders), are overwhelmed. In an unprecedented war cry, it has asked for military intervention to stem the tide of the pandemic. Samaritan's Purse, another humanitarian aid organization responding to the Ebola epidemic in Liberia (and two of whose volunteers were evacuated back to the U.S. upon testing positive to the virus) voiced concern that 'states' had left such non-governmental organizations to fend off such a security threat.

In an attempt to undergird NSAs, and the most afflicted and affected state, the UN Security Council unanimously passed resolution 2177, on 18 September. The resolution declared Ebola an international emergency, concluding that the pandemic's spread could reverse peacekeeping and development gains, "called on member **states**¹² to deploy medical assets, expand public education, and end travel bans" ... but "left unclear the exact duties required of states."¹³ The resolution triggered the UN Mission for Ebola Emergency Response (UNMEER).¹⁴ The UN Humanitarian Air Relief (HAR) service is also flying medical supplies to the worst-affected region.

Where are the states? Three hundred Cuban doctors have arrived in Sierra Leone. About half that number are expected from China. The U.S. and the EU are building makeshift hospitals and isolation wards: neither is sending delegations of medical personnel, though some volunteers are headed to the region.

The state-centric stalwarts of the global order, international and multilateral institutions from the United Nations to the World Health Organization (WHO) have done little. It took the WHO itself five months to declare an international health emergency, (between the first identified case on 25 March until 8 August). Since then, it has publically abdicated its role as a response coordinator, declaring itself to be 'only' a 'technical agency'. It is supporting the training of the Cuban doctors in Sierra Leone.

The International Health Regulations (IHR), updated in 2005 and having gone into effect in 2007, under the auspices of the WHO, require 196 state parties to "develop public health capacities to detect and respond to public health emergencies of international concern (PHEIC), with states required to cooperate in building these capacities."¹⁵ Precisely such preparation is necessary to thwart an outbreak such as Ebola, which feeds on confused communications, inadequate

¹² My emphasis.

¹³ Gostin, Lawrence O. and Eric A. Friedman. 'Ebola: A crisis in global health leadership.' (2014). *The Lancet*, Vol. 384, Issue 9951, pp. 1323-1325. (11 October).

¹⁴ 'Ebola: What lessons for the International Health Regulations?' (2014). *The Lancet*, Vol. 384, Issue 9951, pp. 1321 (11 October).

¹⁵ *Ibid.*

infrastructure and dense populations. “However, the regulations do not provide incentives, sanction states for failing to cooperate, or allocate responsibility.”¹⁶ Consequently, little has been done in any of these regards, most especially with respect towards mandating compliance.

Who should do the mandating? Who must comply? Who decides? Who pays?

No one seems to be in charge. No one – no NSA, no state, no international or multinational organization – is in a position of authority. None is sovereign over the situation. None is responsible or accountable for the human security of the persons most affected. Power is diffused. Sovereignty is not only disorganized, it is increasingly hypothetical – and yet:

The default guarantor of human security then remains the quite obviously not-quite-sovereign state. The HIV and AIDS response revealed the weaknesses in this arrangement – even if from the contemporary perspective it appears that the most-affected states are able to muster the financial and human capacity to contain that pandemic. With regard to the current Ebola crisis, despite the obvious fragility of the states involved, the state-centric global orders remains. It does so despite the fact that it appears patently unable to guarantee the human security of an increasing number of people.

No plausible alternative order has emerged. How might that change?

Conclusions: Solutions in Global Re-Ordering

Assuming that the hypothesis of disorganized sovereignty proposed here proves viable, the question becomes one of, what does it mean? In order to guarantee human security, the responsibility and accountability for the components thereof must be allocated somewhere. Mechanisms to trigger action for the guarantee of human security need to be found.¹⁷

The case studies above primarily reveal two things about the current global order. First, that it continues to rest on assumptions of the theory of ultimate state sovereignty. Second, that such these same assumptions are simultaneously undermined by the presence and the power diffusion of elements of sovereignty by multinational/international actors and organizations, and by non-state actors, each at the local, national and global levels. The inherent contradiction in these two positions is intensified in their conceptual and technical manifestations: where, if not with the state, could responsibility and accountability for human security conceivably lie?

The state system is here to stay for the moment. Yet considerable weaknesses characterize it, both at the national and at the international levels. Attendant to that, state fragility is arguably on

¹⁶ Ebola: What lessons for the International Health Regulations?’ (2014). *The Lancet*, Vol. 384, Issue 9951, pp. 1321 (11 October).

¹⁷ The 2001 concept of the ‘Responsibility to Protect’ (R2P) as an attempt to force the assumption and action of the global community in cases of genocide or crimes against humanity has failed to be effective.

the rise. This threatens inadequate pandemic responses, overly reliant as they are on weak states and uncoordinated NSAs and multinational and international organizations. It also harbors the likes of the NSA, IS, which thrives on state weakness in the territory in which it is consolidating control and is able to continue to amass power thanks again to a dearth of multinational and international mechanisms to force a response. IS also benefits from the lack of conceptual consensus and technical inter-state policy coordination on issues such as hostage ransoms, as well as financial sanctions, and military interventions.

Beyond the state, an attempt was made under the Responsibility to Protect (R2P) of 2001 to erect a global response to cases of genocide, war crimes and crimes against humanity. Put forward by the International Commission on Intervention and State Sovereignty (ICISS), it has so far failed on two fronts: a) failing to garner a global conceptual consensus about when to intervene, and b) lacking automatic mechanisms to compel those viably capable of doing so to respond.

A similar lack of automatic response triggers is hampering the global response to the Ebola outbreak in West Africa. No actor beyond the region need respond. As long as the pandemic spreads in West Africa, with only sporadic cases beyond, the conceptual pressure to mount a full-fledged intervention from relatively unaffected regions is low, and the threshold of risk seemingly high. No mechanism exists to compel an intervention. Even UN Security Council resolution 2177 only 'calls on' member states deploying personnel to the worst-affected countries to provide these with medical evacuation should the need arise. No provision compels such deployment, or the deployment of urgently needed medical personnel (as per above). Affected national states are left largely to cope on their own, with a smattering of support from NSAs.

The further these two-pronged trends in global order diverge, between ever more fragile but notionally responsibly states and NS-actors, the more diffuse the power and allocation of responsibility and accountability for human security will become. This means two things: first, that on the conceptual level, a re-ordering, 'containing complexity,' for the allocation of responsibility and accountability for human security is necessary. Second, that on the technical level, achieving these is contingent upon three variables: a) the necessity and willingness of states to share sovereignty, formally; b) the institution of legal mechanisms to delegate sovereignty; and c) the creation of conditions and attendant mechanisms by which states can be returned sovereignty. The purpose and goal here is to acknowledge the durability of the current state-system with the caveat that no state is sovereign; and to reapportion the diffuse power in the global order not only to provide for human security on an ad hoc and short-term basis, but to guarantee its provision over the long-term.

In order for such a re-ordering to work, three conceptual positions, and four technical solutions as applied to human security for health are proposed here:

Conceptually, first, explicit acknowledgement of the preeminence of the state as the guarantor of human security is necessary. Given the plethora of NSAs operating at the local, national, international and global levels, curtailing or terminating their work is unlikely to be either possible or useful. However, having them register, at the state and international level, might add some transparency to their activities, while enabling a host state to determine where and how to negotiate the allocation of its (meager) resources.

Second, as evidenced in the Ebola response, a) (weak) states asking for or acceding to assistance should be formally in the position of power with regard to whom they petition, for what, and for how long; and b) those states, NSAs and multinational or international organizations receiving requests should not be able to decline, but be compelled to meet the demand and to coordinate their actions. Such shared or delegated sovereignty would be a way to shore up the provision of human security, while clearly delineating the lines of responsibility and accountability. A plausible precedent for this might be the current Ebola response taking shape under the UN Secretary General.

Third, states (overly) reliant on or sharing or delegating some of their sovereignty to other states or NSAs, must have a mechanism through which to reclaim it. This might also be useful in the event of abuse of shared or delegated sovereignty by NSAs who fail to meet their obligations, or who actively circumvent the state above, horizontally, or below which they are operating.

Beyond these conceptual options in mind, four technical solutions to a global re-ordering for a human security for health are offered. With the lessons from the HIV and AIDS and Ebola responses fresh: Technically, first, it is vital that one internationally recognized and legitimate organization serve as the notification center for declaring and providing information on an international health emergency. This need not be the WHO, whose international authority and legitimacy in the aftermath of its curtailed HIV and AIDS response and its abdication with regard to Ebola is severely compromised. The WHO could, however, serve as an information portal (competing with Wikipedia, whose site has apparently taken a lead as a source of information on the Ebola pandemic), much as it releases respected guidelines on HIV and AIDS treatment. A potential leader might be the UN Secretary General's office with appointed under-secretaries for response, as is currently the case. The involvement of the UN Security Council aids the legitimacy of such an option.

Second, once an international health emergency has been declared, mandated actions are necessary. Currently only voluntary ones exist. This is not a sustainable solution, or even a solution. NSAs who can pick and choose where they serve, under what policies and for how long; lack of protocols or the provision of protective gear to fight Ebola; and a dearth of deployment of medical personnel also in the case of Ebola make this clear. If and when treatments are available, if and who

produces these, who pays and how much should – in emergencies – also be mandated as opposed to be allowed to be set.

Third, health emergencies do not erupt without some forewarning. Zoonoses such as HIV and Ebola have long been predicted. Preparing for these involves health, as well as education, finance and governance structures. In order to predict, and react to the next such outbreak, the US-led Global Health Security Initiative, proposals for a Universal Health Systems Fund and Universal Health Insurance, and revamped International Health Regulations (IHR) outfitted with adequate national and international financing as well as incentives and sanctions are absolutely vital.

Fourth, contingencies to health are also determinants of health. In the longer-term, technical interventions for health must take into account food security and economic security, and vice versa. As the recent experience of Ebola quarantines illustrates, health crises, and their responses, quickly impact – often adversely – food security and economic livelihoods. If these are not addressed, they are likely to circle back upon each other to the detriment of all aspects of human security.

Finally, as this paper has striven to show, the current global order relies on a state system which is fracturing. As a result, not only power according to a realist geopolitical, or a liberalist multilateral, or even a constructivist norm-consensus, but its allocation with regard to the guarantee of security and human security is increasingly diffuse. Responsibility and accountability are ubiquitous terms; but nowhere to be found. In order to provide and preserve human security, it is and will be necessary to reconsider the current state of the global order, and to re-order it with an emphasis on the clear, definable and enforceable allocation of responsibility and accountability for human security around the world.

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