

4.3.5. Target of intervention

The target of intervention is determined by the stance taken in terms of the techno-political intervention as discussed above. The techno-political intervention of global health security approaches are disease surveillance and response mechanism. The target of the intervention is thus national public health infrastructure with a focus on proficient health security policies, strategies and capacities. Humanitarian biomedicine on the other hand intervenes to alleviate the burden of disease, the target of these interventions is thus the individual.

As mentioned above, health security mechanisms are focused on disease surveillance and containment, which is built on the International Health Regulations. The IHR requires the reporting of any public health emergency of international concern (PHEIC) as well as “real-time dialogue among affected governments and WHO to propose real-time evidence-based actions at borders” (Heymann, 2015:1184). Furthermore the IHR also requires states to strengthen eight core capacities in public health. These capacities are seen as essential in detecting, assessing, notifying and reporting events as well as responding to public health risk and emergencies of national/international concern. The IHR thus provides a global framework for the enhancement of collective health security. This framework also focusses on investment by states and development agencies to strengthen public health in terms of infectious disease detection and containment.

One of the aggravating factors in the recent spread of Ebola was the lack “of trained disease detectives, functional laboratories, and quality surveillance data to make timely decisions about the use of resources to prevent, detect, and respond to infectious disease threats” within the borders of the hardest hit countries (Tappero, Thomas, Kenyon & Frieden, 2015:1889). Ebola spread to several more countries including Nigeria, Senegal, Mali, Spain, and the USA. The spread was however quickly controlled in these countries. Tappero *et al.* point to the existence of components of Global Health Security Alliance (GHSA) mechanisms in these countries as the defining difference, arguing that even nascent capacity was crucial in facilitating a timely response. In Nigeria, for example, “a dedicated public health emergency operations centre for polio eradication and a cadre of Field Epidemiology Training Program⁸-trained epidemiologists which facilitated the multi-sectoral coordination and extensive contact tracing efforts needed to control the outbreak once it spread within Lagos, and from Lagos to a second city” (Tappero, Thomas, Kenyon & Frieden, 2015:1889).

⁸ Field Epidemiology Training Program is a practices-based public health training modelled on the U.S. CDC Epidemic Intelligence Service (CDC, 2015a).

