

# Theory of Securitization to Counter Ebola: The Nigerian Approach

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## Abstract

*The 2014 outbreak of Ebola Virus Disease is one of the zoonotic diseases<sup>1</sup> that become health security threat for international community. It affected Guinea, Liberia, Sierra Leone, Nigeria, Senegal and Mali in West Africa and also USA and Spain outside of Africa. However, in Africa, Nigeria and Senegal securitized it successfully, but others not potentially contained it in time. This paper will be evaluated theory of securitization based on the Nigerian approach and highlighting the lessons that others affected countries could learn from the Nigerian approach and how to protect in the future. In light of this understanding, the paper will be discussed the military and nonmilitary issues of security studies, the Nigerian situation and history of Ebola as background; Ebola as health security threat, the Nigerian approach, the Copenhagen Schools theory of securitization, the Nigerian securitization framework and major lessons.*

**Key Words:** Ebola, security, theory of securitization, Nigerian approach, zoonotic disease.

## 1. Introduction

"Security studies represent the core of International Relations, predominantly dealing with issues of war and peace" (Šulović, 2010:1). Following WWII, security studies have become a synonym for strategic studies with distinct focus on the military sector. However, gradually different new security challenges emerged like growing complexity of international relations, rise of economic and environmental challenges, new international relations' actors, and nonmilitary security issues. Thus, security studies were begun at the end of Cold War. Accordingly, in the late 1980s, it has rapidly developed from war and peace threats into international security (Seniwati, 2014). In such understanding, Buzan, Waever, and de Wilde (1998) argued that security can be broadened to include other threats beyond the traditional military and political domain. In the traditional domain, security studies didn't paid attention for nonmilitary threats. However, according to Walt (1991:213), "issues such as pollution, disease, child abuse, or economic depressions could all be viewed as threats to security." Hence, security threats do go beyond military threats and include poverty, economic inequality, disease, human rights abuses, and natural disasters.

The United Nations has acknowledged the widening of the concept of security by identifying new security threats, such as poverty, infectious disease and environmental degradation, and war and violence within states (UN Department of Public Information, 2004:11). Recently, international communities have also started to pay attention for health issues as a security threat. For instance, according to Centers for Disease Control and Prevention (CDC) and EU (2011), Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), Anthrax, Sever Acute Respiratory Syndrome (SARS), and Highly Pathogenic Avian Influenza (HPAI) seemed to confirm the need to approach health from security perspectives. In 2014, Ebola Virus Disease governs the attention

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<sup>1</sup> Zoonotic diseases are contagious disease that spread between animals and humans.

of international communities as a major health security threat. In this regard, the spoke of Margaret Chan, the director general of WHO, "a threat to national security well beyond the outbreak zones", and the US president Barack Obama, "a growing threat to regional and global security (2014)"; reflect how much health issue become security threat. Consequently, the spoke of UN Secretary-General Ban Ki-moon on 18 September 2014, "the gravity and scale of the situation now requires a level of international action unprecedented for an emergency", attested the concern of international communities, regarding health as security issue to be free from threats, as Buzan's (1991:18) definition, "security is pursuit of freedom from threats." Therefore, this paper is evaluated theory of securitization based on the Nigerian approach to counter Ebola and highlighting the lessons that other affected countries could learn from the Nigerian approach.

## 2. Background of the Study

### 2.1 General Feature of Nigeria

West Africa has had good experience for the largest Ebola outbreak in History. Nigeria is one of the West African countries that exposed for zoonotic disease. "It has Federal state structure consists 37 regional states including 774 government authorities" (Okello, Welburn and Smith, 2014:4). In the Federal Government, Ministry of Health and Ministry of Agriculture worked in collaboration to prevent zoonotic disease. Both are represented down to the local government authority level.

Nigeria's Federal Structure has shaped the delivery systems for both human and animal health with federal, regional and local government. According to Olaniyan and Lawanson (2010), the three levels of government are involved to various degrees in the delivery, management and financing of health. The setup for human health, although not recognized by law, is the responsibility of the federal government as tertiary health care, whilst the state and local government authorities coordinate health services at secondary and primary levels (Ibid). In the animal health sector, including trans-boundary animal diseases are controlled and coordinated at the state level under federal law. For instance, in 2006 the Nigerian Federal Government received \$50 million credit from World Bank to protect HPAI in commercial poultry farm in Kaduna State (Okello, et al., 2014). Although, according to World Bank<sup>2</sup> (2014) figures from 2009-2013, the Nigerian government health expenditure is better than other West African countries. Thus, all these indicated the Nigerian potential to prevent zoonotic diseases; which are contagious disease spread between animals and humans.

### 2.2 Brief History of Ebola Virus Disease (EVD) Outbreaks

Ebola is a zoonotic disease that transmitted by virus from animals to human; and human to human via body contacts. Scientifically, Ebola belongs to Filoviridae virus family. According to WHO (2014)<sup>3</sup>, Filoviridae virus family has three classifications. They are Caevavirus, Marburgvirus, and Ebolavirus. Ebolavirus was first emerged in 1976 in the Democratic Republic of Congo; in the community near to "Ebola River"<sup>4</sup>, and in Sudan (Johnson, et al., 1977; WHO, 1978<sup>5</sup>). The outbreaks involved what eventually proved to be two different species such as Zaire and Sudan; and sources were detected in fruit bats in Africa. In 1977 it appeared in DRC, and also 1979 in Sudan.

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<sup>2</sup> World Bank (2014). Health expenditure per capita. <http://data.worldbank.org/indicator/SH.XPD.PCAP> (Accessed 23 December 2014).

<sup>3</sup> Ebola virus disease. Fact sheet No 103. [www.who.int/mediacentre/factsheets/](http://www.who.int/mediacentre/factsheets/). (Accessed on 5 January 2015).

<sup>4</sup> Ebola River is found in DRC, that the first place of Ebola virus disease emerged and took its name from the specific place.

<sup>5</sup> 'Ebola hemorrhagic fever in Sudan and Zaire' 1976. WHO Bulletin report (1978a&b).

Ebola reappeared in 1989 in Reston, Virginia, primate facility outside of Washington DC. It was appeared in monkeys imported for research. However, its trait was different from the previous species (Jahrling, et al., 1990; Peters, et al., 1991). In 1994 Ebola virus again appeared in Gabon and Cote d'Ivoire. The Gabon case was related with Zaire Ebolavirus, whilst in Cote d'Ivoire, at Tai Forest national park, had new feature. Ebola virus also reappeared in 2007 in Uganda, Bundibugyo (WHO, 2014), however, it has different trait from others.

Generally, since 1976 to 2014 EVD appeared in West Africa (DRC, Gabon, Congo, Guinea, Liberia, Sierra Leone, Nigeria, Senegal and Mali); East Africa (Uganda and Sudan); South Africa, Johannesburg; North America, USA; and Europe, Spain. According to WHO's (2014) data<sup>6</sup>, until 2012 the first largest outbreak of EVD was in the DRC during 1995 and 2007. The second largest outbreak was in Uganda during 2000 and 2007. The third largest outbreak also in Congo by 2003. However, different sporadic outbreaks were recorded until 2012 (Amman, et al., 2012; Albarino, et al., 2012). Therefore, from 1976 to 2012, according to WHO (2014), scientifically five Ebola virus species were identified. They are Zaire, Sudan, Bundibugyo, Reston and Tai Forest. The first three are repeatedly appeared in Africa.

### 3. Ebola Virus Disease as Health Security Threats

Health and security are historically not associated from a policy, legal and practical point of view but formed part of different policy realms. This perception changed gradually and international community's start to pay attention for health as a security issue. This is because zoonotic diseases have political instance and affect world security. For example, recent epidemics emerging zoonoses such as Anthrax in the USA in 2001, SARS in 2003 and HPAI since the late 1990s seemed to confirm the need to approach health from security perspectives and have resulted in mass political action, international advocacy and funding in a 'One Health' frameworks (CDC and EU, 2011).

On the other hand, the UN Secretary-General provided a panel discussion in 2004 by the High-level Panel on "Threats, Challenges, and Change". The Panel's report states that "...any event or process that leads to large-scale death or lessening of life chances...as basic unit of international system is a threat to international security."<sup>7</sup> The other event that divert the attention of international community from military to nonmilitary issues was the political dynamism towards zoonotic disease control under 'One Health' in 2005 (BBC, 2005). According to Scoones and Foster (2007), the political intention towards zoonotic disease was increased since 2005 under 'One Health' movement. As such, zoonotic disease has been politicized and became health security threats since 2005 after David Nabarro's terrible warning that essentially reframed the HPAI policy debate. Therefore, the 2008 multi-partner "One World, One Health: A Strategic Framework"<sup>8</sup> is a striking example of the 'significant policy shift'.

Although, the outbreak of Ebola since 1976 become another health security threat for international community. Its fatality rate increased and WHO worried on its sporadic outbreak. Previously, international community's did not paid attention for it, however, the 2014 outbreaks become worst and govern their attention followed by HIV/AIDS. Consequently, the Security Council provided an emergency meeting on 18 September 2014 and adopted a "Resolution S/RES/2177/2014"<sup>9</sup>, which declared the unprecedented extent of Ebola hemorrhagic fever outbreak in Africa as a threat to international security. Therefore, resolution S/RES/2177/2014 represents the symbolic culmination of an increasing process of securitization. Besides, "the statements"<sup>10</sup> made by member states upon the adoption of resolution reveal a high degree of endorsement of the Council's determination that Ebola outbreak constitutes a threat.

<sup>6</sup> [www.who.int/mediacentre/factsheets/fs103/en/](http://www.who.int/mediacentre/factsheets/fs103/en/) (Accessed on 5 January 2015).

<sup>7</sup> Report of the High-level Panel on Threats, Challenges and Change' UN Doc A/59/565 (2 December 2004).

<sup>8</sup> Available at <http://www.undg.org/docs/10051/contributing-to-one-world-one-health.pdf>. (Accessed 13 December 2014)

<sup>9</sup> UN doc S/PRST/2014/24 (21 November 2014). Available at [www.securitycouncilreport.org/atf/](http://www.securitycouncilreport.org/atf/) (Accessed 13 December 2014)

<sup>10</sup> 'How Nigeria Contained Ebola Virus Disease'. Available at <http://www.allafrica.com/stories/201410090468.html>. (Accessed on 24 Dec. 2014).

Generally, sporadic epidemic disease like EVD, currently control the international media and international communities as a serious global health security threat. For this reason, international communities have been started to pay attention for health as global security issues equivalent with nuclear weapons, terrorism, and civil war. This is because EVD can affect the socioeconomic and political life of everyone regardless of border, wealth, status, color, age, gender, and etc.

#### **4. The Nigerian Approach to Counter Ebola**

According to CDC (2014)<sup>11</sup>, Nigeria's success story was due to her strong Emergency Operations Center (EOC) and Polio eradication experience. The Nigerian EOC was established after the first case of EVD confirmed in Guinea. This indicates that Nigeria was ready to contain any trans-border diseases. Therefore, to counter Ebola the Nigerian government design its own approach. The major strong way of their approach can be simplified into the following steps after they confirmed the first case in Lagos.

1. The Nigerian Government recognized Ebola as existential threat in the highly populous city of Lagos. Immediately after the first case confirmed, the Nigerian government took three rapid actions with public speech: a) organize the Federal Government, the Lagos State and Local Government; b) the president declared public health emergency; and c) mobilize the human, financial and material resources.
2. The Nigerian government gave credit for Ministry of Health and other relevant institution's leaders that come together to develop one common plan. Such as Minister of Health, Governor of Lagos and Project director of Nigeria Center for Disease Control (NCDC) are coming to work together.
3. The Nigerian government strengthened the Emergency Operation Center (EOC). Then, EOC became an operational organ of the NCDC. EOC developed its structure based on six different teams: epidemiology/surveillance team, case management team, point of entry team, communication and social mobilization coordination team, logistics team, and management/coordination team. The EOC coordinator provided the functions of each team based on one common plan and operates using close approach within a designated facility. The government also invite international actors to work together like the WHO, UNICEF, Doctors without Borders, US/CDC, MSF, and Red Cross. All internal and external security actors agreed on one plan and implement it in a way that emphasize on efficiency and accountability based on a clear understanding to deliver on specific tasks.

Therefore, the Nigerian government apply intensive and close approach to contain the spread of Ebola under Ebola Emergency Operation Center (EOC). Such intensive and close approach of Nigeria reflects the concept of securitization theory. So, there is a situation whereby government and international actors agreed on the strategies and develop one plan to implement together. In this circumstances, through their intensive and close approach, the Nigerian government and the audiences agreed on the identified existential threat; and actively move to contain the spread of Ebola with three important promises:

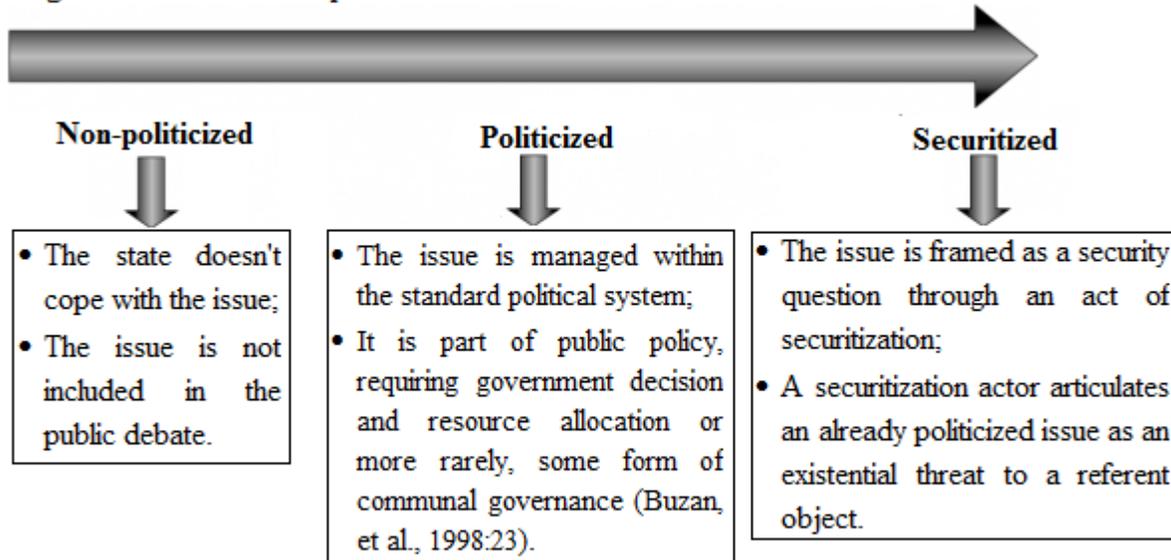
1. Fast and thorough tracing of all potential contacts;
2. Ongoing monitoring of all of these contacts;
3. Rapid isolation of potentially infectious contacts.

#### **5. Theory of Securitization: the Nigerian Approach Perspectives**

<sup>11</sup> Available at [www.allafrica.com/](http://www.allafrica.com/) [www.cdc.gov/vhf/ebola/outbreaks/](http://www.cdc.gov/vhf/ebola/outbreaks/) (Accessed 6 Dec. 2014).

Securitization was first articulated in a working paper of Waever in 1989 and further he developed in '*Securitization and Desecuritization*' (1995). Consequently, theory of securitization was developed by the Copenhagen school, originally consisted of Buzan, Waever and de Wilde (1998). This school contributed for security studies by broaden security issues beyond the traditional military and political sectors; and include non-state actors as agent of security with human beings as referent object besides state. In this understanding, security exists on a spectrum, from non-politicized to securitized issues.

**Figure 1. Securitization Spectrum**



**Source:** Emmers (2011:138), as quoted in Graduate Institute Publication, available at [www.books.openedition.org/iheid/719?lang=en](http://www.books.openedition.org/iheid/719?lang=en). Accessed on 26 December 2014.

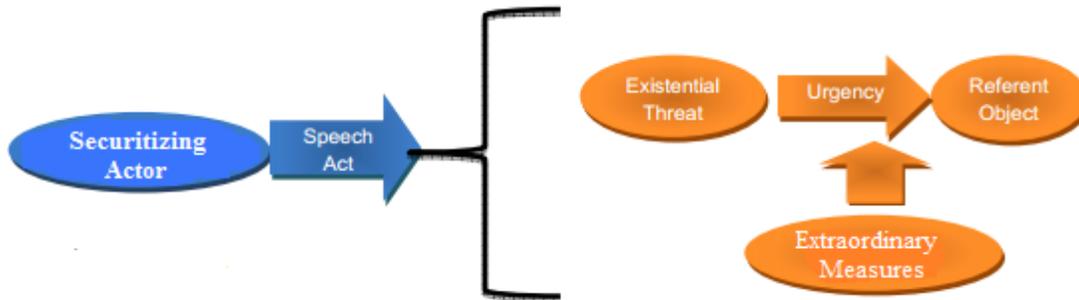
The Copenhagen School broadly understand nonmilitary security threats, like health, appears in public space as security agenda. As such, securitization refers to the process through which an issue is labeled a security issue by an elite actor, a process which moves the issue out of normal political sphere. According to Waever (1995:55), "labeling something a 'security' issues affects policy and as such 'security' is a 'speech act'." According to securitization spectrum, Ebola is an existential threat in Nigeria and framed as a security question through an act of securitization. Thus, by speaking 'security', the securitizing actor moves the issue out of regular policies into the security sphere, thereby legitimizing the use of extraordinary measures to deal with the threat for a successful securitization.

Accordingly, "successful securitization consists three elements such as existential threats; emergency action; and effects on inter-unit relations by breaking rules" (Buzan, et al., 1998:26). Therefore, to securitizing the issue, in the 'speech act', audience take the major share, however, the Copenhagen School's conceptualization of the audience in securitization process is vague. To solve this, Balzacq (2005) reformulates the assumptions of securitization in such a way as to give the audience a central role. In line to this reason, in order to mobilize the audience towards the identified threat, the securitizing actors should target the audiences interest, feeling and experiences during the 'speech act' in their language. In this regard, Özcan (2013:62) states that:

securitization is a 'speech act' refers to the process, in which an issue is presented as an existential threat, requiring emergency measures and justifying actions beyond the normal bounds of political procedure. Accordingly, securitization normally only occurs if the 'securitizing actor' indicates an 'existential threat' and perceives a way out through 'extraordinary measures', substantially highlighting 'the speech act' towards 'the audience'.

According to Özcan (2013), this represents the clearest example of the securitization process as shown below.

**Figure 3. Process of Securitization**

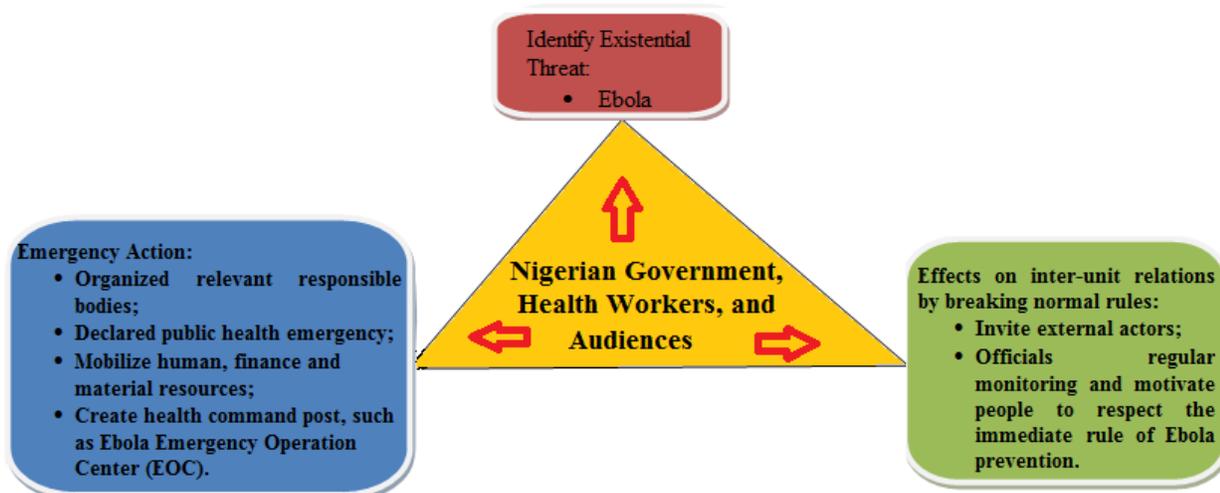


*Source: Özcan, S. (2013:62). West East Journal of Social Sciences. Vol.2 No.2.*

According to Buzan, *et al.*, (1998:21), "security is about survival" and from this understanding a matter is presented as "posing an existential threat to a designated referent object", comprised of government, territory and society. As such, contained Ebola is a survival question for Nigerian and they move towards such existential security threat. In this case, they are formulated the three key facilitating conditions for successful securitization such as the speech act emphasizing priority, urgency and survival; the securitizing actor being in a 'position of authority' to maximize audience acceptance; and the future of the alleged 'threats'. Based on this understanding, the Nigerian president made public speech about the confirmed case of Ebola and declared public health emergency. This speech act and declaration provoked the Nigerian audiences to realize the future effect of Ebola in the populous city, Lagos. This led them to successful process of securitization and contained Ebola through "a war-room" approach.

### 6. The Nigerian Securitization Framework

According to Buzan, *et al.*, (1998:27), "a successful process of securitization results in an issue being framed in such a way that 'emergency measures' are deemed acceptable and necessary to deal with the threat in question." In Nigeria, the government aware about Ebola and identified it as an existential threat being to be framed.



**Figure 4. Nigerian Government's Securitization Approach Framework**

(This model is developed by the author to clarify the Nigerian approach to contain Ebola through the concept of the Copenhagen School's theory of Securitization.)

According to the three steps of securitization theory, Ebola is an existential threat for Nigeria. Therefore, the Nigerian government identified this existential threat and took rapid action to galvanize the people for the sake of successful securitization. Thus, the Nigerian "a war-room" approach was a timely response to contain Ebola. Although, as it was confirmed by their doctor, that Sawyer affected by Ebola, the Nigerian government concerned to the issue and give rapid response for health sectors. For instance, Ministry of Health and Lagos State were started to work together; the president declared public health emergency; mobilize human, finance and material resources; high officials follow up and organized health command post with ongoing monitoring of the campaign in each center of isolation camp; health workers intensively treat the infected people in collaboration with local communities and international actors; and break the normal rule of bureaucracy. In such strong national campaign, they have understanding and common goal among the government actors, audiences and international actors; and finally WHO declared Nigeria free from Ebola. All these resulted that under the process of securitization through "a war-room" approach, the Nigerian government built trust among health workers and local communities.

### **Nigerian intensive and close approach**



Therefore, the Copenhagen School places considerable importance on the securitizing agent's "speech act," and deems it the starting point in the process of securitization in Nigeria. Accordingly, successful securitization is a matter of establishing an inter-subjective understanding between the agent and audience about the existential nature of threat; as what done in Nigeria.

### **7. Lessons from Nigerian Approach**

"Actors in a position of power are more likely to be successful in securitizing by virtue of the added legitimacy of their position, though this does not guarantee that the audience will accept the securitizing move" (Buzan, et al., 1998:31). However, according to Waever (1995), when the elites declare an issue as security threat, it can be a security issue. Therefore, it is important to note the role of audience in securitization, as an issue only because securitized once the audience accepted a securitizing move as valid. Thus, to avoid the rejection of audience, the security actors should be sure how much the audience accept the issue as an existential security threat.

As such, the Nigerian government pay attention for Ebola as an identified existential threat and galvanized all resources to securitized in its own legitimate position. For successful securitization, the Nigerian government take the lion share to contain Ebola. Such national campaign of the government inspired the people to care of Ebola and aware how they protect themselves. The Nigerian approach is well organized and structured. Actually, Nigeria has better economic development and resources to finance for the campaign, well trained and skillful health workers that can prevent the trans-border zoonotic disease and epidemic disease like Polio than other West African countries. However, other affected countries also can control Ebola with the support of international communities with formal and structured base of prevention like Nigeria.

Therefore, the most affected countries in west Africa and other potentially exposed countries can learn from Nigerian "a war-room" approach to counter Ebola. Nigeria assured that EVD can defeat and indeed manage any sporadic disease outbreak with adequate preparedness, effective coordination, rapid action and cohesive teamwork. For such kind of sporadic disease, dalliance by

itself affect many things and positive mind, sincerity, rationality, and breaking normal bureaucratic rules without political and social differences are very important. Nigerians also provide community awareness about the disease, symptoms, treatment, contact tracing, isolation and burial ceremony. They provide well structured roadmap which suitable for international supporters. All these organized systems are important to end Ebola virus and other affected countries can learn from Nigerian successful approach.

### Conclusion

Ebola hemorrhagic fever is one of the zoonotic disease emerged in West Africa since 1976. The 2014 outbreaks are worst and affected Guinea, Liberia, Sierra Leone, Nigeria, Senegal, and Mali in West Africa; USA and Spain outside of Africa. Among those affected countries, Nigeria, Senegal, USA and Spain were successfully contained its spread, whilst the rest are not yet. The Nigerian government successfully contained Ebola through intensive and close approach with the concept of the Copenhagen School's theory of securitization. Under their securitization approach, the Nigerian government followed the three successful securitization process like identifying an existential threat, emergency action and inter-unit relations by breaking rules. Thus, theory of securitization is begin to serve as a tool for the new ways of counter Ebola and divert the dominant feature of security studies from "military, political, economic and environmental" (Buzan, 1983:75-83) to the new angle of health security. In this case, the Copenhagen School's securitization theory become an alternative approach to see nonmilitary security threats as the Nigerian government deliver intensive and close approach.

Thus, the Nigerian government through intensive and close approach under the concept of the Copenhagen School's theory of securitization, successfully contained the problem; and finally WHO declared Nigeria free from Ebola. Moreover, the Nigerian approach is very clear, well organized and open for external actors. So, epidemic preparedness and response will consistently be comprehensive and institutionalized. Therefore, West African most affected countries can learn from Nigerian approach and apply theory of securitization for the existential health threat, Ebola.

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