

International Cooperation of Health Securities in Non-traditional Fields in the Perspective of Neo-liberal Institutionalism

A Case Study on the Assistance of the European Union to the Democratic Republic of the Congo in Prevention and Control of Ebola Epidemic

Jiuru Lu^{1, a, *, †}, Zhenhao Ma^{2, b, *, †}, Yifei Wang^{3, c, *, †}, Haipeng Yu^{4, d, *, †}

¹ University of Sydney, Sydney, Australia

² University of Toronto, Toronto, Canada

³ Beijing Foreign Studies University, Beijing, China

⁴ Shandong University, Jinan, China

*Corresponding author. Email: ^ajilur7425@uni.sydney.edu.au, ^bzhenhao.ma@mail.utoronto.ca,

^c18160083@bfsu.edu.cn, ^d201800610236@mail.sdu.edu.cn,

[†]These authors contributed equally.

ABSTRACT

The assistance of the European Union (EU) to the prevention and control of Ebola outbreak in the Democratic Republic of Congo (DRC) is a typical case of the international cooperation of health security in the non-traditional fields, which reflects the adherence of EU to neo-liberal institutionalism and the contradiction between. This study focuses on the EU's assistance to the Ebola outbreak in the DRC since 2018 within the theoretical framework of neo-liberal institutionalism. On the one hand, assistance verifies the concept of interdependence between countries implicated by neoliberal institutionalism and manifests the fact that international institutions have strengthened the willingness of non-state actors to cooperate globally. Thus it provides a reference for the follow-up international cooperation in the security system. On the other hand, it also reflects some contradictions within the paradigm of neo-liberal institutionalism, such as the weakening of aid effectiveness and the international cooperation mechanism. The health issues of the DRC are still far from sanguine.

Keywords: *International security, Neo-liberal institutionalism, European Union, the Democratic Republic of the Congo, Ebola Epidemic.*

1. INTRODUCTION

As an important part of the non-traditional field of international security in this era, health security, defined as "protection from diseases and unhealthy lifestyles", is getting more and more attention from academia [1]. The international community's assistance to DRC in the prevention and control of Ebola outbreaks in West African countries is one of the typical cases in the non-traditional fields of security. At the beginning of 2021 February, the twelfth round of the Ebola epidemic broke out in North Kivu Province. Since it broke out in West

Africa in December 2013, the epidemic had repeated and triggered a long-term and multi-level humanitarian crisis, leading to a serious challenge in the country's health security, which had aroused the common concern of the international community.

The EU had always played an indispensable role among the diverse international actors assisting the DRC in its Ebola outbreak. Since August 2018, in addition to providing over 100 million for humanitarian and development activities in the context of Ebola outbreaks, the EU has also assisted with in-kind

donations, construction of medical infrastructure, disease prevention and treatment, vaccine development, etc. That had made an essential contribution to the prevention and control of the epidemic [2].

The aid to preventing and controlling the Ebola epidemic in the DRC conveys the EU's understanding of health security, a non-traditional international security paradigm. On the one hand, its assistance reflects its trust and compliance with neo-liberal institutionalism. On the other hand, some characteristics that do not conform to neo-liberal institutionalism can be seen in specific acts.

This paper will analyze the case of the EU aiding the DRC for Ebola outbreak prevention and control with the theoretical framework of neo-liberal institutionalism. The compliance and contradiction of its behavior and results will provide corresponding academic support for preventing, controlling, and assisting the Ebola outbreak in West Africa.

2. A LITERATURE REVIEW FROM NEO-LIBERAL INSTITUTIONALISM

Many works and multiple theories have been proposed to scrutinize the European Union (EU)'s aid toward The Democratic Republic of the Congo (DRC) regarding the Ebola virus. This review will focus on four themes. The first three refer to the notion of Health Security, the Ebola virus in the DRC, and the Global response. The last theme focuses on the EU's aid from the perspective of neo-liberal institutionalism. The primary goal of this review is to introduce and comparing the existing insights regarding the notion of Health Security and aid toward the DRC in the context of the Ebola virus with a special effort to identify the gap of the neo-liberal institutionalism's analysis concerning this issue.

2.1. The notion and importance of Health Security

Health security is distinguished from the traditional understanding of security which refers to physical safety. World Health Organization (WHO) defines it as "the activities required, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of national populations. Global public health security widens this definition to include acute public health events that endanger the collective health of populations living across geographical regions and international boundaries" [3]. Stikeleather and Masys also "identify that health security has emerged as a non-traditional security issue affecting national security and global security" [4]. On this account, the discourses focused on global public health security are becoming more and more prominent. Besides, the inevitable globalization process also

simultaneously creates conditions for the spread of infectious diseases, which will enormously affect the global community's well-being. It is emphasized that "infectious diseases outbreaks have demonstrated that a local threat can rapidly become a global crisis that jeopardizes the health" [4]. Henceforth, health issues "have an impact on international stability, or cause exceptional levels of morbidity and/or mortality" [5]. Thus, developing health security has become an indispensable task for today's international community.

2.2. The Ebola virus and its impact on the DRC. Global response. International criticism

The Ebola virus is one of the most lethal infectious diseases of the modern era. It, with its high mortality rate (up to 83-90%), is listed by the World Health Organization (WHO) as a Risk Group 4 Pathogen requiring Biosafety Level 4 containment [6]. For a long time, it greatly threatened global public health security. The virus was first discovered in several West African states. In 1976, the outbreaks of Ebola occurred in what is now South Sudan and the DRC. In the next 20 years, the disease was under controlled and only a few patients were identified. In 1995, however, a new round of outbreaks arose, which caused a great number of locals in the DRC infected or even dead [7].

In 2014, the global society was shocked by the outbreak of the Ebola virus. It affected many West African countries, including the DRC. "More than 28,000 Ebola cases were reported from the three countries during the epidemic, and more than 11,000 persons died" [4]. Since that time, the identified cases of the Ebola virus are increasing rapidly. In responding to the Ebola virus, international communities, including health experts, international organizations, media, and even states' leaders, gave their serious attention. Most of them predicted that the Ebola virus would cause catastrophic consequences [8]. To confront the virus, the United Nations Security Council (UNSC) acknowledged that the Ebola virus is as 'threat to the peace' and "the international community was urged to provide aid to the worst affected countries to eradicate its threat" [8]. In this regard, many organizations, states, or individuals reached out their hands to aid the regions that suffered from the virus.

Overviewing the international aid toward the suffered region, the European Union (EU) is the pillar of the global donation. As the major donors, they provided about a quarter of all Development assistance for health (DAH), and most of the donations were for strengthening health systems that responded to the Council conclusions of 2010 on the EU role in Global health [9].

Although the Ebola virus outbreak received extensive attention, many scholars argue that the global

response is not effective enough. For example, Gostin argues that the international community members, including WHO, the DRC Government, and non-governmental organizations (NGO), have shown leadership that is “badly stretched” [10]. Moreover, Stikeleather and Masys point out that disease outbreaks such as Ebola “challenged national and global response mechanisms. The emergence of these disease outbreaks and their influence globally has sparked a renewed attention to global health security. In the Chatham House report, governments and businesses remain unprepared for such events. The frequency of ‘high-impact, low-probability (HILP) events in the last decade signals the emergence of a new ‘normal’ ” [4]. All these signal that the current response by the international community in regard to control the Ebola virus is not effective enough and connote that there is a need to improve global society’s ability to confront health crises.

2.3. Neo-liberal institutionalism and its implicit value in analyzing EU aid toward the DRC

Neoliberal institutionalist scholars have their special lens to view today’s international relations, international cooperation, or global order. They highly advocate that international cooperation can promote better and faster economic development. Moreover, they “claim that institutions can continue to promote international cooperation even when the state interests which led to the institutions’ creation no longer exist [11]. Besides, neo-liberal institutionalism agrees with the idea that states are the major players in world affairs, and they will rationally pursue their primary goal, which is promoting national interests [12]. Neo-liberal institutionalism also recognizes that anarchy is the underlying condition of today’s international system because no central authority has the ruling ability [13]. In neo-liberal institutionalism’s eyes, however, cooperation is difficult even if states share the common interest because the underlying anarchy condition leaves the space for states to defect from international agreements. To confront this problem, neo-liberal institutionalists claim that states can establish international institutions that diminish the incentives to cheat and increase the attraction of compliance [14]. According to Hellmann and Wolf, “institutions do so primarily by distributing information more evenly among potential collaborators, by reducing the costs for monitoring individual compliance, and by making it more cost-effective for states to punish non-compliance” [11]. In this regard, “international institutions can often overcome the basic obstacle to international cooperation [11]. Neo-liberal institutionalism has its valued insight on the topics of international cooperation between states or organizations, global order, and global affairs, which

include the EU’s aid toward the DRC in the context of the Ebola virus this global health crisis.

3. EU AID TO THE DRC: AN ACT IN LINE WITH NEO-LIBERAL CONSTRUCTIVISM

3.1. Interdependent states

Assistance of the European Union to the Ebola virus disease (EVD) epidemic in the DRC and the international cooperation arising from it have largely validated the concept of interdependence proposed by neo-liberal institutionalism between states. As an international relations theory based on a critique of neo-realism, Neo-liberal institutionalism is an important theoretical support for the analysis of the EU’s international cooperation in the fight against EVD in the DRC. In their book ‘Power and Interdependence’, Robert Keohane and Joseph Nye clarify the relationship of interdependence between two or more state actors in the international society [15]. Interdependence goes beyond a state of loosely interconnected relations but instead reflects a relationship in which state actors hold each other and influence each other. Under the conditions of interdependence, the various spheres of politics, economics, military, and culture between states are closely linked by tangled interests and complex state choices. The rational decision-making of states shifts from the neo-realist view of states seeking absolute interests to the neo-liberal institutionalist talk of a commonality of interests between states [13]. The concept of interdependence is a good way to analyze the importance of state cooperation in the face of conflicts and threats to human society in the 21st century, such as famine, global warming, and pandemics, which a single state or organization cannot reconcile.

Thus, the EU’s assistance to the DRC during the EVD is an example of international cooperation within the framework of neo-liberal institutionalism. The 2014-2016 Ebola outbreak in West Africa, which was the largest since the first outbreak in Africa in 1976, was declared by the WHO as a Public Health Emergency of International Concern (PHEIC) [16]. For the first time, the international community is now focusing on health and security strategies and international cooperation. As an active transnational institutional actor with independent economic and political power in the international society, the European Union started to provide dispute resolution and peace-building assistance to the DRC at the beginning of the 21st century [17]. During the 2014-2016 Ebola outbreak, the EU also sent considerable material assistance to the DRC to assist with the EVD [18]. These actions helped DRC to establish a long-term post-epidemic surveillance system and improved its hygiene system. For reasons such as the threatening Ebola virus to humans and the EU’s

efforts to preserve its strategic deployment, the developed EU and the vulnerable DRC have cooperated internationally in a context of interdependence between states. Given the gradual cohesion of interests between countries in the field of health and security, the degree of interdependence is also increasing. Guided by an expanding international institution, states will engage in more international cooperation for the greater national benefit. The case of the EU from a neo-liberal institutionalist perspective refutes the neo-realist theory that conflicts of interest between states make war an inevitable outcome and optimizes the theoretical structure of the neo-realist theory.

3.2. International institution and cooperation

EU's assistance to the EVD epidemic in the DRC exemplifies the international institution as an important variable in the study of neo-liberal institutionalism. The presence of international institutions has increased the willingness of national actors to cooperate globally. At the same time, as international cooperation deepens, the international institution tends to be regulated and improved. At the international level, due to the international institution, state actors are constantly reducing unilateral national decisions that do not take into account the actions of others [19]. Meanwhile, the international institution is also an expression of orders, values, and standards. Through conversation, communication, and cooperation, it influences the interests of the state and its behavior without compromising its right to make autonomous choices [20]. The outbreak of EVD is another reminder of how the issue of health security was characterized as a human security issue in the 1994 United Nations Development Program Human Development Report. States and international organizations are not bystanders but participants in the face of health security and the improvement of an international institution. National interests and international cooperation can be in parallel because of the existence of international institutions, even in a state of anarchy. Firstly, the requirement of international health security institutions for health system assistance reduces the transaction costs for states and allows them to successfully reap common benefits. Neo-realist theory suggests that an important reason for the lack of cooperation between states is that cooperation is prone to deceitful behaviour [21]. However, the existence of international institutions makes the behaviour of other states less uncertain, effectively hedging the risk of fraud by other states. In addition, the international health security institution expands the opportunities of cheating between states. Over time, the international institution tends to reward countries that cooperate. In this way, countries take the initiative to consider the impact of the international institution and make decisions that cater to it.

The EU's assistance to the EVD in the DRC is a good reference for establishing and improving international health security institutions in terms of virus infection prevention, response strategies, vaccines, and post-surveillance. In terms of health assistance, the EU has also played a strong role in the political and economic development of the DRC. The EU's desire to build peace and democratic state institutions in the DRC is also mentioned in the EU Security Strategy (ESS) document [22]. The health report of the EVD on the European Centre for Disease Prevention and Control (ECDC) website states that pre-emptive prevention plays an important role in preventing the massive spread of the Ebola virus [23]. Improving local health conditions and health education for the people of DRC is also a priority for the EU. However, once the epidemic starts to spread, mass cases screening, isolation of contacts, travel restrictions, monitoring, and medical treatment of infected people become important strategies. And EU has gained some experience in dealing with repeated outbreaks of Ebola. In addition, the development of the vaccine required the analysis of primary data of the Ebola virus and the support of a strong professional medical research organization. The comprehensive data, €140 million initial medical investment, and specific EVD research procedures of vaccine development collectively helped build a standardizing norm of cooperation in pharmaceutical research. Hence, the importance of the integration of global economic and academic resources needs no elaboration. Finally, the data collected by the EU medical team, which has set up a complete screening system in the DRC's regions and communities by monitoring the movement of people and conducting field surveys, has been implemented in helping to establish a health surveillance system in the DRC.

3.3. Positive influence

In conjunction with the theoretical perspective of neo-liberal institutionalism, the EU assistance to the Ebola epidemic in the DRC proves that a mature international institution for responding to international health security issues has multiple advantages at the practical level and has an essential contribution to make to international cooperation.

First, an international institution concerned with health security can help donors and aid organizations provide more precise assistance. Under the guidance of the international institution, states can assist indirectly through the United Nations and the World Health Organization or directly to countries suffering from health security problems. Such international cooperation is precisely the situation discussed in neo-liberal institutionalist theory.

Secondly, a sound international institution facilitates a more effective international distribution of resources.

The role of adequate international distribution of resources in increasing the efficiency of international cooperation is undeniable. In the field of hygiene and health security, the developed countries are dominated due to their medical resources and the health care systems that apply to their political regimes. The United States and the European Union, for instance, have well-developed health systems. They can respond quickly to public health and security emergencies and make appropriate responses in terms of political decisions [24]. When outbreaks of EVD occurred on the African continent, developed regions had the resources to play a pivotal role in international health security cooperation, providing medical assistance to undeveloped regions in accordance with the guidelines of the international institution [25]. At the same time, developed countries can help solve health security problems more quickly at the technical level in terms of researching diseases and providing medical solutions. Other national actors, such as China and Russia, can provide massive amounts of medical supplies. Hence, the international institution has an influential effect in promoting the effectiveness of international cooperation.

Thirdly, the joint efforts of the international society to maintain international health security cooperation and to set longer-term goals for cooperation and follow-up monitoring systems are based on a well-developed international institution. As mentioned above, a widely accepted international institution also represented shared values and upheld by many. The fact that states do not choose to stand idly by on health security issues but choose to cooperate internationally is further evidence that neo-liberal institutionalism is a better explanation of the international situation than neo-realist assumptions [26]. The uneven development between states has led to differences in their ability to respond to health security issues. The international institution is well placed on improving the monitoring system. And to clarify the responsibilities of states in responding to health security issues based on uniform compliance with the international institution by different states and mutual benefit [24]. Eventually, the international institution's clear responsibilities in health security issues are the basis for subsequent, deeper international cooperation. It promotes deeper cooperation and links between states and deepens interdependence.

4. DEFICIENCIES IN THE EU'S ANTI-EPIDEMIC AIDS TOWARDS THE DRC

4.1. The unstable domestic political environment in DRC has hampered aid efforts

Although the EU continued to provide financial and material aids to DRC during the Ebola epidemic and actively collected data on the epidemic to provide medical aids, the effectiveness of the aids was weakened

by the harsh local political environment and weak medical conditions in DRC. In the context of local people's distrust of the government, the DRC public saw the Ebola epidemic as a political maneuver by the president to manipulate the election. In contrast, international aid was seen as a way for the president to exert pressure on the country with the help of other countries [27]. As a result, money and supplies, including from the European Union, have met with violent resistance from the local population. Since January 2019, more than 350 incidents of disruption to response activities have been recorded, with 80 percent of these incidents directed at response agencies or personnel. One-third of these incidents were community response activities, focusing on infection prevention, safe and dignified burial, and mixed response teams. There have also been incidents of extreme violence directly targeting responders, such as the 27 November 2019 attack on the Biacato Mine Life Camp and the Mangina Coordination Office, which resulted in the death of four responders and one police officer and the injury of five workers. According to the previous report, the DRC government has been unable to use the military to coordinate international efforts to combat the disease because of the distrust of its own people and military forces. The lack of strong security guarantees also creates obstacles to international cooperation.

4.2. Mismanaged aid supplies

During the epidemic response, the local government and international actors, including the European Union, failed to establish an effective network of aid fund accounting mechanisms, which led to the misappropriation of medical aid funds by health workers. While the European Union and the World Health Organization have given names of international actors who have helped with the Ebola response, it is difficult to track exactly who has donated money and how it has been spent [28]. In other words, international organizations and local governments lack a set of procedurally coherent cooperation mechanisms for donation and reception, which makes it difficult for international organizations and local governments to carry out limited tracking and monitoring of the funds allocated in the context of the extremely urgent Ebola epidemic. In the case of embezzlement of vehicle subsidies during the Ebola epidemic, local government officials and health workers could apply for financial subsidies from international organizations through vehicle rental invoices. However, some government officials and medical workers conceal the information that they own private cars and defrauded international organizations and local governments of aid funds by issuing high rental invoices for the so-called car rental business to themselves or their relatives. Some of those who did this were able to make more than \$3000 a month [29]. In this context, the lack of a clear funding

tracking and accounting system has led to the unimaginable misappropriation or embezzlement of international aid funds, impeding the progress of the epidemic response.

4.3. The health system in the DRC is still weak

The health system in the DRC is still weak. In other words, it would be difficult for DRC to cope with another highly dangerous disease like Ebola. Take the outbreak of COVID-19 in 2019 as an example. The rapid spread of the epidemic, concentrated outbreak, difficulty to control, and other problems still exist [30]. DRC currently ranks 176th out of 187 countries on the Human Development Index, with worrying health indicators [31]. Although the number of training and health institutions has increased unchecked over the years, the quality of these institutions is questionable. The private sector, religious organizations, and some non-governmental organizations run many health centres and half of the hospitals in the DRC. Meanwhile, health service coverage is very uneven between urban and rural areas, Kinshasa, and other areas [31]. In addition, national strategies for strengthening health systems have been paid lip service to but have never been seen to be put into practice and are not reflected in international health policies (donor funding, international partners, etc.). These policies have different approaches to health aids. As a result, aid coordination centers parallel to those of the Ministry of Health of the Democratic Republic of the DRC have been established in the same geographical area. However, such an approach will hardly allow health systems to be built or, better still, rebuilt [32]. These isolated and targeted efforts are necessary, but they are not a substitute for a health system built around hospitals, health centers, supply systems for drugs and medical equipment, and trained medical personnel. In short, they cannot replace health systems [32].

5. DISCUSSION & SUGGESTIONS

5.1. Establish the necessary security mechanisms

Following the logic of neoliberal institutionalism, the international cooperation mechanism still has much to be improved. First, to ensure that international aids can be carried out in a relatively stable and secure environment, it is necessary to establish a necessary security forces cooperation mechanism. The EU's humanitarian aid mode changed after World War II, defining the primary goal of humanitarian intervention as reducing the domestic conflicts of the aided countries and building a safe and stable domestic situation [17]. In this context, only internal stability can ensure the long-

term and sustainable development of the country. This logic of aids could apply equally to the non-traditional area of security cooperation, public health. In other words, if there is a need to work quickly and effectively against the epidemic in DRC, it must first remove the destabilizing factors that could threaten the safety of the health care facilities and health care workers stationed there. In this context, the EU may need to enter into agreements with local authorities to ensure the safety of the materials of people travelling to participate in the aid as far as possible, either through the legitimate armed forces of the local authorities or through the limited security personnel of the EU itself [33]. At the same time, the United Nations should also establish a response mechanism, through the rapid and effective assessment of countries in need of aids, to decide whether it is necessary to send peacekeepers to coordinate the relief work. In other words, although the initial goal may be to reach people who have difficulty in securing health and security through medical aids, the traditional regional security situation should still be included in consideration of building long-term cooperation mechanisms.

5.2. Establish an effective verification mechanism

A unified aid monitoring system should be put in place to avoid the misappropriation or misappropriation of aid funds by health workers and government officials, as happened in the DRC. On the one hand, this system requires international organizations to be able to timely summarize and report the number of aid funds and aid objects; on the other hand, it requires governments of aided countries to actively supervise and feedback the flow of funds [34]. In other words, the information chain through which money flows can be divided into two levels. A special emergency fund management committee with the United Nations as the core body can be considered at the international level. Various international actors, including sovereign states, regional international organizations (such as the European Union), and NGOs, can provide feedback on the flow of funds to the United Nations, and the committee will summarize and publicize the funds. At the domestic level, local governments, supported by UN data, monitor the UN's flow of funds and feedback. At the same time, the committee acts as a third party to observe the local government and the people actually involved in the use of funds and to provide feedback to the actors involved in the aid. When violations occur, the United Nations and local governments jointly seek accountability and mediation and punish them in accordance with international law and local regulations [34].

5.3. Establish long-term medical system cooperation and exchange mechanism

Third, the country's health care system is still weak, so long-term cooperation mechanisms need to be established. In other words, the EU may consider working with the DRC government to build a stockpile of emergency medical supplies and a public health emergency liaison mechanism, jointly cultivate talents in the field of public health, build a talent training base and cultivate high-end technical and managerial talents in the field of health. Create an interconnected healthcare policy through joint training of high-end talents [35]. At the same time, through regular academic exchanges, lectures, and training, exchange of students, and other ways, increase the number of non-governmental medical and health personnel exchanges, share domestic and regional successful experience in the prevention and treatment of the epidemic.

6. CONCLUSION

This study takes the EU's aid to prevent and control the Ebola outbreak in DRC as an example. The theoretical paradigm of neo-liberal institutionalism discusses the understanding, compliance, and contradiction of health security, an unconventional paradigm of international security within the EU system. In addition, it responds to the current academic demands for theoretical research on health security. The following conclusions can be drawn from the analysis. On the one hand, the EU's aid to the DRC in the Ebola epidemic and the resulting international cooperation follow the concept of interdependence among countries proposed by neoliberal institutionalism. It fully reflects that the existence of international institutions can enhance the willingness of national actors to cooperate and that the mature international system has multiple advantages in dealing with international health issues. On the other hand, EU's assistance also reflects some contradictions under the paradigm of neo-liberal institutionalism, such as the weakening of aid effectiveness, the failure of international actors to establish an effective network of rescue funds accounting mechanism, the weakness of the health system in the DRC, and the need to improve the international cooperation mechanism. At present, under the dual influence of the COVID-19 epidemic and Ebola epidemic, the security in non-traditional areas represented by health issues in the DRC is still worrying, and the end of the humanitarian threats in this region remains unseen.

REFERENCES

- [1] Tadjbakhsh, S. and A. Chenoy (2007). *Human Security: Concepts and Implications*. New York, Routledge.
- [2] European Civil Protection and Humanitarian Aid Operations. EU response to Ebola [EB/OL].

https://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/wa_ebola_en.pdf, 2021-5-14.

- [3] WHO, 2007 *The World Health Report 2007 – A Safer Future: Global Public Health Security in the 21st Century*, Geneva: WHO.
- [4] Stikeleather J., Masys A.J. (2020) *Global Health Security Innovation*. In: Masys A., Izurieta R., [5] Reina Ortiz M. (eds) *Global Health Security. Advanced Sciences and Technologies for Security Applications*. Springer, Cham. https://doi-org.myaccess.library.utoronto.ca/10.1007/978-3-030-23491-1_16
- [6] Rushton, S., & Youde, J. R. (2015). *Routledge handbook of global health security*. Routledge/Taylor & Francis Group. <https://doi.org/10.4324/9780203078563>
- [7] Wilson, G (2015) 'Collective Security, 'Threats to the Peace', and the Ebola Outbreak'. *Journal of Philosophy of International Law*, 6 (1). ISSN 1746-1863
- [8] LaBrunda M., Amin N. (2020) *The Emerging Threat of Ebola*. In: Masys A., Izurieta R., Reina Ortiz M. (eds) *Global Health Security. Advanced Sciences and Technologies for Security Applications*. Springer, Cham. https://doi-org.myaccess.library.utoronto.ca/10.1007/978-3-030-23491-1_6
- [9] Lies Steurs (2019) *European aid and health system strengthening: an analysis of donor approaches in the DRC, Ethiopia, Uganda, Mozambique and the global fund*, *Global Health Action*, 12:1, DOI: 10.1080/16549716.2019.1614371
- [10] Gostin. L et, al., 2019, *Ebola in the Democratic Republic of the Congo: time to sound a global alert? The Lancet*, Volume 393, Issue 10172, ISSN 0140-6736, [https://doi.org/10.1016/S0140-6736\(19\)30243-0](https://doi.org/10.1016/S0140-6736(19)30243-0).
- [11] Gunther Hellmann & Reinhard Wolf (1993) *Neorealism, Neoliberal Institutionalism, and the Future of NATO*, *Security Studies*, 3:1, 3-43, DOI: 10.1080/09636419309347537
- [12] Grieco, J. (1990). *Cooperation among Nations: Europe, America, and Non-tariff Barriers to Trade*. Ithaca; London: Cornell University Press. Retrieved July 8, 2021, from <http://www.jstor.org/stable/10.7591/j.ctv3s8p3q>
- [13] Waltz, K. N. (1979). *Theory of international politics*. Addison-Wesley Pub. Co.

- [14] Keohane, R. (2005). *After Hegemony*. Princeton: Princeton University Press. <https://doi-org.myaccess.library.utoronto.ca/10.1515/9781400820269>
- [15] Keohane, R. O. (Robert O., & Nye, J. S. (1989). *Power and interdependence* (2nd ed.). Scott, Foresman.
- [16] WHO. (2014). Ebola outbreak in West Africa declared a public health emergency of international concern. Retrieved 8 July 2021, from <https://www.euro.who.int/en/health-topics/communicable-diseases/pages/news/news/2014/08/ebola-outbreak-in-west-africa-declared-a-public-health-emergency-of-international-concern>.
- [17] Froitzheim, M., Söderbaum, F., & Taylor, I. (2011). The Limits of the EU as a Peace and Security Actor in the Democratic Republic of the Congo. *Africa Spectrum*, 46(3), Retrieved July 11, 2021, from <http://www.jstor.org/stable/23350195>
- [18] Barrios, C. (2014). (Rep.). European Union Institute for Security Studies (EUISS). Retrieved July 9, 2021, from <http://www.jstor.org/stable/resrep06801>
- [19] Zhou Q & Qiao J. (2007). UN peacekeeping operations in the perspective of Neo liberal institutionalism. *Seeker* (10),73-75. doi: 10.16059/j.cnki.cn43-1008/c.2007.10.006.
- [20] Reveron, D.S., & Mahoney-Norris, K.A. (2018). *Human and National Security: Understanding Transnational Challenges* (2nd ed.). (p.164-180) Routledge. <https://doi-org.ezproxy.library.sydney.edu.au/10.4324/9780429503726>
- [21] Grieco, J. M. (2019). Realism, Neoliberal Institutionalism, and the Problem of International Cooperation. In *Cooperation among Nations* (pp. 27–50). Cornell University Press. <https://doi.org/10.7591/9781501725043-004>
- [22] European Commission. (2003). *A secure Europe in a Better World: European Security Strategy*. Retrieved from <https://www.consilium.europa.eu/en/documents-publications/publications/european-security-strategy-secure-europe-better-world/>
- [23] Finci, I., & Lucaccioni, H. (2021). Postcard from the field: Responding to the Ebola outbreak in Equateur Province, Democratic Republic of the Congo. ECDC.
- [24] McInnes, C. (2009). National Security and Global Health Governance. In A. Kay & O. William, *Global health governance crisis, institutions, and political economy* (pp. 42-59). Palgrave Macmillan. Retrieved 8 July 2021, from https://doi-org.ezproxy.library.sydney.edu.au/10.1057/9780230249486_3.
- [25] Ravi, S. J., Snyder, M. R., & Rivers, C. (2019). Review of international efforts to strengthen the global outbreak response system since the 2014-16 West Africa Ebola Epidemic. *Health Policy and Planning*, 34(1), 47–54. <https://doi.org/10.1093/heapol/czy102>
- [26] Smith, M., & Vichitsorasatra, N. (2010). The European Union's Asia strategies: Problems of foreign policy and international relations. *International Politics* (Hague, Netherlands), 47(3-4), 338–354. <https://doi.org/10.1057/ip.2010.11>
- [27] Congo Research Group.(2019). *Congo, Forgotten: The Numbers Behind Africa's Longest Humanitarian Crisis*. New York University. <https://kivusecurity.nyc3.digitaloceanspaces.com/reports/28/KST%20biannual%20report%20August%2012%20%281%29.pdf>.
- [28] Cohen.,J.(2020). Congo arrests former health minister for alleged misuse of Ebola funds. *Science Mag*. <https://www.sciencemag.org/news/2019/09/congo-arrests-former-health-minister-alleged-misuse-ebola-fund>
- [29] Emmanuel Freudenthal et Joao Coelho. (2020). En RDC, la Riposte de l'OMS rattrapée par l'Ebola business. https://www.liberation.fr/planete/2020/02/04/en-rdc-la-riposte-de-l-oms-rattrapee-par-l-ebola-business_1776970
- [30] Michael T. Evans. (2019). Ebola outbreak in the DRC: It's more than a public health problem. Brookings.
- [31] Darly.,K. (2012). La santé à l'agonie en République démocratique du Congo. *Contrepoints*. <https://www.contrepoints.org/2012/09/03/96095-la-sante-a-lagonie-en-republique-democratique-du-congo>
- [32] João Biehl. (2014). Pharmaceuticalization: AIDS Treatment and Global Health Politics. *Anthropological Quarterly*. Vol 80, No 4.
- [33] Hoelscher, K., Miklian, J., & Nygård, H. M. (2017). *Conflict, Peacekeeping, and Humanitarian Security: Understanding Violent Attacks Against Aid Workers*. International Peacekeeping (London,

England), 24(4), 538–565.
<https://doi.org/10.1080/13533312.2017.1321958>

- [34] Alda, E., & Cuesta, J. (2019). Measuring the efficiency of humanitarian aid. *Economics Letters*, 183, 108618–. <https://doi.org/10.1016/j.econlet.2019.108618>
- [35] Mullan, F., Frehywot, S., Omaswa, F., Sewankambo, N., Talib, Z., Chen, C., Kiarie, J., & Kiguli-Malwadde, E. (2012). The Medical Education Partnership Initiative: PEPFAR's Effort To Boost Health Worker Education To Strengthen Health Systems. *Health Affairs*, 31(7), 1561–1572. <https://doi.org/10.1377/hlthaff.2012.0219>