

Shaping Health Security Strategy: The Influence of CSIS on US Policy Formulation

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Abstract

Think tanks have long been viewed as an important player in the policy-making of US government. However, in an era of global health threats, less attention has been given on how they engage in health security issues thus affecting policy-making of the government. This study first reviews the historical and evolving paradigms of health security, tracing its conceptual development from its roots in the mid-20th century to its contemporary relevance. Taking the Center for Strategic and International Studies (CSIS), a well-known and comprehensive think tank of the United States, as the research subject, this study then explores its role in the formulation of health security policies of the United States. The study reveals that CSIS significantly influences the health security policies of the United States by conducting strategic analyses, offering evidence-based recommendations, and serving as a critical platform for dialogue between health experts, policymakers, and government officials. By bridging research and practical policymaking, CSIS not only provides actionable insights but also facilitates inter-agency collaboration and global health security strategies.

Keywords: Health Security; Think Tank; CSIS; Policy-Making; Formulation

Introduction

When the term think tank first emerged in the 1960s, it was closely associated with military planning groups in the United States. In the 1970s, with the increasing number of organizations engaged in public policy research and planning, this term entered the political sphere.¹ Think tanks were regarded as affiliated or independent entities with a permanent structure, serving as a bridge between the academic and decision-making spheres, as well as between the state and civil society. Fraussen and Halpin defined think tanks as “independent, non-interest based, non-profit organizations that primarily rely on expertise and ideas to obtain support and influence the policy-making process.”² Lyu et. al. believed that think tanks are non-governmental organizations committed to influencing policies, emphasizing financial independence, typically displaying political neutrality while not concealing ideological positions.³

Think tanks are key producers of knowledge and generators of policy ideas, widely recognized for their significant contributions to policymaking in various fields. It is believed that interest groups often rely on think tanks when developing legislative policies.⁴ McGann highlighted that think tanks have the greatest influence during the early stages of the policymaking process where they play a

crucial role in defining issues and shaping the development of policies.⁵ Their importance lies on their dedication to offering support on public policy research and analysis for decision-makers and the general public. Through policy debates and thought-shaping, they significantly contribute to strategic decision-making in many countries. Meanwhile, think tanks must compete with other entities and opinion disseminators to attract the interest of influential stakeholders.⁶ Therefore, think tanks have to transform intricate research into language that policymakers and the public can understand, trust, and easily access.⁷

The United States leads globally with 1,872 think tanks, not only having the largest number but also hosting some of the most influential ones; five of the top ten are based in the US, with the Brookings Institution ranking first.⁸ As for American think tanks, scholars have explored their roles in policy-making, sources of funding, strategic models, and challenges. The influence of American think tanks is primarily reflected in policy innovation, policy recommendations, and support for decision-making. For example, Drezner pointed out that the 9/11 attacks and the 2008 financial crisis led to a transformation in American think tanks as they adapted to meet increasing policy demands and funding pressures.⁹ Think tanks have consequently leveraged their convening power and close ties with international actors to actively drive changes in foreign policy. Nicander suggested that congressional hearings and networks are the major channels for think tanks of the United States to impact the security policy shaping of the government.¹⁰ Among all think tanks, CSIS, the Brookings Institution, CFR, RAND, and CNAS are regarded as the most influential ones. He also listed out the specific ways think tanks affect the policy-making, including directly putting forward policies, motivating policy exchange, applying Track II diplomacy and helping government to tackle challengeable international affairs. Sua stated that the roles of American think tanks vary considerably at different historical periods, for example, the Brookings Institution and RAND changed from neutral institutions to advocacy-oriented think tanks like the Heritage Foundation.¹¹ At present, these think tanks are more adaptive to newly emerged demands both from the government and public, trying to retain their influence on policy-making. Braml made a comparison between American think tanks and German think tanks, revealing that the former rely heavily on private funding while the latter receive funding from the government.¹² Therefore, American think tanks engage more on public policy affairs while the German think tanks don't. Rich and Weaver mentioned that the differences in funding affect the media visibility of think tanks, which in turn impact the funding decisions of potential sponsors.¹³ The politicization of American think tanks and their influence on policy agendas are also key areas of study. Fischer analysed criticisms from radical and neoconservative circles regarding think tanks, noting that neoconservatives promoted conservative think tanks to politicize policy expertise, forming discourse coalitions that align policy expert advice with elite interests.¹⁴ Following Trump's election, Rastrick highlighted the new political reality facing think tanks, including government funding cuts, public scepticism, and rapidly shifting policy priorities. Nonetheless, the current political landscape has also created new opportunities for think tanks to expand their policy influence.¹⁵ Medvetz described think tanks as hybrids of academic, political, business, and journalistic institutions, arguing that their unique role allows policy experts to embody traits of scholars, policy aides, entrepreneurs, and journalists.¹⁶ He also emphasized that think tanks must balance academic rigor with political pragmatism to maintain legitimacy and effectiveness amid diverse political positions and funding sources. Furthermore, scholars believe that with globalization, the influence of think tanks has extended beyond domestic issues and into international affairs. Alvarez et al observed that the expansion of think tanks in Latin America has promoted a trans-American movement for policy advocacy and market support.¹⁷ Meanwhile, Lu compared the establishment of Chinese and American think tanks, noting that think tanks in each country have evolved within their respective institutional, funding, and legal environments and adopted different methods in the modernization

and quality control of global think tanks.¹⁸

James suggested that specialized think tanks are often more adept at managing the specifics of policy implementation rather than addressing more general policy matters, which may form their unique niche.¹⁹ Compared to interest groups and political parties, think tanks operate with fewer internal and external limitations. Moreover, many have a broad and versatile mission, affording them significant flexibility in selecting policy issues and enabling them to transcend sectoral boundaries to propose comprehensive policy solutions.²⁰ In the field of health, the role of think tanks is becoming increasingly prominent, offering a platform where health policy concepts can originate apart from public discourse.²¹ However, when it comes to researches on public health policy formulation, most of the scholars approached the topic from the medical professional field, with only a few focused on political dimensions. Existing research on think tanks, especially concerning their involvement in healthcare, remains limited and lacks of coherent focus. The historical and political context of health policy and healthcare reform were often under discussed in present literatures.²² Elbe discussed the trend in redefining security as a partially medical issue within the context of health security discussions.²³ Furthermore, these discussions have amplified the role of medical and public health experts in shaping contemporary security policies, increasing the influence of these professional groups. Bennett et. al. pointed out that in recent years, the number of independent health policy analysis think tanks in low and middle-income countries has witnessed a slight increase, in response to limitations of government capacity to deal with health threats.²⁴ These think tanks contribute greatly on the formulation, implementation and supervision on health policy agenda, however, the efficacy is always affected by the policy environment, governance capacity, financial independence, relations with decision-makers, etc.

Despite the importance of global health security, in-depth research on the role and involvement of American think tanks in health security remains relatively scarce, and their contributions to the formulation, planning, and implementation of health policy have not received sufficient attention. Under this context, how has the paradigm of health security evolved over time? How does think tanks impact the formulation of health security policy in the United States? This study aims to fill this gap by examining the evolution of the health security paradigm and analysing the role of CSIS, particularly its influence on the formulation, planning, and implementation of health security policies in the United States.

Historical View of Health Security

As early as 1946, the World Health Organization (WHO) had already mentioned the importance of health and security, highlighting that health of all individuals is key for human security.²⁵ Ullman stated that defining national security merely or even primarily in military terms conveys a profoundly false image of reality, one that is doubly misleading and therefore, doubly dangerous. He then included poverty, diseases, natural disasters and environmental degradation in the range of security, as being regarded as the first who propose the concept of non-traditional security.²⁶ Then, in 1994, the United Nations Development Programme (UNDP) published its annual Human Development Report titled “New Dimensions of Human Security” effectively merging health and security into a unified concept. It highlighted health security as one of the crucial issues among the seven dimensions of human security.²⁷ In 2001, the World Health Assembly adopted the health security concept as a global strategy for preventing the spread of communicable diseases across national borders. This securitization framework is considered an innovative approach for understanding how health threats are perceived as posing risks to certain entities. Aldis pointed out that today, the concept of health security has been accepted by more scholars, but there is still no unified definition, thus leading to

differences in understanding and use of the concept under different contexts.²⁸ In such case, both developed countries and developing countries may put different labels on this issue such as external threats or only health security for inner states. Under this circumstance, it will cause the breakdown of cooperation both globally and regionally. By prioritizing public health issues as security threats, policymakers assign greater significance to the problem, enabling the allocation of necessary resources for addressing the threat more effectively.²⁹ According to various conceptualization of health security, McCoy et al proposed two contrasting perspectives on health security-neocolonial health security and universal health security. The former gives prior to the prevention and mitigation of future and potential health threat, thus paying more attention to the improvement of the supervision of infectious diseases and investment on new biosecurity technologies whereas the latter one represents health security for all, emphasizing the health threat caused by poverty, starvation, inadequate health resources and violation of human rights. It is believed that this concept conforms to what the UNDP proposed in 1990s, with more concentration on the protection of all rather than the dominant state-centric discourse of national security.³⁰

Health Security: Evolving Paradigms and Contemporary Understandings

It is very important to review the evolution of the health security paradigm in order to understand the present global health governance framework and strategies to counterattack global health threats. From the foundation of the World Health Organization (WHO) to the establishment of International Health Regulation (IHR), together with the outbreak of series of pandemics including SARS, H1N1, Ebola and Covid-19, the connotation of health security keeps changing. During the process, the concept of global health security has formulated in a phased way, emphasizing that the key to mitigate the adverse impact of infectious diseases and transnational health threats is to enhance cooperation between nations. Under the context of globalization and the continuous emergence of health crises, the health security paradigm not only provides a theoretical basis but also practical guidance on the improvement of global health governance.

The origin of the term health security can be dated back to the 1940s, when the Second World War had just ended. In 1946, when the WHO was founded, its constitution clearly declared that “The health of all people is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.” Even though the term health security was not formulated, it linked health and security, showing that health is closely related with global stability.³¹ The foundation of the WHO was a great advancement for the cooperation of disease prevention and public health on the international stage. In 1969, the framework of the International Sanitary Regulations was revised and renamed the International Health Regulations (IHR). This evolution reflects the IHR’s purpose: not to serve international bureaucracies, but to address the demands of WHO member states for a unified approach to controlling the cross-border spread of epidemic-prone diseases.³² From the 1940s to the 1970s, health security was state-centric featured, with its major focus on infectious diseases control and health system construction. For example, smallpox, malaria, and tuberculosis were considered as the main challenge for national governance and health security was simply equated to national public health security. Therefore, during that phase there was hardly any cooperation and coordination between nations on health security and a comprehensive global health governance system was not built yet.

In the 1980s, the appearance of HIV (AIDS) changed the global understanding of health security, which to some extent led to the birth of global health security. It is known to all that infectious disease is a prior threat for health security with its destructive power stronger than that of physical weapons. As a consequence, the discussion of global health issues shifted from the state-centric health

issue to a health security issue under the securitization discourse context, making it one of the seven components of human security.³³ The spreading of HIV on a global scale not only alerted people its cross-national threat, but also disclosed the adverse impact of health issues to national governance and global stability. It was found that in developing countries, in particular African areas, the vulnerable health infrastructures and imbalanced global health resources made the situation even worse. In 2000, HIV (AIDS) became the first disease that was stated as a threat to the global international security in the UN Security Council Resolution 1308 in 2000.³⁴ In 2002, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (referred to as the “Global Fund”) was established, further embodying the spirit of fairness and cooperation under the concept of human security. The Global Fund emphasizes providing aid to impoverished countries and vulnerable populations, fostering global efforts to combat the threat of infectious diseases. During this period, the paradigm of health security gradually shifted from traditional state-led emergency responses to a governance model based on global cooperation and a focus on human security. The AIDS crisis not only heightened international awareness of the securitization of infectious diseases but also laid a crucial foundation for 21st-century global health security governance.³⁵

According to Rushton, the term “health security” is often used alone but frequently modified with terms such as ‘national health security’, ‘international health security’ and ‘global health security’.³⁶ In 1995, prompted by the evolving public health threats posed by infectious agents and recent changes in physical and social environments, the World Health Assembly, the WHO’s governing body consisting of delegates from all 191 Member States, passed a resolution urging the WHO to further revise the regulations.³⁷ In April 2000, the Global Outbreak Alert and Response Network (GOARN) was established to serve as a platform for technical partners and networks worldwide to collaborate and support WHO Member States in managing public health emergencies.³⁸ The outbreak of SARS in 2003 and H1N1 in 2005 and 2009, further raised infectious disease as an international security threat, facilitating problem solving under the global health security paradigm. Curley and Thomas reviewed the outbreak of SARS to explore the relationship between public health and human security in Southeast Asia saying that a failure due to one state’s inadequacy may turn to be a major threat for another country, therefore the human security model provides an equitable way to meet the needs of the globe as a whole for public health.³⁹ The SARS epidemic underscored the difficulties in managing coordinated responses across multiple countries and revealed critical gaps in IHR. This prompted essential updates to the IHR, which empowered the WHO to designate Public Health Emergencies of International Concern (PHEIC) and urged member nations to strengthen their public health response systems. When the H1N1 influenza pandemic emerged in 2009, it became the first systematic evaluation of the revised IHR’s functionality. However, responses to these pandemics showed that the global community was still inadequately prepared to address a severe flu pandemic or any similar prolonged global health emergency.⁴⁰

The outbreak of Covid-19 and its impact over the world has led to doubts about the global health governance mechanism in particular the role of the WHO and function of the IHR. When combating Covid-19, the performance of global governance system was below the expectation, because during that period of time, the United Nations General Assembly, the Security Council, and the Economic and Social Council largely remained at the rhetorical level, with few effective actions being implemented.⁴¹ Benvenisti pointed out that the critical challenge for global health governance lay not in the inadequate coordination among scientists or scarce scientific cooperation, but in the absence of political cooperation.⁴² During Covid-19, the WHO’s effort on fighting against the pandemic was deeply interfered by the complex intertwining of economic, political and societal demands, making it tremendously difficult to coordinate among different actors. Jones and Hameiri stated that many scholars have claimed that they felt despair about the future of globalization, because

during Covid-19, the context of “statist” outweighed the international cooperation. Expressions such as “collapsed” and “failure” were used to demonstrate that the IHR, which was designed to prevent such an outcome, failed to function effectively when faced with the first truly global challenge, becoming almost immediately irrelevant.⁴³ It was found that nations were unwilling to comply with the requirements of IHR since it would sacrifice their national interest. Djalante et al examined the responses of ASEAN member countries to the Covid-19 pandemic, including the limits of regional cooperation. Even though the existing cooperative mechanism plays a positive role in formulating cooperative responses for the control of a global pandemic, the enhancement and improvement of the present mechanism is still necessary so as to be well-prepared for another global health threat in the future. Other than that, global health security governance requires not only balancing and improving institutional frameworks but also examining the actual impact of current policies and practices on public health issues, particularly within the context of neoliberal policy frameworks.⁴⁴ Sparke and Williams clearly examined the impact of Covid-19 toward global health security under the neoliberal policies and measures and pointed out that Covid-19 has become a global biomarker of neoliberalism, which has generated necropolitical insecurities, showing that these neoliberal plans, policies and practices proved to be harmful when applied to dealing with public health problems under the pandemic.⁴⁵ Oliver suggested that public health professionals should carry out more realistic measures to give advices for government action on policy and program making.⁴⁶

Human security is viewed as a broad way to define security, therefore viewing health threats from the perspective of human security offers an opportunity for people to uphold their right of “freedom from fear and want”, which to some extent ensures the protection of this right by giving pressure to the government. For example, for government officials who are not familiar with issues concerning HIV, the concept of human security may afford them an angle to understand the impact of a pandemic. In addition, health threat through security discourse will escalate it to a high political status topic.⁴⁷ Though doubts remain on the securitization of health issues, it has definitely served as a catalyst for the implementation of certain measures. Tan and Enderwick believed that human security has best answered the question of “security for whom” and can be viewed as a real globalized interpretation of the security concept. The true agenda behind promoting the concept of “global health security” is to protect developed countries from diseases that, epidemiologically, often originate in developing countries.⁴⁸ However, while this approach may have its justification from a public health perspective, the emphasis on containing outbreaks within developing countries exacerbates suspicions that “global health security” is, in essence, about protecting “developed countries” from “the developing ones”. Hoffman reviewed four periods of global health security governance by analyzing principles, norms, rules and decision-making procedures applied by different states on global public health governance and suggested that realization of the central leadership of the WHO, rebalancing with greater influence for developing and emerging countries and strengthening the crucial role that the civil society plays are three possible ways to guarantee a solid preparation for any future public health crisis.⁴⁹ In addition, Roses pointed out that the UN has extended the concept of safety, where health is included, demonstrating that this shift, although it does not reduce the burden of governments to safeguard national security of their citizens, reflects that more concerns have been paid on internal issues rather than external threats.⁵⁰ It was also added that public health is an interdisciplinary social practice which requires joint efforts made by both the government and social society. As stated by Rodier et al, challenges for current health security are threats coming from the new infectious diseases and the occurrence of the existing ones, together with the potential dissemination of chemical or biological substances. In addition, previous studies have proved that global public health security which is time and economically consuming, needs powerful and determined public health leadership and infrastructure, close cooperation among nations, etc.⁵¹ Davies highlighted that although global

health security is framed under the discourse of “global”, it seems that the actual practice of global health security aligns more closely with national and international security, which is less inclusive compared to human security.⁵² According to Simon Rushton, health security is deeply intertwined with globalization in the realm of policy making and academic discourse. It is accepted by all that no one country alone can prevent the occurrence of a health crisis and a robust global cooperation is of vital importance to the health security for all.⁵³

Both the state-centric global health security paradigm and the broader, integrated human security paradigm emphasize the importance of international cooperation. In the face of ever-evolving health threats, reforms in global health security governance must focus on building a more resilient and inclusive system from the ground up. This requires not only strengthening the leadership and capacity of the WHO but also ensuring that developed countries provide greater support to bridge the healthcare resource gap in developing nations. The evolution of the health security paradigm highlights that only through closer global cooperation, more inclusive governance models, and greater attention to local needs can true global health security and stability be achieved.

CSIS and Its Involvement in Health Security

The Center for Strategic and International Studies (CSIS) was established in 1962 as a non-partisan, non-profit policy research organization dedicated to addressing some of the most pressing global challenges. Its core values include non-partisanship, independent thinking, innovative approaches, interdisciplinary scholarship, integrity, professionalism, and talent development.

CSIS is well-known for its work in areas such as defense and security, regional stability, and global challenges like energy, climate change, global development, and economic integration. By working closely with the US government and international organizations, CSIS develops forward-looking policy initiatives, predicts global trends, and offers recommendations for improving US strategies.⁵⁴ Since its establishment, CSIS has become one of the world’s leading international policy research institutions, with over 220 full-time staff and a large network of scholars and experts.⁵⁵ Research outcomes of CSIS have been widely applied into policy discussion and public affairs. CSIS has plethora of publications including *The Washington Quarterly* and special reports.⁵⁶ In addition, it frequently holds seminars and policy briefings and provides testimonies to support policy-making. In the process of policy formulation in the United States, CSIS offers critical resources for decision-making for the Congress and government departments by attracting top academicians and experienced policy-makers.⁵⁷ CSIS not only deeply engages in traditional security fields but also provides a new governance agenda in the field of non-traditional security such as global health security and economic security.⁵⁸ CSIS plays an important role concerning global health security, for example, it emphasizes that international cooperation is of vital significance in dealing with global health threats, that the core leadership of the WHO shall not be ignored and the influence of both developing and developed countries shall be balanced.⁵⁹

In 2020, CSIS was rated highly by the Think Tanks and Civil Societies Program (TTCSP), with top rankings in several categories. It was number one among think tanks in United States, second in global health policy think tanks, third in foreign policy and international affairs think tanks, and first in the best external relations/public engagement program think tanks.⁶⁰ Global Health Policy Center (GHPC), a leading research entity dedicated to highlighting the significance of global health and its impact on national security of United States, is one of the key departments for CSIS. GHPC works with different partners to enhance the strategic, comprehensive and sustainable approach of the United States on health issues both at home and abroad. Their focus includes important areas such as global health security, maternal and child health, nutrition and food security, the sustainability

of global health efforts of the United States, and the challenges of infectious diseases. Under this context, it is believed that GHPC is of vital importance in the connection between global health and the national security of the United States.⁶¹ Given CSIS' broad influence in global health and its cross-sector engagement, selecting CSIS as the research subject is reasonable.

The Formulation of Health Security Policy by CSIS

Since the appearance of think tanks a century ago in the United States, they have experienced four stages. At stage one, they served as policy research institutes, meaning that they only focused on quality research and their goal was to influence public policy by informing policymakers and the public, while preserving independence. At the stage two, they played the role of government contractors, so as to fill the gap of external policy research group, then at stage three, they were regarded as advocacy institutions which held the motivation to influence the direction and content of foreign policy. Finally, at stage four, they are referred as legacy based since they produce publications, organize seminars and workshops, and carry out research across multiple policy areas.⁶² Think tanks in the United States can inform and impact policy mainly because their perspectives are seen as credible by officials, and their staff are typically highly qualified, often including former officials. However, some scholars believe that think tanks play a relatively limited role in foreign policy decisions, as these policies are primarily controlled by the White House and the State Department, with key players like the Secretary of State holding significant influence. However, the “revolving door” is crucial, allowing experts from think tanks to enter the closed decision-making environment, where their influence becomes logical given the White House and State Department's reliance on advisors and experts. Think tanks influence the US security policy decision-making process. The most influential think tanks are considered to be CSIS, the Brookings Institution, CFR, the RAND Corporation, and CNAS.⁶³

To understand why think tanks influence policy-making, it is essential to grasp their types, characteristics, and functions. According to Nicander, think tanks can be categorized into four types: architects, general contractors, suppliers, and artisans. Additionally, there are five key characteristics of think tanks: think tank personnel often function as both scholars and activists at the intersection of academia and politics; major think tanks are generally neither entirely conservative nor liberal; they are distinct from universities in that think tanks focus on influencing public policy while universities prioritize student education; competition among think tanks is pervasive; and think tanks make unique contributions to public policy, offering forums with knowledgeable and experienced experts.⁶⁴ Rich and Weaver suggested that think tanks main functions include providing policy ideas, evaluating policy proposals, assessing government programs, supplying expert personnel, and offering a platform for public commentary.⁶⁵

All in all, think tanks exert considerable influence on US security policy formulation, a consequence of their historical evolution, established credibility, and strategic function in integrating research with policymaking. Over the past century, American think tanks have evolved from purely independent research entities into prominent policy advocates and institutions of enduring impact, now known for their extensive publications, structured dialogues, and rigorous research across a multitude of policy domains. Thanks to their professional knowledge, in particular their experiences as staffs that serve the government of United States, together with the “revolving door” effect, these experts are allowed to have direct involvement in the decision making processes within the White House and the State Department. As a consequence, think tanks are able to offer policy suggestions, assess legislative plans, review government programs, and provide expert staff. As for policy makers who look for reliable and reasonable suggestions, opinions from these experts of think tanks are of great value. Think tanks, which stand between academia and policy-making, have the ability to put

academic research into practical advocacy. This dual role allows them to shape public debate and sway policy trajectories. As a result, prominent think tanks like the Center for Strategic and International Studies (CSIS), are instrumental in forming US security policy. They do this by providing insights grounded in credible research and by hosting platforms for high-level, informed discussions.

Implementation by US Government

In regard to how think tanks influence the policy making, Ahmad and Baloch presented the following ways: generating innovative insights and “new thinking” to reshape US policymakers’ perceptions of global politics and response strategies; expanding influence by hosting conferences, delivering lectures at educational institutions, providing testimony to legislative bodies, and disseminating research findings through websites and media; directly participating in policymaking, while also drawing policymakers into think tanks to offer independent perspectives; providing policy advice and support for current foreign policy by offering rigorous assessments from think tank scholars on major global challenges.⁶⁶ In the early 2000s, a series of global health emergencies—including HIV/AIDS, H5N1 avian influenza, and the 2003 SARS outbreak—highlighted the critical importance of addressing global health security and underscored that health is a substantial threat for national security. Following the events of 9/11, the link between health crises and broader security concerns became more pronounced, as health threats increasingly impacted economic stability, government functions, and social order. In response to these challenges, the Center for Strategic and International Studies (CSIS) launched the Global Health Policy Center (GHPC) in 2008. The GHPC was created to strengthen the leadership in global health of the United States and provide practical policy recommendations for decision-makers. The center focuses on producing independent, forward-looking analyses to guide US global health policy while engaging a bipartisan audience. By conducting research with a policy orientation and connecting diverse stakeholders—including US policymakers, global health specialists, and foreign policy experts—the GHPC offers actionable guidance on health security, infectious diseases, and women’s and family health. Through initiatives like the Bipartisan Alliance for Global Health Security and the Commission on Strengthening America’s Health Security, the center offers valuable insights and guidance to key US decision-makers, supporting effective responses to global health challenges. According to the above-mentioned factors that determine think tanks’ impact over government policy-making, the key to their effectiveness relies on people, who can directly or indirectly pass message to government thus influencing its decision making. Table 1 demonstrates the background of five representatives from GHPC, proving that they, according to the “revolving door”, have great chance of affecting health security policy-making of the United States. The following cases provided below clearly demonstrate how CSIS has affected US policy-making on health security issues: Case 1 is about the Ebola Policy formulation while Case 2 is about CDC health capacity enhancement under the influence of CSIS.

Table 1: Background of Five Representatives of GHPC

Name	Position in GHPC	Previous Position in the US Government
James R. Langevin	Chairman	Member of House of Representatives from 2001-2023
Michael T. McCaul	Chairman	Member of House of Representatives; Chair of the House Committee on Homeland Security; Chair of the House Foreign Affairs Committee in the 118th Congress in 2023
Jerry Dixon	Director of Analysis	Former Executive Director, NCSD, U.S. Department of Homeland Security
Beryl A. Howell	Executive Managing Director	Former Chairman, U.S. Senate Committee on the Judiciary
Michael Vatis	Commission Member	Former Associate Deputy Attorney General; former Director, National Infrastructure Protection Center

Sources: Authors' Illustration.

Case 1: US Ebola Policy-making

In 2014, the Ebola outbreak in Guinea, Liberia, and Sierra Leone became the largest recorded epidemic of the virus, exacerbated by weak healthcare systems, a shortage of healthcare workers, traditional burial practices, and widespread public distrust in government communications. The Ebola virus not only threatened its neighboring nations but also made its way to the United States, eliciting a broad global reaction with the US government at the forefront of containment initiatives. Amidst this, the Global Health Policy Center at the Center for Strategic and International Studies (CSIS) carried out thorough evaluations of both domestic and international reactions to the outbreak. The CSIS reviews encompassed the progress in Ebola vaccines, treatment procedures, and diagnostic instruments. As shown in Figure 1, CSIS released a collection of reports on the Ebola menace between 2014 and 2015, aiming to raise public awareness of the health emergency and offer proper policy advice. These reports highlighted the critical need for synchronized global health strategies and laid the groundwork for deeper engagement. After the release of these reports, CSIS convened several top-tier seminars on Ebola in 2014 and again in 2018, with the involvement of distinguished health specialists, government representatives, and consultants. These sessions notably featured contributions from those with governmental experience, such as Dr. Anthony S. Fauci, Dr. Julie Gerberding, and Judd Devermont, who shed light on the intricacies of managing epidemics and inter-agency cooperation. The dialogue underscored the imperative for a unified approach to global health challenges and solidified CSIS's position as a conduit between health specialists and policymakers. In addition, CSIS also briefed to US government saying that one of the issues hindering the US role in combating Ebola on a global scale was a shortage of qualified personnel on the ground. In line with CSIS's recommendations, since September 2018, the United States has mobilized its Disaster Assistance Response Team

(DART) in the Democratic Republic of the Congo (DRC) as part of its strategy to counter the Ebola outbreak. This approach involves close cooperation with the DRC government, the United Nations, non-governmental organizations, and international allies. Moreover, the US has dispatched health experts to the DRC, WHO headquarters in Geneva, and neighboring countries—Uganda, Rwanda, and South Sudan—to bolster Ebola response and readiness efforts throughout the region.

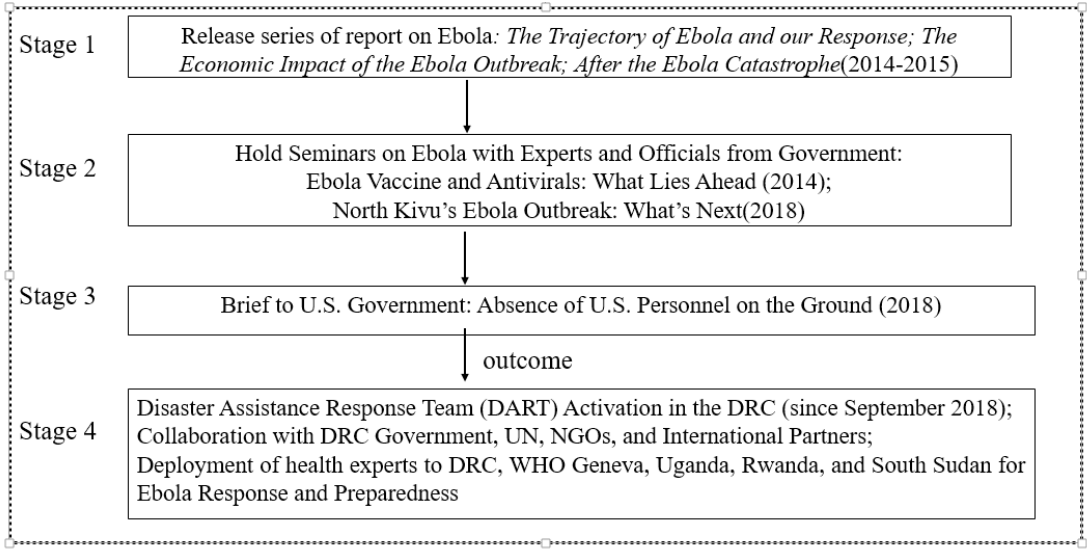


Figure 1: Roadmap for Ebola Policy Formulation in the US based on CSIS.
Sources: Authors' Illustration.

Case 2: CDC Health Capacity Enhancement from CSIS Impact

In April 2018, the CSIS Commission on Strengthening America’s Health Security was formed, aiming to explore problems existing in America global health security policies in coming two years. The Commission stressed the need to boost US involvement on the international stage and to bolster readiness at home. The US Centers for Disease Control and Prevention (CDC), once a widely respected authority in public health, has recently seen a significant drop in public trust, sparking serious doubts about its ability to prevent and handle major outbreaks both domestically and around the world. It is crucial to fortify the CDC, making it a more effective and responsible organization, to safeguard the health of Americans and to maintain global stability—a vital aspect of US national security. As depicted in Figure 2, the CSIS Commission on Strengthening America’s Health Security first evaluated CDC operations to lay the groundwork for policy recommendations that could motivate changes of CDC. This work led to the release of a report titled Building the CDC the Country Needs. Following this, a roundtable discussion brought together experts and policymakers to discuss the report’s findings and consider strategies for reform. Responding to suggestions from CSIS, the US government released the US Government Global Health Security Strategy 2024 and the Public Health Data Strategy (PHDS). The former emphasizes the CDC’s role as a key executor of bilateral health security capacity-building initiatives, highlighting the necessity for close collaboration with the US Department of Health and Human Services (HHS) to provide health threat information to US citizens abroad and to coordinate assistance requests related to these threats. This strategy is designed to enhance the CDC’s health security capabilities both within the United States and internationally. Meanwhile, the PHDS demonstrates the US government’s dedication to aiding the CDC in data visualization, system modernization, and workforce development, thereby tackling critical infrastructural and operational challenges within the agency.

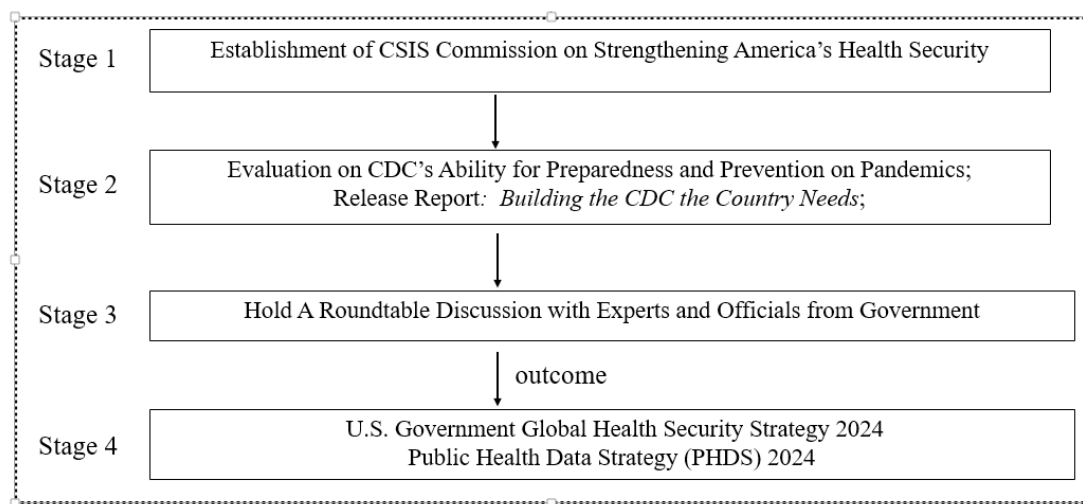


Figure 2: Roadmap for CDC Health Capacity Enhancement from CSIS Impact.

Sources: Authors' Illustration.

Conclusion

In conclusion, this study first reviews the evolution of the health security paradigm and its implications for global health governance. By systematically analyzing the development of health security concepts and their application in global policies, it is found that human security and global health security are the two major paradigms applied on health security. According to two case studies, specific processes on how CSIS impacts policy-making of the United States to counter Ebola threat and maintain its leadership in global health governance were presented. These contributions highlight the importance of think tanks as bridges between research and policy formulation, enabling the United States to develop more agile, knowledgeable, and effective health security policies. Nevertheless, this study has several limitations. Firstly, it is based on a single case study of a think tank and although CSIS is a well-known comprehensive think tank one, by focusing on a single think tank perspective, may not comprehensively cover all aspects of the global health security field. Future research could consider multiple think tank cases to obtain a more comprehensive understanding. Secondly, this study only uses published reports as research materials and overlooks other information and materials within the think tank, which are also essential for demonstrating think tanks' involvement in health security.

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Notes

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