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Seminar on Human Security and Health

Good morning.

Apologies for my tardiness due to the shuttle delay. It took me five hours to get here from Boston. The world is changing! Imagine, five hours Boston to New York. Yet, just last month, I joined Keizo Takemi and Tadashi Yamamoto on the Japanese bullet train from Tokyo to Odawara, traveling at remarkable speed. Two weeks ago, I took the newest Chinese bullet train from Changsha to Wuhan, 200 miles or about the same distance as Boston to New York, in one hour—320 km an hour and not a single bump! So, the world is changing indeed.

I am very pleased with the hosting by IIE, a superb educational institution with which we at the China Medical Board collaborate in China. And I thank the Government of Norway represented by Ambassador Wetland and my very close colleague and friend, Ambassador Sigrun Møgedal. Special thanks also to my Japanese colleagues, Ambassador Takasu, Keizo Takemi, and Tadashi Yamamoto. I can't say enough about their commitment to human security and what they have achieved to build this concept as a workable policy theme for social equity and development around the world.

Although I can't go into all of the details, my talk will describe the UN Commission on Human Security, some of the processes—both their ups and downs—and cast forward to where we are today and to where I hope we will be in the future.

The Commission consisted of about a dozen members, co-chaired by former UN High Commissioner for Refugees Madame Sadako Ogata and Nobel Laureate Professor Amartya Sen—two global leaders coming from Asia, a first among UN commissions. One co-chair adopted a very practical and action-oriented approach, and another a more conceptual and intellectual approach. The final report, *Human Security Now*, released in 2003 provides the framework for my presentation which focuses on two core questions: Can health contribute to human security? And how does human security inform global health? By posing these questions, I will review some of the critiques of the concept and the health linkages. I then examine some of the Commission processes and recent developments since the release of the Commission report. Finally, I will point to some directions for the future.

Human Security Now captured five main points about human security (1) it is people-centered and not nation-state-confined; (2) it integrates human security with human development and human rights; (3) it deals comprehensively with threats, both violence and conflict but also poverty; (4) it animates actor groups beyond government; and (5) (as Sigrun Møgedal pointed out) it proposes a bi-modal strategy of protection from above and empowerment from below.

Human security as a concept has evolved over the past two decades; it's not entirely new or original. The Palme Commission in the 1980s coined the concept of *Common Security* which underscored interdependence of all nations and expanded thinking from purely defense security

to security from other threats. Later, the UNDP, the Japanese, the Canadians, the Norwegians, and various academics contributed to the evolution of the concept.

Health linkages to human security in many ways are very obvious. The ultimate security is, of course, human life and survival itself. And if health is protecting human life, how could health not be related to human security? So, health is intrinsically imbedded in the concept of human security. But health is also instrumental for security, because, as Amartya Sen has postulated good health is a precondition for effective functioning across a whole range of human capabilities. The generation of other functionings is essential for a full and meaningful life requiring health, both instrumentally and intrinsically.

In research for the Commission, we attempted to analyze which health problems were more human security oriented and which were not. Where would there be consensus and where would there be debate on inclusion versus exclusion? This powerpoint slide shows a diagram that we presented in the Commission report. There were three clusters of health problems that pertained to human security—conflict, infectious diseases, and poverty-oriented diseases—that constituted threats to human security which had the three core elements of human survival, livelihood, and human dignity.

Looking at these three clusters of health problems, it is quite obvious that health and human security come together where there is crisis, conflict, and violence. Indeed, throughout human history, health has been part of defense and warfare. Victory and defeat have been linked to health, and threats to health can be weapons of violence, for example biologic warfare. In human terms, refugees and innocent civilians suffer the preponderance of casualties more than military casualties. So this interaction of conflict and major health threats and human security is not much in dispute. Everyone seems to agree that these are inextricably related.

A second cluster is infectious contagion. Where infections are transmitted, leading to epidemics, they are considered a human security threat. The need for disease control and containment requires mutual action to generate human security for populations. Of course, HIV/AIDS achieved recognition as a major human security threat in the UN Security Council itself. Long validated by science and history is that much of the control involves cross-border action. This again is a linkage that is not very controversial in terms of the health and human security relationships.

The cluster where the connection is not automatically accepted is for the poverty-related diseases—such as common childhood infections, maternal health, and nutritional deprivations. Most of the MDGs, by the way, fall into the category of poverty-related diseases. Addressing these problems depends a lot on ODA, charitable transfers to take care of poor people. There is the sense that “my security” doesn’t depend on “other’s security.” So the transmission and interdependence arguments, as with the conflict and contagion cases, are not as strong with this cluster of diseases. As later presented, this has been transformed in part through the Japanese G8 preparations in 2008 through conceptual breakthroughs.

The critiques of human security are many. Some argue that human security as a concept is just too vague and too broad to be useful. Because it covers everything, therefore it’s nothing! What

specifically does human security add to how to think about or act on human insecurities? Another criticism is that linking health to human security is a disguised way for health to generate security-level resources. Put simply, equating health to security enables health to qualify for more budget, like access to the defense budget. The "securitization" of global health is arguably how to present health in such a manner that it can attract resource allocations like national security and defense. A third critique is the perennial confusion between Responsibility to Protect (R2P) and human security.

With regard to these criticisms, I can assure you that vagueness is neither unique nor does it hinder much of the power of the concept of human security. Similarly, "securitization" while potentially useful for fundraising has not exerted much impact. And R2P come from very different origins, having actually very little to do with each other. R2P is really a question of external powers exercising self-assessed obligations for themselves to intervene in the name of protecting people's security. It does not necessarily reflect the way people themselves would perceive a situation. Human security complies with the rule of law from the people's perspective, not an abridgment of international laws.

Despite this defense of human security, let me cite here some of the debates in the Commission processes. The first was the tension between concept development versus action orientation. Our two co-chairs reflected this dichotomy; one was much more evidence, data, and research based and the other was much more action oriented. While this was a constant struggle in the Commission, the result in the end, I believe, was a healthy balance between these two poles. As a Commission member, I tried to accommodate and harmonize these two viewpoints. So too did Ambassador Takasu and others. But what should be the blend in developing the human security concept?

The action-oriented approach led to the bottom-up and top-down policy recommendations of the Commission, action both for protection from the top and also empowerment from below. The evidence-based approach came up with breakthrough ideas, for example about human development and intellectual property rights. Professor Amartya Sen argued that human security completed the UN human development concept by introducing the equal importance of protecting people from vulnerability, risk, and downward spirals instead of human development's focus on the equitable sharing of growth across social development fields. The recent financial crisis has brought home the importance of this equal attention to downward risks as to equitable sharing of growth. And human security, he felt, complemented the UNDP human development paradigm by reinforcing the concept of protecting especially the most vulnerable during periods of crisis. And of course with the financial crisis in the last couple of years, this has risen to the agenda.

The Commission devoted quite a bit of time—surprising to me—on intellectual property rights (IPR) debates, especially access to life-saving medicines. I often wondered how this would be really related to human security? But, as Laurie Garrett knows well, IPR actually has a lot to do with human security. Long after the Commission report, the debate opened on IPR and "viral sovereignty." The former minister of health in Indonesia noted that her country would not share the viral sample during the H5N1 epidemic, because giving the sample to the WHO would transfer the virus to pharmaceutical companies that would produce a vaccine which, due to IPR,

would not be affordable to Indonesians. So why should Indonesians give up their viral sovereignty for profitability of pharmaceutical manufacturers who aim to sell their products to rich markets? Obviously, the intellectual property regime sits at the base of a genuine health and human security challenge. Noteworthy is the fact that Amartya Sen was arguing not against intellectual property regimes —indeed he supports market incentives for health innovations—but he felt that accommodations had to be made for ensuring human security amongst all peoples in developing intellectual property regimes. This was featured in the *Human Security Report*.

The human security concept took a major step forward with the Takemi Working Group facilitated by the Japan Center for International Exchange in the Japanese preparation for the 2008 G8 Summit in Toyako. At a preparatory conference on global health and human security for the G8 preparation, Professor Julio Frenk gave a keynote address that developed a new concept of health and human security. Basically, he argued that there are three ways that health and human security can be related. The first is epidemiologic security. These are the threat of diseases that threaten human survival and health. The second is healthcare security. It's not simply diseases but whether you have access to healthcare. The US administration under President Obama understands this very well now. The whole question is of access and the feeling of security to essential healthcare. And the third, which is not medical per se, is financial security. We know that bankruptcy can be the result of compulsory payments for catastrophic health expenditures, a major cause of impoverishment. In almost all countries, poor and rich, catastrophic health expenditure is a major cause of bankruptcy and impoverishment. So, I believe that Professor Julio Frenk essentially broke out the health linkages with human security in a different, new way in preparation for the Toyako Summit.

In closing, I argue basically that global health and human security share many attributes and are very good vehicles for driving improved global governance. We have seen the global health field emerge over the last decade with quadrupling of the donor resources. National political leaders attempting to achieve status as a global statesperson with moral vision and public acceptability find themselves pledging yet another ODA target, funds for saving people's lives. Human security has the possibility of joining that impetus, because, as I have argued, human security offers a framework, principles, and a commonly shared value that can operate as the glue to bring together people and countries around a commonly shared agenda of action. In this respect, human security is not like the UN MDGs with specific targets often to be achieved by specific technologies, funding, and programs. Rather, human security as a concept is more allied to human rights, since achievement of human security enables freedom of choice and functioning. Human security is a value-concept like Gro Brundtland Commission on "sustainable development" which may also critiqued as vague and broad. Yet, like sustainable development, human security is a concept built on a value base. That value base gives insights on the challenges and can energize collective action.

The human security value base can nurture global solidarity to craft shared work agendas for greater cooperative and synergistic action, both in global health and across the spectrum of human security.

Thank you very much.