



Health as a Human Security Priority for the 21st Century

Paper for Human Security Track III
Lincoln C. Chen, MD
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Introduction

In this paper, I would like to consider equitable global health and development as a human security challenge for the 21st century. The presentation is based on the deliberations, findings, and recommendations of the Commission on Human Security -- of which I was a member. The Commission, co-chaired by Sadako Ogata and Amartya Sen, issued its final report *Human Security Now* in mid-2003.ⁱ Through research conducted in support of the Commission's report, we were able to publish two edited volumes and an entire issue of a journal on frontier challenges in human security.ⁱⁱ Of these research publications, the volume most germane to this paper is entitled: *Global Health Challenges for Human Security*.ⁱⁱⁱ

The basic thrust of the Commission report is that human security is people-centered. While not antagonistic to concerns about the security of nation states (which also affects human security), the concept of human security focuses on an individual in all of his/her human dimensions, beyond political boundaries. Human security complements and reinforces the twin concepts of human rights and human development. Human security may be considered an inalienable human right, and the human rights concept of duties and obligations appropriately raises challenges about the responsibilities of actor groups to provide human security. In somewhat different ways, human security amplifies traditional approaches to human development. Rather than economic growth equitably shared that is emphasized by human development, human security adds the complementary notion of equitable protection and sharing of down-side risks during periods of crisis and decline.

Perhaps the most important breakthrough of the Commission's work was to adopt a comprehensive approach. Thus, threats to human security were broadened beyond those traditionally considered in the realm of military security or nation state security. The definition adopted by the Commission included any threat that challenged the security of an individual or people or population.

Broadly considered, the threats therefore included both war and conflict as well as poverty and impoverishment. These twin threats to human security were recognized as highly interactive.

So too did the Commission extend the range of actor groups responsible for human security. Rather than simply rely on the nation state, human security calls upon action by all sectors of society – government, business, and civil society. While all sectors are called upon to join in generating human security, it is recognized that the obligation to provide security among individual actors varies. The obligations are imperfect, not absolute.

Given the diversity of threats, strategic approaches to human security can be classified into two major categories. First are empowerment strategies that seek to educate and create enabling conditions for the dispossessed so that people are better able to achieve their own human security. Empowerment strategies consist of human capability enhancements such as health and education as well as organizing groups for security action because of the strength of collective action. Protective strategies usually come from public action to prevent, anticipate, ameliorate, and otherwise dampen the likelihood and impact of human security threats. A diplomatic effort to prevent war is one example. Another might be the introduction of health insurance that protects families from the catastrophic economic consequences of devastating illnesses.

Security-Health Linkages

Health and human security are tightly linked. Good health is “intrinsic” to human security, since human survival and good health are at the core of “security.” Health is also “instrumental” to human security because good health enables the full range of human functioning. Health permits human choice, freedom, and development.

But health and human security are not entirely synonymous! While closely related, these twin concepts are not identical. Figure 1 shows our hypothesized linkages among health and human security. Human security is the “vital core” of human security which may be defined as consisting of human survival, livelihoods, and dignity. Poor health – illness, injury, disability, and death – are critical threats to human security. And of many health problems, those considered most germane to human security are health crisis during conflict and humanitarian emergencies, infectious diseases, and the health problems of poverty and inequity.

These three cluster of health problems were selected as being most relevant to human security based on four criteria – scale, urgency, intensity, and externalities. Health threats affecting large numbers of people were accorded higher priority. Especially important are health problems that create emergencies or crises, such as an epidemic or war. The severity of social and economic

impact of disease also is an important criterion. Finally, those health threats that generate “spillover effects” onto other problems (and are thus not purely medical problems) are also prioritized. A classical example of health problems with high externalities are transmitted infectious diseases.

While its major recommendations are in the concluding chapter of the report, the Commission’s detailed health recommendations are in chapter 6. The chapter underscored an obvious point -- that the attainment of health is not possible without peace and equitable development. Purely medical approaches are ineffective without social, economic, and political preconditions for good health.

Throughout the past century, specific health achievements have been knowledge-based and socially-driven. Knowledge not only enables us to develop new technologies like drugs and vaccines but also basic education enables people to shape their behavior for producing their own health. In adopting a human security approach to health, the Commission advocated for access to information and knowledge, especially steering intellectual property regimes to be consistent with human security objectives. Social organizations drive the implementation of knowledge in health care systems through preventive, promotive, and curative actions. The Commission, therefore, recommended that public health systems should be established to prevent and treat priority diseases that are commonly shared. Communities everywhere, irrespective of economic status, should have access to primary health care. And a global system for health security should be steadily constructed to advance the health of all. Ultimately, global health is indivisible and interdependent.

Commission Deliberations

In making these health and human security recommendations, the Commission deliberated on many issues and controversies. Amongst them were the breadth of the conceptual definition of health and human security, the politics of “securitization” of health in security priorities, and alternative areas of concentration that may be relevant to this Track’s recommendations in health and human security.

One divergent viewpoint was that health was either too broad or too vague to be considered a core aspect of human security. Rather, some believed that the military security of the nation state should retain its primacy. If human security were to expand the types of threats to be prioritized, some stretching of threats to other forms of violence or conflict could be considered. But if health, education, and all sorts of other threats are considered human security challenges, the concept would lose its meaning, since everything ultimately means nothing!

That is why the Commission established the four criteria for prioritizing which health problems are linked to human security, as described earlier. More pertinently, the Commission viewed human security also as a broad

encompassing concept that has the potential to draw adherent and mobilize and energize them for action. In other words, the Commission was not seeking simply a neat academic concept. Much like the concept of “sustainable development,” which is also broad and vague, the concept of human security has the potential to invite participation and energize action. Thus, the concept’s breadth should be seen as a strength, not a weakness. Health as one expression of this comprehensiveness, thus, was embraced by the Commission for strategic purposes.

Another deliberated issue was the “securitization” of health. This term implies an implicit effort to argue for higher political and budgetary prioritization for health as a sector; “securitization” suggests that just as defense and military expenditures are prioritized in the concept of state security, so too should health be prioritized in the concept of human security. Thus, health as human security could be seen as part of a political process to elevate the political priority accorded to health.

The Commission’s analyses confirmed that many societies did not rank health very high as a national priority. Arguably, health spending in the public sector of many countries is dismally low. Whereas in wealthier OECD countries, health may consume up to 15% of the GDP, health spending can be as low as 1 or 2% of GDP in many poorer countries. The Commission argued that health deserved far higher ranking beyond its current allocation. One of the political purposes of labeling health a human security threat is implicitly to argue for adequate public expenditures for primary health care.

Track Recommendations?

In considering this Track’s recommendations on health and human security, which health problems should be prioritized, which down-graded? Not all health problems carry the same political acceptability or salience. I believe there are three tiers of health problems that face increasing difficulty in political acceptance. The first are health process so tightly linked to military security that they are easily accepted by the security community; the second are health processes that are being increasingly accepted; and the third are the most difficult, yet most important, health conditions deserving of human security prioritization. Let me address these in this paper’s closing.

Already accepted as integral aspects of security are many interactions between health and state security. There is a rich history of interactions between disease and war. History has demonstrated repeatedly how health and disease have interacted with military security. Epidemics have changed the course of battle; health of soldiers has determined victory; and sometimes induction of illness among combatants or even civilians has been employed in attempts to change the course of combat. Under-appreciated is that medical progress was often accelerated by research undertaken in response to war, for example the use of disinfectants or the rapid development of antibiotics or vaccines. The most

immediate health and security connection is through conflict casualties, both direct and indirect and both now and into the future. There are also cases of “state failure” leading to health failure and vice versa. More recently, we have witnessed the use of germs as a weapon, as demonstrated by the anthrax attacks in the United States.

One of the interesting aspects of this linkage between health and military security is the possibility of so-called dual-usage of health infrastructure. As threat of bioterrorism have increased, certain types of preventive and responsive infrastructure have been steadily constructed. It should be recognized that this infrastructure can have dual capacities. Thus, building clinics or laboratories for detection of infectious agents, for example, can provide an infrastructure for the control of other infectious diseases.

Another set of health problems that are increasingly accepted as security threats are infectious disease epidemics. HIV/AIDS is perhaps the biggest human security threat of our times. The scale and intensity of devastation by the HIV virus is so vast and deep that few resist the notion that HIV/AIDS should be treated as a global health security threat. Moreover, the recent SARS epidemic generated enormous fears, panic, and disruption, estimated to cost the global economy at least \$60 billion. SARS has even led to instability of political regimes in some affected countries. Again, given the paralysis of economy and polity during some periods in the SARS epidemic, there is an openness to considering infectious epidemics as human security threats. The potential devastation of recently disturbing threats of mutant variants of the Avian flu has fueled these fears further. Avian flu could set off a truly horrendous epidemic that would be extremely costly in life and the economy. In all of these instances, public health protection should be seen as equally important to military defense in terms of protecting people’s lives and livelihoods as well as stabilizing the economy and polity.

The set of health problems confronting the world’s poorest people, unfortunately, is the cluster of health challenges that encounters the greatest resistance of acceptance as human security threats. Common childhood infections kill more than 10 million annually, most of which are preventable with simple and inexpensive vaccines. Childhood malnutrition among the poor is associated with at least half of the preventable childhood deaths in the world. More than a half million pregnant women die each year due to the hazards of childbirth. These deaths are entirely preventable. Tuberculosis and malaria each kill about 2 million and 1 million people annually; nearly all of these deaths are entirely preventable

As poor people get sick and die in great numbers, should the tragedies be considered humanitarian, developmental, or security? Many view this suffering and death as a humanitarian or even a moral failure, but not a security threat. Others view these health burdens as a development failure. But, they are also

huge human security failures. It makes very little difference to a mother if she loses her child to an infection that was preventable versus a stray bullet during conflict. Why then do we classify one type of loss as security-linked and the other as not so?

There is growing evidence of the interdependence among different insecurities. We know that an ill child suffering from health insecurities also learns poorly and thus is deprived of the security of knowledge. Just as war may set back socioeconomic development, so too poverty may heighten political differences and tensions. While not a direct cause of violence, poverty can provide a fertile breeding ground for sympathizers and foot soldiers. In the end, poverty and its attendant insecurities in health, education, livelihood, and the full dimensions of deprivation is the greatest human security threat. Equitable health and development, therefore, should constitute a central goal of human security.

References

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ⁱⁱⁱ Chen L, Leaning J, Narasimhan V (eds). *Global Health Challenges for Human Security*, Harvard University Press, Cambridge MA, 2003.