Health and Human Security

Susan Hubbard and Keiko Watanabe

The 1994 *Human Development Report* introduced the idea of human security to the world stage. Since then, several countries—most notably Canada and Japan—have made attempts to integrate the concept into the international policy architecture. The Canadian and Japanese approaches to human security diverged significantly in their definitions, scope, implementation, and implications, leading to two separate streams of thinking within the United Nations, as described in an accompanying commentary on human security and the United Nations by Kazuo Tase. In 2003, the Commission on Human Security proposed a definition of human security that is now most frequently cited, arguing that the goal of human security is “to protect the vital core of all human lives in ways that enhance human freedoms and human fulfillment.” The commission’s report gives equal weight to three complementary freedoms: freedom from want, freedom from fear, and freedom to live in dignity. Attempts to protect these three freedoms have guided Japan’s adoption of human security as a central pillar of its foreign policy making, as described in a commentary by Tomoko Suzuki.

Less well known are attempts by several other countries and regions of the world to apply the principles of human security to their domestic and foreign policies. An article by Lee Koh and Simon Barraclough in this issue describes steps that Singapore has taken to expand its own notion of security, particularly in its approach to foreign aid, as it attempts to take on a role in the international community that befits its economic power and historical legacy. A commentary by Carlos Santos-Burgoa, Kirsten Brownstein, Betsy Egin, and Luiz Augusto Galvao of the Pan American Health Organization (PAHO/WHO) describes a resolution on health and human security adopted by the regional body in 2010, which commits PAHO/WHO member countries in the Americas to exploring ways to integrate human security into their national health policies.

Despite these attempts by some countries to operationalize human security, definitions remain vague and largely conceptual, prompting detractors to argue that the concept does not have a clear operational mandate or that it is too broad and all-encompassing to have any real meaning. But can we identify principles within this concept that bring something new to the table and help guide processes on the ground that add value to people’s lives? The contributors to this issue would argue that
we can.

Since this journal deals with health, it is useful to start with an exploration of what human security can contribute in the health field. One of the key principles of human security is an integration of protection—or top-down—approaches with empowerment—or bottom-up—approaches. The protection function in the face of a clear threat to health security, such as the 2009 outbreak of a particularly virulent strain of influenza, entails strong government action to contain transmission by providing accurate information, limiting human contact when necessary, and ensuring widespread vaccination and prompt treatment of any exposed individuals. But the protection component of a human security approach is essential to non-emergency health challenges as well. Communicable and non-communicable diseases, as well as injuries and their associated disability, require public- and private-sector provision of information and services that is accessible by everyone in a society.

But many in the health field have found that protection of people’s health is more effective when populations are empowered to protect their own health through lifestyle changes and other preventive measures and when they are in a position to make informed decisions about their own health through a partnership with healthcare professionals. An article in this issue by Karthik Nachiappan describes the dual protection-empowerment approach and attempts to determine whether two major countries—China and India—are successfully using the approach in their development assistance for health. The author points to progress made in this area by both countries as well as persisting shortcomings.

Another key principle of human security is its recognition that health and other challenges are not experienced in isolation. Rather, individuals and communities experience multiple, interconnected threats on a daily basis. Therefore, dealing with those threats requires acknowledgement of their mutual impacts and attempts to address their intersections. For example, for many people in around the world, health and poverty cannot be divorced. Poor living and working conditions and lack of access to educational services and healthcare facilities increase their susceptibility to illness and decrease their chances of returning to health. At the same time, poor health exacerbates poverty for many by causing absenteeism from work and school of those who are sick as well as those who provide their care and those who have to fill in the gaps when a family’s primary breadwinner is ill. Two additional articles illustrate the tension that arises from this mutual impact in their analyses of two health challenges: Raghavendra Madhu and Denese M. Neu writing on malnutrition and Paul
Bukuluki, Nyanzi Ismai, John David Kisule, Emilio Ovuga, Lars Lien, and David Mafigiri writing on nodding syndrome in post-conflict Northern Uganda. The authors take their arguments a step further by recommending more integrated approaches to dealing with these challenges. By doing so, they argue that people not only become better able to deal with the health challenges they face but that they also become more resilient to other existing and future sources of vulnerability.

The debate over human security will continue, and it will only gain more ground as a concept and as an approach to policymaking and implementation if proponents can demonstrate that it has a clear added value to the lives, livelihoods, and wellbeing of individuals and communities around the world. The contributors to this issue have all made an important contribution to this evolving discussion by offering a wide range of perspectives and experiences in this field.

Susan Hubbard is a senior associate in the New York office of the Japan Center for International Exchange (JCIE), where she focuses primarily on global health and human security issues. She is the co-author of many papers on human security including "Human Security Approaches for Disaster Recovery and Resilience" published in Japan Medical Association Journal in 2011.

Keiko Watanabe is an independent consultant and has worked for UNFPA, UNICEF and the International AIDS Vaccine Initiative (IAVI). She is also a guest lecturer at the Hitotsubashi University's School of International and Public Policy for Human Security and Global Health.