PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

146th SESSION OF THE EXECUTIVE COMMITTEE

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Provisional Agenda Item 4.9

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ORIGINAL: SPANISH

HEALTH, HUMAN SECURITY AND WELL-BEING

Introduction

1.   The end of the Cold War and the acceleration of globalization facilitated a transition in the concept of security from the military dimension, focused on protecting physical territory and preventing external threats, to the concept of human security. This concept first appeared in the *Human Development Report 1994,* Chapter 2, New Dimensions of Human Security, published by the United Nations Development Program (UNDP). The Report introduces a new paradigm that shifts from a State-centered approach to security to a people-centered approach *(1).*

2.   In November 2002 the Pan American Health Organization (PAHO) submitted the report *Health and Hemispheric Security* to the Committee on Hemispheric Security of the Permanent Council of the Organization of American States (OAS). This report states that health plays a fundamental and mutually dependent role in human security: better health, greater human security; and greater human security, better health and a better quality of life. To date, however, the issue has not been put before the Governing Bodies so that the concept of "health and human security" can be defined as a matter directly under the Organization's purview. Therefore, given the recent events in the Region, especially the earthquakes in Haiti and Chile, it is vital to underscore the importance of this issue and bring it to the 50th Directing Council for discussion and analysis.

3.   This document has the following objectives: (a) to introduce the concept of human security; (b) to describe the relationship between human security and specific public health conditions; (c) to demonstrate the link between the concept of human security and the Millennium Development Goals (MDG) and health determinants; and (d) to explore proposals for regional and national policies in this area. A proposed resolution is annexed.

Background

4.   Discussion of the concept of human security in the Western Hemisphere was officially introduced into the debate of the Thirtieth Regular Session of the General Assembly of the Organization of American States in 2000, when it was proposed that human security be made the central focus of the hemispheric agenda *(2)*.

5.   The *Declaration of Bridgetown*, issued by the Thirty-eighth Regular Session of the General Assembly of the OAS in 2002, consolidated the multidimensional approach to hemispheric security *(3)*. PAHO was invited to participate in the working group of the Committee on Hemispheric Security and advised the group on the issue of health and security.

6.   The *Declaration on Security in the Americas* that came out of the OAS Special Conference on Security, held in Mexico on 22 October 2003, noted that "the basis and purpose of security is the protection of human beings" and that many of the new threats (for example, human trafficking, HIV/AIDS, etc.) are transnational in nature, which means that they may require appropriate hemispheric cooperation *(4)*.

7.   In 2005, the Secretary-General of the United Nations submitted the report *In Larger Freedom: Development, Security and Human Rights for All* and put forward the concept of freedom from want, freedom from fear, and freedom to live in dignity *(5)*.

8.   In 2008, the United Nations General Assembly held thematic discussions on human security, in which it was recognized that the difficulty of defining the concept does not negate its contribution to addressing the current global threats that hinder attainment of the Millennium Development Goals *(6)*.

9.   PAHO's mission to be at the forefront of joint strategic efforts between Member States and other partners to promote equity in health, combat disease and injuries, improve the quality of life, and increase the life expectancy of the peoples of the Americas is fully compatible with the promotion of human security.

The concept of human security and health

10.   The concept of human security neither replaces nor undervalues the classical conditions of security but rather, complements them, offering a programmatic and philosophical approach to security that involves larger freedoms and rights. Thus, human security is especially concerned about the security of individuals and the community and encompasses threats that have not always been characterized as such—for example, natural disasters, food crises, climate change, the displacement of populations, and the impact of small arms—and takes civil society as well as government actors and agents

into account. Human security is also concerned with subjective aspects such as the perception of insecurity.

11.   In addition to focusing the concept of human security on the day-to-day concerns of individuals and communities and on human dignity, this new definition of security has three vital and interrelated dimensions: (a) human development, which enables individuals to freely choose among personal options to fulfill their own potential; (b) a guarantee that governments will protect and defend human rights; and (c) human security to live without constant fear or threats that hinder development and the exercise of human rights.

12.   The *Human Development Now* report of 2003, issued by the United Nations Commission on Human Security, states that human security means protecting the fundamental freedoms of individuals: freedom from want, freedom from fear, and freedom to take action on one's own behalf. According to this report, human security is more than the mere absence of conflicts, and it stresses the need to create systems that give people the building blocks of survival, dignity, and livelihood *(7)*.

13.   Since 1948, WHO has defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."" Health is at once objective physical well-being and subjective psychosocial well-being. The relationship between the health and human security is therefore one of mutual dependence. Conditions of insecurity, such as conflicts, natural disasters, unfavorable physical and social environments, and poverty, affect health, and diseases and adverse health conditions, in turn, affect the security of individuals and their communities. Consequently, health is essential to achieving human security.

14.   The *Human Development Report 1994 (1)* states that human security, like other fundamental concepts (human freedom, for example), is more easily perceived when it is absent. The report lists seven important categories for classifying threats to human security: economic security, food security, health security, environmental security, personal security, community security, and political security.

15.   As with any other idea or concept, the concept of human security has strengths and weaknesses. The strengths of human security are its inclusive, multidimensional nature and its emphasis on the interdisciplinary approach and respect for human rights. Its weaknesses, especially in the case of Latin America, lie in the difficulty of setting priorities and defining the breadth of the concept. In fact, there is no consensus among proponents of the concept of human security on which threats should be addressed. While some people propose a strictly defined group of threats, others include threats such as malnutrition, disease, and natural disasters, arguing that these result in more deaths than war, genocide, and terrorism.

Human Security, the Millennium Development Goals, and Health Determinants

16.   The holistic vision of human security is also the vision that characterizes the Millennium Development Goals (MDGs) and the definition of the health determinants, since as in human security, it is the interdependence of factors that determine health. The three perspectives are marked by the reciprocal dependence of economic, political, social, and cultural factors. The three perspectives make health a multidimensional phenomenon, with good health depending on a series of factors and ill health having multiple consequences.

17.   The MDGs explicitly recognize the reciprocal dependence between growth, poverty reduction, and sustainable development and consider the bedrock of development to be democratic governance, the rule of law, respect for human rights, peace, and security. Unlike human security, which is a programmatic and philosophical approach, the MDGs are concrete objectives broken down into eight major goals with specific indicators and time frames.

18.   This virtuous link between human security and the MDGs is complemented with the framework created by the health determinants defined by the World Health Organization (WHO) in 2005. In this view, development is judged by the health status of the population and the way health problems are distributed across the social spectrum. What should be underscored is that the progress made toward achieving the MDGs and improving health determinants, whether quality of life or life expectancy, will be threatened if human security is not guaranteed. That is, without human security there is no health security, and without health security there is no human security.

Situation Analysis

19.   This document examines certain health conditions to illustrate the association between human security and health, with the understanding that other aspects of health not mentioned here are also extremely important for the discussion at hand

20.   *Human security and communicable diseases (including HIV/AIDS.* The perverse association between poverty and infectious diseases that the concept of human security emphasizes has been confirmed by the HIV/AIDS epidemic, which, according to the Joint United Nations Program on HIV/AIDS, affects 1.7 million people in Latin America and 230,000 in the Caribbean *(8).* In 2001, the United Nations Security Council took the unprecedented step of declaring the epidemic a "a threat to global security *(9).*" This disease has had a serious impact on the economies of developing countries. New transmission agents, growing resistance to antibiotics, and new epidemics such as the 2009 (H1N1) pandemic imply heavy economic costs and have a serious impact on health. Outbreaks of diseases such as cholera in the Hemisphere in the 1990s and yellow fever in

Paraguay in 2008 show clearly that epidemics have repercussions far beyond the health sector, seriously affecting the economy through the high cost of combating them, lost lives and wages, and other phenomena.

21.   *Human security and violence*: Violence, whether collective, interpersonal, or self-inflicted, is a public health problem that requires a multisectoral approach. A recent examination of the unequal distribution of homicide in Latin America revealed that when high-income countries are eliminated from regional comparisons, homicide rates in the Americas are the highest in the world (27.5 per 100,000 population) *(11)*. The threat of violence is a key concern in the promotion of human security. The case of Ciudad Juárez in Mexico exemplifies the complex relationship between violence, gangs, migration, and drug trafficking. Collective violence results in internal displacement or forced migration, usually among the poorest and most vulnerable populations. Research in conflict zones also shows that collective violence can lead to poorer indicators, in immunization for example. Violence against women also has serious direct and indirect consequences, not only for the victims but for children and communities as well. A comparative analysis of the National Demographic and Health Surveys indicates that the proportion of women reporting that they had been the victim of physical or sexual violence by their partner (at some time) was 53.3% in Haiti, and the proportion of women stating that they had been the victim of physical violence by their partner during pregnancy was 11% in Colombia and Nicaragua *(11)*.

22.   *Human security and natural disasters*: Natural and man-made disasters are another threat to health and human security. When the conditions implicit to human security are precarious, natural disasters can bring chaos into people's lives, especially in the poorest and most vulnerable populations (women, children, youth, and indigenous and Afro-descendent peoples). Examples of this have been the recent earthquakes in Haiti and Chile.

23.   *Human security and climate change:* Climate change is also a health determinant, both because of its direct effects (temperature extremes or extreme climate events) and its indirect effects (food and water shortages, greater vulnerability to natural disasters, changes in vector-borne diseases, etc.).

24.   *Human security, nutrition, and access to food*: Food security has multiple dimensions and can be defined as a situation in which all people at all times have physical, social, and economic access to enough safe, nourishing food to meet their daily energy requirements and satisfy their preferences so that they can live healthy and active lives *(12)*. In 2007, world food prices rose by 24%, and as a result, 75 million people worldwide, the majority of them in developing countries, were propelled toward hunger and poverty. In Central America and Haiti, for example, there is a food emergency. These

factors lead to violence and pose direct threats to human security and a democratic society.

25.   *Human security, alcohol, and drugs*: Alcohol consumption in the Americas is 50% higher than in the rest of the world, the use of cannabis, cocaine, volatile solvents, psychoactive drugs, and hallucinogens persists, and crack and heroin use is on the rise (*13, 14*). Substance abuse severely affects people's quality of life and well-being, posing a human security problem that also affects good governance, development alternatives, trade, and organized crime. Illicit drug trafficking results in thousands of deaths annually, and its victims are often people who do not necessarily use drugs but end up as collateral damage in drug wars or law enforcement interventions.

Guidelines for Future Action

26.   Recognizing the relationship between health and human security, future action by PAHO in this respect should adhere to the following basic guidelines:

- Promote comprehensive, integrated, multidimensional practices
- Strengthen regional actions in health and human security
- Increase the availability, access, and use of information and knowledge
- Focus on the most vulnerable populations and communities
- Ensure that training and education programs for health personnel address the issue of human security

Action by the Executive Committee

27.   The Executive Committee is requested to review the information provided in this document and consider the adoption of the proposed resolution found in Annex B.

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6. United Nations. Executive Summary. General Assembly Thematic Debate on Human Security. New York: UN; 22 May 2008. http://www.un.org/ga/president/62/ThematicDebates/humansecurity.shtml.

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Annexes

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. Agenda item 4.9: Health, Human Security, and Well-being

2. Responsible unit: Sustainable Development and Environmental Health

3. Preparing officer: Alessandra Guedes

4. List of collaborating centers and national institutions linked to this Agenda item:

National reference institutions
- Latin American School of Social Sciences (FLACSO), Costa Rica, Ecuador, Chile, and other countries
- Viva Rio, Brazil
- Colegio de México, A.C.
- Laboratorio de Ciencias Sociales (LACSO), Venezuela
- Human Security Center, University of British Columbia, Canada

Collaborating centers
- Núcleo de Estudos da Violência/ Universidade of São Paulo (NEV/USP), Brazil
- National Institute of Public Health (INSP), Mexico
- Instituto CISALVA, Colombia
- Centers for Disease and Control and Prevention (CDC), USA
- The Johns Hopkins University, USA
- Emory University, USA
- Centre de Santé Publique. Sécurité dans les Milieux de Vie, Canada

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

Human security is affected by rapid urbanization, inequality, social exclusion, and violence. Conditions of insecurity–conflicts, natural disasters, and poverty–affect health, and diseases and adverse health conditions, in turn, affect the security of people and their communities. Health is therefore an essential component in achieving human security.

6. Link between Agenda item and Strategic Plan 2008-2012:
1.3, 1.4, 1.6, 1.8, 1.9
2.1, 2.2, 2.3
3.1, 3.2, 3.3, 3.5, 3.6
4.1, 4.2, 4.6
5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7
6.1, 6.4
7.1, 7.2, 7.3, 7.4, 7.5, 7.6
8.1, 8.2, 8.3, 8.4, 8.5, 8.6

7. Best practices in this area and examples from countries within the Region of the Americas:

- Observatorio de Seguridad y Convivencia Ciudadana (PAHO, Municipal Government of Juárez and Autonomous University of Ciudad Juárez, Municipal Government of Juárez)–Ciudad Juárez, Mexico
- Joint Program for the Support of Human Security (PCASH) (PAHO, FAO, UNFPA, UNICEF, UNV, UNDP)–Honduras
- Joint program "Consolidating Peace in Guatemala through Violence Prevention and Conflict Management" (Government of Guatemala and PAHO, ILO, UN Habitat, UNDP, UNESCO, UNFPA, UNICEF, UNIFEM)–Guatemala

8. Financial implications of this Agenda item:

The strategy has financial implications for the Organization that will be determined during the preparation of the plan of action. At this time, it is estimated that a total of US$134,396 would be needed to prepare the plan of action.

CE146/17 (Eng.)
Annex B
ORIGINAL: SPANISH

PROPOSED RESOLUTION

HEALTH, HUMAN SECURITY AND WELL-BEING

THE 146th SESSION OF THE EXECUTIVE COMMITTEE,

Having studied the report of the Director on *Health, Human Security, and Well-being* (Document CE146/17)

RESOLVES:

To recommend that the Directing Council adopt a resolution drafted as follows:

HEALTH, HUMAN SECURITY, AND WELL-BEING

THE 50th DIRECTING COUNCIL,

Having studied the report of the Director on *Health, Human Security, and Well-being* (Document CD50/__);

Recognizing that conditions of insecurity—conflicts, natural disasters, and poverty--affect health and that diseases and adverse health conditions, in turn, affect the security of individuals and their communities;

Understanding that inequity in health poses a threat to human security and limits development, especially that of the most vulnerable communities and populations, primarily original peoples, women, children, and older persons;

Considering that the progress made toward the achievement of the Millennium Development Goals (MDGs) and the health determinants approach will be at risk if human security is not guaranteed,

RESOLVES:

1.   To urge the Member States to:

(a)   Strengthen the regional commitment to integrate the concept of human security in country health plans, emphasizing intersectoral and interagency coordination and participation to achieve the holistic approach that the concept implies.

(b)   Establish and strengthen strategic partnerships with other United Nations, bilateral, and multilateral agencies, nongovernmental organizations and other institutions workomg in areas relevant to human security to promote joint activities and avoid the duplication of efforts.

2.   Request the Director to develop a policy, strategy, and plan of action for PAHO on health and human security that makes it possible to:

- operationalize the concept of health and human security and ensure its integration in PAHO programs;

- develop methodological tools based on documented evidence (systematization of experiences);

- promote the identification and lowering of the threats to human security specific to each country.

CE146/17 (Eng.)
Annex C

Report on the Financial and Administrative Implications for the Secretariat of the Proposed Resolution

1. Agenda item 4.9: Health, Human Security, and Well-being.
2. Linkage to Program Budget 2008-2009: (a) **Area of work:** Sustainable Development and Environmental Health (SDE). (b) **Expected result:** RER 3.1, 3.2, 3.3, 3.5, 3.6
3. Financial implications (a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** The strategy has financial implications for the Organization that will be determined during the preparation of the plan of action. At the current time, it is estimated that preparation of the plan of action will require a total of US\$ 134,396, including: US\$ 40,000–Regional consultation meeting on human security US\$ 70,396–Time of the Adviser on Human Security US\$ 24,000–Time of the Adviser on Family Violence (b) **Estimated cost for the biennium 2010-2011 (estimated to the nearest US\$ 10,000, including staff and activities):** US\$ 134,396 (c) **Of the estimated cost noted in (*b*), what can be subsumed under existing programmed activities?** The cost of the two advisers, US\$ 94,396, could be assumed.
4. Administrative implications (a) **Indicate the levels of the Organization at which the work will be undertaken:** Regional, subregional, and national levels. (b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** One professional post (Master's in Public Health) to provide technical support and coordinate and monitor implementation of the specific projects in each country.

(c) Timeframes (indicate broad timeframes for the implementation and evaluation):
2011 – For development of a policy, strategy, and plan of action for PAHO on health and human security
2012-2021 – Implementation of the strategy and plan of action

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