



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



50th DIRECTING COUNCIL 62nd SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 27 September – 1 October 2010

Provisional Agenda Item 4.13

CD50/17 (Eng.)

4 August 2010

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. The Region is one of the most seriously affected by inequity, environmental pollution, violence, and rapid urban sprawl, as well as population movements. Thus, in November 2002, the Pan American Health Organization (PAHO) submitted the report *Health and Hemispheric Security* (2) to the Committee on Hemispheric Security of the Permanent Council of the Organization of American States (OAS). This document states that health plays a fundamental role in human security and that health and human security are mutually dependent: better health leads to greater human security; and greater human security leads to better health and to a better quality of life. The Secretary-General of the United Nations has already asked countries and the specialized agencies to consider a broader view of human security. To date, however, the issue has not been put before the Governing Bodies of PAHO so that health in human security's position can be defined as a matter directly under the Organization's purview. The Member States need to determine how health can help to address the growing public perception of human insecurity.

3. This document has the following objectives: (a) to describe the evolution of the concept of human security and its relation to health ; (b) to show the link between the

concept of human security, the Millennium Development Goals (MDG), and health determinants; and (c) to study regional lines of action in this area. A proposed resolution is also annexed.

Background

4. The *Human Security 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 (3). In 2005, the Secretary-General of the United Nations submitted the report *In Larger Freedom: Development, Security and Human Rights for All*. This report advanced the concept of freedom from want, freedom from fear, and freedom to live with dignity (4). In 2008, the United Nations General Assembly held thematic discussions on human security, during which it was recognized that despite the difficulty of defining the concept, it has an important contribution to make in addressing the current global threats that hinder the attainment of the Millennium Development Goals (5).

5. In the Region of the Americas, the concept 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 (6). The Declaration of Bridgetown, issued by the Thirty-second Regular Session of the General Assembly of the OAS in 2002, consolidated the multidimensional approach to hemispheric security (7). 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 human security. The *Declaration on Security in the Americas* that came out of the OAS Special Conference on Security, held in Mexico on 22 October 2003, reaffirmed 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 and may therefore require appropriate hemispheric cooperation (8). In June 2010, the General Assembly adopted the Declaration of Lima: Peace, Security, and Cooperation in the Americas AG/DEC. 63 (XL-O/10), which underscores the importance of State security and sovereignty in the face of threats, including serious incidents that affect health (9).

6. Several specialized agencies of the United Nations have contributed to the understanding of the concept. The UNDP *Human Development Report 1994 (1)* states that human security, like other fundamental concepts (e.g. human freedom), is more easily perceived when it is absent. The report lists seven major categories for classifying threats to human security. They are: economic security, food security, health security,

environmental security, personal security, community security, and political security. In the 2008 Policy Review Paper on Climate Change and Children: A human security challenge (10), UNICEF analyzed climate change from the standpoint of human security, underscoring the lifelong impact of children's early experiences.

7. The World Health Organization (WHO) has dealt with the issue essentially from the perspective of security in the face of health events--that is, reducing people's vulnerability to serious health threats. WHO has formalized this through the International Health Regulations (11) and analyzes it in depth in the *World Health Report 2007—A Safer Future: Global Public Health Security in the 21st Century* (12). The *Report of the Commission on Social Determinants of Health* (13) recommends that national governments strengthen political and legal systems to ensure that they promote the equitable inclusion of all, particularly through the adoption of a gender equity approach, thereby guaranteeing a legal identity that respects people's right to human security, especially equity in health.

8. PAHO's mission to be at the forefront of joint strategic efforts between the 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. At least six of PAHO's strategic objectives (14) could be enriched with a health in human security approach.

The relationship between of health and human security

9. Because of its direct affect on the population, human security involves improving the ability of individuals, families, and communities to be equally free from fear and want and to be able to live with dignity wherever they are born, raised, play, work, and relax. Health is also an important sector for a renewed and effective approach that promotes social empowerment, with intersectoral policies guided by its perspective. This includes consideration of the essential public health functions to develop an adequate foundation in the areas of economics, diet, environment, political participation, health services, and the protection of individual and community security. The health sector is very closely linked with the population, both individually and collectively. It addresses their basic uncertainties beyond the security that the State can provide and is intimately linked with development and freedom; its continuing involvement to make the population more resilient goes beyond serious incidents that jeopardize health.

10. The concept of human security has three vital and interrelated dimensions: (a) human development, which enables individuals to freely choose among different personal options to promote their own development; (b) a guarantee that governments

respect and defend human rights; and (c) security to live without constant fear or threats that jeopardize development and the exercise of human rights.

11. The WHO Constitution defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (15). Consequently, health is at once objective physical and subjective psychosocial well-being. Health and human security are therefore integrally linked. The WHO Constitution also says that health is one of the fundamental rights of every human being, and is fundamental to the attainment of peace and security. Health is affected by situations of marked insecurity, such as armed conflicts, natural disasters, epidemics, and the intentional use of chemical and biological weapons, as well as basic conditions in the physical, social, and economic environment, population movements, chronic diseases, and adverse health conditions, all of which affect the security of individuals and their communities.

12. The consideration of human security and its relation to health in the Region of the Americas adds value to the search for an integrated response for the population and the institutions that serve it. The Region is characterized by its profound equity gap, rapid urbanization, and environmental degradation (including the effects of climate change, exposure to toxic waste, intensive migration, and violence). These factors tear at the social fabric and are increasingly overwhelming the health systems with cases of infectious and chronic disease and injuries.

13. The proposed approach adds value by guiding the action of the ministries of health with respect to the complex intersectoral relationship between health and human security and their responsibility for improving the health of the population. Proper positioning of the concept broadens and strengthens health programs and can provide the necessary elements for actively employing a health perspective in the public, private, and social sectors.

Human security, the Millennium Development Goals, and health determinants

14. A broad vision of human security is also what underlies the Millennium Development Goals (MDGs) and the health determinants, since it recognizes the interdependence of their common factors. The three perspectives are marked by a close relationship with the same economic, political, environmental, social, and cultural factors. They recognize health as a multidimensional phenomenon, whose production and protection depend on the relationship between these diverse factors.

15. The MDGs explicitly recognize the reciprocal dependence between economic growth, poverty reduction, and sustainable development and state that democratic governance, the rule of law, respect for human rights, peace, and security are the bedrock

of development. Unlike human security, which is a programmatic and philosophical approach, the MDGs establish specific targets, broken down under eight major goals with specific indicators and time frames.

16. This virtuous link between human security and the MDGs is complemented with the framework of health determinants created by the World Health Organization in 2005 and published in the report *Closing the gap in a generation* (WHO, 2008) (13). In this view, development is judged by the health status of the population and the way health problems are distributed across the social spectrum. The achievement of the MDGs and the improvement of health determinants will be at risk 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

17. The following situations illustrate the association between human security and health.

Human security and communicable disease (including HIV/AIDS)

18. The link between poverty and infectious diseases underscored by the concept of human security has been confirmed by the HIV/AIDS epidemic, which according to the Joint United Nations Program on HIV/AIDS, has affected some 1.7 million people in Latin America and 230,000 in the Caribbean (16). In 2001, the United Nations Security Council took the unprecedented step of declaring the epidemic “a threat to global security” (17). This disease has had a major impact on the countries’ economies. New infectious agents, growing resistance to antibiotics, and epidemics such as the 2009 (H1N1) pandemic imply heavy economic costs and have serious health implications. Outbreaks of diseases such as cholera in the 1990s and urban yellow fever in Paraguay in 2008 reveal that epidemics have repercussions far beyond the health sector, due to their serious impact on the countries’ economies and the Region as a whole.

Human security and violence

19. Violence, whether collective, interpersonal, or self-inflicted, is a public health problem requiring a multisectoral approach. A recent examination of the unequal distribution of homicides in Latin America revealed that when high-income countries are left out of regional comparisons, homicide rates in the Americas are the highest in the world (27.5 per 100,000 population) (18). Short-term 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 coverage, for example. Persistent chronic violence

has major implications for physical and mental health. 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 at some time been the victim of physical or sexual violence by their partner 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 (19). Other forms of violence are the result of stigma and discrimination, such as that directed against homosexuals and transsexuals, sexual violence or assaults that occur during mass population displacements, in refugee camps, or where migrants gather.

Human security and natural disasters

20. Natural and man-made disasters are another threat to health and human security. When human security is precarious, natural disasters can bring real chaos into people's lives, especially in the poorest and most vulnerable populations (women, children, youth, indigenous peoples, Afro-descendants, people with disabilities, and the elderly).

Human security and climate change

21. Climate change acts as a health determinant, because of both its direct effects (extreme temperatures or climate events) and its indirect effects (food shortages due to droughts or floods, lack of safe water, changes in vector-borne diseases, among others.) (10).

Human security, nutrition, and access to food

22. 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 food preferences, so that they can live healthy and active lives (20). 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 there was a food emergency.

Human security, alcohol, and drugs

23. Alcohol consumption in the Region of the Americas is 50% higher than in the rest of the world; furthermore, the use of cannabis, cocaine, volatile solvents, psychoactive drugs, and hallucinogens persists, and crack and heroin use is on the rise (21, 22). Substance use significantly impacts people's quality of life and well-being, posing a human security problem that is also linked with governance and democratic stability, development alternatives, trade, and organized crime. Illicit drug trafficking results in thousands of deaths annually, and not only among drug users; these deaths include the victims of wars between drug traffickers or of police interventions.

Persistent fear and anxiety and child development

24. It has been scientifically demonstrated that children who live in a continuously calm and secure environment reach their highest growth, learning, and brain development potential, while those who live in conditions of fear and insecurity are at greater risk of long-term adverse effects (23). This occurs more often when there is overwhelming stress during sensitive periods of brain development. Its consequences for the future of the Region must be considered.

Guidelines for Future Action

25. Recognizing the integrated nature of health and human security, as well as the need to define the position and work of PAHO to support the Member States, future action should conform to the following lines of work:

- Establish a policy framework that makes it possible to guide decision-making in public health, addressing determinants rather than their consequences, based on multidimensional, integrated practices.
- Determine how the essential public health functions are applied—especially the steering role—in defining actions in the sphere of health in human security.
- Create opportunities for dialogue and the dissemination of information to encourage the human security and its relationship with health approach in the Region.
- Define the health sector's contribution to human security through the strengthening of health programs and equity in care for all people.
- Promote capacity building in primary health care systems and personnel to help improve human security, especially in sexual and reproductive health and maternal and child health services.

- Identify and improve measurement methodologies and tools (including information gathering and dissemination systems) that make it possible to calculate the impact on health and human security and guide community efforts and health policies.
- Develop evaluation and alignment methodologies and support professional capacity building to support the value added of health in the Region.
- Promote collaboration with other agencies of the United Nations system working in complementary aspects of human security as it relates to development.

Action by the Directing Council

26. The Directing Council is requested to examine the information presented in this document and support the proposed resolution found in Annex B.

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Annexes



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CD50/17 (Eng.)
Annex A

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: Dr. Carlos Santos Burgoa

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 de São Paulo (NEV/USP), Brazil
- National Institute of Public Health (INSP), Mexico
- Instituto CISALVA, Colombia
- Centers for Disease and Control and Prevention (CDC), United States
- The Johns Hopkins University, United States
- Emory University, United States
- 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, in turn, diseases and adverse health conditions affect the security of individuals 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.



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



146th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 21-25 June 2010

CD50/17 (Eng.)
.Annex B
ORIGINAL: SPANISH

RESOLUTION

HEALTH, HUMAN SECURITY, AND WELL-BEING

THE 50th DIRECTING COUNCIL,

Having studied the report of the Director, *Health, Human Security, and Well-being* (Document CD50/17);

Recognizing the multiple and complex components of human security and the critical contribution of public health to its full achievement;

Recognizing that diverse economic, social, and environmental factors influence health, human security, and the quality of life of populations;

Understanding that inequity in health poses a threat to human security and limits development, especially among groups in situations of vulnerability;

Considering the importance of human security and its relationship with health for the advancement of the health determinants approach and the Millennium Development Goals (MDGs);

Recognizing the importance of the International Health Regulations for health and human security;

Bearing in mind the United Nations Millennium Declaration, the Final Document of the 2005 World Summit, and the Final Report of the Commission on Social Determinants of Health, among other instruments,

RESOLVES:

1. To urge the Member States to continue to promote analysis of the concept of human security and its relationship with health, with a view to its incorporation into country health plans, emphasizing coordination and multisectoral interagency participation to reflect the multidimensional aspects of such an approach.
2. To request the Director to:
 - (a) monitor the progress of discussions on the concept of human security and its relationship with health in relevant multilateral forums;
 - (b) explore the possibility of developing policy guidelines and methodological tools for integrating the approach of human security and its relationship with health in the Organization's programs and activities;
 - (c) promote training for personnel in PAHO and the Member States, as appropriate, on the topic of human security and its relationship with health.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CD50/17 (Eng.)
Annex C

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

<p>1. Agenda item: 4.13. Health, Human Security, and Well-being.</p>
<p>2. Linkage to Program Budget 2008-2009:</p> <p style="margin-left: 20px;">(a) Area of work: Sustainable Development and Environmental Health (SDE).</p> <p style="margin-left: 20px;">(b) Expected result: RER 3.1, 3.2, 3.3, 3.5, 3.6</p>
<p>3. Financial implications</p> <p style="margin-left: 20px;">(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.</p> <p style="margin-left: 40px;">At the current time, it is estimated that preparation of the plan of action will require a total of US\$ 134,396, including:</p> <p style="margin-left: 40px;">US\$ 40,000–Regional consultation meeting on human security</p> <p style="margin-left: 40px;">US\$ 70,396–Time of the Adviser on Human Security</p> <p style="margin-left: 40px;">US\$ 24,000–Time of the Adviser on Intrafamily Violence</p> <p style="margin-left: 20px;">(b) Estimated cost for the biennium 2010-2011 (estimated to the nearest US\$ 10,000, including staff and activities): US\$ 134,396</p> <p style="margin-left: 20px;">(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.</p>
<p>4. Administrative implications</p> <p style="margin-left: 20px;">(a) Indicate the levels of the Organization at which the work will be undertaken: Regional, subregional, and national levels.</p> <p style="margin-left: 20px;">(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.</p>

- (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

- - -