Human Security:
Implications for Public Health

Technical Reference Document

Pan American Health Organization
Regional Office of the World Health Organization

Human Security: Implications for Public Health

Technical Reference Document

Sustainable Development and Environmental Health Area (SDE)

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office for the Americas of the
WORLD HEALTH ORGANIZATION
525 Twenty-third Street, N.W.
Washington, D.C. 20037

2012

Also published in Spanish (2012) as:
Seguridad humana: implicaciones para la salud pública. Documento técnico de referencia
ISBN: 978-92-75-31692-4

PAHO HQ Library Cataloguing-in-Publication
Pan American Health Organization
Human security: Implications for public health
Washington, D.C.: PAHO © 2012
ISBN: 978-92-75-11692-0

I. Title

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NLM WA 250

Cover: Area of Knowledge Management and Communications/Institutional Branding-PAHO
Design: Miki Fernandez/ULTRAdesigns

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We must continue to advance the health of all people, seek to achieve greater equity among them, and ensure that they have the freedom to live in dignity.

—Mirta Roses Periago, PAHO Director

List of Acronyms

ECLAC	Economic Commission for Latin American and the Caribbean
ESCAP	Economic and Social Commission for Asia and the Pacific
ESPH	Extension of Social Protection in Health
FCTC	Framework Convention on Tobacco Control
GDP	Gross Domestic Product
GNP	Gross National Product
H&HS	Health and Human Security
HDI	Human Development Index
HIA-S	Health Impact Assessment and Surveillance
HSI	Human Security Index
IASC	Inter-Agency Standing Committee
IHR	International Health Regulations
IHSDN	Integrated Health Service Delivery Networks
ILO	International Labor Organization
LAC	Latin America and the Caribbean
MDGs	Millennium Development Goals
NACTP	National Alliance of Children's Trust and Prevention Funds
NCDs	Noncommunicable Diseases (synonymous with chronic diseases or chronic noncommunicable diseases, or CNCDs)
OAS	Organization of American States
OHCHR	Office of the High Commissioner for Human Rights
PAHO	Pan American Health Organization
PHC	Primary Health Care
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNEP	United Nations Environment Programme
UNHLM	United Nations High-Level Meeting
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UN-HLM	United Nations High-Level Meeting
UNODC	United Nations Office on Drugs and Crime
UNOPS	United Nations Office for Project Services
WFP	World Food Programme

Acknowledgements

This Technical Reference Document coordinated by Dr. Carlos Santos-Burgoa, PAHO/WHO, was prepared on the basis of discussions held at the Technical Discussion Meeting on Health and Human Security held in Washington, D.C., on December 5th, 2011, and it follows up on PAHO document CD50.R16. The Panama and Nicaragua workshops, organized by PAHO in Central America by Carmen Guevara, were the background activities for the Technical Discussion Meeting. The results were integrated by Martha Hijar, researcher at the Fundación Entornos A.C. Further support was provided by Kirsten Brownstein, Ruth Pamela Chacón Guerrero, Betsy Eagin, Andy Shuai Liu, and Naomi Parekh.

We would like to acknowledge the following people that contributed with their valuable input, observations and suggestions to improve this Technical Reference Document.

Ambassador Adam Blackwell, Organization of American States, Ms. Monica Brana, PAHO/WHO, Dr. Alfonso Contreras, PAHO/WHO, Dr. Luis Gabriel Cuervo Amore, PAHO/WHO, Dr. Kira Fortune, PAHO/WHO, Dr. Luiz Augusto C. Galvão, PAHO/WHO, Mrs. Alessandra Guedes, PAHO/WHO, Mrs. Susan Hubbard, Japan Center for International Exchange, Dr. Jacob Kumaresan, WHO Office at United Nations, Dr. Adela Paez Jimenez, PAHO/WHO, Dr. Marcelo Korc, PAHO/WHO, Dr. Branka Legetic, PAHO/WHO, Ms. Maria Eugenia Lemos Fernandes, Associacão Saude da Familia, Dr. Matilde Maddaleno, PAHO/WHO, Dr. Fatima Marinho de Souza, PAHO/WHO, Mrs. Adriana Mejía Hernández, Organization of American States, Dr. Guillermo Mendoza, PAHO/WHO, Ms. Mehrnaz Mostafavi, Human Security Unit, United Nations, Dr. Sofialeticia Morales, PAHO/WHO, Ms. Cristina Puentes-Markides, PAHO/WHO, Dr. Eugenia Maria Rodrigues, PAHO/WHO, Ambassador Yukio Takasu, Special Advisor to the UN-SG on Human Security, Professor Keizo Takemi, Japan Center for International Exchange (JCIE), Dr. Gina Tambini, PAHO/WHO, Eng. Paulo Texieira, PAHO/WHO, Dr. Rubén Torres, PAHO/WHO, Mr. Javier Vásquez, PAHO/WHO.

Foreword

Since the establishment of the United Nations Commission on Human Security, PAHO has recognized that the human security approach—the principles of which are inherent to our work in public health—provides a platform upon which to simultaneously strengthen our efforts and expand their reach. We must continue to advance towards health for all, seek to achieve greater equity among them, and ensure that they have the freedom to live in dignity. Guided by this conviction, PAHO's *2010 Annual Report of the Director of the Pan American Sanitary Bureau* was entitled *Promoting Health, Well-being and Human Security in the Americas*. In it, we started out by saying that "human security doesn't involve concern about guns but concern about human life and dignity."[1] As is highlighted in the latest report of the United Nations Secretary General to the General Assembly, "human security is a dynamic and practical policy framework to address widespread and cross-cutting threats in a coherent and comprehensive manner through greater collaboration and partnership among governments, international and regional organizations, and civil society and community-based actors."[2]

The 50th Directing Council of the Pan American Health Organization (PAHO) passed a resolution in 2010 urging Member States to consider how the concept of human security could be integrated into their national health plans. PAHO is the first multilateral international organization to have one of its governing bodies issue such a mandate. The Directing Council asked the Secretariat to further advance the human security approach by holding discussions on it at different multilateral forums—most importantly, the United Nations—and promoting this discussion both with the countries and within the Organization. Over the past 18 months, we have had two subregional meetings to discuss human security with the Central American Countries and agencies located there, during which participants engaged in an *International Technical Discussion Meeting* and reviewed the present *Technical Reference Document*. Additionally, we have been working with the countries of the Americas to identify current health initiatives that illustrate the human security approach, examples of which will provide input for a regional meeting that will act as a venue for sharing such experiences throughout the Americas, as well as similar experiences from Africa and Asia. Over the last couple of years, the countries of the Region have implemented at least three major *Health and Human Security Projects* using this approach.

By reflecting on the above-mentioned activities and others related to developing health and human security, this technical document identifies how human security and public health are mutually enriching and clarifies different definitions and approaches. The strategic importance of health and human security to PAHO—founded 110 years ago as the world's first international public health organization—cannot be overstated, especially as we seek to lead the path to the future. With this, PAHO is convinced that human security is not just a notion or a concept but rather provides the basis for a policy framework and—most importantly—an operational framework as well. The latter calls for an assessment of human insecurities—one that is comprehensive, contextually relevant, people centered, proactive, and preventive—that tackles both current and emerging threats, primarily at the local level.

Just as health determinants are recognized to be multifactorial, so too are peoples' insecurities, such that threats cannot be understood or addressed in unidimensional isolation. Rather, they have complex interlinkages requiring comprehensive, collaborative approaches that bring together diverse organizations and policies. By proceeding in this way, we can address the root causes of our population's vulnerabilities far more effectively than through the standalone or fragmented responses we currently see.

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1 Pan American Health Organization / World Health Organization (PAHO/WHO). *Annual Report of the Director 2010: Promoting Health, Well-being and Human Security.* Washington, DC: PAHO/WHO; 2010.

2 United Nations, Secretary General, Sixty-Sixth Session of the General Assembly. *Follow-up to General Assembly Resolution 64/291 on Human Security: Report of the Secretary-General,* p. 9. New York: UN; 5 April 2012.

Just as health determinants are recognized to be multifactorial, so too are peoples' insecurities, such that threats cannot be understood or addressed in unidimensional isolation.

—Mirta Roses Periago, PAHO Director

Such coordination is not only important at the local, subnational, and national levels; it will also be necessary at the subregional and regional level. Most certainly, it will require international agencies to become involved at these levels. To deal with the complexity and multidimensional linkages at such different levels, international cooperation is imperative—even more so when recognizing the constraints faced by many of our developing countries. Whereas we concur with the President of the United Nations *66th General Assembly* that "the greatest threats facing the world today cannot be solved in isolation," we further contend that "human security provides a viable framework to bring our various approaches into a coherent and concerted effort that puts people at the forefront of decision-making."[3]

The production and implementation of this technical document complies with the mandate of PAHO's Directing Council. With it, we believe that we are also contributing to the current discussion on areas of human security that add value to the three pillars of the United Nations—security, development and human rights—as well as to Member Countries. This *Technical Reference Document* is a stepping stone in the path of health policies and interventions geared towards ensuring that communities and families alike live free from fear, free from want, and free to live in dignity.

Mirta Roses Periago
Director
Pan American Health Organizaton

[3] United Nations, General Assembly. *Plenary Meeting of the General Assembly Debate on the Report of the Secretary-General: Follow-up to Resolution 64/291 on Human Security.* New York: United Nations; 4 June 2012.

Preface

Development is a process that continually expands people's freedom, as distinguished from simple economic growth that acts as a *means* for such expansion. However, such freedom also depends on societal and economic arrangements and on how these interact with the environment: hence, the *three pillars of sustainable development*. Development requires the control, prevention, or elimination of those causes that stand behind the *lack* of freedom: e.g., hunger, social deprivation, neglect of public facilities, lack of adequate shelter, defenselessness against violence, and—most importantly—*avoidable illnesses*. The lack of basic needs, persistent fear, and the impossibility of dignity represent losses of the three basic freedoms—freedom from fear, freedom from want, and freedom to live in dignity—that we all need in order to feel secure. Such inhibiting factors keep us from building our future and our expectations, our *human security*. What people can achieve is then influenced by the presence of *enabling conditions* such as good health and institutional arrangements that allow for social participation and advancement.

As witnessed over the past few decades, the unprecedented advances made in promoting health and preventing disease present us with a major opportunity to enhance development. Nevertheless, this progress has not been shared by everyone in society. People face further obstacles due to an interlinked set of factors that severely limit the capacity of individuals, families, and communities to realize their full potential.

Therein resides the rationale for the work we do in public health: we see our contribution to development in terms of eliminating hazards and helping bring about the conditions necessary for the continued expansion of people's freedom. In this way, health is a necessary precondition for human security. The synergy of these combined efforts accelerates developmental gains, the impact of which in turn reduces short-term threats to security and increases long-term sustainability. Disease—the antithesis of health, whether infectious or chronic, resulting from injury, or causing disability—is determined through the simultaneous interaction of people's genomic profile with environmental hazards and conditions, behaviors and consumption patterns, and sociostructural determinants. While disease-specific medical treatment approaches are a necessary component for combatting disease, these must be complemented by comprehensive, multifaceted strategies that tackle multiple factors and risks in order to produce health. In the human security approach, multidimensional analysis and actions address the full scope of hazards, recognizing their interaction and giving rise to integrated, context-specific responses that capitalize on the participation of a diverse set of actors. When framing public health responses, these ideal—though optional—characteristics are *de facto* requirements for human security.

In sustainable development, we seek to sustain life-support systems, natural environments, and community values and cultures for future generations, while developing the economy and society as well as people's longevity and their ability to reach their fullest potential. This challenge drives us to the need for human security, through which people may be guaranteed freedom from need, freedom from fear, and freedom to live in dignity.

With this *Technical Reference Document*, we at PAHO's Sustainable Development and Environmental Health Area are providing the necessary elements to support the current dialogue on the central role of health in human security and its contribution to reaching sustainable development goals. This, as mandated by our Directing Council, must be provided to Member States and consequently to their provinces, districts, or municipalities. It is also key to exchanging ideas within the Organization and with other sectors and bilateral and multilateral agencies—in this case, all of which are essential partners in advancements at both the policy and operational levels. Our objective for this document is to clarify and differentiate the scope of the various definitions of human security and to harmonize certain concepts.

What today's situation calls for, and what we aim to support through this document, is the development of high-level—sound public health policies aligned with the human security concept as well as a framework for operationalizing these policies within the local contexts where they will be implemented. Therefore—most importantly—we want this document to serve as a reference during subsequent stages, and as an operational framework for human health in developing guidelines based on human security. This is our next immediate step.

Luiz Augusto Galvão
Manager
Sustainable Development and Environmental Health (SDE), PAHO

Development is a process that continually expands people's freedom, as distinguished from simple economic growth that acts as a means for such expansion. —Luiz Augusto Galvão, Manager SDE, PAHO

Executive Summary

The ultimate objective of human security is to protect and ensure three essential freedoms for individuals and communities: freedom from fear, freedom from want, and freedom to live in dignity. This framework provides a wider and deeper purpose to actions in health action by linking them to the myriad aspects of human freedom and fulfillment. It provides the lens for focusing local integration of a multifaceted person-centered approach. *Human security* and *public health* are mutually beneficial concepts that can contribute to significant advances in community-based health settings. They shed light on how people's lack of basic security across seven key dimensions—economic, food, health, environmental, personal, community, and political—leads to severe, permanent health damage. Public health creates an entry point for human security approaches by offering good practices to utilize for achieving a basic level of human security. Public health and human security are positioned to mutually complement each other, particularly given their shared dual emphasis on protection and empowerment strategies. This dual emphasis seeks to build community capacity while keeping institutions and state actors accountable. While these concepts and their relationship to each other are gaining wider recognition and momentum, there is still a continued need for development and advancement of the concepts of human security and health, as well as guidelines and tools for their successful application in the Region.[4] This *Technical Reference Document* is embedded in the context of the Region of the Americas, as an effort to advance the discussion of the human security concept and its relation to health following recommendations 2a and 2b of PAHO Resolution CD50.R16, *Health, Human Security and Well-being*.[5]

The United Nations Commission on Human Security (CHS) defined the objective of human security as the following: "to protect the vital core of all human lives from critical and pervasive threats, in a way that is consistent with long-term fulfillment."[6] Human security intersects with and complements the objectives of human development, human rights, and traditional state-centered security efforts. However, key principles guiding human security distinguish this approach from the aforementioned other related concepts. Specifically, human security is guided by people-centered, comprehensive, multisectoral, context-specific, and prevention-focused principles. Human security is also defined by its emphasis on both *protective measures*—typically top-down approaches for which states and institutions maintain the majority of responsibility and oversight—and *empowerment strategies*—which build the capacity of individuals and communities to effectively advocate for and bring about the conditions necessary for their security. By integrating protection and empowerment, this dual approach leads to contextually relevant and coordinated actions through which individuals and communities may increase their resilience and achieve sustainable improvements in their own security.

Considering these attributes, many parallels can be drawn between human security and public health approaches, which are both complementary and mutually reinforcing. In fact, "illness, disability and avoidable death are 'critical pervasive threats' to human security."[7] Health is defined here as not merely the absence of disease, but rather as "a state of complete physical, mental and social well-being."[8] Health is both objective physical wellness and subjective psychosocial well-being and confidence *vis-à-vis* the future.

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4 The PAHO/WHO Region of the Americas is defined as the States and territories of the Western Hemisphere; the geographical area from Canada in the north to Patagonia in the south and includes the Caribbean.

5 Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council. Resolution CD50.R16, Health, Human Security and Well-being*. Washington, DC: PAHO/WHO; 2010.

6 United Nations, Office for the Coordination of Humanitarian Affairs (UN), Human Security Unit (UN/OCHA/HSU), Human Security Commission. *Human Security Now: The Final Report,* Chapter 6, Better Health for Human Security, p. 96. New York: UN; 2003.

7 *Ibid.*

8 *Ibid*.

The role of public health to protect and promote the health of populations is thus both integral to and reflective of human security approaches. Like human security approaches, public health views threats to health comprehensively and addresses root causes—or determinants—at the individual, community, and societal level. As such, public health involves a multidisciplinary approach that integrates actions across multiple sectors and at different stages of various processes: proactive promotion of community and personal health assets and resources, prevention, promotion, care, and rehabilitation. Participatory approaches and community empowerment are underlying doctrines for public health: they recognize that individuals and communities *themselves* are key actors in the production of health and its necessary preconditions. In addition to these areas of alignment between the *principles* of human security and public health, the *practice* of public health presents potential opportunities to implement and more fully realize human security.

Health promotion is the key public health strategy for human security. Health promotion is an extensively practiced discipline within public health that seeks to achieve health improvements by building the capacity of individuals, families, and communities—while at the same time, also addressing conditions within society as a whole (e.g., healthy settings, public policies, the preventive orientation of health services). Thus, health promotion practices are in accordance with the operational principle of empowerment.

It is important to note that public health activities are not carried out exclusively through the health sector but rather are implemented across multiple sectors (e.g., education, labor, and agriculture). Therefore, they occupy a special place in the network through which human security operates. This is particularly true because **primary health care service delivery** provides individuals and communities with a gateway into the broader health care system, as well as to services in other sectors. As such, primary health care systems provide a direct population link through which equitable access to essential services may be advanced.

The implementation of **social protection** schemes is also a crucial element to increase populations' resilience to vulnerability. Schemes to provide social protection in health are especially important. Such measures are designed to guarantee, through public authorities, that individuals or groups can meet their health needs and demands through adequate access to services—regardless of their ability to pay.

The **stewardship functions of public health**—which involve government actions to inform, monitor, formulate, and enforce policies and other protective measures—also provide significant opportunities to implement and achieve human security.

The **identification, analysis, and application of synergies** between human security and public health approaches holds special importance to the Region of the Americas, where populations suffer critical vulnerabilities related to health and human security. These vulnerabilities include, but are not limited to communicable and noncommunicable disease; water and sanitation; environmental threats and toxic exposure; natural disasters; climate change; nutrition and food security; alcohol and drug use; violence; labor risks (whether insufficient, unsuitable, harmful, or age-inappropriate jobs); issues plaguing the informal sector; weaknesses in social protection measures and primary health care systems; housing and unplanned urban/metropolitan growth; and migration patterns, among others. Populations in situations of vulnerability, such as indigenous peoples and migrants, are of particular concern for the Region of the Americas. The key document on health and human security in the Region is PAHO Directing Council Resolution CD50.R16, *Health, Human Security and Well-being*. This constitutes the first multilateral document wherein Member States agree "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," making a "request to the Director to:

a. monitor the progress of human security and health discussions in multilateral forums;
b. explore development of methodological tools and guidelines for implementing human security and health integrated approaches;
c. promote debate of these issues and approaches in the Organization; and
d. promote awareness of these among PAHO personnel and Member States."[9]

[9] Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council. Resolution CD50.R16, Health, Human Security and Well-being*. Washington, DC: PAHO/WHO; 2010.

The evolution of *health and human security* from a concept to a field of action has been accompanied by a growing body of knowledge on this subject. Important concepts included in this body of knowledge, as well as related ones, are described in this document: e.g., citizen security, state security, social determinants of health, climate change, and *health and human security*, among others. Further rationales for adopting and promoting concepts of health and human security concepts were identified during the *Subregional Consultation Workshops* in Central America (held in Panama and in Nicaragua) and the *International Technical Discussion Meeting* held in Washington, DC.

Implementing health and human security approaches presents a particular challenge, given the evolving nature of our understanding of these approaches and their relationship to each other. Some projects have been developed that resemble the health and human *security* approach. Case studies developed on the basis of experiences with these projects can facilitate the development of a more complete framework for practicing human security, as well as for expanding public health approaches. Lessons learned from case studies such as these may help provide more guidance for effective response to many of the most dire threats posed to the security of the Region's populations.

Next Steps in Implementation

Currently, the challenge is to provide support to countries as they incorporate the concept of human security and its relation to health into country health plans (as mandated in aforementioned Resolution CD50.R16). Future steps in support of this goal fall into the following categories: **conceptual, methodological, operational, and theoretical.**

- **Key conceptual actions** in human security approaches and their application include expanding the dialogue on the topic and promoting information exchange and interagency collaboration.
- **Key methodological actions** include identifying and developing tools and methods, such as a *Human Security Index* and an analysis of social fabric and development. These will provide useful measurements of the conditions affecting health and human security that communities and other actors can then leverage to address vulnerabilities. In addition, existing community health and development approaches and methods should be renewed—and their scope, broadened—so that elements of community and family asset development, strengthening, and resilience are more fully addressed and made applicable in community-based primary health care contexts.
- **Key operational measures** include developing the infrastructural, organizational, and professional capacity within the public health and health care sectors to improve their ability to systemically approach critical and pervasive threats, in a multifaceted and participatory manner that also ensures protective actions on an equitable basis. Both the concepts and the tools necessary to bring about human security should be incorporated across all service levels and sectors and adopted within the communities themselves.
- Finally, advancement of **key theoretical measures** is important in order to more clearly define the concept of human security and its relation to health. This document describes the lens through which human security and health are focused—as well as the principles, goals, and approaches embodied by these concepts.

Ultimately, the **dual, multifaceted, and participatory approaches** embodied in health and human security approaches are essential elements for building people's long-term resilience to threats and for securing their ability to live with freedom from fear, freedom from want, and freedom to live in dignity. However, human security is still not widely understood around the world, and a better understanding of applied human security approaches is called for. Given this fact, with this document the PAHO Secretariat hopes to contribute to the advancement of these concepts, thus setting the stage to develop methodological tools and instruments for their implementation. Over the coming years, developing lines of action such as those described above can generate information for the formulation of agendas and strategies for health and human security within the Region.

I. Introduction to Human Security

Human Security: The Basics

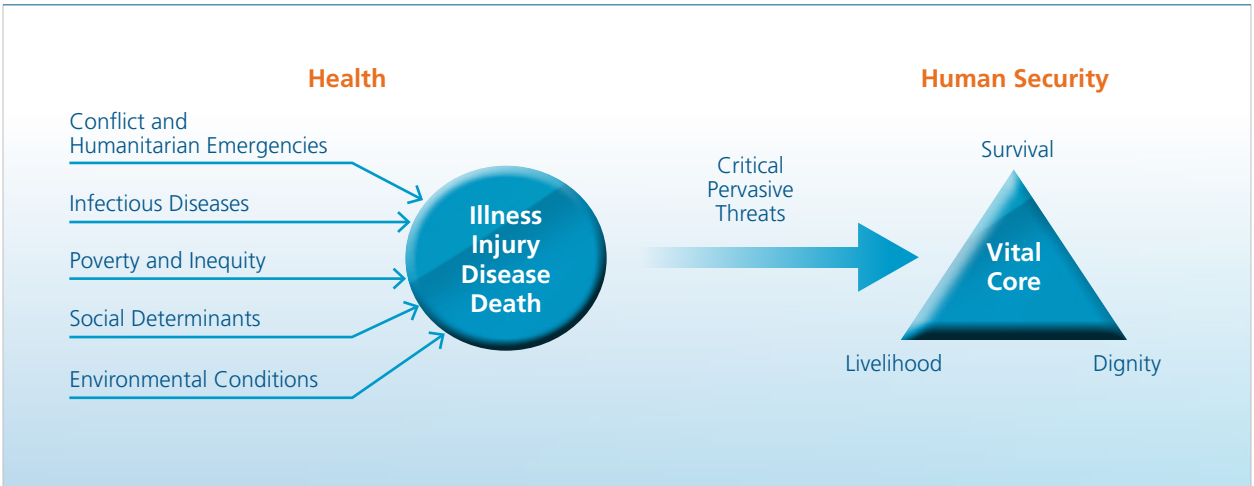
The United Nations (UN) defined the term "human security" in the *World Summit Outcome Document* (2005), in which paragraph 143 affirmed the following:

> "We stress the right of people to live in freedom and dignity, free from poverty and despair. We recognize that all individuals, in particular vulnerable people, are entitled to freedom from fear and freedom from want, with an equal opportunity to enjoy all their rights and fully develop their human potential. To this end, we commit ourselves to discussing and defining the notion of human security in the General Assembly."[10]

In 2010, the UN General Assembly followed up on Paragraph 143 of the 2005 *World Summit* document with Resolution 64/291, encouraging the pursuit of a definition of "human security" while recognizing its Member States' differing views on this issue.[11] PAHO adopted the human security framework, beginning with the launch of the United Nations Commission on Human Security in 2003. In 2010, PAHO's *50th Directing Council* issued Resolution CD50.R16, *Health, Human Security, and Well-being*,[12] in which it cited and echoed the tenets described by Paragraph 143 of the *World Summit Outcome Document*.

The human security approach is a means of protecting individuals from critical and pervasive (widespread) threats and situations in which their survival, livelihood, and dignity are seriously threatened. It also emphasizes the relationship between security, development, and human rights, as well as the strengths of individuals.[13]

Figure 1: Health and Human Security Linkages



Graphic modified from 'VitalCore' Model developed by the Human Security Commission and presented in *Human Security NOW* 2003.

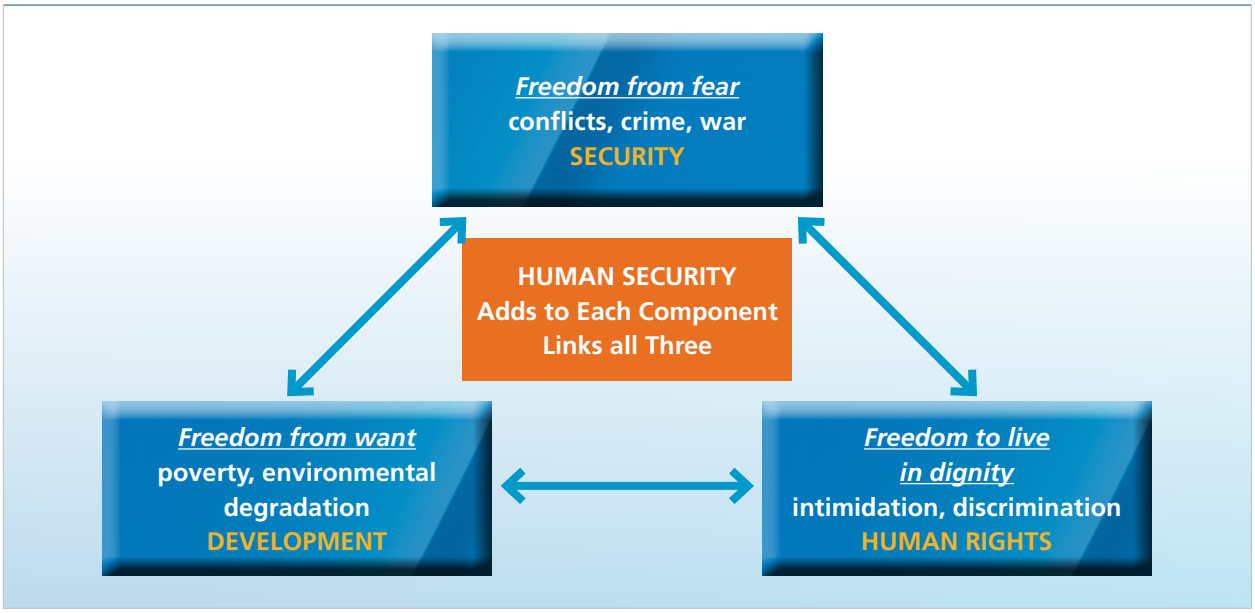
[10] United Nations (UN). *World Summit Outcome Document. Document presented in the Sixtieth Session of the General Assembly.* New York: UN; 15 September 2005. (Document A/60/L.1).

[11] United Nations (UN). *Resolution Adopted by General Assembly. Document presented in the Sixty-fourth session of General Assembly.* New York: UN; 27 July 2010. (Document A/RES/64/291).

[12] Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council. Resolution CD50.R16, Health, Human Security and Well-being.* Washington, DC: PAHO/WHO; 2010.

[13] United Nations, Office for the Coordination of Humanitarian Affairs (UN), Human Security Unit, Commission on Human Security (UN/OCHA/HSU/CHS). *Human Security Now: The Final Report,* Chapter 6, Better Health for Human Security. New York: UN; 2003.

Figure 2: Human Security Concepts



Human security also considers threats that result not only from external acts of aggression but also from vulnerabilities due to sudden economic downturns and persistent sociostructural problems. "Human security complements state security, strengthens human development, and enhances human rights."[14] Often posed is the question of the relationship and distinctions between human security and **state security, human development, and human rights**. The following is a brief overview of how human security intersects with these three concepts:

- Whereas **state security** concentrates on threats directed against the state—mainly in the form of military attacks—human security draws attention to a wide scope of threats faced by individuals and communities. It focuses on the root causes of vulnerabilities and advances people-centered solutions that are locally driven, comprehensive, and sustainable. As such, it involves a broader range of actors: for example, local communities, international organizations, and civil society, as well as the state itself. Human security, however, is not intended to displace state security. Instead, their relationship is complementary: "Human security and state security are mutually reinforcing and dependent on each other. Without human security, state security cannot be attained; and vice versa."[15]
- To the **human development** objective of 'growth with equity,' human security adds the important dimension of 'downturn with security.' Human security acknowledges that as a result of such downturns as conflicts, economic and financial crises, ill health, and natural disasters, people are faced with sudden vulnerabilities and deprivations. These may not only undo years of development but may also generate conditions in which grievances lead to growing tensions. Therefore, in addition to its emphasis on human well-being, human security is driven by values related to security, stability, and sustainability of development gains.
- Too often, gross violations of **human rights** result in conflicts, displacement, and human suffering on a massive scale. In this regard, human security underscores the universality and primacy of a set of rights and freedoms that are fundamental for human life. Human security makes no distinction between different aspects of human rights—be they civil, political, economic, social, and/or cultural—thereby addressing violations and threats in a multidimensional and comprehensive way. It in-

[14] *Ibid*.

[15] *Ibid*.

troduces a practical framework for identifying the specific rights that are at stake in a particular situation of insecurity and considers the institutional and governance arrangements that are needed to exercise and sustain those rights.

The Human Security Approach

Human security is guided by people-centered, comprehensive, multisectoral, context-specific (locally driven) and prevention-focused principles. The human security approach calls for a hybrid framework of both protective and empowerment measures (as illustrated in Figure 3). It places greater emphasis on increasing the participation and involvement of individuals and communities alike. Its ultimate objective is the security of individuals and communities against critical and pervasive threats or situations. The human security approach identifies seven dimensions of security threats:

1. Economic
2. Food
3. Health
4. Environmental
5. Personal
6. Community
7. Political security

The Protection (Top-Down) Dimension

- Refers to norms, processes and institutions required to protect people from critical and pervasive threats.

Figure 3: The Dual Protection/Empowerment Approach

- Recognizes that people face threats that are beyond their control.
- Requires protecting people in a systematic, comprehensive, and preventive way, which includes establishing the rule of law, good governance, accountability, and social protection instruments.
- Realizes that the necessary protective measures should be considered at all levels (national, regional, global, local, individual).

The Empowerment (Bottom-Up) Dimension

- Refers to strategies that enable people to develop their individual resilience for overcoming difficult situations.
- Aims at developing the capabilities of both individuals and communities to make informed choices and to participate in solutions that not only ensure human security for themselves, but also for others.

Additionally, the human security approach links protection (top-down) with empowerment (bottom-up) in way that ensures local ownership, resilience, and sustainability. While emphasizing the need for enhanced efforts to increase community empowerment, the human security approach calls for a balance between protection and empowerment measures, recognizing that the most effective balance between these is both dynamic and dependent upon many factors—including existing challenges, available infrastructure, and current community capacity, among others. It is a practical and comprehensive means of addressing the multidimensional threats facing people today. It focuses attention on the root causes and impacts of threats on people; as a result, it promotes responses that are targeted and contextually relevant. The human security approach also brings together the relevant actors in an integrated manner, thus promoting coordinated responses and information-sharing mechanisms that help identify the most effective and efficient responses to both current and future threats.

Human security makes no distinction between different aspects of human rights—be they civil, political, economic, social, and/or cultural—thereby addressing violations and threats in a multidimensional and comprehensive way.

II. Public Health Practice: Mutual Alignment with Human Security

Health is more than a sector of public intervention; the overall health status of a population is both dependent on and reflective of the interplay of a broad range of societal conditions. As such, it serves as a poignant indicator of a society's performance. More than any other indicators of a country's performance (such as the Gross National Product, or GNP), life expectancy—as the leading summary indicator of health—is the result of a blanket combination of societal conditions and is highly correlated with several indicators of human security (see the *Human Security Index).* Therefore, while health can be measured as a result of performance, it can also serve as a useful entry point for addressing human security.

The relationship of public health to human security is complementary, mutually reinforcing, and aligned with practicing the **five principles** outlined in the UN human security approach, that it be[16]

1. People centered
2. Comprehensive/multidimensional
3. Multisectoral
4. Context specific
5. Prevention focused

Thus, it can be considered a five-armed approach for public health as it ensures the **protection of the population, its core mandate**, followed by the **empowerment of individuals and communities as actors who produce their own health**. In the constitution of the World Health Organization (WHO, 1946) it is stated that "…the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States. The achievement of any state in the promotion and protection of health is of value to all."[17]

The key document on health and human security in the Region of the Americas (hereafter called "the Region"[18]) is PAHO Directing Council Resolution CD50.R16, *Health, Human Security and Well-being*.[19] As the very first multilateral document endorsed by Member States in this area, it resolves 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, pursuant to their national legislation, emphasizing coordination and multisectoral interagency participation to reflect the multidimensional aspects of such an approach."[20]

The resolution then mandates that the Secretariat take the following four actions:

- Monitor the progress of discussions on the concept of human security.
- Develop policy guidelines and methodological tools for the Organization's programs and activities.
- Promote debate in the Organization.
- Promote awareness for personnel in PAHO and its Member States of approaches to addressing human security and its relationship to health.

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16 Kubo H. *Human Security Regional Training Programme: Central America & Caribbean Subregion.* San José, Costa Rica: United Nations, Office for the Coordination of Humanitarian Affairs (UN), Human Security Unit (UN/OCHA/HSU); 2010.

17 World Health Organization. *Constitution of the World Health Organization*. New York: WHO; 1946.

18 As previously stated, the Region of the Americas extends from Canada in the north to Patagonia in the south and includes the Caribbean.

19 Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council. Resolution CD50.R16, Health, Human Security and Well-being.* Washington, DC: PAHO/WHO; 2010.

20 *Ibid*.

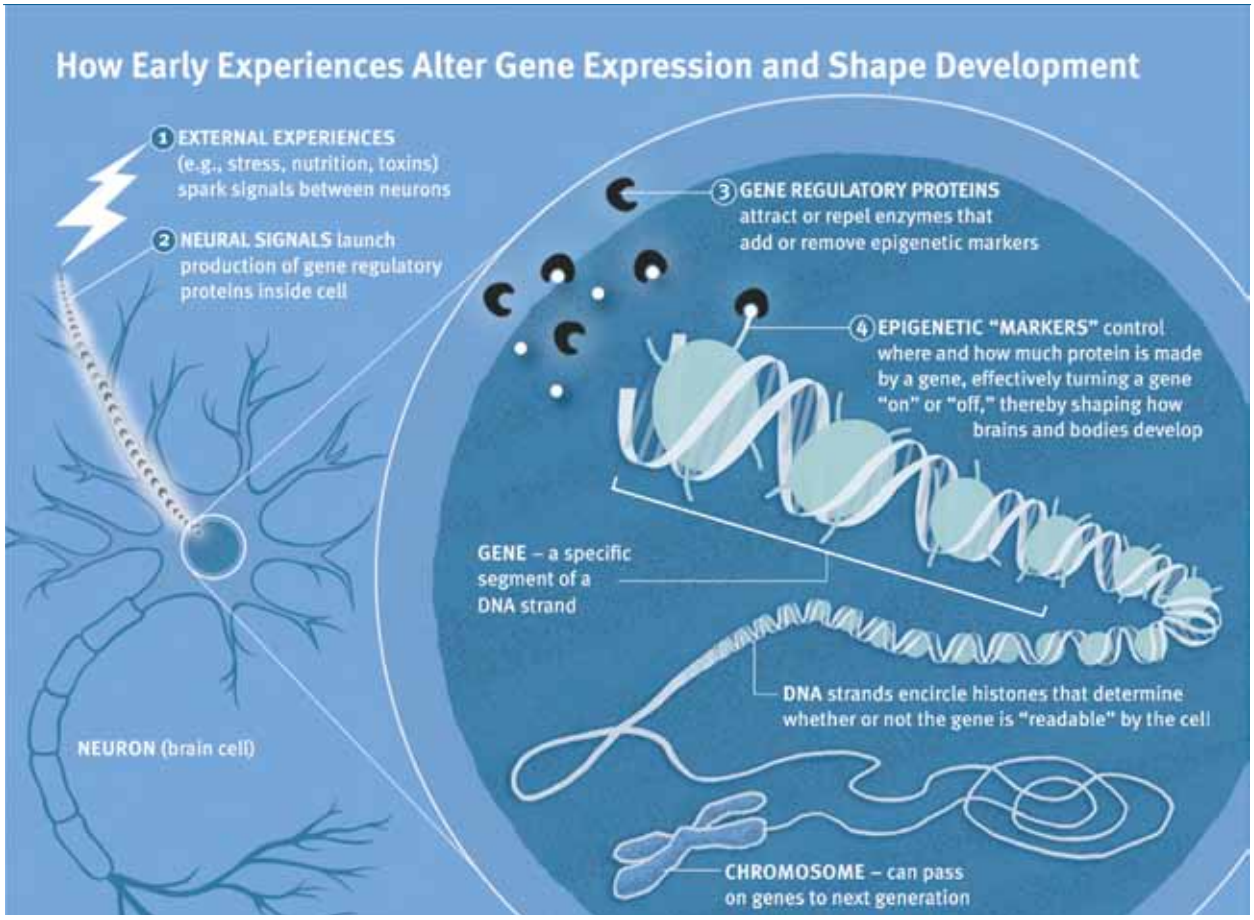
Human Security: Contributions to Public Health

Health is recognized as the vital core of human life and one of the bases for enjoying universal freedoms. One of the contributions that human security has made to the science of public health is that it calls attention to the health-related aspects of basic human security. The Region is one of the hardest hit by personal insecurity resulting from violence, pandemics, environmental degradation, rapid urbanization, nutritional alterations, great and growing inequities, and migration. There is a crisis currently arising from recent reforms that have failed to meet the populations' expectations, as evidenced by recent democratization processes, health reforms, and national security wars. There is growing concern surrounding the unsustainability of health care systems in the face of the growing burden created by violence, injuries, reemerging infectious diseases, poverty, caring for people with disabilities, toxic exposure, and climate change. Further discussion on human security in the Region will take place in Chapter 5.

As discussed in the Introduction, three essential freedoms are supported by the human security approach (i.e., freedom from fear, freedom from want, and freedom to live in dignity). Scientific research shows that persistent fear-generating conditions may have lifelong consequences that can modify the normal architecture of the brain. Even early life experiences during childhood development may modify genetic expression and affect the long-term development of neurons—subsequently affecting learning, socialization, understanding, and other cognitive-dependent processes.[21] Figure 4 below shows the impact that early external experiences can

[21] Shonkoff JP, Boyce WT, McEwen BS. *Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention*. *JAMA* 2009; 301(21):2252-2259.

Figure 4: Early Gene Expression and Development



Source: National Scientific Council on the Developing Child (2010). Early Experiences Can Alter Gene Expression and Affect Long-Term Development: Working Paper No. 10. http://www.developingchild.net. Reprinted with permission. Graphic courtesy of the Center on the Developing Child at Harvard University.

have on a child's development, their adulthood, their offspring and/or subsequent generations.

One of the key features of human security is its emphasis on the interlinkages among the many sources of vulnerability in people's lives. From human security, public health has taken the process of protecting and empowering people through health promotion and strengthening both service delivery and the stewardship role of the health system. Successful implementation of this process occurs when its primary objective is the security of individuals and communities, by placing emphasis on ensuring that basic, developmentally necessary needs are met. Therefore, it is recommended that policies

1. generate an environment in which individuals and communities are able to control their health (one characterized by empowerment), thus making them essential actors—not solely dependents—within the health system's functioning,[22]
2. afford communities and individuals adequate protection, as States still maintain responsibilities toward their populations, regardless of community's degree of empowerment—especially where many threats are outside their ability to control.

In a 2006 review commissioned by PAHO,[23] it was highlighted that the health care sector has the privilege of occupying a special place in the network within which human security operates. This privileged position is due to the fact that the health care sector, and specifically its services, is closest to the population. Human security, as a people-centered multisectoral systemic approach, is positioned at the community level to empower, protect, and increase resilience when confronting sources of insecurity.

One of the key elements of human security is the capacity of a health system to strengthen especially vulnerable communities and to increase their resilience through ownership of the knowledge of their condition, as well as their capacity to confront threats.[24] Human security provides renewed primary health care with an integrative purpose that immediately enhances its interrelation with actions taken by other sectors, while at the same time strengthening their service delivery.

Human security starts with analyzing needs and vulnerabilities across the seven dimensions of threats to human security, as the community itself identifies them. This can be done through active involvement on the part of the community, a common practice of health promotion that can be further enriched by the goals of human security.[25] In addition, it reinforces the identification of capacities within the community to adapt to or cope with such threats, thus increasing individual and community resilience. Furthermore, it looks for and develops a health impact assessment applied to human security, in order to enhance the positive outcomes and limit the negative consequences of interventions made in the different sectors.

Public health starts with a community diagnosis or a health situation analysis. Therefore, human security puts public health in a better position to address core social concerns by contributing factors and conditions (and not only by consequences). This, in turn, provides health actors with a stimulus for leadership by encouraging them to turn human security into a tool that will then influence other sectors. Public health should focus on ensuring that basic needs are met by supporting development and well-being. There are several factors or threats that can cause poor health, including but not limited to the following: a lack of access to health care and/or health facilities, health professionals, and medical products; stigma and discrimination; contamination of water; poor nutrition; internal conflicts; etc. As a consequence of a lack of access to health services, poor health may lead to the loss of one's job, a lack of educational opportunities, hopelessness, etc. In order to enhance the well-being and dignity of the target population, we need to address these intercon-

[22] World Health Organization (WHO). *Ottawa Charter for Health Promotion. First International Conference in Health Promotion*. Ottawa, Ontario, Canada, 21 November 1986. Geneva: WHO; 1986 (Document WHO/HPR/HEP/95.1).

[23] Phebo L, Solares D, Jacome F, Concha-Eastman A. *Health and Human Security in the Americas: Priorities, Strategies and Recommendations.* Rio de Janeiro: Instituto de Estudos da Religião (ISER); 2006. No link available.

[24] Reich MR; Takemi K, Roberts MJ, Hsiao WC. *Global Action on Health Systems: A proposal for the Toyako G8 Summit*. *The Lancet* 2008;371:865-869.

[25] Quijano Calle AM, Gutiérrez Alberoni L. *Guía para el diagnóstico local participativo: componente comunitario de la estrategia AIEPI.* Washington, DC: Pan American Health Organization / World Health Organization (PAHO/WHO); 2005.

nected threats by involving other experts or other organizations with expertise in relevant issues.[26]

Public health is enriched by the human security approach because human security furthers public health's links to development. For the most vulnerable populations, human security addresses the Millennium Development Goals[27] of reducing poverty and hunger as well as improving children's health, maternal health, and health linkages to environmental sustainability. As human security is essential for development—including economic protection from catastrophic expenses related to illness—it sets the stage for health to make its own contribution to supporting the basic foundation for sustainable development.

Public Health: Contributions to Human Security

The 2003 report of the UN Commission on Human Security, *Human Security Now,* devotes all of Chapter 6 to health. It states that "Good health is both essential and instrumental to achieving human security. It is essential because the very heart of security is protecting human lives. Health security is at the vital core of human security—and illness, disability and avoidable death are "critical pervasive threats" to human security."[28]

Although much of the controversy around human security lies in its perceived competition with state sovereignty, community public health does not compete with state security interests. Health enhances human security by highlighting the community perspective as the natural interaction of a long-term partnership—even in situations involving state insecurity.[29] Public health also illustrates how state-owned protective strategies can be balanced by community-driven measures that serve to empower communities.

Public health further strengthens human security in its interrelated purpose, given that human security obtained from health actions is a precondition for personal security, state security, health security, peace, sustainability, and development. Public health can also offer human security a set of knowledge and assessment tools essential for practice at the local, subnational, and national levels. Methods using a multifactorial framework and epidemiological tools,[30] multifactorial situation analysis and impact assessment, and comparative risk assessment, among others, could be applied equally well to linking health to human security—thus enriching general practice.

[26] Takemi K. *Proposed Framework for Creating Guidelines on Human Security from the Perspective of the Health Field.* Document shared during the meeting in December 2011 and published online with a date of 24 February 2012.

[27] Pan American Health Organization / World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP). *Reunión Conjunta OPS-PNUD: Consulta de Avances, Desarrollo y Controversias en Seguridad Humana y Relaciones con Salud y Bienestar*. Panama City: PAHO-UNDP; 2010. No link available.

[28] United Nations, Office for the Coordination of Humanitarian Affairs (UN), Human Security Unit, Commission on Human Security (UN/OCHA/HSU/CHS). *Human Security Now: The Final Report,* Chapter 6, Better Health for Human Security. New York: UN; 2003.

[29] Pan American Health Organization / World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP). *Reunión Conjunta OPS-PNUD: Consulta de Avances, Desarrollo y Controversias en Seguridad Humana y Relaciones con Salud y Bienestar*. Panama City: PAHO-UNDP; 2010. No link available.

[30] *Ibid*.

III. How Public Health Applies Human Security

The principles of human security are evident across the board in public health activities. The following sections further elaborate on how these principles are applied in the context of key areas of public health action: for example, health promotion, health care service delivery, and stewardship activities.

The Empowerment Approach as a Part of Public Health

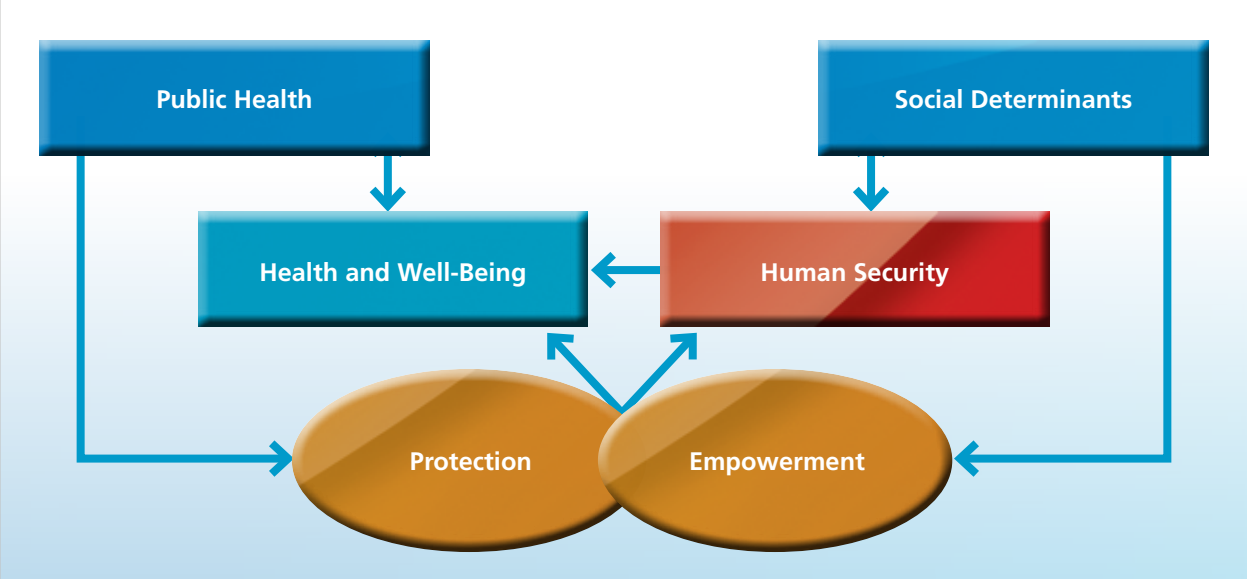
Public health is well positioned to apply the principles of human security. The "salutogenic" practice of health promotion[31] is in accordance with the operational principle of empowerment. Health promotion seeks to give people the capacity to control their own determinants and consequently improve their health.[32] Of the five health promotion functions identified in the 1986 *Ottawa Charter*,[33] three of them are people based:

1. Developing individual and family aptitudes
2. Strengthening community action
3. Developing healthy settings

The other two focus on developing the proper conditions to ensure health:

4. Formulating healthy policies
5. Reorienting health services

Figure 5: Interrelations of Health and Human Security



[31] Lindström B, Eriksson M. *Salutogenosis. Journal of Epidemiology Community Health* 2005; 59:440-442.
[32] World Health Organization (WHO), Department of Noncommunicable Diseases and Mental Health. *The Bangkok Charter for Health Promotion in a Globalized World*. New Delhi: WHO; 2005.
[33] World Health Organization (WHO). *Ottawa Charter for Health Promotion. First International Conference in Health Promotion*, Ottawa, Ontario, Canada, 21 November 1986. Geneva: WHO; 1986.

For human security, **health promotion is *the* key public health strategy**. It is a discipline extensively practiced, as evidenced by existing health promotion models currently in operation.[34] Community participation is an essential part of the health promotion approach. Its systematic development is central to tackling public health challenges, as can be seen in the recent call to address noncommunicable diseases as a human security threat.[35] To increase effectiveness, it has been extensively demonstrated that each of the five functions of health promotion just listed have to be performed synchronously—not in isolation—and supported by monitoring and social marketing.[36]

For developing aptitudes and using a 'salutogenic' framework,[37] an array of tools is available for personal and community asset development as it relates to health promotion.[38] These tools can be found on the recently launched resource platform for public health promotion, the *Community Toolbox*, developed by the University of Kansas in 2012.[39]

The strengthening of familial assets lies at the heart of the National Alliance Children's Trust and Prevention Funds (NACTP), a model based on the premise that strengthening familial assets and social support decreases drug consumption and violence and increases children's performance.[40] It was initially developed in the United States and recently underwent cultural adaptations for international use.[41] Development of people's aptitude and community action is being further strengthened by the most recent advances made in analyzing and developing the 'social fabric' (i.e., networks).[42] This provides health with operational methods for building social capital, which is frequently weakened by migration, economic distortions, and rapid unplanned urban growth. Social relations have been demonstrated to influence behaviors and increase both population support structures and people's resilience. Building social capital (resulting in collective efficacy, a psychological sense of community, and neighborhood cohesion) has been shown to decrease neglectful parenting, psychologically harsh parenting, and domestic violence.[43]

Analyzing the social fabric, as well as intervening in and building social relations within communities, have all emerged as growing tools for community-level public health interventions.[44] Through social fabric analysis, the community may not only be geographically defined (neighborhood, town, city, county/municipality, and/or country) but also defined by its social ties, its sharing common perspectives (related to work, economic concerns, professional life, or health issues), and its participation in joint activities.[45] Public health contributes this multifaceted concept to human security, addressing multifactorial problems as diverse as tuberculosis[46] or family and interpersonal violence.[47]

As the focus of health promotion is to empower people to effectively modify their determinants and control their

[34] Santos-Burgoa C, Rodríguez-Cabrera L, Rivero L, Ochoa J, Stanford A, Latinovic L et al. *Implementation of Mexico's Health Promotion Operational Model. Prev Chronic Dis* 2009;6(1).

[35] Beaglehole R, Bonita R, Horton R, Adams C, Alleyne G, Asaria P et al. *Priority actions for the noncommunicable disease crisis. The Lancet* 2011;23;377(9775):1438-47.

[36] International Union for Health Promotion and Education (IUHPE), European Commission (EC). *The Evidence of Health Promotion Effectiveness. Shaping Public Health in a New Europe.* Vanves, France: Oxford University Press;2000. *Part I* | *Part II*

[37] Lindström & Eriksson, *op. cit*.

[38] Fawcett SB, Schultz JA, Carson VL, Renault VA and Francisco VT. Using Internet Based Tools to Build Capacity for Community Based Participatory Research and Other Efforts to Promote Community Health and Development. In: Minkler M and Wallerstem N (eds.). *Community Based Participatory Research for Health.* San Francisco, California: Jossey-Bass; 2002:155-178. No link available.

[39] University of Kansas. *Community Toolbox-Bringing Solutions to Light.* Lawrence, KS: University of Kansas; 2012.

[40] National Alliance of Children's Trust & Prevention Funds (NACTP*). Safe and Healthy Children Strong and Stable Families Thriving and Prosperous Communities: Plan for 2006–2011.* No place: NACTP; 2006.

[41] Kumpfer KL, Pinyuchon M, Teixeira de Melo A, Whiteside HO. *Cultural Adaptation Process for International Dissemination of the Strengthening Families Program. Eval Health Prof* 2008; 31: 226-239.

[42] Valente TW. *Social Networks and Health: Models, Methods, and Applications*. New York: Oxford University Press; 2010.

[43] Zolotor AJ, Runyan DK. *Social Capital, Family Violence, and Neglect. Pediatrics* 2006; 117; e1124-e1131.

[44] Barabási A. *Network Medicine: From Obesity to the "Diseasome." New England Journal of Medicine* 2007;357:404-407.

[45] McQueen DV. *Strengthening the Evidence Base for Health Promotion. Health Promotion International* 2001;16(3):261-268.

[46] McKenzie A, Liaz K, Tillinghast JD, Krebs VE, Diem LA, Metchock B et al. *Transmission Network Analysis to Complement Routine Tuberculosis Contact Investigations.* American Journal of Public Health 2006;96(11):1-11.

[47] Zolotor AJ, Runyan DK. *Social Capital, Family Violence, and Neglect. Pediatrics* 2006; 117; e1124-e1131.

health, these actions go beyond the practice of good medical and preventive literacy but also involve traditional risk factors, e.g., behaviors that have a negative impact on health (or on the positive side, behaviors that mitigate health risks). On a day-to-day basis, individuals are forced to deal with the mediate determinants related to daily living and the prevailing social conditions. Actions taken in the area of health promotion, either by teams of health promoters[48] or by other practitioners, involve their capacity to interact with people at their homes, schools, and workplaces. Health promotion covers topics ranging from healthy municipalities to healthy workplaces to healthy schools—all of which can be used to advance health and human security as a whole.[49]

The Provision of Health Care Services

Further evidence of the dual approach of protection and empowerment called for by the human security approach can be seen in health service delivery, where the primary level of contact serves as the main point of entry into the health care system. Good family practices have been successfully expanded through home visits linked to medical units—most importantly, in the case of Brazil, to poor families.[50] Family and community health is inherent to primary care and also to its renewal, further development of which is now underway in the Region.[51] By serving as the public's gateway into the health system, primary care advances equitable access to essential health services for the population. This level seeks to provide comprehensive, integrated, and continuous care that addresses most of the population's health care needs. It develops its closest ties with individuals, families, and communities, as well as with other social sectors—thus facilitating social participation and intersectoral action, both of which are essential for addressing the causal elements affecting human security. This primary level of care, which integrates preventive care and medical care, provides opportunities to develop new tools that identify both the immediate and the social determinants of health and provide practitioners with the necessary means to recognize people's vulnerabilities. A new role is involved here, one involving identification as well as management; and with it come the tools that are developed and used for these tasks.

Social Protection

The pillar of **protection** presents a major support for public health action and is also part of its stewardship function. There are two main areas of protection: protection against health risks and social protection. The term "social protection" refers to an essential public service aimed at helping citizens cope with risks, vulnerabilities, and hunger. The earliest recognition of social protection as a human right occurs in the UN *Universal Declaration of Human Rights* of 1948, which states that **every member of society has the right to social security**.[52] The UN Office of the High Commissioner on Human Rights considers social protection initiatives as the **"**policies and programs that aim to enable people to respond to various contingencies and manage levels of risk or deprivation that are deemed unacceptable by society."[53] These schemes aim to offset any loss or substantial reduction in wages; provide assistance for families with children; and provide people with health care, housing, water, and sanitation, as well as education or social assistance. Relevant social protection schemes addressing the needs of those who live in extreme poverty include cash transfer schemes, school stipends, social pensions, food vouchers, food transfers, user fee exemptions for health care or education, and subsidized services.

The World Bank states that **social protection has three objectives**:

[48] Pan American Health Organization / World Health Organization (PAHO/WHO). *Quinquennial Report of the Director of the Pan American Sanitary Bureau 2003–2007.* Washington, DC; PAHO/WHO; 2007.

[49] Dirección General de Promoción de la Salud (DGPS). *Modelo Operativo de Promoción de la Salud.* México, D.F.: DGPS; 2006.

[50] Harris M. *Integrating Primary Care and Public Health—Learning from the Brazilian Way. London Journal of Primary Care* 2011; 1-9.

[51] Pan American Health Organization / World Health Organization (PAHO/WHO). Integrated Health Service Delivery Networks (IHSDN): Concepts, Policy Options and a Road Map for Implementation in the Americas. In: PAHO/WHO, *Renewing Primary Health Care in the Americas,* N.4. Washington, DC: PAHO/WHO; 2010.

[52] United Nations (UN). *Universal Declaration of Human Rights*. New York: UN, 1948.

[53] United Nations, Office of the High Commissioner for Human Rights (UN/OHCHR). *Social Protection Measures and the MDG's 2010.* Geneva: UN/OHCHR, 2010.

1. 'smoothing' consumption
2. preventing poverty
3. promoting human capital[54]

When a sudden event occurs that reduces a person's income, policies need to be in place to enable individuals and households to replace part of their lost wages, so as to prevent the need for them to cut back on consumption—in other words, smoothing their consumption. To prevent poverty, the social protection system must not only protect low-income individuals from shocks to and upheavals in their life; it must also provide additional transfers to raise their long-term consumption capacity above a socially acceptable minimum. **The goal of human capital is to give low-income individuals an incentive to invest in their own human capital and promote its productive use for both them and society: for instance, by facilitating their access to jobs.**

Strategies for social protection in health are aimed at **eliminating exclusion from health**. They include public interventions designed to guarantee citizen access to decent and effective health care and to reduce the negative economic and social impact of adverse personal situations (e.g., illness or unemployment) or adverse events (e.g., natural disasters) on the general public or on society's most vulnerable groups.[55] In this context, social protection in health can be defined as **society's guarantee, through its public authorities, that individuals or groups can meet their health needs and demands through adequate access to existing services** in the country's health system—regardless of their ability to pay. Social groups unable to take advantage of this guarantee constitute those who are 'excluded' from health. Extension of social protection in health (ESPH) involves a group of mechanisms designed to guarantee a population's access to health protection and health care by allocating a variety of resources—and not only by implementing measures to enhance state-sponsored public service delivery.

Thus, social protection in health is understood as **the state's guarantee that citizens will be able to broadly exercise their rights**, rather than as simply providing a social welfare benefit granted at the discretion of the authorities. In practice, three conditions must be met for ESPH to function as an effective guarantee:

- ***Access to services:*** Delivering health care to which people have physical, cultural, and economic access.
- ***Family financial security****:* Guaranteeing that a family's expenditures for health services do not threaten its economic stability or the personal development of its members.
- ***Collective financing*****:** Ensuring that crosscutting subsidies flow both among and across occupational and income groups, and that these subsidies are intergenerational.[56]
- ***Dignity in care:*** Providing quality health care in an environment that respects the racial and cultural background of the users as well as their economic situation, and which uses a process of social dialogue to create this environment.[57,58]

Based on the core values of universal access, solidarity, equity, and social justice, social health protection comprises all the instruments aimed both at removing the financial barriers that impede access to health services and at protecting people from the impoverishing effects of medical expenses. The economic costs of inaction are very high. Not investing in social health protection leads to tremendous follow-up costs, ranging from deteriorating health conditions and increasing poverty levels to societal instability due to social ruptures. Consequently, social health protection is an important tool for overcoming the vicious circle of poverty.

[54] World Bank. *Achieving Effective Social Protection for All in Latin America and the Caribbean*. Washington, DC: World Bank; 2010.

[55] Pan American Health Organization / World Health Organization (PAHO/WHO). *Health Agenda for the Americas 2008–2017, Document Presented by the Ministers of Health of the Americas.* Panama; 2007. Washington, DC; PAHO/WHO; 2007.

[56] International Labour Organization (ILO), Pan American Health Organization / World Health Organization (PAHO/WHO*). ILO-PAHO Joint Initiative on the Extension of Social Protection in Health*. Washington, DC: PAHO/WHO; 2005.

[57] *Ibid.*

[58] Pan American Health Organization / World Health Organization (PAHO/WHO). *Health Agenda for the Americas 2008–2017, Document Presented by the Ministers of Health of the Americas.* Panama; 2007. Washington, DC; PAHO/WHO; 2007.

The Stewardship Function in Public Health as It Applies to Human Security

According to WHO, the tasks of the stewardship function are to formulate policy; synchronize public policies; protect; influence other sectors through regulation, convening, or advocating; and collect, analyze, and communicate information.[59] As a function of the health system, stewardship has implications for the protective dimension of human security *vis-à-vis* the population. Essentially, as a function of the government, developing the stewardship function correlates to the system's level of interrelation to the most relevant threats facing the population.

Water, for example, illustrates local-level implications for both families and communities. Water is essential to life; and the lack of it exerts a direct impact on food, hygiene, and eventually on migration as well.[60] Frequently, misdistribution of water has to do with an inadequate or inequitable water system design, when health criteria ought to be influencing policies and decisions. Beyond access to and sufficiency of the water supply, water quality has a direct impact on personal hygiene, communicable disease, toxic exposure, and chronic disease. Promoting water care and surveillance should be part of the health system's regulatory function. Surveillance of and information on water conditions and their impact on health should be the responsibility of health services. In turn, health services should be in close communication with the population, in an effort to empower them for action. National and global policies have noted that inconsistencies in water quality and availability stems from climate variability and change, which has its own links to natural disasters. Thus, **the stewardship function provides a form of protection in this dual model of health and human security**. Similar considerations could be identified for occupational hazards (occurring in both the formal and informal sectors), food safety, and adequate housing.

The Health System and its Relation to Human Security

The 2003 report of the United Nations Commission on Human Security, *Human Security Now*, highlighted **three health challenges that constitute the greatest threats to human security:**

1. global infectious diseases
2. poverty-related threats
3. violence and crisis[61]

The report recommends rapid sharing of knowledge systems to respond to threats related to infectious diseases; calls for urgent action on HIV/AIDS and other diseases that threaten human security; addresses intellectual property rights and the advancement of human security, globally linking national disease surveillance and control systems, and building a core public and primary health care system shaped to national priorities; and providing community-based health insurance to protect vulnerable people from the devastating downside of catastrophic illness. The core of these recommendations relies on a particular segment of public health focusing on access to health services.

WHO specified **four functions of a health system:**

1. stewardship (or oversight)
2. service delivery (service provision)
3. resource generation (investments, training)
4. financing[62]

Within the framework of human security, the stewardship function provides the means of protection by delivering services to resolve basic needs. However, state funding is essential to avoid the catastrophic expenditures that damage family security. Historically, it is clear that global developments in health systems (e.g., Alma Ata) have built the infrastructure for service delivery but also that vertical programs have dominated recent global initiatives. However, health systems nonetheless provide a structure amenable to health and health promotion, disease prevention and cure through institutional resources and regulation, and monitoring.[63]

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[59] World Health Organization (WHO). *Report on WHO Meeting of Experts on the Stewardship Function in Health Systems*. Geneva: WHO; 2001. (Document HFS/FAR/STW/00.1)

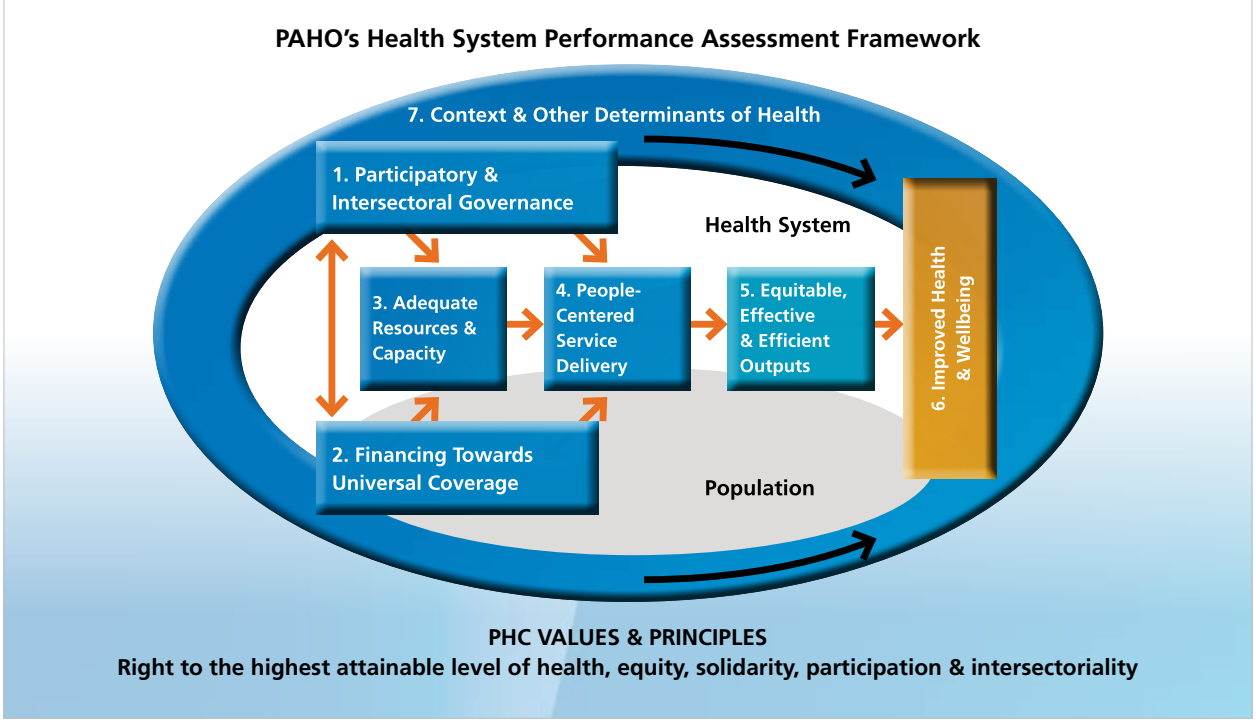
[60] Pan American Health Organization / World Health Organization (PAHO/WHO). *Water and Sanitation: Evidence for Public Policies focused on Human Rights and Public Health Results*. Washington, DC: PAHO/WHO; 2011.

[61] United Nations, Commission on Human Security (UN/CHS). *Human Security Now.* New York: UN/CHS; 2003.

[62] World Health Organization (WHO). *The World Health Report 2000: Health Systems: Improving Performance.* Geneva: WHO; 2000.

[63] Reich MR; Takemi K, Roberts MJ, Hsiao WC. *Global Action on Health Systems: A proposal for the Toyako G8 Summit*. *The Lancet* 2008;371:865-869.

Figure 6: Knowledge of Health and Human Security



The current emphasis is on health systems performance, for which PAHO's framework provides an example (see Figure 6).[64] Currently, several approaches are being tested. The challenge now is to include in performance assessment not only an evaluation of how the health system is bringing about better health but also of how it is contributing to modifying the determinants of human vulnerabilities in a way that might further improve health.[65]

Health and human security is a not only a field of action but also one of knowledge, which calls for further exploration. In 2009, a commissioned review of 111 references on health and human security noted that health was seldom the center of inquiry. Further more, most of the documents were academic and of a conceptual, discussion-based nature.[66]

A brief publications review (by the authors) of the PUBMED database concentrating on peer-reviewed health literature results shows that over the past 16 years, 37 papers have appeared on human security—but only one has taken an empirical approach.

It is evident that **human security is a field of research yet to be expanded**. Multiple disciplines, ranging from epidemiology (particular to health), sociology, and health promotion, among others, can contribute to the framework of health and human security. **The epidemiological approach to understanding risk factors, risk analysis, and risk assessment can be useful in developing the necessary knowledge base for human security**.[67]

64 Montenegro H. *Analytical Framework & Methodology for Health Systems Performance Assessment (HSPA).* Washington, DC: Pan American Health Organization / World Health Organization (PAHO/WHO); 2011. No link available.

65 Committee on the Institutional Means for Assessment of Risks to Public Health, National Research Council. "Front Matter." Risk Assessment in the Federal Government: Managing the Process. Risk Assessment in the Federal Government: Managing the Process. Washington, DC: The National Academies Press, 1983.

66 Rojas Aravena F, Álvarez Marín E. *Seguridad Humana: Estado de Arte.* San José: Facultad Latinoamericana de Ciencias Sociales (FLACSO); 2010.

67 Pan American Health Organization / World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP). *Reunión Conjunta OPS-PNUD: Consulta de Avances, Desarrollo y Controversias en Seguridad Humana y Relaciones con Salud y Bienestar*. Panama City: PAHO-UNDP; 2010. No link available.

IV. Concepts Related to Health and Human Security

Key driving forces to be considered by health in the emergence of human security include the following:

- **Evolving security threats**—constituted by natural and man-made disasters; conflicts and internal violence; massive displacements; health-related risks; sudden economic and financial downturns; human trafficking; etc.—have resulted in revisiting old concepts and recognizing human vulnerabilities as a major challenge to peace, security, and long-term development.
- The **diversity of today's threats** moves beyond traditional notions of security and seriously challenges both states and people; and conventional frameworks do not account for this diversity.
- **Evolving threats** not only challenge individuals and local communities, but have **the potential to spill over** and turn into national, regional, and international security threats.

The above are only several concepts related to health and human security in relation to its scope. We need to consider different definitions and causal approaches that will further delimit public health's field of work in human security.

Extent of Action

The UN Secretary General's 2005 report to the General Assembly—entitled *In Larger Freedom: Towards Development, Security and Human Rights for All*—states that "the United Nations must be reshaped in ways not previously imagined and with a boldness and speed not previously shown."[68] Realization that the traditional, state-centric 'security' model has failed to adequately protect individuals and communities within their borders has thus provided justification for **expanding the scope of security**.[69] While the UN originated the concept of human security, sovereign states are increasingly appreciating the strength of this approach, as the complex nature of today's threats challenges their efforts to preserve security within their borders.

In 2002, PAHO produced its report on *Health and Hemispheric Security*,[70] which it then submitted 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.** Lincoln C. Chen, a participant in the Commission on Human Security, states that health security and human security are linked but not synonymous. In his Helsinki paper, he documents the criticisms that the Commission had to address, such as the following:

> "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 challenges for human security, the concept would lose its meaning, since everything ultimately means nothing."[71]

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[68] United Nations (UN), General Assembly. *In Larger Freedom: Towards Development, Security and Human Rights for All. Report of the Secretary-General.* New York: UN, 2005.

[69] Takemi K, Jimba M, Ishii S, Katsuma Y, Nakamura Y. *Human Security Approach For Global Health. The Lancet* 2008;372(9632):13-4.

[70] Pan American Health Organization / World Health Organization (PAHO/WHO). *Health and Hemispheric Security.* Washington, DC: PAHO/WHO; 2002.

[71] Chen L. *Health as a Human Security Priority for the 21st Century.* Maryland, USA: Helsinki Process; 2004.

Though Chen conceives poverty as a human security threat, he views **equity as a central goal of human security**.

Seminal documents relating to human security, including the 1994 United Nations Development Program (UNDP) report[72] and the *National Human Development Report* (NHDR) Occasional Paper,[73] have in some ways failed to recognize the multisectoral impact. **The 1994 UNDP report identified health security as one of the seven dimensions of security that, when taken together, comprise human security**. Yet in examining the report, it did not seem to address the interplay between the categories. Health security is closely related to each of the seven dimensions of security identified, and all remain interrelated to each other. The NHDR paper noted that "human security, when broadened to include issues like climate change and health, complicates the international machinery for reaching decisions or taking action on the threats identified."[74] With use of the word "broadened," this concept of human security was simply a shift—albeit an important one—from human security as state-centered to people-centered.

> "The 1994 NHDR defined human security as including 'safety from such chronic threats as hunger, disease and repression, and protection from sudden and hurtful disruptions in the patterns of daily lives, whether in homes, jobs or communities.'"[75]

The word "including" suggests that health is not the only entry point to human security but rather one of several interrelated factors.

Multidimensional Security

Although health components of human security have been promoted in most initiatives of the Organization of American States (OAS) and the Summit of the Americas Process, the OAS acknowledges the multifactorial nature of security and focuses on multidimensional security through a multisectoral approach. However, health is not explicitly considered, though related factors—such as human rights—are: the OAS'

> "new concept of security in the Hemisphere is multidimensional in scope and includes traditional and new threats, concerns, and other challenges to the security of the states of the Hemisphere, incorporates the priorities of each state, contributes to the consolidation of peace, integral development, and social justice, and is based on democratic values, respect for and promotion and defense of human rights, solidarity, cooperation, and respect for national sovereignty."[76]

The OAS recognizes that security

> "is strengthened when we deepen its human dimension. Conditions for human security are improved through full respect for people's dignity, human rights, and fundamental freedoms, as well as the promotion of social and economic development, social inclusion, and education and the fight against poverty, disease, and hunger."[77]

Citizen Security

Furthermore, the concept of citizen security has been discussed by the Inter-American Commission on Human Rights (IACHR).[78] It was in Latin America that the expression "citizen security" emerged as a concept, as governments made the transition to democracy: it served as a way to distinguish between the concept of security under a democratic regime and the notion of security under earlier authoritarian regimes. In the latter case of dictatorships, the concept of security was associated with such concepts as "national security," "internal security," or "public safety"—all of

[72] United Nations Development Programme (UNDP). *Human Development Report 1994: Overview: An Agenda for the Social Summit.* New York: Oxford University Press; 1994.

[73] Jolly R, Ray DB. *The Human Security Framework and National Human Development Reports.* NHDR Occasional Paper 5. New York: United Nations Development Programme (UNDP); 2006.

[74] *Ibid*.

[75] *Ibid.*

[76] Organization of American States, Observatory on Citizen Security. *Report on Citizen Security in the Americas 2011.* Washington, DC: OAS; 2011.

[77] Organization of American States. *Declaration on Security in the Americas*. Document presented in the Third Plenary Session. Mexico City: OAS; 28 October 2010. (OEA/Ser.K/XXXVIII;CES/dec.1/03rev.1)

[78] Inter-American Commission on Human Rights (IACHR). *Report on Citizen Security and Human Rights.* Washington, DC: Organization of American States; 2009.

which refer specifically to state security. **Under democratic regimes, the concept of security against the threat of crime or violence is associated with citizen security and is used to refer to the paramount security of individuals and social groups.**

The IACHR further differentiates citizen security from the concept of human security as expressed by UNDP, where citizen security is strictly a dimension of human security. Consistently, the latest OAS Report on *Citizen Security and Human Rights*[79] provides information on violent crimes and the situation in penal institutions.

State Security

In the synopsis of its 2004 report, the UN High-Level Panel on Threats, Challenges and Change drew attention to the fact that the intent of the United Nations founders mainly focused on state security.

> "When they spoke of creating a new system of collective security, they meant it in the traditional military sense: a system in which States join together and pledge that aggression against one is aggression against all, and commit themselves in that event to react collectively. But they also understood well, long before the idea of human security gained currency, the indivisibility of security, economic development, and human freedom. In the opening words of the Charter, the United Nations was created 'to reaffirm faith in fundamental human rights' and 'to promote social progress and better standards of life in larger freedom.'"[80]

The United Nations was created in 1945 above all else "to save succeeding generations from the scourge of war"—to ensure that the horrors of the World Wars were never repeated.[81] In its first 60 years, the United Nations has made crucial contributions to reducing or mitigating these threats to international security. Now, sixty years later, the UN Panel's report stated that "we know all too well that **the biggest security threats we face now, and in the decades ahead, go far beyond States waging aggressive war**. They extend to poverty, infectious disease and environmental degradation; war and violence within States; the spread and possible use of nuclear, radiological, chemical and biological weapons; terrorism; and transnational organized crime. The threats are from non-State actors as well as States, and to human security as well as State security."[82]

In its conclusion, the report defines that **"Any event or process that leads to large-scale death or lessening of life chances and undermines states as the basic unit of the international system is a threat to international security."**[83] The authors of the report consider six clusters to be of international concern:

- Economic and social threats, including poverty, infectious disease, and environmental degradation.
- Interstate conflict.
- Internal conflict, including civil war, genocide, and other large-scale atrocities.
- Nuclear, radiological, chemical, and biological weapons.
- Terrorism.
- Transnational organized crime.

Therefore, state security and human security share threats. However, they do have different dimensions.

Health Security and Health and Human Security

In terms of public health, **health security is defined as the activities required—both proactive and reactive—to minimize vulnerability to acute public health events that endanger the collective health of populations**.[84] "Global public health security" was the topic of the *World Health Report 2007*, yet the definition proposed was "the reduced vulnerability

[79] *Ibid*.
[80] United Nations High-Level Panel on Threats, Challenges and Change. *A More Secure World: Our Shared Responsibility*. New York: United Nations; 2004.
[81] United Nations (UN). *Charter of the United Nations and Statute of the International Court of Justice*. San Francisco: UN; 1945.
[82] United Nations High-Level Panel on Threats, Challenges and Change. *A More Secure World: Our Shared Responsibility*. New York: United Nations: 2004.
[83] *Ibid*.
[84] World Health Organization (WHO). *The World Health Report 2007: A Safer Future: Global Public Health Security in the 21st Century*. Geneva: WHO; 2007.

of populations to acute threats to health."[85] Emergencies appear to be the focus of the *World Health Report 2007*, with "public health security" envisioned as protection from epidemic-prone diseases, foodborne diseases, accidental and deliberate outbreaks, and environmental disasters. WHO and the Inter-Agency Standing Committee (IASC) both stress that the "goal of the health sector response during humanitarian crises" is "to reduce avoidable mortality, morbidity and disability, and restore the delivery of, and equitable access to, preventive and curative health care as quickly as possible and in as sustainable a manner as possible."[86]

"Health security", a term used by the ministers and secretaries of health in the Americas, is also "emergency focused." The subtopics discussed in the *Health Agenda for the Americas 2008–2017* in the chapter on "Strengthening National Security" are as follows: intersectoral disaster readiness and planning, pandemics (including influenza), disease, border issues and disease, and rapid response to threats.[87] It is important not to lose sight of the fact that national/state security is relevant to health and human security. Disease surveillance of particularly acute threats lies at the heart of the revised *International Health Regulations 2005* (IHR). As Guénaël Rodier et al. wrote in the article entitled "Global Public Health Security and International Law,"

> "compounding the challenges of threats to public health security from new and reemerging infectious diseases and the concerns about intentional dissemination of chemical or biological substances are the challenges of ensuring individual health security."[88]

As a binding legal instrument, the IHR constitutes a "major development in the use of international law for public health purposes."[89] In accordance with IHR criteria, in order to be defined as a threat, any event or occurrence must meet at least two of the following criteria: the severity of the event; its unusual or unexpected nature; the significant risk of international spread that it poses; and additionally the significant risk of international trade or travel restrictions that it poses.[90]

A 2003 editorial from *The Lancet* took the position that the measures currently in use, such as travel warnings for terrorism and diseases, "fail to capture the more complex determinants of human insecurity."[91] The authors note that the 2003 report of the Commission on Human Security, *Human Security Now,* **urges a shift from national security to human security and "links security, not to military definitions, but to human development, human rights, and democracy**."[92]

The IHR is essentially limited to public health emergencies. The fact that "mobilization" is restricted in its meaning in the list of IHR priorities might lead to the conclusion that a comprehensive approach to human security—one that includes education, addressing the needs of vulnerable populations, building human resilience and capacities, dealing with human migration, etc.—cannot be achieved. As PAHO document CD-50/17 on *Health, Human Security and Well-being* acknowledges, "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."[93]

Health, Human Security, and Human Development

The goal of national security is the defense of the state from external threats. **The focus of human security, by contrast, is the protection of individuals.** The

85 *Ibid*.

86 Inter-Agency Standing Committee (IASC) and Global Health Cluster. *Health Cluster Guide: A Practical Guide for Country-Level Implementation of the Health Cluster.* Geneva: WHO; 2009.

87 Pan American Health Organization / World Health Organization (PAHO/WHO). *Health Agenda for the Americas 2008–2017, Document Presented by the Ministers of Health of the Americas.* Panama; 2007. Washington, DC; PAHO/WHO; 2007.

88 Rodier G, Greenspan AL, Hughes JM, Heymann DL. *Global Public Health Security. Emerging Infectious Diseases* 2007;13(10):1447-1452.

89 *Ibid*.

90 World Health Organization (WHO). *International Health Regulations 2005* (2nd ed.). Geneva: WHO; 2005.

91 The Lancet (editorial). *A New Vision for Human Security. The Lancet* 2003;361:1665.

92 *Ibid*.

93 Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council, Document CD50/17, Health, Human Security, and Well-being.* Washington, DC: PAHO/WHO; 2010.

UN Secretary General's 2005 Report *In Larger Freedom* states that

> "The guiding light ... must be the needs and hopes of people everywhere. The world must advance the causes of security, development and human rights together, otherwise none will succeed. Humanity will not enjoy security without development, it will not enjoy development without security, and it still will not enjoy either without respect for human rights."[94]

Leaning and Arie and the Human Security Program at the Harvard Center for Population and Development Studies and the Program in Humanitarian Crisis have proposed **human security as "an underlying condition for sustainable human development**."[95] They use Maslow's 'deficiency needs' as the focus for human security.[96] "The concept of human security elaborated here contains two main components: those dealing with minimum inputs for sustaining minimum levels of survival (water, food, shelter); [and] those dealing with supports to basic psychosocial human needs (identity, recognition, security, participation, and autonomy)."[97] The authors "view **human security as a state of being that must be attained prior to and as a precondition for the launching of human development efforts**."[98]

Sabina Alkire writes in her *Conceptual Framework for Human Security* that

> "**human development and human security share four fundamental perspectives: they are people-centered; they are multidimensional; they have broad views on human fulfillment in the long term; and they address chronic poverty**… There are also some differences between human security and human development, the first being the strictly delimited nature of human security. The 'vital core' that defines human security is comprised of a subset of basic capabilities. **The goal of human security is not expansion of all capabilities in an open-ended fashion, but rather the provision of vital capabilities to all persons equally.** Human development in contrast is more extensive and includes concerns that are clearly not basic. The second difference is that **the human security paradigm undertakes to address threats such as violence or economic downturn directly**. A third difference between human security and human development is their time horizon. In the case of human development, a considerable amount of effort is invested in institution-building, capacity-building, and otherwise making actions sustainable over time."[99]

The Potential for a Human Security Index

Indices are useful to monitor situations and examine trends in the development of the issue(s) under consideration. Several attempts have been made to develop a *Human Security Index* that complements the *Human Development Index* currently available.[100,101] A most recent attempt[102] uses the economic, environmental, and social fabric indices to build a *Human Security Index,* given that these are often the points around which discussions on sustainable development, corporate social responsibility, and other such issues revolve. The goal is to develop a *Human Security Index* that is intimately related to the *Human Development Index*.

94 United Nations (UN), General Assembly. *In Larger Freedom: Towards Development, Security and Human Rights for All. Report of the Secretary-General.* New York: UN; 2005.

95 Leaning J, Arie S. *Human Security: A Framework for Assessment in Crisis and Transition.* New Orleans, Louisiana, and Arlington, VA: Complex Emergency Response and Transition Initiative (CERTI); 2001.

96 Huitt, W. *Maslow's hierarchy of needs. Educational Psychology Interactive 2007.* Valdosta, GA: Valdosta State University; 2007. *h*

97 *Ibid*.

98 *Ibid*.

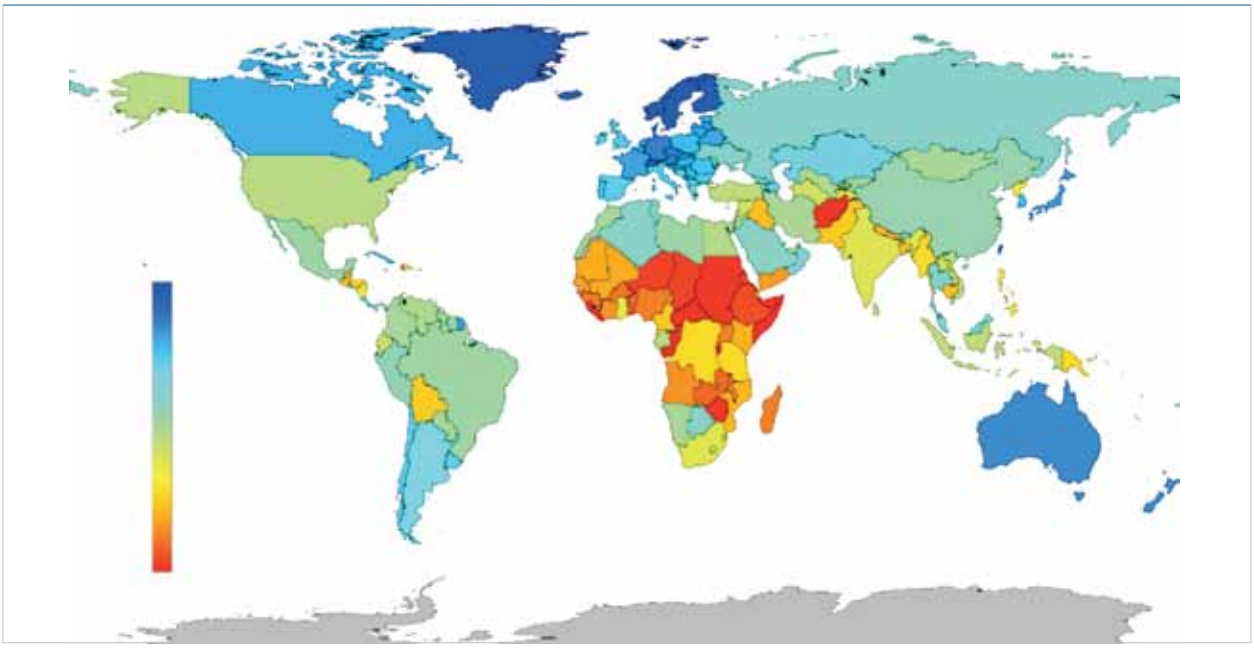
99 Alkire S. *Working Paper: A Conceptual Framework for Human Security.* CRISE Working Paper 2. Oxford: Center for Research on Inequality, Human Security and Ethnicity (CRISE); 2003.

100 Lonergan, S. *Global Environmental Change and Human Security (GECHS).* Report 11. Bonn: International Human Dimensions Programme on Global Environmental Change (IHDP); 2000.

101 Hastings D. *From Human Development to Human Security: A prototype Human Security Index.* Bangkok: United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP); 2009.

102 Hastings D. *The Human Security Index: An Update and a New Release.* No place: HumanSecurityIndex.org; 2011.

Figure 7: Human Security Index Sample



Source: www.humansecurityindex.org. A 2011 version of the human security index accounts for economic, Environmental and Social Fabric Indices (Hastings, 2011)

Social Determinants of Health: The Role of Inequity in Health and Human Security

Social determinants of health are among the causative factors for health and human security. The 2008 WHO report *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health* (2008) captured the relationship of the social determinants of health with health and human security in three sentences:

> "within countries, there are dramatic differences in health that are closely linked with degrees of social disadvantage. These inequities in health and avoidable health inequalities arise as a result of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces."

Health equity or lack thereof, is a major contributor to human security, and in parallel, insecurity. **"A toxic combination of poor social policies, unfair economics, and bad politics is responsible for much of health inequity."**[103]

It can be argued that **poverty is a significant source of inequity**. WHO defines health inequities as

> "avoidable inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies." The drivers of health inequalities include the socioeconomic position: where people are in the social hierarchy affects the conditions in which they grow, learn, live, work and age, their vulnerability to ill health and the consequences of ill health"[104].

Thus, addressing the health needs of the poor alone is not a solution.

[103] World Health Organization (WHO), Commission on Social Determinants of Health. *Closing the Gap in a Generation; Health Equity Through Action on the social Determinants of Health.* Geneva: WHO; 2008.

[104] *Ibid*.

> "Poverty is not only lack of income. The implication, both of the social gradient in health and the poor health of the poorest of the poor, is that health inequity is caused by the unequal distribution of income, goods, and services and of the consequent chance of leading a flourishing life. **This unequal distribution is not in any sense a 'natural' phenomenon but is the result of policies that prize the interests of some over those of others**—all too often of a rich and powerful minority over the interests of a disempowered majority. Health equity is an issue within all our countries and is affected significantly by the global economic and political system."[105]

The UN Commission on Human Security, in its 2003 report entitled *Human Security Now,* explained that **the vulnerability of populations is not limited to the poorest of the poor**. There are also people "on the borderline," and "have jobs and yet cannot afford essential prescription medicines, safe living conditions, uniforms, lunches, or transport costs to send their children to school."[106] The Commission urges action "encouraging growth that reaches the extreme poor; supporting sustainable livelihoods and decent work; preventing and containing the effects of economic crises and natural disasters; and providing social protection for all situations."[107]

The Commission's **recommendations for reducing vulnerabilities** are as follows:[108]

- Improve daily living conditions.
- Tackle the inequitable distribution of power, money, and resources.
- Measure and understand the problem and assess the impact of action taken.

The *Health Agenda for the Americas 2008–2017* developed by the ministers of health of the Americas frequently points to action that the so-called "national health authorities" should take to address the social determinants of health.[109] The *Health Agenda* recommends that national health authorities

- Actively participate in the elaboration of policies aimed at addressing social determinants.
- Discuss tackling health determinants.
- Increase social protection and access to quality health services.
- Diminish health inequalities among countries and the inequities within them.
- Reduce the risk and burden of disease, using all social determinants involved in health as points of reference.

Climate Change, Health, and Human Security

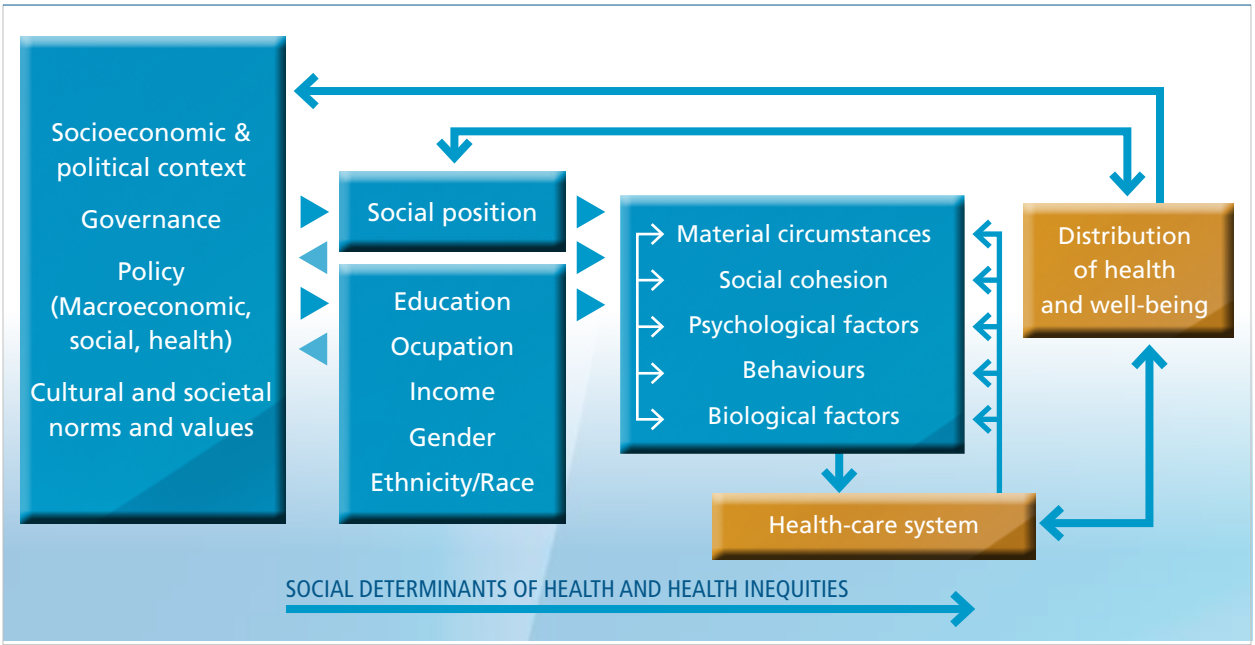
The *61st World Health Assembly* Resolution WHA61/19 on *Climate Change and Health*, which passed unanimously in May 2008, lays out **five priorities for research and action**:[110]

1. Extensively document risks to health and differences in vulnerability within and between populations.
2. Develop health protection strategies.
3. Identify health co-benefits of actions to reduce greenhouse gas emissions or to adapt to climate change.
4. Develop decision support systems to predict the effects of climate change for member states.
5. Estimate the financial costs of action and inaction.[111]

Climate change, however, does not affect everyone equally. "A fundamental requisite for health adaptation to climate change is to **improve monitoring and surveillance of disease and mortality in sensitive regions**."[112] A subsequent PAHO resolution, CD51.

[105] *Ibid*.
[106] United Nations, Commission on Human Security (UN/CHS). *Human Security Now*. New York: UN/CHS; 2003.
[107] *Ibid*.
[108] *Ibid*.
[109] Pan American Health Organization / World Health Organization (PAHO/WHO). *Health Agenda for the Americas 2008–2017, Document Presented by the Ministers of Health of the Americas.* Panama; 2007. Washington, DC; PAHO/WHO; 2007.
[110] World Health Organization (WHO). *61st World Health Assembly. Resolution WHA61.19, Climate Change and Health*, p. 26. Geneva: WHO; 2008.
[111] Costello A, Abbas M, Allen A, Ball S, Bell S, Bellamy R et al. *Managing the Health Effects of Climate Change. The Lancet* 2009;373:1693-733.
[112] *Ibid*.

Figure 8: Commission on Social Determinants of Health—Conceptual Framework



Source: WHO Commission on Social Determinants of Health: Final Report

R15, *Plan of Action on Climate Change*,[113] linked climate change to the Millennium Development Goals (MDGs).

Climate change disproportionately affects vulnerable populations, such as women and children. The report published by UNICEF's Innocenti Research Centre, *Climate Change and Children: A Human Security Challenge*, argued that a human rights–focused strategy must involve addressing children's needs.[114] Diseases and illnesses that have a disproportionate impact on children (such as malaria, diarrhea, and malnutrition) are all affected by climate. Because of this, it becomes necessary to form an integrated, multidisciplinary approach to addressing climate issues. Contrary to historical trends, children need to be the focus of climate change policies.[115] The report identified **eight interventions intended for local adaptation**:

1. household water supply, sanitation, and hygiene,
2. groundwater recharge and watershed remediation,
3. disaster risk reduction and preparedness,
4. environmental protection and restoration,
5. renewable energy solutions,
6. health-related interventions,
7. community capacity-building,
8. social protection and psychosocial support.

Climate change is also linked to issues of empowerment and resilience. As Costello indicates,

> "representation on global task forces to assess the health effect of climate change is heavily skewed in favor of institutions in developed countries … [and] … the most urgent need is to empower poor countries, and local government and local communities everywhere, to understand climate implications and to take action."[116]

The Relationship between Human Rights, Health, and Human Security

"**Health as a human right** has become a driving force for health promotion and a worldwide movement of

[113] Pan American Health Organization / World Health Organization (PAHO/WHO). *51st Directing Council. Resolution CD51.R15, Strategy and Plan of Action on Climate Change*. Washington, DC: PAHO/WHO; 2011.

[114] United Nations Children's Fund (UNICEF), Innocenti Research Center. *Climate Change and Children: A Human Security Challenge*. Florence: UNICEF; 2008.

[115] *Ibid*.

[116] Costello, *op. cit.*

health action."[117] It is outlined in the WHO constitution, (1946) which reads: "**the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being**."[118] This point is also reiterated in the 1986 *Ottawa Charter*,[119] as well as in many UN documents and agreements. It has gained additional strength through the 2002 appointment of a 'Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.'[120]

The *Universal Declaration of Human Rights* states that **"everyone has the right to a standard of living adequate for the health and well-being of himself and of his family."**[121] The *American Declaration of the Rights and Duties of Man* protects the "**right to the preservation of health and to well-being**."[122]

The **protection of health as a human right** is also discussed in constitution of 19 out of the 35 PAHO Member States (Bolivia, Brazil, Cuba, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, and Venezuela).[123] According to PAHO, "the application of international human rights instruments in the context of the health of groups in situations of vulnerability is still in its infancy at the national and regional levels."[124] This concept paper identifies the **areas or population groups among which public health action is required to protect and ensure human rights**. Those groups are the following:

- People with mental disorders.
- Older persons.
- Persons with disabilities.
- Women.
- Women (and adolescents girls) in connection with maternal mortality and morbidity, gender equality, and violence against women.
- People living with HIV.
- Indigenous peoples.
- Adolescents and young people.

Human security can be characterized by the condition under which human rights can be enjoyed, as a collective perspective for individual rights.[125]

Inequity is interconnected with human rights. As discussed earlier, inequities lead to health disparities across the social gradient and are prevalent among vulnerable populations. By its very nature, the use of the term "universal right" implies that disparities should not exist, for such a right should apply to everyone. The involvement of a human rights–based approach that positively affects health outcomes is not well-defined;[126] yet it involves considerations of human rights issues that are interrelated with protecting and empowering vulnerable populations, including broadening access to health care services. Gruskin suggests that the following actions be taken to constitute a **human rights–based approach to health**:[127]

- fully understand the legal and policy context,
- support the participation of affected groups, especially vulnerable groups, in all efforts that concern them,
- ensure that discrimination does not occur in service delivery,
- use human rights standards for service delivery,
- ensure transparency and accountability.

[117] World Health Organization (WHO). *Milestones in Health Promotion: Statements from Global Conferences.* Geneva: WHO; 2009.

[118] World Health Organization (WHO). *Constitution of the World Health Organization*. New York: WHO; 1946.

[119] World Health Organization (WHO). *Ottawa Charter for Health Promotion. First International Conference in Health Promotion*, Ottawa, Ontario, Canada, 21 November 1986. Geneva: WHO; 1986. (Document WHO/HPR/HEP/95.1).

[120] Kickbusch I. *The Food System: a prism of present and future challenges for health promotion and sustainable development*. White Paper. Geneva, Switzerland: Health Promotion Switzerland; 2010.

[121] United Nations (UN). *Universal Declaration of Human Rights*. New York: UN; 1948.

[122] Organization of American States (OAS), Inter-American Commission on Human Rights. *Declaration on the Rights and Duties of Man.* Document presented in the *Ninth International Conference of American States.* Bogotá; OAS; 1948.

[123] Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council, Document CD50/12, Health and Human Rights: Concept Paper.* Washington, DC: PAHO/WHO; 2010.).

[124] *Ibid*.

[125] Pan American Health Organization / World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP). *Reunión Conjunta OPS-PNUD: Consulta de Avances, Desarrollo y Controversias en Seguridad Humana y Relaciones con Salud y Bienestar*. Panama City: PAHO-UNDP; 2010. No link available.

[126] Gruskin S, Ferguson L. *Using indicators to determine the contribution of human rights to public health efforts. Bulletin of the World Health Organization* 2009; 87:714-719.

[127] *Ibid*.

V. Human Security in the Americas

The 2010 *Annual Report* of the PAHO Director—dedicated to promoting health, well-being and human security—argues that **people's health depends not only on health care and disease prevention systems but on social determinants such as education, income, access to essential resources, social and political participation, and the environment**.[128] This view of health and its interrelatedness with other aspects of human security echoes the **holistic vision of the MDGs**, which recognize the interdependence of health and political, economic, social, and cultural factors in determining human well-being.

> "Human security is reflected in a child who doesn't die, a disease that doesn't spread, a job that isn't eliminated, ethnic tension that doesn't explode into violence, a dissenter who isn't silenced. Human security doesn't involve concern about guns but concern about human life and dignity."[129]

The rationale expressed by the ministers of health or their delegates for endorsing PAHO Resolution CD50.R16 on *Health, Human Security and Well-being*[130] was based on the need to shift from reactive, 'downstream' responses to population-based health impacts of insecurity in the Region, to **alternative, proactive, and 'upstream' approaches** that would reduce the burden of disease and potentially increase the well-being of the population.

The human security approach, which highlights the ways in which social determinants of health exert an impact on the population's well-being, has become increasingly relevant as the most pervasive threats to the population have come to include migration, inequity, occupational and labor conditions, violence, social cohesion, demographic change, urbanization, and environmental conditions. The background document on *Health, Human Security and Well-being* from PAHO's *50th Directing Council*[131] integrates information from the Region and provides the necessary rationale.

The joint PAHO-UNDP Central America consultation workshop held in Panama highlighted that the concept of human security is relevant to the Region of the Americas because of its history of military dictatorships during the 1970s and 1980s. During that time, people were frequently portrayed as enemies of the state. The **shift in human security from a state-centered to a people-centered approach** is considered a historic achievement and something that should be protected. **Human security reinforces a democratic, pluralistic, and inclusive vision in a more equity-oriented society that shows respect for all human rights**.[132]

The Americas—a heterogeneous region in terms of its social, economic and political development factors—is currently facing the challenge of a rapidly increasing social gradient. Latin America and the Caribbean (LAC) is a middle-income region that, despite the fact that 25% of its population is living on less than US$ 2 a day and that it has a high Gini coefficient, has nonetheless improved over the past five years.[133] In the United States, some 15% of the total

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[128] Pan American Health Organization / World Health Organization (PAHO/WHO). *Annual Report of the Director 2010: Promoting Health, Well-being and Human Security.* Washington, DC: PAHO/WHO; 2010.

[129] *Ibid*.

[130] Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council, Resolution CD50.R16, Health, Human Security, and Well-being.* Washington, DC: PAHO/WHO; 2010.

[131] Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council. Document CD50/17, Health, Human Security, and Well-being.* Washington, DC: PAHO/WHO; 2010.

[132] Pan American Health Organization / World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP). *Reunión Conjunta OPS-PNUD: Consulta de Avances, Desarrollo y Controversias en Seguridad Humana y Relaciones con Salud y Bienestar*. Panama City: PAHO-UNDP; 2010. No link available.

[133] Ribe H, Robalino DA, Walker I. *Achieving Effective Social Protection for All in Latin America and the Caribbean: From Right to Reality.* Washington, DC: World Bank; 2010.

population lives under the country's poverty line;[134] in Canada, the figure is around 10%.[135] Estimates indicate that **43% of all wage-earners in Latin America work within the informal sector and thus lack social protection coverage; and approximately 22% of the population does not have ready access to health services**.[136]

Youth are particularly unable to fully benefit from their demographic position, due to the economic context in which they live. In an effort to find improved employment situations, youth have resorted to migrating to other areas; and in the process, they disrupt the social and familial networks that are key to their social and emotional development. This shift in social structures has created a situation in which youth are not able to enjoy unencumbered the developmentally critical period between childhood and adulthood.

The **average life expectancy is the prime indicator of a country's social performance**. In the Region, it increased from 71 years in 1990 to 76 in 2009. However, this average obscures the range of life expectancies among countries: for example, average life expectancy in Haiti is 62, while in Canada, it is 81.

The Region has faced rapid urbanization: its urban population has grown by 187% since 1970. The Region is home to six of the world's largest megacities: São Paulo, Mexico City, New York City, Los Angeles, Buenos Aires, and Rio de Janeiro. In the Americas, a total of 79% out of the roughly 556 million people live in urban areas. This proportion is expected to rise to 85%, making the Region the most urbanized of the developing world. An estimated 30.8% of the urban population lives in irregular settlements spawned by rapid, unplanned urban growth. This **rapid urbanization poses a variety of challenges to health in terms of the inequality and also amplifies the impact of climate change**. Less privileged urban children are of special concern, as they frequently play, work, or live on the streets.

[134] United States Government, U.S. Census Bureau. *Income, Poverty, and Health Insurance Coverage in the United States: 2010*. Washington, DC: U.S. Census Bureau; 2010.

[135] Canadian Press, *Poor In Canada: Statistics Canada Reports One In 10 Canadians Are Living In Poverty. Huffington Post*, July 21, 2012.

[136] Inter-American Development Bank (IDB). *The Challenge of Pensions and Social Security in Latin America.* Washington, DC: IDB; 2011.

Specific Examples of Interventions Related to Human Security

The background document[137] that led PAHO's *50th Directing Council* to pass Resolution CD50.R16 on *Health, Human Security and Well-being*[138] was the catalyst that called for ministers to look for alternative systemic approaches (e.g., upstream or empowerment approaches).

The challenges that have already been faced in the Region are mind-boggling. The development of human security has been cultivated in some areas and can be used as an example for future development of the approach. One of the major concerns is the ability to implement a health and human security approach in the Americas when the concept is still in the process of being developed. There are, however, some projects in the Region that have been funded under the umbrella of health and human security.[139]

Human security assumes that individuals form their societies and economies by pursuing their own interests and trying to maximize their liberty. Individuals cannot always secure their own survival, livelihood, and dignity by themselves; there is a need to connect with others through the creation of institutions and associations where individuals can pursue their interests collectively. In order to enhance human security, "good associations" are indispensable. A good association is one that has a self-regulating mechanism for pursuing collective interests. In the process of developing a complete framework to develop the concept of human security (including the public health approach), it is recommended that a collection of examples of good associations be identified in communities. Once the examples of good associations are collected, they can

[137] Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council. Document CD50/17, Health, Human Security, and Well-being.* Washington, DC: PAHO/WHO; 2010.

[138] Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council. Resolution CD50.R16, Health, Human Security, and Well-being.* Washington, DC: PAHO/WHO; 2010.

[139] Pan American Health Organization / World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP). *Reunión Conjunta OPS-PNUD: Consulta de Avances, Desarrollo y Controversias en Seguridad Humana y Relaciones con Salud y Bienestar*. Panama City: PAHO-UNDP; 2010. No link available.

then be developed into case studies to increase our understanding of how significant changes in the communities occur and how various factors are related to the human security approach. In practice, examples of the human security approach might be identified by using the following criteria:

a. Significant positive changes regarding the survival, livelihood, and dignity of community members, using health and other issues as an entry point.
b. The overall acceptance of the intervention by members of the community.
c. The potential of the intervention for scaling up or drawing lessons to be shared and learned, so as to build understanding of human security in the public health field regardless of the uniqueness of the particular context and of key individuals.

Human Security and Vulnerable Populations

In recent decades, the vulnerabilities of certain social groups have become prominent in public policy agendas. **Situations of vulnerability are understood to have arisen from accumulated disadvantages associated with socioeconomic causes, as well as individual and cultural characteristics. The concept of vulnerability applies to all sectors of the population who—by virtue of age, sex, marital status, and ethnic origin—are denied the benefits of development and access to improved welfare conditions.** In the regional context, when conceptualizing health and human rights,[140] PAHO Member States used the concept of, "groups in situations of vulnerability." These groups include people with mental disorders; older adults; people with disabilities; women and girls in the context of maternal mortality and morbidity, gender equality, and preventing violence against women; people living with HIV; indigenous peoples; and adolescents and young children.

In the Region, indigenous peoples comprise between 45 and 50 million people from more than 400 ethnic groups that live only in the Americas. This is a major group accounting for approximately 10% of the total population and 40% of the rural population of Latin America and the Caribbean.[141] Indigenous peoples contribute an important vitality and diversity to 24 countries (including in North America) where they live, and they protect much of the cultural and biological diversity in the Region. Despite their invaluable contributions, the social inequalities faced by indigenous groups often means that they either will find their rights compromised or face the denial of their political and economic rights—which places them in highly vulnerable situations. As a result, there are profound inequities in living conditions and health. **Indigenous communities have the highest incidence of poverty, illiteracy, and unemployment in the Region; and they continually show high rates of maternal and infant mortality, malnutrition, and infectious diseases[142]. These struggles are compounded by discrimination and inequality in the health systems themselves, as well as by complex cultural and language barriers.**

Beyond indigenous groups, **other vulnerable populations include those living in poverty, ethnic minorities, those experiencing violence or living in areas of armed conflict, newborns, children, and refugees. Today's world is more interconnected than ever,** with exchanges in trade, finance, and information facilitating people's mobility—despite the existence of major attempts on the part of governments to implement restrictions on people's movement. In the Region, this mobility significantly contributes to population flow both within and among countries. This movement in turn generates significant economic flows.[143] Thus, migration represents an important demographic trend that requires consideration within the Region. **From a human security perspective, migrant populations are especially vulnerable because of the radical transformation not only of their environments and social networks, but also of their cultural, consumer, legal, and social protections.**

[140] Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council, Document CD50/12, Health and Human Rights: Concept Paper.* Washington, DC: PAHO/WHO; 2010.

[141] Pan American Health Organization/ World Health Organization (PAHO/WHO). *47th Directing Council, Document CD47/13, Health of the Indigenous Peoples of the Americas.* Washington, DC: PAHO/WHO; 2006.

[142] *Ibid*

[143] Economic Commission for Latin America and the Caribbean (ECLAC). Capital Flows to Latin America, Third Quarter 2003. Washington, DC: ECLAC; 2003.

Human Security and Communicable Disease (including HIV/AIDS)

The **link between poverty and infectious diseases—one 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 (UNAIDS), affects 1.4 million people in Latin America[144] and 260,000 in the Caribbean[145]. In 2001, **the United Nations Security Council took the unprecedented step of declaring the HIV/AIDS epidemic "a threat to security**."[146] New transmission agents, growing resistance to antibiotics as in the case of tuberculosis, and recent epidemics such as the 2009 influenza (H1N1) pandemic impose heavy economic costs and have a serious impact on health. Outbreaks of diseases such as cholera in Peru during the 1990s and in Haiti from 2010–2011, as well as yellow fever in Paraguay in 2008, clearly indicate that epidemics have repercussions far beyond the health sector, which seriously affect the economy through high treatment costs, loss of life, and loss of wages—not to mention generalized economic and political consequences.

Human Security and Violence

In many countries of the Region, **human security is highlighted by its relation to violence.[147] Violence—whether collective, interpersonal, or self-inflicted—is a public health issue requiring a multisectoral approach**. A recent examination of the distribution of homicides in Latin America revealed that, once the statistics of the high-income countries are removed, homicide rates in the Americas are the highest in the world (at 27.5 per 100,000). These rates include a disproportionately high number of men. Among 20–39-year-old men, the 2007 homicide rate per 100,000[148] was

- 626 in El Salvador
- 485 in Colombia
- 286 in Venezuela
- 227 in Brazil
- 180 in Panama
- 124 in Mexico

compared to

- 46 in the United States
- 11 in Canada

The threat of violence is a key concern in promoting human security. Collective violence results in either internal displacement or forced migration, usually among the poorest and most vulnerable populations. Research in conflict zones also shows that collective violence is associated with poorer performance for a number of health and social development indicators, such as immunization rates. A national survey in Mexico identified unemployment (40%), drugs (36%), poverty (34%), corruption (33%), and values and family disintegration (21% both) as perceived causes of insecurity-produced violence in the country.[149] Violence against women also has serious consequences, both direct and indirect, for victims as well as for children and communities. A comparative analysis of the *National Demographic and Health Surveys* indicates that the proportion of women reporting having, 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 they had been the victim of physical violence by their partner during pregnancy was 11% in Colombia and Nicaragua.[150] The human security approach has been used with different levels of integration, such as the case of *VivaRio*, a Brazilian organization that emphasizes human security in their approach to combating violence in the favelas of Rio de Janeiro.[151] Several experiences on multisectoral responses in Ciudad Juárez, Colombia, and Brazil utilize the approach of human security as well.

144 United Nations Joint Programme on HIV AIDS (UNAIDS). *Global Report: Fact Sheet, Central and South America*. Geneva: UNAIDS; 2009.

145 United Nations Joint Programme on HIV/AIDS (UNAIDS) Caribbean. *Keeping Score III: The Voice of the Caribbean People*. Port-of-Spain: UNAIDS; 2010.

146 United Nations Joint Programme on HIV/AIDS (UNAIDS). *Fact Sheet: HIV/AIDS and Security*. Geneva: UNAIDS; 2001.

147 Pan American Health Organization / World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP). *Reunión Conjunta OPS-PNUD: Consulta de Avances, Desarrollo y Controversias en Seguridad Humana y Relaciones con Salud y Bienestar*. Panama City: PAHO-UNDP; 2010. No link available.

148 Pan American Health Organization / World Health Organization (PAHO/WHO). *Regional Mortality Database*. Washington, DC: PAHO; 2011.

149 Instituto Nacional de Geografía y Estadística (*INEGI*). Aguascalientes, Mexico: INEGI; 2011.

150 Institute for Health Metrics and Evaluation (IHME). *Demographic and Health Survey (DHS)*.

151 VivaRio. *Human Security Program*. Rio de Janeiro: VivaRio; 2011.

Human Security and Natural Disasters

Natural and man-made disasters constitute another threat to health and human security. **When the conditions needed to ensure human security are in a fragile state, natural disasters have the potential to disrupt people's lives, especially in the poorest and most vulnerable populations.** The recent earthquakes in Haiti and Chile are an example. Community empowerment, preparation, participation, and responsible protective action taken by governments are recognized as effective strategies that have been implemented in Peru and other countries.[152] In 2011, the *Regional Forum for Disaster Risk Reduction* identified the need for community knowledge and full involvement[153]; a regional interagency organization seeking to share information and develop strategies has been active in the Region for more than 10 years.[154]

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.). Along with Peru, the countries of the Caribbean emphasized the threats posed by climate change during debates that took place in PAHO's *51st Directing Council* in 2011. As the Small Island Developing States of the Caribbean prepare to take climate change adaptation measures, there is a distinct possibility that the most vulnerable groups—especially the poor, women, indigenous, elderly, and children in rural and coastal communities—are at risk of being further marginalized. **It is necessary to take into consideration the adaptation needs of those groups that are most likely to be disproportionately affected due to inherent structural and social disparities**.[155]

Climate change is also a central theme in the tourism, agriculture, and fisheries sectors, which are the major economic drivers of these small island states. Increasing community participation, promoting local initiatives, and filling critical gaps in socioeconomic and livelihood data are all needed when addressing these issues, to ensure effective and equitable climate change adaptation.

Human Security, Environment, and Multisectoral Approaches

In the Americas, it is ironic that people are able to access technology, consumer goods, and chemicals while being unable to access well-established systems of clean water and waste management. This becomes particularly problematic in urban settings, where informal settlements, lack of education, and poverty leave the population in especially vulnerable situations. **In Latin American and Caribbean, a 2011 PAHO policy brief reports that 40 million people (7%) lack access to improved water and 118 million (21%) have no access to improved sanitation; the poorest 20% of families spend twice as much for access to clean water in Brazil, and the poorest 40% of families spend four times as much for access to clean water in the Dominican Republic**[156]**.** Health is heavily affected by air, water, and soil conditions, as well as conditions in physical and chemical environments; but frequently, health practitioners lack the competencies to work with communities to address environmental concerns.[157]

Human Security, Alcohol, and Drugs

Alcohol consumption in the Region is 50% higher than in the rest of the world. The use of cannabis, cocaine, volatile solvents, psychoactive drugs, hallucinogens, and heroin is on the rise. **Substance use severely impacts people's quality of life and well-being, thus posing a human security problem** that is also related to good governance, development alternatives,

[152] *Foro Ciudades para la Vida*. Lima: Foro Ciudades para la Vida; 2005.

[153] United Nations (UN), Regional Platform for Disaster Risk Reduction in the Americas. *Communiqué from Nuevo Vallarta, Nayarit, Mexico on Lines of Action to Strengthen Disaster Risk Reduction in the Americas.* Nayarit, Mexico; 2011.

[154] Inter-American Coalition for the Prevention of Violence (IACPV). *Declaration of the Inter-American Coalition for the Prevention of Violence.* Washington, DC: IACVP; 2000.

[155] Dulal HB, Shah KU, Ahmad N. *Social Equity Considerations in the Implementation of Caribbean Climate Change Adaptation Policies*. Special Issue on *Atmospheric Pollution*. *Sustainability* 2009.

[156] Pan American Health Organization/ World Health Organization (PAHO/WHO). *Water and Sanitation: Evidence for Public Policy Focused on Human Rights and Public Health Results.* Washington, DC: PAHO/WHO; 2011

[157] Román O, Pineda S, Señoret M. *Perfil y número de médicos generales que requiere el país. Revista Médica de Chile* 2007;135:1209-1215.

trade, and organized crime. Illicit drug trafficking results in thousands of deaths annually, with numerous deaths occurring among individuals who do not necessarily use drugs but end up as the victims of drug wars or law enforcement interventions. The *Central American Workshop on Human Security* (co-organized by PAHO and UNDP in 2010) identified drug trafficking as a most pervasive threat to life, as well as an obstacle to free development and movement and to health.[158]

Human Security, Nutrition, and Access to Food

As acknowledged during the *Central American Workshop on Human Security*,[159] food security, health promotion, disease prevention, risk management, toxicity, disasters, climate change, and security of movement remain concerns that are seldom examined together. **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.** In 2007, world food prices rose by 24%; and as a result, 75 million people worldwide, primarily in developing countries, were pushed into hunger and poverty. The 2011 *Report on Food Security in the World*[160] identifies that in the Latin American and Caribbean Region, 8% of the population is still undernourished. The rate of undernourishment did undergo a decrease by 13.7% from 1990 to 2008. However, in several countries—such as Bolivia (29.7%), the Dominican Republic (11.7%), Guatemala (11.3%), Haiti (21.7%), Panama (10.4%), Suriname (27.9%), and Trinidad and Tobago (14.2%)—there are many factors that affect communities' food insecurity and their capacity to address them.[161] **Food insecurity has led to violence and poses a direct threat to human security and to democratic society.** The search for food security has prompted innovative multisectoral community experiences in the Region. Most recently, a Pan American Alliance for Nutrition and Development has been expanded, integrating several multilateral agencies active in the Region (ECLAC, PAHO, UNDP, UNFPA, UNICEF, UNAIDS, WFP, ILO, UNIFEM, UNODC, UNEP, UNOPS, and OHCHR).

Human Security and Noncommunicable Diseases

Noncommunicable diseases can be a threat to human security.[162] **NCDs can generate insurmountable expenses for families already in economic crisis, either from direct out-of-pocket payments or from the loss of productivity and wages. Furthermore, NCDs can limit the capacity of health services to adequately cover the population's demand for health care.** This is the rationale for linking NCDs to equity and development, as featured in the General Assembly Resolution[163] of the *UN High-Level Meeting on Noncommunicable Diseases* in 2011.[164] Trade, lobbies, and industry groups are also stakeholders in NCD agendas; and their engagement with these issues has had an impact on proposals made by developed countries to implement fiscal, policy, and other measures to regulate the private sector. One example of this is efforts on the part of the tobacco industry to weaken WHO's *Framework Convention on Tobacco Control* (FCTC)[165] by removing any references to tobacco taxation. Other efforts by stakeholders may undermine Member States' obligations to protect and promote the right to health.

[158] Pan American Health Organization / World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP). *Reunión Conjunta OPS-PNUD: Consulta de Avances, Desarrollo y Controversias en Seguridad Humana y Relaciones con Salud y Bienestar*. Panama City: PAHO-UNDP; 2010. No link available.

[159] *Ibid*.

[160] Food and Agriculture Organization of the United Nations (FAO). *The State of Food Insecurity in the World. How does international price volatility affect domestic economies and food security?* Rome: FAO; 2011.

[161] Moreno-Tamayo K, González de Cossío T, Flores-Aldana M, Rodríguez-Ramírez S, Ortiz-Hernández L. Does *Food Insecurity Compromise Maternal Dietary Zinc or Energy Intake in Favor of Her Child, in Rural Poor Mexican Households? Salud Pública de México* 2011;53(4):299-311.

[162] Beaglehole R, Bonita R, Horton R, Adams C, Alleyne G, Asaria P et al. *Priority actions for the noncommunicable disease crisis*. *The Lancet* 2011;23;377(9775):1438-47.

[163] United Nations (UN). High-Level Meeting on Noncommunicable Diseases (UN-HLM on NCDs). *General Assembly Resolution 64/265, Prevention and Control of Noncommunicable Diseases.* New York: UN; 2011.

[164] United Nations (UN). *High-Level Meeting on Noncommunicable Diseases* (UN-HLM on NCDs). New York: UN; 2011.

[165] World Health Organization (WHO). Framework Convention on Tobacco Control. Geneva; WHO; 2003.

Human Security and Primary Health Care

Without universal preventive and primary care, health and human security are unachievable goals for a large proportion of the population in Latin America and the Caribbean.[166] PAHO has been a leading force in renovating primary health care, making the *Integrated Health Service Delivery Networks* (IHSDNs) a key concept.[167] IHSDNs can be defined as

> "a network of organizations that provides, or makes arrangements to provide, equitable, comprehensive, integrated, and continuous health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and the health status of the population served."[168]

These networks engage in optimal organization and management practices at all levels to achieve quality, efficiency, and effectiveness. They develop active mechanisms to maximize individual and collective participation in health. PAHO considers this one of the principal operational expressions of primary health care–based systems, helping to make several of its most essential elements a reality. Some of the **most critical elements** are the following:

- universal coverage and access,
- first (initial) contact,
- comprehensive, integrated, and continuing care,
- appropriate care,
- optimal organization and management,
- family and community orientation,
- intersectoral action.

The first level of care acts as a gateway into the system and guarantees equitable access to essential services for the entire population. This level provides comprehensive, integrated, and continuous care capable of meeting the majority of the population's health care needs and demands, both over time and throughout the lifecourse. **Primary care is the network component that develops the closest ties with individuals, families, and the community, as well as with other social sectors**—thus facilitating social participation and intersectoral action.[169] The Family Health Program in Brazil, as well as *Oportunidades* and *Seguro Popular* in Mexico, serve as examples of programs based on primary health care, with intense community interaction and linked to a service network.

Human Security and Social Protection

Social protection, which may extend to health as well as other needs, is a new horizon for the Region, where currently 43% of all wage-earners work in the informal economy and thus lack social protection.[170] Over the past decade, inequality fell in 12 out of the 17 Latin American countries for which comparable data was available; and a number of studies have attributed a non-trivial part of that decline to an expansion in the Region's social protection systems. In some countries, an important share of the reduction in absolute poverty appears to have been driven by large-scale social protection innovations, such as conditional cash transfers and non-contributory "social" pensions.[171] In Latin America and the Caribbean, social protection systems need to respond to the realities of its labor markets—especially given the prevalence of informal sector employment and frequent job changes. Currently, major limitations exist in the exclusion of informal sector workers from benefits. In addition, the rules governing benefit entitlement are slanted against people who change jobs. These salient limitations make it easy to summarize any integrated social protection approach involving in-depth discussion on the meaning of social protection. Comprehensive social protection systems with a focus on rights are not associated with a particular policy area (or expenditure); rather, they imply greater complexity in terms of an intersectoral approach.[172]

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[166] Nef J, Harris RL, Seid MJ..*Health and Human Security in Latin America and the Caribbean*. Lanham, MD: Rowman & Littlefield; 2009.

[167] Pan American Health Organization / World Health Organization (PAHO/WHO). Integrated Health Service Delivery Networks (IHSDN): Concepts, Policy Options and a Road Map for Implementation in the Americas. In: PAHO/WHO, *Renewing Primary Health Care in the Americas,* N.4. Washington, DC: PAHO/WHO; 2010.

[168] *Ibid*.

[169] *Ibid*.

[170] Inter-American Development Bank (IDB). *The Challenge of Pensions and Social Security in Latin America.* Washington, DC: IDB; 2011.

[171] Ribe H, Robalino DA, Walker I. *Achieving Effective Social Protection for All in Latin America and the Caribbean: From Right to Reality.* Washington, DC: World Bank; 2010.

[172] Repetto F. *Protección social integral: Una mirada a la coordinación como medio.* Mexico City: United Nations Economic Commission for Latin America and the Caribbean (ECLAC); 2010.

VI. Implementing the Directing Council Resolution: Next Steps

The current challenge lies in finding ways to support countries that are interested in bridging human security gaps through their health policies and interventions.

The background document on *Health, Human Security and Well-being*[173] for PAHO's *50th Directing Council* in 2010 recognizes the integrated nature of health and human security, as well as the need to define PAHO's position and work as it relates to supporting its Member States and identifying future lines of action. The review in this document was built upon the *Joint PAHO-UNDP Central American Workshops*[174] held in Nicaragua and Panama, as well as the acknowledgment of numerous country experiences.

It is important for countries to consider forming National Multiagency Technical Working Groups on Human Security to foster development of the topic (as was done in the Nicaragua workshop). At the regional level, it will be necessary to establish such regional mechanisms as an **observatory and regional fora** that will systematically mine health and human security data, experiences, innovations, knowledge, policies, and best practices—thus promoting collaboration and exchange within the Region.[175] Such efforts should be aligned with efforts made by the UN and other international organizations that have expressed interest (as was the case with *In Larger Freedom* report,[176] which called for global partnerships in development). Special emphasis should be put on improving documentation on disparities and inequities, slums, indigenous populations, and recent migrants.

This document should provide the basis for a common understanding of health and human security. Future steps could contribute to **operationalizing the following lines of action in four categories**:

1. Conceptual

- Determine how essential public health functions are applied—especially *vis-à-vis* their steering role—when defining actions in the area of health and human security.
- Create opportunities for dialogue and for disseminating information to encourage human security and its relation to a regionwide health approach.
- Develop dialogue and an approach to contributing to integrated social protection policies.
- Promote collaboration with other agencies in the United Nations system that are working in complementary aspects of human security as it relates to development.

2. Methodological

- Identify and improve measurement methodologies and tools (including surveillance of the determinants of both health and human security, as well as health impact assessment and surveillance, or HIA-S); this will make it possible to provide communities and health systems with an estimate of the health and human security situation and subsequently to guide community efforts and health policies.

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[173] Pan American Health Organization / World Health Organization (PAHO/WHO). *50th Directing Council, Document CD50/12, Health and Human Rights: Concept Paper.* Washington, DC: PAHO/WHO; 2010.

[174] Pan American Health Organization / World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP). *Reunión Conjunta OPS-PNUD: Consulta de Avances, Desarrollo y Controversias en Seguridad Humana y Relaciones con Salud y Bienestar*. Panama City: PAHO-UNDP; 2010. No link available.

[175] *Ibid*.

[176] United Nations (UN), General Assembly. *In Larger Freedom: Towards Development, Security and Human Rights for All. Report of the Secretary-General.* New York: UN, 2005.

- Renew the current approach to healthy communities, adapting methods to expand its scope, which should include developing community assets and strengthening resilience and social fabric both for health promotion and for primary health care.
- Adapt methods for strengthening family assets and resilience, and further develop methods for analyzing and rebuilding social fabric as instruments for community action in primary health care.

3. Operational

Support the health sector's contribution to human security by strengthening health programs and ensuring equity of care for all people, through the development of guidelines to

- Improve, adjust, and enrich current public health programs that prioritize the goal of addressing human security.
- Use instruments for health promotion and human security in health care service delivery.
- Implement local and participatory surveillance of the determinants of health and human security, as well as the conditions that affect both of them.
- In terms of organizational architecture, facilitate the intersectoral and managerial roles of the ministries of health *vis-à-vis* human security at the local, subnational, and national levels.
- Build professional and human resource capacity in primary health care systems to help improve human security at both the local and community levels.

4. Theoretical

It is important to point out that the challenges faced by human security go beyond the field of health. There is no doubt that health is at the vital core of all human life and that it stands as one of the bases for enjoying universal freedoms. One of the key features of human security is its emphasis on the interlinkages among the many sources of vulnerability in people's lives. Health can act as a watchdog for the effective implementation of human security.

Set of Adaptations to Develop for Health and Human Security (H&HS)

- Develop an operational model for the local, subnational, and national levels for health and human security.
- Modify the participative diagnosis of the community situation vis-à-vis health and human security.
- Prepare a personal/family booklet on primary health care (PHC) that deals with the determinants of health and human security.
- Strengthen family and community assets for health and human security.
- Provide guidance for PHC in how to facilitate intersectoral action and social participation.
- Create an instrument to assess the community situation of social protection.
- Create methods for conducting participatory surveillance of local determinants of health and human security.
- Provide guidance for public health programs and opportunities to address concerns related to H&HS.
- Conduct a health impact assessment on human security.
- Create a methodology to analyze local/community social fabric development.
- Create a component on assessment and development of H&HS that will provide renewed guidance for *Healthy Municipalities, Healthy Schools,* and other health promotion platforms and initiatives.
- Create an *Observatory of Health and Human Security.*

VII. Conclusions

That everyone may have freedom from fear, freedom from want, and freedom to live in dignity is a basic vision for any country, region, or policy. It also provides a basis for further growth and development. This calls for a better understanding of the human security approach. This includes increasing our understanding of how to implement the concept in the field, so that we may truly understand the **multidimensional nature of the human security approach and its strength in tackling particular threats**.

Human security assumes that individuals form their societies and economies by pursuing their own interests and maximizing their individual liberties. People cannot always secure their survival, livelihood, and dignity by themselves; they need to form a collective with others by creating institutions where they can pursue their interests collectively. The concept of health and human security is a step forward in constructing the future global agenda. Health not only contributes to tackling the threats posed by critical and pervasive disease but also acts as point of entry for action. Although H&HS may seem to be just one more factor on top of the already overloaded health care system, the concept addresses people's deepest concerns and provides a higher purpose and understanding of the role H&HS plays in their lives. **Health care providers acknowledge that human security is the missing link in the upstream, causal management of the health issues that society faces.**

Discussions are now taking place at the United Nations regarding how to define human security, and specifically of the implications surrounding its definition. However, it is mutually agreed upon that developing the components of human security should be advanced. Indeed, developing these components will make them easier to implement. In the *Charter of the United Nations*, peace among nations is not defined but is nonetheless used as the common purpose. Likewise, **human security places its focus on the people-centered goal of freedom from want, freedom from fear, and freedom to live in dignity**.

Health is not only inherent to human security but is affected by it. Therefore, **health not only contributes to human security through its services but also through: community action in primary health care, strengthening families and communities, increasing resilience, through trusted health care providers who interact closely with the community**. As with many other issues whose causes lies beyond the scope of the health sector, those responsible for health seek to influence other sectors through health. On the three dimensions of health—care, community action, and policy—health's contribution to human security is self-evident.

PAHO's Directing Council has promoted the adoption of the human security approach. However, to bring about full adoption of the concept, PAHO Headquarters has been asked to clarify the concepts and—more importantly—advance these concepts by creating concrete methods and instruments for their implementation. By identifying interventions that meet some or all of the criteria of the human security model, we can begin to understand the ways in which the concept manifests itself in the everyday lives of vulnerable populations. For this, three categories are proposed for developing lines of action (conceptual, methodological, and operational). With these, the agenda for future years can be developed in the Region; and a subsequent strategy, effectively developed.

Appendices

Appendix I: Table of Definitions

In the following section, you will find tables with definitions of human security that compare their different authors. One was compiled by the Global Development Research Center (GDRC) in 2005.[177] It contains a complementary table of definitions that includes modification of the one done for the PAHO review document on concepts and definitions.[178]

Definitions Applicable to Health and Human Security

Term/Phrase	Source for Definition	Definition/Criteria/Goal
Public health emergency of international concern	World Health Organization (WHO). *International Health Regulations (IHR) 2005* (2nd ed.). Geneva: WHO, 2005.	*Must satisfy at least two of the following criteria:* 1. Is the public health impact of the event serious? 2. Is the event unusual or unexpected? 3. Is there a significant risk of international spread? 4. Is there a significant risk of international trade or travel restriction?
Health Security	Pan American Health Organization / World Health Organization (PAHO/WHO). *Health Agenda for the Americas 2008–2017.* Washington, DC: PAHO/WHO; 2007.	Emergency focused; subtopics include intersectoral planning for disasters/pandemics/diseases; border issues and disease; rapid response to threats; and pandemic influenza.
Health Security; Human Security	Pan American Health Organization / World Health Organization (PAHO/WHO). *Health and Hemispheric Security.* Washington, DC: PAHO/WHO, 2002.	"Ultimately, **health security** involves the preservation of the human capabilities that are central to human freedom and development." (p. 8) PAHO, "following its Inter American mandate to promote health as the well-being of our populations, has long embraced the concept of **human security**, as protective measures against threats and hurtful disruption in societal life." (p. 8)
Public Health Security	World Health Organization (WHO). *World Health Report 2007.* Geneva: WHO; 2007.	Protection from epidemic-prone diseases, foodborne diseases, accidental and deliberate outbreaks, and environmental disasters.

Cont.

[177] Global Development Research Center (GDRC). *Human Security: Indicators for Measurement*. Kobe, Japan: GDRC; 2011.
[178] Pan American Health Organization / World Health Organization (PAHO/WHO), Kratakovsky. *Health and Human Security: Conceptions and definitions; moving forward to fill the gap in the Americas.* Washington, DC: PAHO/WHO; 2011. No link available.

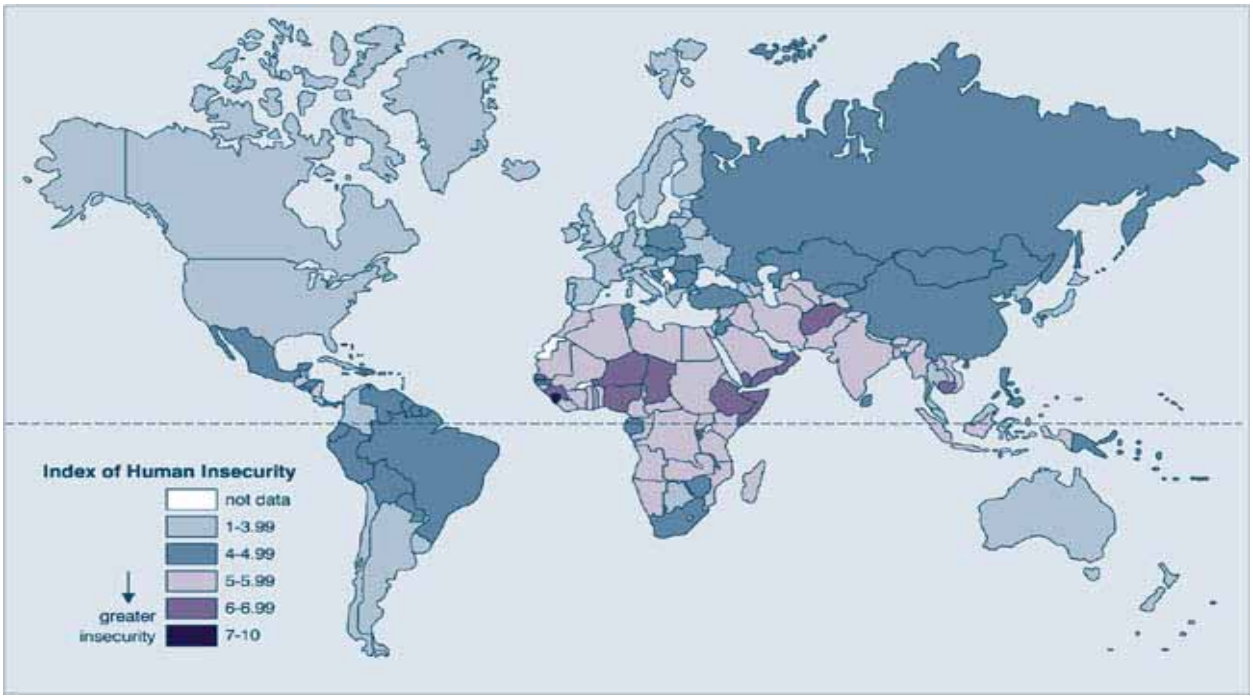
Term/Phrase	Source for Definition	Definition/Criteria/Goal
Global Public Health Security	World Health Organization (WHO). *World Health Report 2007.* Geneva: WHO; 2007.	*Definition proposed:* "**the reduced vulnerability of populations to acute threats to health**." (p. vii)
Humanitarian Crisis and Health Sector Response	Inter-Agency Standing Committee (IASC) and Global Health Cluster. *Health Cluster Guide. A Practical Guide for Country-Level Implementation of the Health Cluster.* Geneva: WHO; 2009.	The "goal of the health sector response during humanitarian crises" is "to **reduce avoidable mortality, morbidity and disability, and restore the delivery of, and equitable access to, preventive and curative health care as quickly as possible and in as sustainable a manner as possible**." (p. 9)
[Criticism of] Health and Security; Human Security	Sandra J. Maclean, Microbes, Mad Cows and Militaries: *Exploring the Links Between Health and Security. Security Dialogue* 2008;39:475.	**Health and Security** "But too frequently, in the health and security literature that focuses on health outcomes, there is insufficient critical engagement with alternative approaches to security. Instead, there is a tendency to discuss health as national, international, global and/or human security as though, first, there were agreement on what those terms mean; and second, [as though] they were concepts that are distinct and, if not necessarily always compatible, at least separate types of security that can and should be managed in different ways and sometimes by different agents" (p. 477). "**Human security** is a concept that has considerable relevance for understanding the nature of change that is producing new or intensified threats. It also offers conceptual space for analyzing **what security is provided and for whom in the changing world order**." (p. 475)
Inter-American Commission on Human Rights: Citizen Security	Organization of American States (OAS), Inter-American Commission on Human Rights. *Report on Citizen Security and Human Rights*. Washington, DC: OAS, 2011.	The term "**citizen security**" arose primarily as a concept in Latin America during transitions to democracy as a means to differentiate the new nature of security as perceived by democratic regimes as opposed to the former nature of security as perceived by authoritarian regimes. In the latter, the concept of security is associated with the concepts of "national security," "internal security," or "public safety," all of which are used in specific reference to security under dictatorships. **In democracies, the concept of security against the threat of criminal or violent situations is associated with "safety" and is used mainly in reference to the overall security of individuals and social groups**.

Appendix II: Indices of Human Security

Seeking to further complement the dimensions included in the *Human Development Index*, at least two indices have been published: one by the *Global Environmental Change and Human Security Project*, a collaboration between the Woodrow Wilson Center and the University of Michigan;[179] the other by the United Nations Economic Commission for Asia and the Pacific (ESCAP),[180] which was further advanced by its author.[181]

Table 1: Selected Indicators of Human Insecurity Comprising the Standard Set

Environment	• Net energy imports (% of commercial energy use) • Soil degradation (tons per year) • Safe water (% of population with access) • Arable land (hectares per person)
Economy	• Real Gross Domestic Product (GDP) per capita (in US$) • Gross National Product (GNP) per capita growth • Adult literacy rate (% of population over 15 years of age) • Value of imports and exports of goods and services (% of GDP)
Society	• Urban population growth (annual %) • Young male population (%of total population ages 0–14) • Maternal mortality ratio (per 100,000 live births) • Life expectancy in years)
Institutions	• Public expenditures on defense versus primary and secondary education (% of GDP) • Gross domestic fixed investment (% of GDP) • Degree of democratization (on a scale of 1–7) • Human Freedoms Index (on a scale of 1–40)



[179] Lonergan, S. *Global Environmental Change and Human Security (GECHS).* Report 11. Bonn: International Human Dimensions Programme on Global Environmental Change (IHDP); 2000.
[180] Hastings D. *From Human Development to Human Security: A prototype Human Security Index.* Bangkok: United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP); 2009.
[181] Hastings D. *The Human Security Index: An Update and a New Release.* HumanSecurityIndex.org; 2011

ESCAP/Hastings Index

Table 2: Data and Components of Global Human Security Index, Version 2

Input data/Indicator Fields	(Sources) ⟶	Components ⟶	Index
Income resources in the pocket of typical people	(derived from 2* below)	**Economic Fabric Index**	***Human Security Index***
*GDP Per capita at purchasing power parity	(IMF, WDI, CIA)		
*Income equality (Gini Coefficient)	(Solt, UN Wider, WDI, CIA)		
Protection from financial catastrophe (derived from 3@ below)			
@ Foreign exchange reserves (% of imports)	(WDI, IMF, CIA)		
@ External debt % of GDP	(WDI, CIA)		
@ Current account balance % of GDP	(IMF, WDI, CIA)		
@ Health-care delivery/financing	(digested from Carrin et al 2001 & other sources)		
@ National savings rate (% of GDP p.c.)	(WEF, WDI, IMF, etc)		
Environmental Vulnerability Index	(SOPAC)	**Environmental Fabric Index**	
Environmental Performance Index	(Yale & CIESIN)		
Greenhouse gas emissions per captia	(WRI, Wikipedia)		
Population growth rate 2010-2050	(Census.gov UN Pop. Div., SPC)		
<<Wish list is broad here: particularly for more comprehensive vulnerabilities to environmental disasters, and deliver of environmental protections to people/communities>>			
Literacy rate	(UNESCO, WDI, CIA)	*Education & Info Empowerment* **Social Fabric Index**	
Connection Index (derived from 3# below)			
#Telephone fixed lines per capita	(ITU)		
#Mobile telephone accounts per capita	(ITU)		
#Internet users per capita	(ITU)		
Press Freedom Index	(RSF)		
<<Wish list: Press Effectiveness Index>>			
Gender Gap Index	(WEF)	*Diversity* **Social Fabric Index**	
<<Wish list: indices on race, ethnicity, religion, age, "disability" issues>>			
Global Peace Index	(VisionofHumanity.org)	*Peacefulness* **Social Fabric Index**	
World Prison Population List/Brief	(ICPS)		
Political Terror Scale	(PoliticalTerrorScale.org)		
% of people undernourished	(FAO, IFPRI)	*Food Security* **Social Fabric Index**	
% of people below local poverty index	(WDI, CIA)		
Food Imports compared to exports and GDP	(WDI)		
% of population food insecure (needing emergency food aid)	(USDA)		
% of productive land per capita 2000+	(WDI)		
% change in productive land 2000+/1960+	(derived from WDI)		
Life expectancy at birth	(WHO, WDI, CIA)	*Health* **Social Fabric Index**	
% of LE that is unhealthy	(WHO)		
% of population using improved water source	(UENSCO, WDI)		
Health outcome equality	(Petrie & Tang)		
Political stability, no violence	(WGI)	*Governance* **Social Fabric Index**	
Control of illegal corruption	(WGI)		
Legal corruption	(derived from WEF data, Kaufman & Vicente)		

Source: Hastings, DA. The Human Security Index: An Update and a New Release. *The Index of Human Insecurity*. Issue No. 6, January 2011.

Human Security Index for the Americas

Based on the Hastings indices included, estimates of the World Human Security Index (HIS) range from 0.30 to 0.86, with a mean 0f 0.62. In the Americas, the range is from 0.44 to 0.86 (this includes the Falkland Islands, followed by several Caribbean Islands; Canada is the large country with the highest level, and Haiti has the lowest level). The mean for the Americas is 0.66, which is higher than the global mean. See the *Human Security Index*, data from which is included below.

Table 3: Human Security Index – Americas Territories (Estimates as of March 2011)

Entity	HSIv2	Entity	HSIv2
Antigua & Barbuda	0.692	Guatemala	0.492
Argentina	0.674	Guyana	0.613
Aruba	0.690	Haiti	0.436
Bahamas	0.784	Honduras	0.504
Barbados	0.722	Jamaica	0.585
Belize	0.604	Martinique	0.753
Bermuda	0.809	Mexico	0.619
Bolivia	0.500	Netherlands Antilles	0.693
Brazil	0.617	Nicaragua	0.540
British Virgin Islands	0.767	Panama	0.651
Canada	0.722	Paraguay	0.604
Cayman Islands	0.738	Peru	0.629
Chile	0.693	Puerto Rico	0.626
Colombia	0.610	Saint Kitts & Nevis	0.685
Costa Rica	0.670	Saint Lucia	0.688
Cuba	0.700	Saint Pierre & Miquelon	0.763
Dominica	0.732	Saint Vincent & the Grenadines	0.715
Dominican Republic	0.562	Suriname	0.622
Ecuador	0.571	Trinidad & Tobago	0.639
El Salvador	0.616	Turks & Caicos Islands	0.769
Falkland Islands	0.865	United States	0.594
French Guiana	0.755	Uruguay	0.695
Grenada	0.650	USA Virgin Islands	0.623
Guadeloupe	0.733	Venezuela	0.599

Modified from: http://www.humansecurityindex.org/?page_id=204

Appendix III: PAHO Resolution

50th DIRECTING COUNCIL

62nd SESSION OF THE REGIONAL COMMITTEE

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

CD50.R16 (Eng.)
ORIGINAL: SPANISH

RESOLUTION

CD50.R16

HEALTH, HUMAN SECURITY, AND WELLBEING

THE 50th DIRECTING COUNCIL,

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

Recognizing the commitment of the Member States to examine and define the concept of human security within the framework of the United Nations General Assembly, and the efforts made toward that end, which still continue today;

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, cultural, and environmental factors influence health, human security, and the quality of life of populations, with special consideration of groups in situations of vulnerability;

Considering that human security conditions are improved through the promotion of economic and social development, citizen participation, social inclusion, equity, education, and through the fight against poverty, disease, and hunger;

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, pursuant to their national legislation, 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, in consultation with the Member States, 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 debate in the Organization, with the active participation of the Member States, on human security in the context of health, taking into account the content of paragraph 143 on human security of the 2005 World Summit Outcome Document, and of paragraph 25 of the outcome document of the High-level Plenary Meeting on the Millennium Development Goals of the 65th session of the United Nations General Assembly, held in September 2010;

(d) promote awareness for personnel in PAHO and the Member States, as appropriate, of issues and approaches to addressing human security and its relationship with health.

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