

Corrected and Republished

Corrected and Republished: Global Health Diplomacy Fingerprints on Human Security

DOI: 10.4103/ijpvm.IJPVM_11_19

This article is being corrected and republished because reference 10 was a citation to a recently retracted article. Thus, the article is being published again with the correct sequence of references after removal of reference number 10.

Commentary

Global Health Diplomacy Fingerprints on Human Security

Abstract

Human security is a concept that challenges the traditional notion of national security by placing the 'human' as the central referent of security instead of the 'state.' It is a concept that encompasses health and well-being of people and prioritizes their fundamental freedoms and basic livelihoods by shielding them from acute socioeconomic threats, vulnerabilities and stress. The epicenter of "health security" is located at the intersection of several academic fields or disciplines which do not necessarily share a common theoretical approach. Diverse players in the "health security" domain include practitioners in such fields as security studies, foreign policy, international relations, development theory, environmental politics and the practices of the United Nations system and other multilateral bodies like the World Health Organization (WHO) and the Pan American Health Organization (PAHO). Improvements in health are not only dependent on continued commitments to enhance the availability of healthcare and to strengthen disease prevention systems; they are very much enhanced by that intersection between global security and global health. What is emerging is global health diplomacy paradigm that calls for strengthening of core capacities in the public health and foreign policy arenas aimed at advancing human security through the strengthening of global health diplomacy practices. Human security in its broadest sense embraces far more than the absence of violence and conflict. It encompasses human rights, good governance, access to education and health care, and ensuring that each individual has opportunities and devices to fulfill his or her potential. Every step in this direction is a step towards reducing poverty, achieving growth and preventing conflict. Freedom from want, freedom from fear and the freedom of future generations to inherit a natural environment – these are the interrelated building blocks of human- and therefore national security.

Keywords: Development, diplomacy, foreign policy, global health, human security, noncommunicable diseases

Introduction

Human security emerged as a concept that locates the security of human lives at the center of national and international security policy; an interdisciplinary normative framework that is people-centered, multi-sectoral, context-specific, and prevention-oriented emphasizing protection and empowerment of the people. Human security complements state security, strengthens

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

human development, and enhances human rights thereby contributing to sustainable development, which is needed for achieving sustainable development goals (SDGs). Multiple perspectives characterize this concept. According to the Commission on Human Security, the concept aims "... to protect the vital core of all human lives in ways that enhance human freedoms and human fulfillment." Yet, scholars like Keith Krause argue that the broadness of the human security concept makes it a loose synonym for all

How to cite this article: Chattu VK, Knight A, Reddy KS, Aginam O. Global health diplomacy fingerprints on human security: Global health diplomacy fingerprints on human security. *Int J Prev Med* 2020;11:32.

**Vijay Kumar Chattu¹,
Andy Knight²,
K. Srikanth Reddy³,
Obijiofor Aginam⁴**

¹Department of Psychiatry, Faculty of Medicine, University of Toronto, ON, Canada, ²Department of Political Science, Faculty of Arts, University of Alberta, Canada, ³Bruyère Research Institute, University of Ottawa, Ottawa, Canada, ⁴Deputy Director and Head of Governance for Global Health United Nations University-International Institute for Global Health, Kuala Lumpur, Malaysia

Address for correspondence:

Dr. Vijay Kumar Chattu,
Department of Psychiatry,
Faculty of Medicine, University
of Toronto, ON, Canada.
E-mail: vijay.chattu@mail.utoronto.ca

Access this article online

Website:

www.ijpvmjournal.net/www.ijpvmjournal.net

DOI:

10.4103/2008-7802.279163

Quick Response Code:



“bad things that can happen,” thus, it loses all utility to policymakers and analysts since it does not allow us to see what is distinctive about the idea of security.^[1] In this commentary, we reflect upon the emerging role of global health diplomacy in enhancing human security while delving deeper into the concept of human security.

Human security is a shift in focus from protecting the state to protecting people. It emphasizes the advancement of human rights, safety from violence, and the promotion of sustainable development.^[2] The concept was first entered into popular parlance by the United Nations Development Programme (UNDP) in 1994 in its Human Development Report and then cascaded from the global to the state-society complex level as the linkage to other people-centered concepts was made. The first such concept was ‘human development’. In 1990, the UNDP report called for a people-centered approach to all forms of development. Accordingly, there has been a demand that the development of national production and its impact on human development be further explored.^[3] The second concept was ‘sustainable development’. This concept led to the adoption by all UN members in 2015 of the 2030 Agenda for Sustainable Development (aimed at eradicating poverty in all its forms and in the process leaving no one behind). The third is the norm of the Responsibility to Protect (R2P). The concept of R2P is linked to the notion of sovereignty being in the hands of the people. The linkage between R2P and state sovereignty has been denoted as one of the “primary normative markers” of R2P and its conceptual evolution.^[4] While it is not yet the case, R2P could one day become a framework for guaranteeing the protection of the health of individuals.

If a state is unable to fulfill its obligation to protect its citizens or if the state itself becomes a danger, the responsibility to protect citizens, according to the R2P doctrine, is transferred from the state to the international community.^[5] Within the UN framework, the focus on security has shifted away from a state-centered to a human-centered approach, and thus human security was included in the agendas of various UN agencies.^[6] Due to the security concerns after the 9/11 terrorist attacks on US soil, many states continue to adhere to a state-centered militarized approach.^[7] But the state-centered security paradigm cannot provide an adequate explanation in the event of states threatening their own citizens or in cases of state collapse.^[8] In such cases, a human-centered perspective proved paramount.^[8] In 1994, the UNDP published its annual Human Development Report describing human security in terms that represented security both for the individual and for the nation-state, and advancing it as a framework for sustainable development. It proffered has seven potential analytical areas where threats to human security can be identified: economic, food, health, environment, personal, community, and political.

Pillars and Building Blocks of Human Security

According to UNDP,^[9] there are three pillars of human security: (i) “freedom from want”—fulfilling basic human needs in economic, health, food, social, and environmental areas. The UNDP Commission focused on issues such as fair trade, access to health care, patent rights, access to education, and basic freedoms; (ii) “freedom from fear”—eliminating the use of force or violence from people’s everyday lives, e.g., policy initiatives like banning antipersonnel mines (the Ottawa Process) and cluster munitions, international action to deal with the proliferation of small arms and light weapons (SALW), and the establishment of the International Criminal Court (ICC); and (iii) “freedom of future generations to inherit a healthy environment.” Based on the UNDP report, the two building blocks for achieving human security are protection and empowerment. Protection is defined as “strategies set up by states, international agencies, nongovernmental organizations and the private sector [to] shield people from menaces.”^[9] Examples of such menaces include: natural disasters, civil conflicts, financial crises, and epidemics, and they require protecting people in a systematic, comprehensive, and preventive way. This Commission on Human Security defines empowerment as “strategies that enable people to develop their resilience to difficult situations.” Empowerment makes it possible for people to develop their potential and allows them to find ways to ensure human security for all.

The core objective of human security is the protection of people from critical (severe) and pervasive (widespread) threats and situations. Some of the dimensions of human security are implicated by threats like the emerging and re-emerging epidemics and pandemics, noncommunicable diseases (NCDs), bioterrorism, and the growing threat of antimicrobial resistance. Ensuring human security, including the health of the population, is one of the cornerstones of any nation’s security. However, this needs multisectoral engagement within the health sector and beyond for which health diplomacy can potentially play a vital role.

The Emergence of Diplomacy for Health Security

New forms of diplomacy are critically important in a complex interdependent world where globalization has inexorably linked the health of peoples and nations. Pandemics and infectious diseases do not respect national borders. Countries need to address newly emerging and re-emerging transborder challenges that can undermine global stability. Health-related security threats therefore must now preoccupy foreign policy officials. Although the venues of health diplomacy have expanded in recent years, and many new actors outside World Health Organization (WHO) have become health diplomats, more efforts are needed to entrench health firmly in foreign

policy. Globalization, new donor-recipient relationships, and the changing landscape of South-South alliances have opened new vistas for health diplomacy. In an era of accelerated economic globalization driven by complex trade and investment agreements, health and foreign policy officials need to acquire new skills to negotiate positive health outcomes in the face of other competing interests. Health diplomacy offers an opportunity for a symbiotic interaction of stakeholders engaged at the cross-section of public health and politics to improve health systems and secure the right to health of vulnerable populations.^[10] And this has to be a global effort.

According to WHO, the main goals of health diplomacy are: 1) to ensure better health security and population health; 2) to improve relations between states; 3) to commit to improving health through the involvement of a wide range of actors; and 4) to achieve outcomes that support the goals of reducing poverty and increasing equity. Investing in, and improving health diplomacy activities will advance economic development, social justice, and national security as we see in the following scenarios.^[11]

1. **Noncommunicable Diseases:** Currently, NCDs are the leading cause of premature deaths and they also result in creating an enormous burden on a country's economy. It is projected that NCDs will cost low- and middle-income countries up to the US \$7 trillion in economic losses between 2011 and 2025.^[12] Health diplomacy can unite policymakers in addressing the issue globally, e.g., the United Nations Political Declaration on NCDs.

2. **Social justice:** The right to health is a matter of social justice, and when populations are affected by crises, the right to health is compromised, and people may lose access to health facilities, essential medicines, shelter, safe water and sanitation, and safe food, thereby resulting in spread of more diseases and deterioration in health conditions. The Preamble to the WHO's Constitution states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."

3. **Conflicts:** The conflicts in Eastern Mediterranean Region, Africa, and South Asia (e.g., Yemen, Somalia, South Sudan, Pakistan, and Afghanistan) have pushed back measles elimination targets indefinitely and have led to a chronic shortage in essential medicines. Due to civil unrest, armed conflict, natural disasters, and competition for public health priorities, the delivery of vaccination services has either failed or became complicated due to mass migration and resettlements.^[13] Health diplomacy can open corridors for humanitarian assistance and health as a bridge for peace apart from mobilizing commitments to save lives. International humanitarian conferences every year pledge billions of dollars for medical and health causes.

4. **National security:** When diseases cross borders national security is threatened. Infectious diseases do not carry

national passports. Disease outbreaks know NO borders and trans-border movements increase the risk of infectious diseases, e.g., recent cases of Ebola, SARS, H1N1, MERS, Zika, etc.^[14] It is projected that 60% of poliomyelitis cases in 2013 resulted from the international spread of this infectious disease.^[15]

Perspective from the Pan American Health Organization (PAHO)

Human security represents a vital aspect of the Pan American Health Organization's (PAHO) efforts to improve health in the Region of the Americas, the region where we (authors) live. PAHO's role in advancing the discussion of the relationship between Health and Human security (H and HS) originated with the submission of the 2002 report on "Health and Hemispheric Security" to the Permanent Council of the Organization of American States (OAS).^[16] That report emphasized the fundamental role that health plays in the advancement of human security and it was the first of its kind in the Region to highlight the mutual dependence of H and HS. These initiatives increased in tandem with growing awareness and support in the Americas for human security, spurred on by the dissemination of reports such as the 2003 publication of "Human Security Now."

Eventually, PAHO and its Member States' commitment to human security was formalized with the 2010 adoption of a Resolution entitled "Health, Human Security and Wellbeing."^[17] Considering the linkages between health, inequity and other root causes of insecurity, and understanding the broader nature of the human security approach, the resolution encourages member governments to explore the integration of human security into national health plans. The Annual Report of the same year, titled "Promoting Health, Wellbeing and Human Security" further encouraged the use of the human security approach in activities aimed at improving health in the Americas.

Conclusions

The real-world policy arena in which security and health diplomacy intersect links wars and conflicts, natural and humanmade disasters and catastrophes, transborder spread of infectious diseases, biological threats, the escalating threat of antimicrobial resistance, among others. Though human security and health diplomacy are different concepts, there is an overlap in their common objective to protect human lives and ensure human rights and dignity. Global health diplomacy, which bridges the domain of health and international relations, plays a key role in advancing human security.^[18] Human security is primarily concerned with safeguarding and expanding people's vital freedoms including the right to health. However, human health is often determined by complex social-cultural, ecological, economic, and political factors that often intersect with each other. These factors pose enormous challenges

for the enjoyment of the highest attainable standard of health and optimization of human security in any given society. (Global) Health diplomacy holds some promise of enabling “policy coherence” through the determinants of health and human security to ensure that health is seen as a global public good.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Received: 31 Jan 19 **Accepted:** 29 May 19

Published: 25 Feb 20

References

1. Krause K. The key to a powerful agenda, if properly delimited. *Secur Dialogue* 2004;35:36-78.
2. Paris R. Human security: Paradigm shift or hot air? *Int Secur* 2001;26:87-102.
3. UNDP. Human Development Report, 1990. New York-Oxford: Oxford University Press; 1990.
4. Knight, W. Andy, “Concluding Thoughts,” Knight, WA and Egerton, F (eds.), *The Routledge Handbook of the Responsibility to Protect* (Abingdon, Oxon: Routledge, 2012), p. 284.
5. Tadjbakhsh S, Chenoy A. Human Security: Concepts and Implications. Oxfordshire, UK: Routledge; 2007.
6. UNDP. Human Development Report 1994: New Dimensions of Human Security. New York: Oxford University Press; 1994.
7. Liotta PH, “Boomerang Effect: The convergence of national and human security,” *Security Dialogue* (2002): 33, 473-88.
8. Mack A. The Concept of Human Security. In: Brzoska M, Croll PJ, editor. *Promoting Security: But How and For Whom?* Bonn: Bonn Center for Conversion (BICC), 2004. p. 47-50.
9. Commission on Human Security. *Human security now*. Production by Communications Development Incorporated in Washington, DC: United Nations Publications; 2003.
10. Diplomats H. Health Diplomacy. Available from: https://healthdiplomats.com/index.php?page=31_health_overview. [Last accessed on 2018 Oct 18].
11. WHO. Health Diplomacy. Available from: <http://www.emro.who.int/healthtopics/healthdiplomacy/index.html>. [Last accessed on 2018 Oct 18].
12. WHO. From Burden to “Best Buys”: Reducing the Economic Impact of NonCommunicable Diseases in Low and MiddleIncome countries. 2011.
13. Teleb N, Lebo E, Ahmed H, Hossam AR, El Sayed ET, Dabbagh A, *et al.* Progress toward measles elimination—Eastern Mediterranean Region, 2008–2012. *Morb Mortal Weekly Rep* 2014;63:511-5.
14. Sikka V, Chattu VK, Popli RK, Galwankar SC, Kelkar D, Sawicki SG, *et al.* The emergence of Zika virus as a global health security threat: A review and a consensus statement of the INDUSEM Joint Working Group (JWG). *J Glob Infect Dis* 2016;8:3-15.
15. WWO Statement On The Meeting Of The International Health. (n.d.). Available from: <https://www.who.int/mediacentre/news/statements/2014/polio20140505/en/>. [Last accessed on 2018 Sep 05].
16. PAHO. Health and Hemispheric Security. Washington, DC; 2002.
17. PAHO. Health, Human Security, and Wellbeing. Washington, DC; 2010.
18. Chattu VK. The rise of global health diplomacy: An interdisciplinary concept linking health and international relations. *Indian J Public Health* 2017;61:134-6.