Global Health as a Human Security Challenge

Keizo Takemi, Masamine Jimba, Sumie Ishii, Yasushi Katsuma, and Yasuhide Nakamura

Task Force on “Challenges in Global Health and Japan’s Contribution”

I. Health and Human Security

From national security to human security

The concept of security has been shifting over the past decade and a half, moving away from a macro focus solely on the security of nations and other large entities to also include a micro-level focus on the security of individuals and communities. Although there is still no global consensus on a clear definition of “human security,” there has been a gradual trend toward general agreement on the necessity for a security paradigm that also aims to make individuals and communities more secure in their daily lives.

Although this change is relatively recent, the shift toward including a micro-level focus on the security of individuals and communities is not entirely new. For example, the Red Cross doctrine of the 1860s mentioned the security of people, and those elements of the doctrine were institutionalized in the UN Charter of the 1940s as the Universal Declaration of Human Rights and the Geneva Conventions. In addition, as Susan Rice of the Brookings Institution reminds us, American leaders in the 1960s clearly spoke out about the need to expand the scope of what security means by including elements of security from poverty and disease in the definition. In fact, President John F. Kennedy argued in his address to the UN General Assembly in 1961 that “political sovereignty is but a mockery without the means of meeting poverty and illiteracy and disease. Self-determination is but a slogan if the future holds no hope.” In other words, there has long been a recognition that while it is important to secure national borders, it becomes

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1 Japan Center for International Exchange (JCIE) launched a working group in September 2007 on the theme of “Challenges in Global Health and Japan’s Contributions,” led by Keizo Takemi, former senior vice minister of health, labor, and welfare, and comprised of scholars and practitioners from diverse sectors in Japan. It is engaged in intense research and dialogue activities during the months leading up to two major international conferences that Japan will host in 2008: the Fourth Tokyo International Conference on African Development (TICAD IV) in May and the G8 Summit in Toyako, Hokkaido, in July. Susan Hubbard and Tomoko Suzuki of JCIE also assisted this process. Please refer to the list of the working group members at the end of this paper.


meaningless if the people inside those borders cannot survive the other threats they face on a daily basis.

However, it was not until the 1990s that the concept of “human security” began to take clearer shape after it was reappraised within the United Nations. Going beyond simply international armed conflict, the United Nations began to focus at the end of the 20th century on prevention of events that threaten to devastate the lives and livelihoods of people around the world. As a part of that effort, the United Nations Development Programme’s (UNDP) *Human Development Report, 1994*, had a monumental impact on the history of human security. The report provided a vision for human security that emphasizes the interdependency between development and peace and the necessity for a reconsideration of ways to achieve both in tandem. The report made the connection for the first time between human security and the dual freedoms from fear and want, which were originally outlined in the US secretary of state’s report on the 1945 San Francisco Conference. The *Human Development Report* is also said to be the first document to provide a comprehensive definition of human security, covering seven domains: economic, food, health, environmental, personal, community, and political. Moreover, this report also called for the development of a “global human security fund.”

In practice, the need for an expanded conceptualization of security was increasingly emphasized after the monumental UNDP report, triggered by a series of tragedies around the world. The genocides in Rwanda (1994) and Bosnia (1995) starkly illustrated to the world that the traditional concept of “security” as the protection of national borders was not sufficient to actually save lives in the face of civil conflict. In both cases, the national security approach failed to protect individuals and communities within their own national boundaries. The 1997 financial crisis in East Asia provided another example, demonstrating the fragile nature of many of the world’s most vulnerable groups—even in some of Asia’s more economically advanced countries. In the wake of the financial crisis a national security approach on its own was not enough to help people recover from the crisis. This series of events provided justification for expanding the target of security to include individuals and communities.

**Increasing need for human security approaches**

Tragedies that clearly affect the security of individuals and communities did not end in the 1990s. The terrorist attacks in the United States on September 11, 2001, are seen by many as a turning point in how the world regards “security” in the post–Cold War era. While there is general consensus that traditional security challenges and responses remain highly relevant in the so-called post–post–Cold War era, there is also a growing recognition that we need something

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else to complement national security agendas if the world is to be a truly “secure” place for people to live. The severe acute respiratory syndrome (SARS) outbreak in 2003 also shook the world, putting communicable diseases on the human security agenda. Now, we find other potential disasters, such as global warming and avian influenza, that pose serious threats to individuals and communities around the world.

It is in this global context that we have been brought back at the beginning of the 21st century to the idea of “human security,” a concept that has proven to be rather controversial over the past decade and a half, yet also enduring. In his foreword to Protecting Human Security in a Post-9/11 World, Anthony McGrew points out that “human security” essentially links two words that security and international relations scholars often consider “words in search of a meaning.”

Regardless of the terminology we use, there seems to be a growing hunger around the world for new ways of thinking about what it is that makes individuals and communities vulnerable to insecurity and look for approaches to reduce such vulnerability. Increasingly, we hear our leaders talking about the needs of communities around the world and the implications for our own security if those needs remain unmet. We also hear them talking about our moral duty to the majority of our fellow human beings around the world who do not have access to the same services and resources that we take for granted in the industrialized world.

To urge the international community in the new millennium to take action on the pressing needs of individuals and communities around the world—in other words to ensure the human security of all—a second monumental report was published in 2003 by the Commission on Human Security, co-chaired by Sadako Ogata and Amartya Sen. This report was presented to then UN Secretary-General Kofi Annan on May 1, 2003, laying out a definition for human security. The refined definition of human security in this report advocated protecting individuals’ and communities’ freedom from fear, freedom from want, and freedom to live in dignity. In other words, they argued that no one should have to fear pervasive violence, whether it is violence by other states, violence by groups within their own states, or violence carried out in their own communities or families. At the same time, they acknowledged that for many people, their biggest daily fears are not related to violence at all; instead, they worry on a daily basis about how they will feed their families, how they will keep their families healthy, and how they can ensure that their children receive the education they need to survive and flourish in today’s world. These are among the sources of insecurity that a human security framework attempts to address. Finally, the commission’s report acknowledged the importance of allowing people to live their lives in dignity, which expanded the discussion of causes of insecurity beyond physical needs to include emotional needs. This focus on needs from a subjective point of view has also helped to enrich the discussion of empowerment in the context of human security, with a focus

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6 Ibid.
on individuals and communities building their own resilience to current and future threats rather than being dependent solely on outside actors taking care of them.

Why global health?8

As the 1994 UNDP report explains, human security is a comprehensive concept. Within that framework, Ogata and Sen’s report also highlights ten immediate areas requiring concerted action by the international community, with access to basic health services identified as one of the priority issues. A person’s health is a central pillar not only to the quality of his life but also to his very survival. It is not difficult for anyone to understand how health challenges impact our ability to earn a living, care for our families, and learn the skills necessary to live our lives to their fullest potential. Yet, in many countries, basic lifesaving prevention and treatment are not available to large segments of the population, leading to soaring levels of lost productivity and unthinkable rates of preventable death.

Health is a very personal subject, but there are two ways in which an individual’s health has become a shared challenge. First, the proliferation of information allows us to see with our own eyes the suffering of people in many African nations and other poor countries due to the health challenges they face. This has instilled in us a moral determination to find solutions to these challenges. Second, the health of one community now has serious implications for that of other communities around the world. For example, the outbreak of SARS in 2003 offers a vivid illustration of the way in which diseases can travel rapidly, ignoring national borders and socio-economic distinctions. We were reminded, as SARS traveled across Asia and across the Pacific Ocean to North America, that an illness occurring on the other side of the world really is our business, not only for moral reasons but also because it has the potential to impact our physical and economic health as well.

In addition to the epidemiological challenge of globalization and the spread of disease, it can also have significant economic impacts, particularly the spread of AIDS and other communicable diseases. The World Bank has found that an HIV infection rate of 10 percent in any given country leads to a reduction in the growth of national income by one-third and that an infection rate of 20 percent can translate into a 1 percent fall in annual GDP. HIV infection is most common among people of productive age, so it is no wonder that there is such a direct impact on national income and GDP. At the same time, the antiretroviral (ARV) treatment that can extend the lives of HIV-infected people is often prohibitively expensive, particularly in poorer countries, so that few developing countries are able to provide these life-saving drugs without outside support.9 Once an HIV-positive person begins taking ARV drugs, they have to continue taking them every day for the rest of their lives. If they are no longer able to access the drugs, not only

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8 The terms “global health” and “international health” are generally understood as referring to the health of people in developing countries. Ref: PF Basch. Textbook of International Health. (Oxford: Oxford University Press, 1999).
does it mean certain death for them, but it also means the emergence of drug-resistant strains of HIV, which, in turn, becomes a collective cost for the rest of the world in terms of research and development for new drugs and lives lost in the meantime.

Those of us in the advanced industrialized countries depend on workforces and markets throughout the developing world. But, many companies have found that their economic interests are greatly compromised as a result of rapidly rising disease burdens. In some parts of Africa, employers found they have to hire and train three people for every job because the devastation caused by AIDS meant high death rates among employees and growing absenteeism because employees were too ill to go to work, had to stay home to take care of sick family members, or had to take time off to attend funerals. Large-scale building and extraction projects being implemented in areas with endemic malaria have found that the cumulative effect of individual employees having to take time off when they or their family members become sick with malaria can have staggering costs because of delayed production schedules.10

As these examples illustrate, the inability to protect people’s health has become a major social issue, and no country can protect the human security of individuals and communities within its national borders on its own.

**Global health as an entry point for implementing human security**

As mentioned above, health is a vital pillar of a person’s life and livelihood and a major source of insecurity both among people in the developing world and among those of us in the advanced industrialized countries that make up the Trilateral Commission.

As the 1994 UNDP report explains, there are several areas in which a human security approach should be implemented. Among them, the health sector offers a useful entry point for implementing human security for several reasons. First, countries are generally more willing to accept help from industrialized countries for health-related challenges because it is a less controversial and threatening field relative to other human security challenges and is therefore more acceptable to countries that adhere to a strict principle of noninterference. Second, disease and severe malnutrition are easy challenges for people around the world to understand (at least on the surface) at an emotional level, making it easier to rally people in wealthy countries to support health initiatives for their fellow human beings around the world. Third, the interconnections between health and many other human security challenges are relatively clear, and there is already growing evidence of the impact that improved health conditions has on other factors of livelihood and quality of life in developing countries. Finally, as discussed above, the SARS outbreak of 2003, avian influenza, and other examples of emerging infectious diseases

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10 From an interview conducted with Steven Phillips of ExxonMobil Corporation on May 14, 2007, for a chapter on ExxonMobil in a forthcoming publication by the Friends of the Global Fund, Japan, on corporate responses to communicable diseases.
have provided stark illustrations of the fact that diseases do not stop at national borders and have heightened people’s awareness that good health in one country depends on good health in other countries.

Beyond serving as an entry point, a strong international commitment to taking a human security approach to dealing with global health has the potential to contribute to health security for several reasons. First, human security focuses on the actual health needs of a community, as identified by the community itself.\(^{11}\) As a “human-centered approach,” the focal point of human security is individuals and communities. In the health field, this does not mean that outside diagnoses of ailments and education on prevention and treatment of illnesses are unnecessary. Rather, as a complement to such outside expertise, it is incumbent on every person to recognize when his own physical condition is compromised and seek the advice of a healthcare provider. Only the person in question truly understands what his body is feeling and the impact of treatment on his condition as well as the impact his condition has on his daily living and vice versa.

Second, human security highlights people’s vulnerability and aims to help them build resilience to current and future threats. Those who are faced with violent conflict or natural or manmade disasters find themselves even more vulnerable to health challenges because the conflicts or disasters often further restrict their already-limited access to services. The role of human security, therefore, is to help people create an environment in which they can still protect their own and their family’s health even in the event of violent conflict (which may be something they have little or no control over) or natural disaster (which is inevitable to some degree). For that reason, it is important to look beyond the confines of the health sector and take a multifaceted, comprehensive approach that looks at health in the context of various other challenges that impact—and are impacted by—health. This is a central pillar of human security, as it requires looking at the needs from the perspective of the way in which individuals and communities experience their needs on a daily basis. Protecting people’s health makes such an approach possible.

Third, human security aims to strengthen the interface between protection and empowerment. A “protection” approach, through which services are provided, is critical, but so is an “empowerment” approach in which people can take care of their own health and build their own resilience. It is also important to look at the interface between these two approaches. Several examples include strengthening people’s ability to act on their own to access services; relying on community healthcare workers who are more embedded in the communities and more aware of the various challenges to daily life in their own communities; and educating and mobilizing communities to focus on the health of the community, particularly the spread of communicable diseases and other illnesses that can affect the health of others in the community. In other words,

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\(^{11}\) This approach has been defined as “demand-side security” by Kazuo Tase, chief, Human Security Unit, United Nations Office for the Coordination of Humanitarian Affairs.
it is incumbent on those with political and economic power not only to provide vital services but also to create an enabling environment for individuals and communities to have more control over their own health.

II. Human Security as a Pillar of Japanese Foreign Policy

The evolution of the human security concept into a pillar of Japanese foreign policy reflects Japan’s quest to solidify its position in the international community as a “global civilian power.” It first became clear—domestically and internationally—that human security was becoming a central pillar of Japanese foreign affairs through a series of speeches given by Keizo Obuchi during the year when he rose from foreign minister to become prime minister. Obuchi first used the term “human security” as foreign minister during a speech in Singapore in May 1998 on Japan and East Asia in the new millennium. By describing “health and employment [as] basic ‘human security’ concerns,” he expressed the idea that Japan should use its official development assistance (ODA) to proactively tackle these issues in the field of social development. He made clearer reference to human security as a policy direction at a conference in Tokyo on human security in the context of the Asian financial crisis. In his keynote address, he argued that human security is the key to “comprehensively seizing all of the menaces that threaten the survival, daily life, and dignity of human beings and to strengthening the efforts to confront these threats.” Of particular interest in his speech was mention of his belief that “we must seek new strategies for economic development that attach importance to human security with a view to enhancing the long-term development of this region.” He then went on to describe global warming and other environmental issues, trafficking in drugs and people and other transnational crimes, poverty, the exodus of refugees, human rights violations, AIDS and other infectious diseases, terrorism, antipersonnel landmines, and children in conflict as the core threats to humankind. He further argued that we need a stronger framework for dealing with these problems, all of which is embodied in the concept of human security. Two weeks after the conference in Tokyo, Prime Minister Obuchi announced at a conference in Hanoi his plans for the creation of a Trust Fund for Human Security in the United Nations to be funded by the Japanese government.

12 “Japan and East Asia: Outlook for a New Millennium,” speech by then Foreign Minister Keizo Obuchi on May 4, 1998. The full text can be found online at www.mofa.go.jp/announce/announce/1998/5/980504.html.
13 This was the first conference in a series entitled Intellectual Dialogue on Building Asia’s Tomorrow, held on December 2, 1998. The conference was co-sponsored by the Japan Center for International Exchange (JCIE) and the Institute of Southeast Asian Studies. A report on the conference was published under the title The Asian Crisis and Human Security (Tokyo: Japan Center for International Exchange, 1999).
14 Japan’s total contributions to the UNTFHS have been 31.5 billion yen, and more than 170 projects have been funded by the fund so far (as of March 2007).
The proposals outlined by Prime Minister Obuchi a decade ago in these speeches, which called for human security to play a central role in Japan’s foreign policy framework, reflected, on the one hand, his personal character and the importance he placed on taking care of people. At the same time, he diligently examined the new international environment of the post-Cold War world and the effects of the financial crisis on countries in Asia and recognized that Japan had a responsibility as a major economic power to play a role in addressing these challenges. This recognition of the new international environment and the desire to strengthen Japan’s role in the world is reflected in the Prime Minister’s Commission on Japan’s Goals in the 21st Century, a private commission launched by the prime minister in March 1999. The commission’s report argues that “security in the 21st century will need to be a comprehensive concept, encompassing economic, social, environmental, human rights, and other elements. And it will need to be pursued cooperatively by the public and private sectors on the multiple levels of individuals, states, regions, and the entire globe,” reflecting the idea of Japan’s role as a “global civilian power.”15

Based on the report of the Commission on Human Security, co-chaired by Ogata and Sen, Japanese ODA policy also turned its attention toward human security, redesigning in 2003 the “grassroots grant aid” that was available to developing countries as “grassroots human security grant aid.” In August 2003, the ODA charter was revised for the first time in 10 years, and human security was included in the new charter as one of Japan’s fundamental policies. The Midterm Policy on Official Development Assistance, released in February 2005, also clearly placed human security as a central policy tool for Japanese aid.

Hosting the G8 Summit in July 2008 provides Japan with the opportunity to put the human security concept into practice and introduce the framework to the agendas of several influential global conferences. The Okinawa Infectious Disease Initiative, announced by Japan at the G8 Summit in Okinawa in 2000, led to strengthened global efforts on several diseases—especially HIV/AIDS, tuberculosis, and malaria, but also polio, parasitic diseases, and other neglected tropical diseases. These efforts at the Okinawa G8 Summit prompted the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as other disease-specific programs, marking a new era in international cooperation on global health.

The disease-specific strategy has attracted substantial support in recent years, as discussed above, and has produced significant results, particularly in many of the world’s poorest countries. These results are tangible products that donors can use to measure improvements in health conditions. In this context, during the first five years since the Okinawa G8 Summit put communicable diseases on the international agenda, it is estimated that development assistance for health grew from about US$6 billion in 2000 to US$14 billion in 2005.

Eight years after the Okinawa Summit, Japan again hosts the G8 Summit, this time in Toyako,

Hokkaido, and global health has been identified as one of the priorities on the summit agenda. In a speech about global health and Japan’s foreign policy, Japanese Foreign Minister Masahiko Koumura clearly stated that “human security is a concept that is very relevant to cooperation in the 21st century. That is to say, it is vitally important that we not only focus on the health of individuals and protect them, but also strive to empower individuals and communities through health-system strengthening.”16 With this statement, the foreign minister demonstrated Japan’s commitment not only to support global health but to do so through a human security approach.

At the same time, a group at Harvard University has advocated for global action on health system strengthening as a part of their proposal to the leaders who will gather for the G8 Summit in Toyako. Emphasizing the importance of the concept of health security, they propose three principles that could provide a basis for global action on health systems. First, they argue that health systems need to be improved to provide increased protection for individuals but in ways that empower the target communities. Implementing this principle means developing community-based approaches that create major roles in policy setting and implementation for the people who are meant to benefit from a program. Their second principle entails enhancing the international commitment to improving health systems in poor countries, not by creating a new fund but by using existing organizations to develop comprehensive approaches that create a balance between disease-specific and the system-oriented approaches. Their last proposed principle is to encourage enhanced learning about health systems so that we have a clear sense of what works and what does not work, where potential lies, and where we need to strengthen our activities to save and improve lives.17

Financial resources for global health have clearly been growing in recent years, and, as mentioned above, there is no need at this stage to create a new institution or funding mechanism. But, the magnitude of the challenges we still face in global health is staggering, and we need additional investments for disease-specific approaches as well as for health system strengthening or, as we are increasingly witnessing, mechanisms that integrate the two approaches for maximum mutual benefit. If Japan is going to live up to its legacy as the host of the G8 Summit that launched a round of summits emphasizing global health, it will need to make bold new commitments at the upcoming summit in Toyako. But, it is not something that Japan can do alone, and we look to our friends in other advanced industrialized countries to join us not only in sustaining but also in strengthening commitments to supporting the health and wellbeing of individuals and communities around the world.

**“Human Security” in Japan’s Foreign Policy**

As early as 1995, Prime Minister Tomiichi Murayama referred to human security in speeches he made at international conferences, but it was Mr. Keizo Obuchi who defined “human security” as one of the pillars of Japanese foreign policy in response to the Asian financial crisis.

### 1. Conception stage

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<tr>
<td>December 1, 1998</td>
<td>Prime Minister Keizo Obuchi expressed his views on human security at the first “Intellectual Dialogue on Building Asia’s Tomorrow,” hosted by the Japan Center for International Exchange (JCIE) in Tokyo, in collaboration with several East Asian research institutes. He described human security as “strengthening actions to understand the various threats to human survival, livelihood, and dignity comprehensively” and declared that the 21st century should be the century to create a human-centered society.</td>
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<td>December 16, 1998</td>
<td>In a speech titled “Toward the Creation of a Bright Future for Asia,” delivered in Hanoi, Obuchi put forward the idea that “we need to make the 21st century a century of peace and prosperity based on human dignity.” In an effort to achieve that goal, he cited the importance of “emphasizing human security” and announced that a Trust Fund for Human Security would be established at the United Nations with an initial contribution of ¥500 million (US$4.2 million) from Japan.</td>
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### 2. Development stage

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<td>September 7, 2000</td>
<td>In his speech at the UN Millennium Summit, Prime Minister Yoshiro Mori stated Japan’s intention to put all its efforts into making the 21st century a human-centered one by placing “human security” at the center[0] of Japan’s foreign policy. He announced the establishment of an international commission on human security.</td>
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<td>January 2001</td>
<td>The Commission on Human Security co-chaired by Sadako Ogata and Amartya Sen, was established.</td>
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<td>April 2003</td>
<td>The Japanese government added human security to a grant assistance category in its ODA budget, renaming it “Grant Assistance for Grassroots and Human Security Projects” and setting the budget for this item at ¥15 billion.</td>
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<td>May 1, 2003</td>
<td>The Commission on Human Security’s final report was submitted to UN Secretary-General Kofi Annan.</td>
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<td>August 29, 2003</td>
<td>The Japanese government’s ODA Charter was revised, adding “the perspective of human security” as a key element.</td>
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<td>February 4, 2005</td>
<td>The Medium-Term Policy on Official Development Assistance was announced, placing “human security” as the central focus of assistance.</td>
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* After the Commission on Human Security’s report was submitted, and as the concept was mainstreamed in the ODA framework, the debate on human security seemed to have lost momentum throughout the Ministry of Foreign Affairs (MOFA) except for the department in charge of global issues and international institutions. However, after Sadako Ogata was appointed president of the Japan International Cooperation Agency (JICA) in October 2003, leading JICA to place human security as one of the pillars of its reform plan, the term human security has been referred to as the central philosophy of its activities much more often than before. Since around 2004, academic institutes have also launched new programs focusing specifically on human security or addressing it as a central topic. Therefore, within MOFA, 2003–2005 can be considered a stage of resistance or lassitude. During this period, however, those staff at MOFA who were still emphasizing human security encouraged other members of various regional and international institutions to accept incorporation of the term human security during the diplomatic process of drafting final documents for such international forums as the Evian G8 Summit (2003), the APEC Leaders’ Meetings in Bangkok (2003) and Santiago (2004), the Japan-ASEAN Summit Meeting (2003), the UNESCAP Annual Meeting (2004), the Second Asia-Pacific Ministerial Meeting on HIV/AIDS (2004), the Meeting of the OECD Council at the Ministerial Level (2005), and the UN General Assembly (2005).

### 3. Maturing stage

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<td>October 24, 2005</td>
<td>The resolution “60/1. 2005 World Summit Outcome” adopted at the 60th UN General Assembly highlighted every state’s “responsibility to protect its populations from genocide, war crimes, ethnic cleansing, and crimes against humanity,” and committed member states to further discussing the concept of human security.</td>
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<td>May, 2006</td>
<td>At the 8th Ministerial Meeting of the Human Security Network, Amb. Yukio Takasu proposed the creation of an informal support group called the “Friends of Human Security.”</td>
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<td>October, 2006</td>
<td>The first meeting of the Friends of Human Security was held in New York.</td>
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<td>Autumn, 2007</td>
<td>“Ensuring Human Security” was selected as one of the priorities for the Fourth Tokyo International Conference on African Development (TICAD IV) to be held in 2008.</td>
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*Note: This table was compiled based on information found on the Japanese Ministry of Foreign Affairs homepage and in the University of Tokyo’s “The World and Japan” database.*
III. Global Health and Human Security in the International Community

Human security has grown to be a defining concept for Japan, and even since the release of the commission’s report in 2003 there have been efforts at various levels to promote the concept and better understand its characteristics and implications. First, in 2004, the Secretary-General’s High-Level Panel on Threats, Challenges and Change released a report titled *A More Secure World: Our Shared Responsibility*, which set out a vision for “comprehensive collective security.” The report made clear that, in this era of globalization, security is every nation’s responsibility and that insecurity in one place makes the entire world insecure. The report outlined six types of threats that the international community needs to address together, going well beyond the more traditional military threats: 1) interstate wars; 2) intrastate conflict and violence; 3) poverty, infectious disease, and environmental degradation; 4) weapons of mass destruction; 5) terrorism; and 6) transnational organized crime. In proposing a path toward collective security, the report prioritized prevention in the form of development, very clearly linking international security to a global freedom from want. Of threats mentioned in the report, the one that is most relevant for industrialized countries is clearly communicable diseases.

Secretary-General Annan’s 2005 report, *In Larger Freedom: Towards Development, Security and Human Rights for All*, only uses the term “human security” once, but the report very explicitly states in the introduction that people must “be free from want—so that the death sentences of extreme poverty and infectious disease are lifted from their lives—and free from fear—so that their lives and livelihoods are not ripped apart by violence and war. Indeed, all people have the right to security and to development.”

The World Bank has also begun using the term “human security,” including it in its January 2005 report, *Empowering People by Transforming Institutions*. In September 2006, its Environment and Social Sustainable Development Department was consolidated in the Infrastructure Department. The World Bank has played an important role in creating infrastructure around the world, and the creation of this department signaled a significant move toward focusing on individuals in this area.

Considering this evolution and expansion of the concept of security around the world, it is only natural that countries around the world demonstrate that these statements are not just rhetoric but commitments based on sound strategic reasoning. To actually achieve human security will require an empowerment approach to global health through a strengthening of financial commitments and a dedication to providing sustainable health to individuals and communities around the world.

But, it is not as though we are starting from zero. The international community has already been pouring significant resources into the health sectors of developing countries in an attempt slow the spread of AIDS and other communicable diseases and lessen the impact on those already
infected and affected. Development assistance for health has increased from US$2.5 billion in 1990 to almost US$14 billion in 2005. The US government has committed to provide US$15 billion for five years through the President’s Emergency Plan for AIDS Relief (PEPFAR) and to increase its support for malaria to US$1.2 billion over five years. The Bill & Melinda Gates Foundation contributes around US$1 billion for development and health per year, and the Global Fund to Fight AIDS, Tuberculosis and Malaria intends to increase the size of its funding to US$6 billion per year in 2010. The budget of the World Health Organization has increased to around US$2 billion per year, of which US$350 million is earmarked for the three major communicable diseases.18

Even with all of these new resources going to global health, there are remaining gaps—particularly in basic health systems—that prevent countries from adequately protecting their populations from these three major communicable diseases as well as a wide range of illnesses and diseases that are not directly covered by these new funding mechanisms. As a result, if we are truly going to have an impact on the health of individuals and communities around the world, even higher levels of financial commitments will be critical. While on the one hand we need to rethink how to divide the existing pie more effectively, we also need to focus our attention on the important task of enlarging the overall pie.

This situation is also prompting a new understanding of the idea of sustainability, which is common in discussions about international aid for global health. The international development and global health fields tend to talk about self-sufficiency as the ultimate goal of sustainability, which is an indispensible element of development aid in many cases. But, considering the vast amount of money needed to support health systems and fight today’s costly diseases, it is unrealistic to expect that developing countries will be able to take on the full financial burden for their own health systems and health delivery in the near future. Instead, there is a need to think about sustainability in a new way, aiming for sustainability at the international level (global sustainability) rather than the country level by ensuring predictable, sustainable funding coming from the international community.19 If governments know that they can count on international support for health over the long term, they can make long-term investments in human resource development and other aspects of their health systems. On the other hand, if they are worried that funds will be cut off in a couple of years, they are less likely to make the original investment.

Focusing our security efforts on individuals and communities requires an integrated protection and empowerment approach that also crosses sectors and national boundaries, reflecting the actual way in which threats are experienced. And, we need to remember that helping individuals and communities around the world to be more secure in their daily lives is not an inexpensive venture, particularly when dealing with the massive challenges surrounding communicable

diseases and other health challenges. But, it is important for the countries in the Trilateral Commission to remember that investment in the health of our fellow human beings in the developing world will also help to protect our own citizens from health-related threats, particularly communicable diseases and other illnesses that cross borders easily. We can also anticipate significant benefits in terms of economic development and social stability emerging from healthier communities around the world.

It is within this context that we propose that when Japan hosts the G8 Summit in July of this year those of us in the Trilateral Commission make sure that improving the health of individuals and communities around the world and promoting their human security are kept at the top of the summit agenda. The G8 members and other industrialized countries have already made impressive financial commitments in this area, and we appeal to you now to continue building on that investment together, thereby sending a strong message to people around the world, particularly those living in poor countries, that we are dedicated to improving their health and ultimately enhancing their human security. But, it is not enough only for industrialized countries to do more. Bottom-up approaches that engage people in developing countries are also indispensable. If we can effectively take these steps, it will also help to protect our own health in the world’s advanced industrialized countries.
Challenges in Global Health and Japan’s Contributions: 
Research and Dialogue Project

List of Working Group Members

Project Director: Keizo Takemi

(alphabetical order)

Kazushi Hashimoto Executive Director, Japan Bank for International Cooperation
Masami Ishii Executive Board Member, Japan Medical Association
Sumie Ishii Managing Director and Executive Secretary, JOICFP (Japanese Organization for International Cooperation in Family Planning)
Masamine Jimba Professor, Department of International Community Health, Graduate School of Medicine, University of Tokyo
Yasushi Katsuma Associate Professor, Waseda University Graduate School of Asia-Pacific Studies
Kiyoshi Kurokawa Special Advisor to the Cabinet (in charge of science, technology, and innovation)
Kazumi Matsui Assistant Minister for International Affairs, Ministry of Health, Labour and Welfare
Yasuhide Nakamura Professor, Department of International Collaboration, Graduate School of Human Sciences, Osaka University
Yohei Sasakawa Chairman, Nippon Foundation
Takehiko Sasazuki President, International Medical Center of Japan
Koji Tsuruoka Director-General for Global Issues, Ministry of Foreign Affairs
Hirozo Ueda Assistant Minister for Technical Affairs, Minister’s Secretariat, Ministry of Health, Labour and Welfare
Yoshihisa Ueda Vice President, Japan International Cooperation Agency
Tadashi Yamamoto President, Japan Center for International Exchange
Tatsuo Yamasaki Deputy Director-General, International Bureau, Ministry of Finance