"Overview of Health and Human Security Case Studies," Health and Human Security: Moving from Concept to Action-Fourth Intellectual Dialogue on Building Asia's Tomorrow; (ed. Pamela J. Noda), Tokyo: Japan Center for International Exchange, 2002, pp. 21-44.

Overview of Health and Human Security Case Studies

Mely Caballero-Anthony

Assistant Professor, Institute of Defence and Strategic Studies, Nanyang Technological University

One of the major challenges in introducing a new concept is to operationalize it in order for the idea to have more meaning and gain acceptance from a wider community. The idea of human security is now at this juncture. Human security has reached a threshold where its discourses have to be translated into action and its very essence has to be captured in policy formulation. Without this progression, the idea will reach its saturation point. Unless this concept is meaningfully applied to policies and actions, human security will lose its relevance.

The main objective of this overview is to show how the concept of human security can be translated beyond discourse to action. Through its discussions of the three case studies on health issues in Cambodia, Indonesia, and the Philippines, the paper will explore the prospects of applying the human security concept in East Asia, specifically with regard to the possibility of using human security as the framework for relevant policy formulations in addressing human security problems. This paper argues that human security can be a viable policy framework in addressing the

---

The author is extremely grateful to Purnawan Junadi, Orville Solon, Fujita Noriko (the case study writers of this project); to Uehara Naruo, who shared with us his findings on the Health Care Project in Indonesia; and to Yamamoto Tadashi and Noda Makito of the Japan Center for International Exchange for their valuable contribution in the writing of this overview paper.

Copyright 2002, Japan Center for International Exchange

urgent problem of health issues. A human security approach will help to foster closer multilateral cooperation and promote cross-sectoral participation of the policy, academic, and nongovernmental organization communities in addressing threats to human security.

Advancing the Human Security Framework

Why Human Security?

It has long been argued that a state-centric approach to security has, at the very least, been dysfunctional. The post–cold war international landscape and experiences of many conflict-ridden states point to several reasons why approaches to security should move beyond the state to individuals and communities. Among these is the fact that 90 percent of wars take place within states rather than between states, and most of these wars are fought in the poorest of countries. A majority of victims caught in the vicious spiral of domestic conflicts are civilians, mostly women and children.

More important is the realization that security means more than just the protection of state borders. In East Asia, for example, most of the pressing security issues that pose real threats to the lives of individuals and communities are pandemic diseases such as AIDS that threaten to wipe out villages and entire communities, ethnic and communal conflicts, poverty and malnutrition, and environmental degradation. This list of security issues is certainly not exhaustive.

Against these developments, there have been strong calls for policy shifts from national (state) security to human security. Attention has been drawn to the welfare and well-being of individuals and communities. By identifying individuals and communities as the security referent and not the state, the specific nature and the types of threats that confront them are brought to the fore in security discourses. Thus, it follows that as far as policymaking is concerned, the formulation and implementation of policy initiatives must have the benefit and welfare of individuals and communities at the core of any policy enterprise. This, at the very least, is the essence of a human security policy framework.

Whither the Human Security Approach: A Brief Sketch

The concept of human security has been popular since the idea first gained prominence in 1994. Underpinning its popularity was the new security thinking that had emerged after the end of the cold war and significantly shaped the security discourse during that period. This new security thinking is perhaps best encapsulated by Mahbub ul Haq, who argued that the new conception of security must be based on the "security of individuals, *not just* security of the nations" (1994, 10). Haq first made mention of this idea in his seminal paper, "New Imperatives on Human Security," in which he called for the "[. . .] need to fashion a new concept of human security that is reflected in the lives of our people, not in the weapons of our country" (10). Haq in effect answered the question that soon became the core of human security thinking, that is, "Security for whom?"

Haq was influential in the United Nations Development Programme's (UNDP's) launching of the human development index (HDI), which argued that any formulation of development thinking and policies must take as their focus the welfare of individuals rather than simply the macroeconomy. The HDI appeared in the UNDP *Human Development Report* of 1994, the core theme of which was human security (United Nations Development Programme 1994).

The report echoed Haq's idea that the referent object for human security is the individual or the people. It provided an in-depth discussion of human security and defined it as having four essential characteristics: (1) it is a universal concern; (2) the components are interdependent[1]; (3) it is best ensured through early prevention rather than later intervention; and (4) it is people centered.

According to the report, human security has two main aspects. "It means, firstly, safety from such chronic threats as hunger, disease and repression. And secondly, it means protection from sudden and hurtful disruptions in the patterns of daily life—whether in homes, in jobs or in communities" (22–23). Essentially, the UNDP's definition of human security has been narrowed down to mean "freedom from fear and freedom from want." Subsequently, this core conception of human security by the UNDP became the point of reference for many writings on human security.

The numerous writings on human security reflect the kinds of interests and contentions that this concept has generated. To date, there are at least 40 permutations to the meaning of human security, each differing in emphases and the types of values that comprise human security (Leaning

and Arie 2000; King and Murray 2001). As one author noted, the conceptual journey of human security has been one of "dizzying complexity" (Alkire 2001). The question now is whether the framework provides the basis for effective operations.

Trends in Human Security–Type Policies in East Asia

While the arguments for adopting a human security approach to policy formulation are not new, as evidenced by the numerous articles that have been written on this subject, as yet no major policy initiatives in East Asia have been undertaken in the name of human security. Among the reasons for this inaction are the following.

The Problem of Conceptual Ambiguity

A contested concept, human security has been criticized for its lack of clarity. While its definition is essentially "freedom from fear and freedom from want," the main criticism has centered on the scope and possible parameters of the components of human security. What and how much does it entail? Although the UNDP's human security indicators have often been used by advocates and proponents of human security as guidelines for policy framework, the choice of and emphasis on a particular component or core value in the "freedom from fear" or "freedom from want" categories has been controversial.

On the one hand, some governments have argued for placing greater emphasis on the economic dimension of human security, i.e., the economic well-being of individuals and communities. From this perspective, human security can be attained if economic development is achieved. On the other hand, others focus on the threats to individual security (i.e., personal safety and individual freedom). The Canadian government, for example, considers human security threats as threats to the security of the individual resulting from domestic or international violence stemming from such sources as internal conflict, religious strife and ethnic discord, state repression, failed states, transnational crime, and the proliferation of weapons of mass destruction (Department of Foreign Affairs and International Trade, Canada 2002). The perspective from this school of thought is that sustainable economic development is an insufficient guarantee for human security. In the extreme, this approach can call for

collective use of force, as well as sanctions against the source(s) of direct violence. From these two opposite trends, one can see that the lack of conceptual clarity and differences in emphases of human security threats have so far been difficult obstacles in the process of forging ahead with policies on human security.

Economic Development as Panacea

The remarkable economic success over the past decades in East Asia—at least prior to the Asian financial crisis in 1997—have led some Asian leaders to argue that most, if not all, the problems related to human security could be overcome for as long as economic development continued. Thus, in certain parts of East Asia, addressing human security concerns followed a pattern of "sequential ordering" where political security (which refers to protection of political rights and human rights violations) was accorded less priority in the pursuit of economic development. This approach has to a large extent hampered the effective implementation of human security as a policy instrument.

The Non-Interference Principle

The staunch adherence of most East Asian states to the principle of non-interference in another state's internal affairs has been another major stumbling block in the promotion of human security as a policy instrument. In the Association of Southeast Asian Nations for example, in cases where there have been clear human security problems in a member country, traditional prudence has hampered any concrete and concerted action in addressing the problem.

Absence of an Institutional Framework

The lacunae in institutional framework highlight the lack of institutional resources and capacity in the region for collective action in addressing human security problems. For example, the Canadian policy prescription for collective military action involving peacekeeping forces to intervene in gross human rights violations and human violence cannot have much support in a region, particularly in Asia, where financial, institutional, and human resources are found to be extremely limited.

Against these constraints, however, is the emergence of a non-ending list of human security challenges that are confronting the region today. The Asian financial crisis and its aftermath brought about a host of human security problems in the region and, despite the economic recovery that is slowly taking place in some countries, serious problems persist domestically and transnationally, including poverty, social and economic dislocation, political instability, ethnic conflicts, illegal migration, pandemic diseases, drug trafficking, trafficking of small arms, and terrorism. In crafting "new" policies and mechanisms to address many of these problems, there are certainly strong arguments for a reexamination of current policy approaches and for considering the merits of adopting a human security approach.

One of the major lessons learned during the Asian financial crisis was the fact that it simply was not enough for governments to promote economic development at the expense of neglecting other vital human concerns. The Asian crisis has shown that economic development devoid of a human face was simply inadequate. Governments and leaders in Asia have been criticized for neglecting issues such as good governance and accountability as they became singularly preoccupied with the goal of economic development. And individuals and communities coping with social and economic dislocations as a consequence of economic development have had to grapple with the current forces of globalization. The World Bank's study on *Voices of the Poor* provided insights on the types of insecurities faced by the poor. To them, insecurity meant poor health and sanitation, fear of disability or chronic illness, domestic violence, unemployment, and inflation (Narayan et al. 2000). Paradoxically, as their problems became more complex, their voices became less audible.

Toward a Viable Human Security Policy Framework in East Asia

Each of the security problems cited above demands urgent attention. To be sure, these problems will not go away in the short to medium term, and all of these pose serious security threats to individuals and communities in the region. The task of confronting these challenges is daunting, and certainly beyond the capabilities of states acting on their own.

Take the problems posed by terrorism, for example. The September 11, 2001, terrorist attacks in the United States shocked the entire global community, as the tragedy was unfolded in real time on televisions worldwide.

Notwithstanding the need for a swift military response to the perpetrators of acts of terrorism, many analyses on this subject have pointed to the need to look into the multidimensional root causes of the problem, making it a much more complex phenomenon than the way it is currently perceived. The United States' response in the fight against terrorism has been criticized for its shallowness and lack of cognizance of the fundamental root causes of terrorism and conflict. These causes include such issues as distributive justice as well as economic and political marginalization, ethnic and religious isolation, and questions of identity. Thus, as the dusts of the September 11 terrorist attacks began to settle, there were many voices calling for a more integrated and comprehensive strategy in addressing the problem of terrorism. In fact, many have argued that the campaign against terrorism is not just a "battle of might" but more of a "battle of hearts and minds." In this regard, a human security approach that answers the question "Security for whom?" may offer an alternative approach in dealing with many of the problems facing us today.

Beyond the arguments cited above for a reassessment of development and security policies, the imperative of treating many of these security threats as common human security threats is also compelling. This allows for much needed collective and cooperative actions to be initiated. More importantly, joint approaches help address not only the symptoms but also root causes of problems and generate more comprehensive and effective strategies to prevent conflict and crisis situations.

Recently, Ogata Sadako, co-chair of the Commission on Human Security, made a remark that reflects more succinctly the need to adopt a human security approach to security concerns. She stated, "The concept of 'human security' presents a useful entry point to the central security issue of the day, i.e., the security of the people. It represents a paradigm shift from the traditional resort to state as the provider of security. First of all, by focusing on the people who are victims of today's security threats, you come closer to identifying their protective needs. Secondly, by examining the people with their diverging interests and relations with each other, you uncover the social, economic, and political factors that promote or endanger their security . . ." (Ogata 2001).

Bringing people in and listening to their security concerns from their perspective is one of the major facets of the human security approach. In doing so, this process also engenders a more transparent and accountable system since participation in policy-formulation has to be representative.

Such processes therefore help create a conducive environment for working toward human security and human development. In sum, these processes quintessentially define the human security approach.

Operationalizing the Human Security Approach

Regardless of the numerous criticisms of the "vagueness" of the human security concept, coherence can emerge once attempts are made to identify the concrete areas that can be subsumed under human security. This section looks at health care as one such area where the concept of human security can be operationalized.

Why Health and Human Security?

Health and human security is not a common lexicon in the Asian region, unlike in the more developed countries in the West such as the United States. One of the reasons for this is the fact that health has not been "securitized" in this region. "Securitizing" an issue is to present it as being susceptible to threats. More importantly, it is said to be securitized when it is able to find an audience or when those who are securitizing it are able to persuade others that this chosen referent object/issue is threatened and requires priority over and above other referent issues (Buzan 2001).

The securitization of health need not be a difficult task in the Asian context, just as the concept of human security is not necessarily an alien concept in the region. If one locates the human security concept within the existing regional security frameworks, one would see that it fits well in the Asian concept of comprehensive security. As argued by one Asian security expert, the human security concept is complementary to the notion of comprehensive security, which looks at security in a multidimensional manner, beyond the confines of state security. Comprehensive security includes political security, economic security, and environmental security. Hence, human security has home-grown roots (Acharya 2001). Moreover, comprehensive security reflects the kinds of threats and insecurities of individuals and communities that require more than a state-centric approach and instead emphasize a more holistic, more comprehensive and responsive approach to security threats. Comprehensive security also emphasizes the need for a more cooperative approach to

addressing security issues. In this regard, the concept of comprehensive security and the approaches toward it can be found in the human security paradigm. Both are complementary.

Therefore, as far as health and human security are concerned, it follows that in adopting a more comprehensive approach to security, using the human security paradigm, health issues would be included in the core values that need to be secured. Health becomes a security issue, not merely a medical one. Within this framework, health is then securitized and not merely "medicalized."

The argument for the securitization of health becomes more pertinent if one examines the state of health care within the Asian context. In a rapidly developing global environment, access to primary health care is considered a basic feature of a modernized world. Yet, the sad reality is that health care—like most basic human needs such as food and shelter—is still denied to many. The lack of access to or deprivation of health care are vivid examples of what are called human *in*securities. These insecurities, if not addressed, pose fundamental threats to the survival and well-being of individuals. Moreover, these insecurities debase human dignity and deprive human beings of their freedoms.

If we were to adopt the working definition of the Commission on Human Security that "the objective of human security is to protect the vital core of all human lives from critical and pervasive threats, in a way that is consistent with long-term fulfillment," then a study on health, specifically, access to primary health care, in Asia would give us a good idea of the extent to which this vital core—i.e., health—is secured or threatened in the region.

When the most basic or core of human needs like health care becomes a scarce resource, this not only creates a breeding ground for discontent and conflict among those individuals and communities who are affected. More importantly, it also causes the spread and cross-infection of complex diseases and, worst of all, death. As many of us know, pandemic diseases like AIDS have become more devastating than wars. The effects of such diseases seriously undermine the social, economic, and political structures of states, not to mention the tremendous toll taken on human lives. It is worth noting that in many parts of the world, including East Asia, the impact of health issues on human security is magnified by a complex combination of factors ranging from limited resources, poor infrastructure, and endemic corruption to a lack of commitment and understanding of the kind of havoc health issues can wreack on individuals and communities.

Therefore, health issues can no longer be viewed solely within the purview of development and underdevelopment. When health issues are ignored or sacrificed for other types of issues, the social and economic consequences could destabilize societies and threaten political stability. Experience has shown that epidemics can reach crisis proportions beyond the capabilities of states to manage. The devastating effects brought about by neglect do not only drain the resources of states; they also could reverse gains from economic growth and development. In worst-case scenarios, such crises could have devastating consequences.

There is another reason why the concept of human security is a viable framework for addressing health issues. As mentioned in the first section of this paper, the divide on which dimensions of human security must be given emphasis has hampered the development of a human security agenda. Consequently, these conceptual contentions have prevented a meaningful application of this concept as a possible framework for policy formulation. In this regard, it can be argued that deploying human security in understanding health issues would help to cut across the current conceptual dilemma that had prevented a more effective use of this framework as a tool for policy formulation and implementation. Choosing health issues like access to primary health care and highlighting the grave threats that a lack or absence of it bring to the welfare and security of individuals in their personal surroundings, their community, and their environment will leave little room for ideological differences or policy preferences.

It can further be argued that health is a security issue that is uncontestable and is least controversial among the many components or dimensions of human security. It is also an issue where multilateral action and cross-sectoral participation are essential. In fact, because of the immediacy of the kinds of threats posed to health and human security, reaching consensus on the types of responses to these threats would be deemed easier to generate. Hence, using the human security framework in this case narrows the ideological divide that may have informed or privileged the current policy approaches of some governments in addressing threats to human security.

Having argued the merits of using the human security approach, the question at this point is, What can these case studies on the provision of health care contribute to the on-going discourse on human security? To put it another way, what is the “added value” that the human security approach can bring to issues such as providing more adequate primary

health care? More importantly, how does this move the human security concept beyond discourse to action?

Primary Health Care in Cambodia, Indonesia, and the Philippines

The human security approach behooves us to answer the questions, Security for whom? Whose security? The concept of human security gains more coherence when it specifies what it is protecting. Thus, if we were to reiterate here the working definition of the Commission on Human Security for human security, that is, "[that the objective is] to protect the vital core of all human lives from critical pervasive threats, in a way that is consistent with long-term fulfillment," then a study of primary health care goes to the very heart of what we are trying to secure. While not meaning to be so precise, the vital core of human security may be thought of as freedom to survive or freedom from preventable death. Hence, provision of primary health care helps ensure this freedom to survive, which is a vital core of human security. Good health is also one of the central dimensions of the well-being of an individual.

While primary health care is one of the basic entitlements people expect in this day of a modern, networked, and globalized world, the stories from Cambodia, Indonesia, and the Philippines present a starkly different reality. The following section will provide a snapshot of the trends in primary health care that emerged out of the case studies from these three countries. Common themes ran across these trends and are relevant to one particular element of human security that this study looks at, i.e., freedom from premature preventable death.

The three case studies focused their analyses on primary health care for the poor. The following are some highlights of their findings.

Health Seeking Behavior of the Poor

A typical "health-seeking behavior" among the poor in these countries is nontreatment or self-treatment in case of illness. Such behaviors are not surprising considering that the financing of health care among the poor is mostly out of their own pockets. As the study on Cambodia showed, it is often the case that a traditional method of cure is sought first and that referrals to tertiary health facilities are done at very late stages.

In the Philippines, statistics from the Department of Health reveal that six out of ten recorded deaths owing to nonviolent causes did not receive any medical attention during the illness period (prior to death). A project conducted by Uehara Naruo, professor in the School of International Health at Tohoku University, Japan, on the health-seeking behavior of the poor communities in the district of Ancol, Jakarta, Indonesia, revealed that as much as 80 percent of the mortality cases in poor areas were intrinsically preventable. If these deaths were indeed instrinsically preventable, then what process in the system was critical in this event (i.e., death)?

The other consequences of this type of health-seeking behavior are the irrational use of drugs and medicines, use of untested home remedies and cure, and neglect of preventive, promotive, and primary care services.

Financing from Out-of-Pocket Spending

Most of the poor in these countries do not have access to health care. In fact, as the Philippine case study shows, only those with the capacity to pay are able to access health care, and they do so under the following circumstances: (1) by reducing current and future consumption, (2) by reducing future income, and (3) by tapping into existing social networks. The sad consequences of these methods are that the burden of paying for health care needs is passed on to future generations in the form of reduced investments in human capital and reduced future health and well-being.

The story for the poor, however, is different because, as the case study observes, there is "almost no consumption to reduce, no future income to leverage, and they have very weak social institutions to depend on." And yet, if they could, as Uehara's research findings revealed, the poor will sell all they can and borrow from all those they know to save the lives of their family members. It is noteworthy that the poor, in spite of their obvious limitations, do in fact prioritize health—that they are willing to pay their life to get good health. But then, the political process does not accord the same priority to them.

Accessibility/Inaccessibility to Health Facilities

It is interesting to note that while governments do provide services for the poor, in most instances a considerable number of poor people do not know that these services exist or how to access them. Take the case in Indonesia when the Asian financial crisis occurred. The government had to

provide free social safety net programs for the poor,[2] but people in the remote areas were unaware of these services, and if they were aware they did not understand the procedures on how to access the services. Moreover, the poor in the remote villages were less likely to visit health facilities.

In Cambodia, only 55 percent of the total population has geographical access to primary health care, facilities are reachable only by a 10-kilometer or two-hour walk, and only 73 percent of accessible health centers are able to provide minimum health services. As the Cambodian study noted, only around one-third of the population have physical access to health centers.

The common factor cited in the lack or inaccessibility of health care is the dire shortage of human resources. But it is not only the shortage of doctors and medical personnel that affects access. In the poorer communities, the absence of incentives for doctors and nurses to work in these areas also plays a role. While these findings were reinforced in Uehara's research, the other factor cited for lack of incentives to improve the quality of health service was the lack of recognition given to medical health workers by their own community for their oftentimes "thankless" job. This leads to poor motivation and poor morale among health workers.

Sometimes it is not so much the lack of human or material resources that prevents access to health care. The Philippine case provided a detailed study on the types of health financing available in the country from community-based schemes, charity, national and local budgets, and social health insurance. The findings point to the fact that the problem of inaccessibility to health care is not so much a matter of how much is being spent, but how existing resources are being allocated. Some of the problems cited with regard to the types of financing programs on health were limited population coverage, particularly the poorest of the poor, poor targeting, and crowding out by more affluent patients. In many instances, government subsidies are not accessible to the poorest regions. The study's conclusion is very instructive. It argues that "over the long term, inefficient and inequitable health care is a threat to health and human security [which is] more serious than the threat from the resurgence of diseases like TB, polio, malaria and schistosomiasis."

Quality of Health Care

Closely related to the problem of lack of accessibility is the poor quality of health services and facilities. The Philippine case cites that health facilities operated by national and local governments tend to deliver services

of poor quality (e.g., lack of appropriate diagnostic facilities for surgeries, over prescriptions of antibiotics, and poor health outcomes such as post-operation infections and death in the case of pneumonia). The problem has become even more acute with the devolution of public health services in line with the devolution of power to local government units. The performance of provincial and district hospitals under devolution is generally considered poor, and the unwillingness and inability of local government units to maintain pre-devolution expenditure levels has been blamed for this. This is one obvious risk in the process of devolution, as the Indonesian case also confirmed. Provincial and district medical centers are not ready to deal with the responsibility that used to be within the purview of the state/central government.

Lack of Political Will

In spite of the limitations of primary health care in these countries, programs to reform and improve health services do exist. Yet these reforms either do not take off or could not be sustained. A theme common among the three case studies is the lack of political will to sustain and carry through these reforms. And one reason cited for this lack of political will is the fact that health is not considered as critical as jobs, prices, and issues of peace and order. In the Indonesian case, for example, most regional governments do not consider health as an investment. In the case of the Philippines, as noted by the paper writer, commitment and support for health will not generate more votes. Moreover, bureaucrats at national levels who make decisions on budget allocations do not have to face elections.

Problems with External Assistance

In a country like Cambodia that is rebuilding itself after years of war and has embarked on providing nationwide health service programs only in recent years, external assistance from multilateral donor agencies have been crucial. In fact, external funding from donors, including both official aid (ODA) and direct funding from nongovenmental organizations, still exceeds government funding (i.e., 70 percent of health funds comes from donor agencies).

While not underestimating the importance of external funding, there have however been problems with a lack of coordination between donor agencies and the national government. Donor agencies are perceived to

act independently from national agencies in planning health reforms, and this results in inconsistencies and ineffectiveness of training. There are also problems with fitting program outputs with beneficiaries' needs. Similar with targeting, the intended beneficiaries, i.e., the poor, find that they are shut off from the benefits or that the health programs are inadequate and do not appropriately address the health problems of poor families.

Major Challenges in Health Care

Against these trends, there are clearly major challenges in the delivery of primary health care in the region. One of these is the question of consistency in the delivery of primary health care to the poor. Even for countries that have had long experience with providing highly subsidized primary health care, like Indonesia, there have been problems with providing health care for the poor. As the Indonesian author argued, providing health care for the poor should in part be part of the comprehensive socio-cultural and economic programs designed to reduce poverty in the country. Moreover, spending on health for the poor it not just a matter of public expenditure but should instead be considered as a good investment in poverty reduction. Health care must be seen as a public good and unless this mindset is adopted, the incidence of health biporalization between those who have the resources and those without, in particular the vulnerable sectors of society, will only worsen.

Another major challenge is widening the political space for nongovernmental actors to participate in the planning of health care programs. In local villages, community participation plays an important role in increasing people's access to basic health services and in making sure that information about health services and outreach programs reach the poor people who otherwise may not have access to these matters. More significantly, since poor families obviously have limited or no resources to speak of, they rely on the pooling of community resources, charities, and central and local government funds in order to access health services. Hence, people's participation in these programs has to be included since as recipients or security referents, it is their health needs that must be responded to. It is these individuals and communities who are in need who are best able to define what their health concerns are.

Last but not least, a major challenge highlighted in these case studies was how to generate political constituency in order to make "good health,

good politics." As the Philippine paper suggested, reform of health services must be made consistent with political interests. This would mean that in provinces, cities, and municipalities, "commitment and support for health reforms should mean more votes." It should be made the case that politicians identified with health reforms/programs be made more likely to get elected. Uehara argues that the only way to change the current thinking on the low priority for health is to work for a sound democracy. The point made earlier about the incongruent juxtaposition of the poor willing to pay their life savings to get good health and a political process that does not give them the same priority has to be changed. There is clearly a dissonance when the suffering poor fail to be included in the political process. Therefore, it is in a democratic system that the poor people—marginalized as they are—will at least have the power to vote and hopefully check the system.

Securing Protection from Human Insecurities

How do we link the human security approach with the need to adopt a new policy framework on health? How can human security be an alternative or a better framework for policy formulation and coordination on health care issues? Before proceeding further, it is useful to reiterate the point that human security is essentially about protection. It recognizes that people and communities can be fatally threatened by events beyond their control: natural disasters, financial crisis leading to national policies cutting public and private investments in health care, a terrorist attack, etc. Thus, the human security paradigm encourages institutions to respond by offering *protection "which is constant—not episodic, nor static; and anticipatory rather than reactive, so that people will manage downturn with security*" (Sen 2000, italics added).

The foregoing discussion on trends and challenges of health care woefully reflects the state of health care in the three country case studies. To be sure, health issues are human security issues. And, like most security concerns, they require urgent responses. But in many countries in Asia, access to primary health care has become more of a privilege than an entitlement. The trends in primary health care in Cambodia, Indonesia, and the Philippines offer just a glimpse of the many untold stories of suffering, misery, and neglect that many poor people experience in this part of the region. This need not be a permanent feature.

By adopting a human security approach to analyze the nature of health care problems in these countries, attention is drawn to the most basic question of, Whose health security? Health care for whom? Obviously, the answer is health care for the people, particularly the most vulnerable—the poorest of the poor. However, as the case studies revealed, primary health care in most of these countries does not reach the poor. In fact, health care services have been so inadequate that we have a situation where six out of ten recorded deaths owing to nonviolent causes are caused by the absence of any medical care. What about those deaths that had not been recorded? Could the story have been more dismal?

A human security approach to health care policies would ideally have at least two characteristics: (1) it is best ensured through early prevention, and (2) it is people centered. One only has to go over the trends and challenges confronting health care in the three countries to determine the shortcomings of current policies. As mentioned in the case studies, health care is not considered as critical as jobs or prices. Indeed, it is noteworthy that during the economic boom years in East Asia, public expenditure on health varied between 0.7 percent and 2.7 percent of gross domestic product (World Bank 1997). Clearly, the priorities given to health care had never made provisions for times of crises. It comes as no surprise then that at the height of the Asian financial crisis, one heard tragic stories such as this—that in 1998, half of the 130 health clinics in the Indonesian town of Bekasi, east of Jakarta, had stopped providing services due to lack of medicines. And supplies in hospitals and public health centers elsewhere also ran out (*Jakarta Post* 8 March 1998). In this instance, health policies did not ensure early prevention. A major challenge, then, is how to insulate health from being affected by economic catastrophe. Conversely, how do we convince policymakers that this core value has to be secured? A human security approach will at least minimize, if not prevent, such events from occurring.

An important question at this point is who is responsible for providing primary health care to the poor? The obvious response would be the state. While human security does indeed move the security referent from the state to the individual, it does not obviate the fact that the state remains largely responsible for providing security to its citizens. Governments have the resources and instruments at their disposal to provide security for their people. In this context, a human security approach urges health officials and policymakers to be more accountable and responsive to the health needs of the people, and, more importantly, to think of policies

and programs from the perspective of the beneficiaries. The cases of health financing not reaching the poorest of the poor, as in the Philippines, will ideally not occur if awareness of such problems as inaccessibility and inability to access services is created. Yet, in a typical top-down policy approach, directives and policies on health services would usually come from Ministries of Health with little or no participation from nongovernment individuals and communities. But health is too important to be left in the hands of the medical profession and bureaucrats. Thus, one could argue that human security makes health everybody's business. This is an important part of the human securitization process.

Moreover, while the state is regarded as the main provider for security, there is also the recognition that the state's capabilities are limited. It is a fact that political capabilities have become inadequate as governments respond to the ever-growing list of security issues confronting us today. Because of these shortcomings, human security allows for nongovernmental actors or international agencies to provide help and carry out certain responsibilities to provide security. Effective participation from a diverse range of actors other than the state becomes inevitable. This is where multi-sectoral participation and cooperation become most relevant. Hence, within the context of human security, the importance of processes—of governance, of participation, of transparency, of capacity-building, and of institution-building—must be emphasized.

Finally, a human security approach to health care also brings into focus the inter-relatedness of health issues with the other problems of poverty, famine, illiteracy, and environmental degradation. Each of these issues feeds into the other. This is another characteristic of the human security framework which allows for a more comprehensive approach to a core human security concern—health care. Human security recognizes the intrinsic value of weaving in the other human security concerns in its analyses of health care.

The value of adopting a human security approach is succinctly captured in these words: "In the final analysis, human security is a child who did not die, a disease that did not spread, a job that was not cut, an ethnic tension that did not explode in violence, a dissident who was not silenced" (United Nations Development Programme 1994, 22).

Conclusion

At the start of this paper, it was argued that the time has come to take the human security concept beyond discourse to action. As part of the Fourth Intellectual Dialogue on Building Asia's Tomorrow, the project on health and human security had this overarching objective in mind. The project wanted to examine how the human security concept can be operationalized and applied as an appropriate tool for policy formulation and cooperation. Thus, it was decided that case studies on a particular human security area would present not only the nature and complexity of the various challenges confronting people who are badly affected by crisis and insecurity, but would also shed light on the possible utility of human security as a framework for policy formulation and action.

The project began by zeroing in on a vital core of all human lives that has to be protected (and secured)—health security. It then proceeded to examine the major challenges of primary health care in Cambodia, Indonesia, and the Philippines. The findings of the case studies presented the seriousness of the failure to provide primary health care, particularly to the most vulnerable in societies—the poor. The respective studies identified common problems, including lack of resources, inefficient allocation of resources, inadequacy of governance, and institutional problems. Finally, the studies identified certain measures to address health care issues by regarding them as human security issues requiring a human security approach.

The challenge for us now is how to move the human security agenda forward. One of the significant themes that emerged out of this endeavor was the question, How do we make good health, good politics? As the findings have shown, policymakers care less about health than they do about jobs and inflation. Obviously, primary health care is not considered a priority. Yet, health is a *vital core* of all human lives. It ought to be a priority. Thus, unless we make good health equal good politics, the task of sensitizing the policy community on the primacy of health as a human security concern will be an uphill task.

As the general pattern has shown, governments act in a certain way in times of crisis. Many governments in the region have resorted to "pump priming" their economies in response to the global economic slump. However, there are limits as to what fiscal stimuli can do to jump start domestic economies because the slowdown is externally driven. More

importantly, pump priming increases concern over the expanding fiscal deficits and public sectors of many governments.

These developments pose vexing dilemmas in the policy community. Most often the challenge is how to prioritizes certain core issues over others. What political process is involved in allocating resources from one issue to another? How does one avoid the inevitable tensions that would arise in the midst of competing interests?

In the ladder of options available, the human security approach can ideally provide guidance in addressing these dilemmas. The human security approach gives clarity; it brings into focus the vital issues of concerns for the well-being of individuals and communities. In an environment of competing interests, dialogue, the sharing of information and learning from the experiences of others eases policy dilemmas. More importantly, by opening up the political space, more ideas and expertise can emerge to help address issues and prioritize certain competing interests. Finally, opening up the space and allowing for more dialogue also provide windows for international cooperation to take place, as institutions are able to respond appropriately. The human security framework therefore allows for possibilities of multilateral and multi-sectoral approaches to realizing human security.

Notes

1. In the UNDP report, these components are the core values or dimensions of human security: economic security, food security, health security, environmental security, personal security, community security, and political security.
2. These health services include basic health care, basic maternity care, immunization for and treatment of tuberculosis and malaria, and hospital referral services.

Bibliography

Acharya Amitay. 2001. *"Human Security in the Asia-Pacific."* In Mely C. Anthony and Mohamed Jawhar Hassan, eds. *The Asia Pacific in the New*

Millenium: Political and Security Challenges. Kuala Lumpur: Institute of Strategic and International Studies.

Alkire, Sabina. 2001. “Conceptual Framework for the Commission on Human Security.” Working Manuscript. 6 December.

Buzan, Bary. 2001. “Human Security in International Perspective.” In Mely C. Anthony and Mohamed Jawhar Hassan, eds. *The Asia Pacific in the New Millenium: Political and Security Challenges.* Kuala Lumpur: Institute of Strategic and International Studies.

Department of Foreign Affairs and International Trade, Canada. 2002. <http://www.humansecurity.gc.ca>. 13 May.

ul Haq, Mahbub. 1994. “New Imperatives of Human Security.” RGICS Paper No. 7. New Delhi: Rajiv Gandhi Institute for Contemporary Studies (RGICS), Rajiv Gandhi Foundation.

King, Gary, and Christopher Murray. 2001. “Rethinking Human Security.” *Political Science Quarterly* 16(4): 585–610.

Leaning, Jennifer, and Sam Arie. 2000. “Human Security: A Framework for Assessment in Conflict and Transition.” CERTI. <http://wwww.certi.org>. 13 May 2002.

Narayan, Deepa et al. 2000. *Voices of the Poor Crying Out for Change.* New York: Oxford University Press.

Ogata Sadako. 2001. “State Security—Human Security.” The Fridtjof Nansen Memorial Lecture. Tokyo, 12 December.

Sen, Amarta. 2000. “Why Human Security.” Cited in Sabina Alkire. “Conceptual Framework for the Commission on Human Security.” Working Manuscript. 6 December.

United Nations Development Programme. 1994. *Human Development Report 1994.* New York: Oxford University Press.

World Bank. 1997. *World Development Report 1997: The State in a Changing World.* New York: Oxford University Press.