Global Health, Human Security, and Japan's Contributions

Paper presented at FGFJ international symposium on *From Okinawa to Toyako: Dealing with Communicable Diseases as Global Human Security Threats*

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Executive Summary

While its roots go back much further, the concept of human security has been gaining increasing attention in recent years as an integral complement to national security. The dictate of human security to focus not merely on the protection of national borders but also more comprehensively on the security of individuals and communities resonates deeply in a world of growing interdependence. Over the past decade, Japan has been one of the world's leaders in developing this concept and funding its application in communities around the world.

If one accepts human security as encompassing three freedoms—the freedom from fear, the freedom from want, and the freedom to live in dignity—it is only natural to consider global health as a prominent human security challenge and to explore ways of dealing with health through a human security framework. Poor health is a significant threat to the lives and livelihoods of people around the world, and it is intimately intertwined with poverty, inequality, violence, environmental degradation, and the myriad of other human security challenges that face individuals and communities. On top of that, diseases rarely stop at national borders; rather, they travel from one country to another—and from one region to another—as fluidly as people and goods do in today's world.

Japan is preparing to host the G8 Summit for the first time since the Kyushu-Okinawa G8 Summit in 2000, where the world's wealthiest countries first committed to the idea of a global funding mechanism for communicable diseases. As the host of the 2008 G8 Summit, Japan should take the lead again in making sure that the commitment to global health is not only maintained but strengthened to better respond to today's challenges. In that context, the authors encourage the leaders of Japan and the other G8 countries to take action on the following four broad proposals when they meet in Toyako, Hokkaido, in July 2008:

- Mobilize significantly more funding for global health.
- Commit to making the G8 financial commitments sustainable over the long term.
- Better integrate disease-specific funding with support for health systems.
- Develop and implement human security approaches to addressing the challenges of global health.

[1] The 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.

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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 beyond a macro-level 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.[2] 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, she quotes President John F. Kennedy arguing 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."[3] In other words, there has long been a recognition that while it is important to secure national borders, it becomes meaningless if the people inside those borders cannot survive the other threats they face on a daily basis.

[2] Paula Gutlove and Gordon Thompson. "Human Security: Expanding the Scope of Public Health," in *Medicine, Conflict & Survival*. 2003; 19:17-34.
[3] Susan E. Rice. "Poverty Breeds Insecurity," in Lael Brainard and Derek Chollet (eds) *Too Poor for Peace? Global Poverty, Conflict, and Security in the 21st Century* (Washington DC: Brookings Institution Press, 2007), p. 31.

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 shift its focus at the end of the 20th century to the 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."[4]

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 object 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.[5] While there is general consensus that traditional security challenges and responses remain highly relevant in the so-called "post–post–Cold War era"—or post-9/11 world—there is also a growing recognition that we need something 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 at the forefront of the human security agenda. Now, we find other potential disasters, such as global

[4] United Nations Development Programme. *Human Development Report, 1994* (New York: Oxford University Press).

[5] Giorgio Shani, Makoto Sato, Mustapha Kakal Pasha (eds). *Protecting Human Security in a Post-9/11 World: Critical and Global Insights* (New York: Palgrave Macmillan Press, 2007).

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."[6] But, 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 human security for all—a second influential report was published in 2003 by the Commission on Human Security, co-chaired by Sadako Ogata and Amartya Sen.[7] 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 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.

[6] Ibid.
[7] Commission on Human Security. *Human Security Now: Protecting and Empowering People* (New York: Commission on Human Security, 2003).

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 unacceptable 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 many of us a moral determination to find solutions to these challenges. Second, it is clear that 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, health challenges 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 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.

[8] The terms "global health" and "international health" are generally understood as referring to the health of people in developing countries. Ref: Paul F. Basch. *Textbook of International Health* (Oxford: Oxford University Press, 1999).

[9] Renel Bonnel. "Economic Analysis of HIV/AIDS," ADF2000 Background Paper, World Bank.

Many of the companies that depend on workforces and markets throughout the developing world 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 had 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. Companies carrying out 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 global 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

The 1994 UNDP report offers 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 challenges that people around the world can readily 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. 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 and vice versa. Finally, as discussed above, the SARS outbreak of 2003, avian influenza, and other examples of emerging infectious 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 improved health 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

[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.

[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.

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 needs from the perspective of the way in which individuals and communities experience their needs on a daily basis.

This focus on interconnections is also important within the health field itself and offers examples of ways in which crucial disease-specific initiatives can be integrated with efforts to support health more broadly. Japan's experience with the Mother and Child Health Handbook is one good example. After World War II, Japan's child health strategy involved concentrated efforts aimed at tuberculosis and other specific illnesses. But, pregnant mothers were given the handbook to help them monitor their children's development and health and to use as a tool for accessing the various health and nutrition services that their children needed. In this way, it put in mothers' hands the power to comprehensively protect their children's health.

Similarly, countries that are receiving support for programs aimed at specific diseases are finding that they can integrate into those programs efforts to deal with other health challenges without compromising their primary goals relating to the particular disease. For example, outreach teams that provide polio vaccines have been mobilized in some communities to deal with outbreaks of other diseases, something they are able to do because their proximity and involvement have helped them build the trust of the community and an understanding of its health status. In another example, Médecins Sans Frontières and the Cambodian Ministry of Health set up comprehensive chronic care clinics in two regions of Cambodia to integrate care for noncommunicable chronic diseases—such as diabetes and hypertension, both of which were growing but were being ignored in most health services—into care for HIV/AIDS. This allowed them to leverage the increased global attention to AIDS treatment for other diseases, rather than setting up separate facilities and training separate cadres of health workers, while also expanding their treatment programs for AIDS because the chronic disease clinics do not carry the same stigma as AIDS clinics.

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, 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.

The health workforce crisis that plagues most developing countries offers a useful lesson for thinking more creatively about protection and empowerment. Generally, donors and national governments focus on a top-down approach to empowering health practitioners, providing education and training to help them build their skill set. Unfortunately, though, this approach has proven to not be sufficient to build up health workforces where they are most urgently needed, as evidenced by the large number of trained health workers who leave their country or locale of origin to work in other countries or in their own cities, where they are better compensated and enjoy a better working and living environment. Clearly, donors and recipient countries' ministries of health and education need to complement these programs with a focus on health workers as human beings who need not only skills to perform their jobs but also resources to provide for their families and working conditions in which they can use their skills to their full potential. Increasing salaries for health workers in developing countries, particularly in rural areas, might help alleviate this challenge, but they also need safe environments for their families, good schools for their children, and health facilities that allow them to fully practice their skills and derive satisfaction from their jobs. Anecdotal evidence shows that most health workers would prefer to stay in their home countries or hometowns if the conditions were adequate, so we need to think creatively about how they can be both protected and empowered to do so.

II. Human Security as a Pillar of Japanese Foreign Policy

The Japanese who experienced firsthand the devastation of World War II have driven the strong sense of pacifism that has characterized Japan for the last half a century. But, as the generation of people whose pacifism is based on that experience is nearly gone, Japan needs to develop a new motivation for pacifism. At the same time, Japan is trying to secure its position in an ever-changing world and finding that human security offers a framework for a future-oriented pragmatic pacifism in Japanese politics. The evolution of the human security concept into a pillar of Japanese foreign policy thus 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.[12] 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.[13] 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.[14]

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

[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, and more than 170 projects have been funded by the fund so far (as of March 2007).

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 policy tools. The Midterm Policy on Official Development Assistance, released in February 2005, also clearly placed human security as a central policy tool for Japanese aid.

The focus on human security is prompting Japan to expand the pool of actors who are involved in policymaking, reflecting a trend that is taking place around the world. First we saw the common diplomatic framework transition from bilateral to multilateral diplomacy. But, the framework is being further expanded to include NGOs and other civil society networks. This framework allows us to view the community not only as the end point of top-down policy making but also as the starting point for a more bottom-up approach to decision making.

III. Japan and the G8 Summit

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

[15] *The Frontier Within: Individual Empowerment and Better Governance in the New Millennium* (Tokyo: Office for the Prime Minister's Commission on Japan's Goals in the 21st Century, 2000).

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 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]

In the context of these statements and ongoing discussions we are having with health experts from around the world, we propose four pillars for Japan to promote when it hosts the G8 Summit in Toyako:

1. Mobilize more funding for global health, from industrialized and developing countries, to respond appropriately to the overwhelming challenges facing this field.

2. Commit to a new concept of sustainability that emphasizes sustainability of financial commitments over the long term from industrialized countries.

3. Develop a comprehensive global health framework that integrates the two strategies of disease-specific funding and health system strengthening.

4. Take a human security approach to addressing the challenges of global health

Mobilize more funding

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

[16] Masahiko Koumura. "Global Health and Japan's Foreign Policy," in *The Lancet*, November, 26, 2007.
[17] Michael Reich, Keizo Takemi, Marc Roberts, and William Hsiao. "Global Action on Health Systems: A Proposal for the Toyako G8 Summit," in *The Lancet*, 2008; 371:865–9.

communicable diseases.[18] 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.

The dramatic increase in funding for specific communicable diseases, particularly AIDS, tuberculosis, and malaria, has led to some concern that it is distorting the healthcare sector in many countries with weak health systems. Another way of looking at it, though, is that funding for communicable diseases has shown us what is possible when the international community makes a strong commitment to fighting specific health challenges and highlighted the areas where we have failed to make progress. So, rather than cutting back on those efforts—which still require massive increases in financial support—the lessons that have been learned through disease-specific funding over the past six years should be applied to the health sector more broadly. And, we should be consistent in our message that creating more equity within the health sector does not mean reducing funding for communicable diseases—most of which was new funding in the health sector anyway—but increasing funding for other areas of the health field that have not received as much attention.

Specifically, we call on the leaders of all G8 countries to lay out **detailed plans for meeting existing commitments of foreign aid and agree to a system for peer monitoring of progress on meeting those commitments as well as mechanism for reprimanding countries that fail to live up to those commitments**. As a part of this exercise, Japan should make sure that all G8 countries are living up to their responsibility of providing financial support to the Global Fund, which was created as an outcome of the last G8 Summit held on Japanese soil.

Commit to a new concept of sustainability

"Sustainability" is a common topic in discussions about international development aid. The international development and global health fields tend to talk about self-sufficiency as the ultimate goal of sustainability, which is an indispensable 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 at the country level by ensuring predictable, sustainable funding coming from the international community.[19]

[18] The World Bank. *Healthy Development: The World Bank Strategy for Health, Nutrition, and Population Results,* April 24, 2007: 149–150.
[19] Gorik Ooms, Wim Van Damme, Brook K. Baker, Paul Zeitz, and Ted Schrecker. "The 'Diagonal' Approach to Global Fund Financing: A Cure for the Broader Malaise of Health Systems?" in *Globalization and Health*, March, 25, 2008, 4:6.

This need for global sustainability of funding can be illustrated by the challenges associated addressing with the health workforce crisis. One reason for the shortage of health workers in developing countries is that investments in training health workers are long term and require some level of certainty that funding will be available for at least 15 to 20 years down the road. For example, once a country decides to increase its capacity to train health workers, it needs to develop facilities and programs for training, spend several years training future workers, and then continue to pay their salaries for at least 10 to 15 years after they complete the training. If there is no guarantee that the salaries will be paid, workers are more likely to go to another country to work, contributing to the trend of brain drain. So, 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.

Therefore, the G8 countries should make clear commitments to their partners in the developing world that they are in this partnership for the long haul. In other words, we recommend that the summit **produce a statement that the financial commitments that are being made will be maintained or strengthened for at least the next two decades** so that political and governmental leaders can make the long-term investments that are needed for real change in their countries.

Develop a comprehensive global health framework

It is time to move beyond discussions about vertical versus horizontal funding and look at how these two approaches can be better integrated to provide maximum benefit for health outcomes. The major communicable diseases facing the world today are costly to prevent and treat, and it is only by strengthening international commitments to fighting their spread that we will be able to improve people's health. Already, we are seeing evidence of healthcare facilities and workers being freed up to focus on a broad range of health issues as a direct result of large-scale successful initiatives to prevent and treat HIV/AIDS and malaria. At the same time, these disease-specific targets require strong, functioning health systems in order to deliver services, particularly to some of the world's most marginalized and vulnerable people. As a result, it is no longer appropriate to look at these two approaches as separate strategies competing for a finite set of resources. Instead, we need to find ways in which they can complement each other for more efficient and effective action.

This integration needs to be done through careful coordination among existing actors and activities, with active involvement of both donor and recipient governments, civil society and private sector stakeholders, and communities that are most affected by the health challenges we are trying to address. It is not clear, though, what institution or institutions should take on this role. It requires a convening capacity as well as global legitimacy. While it is not realistic to expect the G8 leaders to come up with a solution to this at their summit in July, **they should strongly endorse the principle of integration**, which will provide more impetus for efforts within the global health field to develop appropriate practices of coordination and integration.

One of the reasons that disease-specific programs have been able to attract funding is that the impact of the three major communicable diseases is very visible and has proven to be directly detrimental to economic growth. In addition, it is relatively easy to demonstrate the direct positive impact of large-scale prevention and treatment programs on the health of individuals, communities, and economies. On the other hand, monitoring and evaluation of programs aimed at strengthening health systems has been relatively weak, making it more difficult to convince people of the importance of health system strengthening. Some attempts have been made in recent years to measure the mutual impact programs aimed at specific diseases and at strengthening health system, as well as the impact of more integrated approaches. More fully integrating these approaches will require more systematic monitoring and evaluation of these efforts so that planning and implementation can be based on strong evidence of what works and what does not.

But, there are currently too many actors engaged in their own systems of monitoring and evaluation, leaving us with a confusing array of data, particularly on health systems, and creating additional burdens for implementing agencies and recipient countries that have to spend precious time and resources on multiple evaluations. Therefore, the G8 countries should **commit to developing common indicators and methodologies that they will accept for monitoring and evaluating their bilateral and multilateral assistance** for global health and **commit to transitioning to a practice of dispatching joint monitoring and evaluation teams** to recipient countries.

Take a human security approach

Although we generally talk about global health at the macro level, we should not lose track of the fact that health is very personal and that it very strongly impacts and is impacted by many other factors in people's lives. Our approach to global health needs to be human centered and to involve the individuals and communities who are meant to benefit from health interventions in all stages of needs assessment, planning, implementation, and monitoring and evaluation. In doing so, we need to better understand how their vulnerability to health challenges interconnects with other challenges they face in their daily lives.

Focusing our 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 to remember that investment in the health of our fellow human beings in the developing world will also help to protect our own citizens in the industrialized world 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.

Considering the health workforce crisis that most developing countries face, particularly in rural areas, the WHO and other agencies have suggested global numerical targets for increasing health workforces in developing countries. Rather than focusing strictly on numerical targets for training and hiring of health workers, though, Japan should take the lead, as one of the world's strongest proponents of the concept of human security, and **propose pilot projects in several key regions that aim to address the health workforce crisis through a human security framework**. These pilot projects would involve all stakeholders, including current and future health workers as well as the end users of health systems (patients), in identifying the needs and plethora of reasons why health workers leave their home countries and hometowns; making sure that health workers are trained and equipped to deal with the health challenges that most affect their communities; developing and implementing cross-sectoral programs that aim to keep health workers in their jobs and in their communities with incentives that are not limited to monetary compensation but take into account all of the human needs of health workers; and monitoring progress over the short, medium, and long term to better understand what, if anything, the human security framework is contributing.

We are convinced that partnership and cooperation among nations and among actors from all sectors are indispensable if we are to achieve our goals. As we approach the G8 Summit in Toyako in July, Japan—as the host nation—has the unique responsibility to take a strong leadership role in bringing together the leaders of all of the G8 countries in a commitment to maintaining and strengthening the international community's focus on global health, not only at the forthcoming summit but in the ensuing months and years, so that we can achieve real and sustainable improvements in the health of individuals and communities around the world.

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Challenges in Global Health and Japan's Contributions: Research and Dialogue Project

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