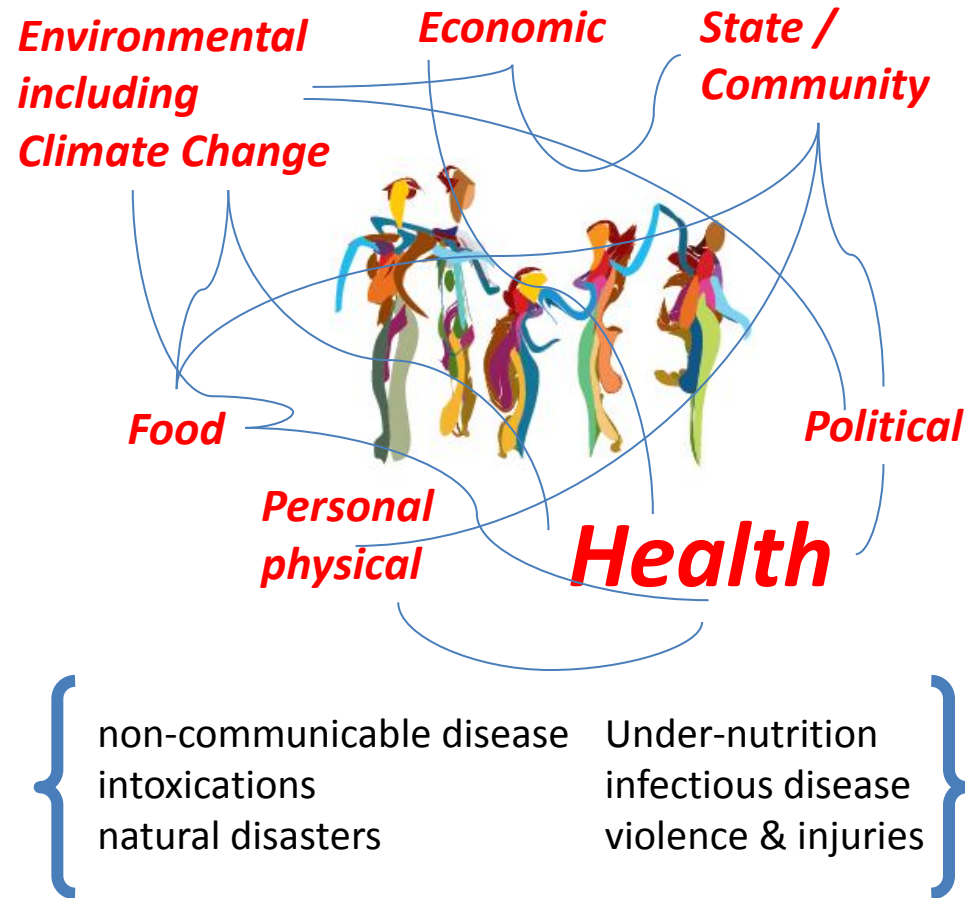# Human Security: Implications & Applications for Public Health

Briefing to Experts of the Human Security Network, United Nations, NYC, July 23, 2013

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Implications: Human Security ⟷ Health

- Public health programs at local level share complex web of threats to human security, situated in regional context and impacted by global trends

- Complex, interlinked insecurities overwhelm, disrupt health systems & services and impede universal health coverage

- HS and public health are mutually complementary & value-adding

- HS approach provides systematic, orderly framework for intervention

Environmental including Climate Change

Economic

State / Community

Food

Political

Personal physical

Health

non-communicable disease
intoxications
natural disasters

Under-nutrition
infectious disease
violence & injuries

Implications: Human Security ↔ Health

- **Health is a key dimension of human security,** and the increasing complexity, scale and urgency of today's health challenges pose increasing threats to this security

- **Health and human security are also mutually dependent:**
  - Good health enhances security, while increased security may increase health and well-being
  - Health challenges can erode social stability, just as insecurity can deepen health vulnerabilities

Figure 1: Health and Human Security Linkages

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

45% under-nutrition in Guatemala, 54% in the highlands, still higher in indigenous … high demand for medical care, vulnerability to infectious disease, low performance

BUT PROGRAM IMPLEMENTATION IS OVERWHELMED BY:

- Migration with families and social fabric disruption
- Narco-traffic
- Violence
- Lack of services
  - **Education**
  - **Medical**
- Physical vulnerability to natural disasters (hurricanes and floods from climate change)
- Earthquakes
- Lagging in sanitation
- Housing with indoor air pollution, overcrowding, lack of quality water

Cholera risk in communities of Dominican Republic, threats the limits of capacities of medical services, and distracts public health resources

BUT PROGRAM IMPLEMENTATION IS HAMPERED BY:

- Haitians migration perceived as a threat
- Malnutrition
- Plantations at risk of productivity
- Social instability
- Threats from increased hurricanes from climate change

Injuries in the Border city of Cd. Juarez, Mexico, overburdens the capacity of medical emergency services

BUT IMPLEMENTING AN INTERVENTION PROGRAM SEEMS NOT TO BE SIMPLE:

- Violence
  - **Intra-family**
  - **Community**
- Culture of insecurity... Highest road traffic injuries
- Social fabric disruption
  - **Historical and Recent migrants**
  - **Flow of wishful migrants**
  - **Migrants crossing**
  - **Opportunity for recruitment by narco traffic bands**
- Addictions
- Health Burden from stress and mental disorders
- downturn of "maquila industry" in the border from the economic recession, unemployment

Population with high burden of infectious and chronic diseases in underserved Settlements in Sao Paulo, generate high pressure of Basic Health Units

BUT DEVELOPING ENVIRONMENTAL PREVENTATIVE INTERVENTIONS IS INEFFECTIVE WITH ISOLATED ACTIONS GIVEN THE SITUATION

- Growing impoverishment

- Internal migration with social fabric disruption

- Violence

- Lack of maternal care

- Huge deficit on water, sanitation and waste disposal

- Underserved housing

- Mishandling of pesticides, intoxications

Permanent <u>malaria</u> in rice production area of Northern Peru

BUT CONTROLLING MALARIA IS MAINLY DEPENDENT OF THE PRODUCTION PROCESS IN AN CONFLICTIVE SITUATION

- Social fabric disrupted removing communities because of violence

- Lack of local social services

- Productivity loss

- Lack of recognition of malaria as a key community threat

- State government believes the region

needs other productive paths,

not supporting community organization

LACK OF POLICY COHERENCE

Mercury _intoxication_ of workers and children in the Amazonian mining areas generate a chronic burden of preventable neurologic disease

BUT HEALTH INTERVENTION HAS TO GO BEYOND MEDICAL TREATMENT INTO PREVENTION... HOWEVER:

- Violence

- Narco-traffic

- Human trafficking

- Malaria

- Quality of water for human consumption

- Occupational health conditions

- International commerce of metals

PAHO Human Security Mandate

- 50th Directing Council passed Resolution CD50.R16 Health, human security and well-being October 1st 2010

- Member States resolved:

  To urge the Member States to continue to **promote analysis of the concept** of human security and its relationship with health, **with a view to its incorporation into country health plans**, pursuant to their national legislation, emphasizing coordination and multisectoral interagency participation to reflect the multidimensional aspects of such an approach.

- Solicited PAHO's Secretariat to:
  a)   monitor the progress of discussions
  b)   develop, in consultation with the Member States, policy guidelines and methodological tools for integrating the approach of human security in programs
  c)   promote debate in the Organization
  d)   promote awareness for personnel in PAHO

PAHO Developments in Human Security

- Subregional workshops
  - Joint PAHO/UNDP Consultation on Advances, Developments and Controversies in Human Security and Relations with Health and Well-being (Panama, November 2010)
  - Workshop for Launch of Human Security National Technical Working Groups: Guatemala, El Salvador, Honduras, Nicaragua and Costa Rica (Nicaragua, April 2011)

- PAHO International Technical Workshop (December 2011) and publication of technical reference document *Human Security: Implications for Public Health*

- Regional Meeting on Health and Human Security in the Americas (Lima, Peru, September 2012)

- Collection and analysis of practical experiences (29 initiatives across 11 countries; 17 w/complete information; 9 selected for site visit)

Human Security:
Implications for Public Health
Technical Reference Document

Pan American Health Organization
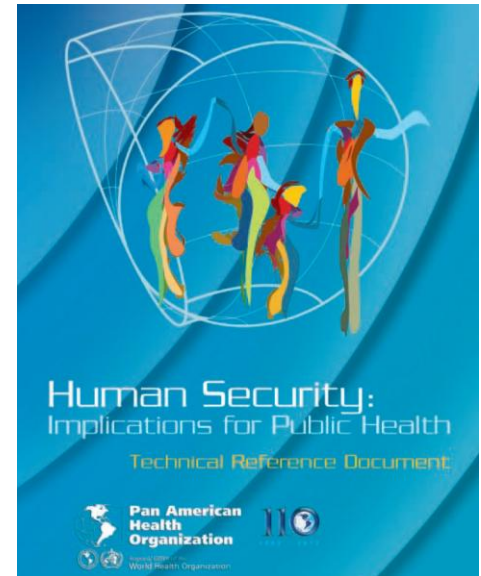
Human Security Case Study Examples (1)

Healthy & Green Environment Project (PAVS), Sao Paulo, BRA

- Threats to human security include:
  - chronic & infectious disease
  - Poverty
  - Violence
  - Water, sanitation and waste disposal service deficits

- Objective: strengthen intersectoral mgmt on environmental issues to positively impact population health

- Basic training in 6 themes for 72 professionals

- Knowledge multiplied to 7000 agents of community health, social protection and zoonosis control

- Community projects developed in thematic areas with local coordination through Basic Health Units

- As of Dec 2011, 1554 community projects developed covering:
  - Solid waste mgmt
  - Health nutrition
  - Educational wkshps
  - Culture of peace

Human Security Case Study Examples (2)

Program for Reduction of Vulnerabilities to Contribute to Rural Development in the Municipalities of the Coatan and Alto Suchiate Basins, San Marcos, GUT

- Human security threats include:
    - Under-nutrition & food insecurity
    - sexual/reproductive & maternal health problems
    - Narco-trafficking & violence
    - Poor sanitation
    - Service deficits (e.g. medical, educational)
    - Natural disasters

- Objectives:
    - Improve health, income, food & habitat security of poor families & communities
    - Civil society strengthening for local dvlpmt participation & mgmt
    - Capacity building & strengthening of local govt & sectorial institutions

- Adopts strategy of participatory Territorial & sectorial planning & rural dvlpmt through Development Councils

Human Security Case Studies: Lessons Learned

Common Challenges

- Lack of political will and stability
- Lack of evaluation
- Challenge of policy coherence
- Low awareness, confusion over human security "common understanding"
- Inter-agency, -institutional competition, poor collaboration

Common Features of Successes

- Direct link with community
- Real commitment of State in protection role
- Flexibility and adaptability
- Management strategy with clear role definition at all levels
- Single, strong coordinating unit with autonomy
- Evaluation

Concluding Remarks

- HS adds value to public health
- Public health adds value to HS

- Multiple challenges for HS adoption & application:
  - Low awareness & understanding
  - Slow progress toward high-level discussions
  - Policy coherence
  - "Competing" approaches

- Next steps:
  - Practical guidance development, dissemination and training
  - Integration of health and human security into the global development agenda