

# **Global Health Governance: Infectious Diseases as a Threat to Human Security in Africa**<sup>1</sup>

**Yasushi KATSUMA**, Ph.D.

Director & Professor, International Studies Program

Graduate School of Asia-Pacific Studies

Waseda University (Tokyo, Japan)

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# 1 From State Security to Human Security

The scope of the security concept has been expanded in the last decade and a half. Moving beyond a traditional macro-level focus solely on the states, the concept of security now includes an attention to the micro-level insecurity of individuals and communities. There is still no global consensus on a clear definition of this “human security” concept, but there has been a general agreement on the necessity for a new security paradigm, in which emerging threats to the security of individuals and communities are properly addressed in a globalizing world.

Although this paradigm shift in the security discourse is taking place more recently, the micro-level focus on the insecurity of individuals and communities is not entirely new. For example, the security of people was mentioned in the Red Cross doctrine in the 1860s, and its elements were later incorporated into international human rights and humanitarian treaties of the 1940s, such as the Universal Declaration of Human Rights and the Geneva Conventions.<sup>2</sup> It shows that it has long been recognized that the state security defending national borders from external threats imposed by other states would not be sufficient to guarantee the security for people. In other words, if vulnerable groups of people within the boundaries cannot survive other kinds of threats, the state security does not make much sense for them. For example, internal armed conflicts, particularly prevalent after the end of the Cold War, pose security threats to vulnerable groups of people within the state. Also, in the era of globalization, infectious diseases have become a transnational threat to the survival of people living in a global village.

## 1-1. *Human Development Report 1994*

In spite of the earlier concerns over the insecurity of individuals and communities, it was only in the 1990s when the concept of “human security” began to take clearer shape, being reappraised within the United Nations system. After the end of the Cold War, the United Nations started to shift its focus from inter-state wars and disputes to other types of intra-state and transnational threats that devastate the lives and livelihoods of people around the world. As part of such efforts, the United Nations Development Programme (UNDP) published its *Human Development Report 1994*, which had a significant impact on the evolution of the concept of human security covering seven domains: economic, food, health, environmental, personal, community, and political. This report made the connection for the first time between the concept

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<sup>2</sup> Paula Gutlove & Gordon Thompson (2003). “Human Security: Expanding the Scope of Public Health” *Medicine, Conflict & Survival*, Vol.19, No.1, pp.17-34.

of human security and the dual freedoms from fear and want that were originally outlined in the United States Secretary of State's report on the 1945 San Francisco Conference. To translate this concept into practice, the 1994 UNDP report also called for the establishment of a "global human security fund."<sup>3</sup>

In 1990s, a series of tragedies caused by internal armed conflicts posed serious security threats to vulnerable groups of people within the state. For example, the genocides in Rwanda (1994) and Bosnia (1995) graphically illustrated to the world that the traditional concept of security as the protection of national borders was not sufficient for the United Nations to take responsibility to protect the vulnerable people.

The 1997 financial crisis in East Asia provided another example, highlighting the vulnerability of some groups of individuals and communities to the transnational threat beyond their control. Even in some of Asia's more industrialized countries that had once been praised as "East Asian Miracle,"<sup>4</sup> their economic growth created social exclusion for some fragile groups. In the era of inter-connectedness of economies across the region and the globe, the individual states in East Asia alone were not able to provide security for the vulnerable groups severely affected by the financial crisis.

The above series of events in the 1990s provided justification for expanding the scope of security to include individuals and communities. Furthermore, in this decade, the terrorist attacks in the United States on September 11, 2001, are often seen as a turning point in how we define security in a globalizing world. There is a growing recognition that we need to expand the concept of security if the world is to be a truly secure place for people to live, while traditional security challenges and responses are still highly relevant. In addition, the severe acute respiratory syndrome (SARS) outbreak in 2003 also shook the world, putting infectious diseases at the forefront of the human security agenda. Now, we identify other transnational threats, such as avian, swine and possible pandemic influenza, as well as climate change.

## *1-2. Commission on Human Security*

To urge the member states of the United Nations in the new millennium to take action on the pressing needs of individuals and communities around the world, the second influential report was published in 2003 by the Commission on Human Security, co-chaired by Sadako

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<sup>3</sup> United Nations Development Programme (1994). *Human Development Report, 1994* (New York: Oxford University Press).

<sup>4</sup> World Bank (1993). *The East Asian Miracle: Economic Growth and Public Policy* (Washington, D.C.: World Bank).

Ogata and Amartya Sen.<sup>5</sup> 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 advocates protecting individuals' and communities' freedom from fear, freedom from want, and freedom to live in dignity.

In order to ensure human security for all, first, it is argued that no one should have to fear pervasive physical violence, whether it is violence by other states, violence by some groups within their own state, or violence carried out in their own communities or families.

At the same time, it is acknowledged that for many people, their most significant daily fears are not necessarily related to physical violence; instead, they worry on a daily basis about how they feed their families, how they keep their families healthy, and how they can ensure that their children receive the education necessary to survive and flourish in today's world. These are among the sources of insecurity that a human security framework also attempts to address.

Finally, the Commission's report emphasizes the importance of allowing people to live in dignity. In other words, the causes of insecurity go beyond physical needs to include psycho-social needs. Through the process of empowerment, individuals and communities are expected to enhance their own resilience to cope with current and future threats, rather than being dependent solely on external actors taking care of them.

## **2 Infectious Diseases as a Transnational Threat**

The 2003 Commission report identifies ten immediate areas requiring concerted global action, including the provision of basic health services. In many developing countries, including those of sub-Saharan Africa, basic life-saving prevention and treatment are not readily available to large segments of the population, leading to unacceptable rates of preventable death, particularly among children under 5 and pregnant women. The Under-5 Mortality Rate in sub-Saharan Africa is 148 per 1,000 live births, while its average in industrialized countries is 6. The Maternal Mortality Ratio in sub-Saharan Africa is 920 per 100,000 live births, while its average in industrialized countries is 8.<sup>6</sup>

### *2-1. Health in Africa as a Global Challenge*

Health has become a shared global challenge. First, the proliferation of information

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<sup>5</sup> Commission on Human Security (2003). *Human Security Now: Protecting and Empowering People* (New York: Commission on Human Security).

<sup>6</sup> UNICEF (2008). *The State of the World's Children 2009: Maternal and Newborn Health* (New York: UNICEF).

allows us to see the suffering of people in many African and other low-income countries. This has instilled in many of us a moral determination to respond to this challenge for humanity. Second, it has become increasingly 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 infectious diseases can travel rapidly, ignoring national borders and socio-economic differences. As SARS traveled across Asia and across the Pacific Ocean to North America, we were reminded that health threats to people on the other side of the world were our business, not only for moral reasons but also because it has the potential to affect us physically.

Health threats can also have significant economic impacts, particularly the spread of HIV/AIDS, malaria and other infectious diseases. The impact of HIV/AIDS on development is attributable to its ability to undermine three main determinants of economic growth, namely physical, human and social capital. Current estimates suggest that HIV/AIDS has reduced the rate of growth of Africa's per capita income by 0.7 percentage points a year. In addition, for those African countries affected by malaria, the growth rate was further lowered by 0.3 percentage points per year.<sup>7</sup>

At the same time, the antiretroviral (ARV) treatment that can extend the lives of HIV-infected people is often prohibitively expensive, so that few developing countries are able to provide these life-saving drugs to this vulnerable group without external assistance. Once people living with HIV start taking ARV drugs, they have to continue doing so for the rest of their lives. If they lose their access to these 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 leads to a collective cost for the rest of the world in terms of research and development searching for new drugs.

Many of the private 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, for example, employers have to hire and train three people for every job due to the devastation caused by HIV/AIDS, such as high death rates among employees and growing absenteeism: Employees are too ill to work, have to stay home to take care of sick family members, or have to take time off to attend funerals. Furthermore, private companies, carrying out large-scale building and extraction projects in areas where malaria is endemic, have found that the cumulative effect of individual employees

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<sup>7</sup> Renel Bonnel (2000). "Economic Analysis of HIV/AIDS," *What Makes an Economy HIV-Resistant?* (Washington, DC: World Bank) quoted in United Nations Economic Commission for Africa (2000). *HIV/AIDS and Economic Development in Sub-Saharan Africa*. African Development Forum 2000.

having to take time off when they or their family members suffer from malaria can have staggering costs because of delayed production schedules.

As these examples illustrate, improving people's health has become a major global challenge, and we need to engage in collective action to combat infectious diseases.

## 2-2. *Human Security Approach to Global Health*

In translating the concept of human security into practice, the health sector offers a very useful entry point for several reasons. First, countries are generally more willing to accept health-related assistance from industrialized countries because it is less likely to be politicized. Even countries that strictly adhere to the principles of state sovereignty and non-intervention in internal affairs are often willing to accept international support to mitigate health threats within their boundaries. Second, diseases and severe malnutrition are challenges that one can readily understand at an emotional level, making it easier to rally people in industrialized countries to support health initiatives for humanity. Third, the inter-connectedness between health and many other human security challenges, such as education, are relatively clear. Finally, the SARS outbreak of 2003, avian, swine and possible pandemic influenza, and other emerging infectious diseases have provided stark illustrations of the fact that diseases do not stop at national borders, and have raised people's awareness that good health in one country depends on good health in other countries. In this context, the World Health Organization (WHO) used the term "global public health security" to draw attention to emerging threats to collective health of populations living across international boundaries, in its *World Health Report 2007*.<sup>8</sup>

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 all.<sup>9</sup> First, as a "human-centered approach," the focal point of human security is individuals and communities. In the health sector, this does not mean that outside diagnoses of ailments or education on prevention and treatment of illnesses are unnecessary. Rather, as a complement to such external expertise, it is important that people recognize their right to health and ask for health services that they deserve. People's proactive participation as the rights-holders will help strengthen the health systems that will respond more effectively to their health needs.

Second, the human security approach highlights people's vulnerability and tries to help

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<sup>8</sup> WHO (2007). *World Health Report, 2007 --- A Safer Future: Global Public Health Security in the 21<sup>st</sup> Century* (Geneva: WHO).

<sup>9</sup> Keizo Takemi, Masamine Jimba, Sumie Ishii, Yasushi Katsuma, and Yasuhide Nakamura (2008). "Human Security Approach for Global Health," *The Lancet*, Vol.372, pp.13-14.

them build resilience to current and future threats. Those who face violent conflicts or natural and/or manmade disasters find themselves even more vulnerable to health challenges, as their already-limited access to basic social services further deteriorates. Therefore, it is important to look beyond the health sector and take a multi-sectoral, comprehensive approach, in which health is seen within the context of various threats affecting people's wellbeing.

Third, the human security approach allows us to strengthen the interface between "protection" and "empowerment." The "protection" strategy, through which basic social services are provided, is of course crucial. Nevertheless, at the same time, the "empowerment" strategy is equally critical, so that people can take care of their own health and build their own resilience to cope with various threats. It is also important to look at the interface between these two strategies. Examples include strengthening people's ability to act on their own to secure access to services; relying on community healthcare workers who are more embedded in the local context and more aware of the various threats to the community members; and educating and mobilizing people to focus more on the health of the community. In other words, it is imperative for those who have political and economic power not only to create a protective environment by providing vital services, but also to empower individuals and communities so that they can have more control over their own health, allowing them to live in dignity.

### **3 Japan's Contributions to Global Health**

As Japan tries to become a more proactive contributor to the international community, the concept of human security seems to offer Japanese diplomacy a new framework for both multi-lateral and bi-lateral cooperation to help solve global and regional issues. The evolution of the human security concept into one of the pillars of Japanese foreign policy thus reflects Japan's quest to solidify its position in the international society as a "global civilian power."<sup>10</sup>

#### *3-1. Human Security and Japanese Foreign Policy*

In December 1998, the late Prime Minister Keizo Obuchi announced at a conference in Hanoi his plan for the creation of a Trust Fund for Human Security within the United Nations to be initially funded by the Japanese government, following the recommendation made in the *Human Development Report 1994*.<sup>11</sup>

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<sup>10</sup> *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 21<sup>st</sup> Century, 2000).

<sup>11</sup> 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).

In addition, based on the report of the Commission on Human Security, co-chaired by Ogata and Sen, Japanese ODA policy also turned its attention towards human security, redesigning in 2003 the “grassroots grant aid,” administered by Japanese embassies in 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 to developing countries.

The focus on human security is prompting Japan to expand the pool of actors who are involved in policymaking. First, we saw a transition of foreign policy framework from bilateral to multilateral diplomacy. But at the same time, the framework is being further expanded to include other stakeholders, such as NGOs and other civil society networks. This framework allows us to view the individuals and communities 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.

### *3-2. Okinawa Infectious Disease Initiative launched at Kyushu/Okinawa G8 Summit*

The Okinawa Infectious Disease Initiative, launched at the G8 Summit in Kyushu & Okinawa in 2000, led to strengthened global efforts to combat several diseases, including especially HIV/AIDS, tuberculosis, and malaria, but also polio, parasitic and other neglected tropical illnesses. These efforts at the Kyushu/Okinawa G8 Summit prompted the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), as well as corresponding disease-specific programs, which is directly linked to the Goal 6 of the Millennium Development Goals (MDGs).

The disease-specific programs have attracted substantial financial support in recent years, and have produced significant results, particularly in many of the world’s poorest countries. These results are tangible inputs and outcomes that donors can use to measure improvements in health conditions. In this context, during the first five years since the Kyushu/Okinawa G8 Summit put infectious 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.

### *3-3. Public-Private Partnerships to Fight Malaria as Part of TICAD Process*

The Roll Back Malaria (RBM) initiative, launched by WHO, UNICEF, UNDP and the World Bank in 1998, has been helping strengthen public-private partnerships to reduce malaria episodes in the world, especially in Africa. The goal of the RBM partnership is to halve the



burden of malaria by 2010, by forming an alliance of a wide range of partners, including malaria-endemic African countries, multilateral organizations, bilateral development agencies, NGOs, foundations and private businesses, organizations of affected communities, and research & academic institutions. In response, in 2000, African heads of state convened a RBM Summit in Abuja in order to express their personal commitments to fight malaria.

At the 3<sup>rd</sup> Tokyo International Conference on African Development (TICAD) in September 2003, malaria was discussed, not only as a threat to African children and women but also as an obstacle to economic development in Africa. It became clear that the private sector played an important role in reducing the malaria burden. For example, the Olyset bednet, the first long-lasting insecticidal nets (LLINs) approved by WHO, was identified as an effective tool to prevent malaria. As a follow-up to TICAD III, the Government of Japan made a commitment to donate 10 million LLINs to Africa in five years. In addition, Sumitomo Chemical, the producer of the Olyset, was encouraged to transfer the technology and support the local production in Africa, through various public-private partnerships.

In 2005, the United Nations Millennium Project released a report, prescribing a strategy to fight malaria. In this report, the distribution of LLINs, cutting child deaths by 20% when properly used, was highlighted as one of the Quick-Win measures.<sup>12</sup> However, of course, the distribution of LLINs alone would not reduce the malaria burden unless there are strong health systems effectively utilizing such inputs.

### 3-4. *Health System Strengthening and Primary Health Care*

Eight years after the Kyushu/Okinawa Summit, Japan again hosted the G8 Summit in 2008, this time in Toyako, Hokkaido, and global health was identified as one of the priorities on the summit agenda. In his speech on global health and Japan's foreign policy, Japanese then Foreign Minister Masahiko Koumura clearly stated that "human security is a concept that is very relevant to cooperation in the 21st century. That is to say, it is vitally important that we not only focus on the health of individuals and protect them, but also strive to empower individuals and communities through health system strengthening."<sup>13</sup> With this statement, he demonstrated Japan's commitment not only to support global health but to do so through a human security approach.

The renewed attention to the health systems seems to be derived from two factors. First, it has become clear that the Goals 4 and 5 of the MDGs are not on track to be achieved by

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<sup>12</sup> Awash Teklehaimamot, Burt Singer, Andrew Spielman, Yesim Tozan, and Allan Schapira (2005). *Coming to Grips with Malaria in the New Millennium*. (London: Earthscan).

<sup>13</sup> Masahiko Koumura (2007). "Global Health and Japan's Foreign Policy," *The Lancet*, Vol. 26.

the year 2015, while some tremendous progress has been reported in relation to the disease-specific Goal 6. Although annual deaths among children under five dipped below 10 million in 2006, child mortality rates remain unacceptably high. Similarly, the high risk of dying in pregnancy or childbirth continues unabated in many countries in sub-Saharan Africa and Southern Asia.<sup>14</sup> Therefore, it is increasingly recognized that the Goals 4 and 5 cannot be achieved without accelerating health system strengthening. Second, in 2008, as we celebrated the 30<sup>th</sup> anniversary of the 1978 Alma Ata Declaration, the concept of primary health care (PHC) has been revisited and re-interpreted in the current context.<sup>15</sup> WHO has proposed that countries should make health systems and health development decisions guided by four inter-linked policy directions: universal coverage, people-centered services, healthy public policies and leadership.<sup>16</sup>

Hosting the G8 Summit in July 2008 provided Japan with the opportunity to put the human security concept into practice, and introduce the framework to the agendas of some influential global conferences.

#### **4 Follow-up of “Toyako Framework for Action on Global Health”**

In the context of these statements and discussions, the Japanese Presidency set up a G8 Health Experts Group. Building on the Saint Petersburg commitments to fight infectious diseases, the G8 Experts produced “Toyako Framework for Action on Global Health,” outlining the current situation, the principles for action, and actions to be taken on global health.<sup>17</sup>

The principles for action on global health include the following. First, the G8 will continue to make efforts so that its previous commitments will be met, including the one made at Heiligendamm in 2007, through coordinated and complementary action. Second, the G8 will approach the health-related MDGs in a comprehensive manner. Third, the human security approach, focusing on protection and empowerment of individuals and communities, will be

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<sup>14</sup> United Nations (2008). *The Millennium Development Goals Report, 2008* (New York: United Nations).

<sup>15</sup> WHO (2009). “Primary Health Care, including Health System Strengthening,” 124<sup>th</sup> session, World Health Assembly, 26 January.

<sup>16</sup> WHO (2008). *World Health Report 2008 --- Primary Health Care: Now More than Ever* (Geneva: WHO).

<sup>17</sup> “Toyako Framework for Action on Global Health: Report of the G8 Health Experts Group,” *mimeo*, 8 July 2008.

taken in addressing global health challenges. Fourth, a longer-term perspective that extends beyond the 2015 deadline for the MDGs is critical in supporting research and development. Fifth, the effective utilization of financial and human resources requires the leadership and good governance of developing countries and the respect of their ownership consistent with the “Paris Declaration on Aid Effectiveness.” This Declaration emphasizes ownership by partner countries, alignment between donors and partner countries and harmonization among donors for the purpose of managing for results and mutual accountability.

Among these five principles for action outlined in “Toyako Framework for Action on Global Health,” the second, third and fifth principles will be discussed further in the following sections.

#### *4-1. Comprehensive Global Health Framework*

It is critical to develop a comprehensive global health framework integrating the two strategies of disease-specific programming and health system strengthening. In other words, we need to move beyond the debate on vertical versus horizontal programming, and look at how these two strategies can be better integrated to provide maximum benefit for health outcomes. The major infectious diseases threatening 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. We are already 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 health systems delivering basic social 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 strategies as separate enterprises 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 play this role. It requires a convening capacity as well as global legitimacy. The G8 leaders should strongly endorse the principle of integration, which will provide more impetus for efforts within the field of global health to promote harmonization among donors and alignment between donors and partner countries.

One of the reasons that disease-specific programs have been able to attract funding is that the impact of the three major infectious 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.

More fully integrating these strategies 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. However, 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 imposing additional burdens on implementing agencies and recipient countries that have to spend precious time and resources on multiple evaluations. Therefore, we should make efforts to develop common indicators and methodologies that they will accept for monitoring and evaluating their bilateral and multilateral assistance for global health.

#### *4-2. Taking a Human Security Approach*

Another principle for action is to take a human security approach to addressing the challenges of global health. The human security approach focusing on protection and empowerment of individuals and communities is critical, given that the health challenges directly affect human dignity and the right to the highest attainable standard of health.

Although we generally talk about global health at the macro level, we should not lose track of the fact that health 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 at all stages of needs assessment, planning, implementation, and monitoring and evaluation. In doing so, we will be able 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 a human security approach, integrating protection and empowerment strategies, as health challenges cross sectors and national boundaries. Investing in health of our fellow human beings in the developing world will also help to protect our own citizens from health-related threats, particularly infectious diseases and other illnesses that travel across international boundaries easily. We can also anticipate significant benefits in terms of economic development and social stability emerging from healthier communities around the world.

#### *4-3. Mobilizing More Resources*

In order to translate the above principles into concrete action, it is necessary to mobilize more resources for global health, from both industrialized and developing countries, to respond appropriately to the overwhelming challenges.

Development assistance for health has increased from US\$2.5 billion in 1990 to almost US\$14 billion in 2005. The government of the United States 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 WHO has increased to around US\$2 billion per year, of which US\$350 million is earmarked for the three major infectious diseases.<sup>18</sup> Nevertheless, the magnitude of the challenges we face in global health is staggering, and we need additional investments for disease-specific approaches as well as for health system strengthening or a mechanism that integrates the two strategies for maximum mutual benefit.

The dramatic increase in funding for specific infectious diseases, particularly HIV/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 infectious diseases has shown us what is possible when the international community makes a strong commitment to fighting specific health threats, and highlighted the areas where we have failed to make progress. Therefore, rather than cutting back on those efforts, the lessons that have been learned through disease-specific funding over the past five 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 infectious diseases, but increasing funding for other areas of the health sector that have not received as much attention.

## **5 Conclusion**

Moving beyond a traditional macro-level focus solely on the states, the concept of security now includes an attention to the micro-level insecurity of individuals and communities. In the era of globalization, infectious diseases have become transnational threats to the survival of people living in a global village. In translating the concept of human security into practice, the health sector offers a very useful entry point for several reasons. Beyond serving as an entry

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<sup>18</sup> World Bank (2007). *Healthy Development: The World Bank Strategy for Health, Nutrition, and Population Results* (Washington, D.C.: World Bank), pp.149–150.

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 all.

The concept of human security has become a central pillar of Japanese foreign policy. Also, based on the report of the Commission on Human Security, Japanese ODA policy also turned its attention towards human security. The Okinawa Infectious Disease Initiative, announced by Japan at the G8 Summit in Kyushu & Okinawa in 2000, led to strengthened global efforts to combat several diseases, including HIV/AIDS, tuberculosis and malaria, which is directly linked to the Goal 6 of the MDGs.

In 2008, Japan again hosted the G8 Summit, this time in Toyako, Hokkaido, and global health was identified as one of the priorities on the Summit agenda. The G8 Health Experts produced “Toyako Framework for Action on Global Health,” outlining the principles for action, including a comprehensive global health framework and a human security approach. It is critical to develop a comprehensive global health framework integrating disease-specific programs and health system strengthening. A human security approach, integrating protection and empowerment strategies, allows us to focus our efforts on individuals and communities.

In order to translate the above principles into action, it is necessary to mobilize more resources for global health. So far, there has been a dramatic increase in funding for the strategy to combat specific infectious diseases. However, another important strategy to strengthen health systems has not drawn sufficient attention of both industrialized and developing countries. The G8 leaders, in consultation with partner countries, should look at how these two strategies can be better integrated to provide maximum benefit for health outcomes, contributing to the MDGs.