

CAIRO CONSULTATION ON HEALTH AND HUMAN SECURITY

**Organised by WHO
and
Co-sponsored by WHO, UNFPA and UNAIDS
Cairo, 15-17 April 2002**

Report on the Consultation

by

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Summary Report
on the
**CONSULTATION ON
HEALTH AND HUMAN SECURITY**

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CONSULTATION ON HEALTH AND HUMAN SECURITY
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Report on the Consultation

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1. Overview of the consultation

A landmark consultation to address issues of health and human security took place in Cairo, 15-17 April 2002. The consultation was co-sponsored by three UN agencies -- WHO, UNFPA and UNAIDS, -- and was organised by WHO. This consultation was the first interagency forum to address the connection between health and a concept that is receiving increasing attention -- human security. The three-day meeting brought together 50 participants, including representatives from a range of UN agencies, from states in the Eastern Mediterranean region, and from other regions including Western Europe and North America. Both governmental and non-governmental institutions were represented. A special guest of the consultation was the WHO Special Envoy for Health, Peace and Development -- Baroness Emma Nicholson of Winterbourne. Messages of support and commitment were sent to the consultation by UN Secretary-General Kofi Annan and WHO Director-General Gro Harlem Brundtland.

The importance of holding the consultation in the Eastern Mediterranean region was underscored by the numerous and serious threats to both health and human security that exist in the region. Health was acknowledged by all to be a cornerstone of social, economic and political well being. Dr Hussein A. Gezairy, Regional Director of WHO/EMRO, noted further that the very concepts of health security and comprehensive human security are deeply rooted in the culture of the Eastern Mediterranean region.

Moreover, the consultation provided a working model of the multidisciplinary, comprehensive nature of the human security approach. The consultation was an inter-agency collaboration that provided opportunities for intra-regional and North-South dialogue, while encouraging multi-sectoral actions.

The role of health in human security was emphasised in a laudatory message sent to the consultation by UN Secretary-General, Kofi Annan, as illustrated by the following excerpt:

“Health is one of the key building blocks of society. It is essential for economic growth, poverty reduction and social justice. It is a prerequisite for hope.....

We live in an age when the separation between national and international on the issue of health agendas no longer works and no longer exists. There is no dividing line between “foreign” and domestic” infections. We know that poverty lies at the root of many ills, and that ill health in its turn has a devastating effect on the economies of developing countries. If we are going to break this vicious circle, and ensure human security for all the world’s people, we will have to make a major investment in public health in the developing world.

The Cairo Consultation is well placed to promote dialogue between North and South and share knowledge and experience. Most of all, I hope you will spread the message that health and human security go hand in hand. In that spirit, please accept my best wishes for success.”

The consultation had the following five objectives: to arrive at a common understanding of human security; to build consensus on the relationship of health to human security; to identify the health and human security issues that are relevant to the participants in the consultation; to

propose a working agenda on applications of health and human security strategies; and to propose a plan to disseminate and operationalize the consensus of the consultation.

The consultation was organized to pursue these objectives. As such, it had four phases. First, it provided a foundation for understanding the concept of human security. Second, it explored the relationship between health and human security. Third, it examined health and human security concerns in the region. Fourth, participants worked together to develop recommendations for action, utilizing a health and human security approach, in the region and elsewhere. These recommendations were discussed and some were endorsed. The remainder of this report, reflecting the four phases of the consultation, is divided into the following sections:

- The concept of human security
- Relationship of health to human security
- Relevance of health and human security to the Eastern Mediterranean region
- Recommendations of the consultation

In addition, a Consultation Programme is included in this report as Appendix A, and a List of Consultation Participants is included as Appendix B.

2. The concept of human security

The opening sessions of the Cairo Consultation featured plenary addresses and group discussions, to provide participants a common foundation and understanding of the concept of human security. Key points that were made are summarized below.

During the Cold War the focus of security was on national security — the security of the state, primarily from a military perspective. This focus is not appropriate in the post-Cold War world of the 21st century, which is characterized by growing complexity, rapid change, increasing global interdependence and mutual vulnerability to a wide range of threats. These factors create uncertainty and insecurity for individuals and communities around the world.

Causes of growing insecurity include: extreme and increasing economic polarization, between and within North and South; the emergence of new diseases and the reemergence of old ones; a change in the nature of conflicts from inter-state to intra-state; a change in the nature of the weapons that are central to those conflicts, from weapons of mass destruction to small arms; and a change in the nature of victims of war, from soldiers to civilians. Overall, the growing insecurity is not adequately addressed by the traditional mechanisms that are used in pursuit of national security.

A new approach to security, affecting the ways we think and act, is warranted. This approach has at its centre the needs of people, as individuals and in small groups. These needs differ from the concerns of states. The security of a state, at least in the short term, does not depend upon the security of individual people in that state. By contrast, the security of people depends not only upon the security of their state, but also upon a variety of other factors, some of which are beyond the control of a particular state. Ultimately, the security of people requires a global approach.

The new approach has been termed “human security”. Human security has been discussed as a universal need, emphasizing that no one can be fully secure unless all people enjoy at least some minimal level of security. Moreover, it is in our shared interest to confront our common threats in a collaborative manner.

The concept of human security became widely known through the Human Development Reports published by the UN Development Programme (UNDP) in 1993 and 1994. The 1994 report is said to be the first document to provide a comprehensive definition of human security. It introduced the term human security as a people-centred, universal framework having seven interconnected components: economic security (assured basic income); food security (physical and economic access to food); health security (relative freedom from disease and infection); environmental security (access to sanitary water supply, clean air and a non-degraded land system); personal security (security from physical violence and threats); community security (security of cultural identity); and political security (protection of basic human rights and freedoms). The preventive aspect of human security was emphasized, and a distinction was drawn between human development -- which is about widening people's economic choices -- and human security -- which is about people being able to exercise these choices safely and freely.

Human security is, therefore, a people-centred approach based upon the economic, political, physical and social well being of people. A human security approach addresses the basic causes of insecurity. Thus, human security is rooted in the freedom of people from fear and want. Freedom from fear implies safety from violence and violations of human rights; freedom from want implies at least a minimal level of health, diet and income. Violent conflict is a significant cause of insecurity, and the basic causes of conflict, including injustice and inequity, need to be appreciated. Poverty and insecurity are linked in a vicious circle. Therefore, promoting human security is intimately connected with the promotion of human development. Moreover, human security concepts can only be effectively implemented if they are sensitive to socio-cultural values. The consultation noted that perceived threats to security can be as significant as objective threats.

Human security must, if it is to be a useful concept, bring added value to pre-existing programmes. This can occur in at least four ways. First, human security can provide a clear and compelling objective for humanitarian work. Second, human security has a preventive aspect, which can stimulate forward-looking contingency planning. Third, human security emphasizes global interdependence, and can therefore mobilize additional resources and new partnerships. Fourth, human security addresses interacting threats in multiple domains, and can therefore stimulate holistic, comprehensive threat assessment and programme planning.

Speakers at the consultation drew attention to two existing efforts to promote understanding and operationalisation of human security. These efforts are the Human Security Network and the Commission on Human Security, both of which were represented at the consultation.

The Human Security Network includes participation by over a dozen countries from all regions of the world, including Austria, Canada, Chile, Greece, Ireland, Jordan, Mali, The Netherlands, Norway, Slovenia, South Africa, Switzerland, and Thailand. Since its establishment in 1999, the Network has promoted international support for UN efforts to protect citizens and address threats to human security. An informal, flexible mechanism, the Human Security Network identifies concrete areas for collective action. It plays a catalytic role by bringing international attention to new and emerging issues. One of the first concentrated efforts of the Network was to develop

coordinated international cooperation on the land mines campaign. The Regional Human Security Centre at the Jordan Institute of Diplomacy is a regional centre of the Human Security Network. This centre is the first center of its kind in the region, and it endeavors to promote awareness of human security issues in the countries of the Middle East.

The Commission on Human Security was established in 2001 as an independent commission of 12 prominent individuals. It is co-chaired by Sadako Ogata, former UN High Commissioner for Refugees, and Amartya Sen, Nobel laureate and Master of Trinity College, Cambridge. The Commission endeavors to: (1) promote public understanding, engagement and support of human security and its underlying imperatives; (2) develop the concept of human security as an operational tool for policy formulation and implementation; and (3) propose a concrete programme of action to address critical and pervasive threats to human security. The Commission approaches its work through two broad areas: human insecurities resulting from conflict and violence; and links between human security and development. The Commission is scheduled to publish a report of its findings in 2003.

3. Relationship of health to human security

Health is one of the seven interconnected components of human security that were identified by UNDP. Many observers believe, however, that health is at the very center of human security, because it ties together all the other components of human security. Moreover, health is a universal value that transcends cultures and classes. In fact, the WHO constitution defines the right to health as a fundamental human right, stating that health of all people is fundamental to the attainment of peace and security.

Public health can be a unifying dimension for human security because it provides a context within which to build an array of partnerships: across disciplines (e.g., science, medicine, economics); across sectors (e.g., health, education, economic development); and across agencies (including government and nongovernment agencies). Thus, public health provides a unique opportunity for deeper understanding and implementation of human security. Conversely, human security offers a new opportunity to re-define public health within a context of rights-based development.

A people-centred approach, which is the essence of human security, is also a fundamental component of public health policies. Thus, it is time to re-assess the role of public health in contributing to a safer, more secure world. Health can be an important neutral platform, because health is universally valued and health for all people can be a shared goal. At the consultation, it was noted that the trust that people place in the health profession can further the profession's role as an actor in wide-ranging human security endeavours. In this light, health is uniquely positioned as a focal point for dialogue and action among disparate parties in government and civil society, among rich and poor alike.

The centrality of health issues to the realisation of human security is illustrated by the tremendous human costs of new diseases such as HIV/AIDS, re-emerging old diseases such as TB, widespread environmental degradation, gender-based and other forms of violence, famine, all forms of discrimination, and recurrent social strife and territorial occupations.

Consultation speakers discussed the relationship between health and human security for communicable diseases. Speakers pointed out that communicable diseases produce social and political instability in the disease-impacted country. Moreover, these instabilities spread across international borders, producing global insecurity. In looking at specific diseases, it is clear that many communicable diseases, such as TB, Malaria, HIV/AIDS and parasitic diseases, all of which plague the Eastern Mediterranean region, pose not only direct threats to health, but also economic, social and political threats to human security. Economic threats are both direct and indirect, and can be calculated by a loss of productive members of the work force, and by the economic burden that diseases place on the health services. In the vicious cycle of poverty and health, poverty increases vulnerability to many infectious diseases, and these diseases increase poverty. Social threats from infectious disease are apparent because these diseases disproportionately affect young, active people, thereby disrupting families and communities. Many infectious diseases are highly prevalent in situations of violent conflict and other complex emergencies. They increase political instability while drug-resistant strains increase as populations are forced to migrate. The spread of infectious disease is also often linked to human rights abuses because marginalised populations, living in poverty, in refugee camps or in prisons, are often most vulnerable to infectious diseases, and these are the communities that have the most difficulty accessing treatment.

Also discussed were communicable disease surveillance and the threat of biological and chemical weapons. These are areas in which national security overlaps directly with public health. Communicable disease surveillance is facing new challenges from the changing nature of communicable diseases (e.g., drug-resistant strains) and the potential deliberate release of infectious agents. The threat of an event involving biological or chemical weapons, a low-probability but high-consequence event, has changed in the last 30 years. Now, states that have not joined the relevant international conventions, and non-state actors, pose a threat. Epidemic alert and response is based on a three-pronged strategy: containing known risks; responding to the unexpected; and improving preparedness on the community, country, regional and global levels. International public health policy provides a framework for these three pillars, within which to build a global health partnership. WHO and other international agencies are working on a response to these threats that aims to improve technical support to member states. The challenge is to increase the public health infrastructure to enhance the potential for greater global cooperation.

Operationalising a human security approach can add value to pre-existing health strategies and programs by mobilising new resources and partnerships and by linking health programs with programs that address related objectives. Practical programs that are guided by the concept of human security will generally continue a pre-existing strand of activity. This will certainly be true in the health sector, in which there is a rich body of experience and active planning of new programs. A notable example of current planning is the action agenda that has been set forth by the Commission on Macroeconomics and Health (CMH). This action agenda, which complements the Millennium Development Goals, focusses on the health needs of the general population in low-income countries and the poor in middle-income countries. The concept of human security can bring added value to the CMH action agenda and assist the attainment of the Millennium Development Goals, in at least three ways. First, the human security perspective can be used to mobilize new resources. Second, the human security perspective can catalyse new partnerships that recognize global interdependence; the linked threats of infectious disease and forced population movement provide one context for such partnerships, while the similarly-linked threats of infectious disease and bioterrorism provide another context. Third, the human

security perspective can link health-oriented programmes with programmes that address related objectives -- such as the prevention of violent conflict -- and can thereby enhance the effectiveness of both strands of effort.

Mine victim assistance is an area of health that has greatly benefited from operationalising a health and human security approach. This effort has been greatly assisted by the Human Security Network. Based on the September 1998 Kampala Declaration and the subsequent 1999 Maputo Strategy, the international effort for mine victim assistance has adopted an integrated and comprehensive human security approach. This approach has made mine victim assistance an integral part of comprehensive national reconstruction and development policies, with positive consequences for all victims of violence and injury. The approach has promoted inter-sectoral integration among assistance programs and public policies, strengthening the planning capabilities of affected countries as well as their capacity to execute programs

4. Relevance of health and human security to the Eastern Mediterranean region

The consultation had several speakers and held a roundtable discussion to explore, from the country perspectives, the major health and human security concerns of the 23 countries in the Eastern Mediterranean region. Presentations were made by representatives from (or on behalf of) Djibouti, Egypt, Jordan, Lebanon, Pakistan, Saudi Arabia, Somalia, Syria, Afghanistan, Iraq and Palestine. In addition, agencies active in the region, including UNFPA, UNAIDS, WHO and UNICEF, presented their perspectives.

The discussion underscored that the region includes a very wide range of political, social and cultural norms. There is great inequality throughout the region in the distribution of wealth, income and opportunity. In some countries, weak political structures, violent conflicts, inequitable economic strategies and ineffective public policies have caused dramatic disintegration of health and human insecurity. War, natural and man-made disasters, land mines, sanctions, forced population migration and displacement, and environmental degradation have all contributed to high levels of mortality, morbidity and disability in many parts of the region. Traditionally marginalised groups -- women, children, the elderly and the poor -- have the greatest disadvantage and are at the greatest risk. In many areas this problem has been exacerbated by inadequate governmental programmes and a lack of social safety nets.

5. Recommendations of the consultation

The consultation agreed that application of the human security perspective to health programs and related programs could occur at a global, regional or national scale. At each of these scales, a conceptual framework is needed to guide the planning and implementation of health and human security initiatives. To discuss and develop programs to operationalise health and human security in the region, the consultation used a framework based on four programme elements, representing four distinct categories of activity that would be synergistic and mutually supporting, as follows:

- Policy and Strategy
- Country-level Programme Opportunities
- Research, Training and Technical Collaboration

- Outreach and Promotion

The participants broke into small working groups based on these programme elements, from which they developed recommendations for future actions. These recommendations are, therefore, presented here by the programme element in which they were generated.

(I) Policy and Strategy

In this programme element, work was undertaken to develop policies and strategies for application of the human security approach. An important principle underlying this work was that policy decisions should have an empirical basis. To that end, policy initiatives should be iterative, and should be informed by work on the ground. Meeting this objective will require coordination with the "Country-level Programme Opportunities" element.

The following specific recommendations were made:

- (a) Seek consensus on:
 - a definition of human security and related terminology
 - potential benefits /outcomes of human security initiatives
 - indicators and methods for monitoring human security initiatives and assessing their outcomes
- (b) Engage stakeholders in identifying needs and opportunities for human security initiatives, and in developing strategies that account for needs, opportunities and available resources.
- (c) Engage stakeholders in monitoring the progress of human security initiatives, and in adapting objectives and strategies in light of experience.

(II) Country-level Programme Opportunities

Discussions regarding this programme element sought to identify country-level programme opportunities that address specific health needs and demonstrate the relevance of a health and human security approach. From among these opportunities, projects were selected for implementation. Projects will be integrated with existing regional activities wherever possible, and will seek to build on existing or proposed local actions. Also, projects will strive to have policy relevance, and to be synergistic with the strategies set out by the "Policy and Strategy" programme element. In this area, the following recommendations were made:

- (a) Conduct assessments of threats to human security using an all-threat approach that addresses epidemic, technological, environmental, societal and natural-hazard threats.
- (b) Develop a set of criteria for selecting projects; at a minimum, projects should:
 - be community-based;
 - respond to more than one threat;
 - be inter-sectoral and of interest to more than one international organization;
 - accord with country priorities; and
 - build on preexisting programs and the resources associated with them.
- (c) Pursue the following potential pilot projects:

- Morocco: a regional project of the "Observatoire National des Droits de l'Enfant" on Health, Human Security and Rights of Children. This project has the potential to become an Arab-wide initiative.
 - Afghanistan: multi-sectoral intervention with landmine victim assistance as the entry point.
 - Djibouti: multi-sectoral intervention using HIV/AIDS as an entry point. This project has the potential to spread throughout the Horn of Africa as needed.
- (d) Invite countries to submit additional potential projects, including community-based interventions that are supported by existing programmes of international organizations (e.g., WHO's Basic Development Needs Project).
- (e) Pursue initiatives for public health preparedness at community and country levels, to respond to the threat of emerging and re-emerging infectious diseases, whether naturally, accidentally or deliberately caused.

(III) Research, Training and Technical Collaboration, together with Outreach and Promotion
(These programme elements were combined into one working group at the consultation.)

In the context of these two programme elements, the following specific recommendations were made:

- (a) Develop an academic network to study and promote the health and human security concept.
- (b) Develop the human security approach through a strategy in which local activities are planned according to experimental modalities, previously-available resources are re-oriented, and strong links are established between national and local levels and between the academic network and field programs.
- (c) Adapt pre-existing plans and programs, so as to be consistent with a human security approach, through formal and continuing training of professionals and decision-makers; this could be accomplished through partnerships among different agencies and actors, at local, national and international levels.
- (d) Strengthen links between the Arab League, the WHO and the co-sponsoring agencies, particularly in the field of training.
- (e) Conduct research on issues such as: the impact of sanctions on health; the impact of globalization on health; and the development of methods for analysis and evaluation of the interaction between health and human security. The latter area of research should include the identification of indicators and the validation of theoretical concepts through field experience.

(IV) All Programme Elements

The following specific recommendations, applicable to all four programme elements, were made:

- (a) Establish an international network on health and human security, which would emphasise public health and would involve participants from the public and private sectors and from relevant institutions.
- (b) Establish advisory mechanisms to accompany the follow-up to the above-stated recommendations.

In addition to making the specific recommendations the consultation made the following invitations and requests:

1. Governments, international agencies and local organizations were invited to include a health and human security perspective in their development policies and strategies.
2. Participants requested that the conclusions and recommendations of the Cairo consultation be sent to WHO, UNFPA, and UNAIDS, and to other UN and international organizations, for their consideration and endorsement.
3. As requested by the WHO/EMRO Regional Committee, participants called for the wide dissemination of the findings of the Cairo consultation to all regional partners and other interested parties.

4.

Appendix A:**PROGRAMME** Consultation on Health and Human SecurityDay 1 - Monday 15th April

- 09:00 – 10:30
- Opening remarks by
Welcome-master of ceremonies: Dr A.M. Saleh, Deputy Regional Director/WHO
Mr Waleed Alkhateeb, Director of the Division for Arab States and Europe, UNFPA
Message on behalf of UN Secretary General by Dr Saleh
Baroness Emma Nicholson of Winterbourne, WHO Special Envoy for Health, Peace and Development
Dr Hussein A. Gezairy, Regional Director EMRO
H.E. Dr Mohammed Awad Afifi Tag-El-Din, Minister of Health and Population, Egypt
 - Introduction of Participants
Election of Co-chairs and designation of Rapporteur
Chair: Mr Atef Odibat, Director, Jordan Institute of Diplomacy, Amman, Jordan
Co-Chair: Dr Jean Lariviere , Ottawa, Canada
Rapporteur: Dr. Paula Gutlove, Institute for Resource and Security Studies, Cambridge, Massachusetts
- 10:30 – 11:00
- 11:00 – 12:00
- Break
 - Adoption of Agenda
Background, scope, purpose and expected outcome of the meeting by Dr Kazem Behbehani , Eastern Mediterranean Liaison Office Director, WHO and Dr Claude Romer, Eastern Mediterranean Liaison Office, Coordinator, WHO
- 12:00 – 13:30
- Background and status of the concept of Human Security and its linkages to health:
- Introduction to Human Security concept by Dr David Hutchings, Counselor/Political, Economic, and Public Affairs, Embassy of Canada, H.E. Mr Kunz, Ambassador of Switzerland and Mr Atef Odibat, Director, Jordan Institute of Diplomacy
 - From Victim Assistance to Human Security by Dr Flavio del Ponte, Chief Medical Adviser, Swiss Agency for Development and Cooperation, Federal Department of Foreign Affairs, Switzerland
- 13:30 – 14:30
- 14:30 – 15:30
- Lunch
 - Background and status of the concept of Human Security and its linkages to health:
-Health and Human Security from the Regional Perspective by Dr Abdel Aziz Saleh, Deputy Regional Director, WHO/EMRO
-Threats of Communicable Diseases by Dr Zouhair Hallaj, Director, Division of Control of Communicable Diseases and Acting WHO Representative for Egypt

15:30 – 16:00	Break
16:00 – 17:30	New Thinking for Development: Political, social, economic, human rights evolution and emergence of security as a new dimension for public health interventions. Consequences and needs in relation to health policy formulation, research and technical cooperation. Introduced by: UNFPA, UNAID, UNDP, UNICEF

Day 2 - Tuesday 16th April

09:00 – 10:00	Global response to epidemics by Dr Rodier, Director, Communicable Diseases Surveillance, WHO Biological threats by Dr Cosivi, Communicable Diseases Surveillance, WHO
10:00 – 11:00	Roundtable discussion on major health and human security areas of concern in humanitarian action and in development – country perspectives
11:00 – 11:30	Break
11:30 – 12:00	Introduction to Working Group discussion by Dr Paula Gutlove
12:00 – 13:00	Working Group Session I Meeting participants breaks in 4 working groups 1 st working group on Policy and Strategy 2 nd working group on Country-level Programme Opportunities 3 rd working group on Research, Training and Technical cooperation 4 th working group on Outreach and Promotion
13:00 – 14:00	Lunch
14:00 – 16:00	Working Group Session II
16:00 – 16:30	Break
16:30 – 17:30	Working Groups Progress Reports and Discussions

Day 3 - Wednesday 17th April

09:00 – 09:30	Plenary Session – Status of Consultation
09:30 – 11:00	Working Group Session III
11:00 - 11:30	Break
11:30 – 12:30	Working Group's Presentation and Discussions
12:30 – 13:30	Lunch
13:30 – 15:30	- Adoption of the working agenda for follow-up - Adoption of a Declaration/Statement - Closing statement by Dr A.M. Saleh, Deputy Regional Director/WHO, and Mr Waleed Alkhateeb, Director of the Division for Arab States and Europe, UNFPA

Appendix B: List of Consultation Participants**COUNTRY REPRESENTATIVES**

Dr David Hutchings

Counselor
Political, Economic, & Public Affairs
Canadian Embassy in Cairo
CANADA

Dr Saleh Banoita Tourab

Secretary-General
Ministry of Health
Djibouti
DJIBOUTI

H.E. Ambassador Raimond Kunz
Ambassador of Switzerland to Egypt

Embassy of Switzerland
Cairo
EGYPT

H.E. Mr John Sawers
Ambassador of the United Kingdom to
Egypt

Embassy of the United Kingdom
Cairo
EGYPT

Dr Ibrahim Aly Saleh
Director General Planning Department
Ministry of Health & Population

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EGYPT

Dr Jamal El Sharman

Ministry of Health
Amman
JORDAN

Dr Assad Khoury
Ministry of Public Health

Beirut
LEBANON

Dr Sallam Saleh Awenat
Director of Health Services
Ministry of Health

Tripoli
LYBIAN ARAB JAMAHIRIYA

Dr Larbi Idrissi
Ministry of Health

Rabat
MOROCCO

Dr Qazi Abdul Saboor
Chief of Health

Ministry of Health
Islamabad
PAKISTAN

Dr Suleiman A. Merhad
Director General Health Center
Ministry of Health

Riyadh
SAUDI ARABIA

Professor Osman Mohamud Mohamed
Ministry of Health

Mogadishu
SOMALIA

Dr Hassan El Jabahji
Director of Health in Rural Damascus
Ministry of Health

Damascus
SYRIAN ARAB REPUBLIC

Dr Amin Mohammed Abdul Rab
Ministry of Health and Population

Sana'a
YEMEN

UN AND INTERNATIONAL AGENCIES AND OTHERS

Dr Faysal Abdel-Gadir
UNFPA Representative
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Dr Ali Abdel-Kerim
Assistant Secretary-General
League of Arab States
Cairo, EGYPT

Dr Ayman Abu Laban
Assistant Representative
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New York, USA

Ms Sophie Caen
UNDP
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Dr Mustapha Denial
Director
Observatoire National pour les Droits de
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Rabat, MOROCCO

Mr Francois Fouinat
Executive Director
Commission on Human Security
New York, USA

Mrs Moufida Goucha
Director-General Assistant
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Paris, FRANCE

Mrs Danielle Grondin
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IOM Geneva Migrations and Health
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Geneva, SWITZERLAND

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Public Health Director
League of Arab States
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Mrs Fatima Hashem
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Dr Mohamed Kamel
Regional Director
International Planned Parenthood Federation
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Tunis, TUNISIA

Mr Jean-Louis Lamboray
Chief Technical Network Development
UNAIDS
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Dr Atef Odibat
Jordan Institute of Diplomacy
Amman, JORDAN

Judge Dr Adel Omar Sherif
Supreme Constitutional Court
Cairo
EGYPT

Dr Ossama Tawil
ICP/UNAIDS
Cairo, EGYPT

WHO SPECIAL ENVOY

Baroness Emma Nicholson of Winterbourne
WHO Special Envoy for Health, Peace and Development

WHO SECRETARIAT**Headquarters**

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Dr G. Rodier	Director, CDS	WHO/HQ
Mr J. Store	Adviser, DGO	WHO/HQ
Dr S. Benyahmed	IRP/HQ	WHO/HQ

Regional Office

Dr H. Gezairy	Regional Director	WHO/EMRO
Dr A.M. Saleh	Deputy Regional Director	WHO/EMRO
Dr M.A. Jama	Assistant Regional Director	WHO/EMRO
Dr K. Behbehani	Director, EML	WHO/EML
Dr Z. Hallaj	Director DCD	WHO/EMRO
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Mr A. Musani	Technical Officer, EHA	WHO/EMRO
Mrs. A. Hassan	Secretary	WHO/EMRO

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Dr Jean Lariviere
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Appendix C: Cairo Statement on Health and Human Security

Preamble

We, the participants in the Consultation on Health and Human Security, organised by WHO and co-sponsored by WHO, UNFPA and UNAIDS, held in Cairo, 15-17 April 2002, state the following:

We share the view that the human security approach is a vision for development in the 21st century.ⁱ Also, we agree that human security constitutes a set of conditions for global and local human development that focuses on the aspirations and well being of people, ensuring them a living environment free from threats, in which their essential basic needs are met with dignity and with respect of their rights. Accordingly, we subscribe to the following statement by UN Secretary-General Kofi Annan:

“In an increasingly interdependent world, nations and peoples must think afresh about how we manage our joint activities, advance our shared interests, and confront our common threats. No shift in the way we think or act is more critical than that of putting people at the centre of everything we do. That is the essence of human security. That is something that all people – in rich and poor countries alike, in civil society or the precincts of officialdom – can agree on. And it is something that, with political will, can be placed at the heart of the work of the UN – our work to create security where it has been lost, where it is under threat, or where it has never existed.”ⁱⁱ

We believe that human security concepts can only be effectively implemented if they are sensitive to socio-cultural values.

We acknowledge that the tremendous human costs of emerging and re-emerging diseases, environmental degradation, gender-based and other forms of violence, famine, all forms of discrimination, and recurrent social strife and territorial occupations, illustrate the centrality of health issues to the realisation of human security.

We understand that the human security approach is a response to rapid change and increasing global complexity. These aspects of the modern world can create insecurity and a need for new development tools. Moreover, the human security approach recognizes the mutual vulnerability and interdependence that characterize the modern world.

We welcome the establishment of direct links between investments in health, development and human security, as set forth in the recommendations of the WHO Commission on Macroeconomics and Health. Also, we believe that improving the health of the poor is a prerequisite for safeguarding human security and fulfilling the world's commitment embodied in the Millennium Development Goals.

We believe that public health, which involves a people-centred, comprehensive approach that offers a unifying perspective, provides a unique opportunity for both deeper understanding and implementation of human security. Conversely, human security offers a new opportunity to operationalize the definition of public health within a context of rights-based development.

We recognize that, to translate health and human security concepts into action, the following conditions must prevail:

- Support for sustainable health systems
- Equitable access to prevention and care
- Attention to the special needs of men, women, and children
- Special attention to vulnerable populations

- Compliance with ethical standards
- Active participation of all interested parties, including the providers and beneficiaries of services
- Emphasis on community and national solidarity and people-centred activities
- Maintenance of international solidarity
- Respect for fundamental human rights
- Compliance with international conventions

We commend those who are already supporting people-centred, comprehensive development.

Recommendations

Therefore, we recommend:

1. The development of initiatives, based on agreed-upon criteria, in the form of pilot projects to demonstrate the added value of a health and human security approach. Some potential initiatives include:

- Morocco-regional project of the "Observatoire National des Droits de l'Enfant" on Health, Human Security and Rights of Children.
- Victim assistance as a multisectoral project in Afghanistan, as recommended by the Standing Committee on Victim Assistance of the Mine Ban Treaty.
- Multisectoral intervention using HIV/AIDS in Djibouti and the region, as an entry point for health and human security.

Furthermore, additional initiatives should be encouraged from the field.

1. The implementation, by countries in the region, of community-based interventions with the support of international organizations (e.g., through WHO's Basic Development Needs Project), as possible models for enhancing and addressing health and human security needs.
2. Further work on public health preparedness at community and country levels, to respond to the threat of emerging and re-emerging infectious diseases, whether naturally occurring or caused accidentally or deliberately by human actions.
3. Development of an academic network to study and promote the health and human security concept.
4. Development of the human security approach through a strategy in which local activities are planned according to experimental modalities, existing resources are redirected, and strong links are established between national and local levels and between the academic network and field programs.
5. The adaptation of pre-existing plans and programs, so as to be consistent with a human security approach, through formal and continuing training of professionals and decision-makers; this could be accomplished through partnerships among different agencies and actors, at local, national and international levels.
6. Strengthening of links between the Arab League, the WHO and the co-sponsoring agencies, particularly in the field of training.
7. Research on issues such as: the impact of sanctions on health; the impact of globalization on health; and the development of methods for analysis and evaluation of the interaction between

health and human security. The latter area of research should include the identification of indicators and the validation of theoretical concepts through field experience.

8. Establishment of an international network on health and human security, which would emphasise public health and would involve participants from the public and private sectors and from relevant institutions.
9. The establishment of advisory mechanisms to ensure appropriate follow-up to the above-stated recommendations.

Invitations and Requests

We invite governments, international agencies and local organizations to include a health and human security perspective in their development policies and strategies.

We request that the findings of this consultation, including this statement, be sent to WHO, UNFPA, and UNAIDS, and to other UN and international organizations, for their consideration and endorsement.

Furthermore, as requested by the WHO/EMRO Regional Committee, we call for the wide dissemination of the findings of this consultation, including this statement, to all regional partners and other interested parties.

ⁱ A discussion of the range of definitions of human security, and an operational definition of the Human Security approach, can be found in the technical background paper prepared for the Cairo Consultation: HEALTH AND HUMAN SECURITY, A Technical Background Document for Discussions on Policies and Programs, by Gordon Thompson and Paula Gutlove. An excerpt from this paper that might be helpful follows: “Human security must, if it is to be a useful concept, bring added value. This can occur in at least four ways. First, human security can provide a clear and compelling objective for humanitarian work. Second, human security has a preventive aspect, which can stimulate forward-looking contingency planning. Third, human security emphasizes global interdependence, and can therefore mobilize additional resources and new partnerships. Fourth, human security addresses interacting threats in multiple domains, and can therefore stimulate holistic, comprehensive threat assessment and program planning.”

ⁱⁱ From the Foreword to: McRae, R. and D. Hubert, Eds. (2001). *Human Security and the New Diplomacy: Protecting People, Promoting Peace*. Montreal: McGill-Queen's University Press.