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Human security and universal health insurance

Human security is a multidimensional concept that has been a cornerstone of Japanese development co-operation for more than a decade. At the heart of security is the idea of protection or insurance against downside risk. Three distinct questions arise from the concept of human security. First, protection of what? Second, insurance against what? And, third, security for whom?

The first question relates to the specification of what is to be protected. The definition of human security offered by the Commission on Human Security is: “to protect the vital core of all human lives in ways that enhance human freedoms and human fulfilment”. The core of a person’s life is closely concerned with the person’s wellbeing and agency, which is best viewed in terms of his or her “capability” to achieve alternative “beings and doings”.

In this context, health assumes central importance for two reasons: it is directly constitutive of a person’s wellbeing; and it enables a person to function as an agent—that is, to pursue the various goals and projects in life that he or she has reason to value. This view deploys the notion of well-functioning, but it is not grounded in notions of economic welfare that are based on utility or income. It is, rather, an agency-centred view of a person, for whom ill health restricts the scope of human agency. Since our ability to do things typically depends on our being alive, the capability to lead a long and healthy life must itself be regarded as a basic capability.

The second question related to human security is insurance against what. Here the concern is to insure against falling below an adequate threshold of human capabilities—in the case of a person’s health, a minimum acceptable level. The probability of falling below a minimum threshold depends on both how vulnerable a person is—the degree of downside risk the person faces—and how much above the threshold he or she is in the relevant dimension. The extreme case of insecurity is the idea of protection or insurance against downside risk. The second question relates to human security is insurance against what. Here the concern is to insure against falling below an adequate threshold of human capabilities—in the case of a person’s health, a minimum acceptable level. The probability of falling below a minimum threshold depends on both how vulnerable a person is—the degree of downside risk the person faces—and how much above the threshold he or she is in the relevant dimension. The extreme case of insecurity is the idea of protection or insurance against downside risk.

Threats to human security can arise, for example, from natural disasters and environmental catastrophes—such as the 2011 earthquake and tsunami in Japan, and the consequent leakage of radioactive material from the Fukushima Daiichi nuclear plant. They can arise from disease outbreaks such as HIV/AIDS, severe acute respiratory syndrome and drug-resistant tuberculosis; from personal accidents and illness; from economic downturns as in the Asian financial crisis of 1997–98; and from various other hazards that people face.

The vulnerability of a person to such risks will depend on his or her individual circumstances—including location, epidemiological environment, health status, and economic position.

A person’s health is affected by health care and various other determinants—eg, socioeconomic, behavioural,
Comment

The remaining smallpox stocks: the healthiest outcome

Throughout the ages, smallpox was one of mankind’s most feared diseases, killing untold millions, especially the poor and under-served. Smallpox eradication is among the crowning achievements of global public health, accomplished through concerted, coordinated, and sustained global public health campaigns, led by WHO and supported by all nations. The last naturally occurring case was in 1977, and in 1980 the World Health Assembly (WHA) declared smallpox eradicated.

As part of the eradication effort, WHO requested that countries and laboratories either destroy the remainder of their stocks of variola, the causative agent of smallpox. As part of the eradication effort, WHO requested that countries and laboratories either destroy the remainder of their stocks of variola, the causative agent of smallpox. As part of the eradication effort, WHO requested that countries and laboratories either destroy the remainder of their stocks of variola, the causative agent of smallpox. As part of the eradication effort, WHO requested that countries and laboratories either destroy the remainder of their stocks of variola, the causative agent of smallpox. As part of the eradication effort, WHO requested that countries and laboratories either destroy the remainder of their stocks of variola, the causative agent of smallpox.

The tragic events of, and responses to, the earthquake of 2011 for International Exchange, 1999: 7–9.

Anand S. Economic security. Paper presented at Common Security Forum Conference, Oslo, Norway, July, 1992.

Anand S, Sen A. Concepts of human development and poverty: a multidimensional perspective. New York: United Nations Development Programme, 1997.

Commission on Human Security. Human security now: protecting and empowering people. 2003. http://www.humansecurity-chs.org/finalreport/English/FinalReport.pdf (accessed July 13, 2011).

Sen A. Commodities and capabilities. Amsterdam: North-Holland, 1985.

Sen A. Why human security? International Symposium on Human Security, Tokyo, July 28, 2000. http://www.humansecurity-chs.org/activities/outreach/Sen2000.pdf (accessed July 13, 2011).

Chen LC. Health as a human security priority for the 21st century. Human Security Track III. The Helsinki Process, Helsinki, Finland, Dec 7, 2004.

Rawls J. A theory of justice. Cambridge, MA: Harvard University Press, 1971.

Obuchi K. Opening remarks. In: The Asian crisis and human security: an intellectual dialogue on building Asia’s tomorrow. Tokyo: Japan Center for International Exchange, 1999: 17–19.

Takemi K. Japan’s perspective on humanity and security. In: Matsumae T, Chen LC, eds. Common security in Asia: new concepts of human security. Tokyo: Tokai University Press, 1995: 71–86.

Chen LC. Common security in Asia: new concepts of human security. Tokyo: Tokai University Press, 1995.

Tadashi Yamamoto. Indeed, universal health coverage in Japan, now in existence for 50 years, is indicative of the priority that Japan accords to human security. Over the decades, Japan has also undertaken policies to advance human security in many other dimensions. The range and reach of the idea of human security are extensive, as Japanese actions have shown. A central manifestation of these actions is the country’s commitment to universal health insurance.

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I declare that I have no conflicts of interest.

1 Anand S. Economic security. Paper presented at Common Security Forum Conference, Oslo, Norway, July, 1992.

2 Anand S, Sen A. Concepts of human development and poverty: a multidimensional perspective. New York: United Nations Development Programme, 1997.

3 Commission on Human Security. Human security now: protecting and empowering people. 2003. http://www.humansecurity-chs.org/finalreport/English/FinalReport.pdf (accessed July 13, 2011).

4 Sen A. Commodities and capabilities. Amsterdam: North-Holland, 1985.

5 Sen A. Why human security? International Symposium on Human Security, Tokyo, July 28, 2000. http://www.humansecurity-chs.org/activities/outreach/Sen2000.pdf (accessed July 13, 2011).

6 Chen LC. Health as a human security priority for the 21st century. Human Security Track III. The Helsinki Process, Helsinki, Finland, Dec 7, 2004.

7 Rawls J. A theory of justice. Cambridge, MA: Harvard University Press, 1971.

8 Obuchi K. Opening remarks. In: The Asian crisis and human security: an intellectual dialogue on building Asia’s tomorrow. Tokyo: Japan Center for International Exchange, 1999: 17–19.

9 Takemi K. Japan’s perspective on humanity and security. In: Matsumae T, Chen LC, eds. Common security in Asia: new concepts of human security. Tokyo: Tokai University Press, 1995: 71–86.

10 Matsumae T, Chen LC, eds. Common security in Asia: new concepts of human security. Tokyo: Tokai University Press, 1995.

11 Yamamoto T, Yue CS. Foreword. In: The Asian crisis and human security: an intellectual dialogue on building Asia’s tomorrow. Tokyo: Japan Center for International Exchange, 1999: 7–9.