

3

Human Security Approaches: Health as a Global Public Good

The following is a condensed version of the remarks by Mely Caballero-Anthony from Singapore's Nanyang Technological University as part of a session on "Exploring Effective Cross-Border Cooperation in the East Asian Context."

MELY CABALLERO-ANTHONY

It used to be that security was seen as unidimensional, that security was only about protecting the states, protecting its borders from external attacks. But many countries, particularly developing countries in Asia, have argued otherwise. So even before security analysts talked about the reconceptualization of security as such, many countries in Asia have already said that our notion of security has always been comprehensive. Hence, the evolution of the concept of "comprehensive security." This has been an integral part of the security lexicon that we hear in this part of the world. "Comprehensive" is used in the sense that security issues are wide ranging—threats such as economic underdevelopment, the threat of implosion because of political instability, secession, or ethnic disharmony that could lead to internal conflict.

This whole notion of comprehensive security became very popular following the Asian financial crisis in 1997 and the SARS crisis of 2003. The 1997 crisis was very instructive in that, inasmuch as the notion of security had been comprehensive and not many people would argue with it, there has always been a preoccupation with just securing the security of the state but not looking at the security of individuals. There is a UNDP study that listened to the voices of the poor, and when it asked the poor, for example, "What is security to you?" some of the answers that came up were very instructive. One was that security is, of course, having a roof over my head,

having food on my table, and being able to seek medical treatment when sick. Hence came the notion of “human security,” i.e., that it is no longer enough to secure the state, but we have to secure the people by first looking at their security needs—including the provision of medical care and the provision of jobs, for example. This is so that you can secure the state and prevent it from imploding.

The lesson from Indonesia was very instructive about the importance of human security and how we should, from whatever vocation from which we come, focus on issues of basic human needs. The whole story there changed dramatically after 1997, when after 32 years of relative peace and when the government had been credited by the UNDP as having achieved remarkable progress in its human development index, the government collapsed and ethnic conflict and violence erupted. The lessons from the Asian financial crisis challenged the old traditional approaches to comprehensive security and raised questions as to new ways of addressing emerging security challenges.

We now have, for example, an increasing tendency for a number of actors—whether they are from the policy community, the academic community, NGOs, or even donor agencies—to use the language of security to frame almost every issue which they think endangers the well-being of states and societies. We have environmental security, for example, economic security, and now health security. The reason why the notion of security is appropriated is because people really want to highlight the need for quick and immediate action.

In 2003, it was very interesting to note that suddenly state leaders talked of SARS as a national security threat. One could argue that the SARS crisis was a watershed event in the region in that it raised the question of how best to address the threats of infectious diseases. Should we go beyond the medical approach, and should we in fact then securitize it—securitize it in the sense that this allows the state to take emergency measures, allows for the allocation of necessary resources, and allows other countries to help states that are not able to prevent possible outbreaks of medical emergencies?

So, the debate is whether to go beyond medicalizing to securitizing. One problem is that some medical doctors are not very happy when you talk about securitization because it is an alien concept to them. But to look at how this is now being addressed, we can take AIDS as one example and examine how it has been securitized. The United Nations has agreed to consider it as a security issue. But what about the other diseases like

East Asian Regional Cooperation

tuberculosis and malaria? And if you put AIDS against SARS or the looming threat of the avian flu pandemic then AIDS becomes second or third in the pecking order. So what happens is perhaps that if you securitize a particular disease and do not complement it with other approaches, there could be uneven treatment of infectious diseases.

Nevertheless, the importance of being able to securitize has become more urgent for at least four reasons. One is that, as we already know, the threat and burden of diseases have changed. We now have multiple disease multipliers. Among these, for example, are the rapid growth of megacities with poor sanitation and water supplies that are breeders of infectious diseases. There is also, of course, climate change and the impact of modern medical practices, which sometimes quickly make antibiotics redundant. And, particularly if one is a security specialist, the potential of viruses being used as weapons of bioterrorism has highlighted the need to look at the security implications of infectious diseases.

Now going back to the point about whether it is enough to just medicalize or should we securitize. I think a middle ground can be taken, and this is my main point. Beyond securitization, there is the need to apply a human security framework in which we can direct our attention to adopting more comprehensive approaches. In this case, we need to revisit the concept of health as a global public good. If it is seen as a global public good, then it allows other countries and other stakeholders to promote it and to provide the necessary interventions that are needed to promote and secure this global public good.

What is the global public goods approach? This is not a new approach. The UNDP, through the work of Ms. Inge Kaul, has been promoting this approach. This highlights the needs for countries and other actors to work together to obtain public goods—which include, of course, good health—fight infectious disease, and help countries that face constraints in securing these goods on their own. And, as a necessary approach, it therefore involves multiple actors and multiple stakeholders.

Why is this a useful approach to look at, especially if we are looking at the promotion of regional cooperation? We have to convince not just our governments, not just our NGOs, but even those who are sick to overcome stigma and not to be afraid of seeking treatment because they have an infectious disease. We have to be able to do this in order to ensure the protection of global public goods. In view of the increasing regionalization of diseases, we need to understand how “your health becomes my health, too.” As we all know, diseases travel. As one security analyst said, viruses do

not carry passports. This raises the importance of regional cooperation to maintain this global public good of good health for the overall objective of human security.

How can we take this forward? If we agree that we need to be able to combat infectious diseases, then we need to allow for external intervention, either from other governments or donor agencies. And the fact is that a global public goods approach also allows for innovative approaches. Our discussions at this meeting on the need to look at innovative approaches have highlighted the fact that if we leave it only to state actors to use only usual approaches to handle infectious diseases, sometimes we do not think outside the box. But if we allow NGOs and local actors to take ownership of some of the major problems but give them the necessary support—financial and other resources—then we are actually opening various opportunities and various avenues for actors to come together to work through existing difficulties and work around existing difficulties. The global public goods approach actually refutes the thinking that health is a domestic problem alone and that we cannot go beyond the domestic jurisdiction of states in managing and combating infectious diseases because of concerns about internal interference. As we have seen in the case studies prepared for this meeting, there is a way around this problem of internal interference by actually working around problems and pooling together resources from different actors in different states.

If one looks at a global public goods approach to fighting infectious diseases, it also helps to strengthen regional mechanisms that are in need of revival or in need of rejuvenation. In particular, I am thinking of the regional mechanisms we have. Within ASEAN, there are emerging mechanisms to address infectious diseases and, because of SARS, there is now greater consciousness of the need for more surveillance mechanisms within the region. Singapore and Malaysia are talking about the possibility of building a center for disease control, and there is information sharing about disease surveillance that, perhaps, can be promoted and taken forward in building up a more credible regional disease surveillance mechanism. There is actually the Micro-Basin Development Surveillance system as well. We can link all of these regional mechanisms together and see how they can best be utilized to build a more effective health system in the region. It also highlights, therefore, the need to look into improving the very poor health infrastructure in other developing countries in Southeast Asia, especially in the less developed states in the region like Cambodia, Laos, and Myanmar.

East Asian Regional Cooperation

So, with that as a proposition, I would just like to end on the note of actors. I have been struck during this conference by the emphasis on the role of NGOs in the fight against infectious diseases. The whole discussion about NGOs helping migrant workers—whether in Japan or in Thailand—raises one very important aspect about NGOs that needs to be appreciated. NGOs work toward the protection of the human rights of workers—particularly the right to good health, the right to have immediate medical attention, the right not to be repatriated, and the right to be able to have a sense of dignity, even in the face of very serious and critical illnesses. This shows that there is a large constituency out there of NGOs that are actually promoting the norm of the protection of migrant workers. In a way, there is a great deal of capital that needs to be tapped. The NGOs are “norms entrepreneurs” and this is something that must be highlighted in trying to bring together their contribution and then mainstreaming the need to protect workers, both at the national and at the regional level. This is one area that needs to be looked at if we want to enhance regional cooperation in fighting infectious diseases.

In conclusion, the approach of looking at security through the broader perspective of the security of states and societies—or through a human security approach—allows us to look at health issues in a more comprehensive way. It also allows for the participation of a number of actors—the medical community and representatives from other agencies, whether focusing on agriculture, immigration, labor, or veterinary issues—who need to talk to one another and look at various ways to address the problem of infectious diseases. And that is a good example of not only cross-country but also cross-agency collaboration underpinned by this whole notion of health as a global public good.