3 Global Health, Civil Society, and Regional Security

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Global Health and Security Threats

Historically, biological warfare represented the most explicit, and perhaps the only, intersection between health and security. That framework, however, produced a very narrow characterization of the health-security nexus.[1] Today, the relationship between global health and regional security can be examined through the lens of three security frameworks: human security, national security, and international security.[2] First, health problems represent direct threats to several important components of the human security of individuals as defined by the United Nations Development Programme,[3] including personal security (due to the premature loss of life and the stigma and violence associated with certain health conditions), health security (because of the additional burden health problems place on healthcare systems), economic security (as households and individuals experience a reduced earning capacity and a reduction in spending on nonfood items due to medical care costs and other related expenditures), and food security (by negatively affecting the ability of certain individuals or households to secure access to food).

Second, health problems pose a threat to national security through their impact on a nation's fighting capabilities (by undermining military readiness) and state capacity (by undermining the national economy, weakening state institutions, and generating conflicts over access to medicines). The

impact of poor health and infectious diseases on a nation's regular troops and general recruiting pool can undermine military readiness and even affect the state's ability to project power abroad (e.g., "differential immunity" among troops can lead to an increased risk of fatalities during training and operational deployment when forces are exposed to diseases for the first time). Furthermore, poor health and disease outbreaks could exacerbate social and political instability in strategically important countries such as China, India, or Indonesia. Decision tree analyses suggest that a public health issue should be considered a risk to an individual nation's security if it has an acute health impact, causing significant death and illness within the state's territories.[4] When the outbreak of a disease such as cholera or HIV/AIDS can be attributed to poor environmental management, poor health management, or governance problems, a country's political institutions may be subject to close scrutiny by other countries—as was the case with China during the severe acute respiratory syndrome (SARS) outbreak in 2003—which, under the new responsibility to protect principle, might lead to international interference in its domestic affairs.[5]

Finally, health problems can become an international security concern by undermining the wider stability of international society. In other words, a local disease outbreak can have "spill-over" effects that impact a broader area. Decision tree analyses suggest that a public health issue should be considered a risk to international security if its transborder spread generates an acute health impact that poses a threat of significant death and illness.[6] Disease outbreaks or disease-related social unrest could cause massive disruptions to the regional economy, which may have negative implications for regional security. Social and political instability caused by disease outbreaks, in turn, may make certain countries more war-prone. For example, authoritarian rulers or populist leaders may undertake aggressive action abroad to divert the public's attention from domestic political turmoil or embrace hypernationalism to rally the masses and restore political order. Also, relations between countries could be strained by self-serving state responses during an epidemic (e.g., quarantines, trade restrictions, and border closures) or by problems related to transparency, sample-sharing, or competition for medical and public health tools such as vaccines or antivirals (e.g., Indonesia's insistence on "viral sovereignty"). In the worst-case scenario, infectious disease outbreaks may even affect the power balance in the international system. As Nicholas Eberstadt's model has demonstrated, HIV could alter the economic potential of major states and therefore the balance of power in Eurasia.[7]

Intersections between Health-Promoting CSOs and Regional Security

Over the past two decades, changes in the political and biological worlds have profoundly transformed the landscape of global health governance. The structure of global health governance is taking shape in an age of "nonpolarity" or "unstructured plurality," featuring "multiple players addressing different health problems through diverse processes and principles."[8] Among the various players, civil society organizations or CSOs—nongovernmental organizations (NGOs), philanthropic foundations, and faith-based organizations (FBOs)—have tremendously expanded their involvement in global health governance. In the meantime, public health governance has entered what David Fidler has called the "post-securitization" stage, in which governance is mainly driven by the policy belief that public health problems can be addressed by being framed as security threats.[9] According to Fidler, "One of the dominant themes of the securitization process has been that international cooperation and the national and global involvement of non-state actors are essential in public health governance to achieve security, whether the concept of security in question is narrow or broad."[10]

To be sure, the involvement of civil society groups in global health and in regional security broadly defined is not new. For example, JOICFP (Japanese Organization for International Cooperation in Family Planning) began to operate health projects onsite in developing countries as early as the 1960s. What is different today is not only the significant increase in the number of health-promoting CSOs but also the high profile and significant influence they have demonstrated over the past decade. The Global Fund to Fight AIDS, Tuberculosis and Malaria's Round 6, for instance, linked the provision of funding explicitly to the goal of building civil society's ability to assist in combating HIV/AIDS. The Bill & Melinda Gates Foundation, with the unprecedented resources it has committed to global health, has actually become a "game changer" in global health governance.[11] The foundation has been spending more on its global health program in recent years (an average of US$2.1 billion per year in 2008 and 2009) than the World Health Organization (WHO) spends on all of its programs (US$1.9 billion per year).[12] The sea change that public health securitism has unleashed presents further opportunities for civil society groups to exert their influence. More specifically, it expands the political and operational space for CSOs as security considerations enter into "a governance context previously oriented by concerns involving economic

considerations and aspirations grounded in concepts of human dignity."[13] This chapter thus examines the potential and actual roles of health-related CSOs in three security paradigms: human security, national security, and international security.

Health-Related CSOs and Human Security

Since the human security framework was specifically developed to highlight the threat of nonmilitary and nontraditional security challenges, such as those posed by diseases and other health-related problems, there is no need to belabor the importance of good health to human security. Reasoning along this line, we can say with confidence that CSOs that are promoting good health are also contributing to human security. By providing medical and healthcare services, raising awareness of health-related issues, promoting the privacy and human rights of people suffering from diseases, and offering financial and legal assistance to affected individuals and families, CSOs can be instrumental in reducing premature death and assuring human dignity (personal security), improving the performance of healthcare systems (health security), lowering medical care costs and mitigating their negative impact on household spending on nonfood items (economic security), and sustaining access to food by protecting the health of breadwinners (food security).

In East Asia, CSOs have played an important role in providing direct health services to needy groups. Examples include the Healthcare Center for Children in Cambodia, Yayasan Kusuma Buana in Indonesia, and the Population and Community Development Association in Thailand. Services provided by AIDS NGOs to at-risk groups—e.g., outreach to men who have sex with men (MSM) for risk reduction education, condom distribution and promotion for commercial sex workers, syringe exchange for injecting drug users, and treatment and support for people living with HIV/AIDS (PLWHA)—are particularly effective in lowering the risk of infection, prolonging the lives of PLWHA, making health and medical care more accessible and affordable to infected populations, and reducing the stigma and discrimination against PLWHA. Joan Kaufman has described the situation in China as follows:

> In urban areas, numerous AIDS NGO groups have emerged to provide outreach and education to gay men through hotlines and in bars and bathhouses (AIZHI, Gay Men's Hotline, Friends Exchange, Chengdu Community Care Group). Patient support groups have formed, often

> affiliated with urban infectious disease hospitals (Mangrove, Ark of Love) or as vehicles for raising funds (Positive Art), or to provide antiretroviral (ARV) treatment education and adherence support based on programs developed by Médecins Sans Frontières (AIDSCARE and China AIDS Info in Guangzhou). Other groups have been established either to raise money for orphan relief or to provide subsidies and services to AIDS-affected families (Chi Heng, AOS, Orchid).
>
> Fewer groups exist to work with sex workers or drug users, both illegal, but groups that do operate fill important gaps by providing education and condoms to sex workers and miners (Panzhiyuan), . . . drug treatment and rehabilitation for drug users (Daytop), or needle and syringe exchange distribution to injecting drug users (Kuming) [sic].[14]

CSOs, from NGOs to FBOs, also contribute to pandemic preparedness and response in the region. In addition to providing medicine, home care, and food supplies, a number of civil society groups in Southeast Asia are involved in promoting education and raising awareness on pandemic preparedness at the community level. Muhammadiyah, an established moderate Islamic organization that was originally created to lead a reformist movement in Indonesia, for example, has been involved in community-based training in an effort to increase community knowledge and awareness of avian influenza and to strengthen community surveillance and response capacities. Similarly, some NGOs and FBOs in Cambodia are promoting education and awareness on pandemics through information leaflets, people-to-people contact, quarantine simulations, and assistance in implementing measures for social distancing. Some also provide medicine, home care, and food supplies to communities and households vulnerable to the pandemic.[15]

Not all CSOs operate solely as direct service providers. Advocacy CSOs representing minority or at-risk groups have been critical in putting pressure on governments and industries to increase funding and access for treatment and prevention programs, or to treat these groups in a humane and fair manner. If we agree with Rousseau that social institutions and inequality are the main sources of illness, the efforts by advocacy CSOs, with their focus on social justice, human rights, and democracy, should be viewed as an important contribution to the improvement of health status and thus human security. In China, civic groups such as Gongmeng (in the 2008 milk powder scandal), Yirenping (in cases of Hepatitis B discrimination), and Aizhixing (in cases of former plasma donors infected with HIV) have helped victims seek legal redress against the government or companies.

Of course, advocacy groups are numerous in many other Asian countries as well. They include Serikat Perempuan Anti Kekerasan in Indonesia, WomanHealth in the Philippines, and the Korean Federation of Medical Groups for Health Rights. During the 1998–1999 Nipah virus outbreak in Malaysia, it was a CSO that took the government to task after officials blamed "illegal pig farm operators"—i.e., ethnic Chinese—for the outbreak. The Federation of Livestock Farmers' Associations of Malaysia, an association of Chinese livestock producers, came to the defense of the pig farmers and pinpointed the flaws in the state governments' policies that had contributed to the outbreak.[16]

Compared with government agencies, an advantage CSOs have enjoyed in service provision and advocacy is their ability to reach and represent those hard-to-reach, marginalized, and underrepresented groups that are often the most vulnerable to the negative impacts of health problems. As Paul Farmer and others have observed, once effective AIDS treatment became available in the 1990s, community-based organizations and local NGOs became the backbone of AIDS treatment support in the countryside, where trained healthcare workers are scarce.[17] AIDS Care China, a Guangzhou-based civil society group, assists 15,000 AIDS patients with medication—nearly 25 percent of the total receiving treatment in China.[18] During Thailand's avian influenza outbreak in 2003–2004, a Bangkok-based foreign NGO, Focus on the Global South, defended the interests of small farmers who had no access to the policymaking process and who were being blamed for the outbreak.[19]

CSOs and National Security

There are two primary ways in which CSOs operating in the health field can contribute to national security. First, as an alternative source of information, civil society groups can help ensure health-related demands are channeled into the policymaking apparatus in a consistent, systematic, credible, and timely manner. Because CSOs operate as an intermediate layer between state and society, they can relate more directly to grassroots problems than can government, and can identify more easily and accurately those neglected issues or constituencies that require advocacy or support, thereby improving state effectiveness in addressing various health-related challenges. In addition, CSOs can use their expertise and experience to inform the revision or development of normative guidelines and policy frameworks and shape government responses to health

challenges. One example that relates to both of these functions is the greater ability of CSOs to involve PLWHA in their activities, which not only "facilitates the development of credible, acceptable and effective guidelines" but also "enhances ownership of the process, enables people living with HIV to hold their governments accountable and forms the basis for sustained advocacy."[20]

Second, as an important channel of funding, resources, and organizational skills, CSOs can complement government actors and play a significant role in health system capacity building, thereby contributing to socioeconomic and political stability. The 1918–1919 Spanish influenza did not cause social breakdown or political legitimacy problems in the United States in part because of the active role played by CSOs; during the second wave of the pandemic, community-based civil associations took over the functions of many of the local governments that had collapsed.[21] In this case, a robust civil society managed to offset the deficit in the US government capacity. It is worth noting that despite globalization, building and maintaining public health infrastructure remains predominantly a government function.[22] Indeed, the development of increasingly demanding international health rules and norms to tackle the global spread of disease, as embodied in the International Health Regulations (2005), only highlights and exacerbates the inadequacy and deficiency of health system capacity in low-income countries. By mobilizing additional material and human resources (e.g., volunteers and medical equipment), CSOs contribute to state capacity building and thus national security. This role has actually been strengthened in recent years because of the expanded use of CSOs by states and multinational corporations as direct recipients of aid and in-kind contributions, such as donated medicines.[23]

In East Asia, the importance of CSOs as an alternative source of information in policymaking is evidenced in state responses to disease outbreaks. During Malaysia's Nipah outbreak in 1998–1999, government officials initially claimed that the outbreak was caused by Japanese encephalitis. They were forced to acknowledge that it was caused by a new virus after a foreign epidemiologist working in West Malaysia questioned the government's claim in an e-mail posted on an online forum for Malaysian health professionals.[24] When the country was facing the threat of H1N1 in May 2009, Sultan Ahmad Shad called for enhanced cooperation between government agencies and NGOs to provide information to the people on the dangers of this influenza virus and ways to avoid it.[25] In China, CSOs were the first to alert the general public and the government about the widespread infection with HIV of former plasma donors in Henan Province.

In addition to promoting transparency and raising awareness, CSOs in Asia have provided the government with feasible and constructive policy recommendations and have gained increasing access to health policymaking and capacity building. In Japan, for example, experts note that "advocacy efforts [by health NGOs] since 2000 have uncovered the possibility of having a direct impact on the policies of the Japanese government, and the work of NGO alliances since 2008 has moved toward opening up the possibility for building a dialogue with the government."[26] Change has been occurring even in China. A former health minister praised CSOs for helping promote open and equal discussion among government officials, members of academia, and PLWHA, which was unimaginable 10 years ago. In July 2010, the Chinese government and civil society joined hands for the first time in responding to HIV/AIDS by launching China Red Ribbon Beijing to share information and pool resources in fighting the disease.[27] Such state-society synergy is expected to enhance state effectiveness in addressing health challenges and indirectly improve the national security environment.

In some authoritarian states, health-promoting CSOs are at the forefront of promoting good governance and democracy as well. State capacity cannot be considered effective if that capacity is not used in the interest of society. As an alternative source of discipline, CSOs help monitor government policy processes and ensure that formally mandated governmental institutions fulfill their responsibilities appropriately and effectively. One such example is the China Global Fund Watch Initiative, which was established in November 2007. As an independent watchdog NGO, it seeks to promote the development of China's civil society and ensure good governance and public participation by nurturing grassroots NGOs and building partnership among NGOs, governments, academics, and private entrepreneurs. In a country where civil society is still in the making, the proliferation of health-promoting CSOs can be considered "democracy in bud." As early as April 2006, the reform of the China Country Coordinating Mechanism (CCM) for Global Fund–supported programs led to an open, transparent, and thoroughly documented election of an NGO representative to the CCM. For most of the NGOs that participated, the election marked their first experience with self-organization. As a result, awareness of the necessity and merits of public participation among civil society groups was greatly strengthened.[28] Authoritarian rulers may view the actions of these CSOs as undermining national security (due to the potential of CSOs to challenge their legitimacy to rule). Insofar as state capacity is concerned, however, efforts by

CSOs to promote democracy and good governance contribute to national security by curbing the state "capacity deficit" in responding to health challenges that have negative security implications.

CSOs and International Security

CSOs can contribute to international security through various means. First, by encouraging a shift from warfare to welfare, they can mitigate the traditional "security dilemma." To increase military spending dramatically, a government will have to ward off competing pressures for higher expenditures on social services (e.g., pensions, healthcare, and education) and for more public investment in infrastructure.[29] Political pressures exerted by CSOs for increased public services such as healthcare could compel governments to continue to increase the share of output spent on these government services and transfers, which in turn discourages the dramatic rise of military spending. In nondemocracies, such pressures may not be as strong as they are in democracies. As discussed above, though, the proliferation and growth of health-related CSOs in authoritarian states can be viewed as part of the democratization process. To the extent that democracies rarely fight with each other, they contribute to "democratic peace."[30]

Second, CSOs can sometimes be more efficient than government actors in regional disease surveillance with regard to disease outbreaks that threaten regional peace and stability. In recognition of this, the revised International Health Regulations (2005) authorize the WHO to use information it receives from nongovernmental sources rather than relying solely on government-provided information. With a network of some 20,000 North Korean defectors and their contacts in the North, the South Korea–based NGO Good Friends proved more sophisticated than the South Korean government in breaking down the wall of silence surrounding the reclusive North Korea and was able to report deaths linked to the H1N1 influenza outbreak in the North in December 2009.[31]

Third, because of their nongovernmental status, CSOs may be the only actors acceptable to all sides when states conduct health diplomacy. As soon as North Korea confirmed an H1N1 outbreak, for example, South Korea increased funding for humanitarian projects through NGOs supporting infants and improving public healthcare in the North. The move was construed as an effort to improve ties between South and North Korea.[32] The "soft power" obtained from wielding such "health diplomacy"

may provide more incentives for international cooperation on health, which is conducive to regional peace and stability.

Perhaps more importantly, CSOs in one country can link up with CSOs in other countries of the region to combat common health threats. In East Asia, many regional CSOs function the same way as national CSOs in terms of advocacy and service provision. Because they usually tackle health challenges with regional security implications, however, these organizations may have strong incentives to network with other sectors, policy actors, and stakeholders in the region. The AIDS Society of Asia and the Pacific, for example, aims to reduce the transmission and impact of HIV/AIDS in Asia Pacific by undertaking the following tasks:

1. Promote opportunities for the discussion of HIV/AIDS issues and the exchange of relevant information and technologies.
2. Influence HIV/AIDS policy development in the Asia and Pacific regions and awareness of the gravity of the regional epidemic internationally.
3. Work with different regional sectors and stakeholders in Asia and the Pacific towards collective advocacy efforts.[33]

Another regional organization with a different focus is Health Action International–Asia Pacific, which "actively promotes the concept of essential drugs and their rational and economic use through advocacy, evidence-based research, education and action campaigns."[34] According to Margaret Kech and Kathryn Sikkink, such CSOs are part of a "transnational advocacy network" that involves "relevant actors working internationally on an issue, who are bound together by shared values, a common discourse, and dense exchange of information and services."[35] Transnational advocacy networks can be particularly useful when domestic CSOs find that appealing to state authorities by themselves does not resolve problems. By linking up with international actors (e.g., CSOs in other countries, international governmental organizations, and foreign governments), domestic CSOs can often more effectively exert pressure on their own governments and change the latter's policy behaviors by encouraging them to engage in international health cooperation that contributes to regional peace and security. During the negotiations on the Framework Convention on Tobacco Control (FCTC), for example, the Japan Medical Association worked with the Framework Convention Alliance to raise attention to and scrutiny of the Japanese government's pro-tobacco stance. For fear of being isolated internationally, the government in May 2003 made a last-minute decision to adopt the FCTC.[36]

Other transnational CSOs, such as the Southeast Asia Foundation for Outbreak Regional Cooperation, seek to further outbreak surveillance and response activities by providing consultation, expertise, and support for the implementation and maintenance of the Early Warning Outbreak Recognition System, which involves four Asian countries (Cambodia, Laos, Indonesia, and Vietnam). In so doing, they provide useful knowledge of health problems that threaten regional security and help to clarify misperceptions and misunderstandings. This is particularly important when countries in the region are dealing with an unknown and novel pathogen, which historically has tended to give rise to conspiracy theories and finger-pointing between countries. CSOs also help ensure continuity in the provision of health services across borders in ways that governments cannot, which is crucial due to the increased movement of people caused by globalization, natural disasters, and military conflicts. One such case is Services for the Health in Asian & African Regions (SHARE), an NGO based in Japan that uses its transnational network to ensure that migrant workers returning to Thailand from Japan continue to have access to ARV drugs.

CSOs, including think tanks, can also provide intellectual leadership and vision in identifying health-related "regional security complexes,"[37] in designing institutional frameworks for cooperation on health, and in organizing confidence-building measures. These are particularly important in East Asia, which lacks a strong collective regional identity due to the heterogeneity of the cultures and the levels of social, economic, and political development, and to the competitive engagement of major powers in the region.[38] Through its health and human security program, the Centre for Non-Traditional Security Studies at Nanyang Technological University in Singapore, for example, not only aims to raise regional awareness of the serious threats of infectious diseases but also seeks to build linkages among different state agencies and policy communities in the region in order to develop an integrated approach in responding to health crises. In order to achieve this objective, the project brings together an international, multidisciplinary team with experience in security studies, public health policy, and epidemiology to study how global response networks form and evolve and how these distributed communities interpret and make sense of infectious disease outbreaks. Likewise, the Japan Center for International Exchange (JCIE), through its programs related to health and human security, plays an active role in encouraging thoughtful and collaborative analysis of HIV/AIDS and communicable diseases in Asia, in encouraging nongovernmental

contributions to global health, and in establishing and expanding networks of dialogue and cooperation in the region. Similar functions are played by other think tanks such as the Health and Global Policy Institute and the Waseda Institute for Global Health.

Assessing the Engagement of CSOs in the Health-Security Nexus

While the engagement of CSOs in public health is not new, the proliferation and prosperity of health-promoting CSOs is a relatively recent development. The end of the Cold War and the advancement of globalization not only highlighted the nontraditional security challenges that had been suppressed by superpower struggles but also led to efforts to redefine the security agenda to incorporate health as a high politics issue. Against this background, the unfolding of the HIV/AIDS crisis served as a catalyst for the competitive engagement of nonstate actors worldwide. The securitization of health efforts gained further momentum at the turn of the century when the UN Security Council unanimously adopted a resolution to address the impact of HIV/AIDS.

That being said, the breadth and depth of engagement by CSOs in the health field are uneven across issue areas. A majority of the health-promoting CSOs work on HIV/AIDS prevention and control, few on other infectious diseases or health system capacity building, and even fewer on chronic noncommunicable diseases. In China, almost all of the health-related NGOs work on one issue area: HIV/AIDS. Few of them work explicitly on tuberculosis, malaria, or migrant population health issues. CSOs were also absent in China's fight against the outbreaks of such diseases as SARS and H1N1. Among the hundreds of CSOs fighting AIDS, most deal with MSM and PLWHA. It is interesting to note that while advocacy CSOs in China have been critical of the government's policy response toward HIV/AIDS, they were silent in the face of the government's use of biopower during the 2009 H1N1 pandemic for its own political agenda.[39] In Japan, while the scope of activity of health-promoting CSOs is extremely broad, the focus of almost all of these organizations is centered on directly implementing aid projects on the ground in developing countries or within Japan, and less emphasis is placed on advocacy work.[40] As a result, in terms of CSO engagement there is simultaneously "under-exploitation" (i.e., many important health challenges fail to receive sufficient attention) and "over-exploitation" (i.e., competitive engagement

and an absence of coordination in HIV/AIDS prevention and control has led to a "tragedy of the commons").[41]

The development and engagement of health-related CSOs also vary across countries in the region. Overall, CSOs play a more prominent role in promoting health and security in Japan, Thailand, and Indonesia than in China, Vietnam, and Laos. The open participation and policy engagement of CSOs in Thailand was directly related to the country's support for the inclusion of a substantial voice and responsibility for NGOs in the FCTC.[42] In Japan, there are about 30 NGOs that are engaged in the field of global health, and these organizations (e.g., SHARE, Nippon Foundation, Japan Foundation for AIDS Prevention, Sasakawa Memorial Health Foundation, JCIE, JOICFP, Japan Committee "Vaccine for the World's Children," and World Vision Japan) address a wide range of global health challenges including AIDS, leprosy, polio, parasitic disease control, reproductive health, and children's health.

Political institutions account for these differences because they affect the political opportunity structures in which CSOs are embedded, such as access to key institutions, the presence of influential allies, and changes in political alignments and conflicts.[43] Thailand's civil society, for example, emerged from the democratization process of the 1980s, allowing health-promoting NGOs to alter the political opportunity structure in their favor so that their attempts to frame problems, solutions, and justifications for political action gained acceptance and legitimacy. By contrast, some 90 percent of the NGOs in Mainland China lack legal status. Nonprofit organizations in China are expected to register with the Ministry of Civil Affairs (under whose jurisdiction NGOs fall), but they are not allowed to register without a government-backed agency as their caretaker.[44] Because few government bodies want to be responsible for sponsoring independent organizations, most NGOs are forced to register as for-profit organizations instead. Their for-profit status makes them subject to government scrutiny over taxes and other administrative issues. Furthermore, NGOs in China are excluded from government funding and prohibited from raising funds from the public. Since most enterprises consider it safer to donate to GONGOs (government-backed nonprofit organizations), other NGOs rely heavily on overseas funding. But access to even this source of funding is now made increasingly difficult with the introduction of a recent regulation that restricts foreign donations to independent NGOs. The increasingly difficult operating environment for NGOs in China forced Wan Yanhai, the director of Aizhixing, to leave the country in May 2010.[45] In May 2011, the Global

Fund decided to freeze payments of grants to China for three months, primarily because of the government's reluctance to involve genuine domestic NGOs in the fight against HIV/AIDS.[46]

In dealing with a cross-border disease outbreak, networks of like-minded CSOs can develop and disseminate norms for medical and nonmedical interventions (e.g., quarantine or exit screenings) that facilitate coordination and cooperation among national governments. This becomes particularly important given the discordant measures implemented by some East Asian countries in reaction to the 2009 H1N1 pandemic.[47] Health-promoting CSOs can also potentially play a role in the verification and enforcement of compliance with international security treaties such as the Biological Weapons Convention. Indeed, a Chinese military researcher has even called for the use of CSOs to form independent investigation teams to identify the sources of biological attacks or bioterrorist threats.[48]

Yet thus far most health-related CSOs in the region are confined to human security promotion and their contribution to national and international security is indirect and often symbolic. Again, political environment matters. In Japan, advocacy receives less priority in CSO functions in part because of the bureaucratic emphasis on consensus building in reaching decisions, which makes it very time consuming to move things forward.[49] Tight state control over information and the lack of checks on state power in authoritarian states discourages dissenting voices from being heard in public forums while suppressing the space for CSOs in responding to major health threats. But we should not overlook other variables. For one thing, the pattern of international aid to CSOs in Asia may have the unintended effect of narrowing the range of CSO activities in promoting health and security. International donors (such as the Global Fund, the Bill & Melinda Gates Foundation, and the US government) have tended to fund projects that focus on individual diseases ("vertical" approach) rather than health system capacity as a whole ("horizontal" approach).[50] The vertical approach generally encourages CSOs to work only on certain high-profile diseases, such as HIV/AIDS. These vertical programs are important for addressing specific communicable diseases, but they make it difficult for health-related CSOs to coordinate with each other and with international and government agencies in pursuing broader, systemwide public health objectives. In countries where government financial support for CSOs is poor or absent, CSOs become overly dependent on international support and have to tailor their agendas to the donors' funding priorities. Overdependence on international aid does not bode well for the healthy

growth of civil society groups either. In the absence of government support, for example, funding from the Global Fund has contributed to vicious competition among various NGOs in China, which in conjunction with the government's "divide and rule" approach has resulted in infighting and distrust among the NGOs. Some NGOs with more funding but poor accountability have gained disproportionately more power than others and have used that power in a way that jeopardizes the growth of Chinese civil society.[51] Not surprisingly, China's NGOs still lack the skills and experience to engage the Global Fund as effectively as do more seasoned NGOs in other countries. In this sense, international aid has only complicated the development of China's civil society and its ability to scale up.

There is a problem inherent in public health securitism that might also explain why many CSOs in the region have not made full use of their potential. Effective CSO engagement in the health sector must be built on social capital (i.e., trust), not on public fears. Engaging in areas that are traditionally not considered security issues might contribute to a "securitized" public health atmosphere that pushes state responses toward military, police, and intelligence organizations with the power to override the civil liberties of particular social groups (e.g., PLWHA). This in turn may have the unintended result of jeopardizing human security, and even national security, in the region.[52] This "health security dilemma" can be compounded by the "security cognition gap" between civil society and the state. In 2007, while many CSOs pushed for a resolution at the UN declaring the HIV/AIDS epidemic in Myanmar (Burma) a threat to international security, China vetoed the proposed resolution on the grounds that the situation in the country did not pose a threat to international peace and security. Indonesia, the only ASEAN member on the UN Security Council, echoed China's stance by abstaining, even though it agreed that the epidemic "inflicted suffering on the people of Myanmar."[53] Similarly, while health-promoting CSOs believe their service and advocacy work help governments do a better job in tackling health challenges and thereby enhance national security, bureaucrats in the traditional security and foreign policy cluster may think differently. In China, governments at various levels often are distrustful of the health-promoting CSOs, viewing them as organizations with political agendas that potentially threaten the survival of the communist state. NGO leaders are often harassed by police and security officials, with the lucky ones (Gao Yaojie, Wan Yanhai) leaving the country and the unlucky ones (Hu Jia) ending up in jail. Overcoming this cognition gap is critical if CSOs in this region are to play a more robust and constructive role in promoting regional security.

Conclusion

Health-promoting CSOs have played an important role in the regional security of East Asia. They have contributed to human security by operating as direct service providers and reaching and representing groups vulnerable to diseases and other health problems. As alternative sources of information and discipline, and with the ability to mobilize additional material and human resources, they contribute to national security by enhancing state capacity and effectiveness in responding to health challenges that threaten socioeconomic and political stability. They also contribute to international security by forming transnational networks to combat common health threats with regional security implications. Even so, the engagement of CSOs in health is uneven across countries and issue areas, and they are yet to take a more explicit security-oriented approach in handling regional health challenges. In short, there is tremendous unrealized potential for CSOs as health is increasingly viewed through the lens of security in the region.

Notes

1. David P. Fidler, "A Pathology of Public Health Securitism: Approaching Pandemics as Security Threats," in *Governing Global Health: Challenge, Response, Innovation*, ed. Andrew F. Cooper et al. (Aldershot: Ashgate, 2007), 50.
2. Stefan Elbe, *Virus Alert: Security, Governmentality, and the AIDS Pandemic* (New York: Columbia University, 2009).
3. United Nations Development Programme, *Human Development Report 1994* (New York: Oxford University, 1994).
4. Henry Feldbaum and Kelley Lee, "Public Health and Security," in *Health, Foreign Policy, and Security: Towards a Conceptual Framework for Research and Policy*, ed. Alan Ingram (London: Nuffield Trust, 2004), 19–28; Colin McInnes, "Health and Foreign Policy," in *Health, Foreign Policy, and Security*, 29–42.
5. Responsibility to Protect is a new international security and human rights norm in global affairs. Set out by the UN General Assembly in paragraphs 138–9 of the "2005 World Summit Outcome" document, it implies that saving human lives might in some extreme circumstances override sovereignty. For more information, see www.responsibilitytoprotect.org.
6. Feldbaum and Lee, "Public Health and Security"; McInnes, "Health and Foreign Policy."
7. Nicholas Eberstadt, "The Future of AIDS," *Foreign Affairs* 81, no. 6 (November/December 2002).
8. David P. Fidler, "The Challenges of Global Health Governance," Council on Foreign Relations Working Paper (May 2010), 1.

9. Fidler, "A Pathology of Public Health Securitism," 41.
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