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Infectious diseases and regional security in east Asia

The Asian security agenda is undergoing a rethink as ever more diverse and complex threats emerge.1–3 Regional defence policy makers convened in Singapore for the second annual Asia Security Conference between May 31 and June 1, 2003, to discuss the evolving agenda. The gathering took place amid tight security with fever-detecting thermal cameras scanning people to ensure that they did not have severe acute respiratory syndrome (SARS). Beyond these cameras, however, there was practically no significant discussion of public health security interests in the forum. The issue of terrorism and North Korea dominated the debates. The proceedings failed to explicitly recognise an imminent threat to the security and prosperity of the region: the microbial killers.

The policy-making community in east Asia is yet to appreciate the full extent of the infectious diseases threats that they are currently facing and the social and political context within which they exist. SARS may be the much-needed wake-up call. East Asia has been hardest hit by SARS, with China having 5328 cases up to early June 2003, followed by Hong Kong Special Administrative Region with 1753 cases, and Taiwan with 680 cases.4 This is the fourth time in recent years that an emerging infectious disease has surprised east Asia.5 The Nipah outbreak in Malaysia, the enterovirus 71 outbreak in Taiwan, and the influenza H5N1 outbreak in Hong Kong had all confronted the regional public health infrastructure before SARS. This part of the world though has other imminent form of microbial threats it should be concerned with.

After sub-Saharan Africa, Asia is the region of the world most affected by HIV/AIDS.6 With the exception of a handful of states, Asian governments have been slow to respond to the threat of AIDS. The HIV epidemic also poses challenge to the burden of tuberculosis in the region.7 There were an estimated 1.8 million deaths from tuberculosis in 2000 globally, of which 12% were attributable to HIV. The number of people co-infected with tuberculosis and HIV in Asia exceeds two million. Moreover, the spread of HIV into parts of Asia fuel the number of multi-drug-resistant tuberculosis cases. Although these diseases do not generate as much fear and panic as SARS, they result in far greater actual human morbidity and mortality, and in significant long-term economic and social erosion.8 The spread of tuberculosis and HIV/AIDS throughout significantly affected societies can be compared to the effect of a slow acting neutron bomb that eliminates a substantial proportion of the population while leaving the infrastructure intact. These lethal infections are true weapons of mass destruction.

East Asia clearly needs to revisit how it defines security and to formulate mechanisms for its provision. The scope of the definition must transcend traditional concept of security and take into account non-military dimensions. The aforementioned security conference could have been an excellent opportunity for this. Fortunately, there are still other promising avenues. Public health security at the global level is gaining ground, and part of this progress can be attributed to the recent landmark report of the Commission on Human Security.9 The human security concept championed by the commission shifts current thinking by broadening the focus from the state to the security of people. The analysis on health and human security highlighted global infectious diseases as critical and pervasive threats to survival, livelihood, and dignity. Control of these microbial threats is considered both essential and instrumental to achieving human security. This report could help energise regional public health security initiatives if appropriately harnessed.

There are potential avenues for progress at regional level as well. The common strategy hammered out by east Asian leaders for SARS with commitment for information sharing could serve as a platform for a regional network of communicable disease surveillance.10 Evolving regional integration initiatives provide further opportunities for putting infectious diseases on the agenda. The East Asia Vision Group report,11 which proposed strategic directions for integration, noted infectious disease control as an important element. The embryonic form of the envisaged east Asian community, the Association of South East Asian Nations, has also showed signs of embracing the human security approach.12 These patches of global and regional initiatives need to be consciously woven into the tapestry of an east Asian security framework that reconciles security and public health policy. This framework could lead to a highly effective response to the contemporary threats to human security in the region.

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