The Consequences of Securitizing Health Crises in Southeast Asia: opportunities or obstacles?

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Abstract

The debate on the positive and negative dimensions of security tends to draw from securitization theory. Securitization theory has provided a service to this debate by exploring what happens when particular threats are labelled as a security issue by the securitizing actors. The positive/negative debate of securitization theory, especially in relation to migration, the environment and health, has been well established over the last decade. However, like other international relations (IR) theories, securitization theory is arguably 'western-centric' in outlook and scope, and the debate has not reflected the voices and experiences of other regional contexts. This thesis contributes to securitization debates by adding the perspective and experience of the Southeast Asia region. Southeast Asia provides a complex testing site for the securitization processes and debates in relation to a key public 'security' challenge, that of public health. The thesis empirically tests the consequences of securitizing health issues in Southeast Asia, focussing in particular upon contagious disease. Although public health challenges are a global phenomenon, how they are addressed varies across geographic regions, and Southeast Asia is often associated with a particular political culture which shapes its governing norms. By examining how public health crises have been approached as security threats in the regional context, the thesis challenges some of the assumptions at the heart of securitization theory. It also challenges the narrow perceptions of the ASEAN's practice of the regional norms.

This project explores the impact of securitizing infectious diseases in Southeast Asia through the methodology of process tracing, relying on document analysis and semi-structured elite interviews for data. The series of infectious disease outbreaks that occurred between 2003 and 2010 provide the empirical focus. The analysis demonstrates that ASEAN has collectively securitized diseases that bring pandemic risk and that such securitization has clearly made a positive impact upon health security cooperation in the region. Instead of encouraging state-centric thinking, the securitization of health crises has promoted ASEAN to become more regional-centric, in some ways transcending the region's norms, which have historically obstructed cooperation.

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Abbreviations

AADMER – ASEAN Agreement on Disaster Management and Emergency Response

AAHTF – ASEAN Animal Health Trust Fund

AI – Avian influenza

AIDS – Acquired Immune Deficiency Syndrome

Ads-Net – ASEAN Disease Surveillance Net

AEC – ASEAN Economic Community

AHM – ASEAN Health Ministers

AIHD – ASEAN Institute for Health Development

APEC – Asia-Pacific Economic Cooperation

APSC – ASEAN Political-Security Community

ASC – ASEAN Standing Committe

ASEAN Security Community

ASCC – ASEAN Socio-Cultural Community

ASEAN – Association of Southeast Asian Nations

ASEAN+3 – Association of Southeast Asian Nations plus Three Countries

ATFOA – ASEAN Task Force on AIDS

ATWGPRR – ASEAN Technical Working Group on Pandemic Preparedness

AU – African Union

AWP – ASEAN Work Programme on AIDS

BBC – British Broadcasting Corporation

CCC – Component coordinating country

EAS – East Asia Summit

EID – Emerging infectious disease

EOC – ASEAN Emergency Operations Centre Network

EU – European Union

FAO – Food and Agriculture Organization

FMD – Foot and mouth disease

GDP – Gross domestic product

GISN – Global Influenza Surveillance Network

HIV – Human Immunodeficiency Virus

HPAI – Highly Pathogenic Avian Influenza

IHR – International Health Regulations

ILI – Influenza like illness

NAMRU – Naval Medical Research Unit

NCD – Non-communicable diseases

NTS – Non-traditional security

OIE - Office International des Epizooties or World Organization for Animal Health

SARS – Severe Acute Respiratory Syndrome

TB – Tuberculosis

SDG - Sustainable development goals

STD – Sexual Transmitted Disease

UN – United Nations

UNSC – United Nations of Security Council

US - United States of America

WHO – World Health Organization

The Consequences of Securitizing Health Crises in Southeast Asia: opportunities or obstacles?

Introduction

This thesis examines the consequences of securitizing policy challenges in a non-Western context. Security is usually considered something that is positively valued or as something that is good or desired that we should strive for (Gjørv 2012, p.836). More security is usually considered good as it can legitimize and justify policy choices. Attaining positive security involves protection from threats and the presence of conditions, thus facilitating human 'flourishing', and in this sense positive security can be understood as 'security plus' (Nyman 2016). Positive security can be associated with multiple actors as the referent object (Gjørv 2012), including humans (McsSweeney 1999) and states (Roe 2008). In turn, some scholars view negative security as an 'absence or lack of threat/s', and it often associated with traditional militarized and state-centred security (Gjørv 2012). However, a key point of academic contention is whether security should be framed as a positive or a negative value. In some academic circles, there is a deeply ingrained view that 'security should be seen as negative, a failure to deal with issues of normal politics' (Buzan et al. 1998, p.29) since it will only bring more particular emergency politics which are not necessarily positive and unproductive and sometimes can be manipulated for a political purpose. It is this view of securitization that this thesis will test, and ultimately challenge, in exploring how infectious disease has been addressed as a security challenge in Southeast Asia.

Table 1 Positive/Negative Security

POSITIVE SECURITY	NEGATIVE SECURITY
Security is desirable	Security is bad and should be avoided
Protection from threats	Absence of threat
Facilitated by multiple actors	Associated with traditional security (military and state-centric)

Much of the focus of this positive/negative debate has been on the Copenhagen School's securitization theory. Securitization theory explores what happens when particular threats are labelled as a security issue by the securitizing actors (Buzan et al. 1998). Securitization scholars argue that if an issue is successfully securitized, it moves from the realm of 'normal' politics to the realm of 'emergency' politics, where exceptional measures are legitimized and issues are treated differently: using 'threat, defence, and often state-centred solutions' (Wæver 1995). In this context, the security dynamic has provided the securitizing actors with a means to legitimize their actions in attracting attention and extra resources to an issue that may otherwise be overlooked. Aradau (2004) draws on securitization theory and as such critiques securitization as negative because of its processes (non-democratic, fast-tracked procedures) and its outcomes (produces categories of enemy 'others'). Others have suggested that securitization is not necessarily negative (Roe 2012; Floyd 2011). Roe, for example, while recognizing that security/securitization can be problematic, argues that securitization can have a positive impact. The consequences of securitization debates has been furthered explored in other policy areas such as HIV/AIDS (Garrett 2005; Piot 2000; Elbe 2006; Selgelid & Enemark 2008), climate change (Trombetta 2007; Trombetta 2008; Scott 2012; Brauch 2008), migration (Leonard 2010; Carrera & Hernanz 2015) and pandemics (Elbe 2010a; Enemark 2009; Youde 2008).

However, most of the positive/negative debate reflects the European experience only. Empirically, the meaning of security tell us that security means different things in different contexts, that it doesn't have an unchanging 'essence'

(Ciuta 2009, p.303). Moreover, the notion of security also has no inherent value, which has serious implications for the negative/positive debate (Nyman 2016). Therefore, if we are trying to understand security by studying how security is used, we cannot justifiably ignore alternative voices. Hence, Nyman suggested that in order to understand the value of security, it is important to study different empirical contexts to see how different actors use it and how individuals experience it, in order to understand security practices (Nyman 2016). It is in this regard that the research aims to strengthen the securitization theory by adding the perspectives of a non-Western area, the Southeast Asia region.

The rationale for choosing Southeast Asia is threefold. First, in the last decade, empirical studies of securitization especially issue on migration, the environment and health have grown in number and relevance (Balzacq et al. 2015, p.14). Health for instance, has been appearing on national security agenda with some issue like pandemic influenza now apparently well-established (McInnes & Rushton 2012). In addition, there is commonly held view that securitization theory is Eurocentric as it reflects European security concerns and questions and only few empirical studies have been conducted in a non-Western, non-democratic, or even Asian context (Curley & Herington 2011, p.146; Caballero-Anthony & Emmers 2006a). Wilkinson (2007) for instance, pointed out that the theoretical framework presented by the Copenhagen School is currently unsuited to empirical studies outside the West because of a framework biased towards democratic systems, and the assumption that ideas of ‘normal’ or ‘emergency’ politics are applicable globally. However, the description only relevant a few years ago. By contrast, it is against such odds that the framework of securitization has arguably become the most widely applied theoretical framework in addressing the NTS in the recent years (Jones 2011, p.407). Indeed, securitization theory has been regularly deployed by analysts of non-traditional security (NTS) issues (Curley & Herington 2011; Herington 2010; Emmers 2003a; Collins 2003; Caballero-Anthony 2008a). Yet the presence of the securitization theory outside Europe certainly deserves critical scrutiny (Bilgin 2011, p.401). Hence, Southeast Asia is a suitable case to study the value of security.

Second, although the amount of literature on securitization theory in the Southeast Asia has increased, securitization theorists struggle to explain the gap between the security discourse and the regional practice (Jones 2011, p.405; Hameiri & Jones 2013). The practice of the 'ASEAN Way' has been the central debate in studying Southeast Asia's actions and inactions. The 'ASEAN Way' is a code of conduct that includes principles of non-interference, consensus and consultation, and non-binding and non-confrontational decision-making (Acharya 2009b). These norms have been identified as the cause of ASEAN collective inaction over the years (Acharya 2009b; Kim & Lee 2011; Jones 2010) as the decision-making process has often become slow and highly politicized. Therefore, some scholars (Emmers 2003a; Caballero-Anthony 2008a) have argued that there is little evidence that securitization of the NTS issue goes beyond the rhetoric of securitization into deeper institutionalization. However, the recent security environment in Southeast Asia indicates that NTS threats play a major role in affecting the regional cooperation of the member states (Caballero-Anthony 2016; Caballero-Anthony 2010). Indeed, there is a noticeable trend among states and non-state actors of turning to regional and multilevel relationships as preferred frameworks, especially through the authority of regional institutions, in response to the NTS threat (Caballero-Anthony & Cook 2013b; Zimmerman 2014; Pennisi di Floristella 2012). In this sense, studying the consequences of securitization theory provides a good platform to examine the contrasting literature in the Southeast Asia region and the governance of security.

Third, beside practices different norms from those found within the European milieu of the Copenhagen School, each member states of the Southeast Asia region has different political and economic system. For instance, based on Table 2, while Singapore has one of the highest per capita income in the world, several of the mainland Southeast Asia states are among the poorest. The countries in the region also feature a number of different types of government. These include democratic and autocratic. In addition, there are countries with absolute monarchy and constitutional monarchies.Therefore, the region provides a complex testing site for the securitization theory (Lo Yuk-ping & Thomas 2010).

Table 2 Demographic and Socio-Economic Information of ASEAN States

State	Types of Governme nt	Major Ethnic Groups/ Religion	GDP per Capita (US$) Estimation	Land Area/ Population (Million/M)/ Estimation 2017
Brunei Darussalam	Absolute Monarchy	Malay / Islam	$78,200 (2017)	5,765 sq km/0.4 M
Kingdom of Cambodia	Monarchical / Quasi-democracy	Khmer/ Buddhism	$4,000 (2017)	181,035 sq km/16.2 M
Republic of Indonesia	Quasi-democracy	Malay / Islam	$12,400 (2017)	1,904,569 sq km/260.6 M
Laos People's Democratic Republic	Communist	Laos/ Buddhism	$7,400 (2017)	236,800 sq km/ 7.1 M
Malaysia	Monarchical / Quasi-democracy	Malay / Islam	$29,000 (2017)	329,847 sq km/ 31.4 M
Union of Myanmar	Military	Burmese/ Buddhism	$6,200 (2017)	676,578 sq km/ 55.1 M
Republic of the Philippines	Democratic	Filipino/ Christians	$8,300 (2017)	300,00 sq km/ 104.3 M
Republic of Singapore	Quasi-democracy	Chinese/ Buddhism	$93,900 (2017)	697 sq km/ 5.8 M
Kingdom of Thailand	Monarchical / Quasi-democracy	Thai/ Buddhism	$17,900 (2017)	513,120 sq km/ 68.4 M
Socialist Republic of Vietnam	Communist	Viet/ Buddhism	$6,900 (2017)	331,210 sq km/ 96.1 M

Source: (Central Intelligence Agency (CIA) 2017; ASEAN 2018). Compiled by the author

Empirical Case Study: Securitization of Health Crises in a Non-Western Context

The thesis empirically tests the application of securitization theory to health challenges. This is because, as noted by Curley and Herington (2010, p.142), despite the increase in public health scholarship, the empirical analyses of key cases on the link between health and security remain scarce. Similarly, Rushton (2011, p.59) also proposed that ‘a framework for global health security should be assessed against empirical evidence and not solely depend on the basis of theoretical

composition’. Southeast Asia provides a suitable test site since the intersection between health and security has become more apparent. The diversity in geography and history, including social, cultural and economic differences, have contributed to the highly divergent range of health statuses and health systems across and within the countries of Southeast Asia (Chongsuvivatwong et al. 2011). Therefore, health issues and communicable diseases, such as TB, HIV/AIDS, rabies, and cholera, and non-communicable diseases (NCD) like diabetes, cardiovascular disease and cancer, record high mortality and morbidity rates in the region compared with other regions, and are considered as a key national concern (Narain & Bhatia 2010; Coker et al. 2011; Braillon 2011).

It was with the outbreak of SARS that ASEAN became more actively involved in health-security linkage (Lamy & Phua 2012; Caballero-Anthony 2006). The emergence of H5N1 and H1N1 have further pushed the health issue into being considered as a serious security threat to the region (Jones 2011, p.404; Haacke & Williams 2008; Curley & Herington 2011; Herington 2010). Therefore, Southeast Asia provides a suitable test site since the region is becoming the hotspot for emerging infectious diseases including those with pandemic potential (Coker et al. 2011; Lamy & Phua 2012, p.236; Acuin et al. 2011, p.534).

In this sense, the aim of the thesis is to critically explore and examine the outcome of the linking of health and security at the regional level. In so doing, the thesis builds on the literature of securitizing health issues by focusing on the process of constituting SARS, avian influenza (H5N1) and swine flu (H1N1) as security challenges in the Southeast Asia region. These epidemics have distinctive characteristics that make their emergences significant and interesting. Unlike other communicable and non-communicable diseases, these epidemics are especially susceptible to securitization because of their impacts caused morbidity and mortality in a relatively short time, and because of the manner in which they spread. Although these diseases have not killed as many people as HIV/AIDS or malaria, they have the potential to spread quickly and far beyond the points of origin or discovery. Therefore, these diseases can be considered ideal representatives of the health

threats as the features of ‘speed’ and ‘dread’ of infectious diseases make them suitable for securitization (Enemark 2007, p.8).

The objective of this research is to examine the consequences of securitizing health crises at the regional level, and in particular whether such a move has pushed the region to strengthen cooperation or resulted in states becoming more state-centric in accordance with the region’s historical norms and practices. The focus of the analysis is therefore on how the process of securitization of health challenges occurs at the regional level and the implications of such process at the regional level. It thus seeks to contribute to bridging critical theoretical and empirical approaches to the study of security. The research, therefore, sheds light on the positive and negative security debate by adding more voices and a periphery perspective (Buzan & Acharya 2007, p.286). In order to achieve the stated aim and objective, the research questions are as follows:

Which health issues have been collectively securitized?
What is the impact of securitizing infectious diseases at the regional level?
Has framing the disease as a regional security issue encouraged regional cooperation between states, or have they responded in line with narrow interests, according to the region’s practice of the ‘ASEAN Way’?

Methodology

This section will provide a brief explanation of the research methodology, which will be considered in greater depth in the next chapter, Chapter 2.

Qualitative methodology is the appropriate strategy in order to answer the research questions; it provides detailed data in order to challenge the longstanding beliefs and assumptions underpinning securitization theory and to understand the depth and complexity of Southeast Asian perspectives on the security framework. Given the membership of ASEAN and its long history, the thesis adopts the case study approach. In this regard, the methodology of this research has been based on process tracing. Document analysis is used to gather data and it has been complemented by interviews with elite key informants, as official documents and statements only tend to reflect the official position of the ASEAN and do not reveal the internal processes leading up to those positions. These interviews provided data on the perceptions of such actions and the reasons behind any actions taken. Moreover, this method assisted the researcher in the interpretation and clarification of choosing statements and documents. The primary data generated from the interviews supplemented and verified the findings from the existing secondary data, which has determined the implications of framing those diseases. Data collected have been triangulated with academic materials (on health, security studies, security in Southeast Asia, and regional institutions) in order to confirm and validate them.

Prior to undertaking the fieldwork, ethical approval was obtained from the University of Leeds Research Ethics Committee. The aims of this research have been explained to all the individuals who were contacted and interviewed. They have been informed of the methods used for handling their personal data, the justification for requesting their data, the duration of data use and storage, and the guarantees concerning the rightful use of the data.

Two interviews were conducted in English, while another two interviews were conducted through a combination of the English and Malay languages. Likewise, the

methods in the document analysis used a combination of English and the Malay language where applicable. As the Malay language is spoken in four out of the ten states in ASEAN, the language itself can be fully utilized to add richness to the data that have been collected.

Value and Relevance of the Research

The value and relevance of this research is twofold.

First, it contributes to the advancement of the existing knowledge on the positive and negative impacts of securitization in relation to health issues, in this case by adding empirical perspectives from the non-Western context.

On one hand, literature on framing health security issues such as the spread of HIV/AIDS (Prins 2004; Singer 2002; Elbe 2002) or the outbreak of SARS and pandemic influenza (Enemark 2009; Davies 2008; Kamradt-Scott & McInnes 2012; Abraham 2011) has been well presented to the international system, positioning health issues as an actual serious threat to the international system. Despite the increasing amount of literature on the health-security linkage, a growing body of work has also begun to revisit the initial claims made regarding the linkage (Smith 2015; Peterson 2002; Enemark 2009; McInnes & Lee 2006; Nunes 2015). However, like other IR theories, securitization theory is too Western-centric as it does not represent the voices, experiences, knowledge claims, and contributions of the vast majority of the societies and states in the world, beyond the West (Acharya 2014, p.647). The presence of a Euro-centric bias in the securitization theory has been said to weaken the application of the framework outside of the Western context, particularly in the non-Western, non-democratic and transitional states (Wilkinson 2007; Curley & Herington 2011). In contrast, the Southeast Asia region has been regularly deployed in securitization debates on NTS issues (Emmers 2003a; Curley & Herington 2011; Herington 2010; Collins 2003; Caballero-Anthony 2008a; Caballero-Anthony et al. 2006). Nevertheless, in the non-Western regions, literature on the health-security linkage remains scarce (Curley & Herington 2011, p.142). Although health issues are

a global phenomenon, how they are addressed varies across geographic regions, and in Southeast Asia this is shaped by the political culture known as the ASEAN Way. Therefore, adding more voices and experiences from non-Western contexts, in particular from the Southeast Asian region, can challenge the assumptions about the consequences of securitization theory.

Second, the thesis challenges the narrow belief that the ASEAN institution is only rhetorical and their norms and practices are absolute, examined further in Chapter 3, by making a contribution to the understanding of how ASEAN has actually responded in facing this key NTS issue.

Structure of the Thesis

This thesis is structured into two parts: theoretical framework and empirical case study, and each of these are divided into six chapters. Chapter 1 sets out a thorough discussion of the theoretical framework, namely the Copenhagen School of securitization theory. This theory acts as guidance for the empirical analysis of this thesis. It begins by outlining the debate between the main theoretical schools on how to broaden security concept without losing its analytical value. Securitization approach provides an analytical framework to construct particular issue as security threats. The section continues with a discussion of the core assumptions of the theory before highlighting those aspects of the theory that this thesis argues need to be revisited for the purpose of this research: namely, the argument that securitization theory is currently unsuited to the empirical studies outside of the Western region, the question of whether securitization would need extraordinary measures to identify a successful securitization move, and the debate around whether securitizing NTS issues could bring more harm than good.

Chapter 2 specifically addresses the linkage between health and security and the research design and is divided into two sections. The first part of the chapter aims to trace the evolution of the health-security linkage in the global health discourse by examining the scholarly debate on the health-security nexus: the major

events that have shaped the rise of the health-security notion. The chapter then continues to provide an overview of how Southeast Asia regional security practice is traditionally structured. The chapter thereby sets up the background to explore the implications of securitizing health issues in Southeast Asia. Chapter 2 continues to explain and justify the selections of research design and case studies, the methodology, and challenges occurring during the research. In order to strengthen the reliability and validity of the collected data, triangulation strategies are also discussed. The last section explains the ethical requirements needed to conduct an ethical fieldwork.

Chapter 3 presents the findings of an analysis of the ASEAN health discourse since the establishment of the organisation in 1967 until 2010. In doing so, the chapter highlights the process of securitizing infectious diseases at the regional level in order to identify the type of health challenges that have been collectively securitized and whether there have been shifts on how the institution views the health issues. The chapter argues that only diseases with pandemic potential that could give threaten the region's economic stability have been successfully securitized at the regional level and ASEAN has managed to create practical mechanisms to address the issue, setting aside the critiques that the regional institution is only a talking shop.

The following two chapters present the main findings of the case studies on the Southeast Asian policy development within the health security field. Chapter 4 picks up the relevant context argued in the previous chapter by focusing on the implications of securitizing series of infectious disease outbreaks in Southeast Asia, a region which has different norms and practices from those found within the European milieu of the Copenhagen model. In parallel with the debate on other NTS issues that have been subject to contested securitizing moves that have been critiqued as ineffective, counterproductive and unjust, the chapter examines the consequences of securitizing the health crises at the regional level. The chapter demonstrates that while there are some disadvantages to the regional effort of constructing the pandemic disease as a regional security threat, the advantages of

such a move outweigh the drawbacks, particularly in terms of establishing regional health mechanisms.

Chapter 5 examines how selected ASEAN member states respond to the health-security linkage, and in particular whether this shift has encouraged closer regional cooperation or, on the contrary, whether securitization has reinforced the historical regional practice in which collective action has often been ineffective. In parallel with the debate that securitization can hinder cooperation, this chapter examines the states' responses to such claim. This chapter contends that instead of causing states to become more state-centric, thus hindering cooperation, framing pandemics as a regional security issue encourages states to become more region-centric, setting aside the region's norms in important instances.

The final chapter, Chapter 6, concludes the empirical findings in this research. In response to the debate in relation to other NTS challenges – in particular, whether this framing of NTS issues will actually improve or lessen any attempts to govern them more effectively – the thesis then explores the consequences. To answer the question, this research investigates the process of securitizing health crises in the Southeast Asia region. Besides contributing to the existing knowledge on security studies, the research also contributes to the regional framework, particularly to their security and policy issues in addressing the health crises.

Chapter 1

Securitization Theory

1.1 Introduction

This chapter aims to present the structure of the chosen theoretical framework in order to prepare for the analysis of empirical findings in the subsequent chapter. The section sets out with the evolution of security concepts before the debate on the re-conceptualization and widening of the concept of security are explored. The debate created a significant question of how to broaden the scope of security to encompass other non-military issues, while avoiding losing its analytical value. As part of the review, the second section examines two possible outcomes of this debate: securitization theory, and human security. Although human security is viewed as one of the solutions to the debate, it has been criticized for its lack of a meaningful concept, particularly in addressing non-traditional security threats. It is in this contextual gap that securitization theory has attempted to fill. However, the theory also comes with conceptual and methodological shortcomings. By offering an outline of the theory and the different weaknesses identified by security scholars, this chapter highlights the value of the theory while noting it requires further refinement.

1.2 Redefinition of Security Concept

Security concept is an ambiguous term as it can be a goal, an issue area, a research programme, or a discipline (Haftendorn 1991, p.3). The Oxford English Dictionary

defines security as ‘the state of being or feeling secure’ [and] ‘the safety of a state or organization’ (Waite & Hawker 2009). Simply put, security in layman’s terms describes the physical and psychological condition of feeling safe and secure from any dangers or threats. However, these definitions are different from the concept of security used by international relations (IR) theorists and experts when referring to national security or security policies as they offered more detailed explanations of the term.

Since the outbreak of the Second World War, security studies have become synonymous with the issue of war and peace. Especially in the midst of the Cold War era, the definition of security was straightforward: anything that involved war and military forces and the state as the only actor in the international system. The security studies literature fits comfortably within the familiar realist paradigm. There are three main assumptions made by realists. First, international systems are in a state of anarchy – there is no international authority that can enforce the agreement and prevent the use of force. Second, the state is the main actor within the international system. Third, power is the defining feature in the international environment. As the state is the main referent of security policy, realists argue that the main responsibility of the state is to protect its citizens against internal and external threats. Hence, a state would use any means, including use of force, to protect their interests, territorial integrity and sovereignty as power and stability are the decisive determinant factors for a state to achieve security (Keohane 1986; Mearsheimer 1995).

Clearly, this model of security is determined by placing the military issues at the central focus of the field. Low-level political issues such as health, welfare and environment are viewed as issues of domestic politics and need to be kept separate from the ‘high politics’ of state security (Hough 2008, p.3). However, in the years leading up to the end of Cold War, the restricted paradigm of the security concept no longer sufficiently addressed the phenomenon in the contemporary world. These assumptions about security have been questioned above by the group known as

‘wideners’ ever since the failure of the traditionalist analysts in anticipating the end of the Cold War and the emerging threat posed by NTS problems.

The urgent need to challenge the conventional view of security ushered in abother school of thought, the so-called ‘wideners’, to widen the security studies agenda. On one hand, with the rise of NTS threats in the late 1980s, the ‘widener’ scholars such as Buzan (1991), Ullman (1983) and Mathews (1989) believed that the concept of security should not be restricted to the military realm only but should instead incorporate other issues, such as the economic, social and political, which are both the causes and effects of security. On the other hand, the ‘deepeners’ believed that the security agenda should not be restricted to solely focus on the state but also opened out to include other security referents, such as individuals, communities and social groups. For instance, Buzan, a leading scholar among the wideners, in his seminal book, *People, States and Fear*, points out that security should not be limited to the military discourse as people are also affected by threats in different areas. He also maintains that beside states, other actors in the international system also play significant roles (Buzan 1991). For the wideners, the damaging impacts of these threats on states are no less than the effects impacting on military power. The main aim of the wideners is to extend the range of knowledge and understanding of the concept of security studies.

The traditionalist scholars, likewise, contend the overuse of the term security. Walt raised his concern at the wideners’ attempts to broaden the notion of security as the useful prioritization function of security studies could be lost if everything is being regarded as an urgent matter of security (Walt 1991, pp.212–213). For him, security studies are still about the phenomenon of war. Hence, proposals including other non-military issues risk the logic of security studies. If all issues, such as pollution, disease or economic recessions, are regarded as security issues, it would destroy the intellectual coherence and thus make it more difficult to devise solutions. Moreover, the emergence of other threats does not mean that the threat of war is eradicated. Walt asserted that although, ‘other hazards exist, [this] does not mean that the danger of war has been eliminated’ (Walt 1991, p.213). Thus, any attempt to

ignore or eliminate the role of military forces in security studies is deemed irresponsible. For the traditionalist, widening the security agenda is risky as it can make both scholarship and state policy incoherent. Putting too much effort into widening the security agenda will risk the essential meaning of security becoming void.

The idea of the ‘wideners’ positioning ‘everything as a security issue’ has also been refuted by scholars exploring the non-military dimensions of security. Although the word ‘security’ presently attracts heightened political attention, the ability could be diminished if we overuse or abuse the concept. An example of this has been raised by Deudney (1990) in favour of expanding the meaning of security on the issue of environmental. In his words, ‘If everything that causes a decline in human well-being is labelled a “security threat”, the term loses any analytical usefulness and becomes a loose synonym for “bad”’ (Deudney 1990, pp.463–464). Similarly, Selgelid and Enemark (2008) voiced their concern with characterizing HIV/AIDS as a security threat. Such an effort may put too much strain on the concept of security: if the term ‘security’ is used too loosely, it will lose its meaning and no longer be able to play a useful role in political discourse (Selgelid & Enemark 2008, p.458). Huysmans (1998), likewise, was concerned that the notion of security will become a ‘trivial concept’ when the difference between security and non-security problems cannot be deliberately established. Wæver (1995, p.47), one of the leading scholars of widening the agenda, was also concerned by the attempt to widen security issues. He believes that, ‘...addressing an issue in security terms will allocate the state an important role in addressing it. This is not always an improvement'.

Nonetheless, the traditional conception of defining the notion of security, wherein the security concept should stay in the realm of military issues, does not mean that the non-traditional security threats do not exist nor that they have no impact in the world or the community. Indeed, the traditional definition of security is widely criticized by other academics as it neglects to recognise the whole situation of the ‘real’ world when the emerging threats posed by non-military issues like territory

conflicts and resource scarcity have the same impact as military issues (Ullman 1983).

In this sense, the traditionalist fails to define the notion of security based on the contemporary world. At the same time, the widener's objective of treating security as a 'catch-all concept' resulted in losing the intellectual coherence of the security concept. In this context, the question focuses on how to broaden the scope of security to encompass non-military issues, while avoiding a loss in its analytical value, but none of these assumptions effectively represent the realityof the contemporary security agenda. One way to settle this debate is through the concept of human security (Newman 2001, p.241).

1.3 Human Security

Human security is based on the intertwined concepts of 'freedom from want' - community, economic, food, health, personal and political securities - and 'freedom from fear'. Human security literature can be traced back to 1994 when the United Nations Development Program (UNDP) published a Human Development Report. This report consisted of seven dimensions: namely, food, economic, political, health, personal, community and environmental. In the report, human security was defined as the security of people enjoying freedom from want in the midst of threats posed by the seven dimensions and freedom from fear - associated with the state-centric perspectives of the realists such as freedom from authoritarian states (Paris 2001; Nishikawa 2010). This in turn seems parallel to the agenda of broadening the discourse within the academic study of security. The UN's concept of human security suggests a concern with quality of life rather than emphasizing weapons and defence. Human security emphasizes the security of individuals before the state. Hence, scholars studying NTS threats like poverty, malnutrition, disease, or environmental degradation use the human security approach in an attempt to encourage the state to give more attention and resources to the NTS threats from the perspective of the security of the people (James 2013; Karyotis 2012; Lo Yuk-ping & Thomas 2010).

The idea of human security seems plausible as it attempts to address the gap that the traditionalists and the wideners failed to fill. Paris (2001) offers a positive review on the practicality of applying the human security concept in security studies. Using a matrix, shown in Figure 1.1, he portrayed security studies as a four-cell matrix with human security occupying one of these cells. Paris claims that such an avenue would contribute to IR and security studies, as the idea of human security may serve,

> as a label for a broad category of research in the field of security studies that is primarily concerned with non-military threats to the safety of societies, groups, and individuals, in contrast to more traditional approaches to security studies that focus on protecting states from external threats. (Paris 2001, p.96)

Figure 1.1 Matrix of Security Studies

What is the Source of the Security Threat?

Security for Whom?	Military	Military, Nonmilitary, or Both
State	Cell 1 National Security Conventional realist approach to security studies	Cell 2 Redefined security e.g. environmental and economic security
Societies, Groups, and Individual	Cell 3 Intrastate security (e.g. civil war, ethnic conflict, and genocide)	Cell 4 Human Security (e.g. environmental and economic threats to the survival of societies, groups and individuals)

However, despite such contributions, human security does not escape from criticism, whether of their conceptual framework or of their analytical weaknesses (Newman 2010; Thomas & Tow 2002). The first negative effect broadens the concept of

security to encompass anything that threatens the security of the people, like unemployment or homelessness. Khong (2001, p.232) argues that such efforts to prioritize everything will end up prioritizing nothing. Keith and Krause further argue that ‘a broad vision of human security is ultimately nothing more than a shopping list’ and this might cause the approach to become a loose synonym for ‘bad things that can happen’ (Krause 2004a, p.40). Indeed, the term would become meaningless if everything were regarded as a security issue, as this could confuse scholars and policymakers. Second, and more important, it is not clear that anything is gained by linking ‘human security’ to issues such as education, fair trade practices and public health’ (Krause 2004b, pp.367–368). In other words, a more narrowly defined concept of human security is needed to achieve greater analytical and policy value, which could differentiate this concept from the traditional security elements (Thomas & Tow 2002, p.178). It is based on these arguments that the research turned to other approaches of studying the NTS threats.

1.4 The Copenhagen School of Securitization Theory

While the wideners believe that the inclusion of other issues as a security threat could enhance the analytical value of the security concept, the traditionalists argue that this move would only make the term lose its meaning and they emphasize the need to focus on the military issues in order to preserve the value of the notion of security. The debate has left a huge gap in defining the security concept in terms of broadening the scope of the term security in encompassing non-military issues, while at the same time avoiding a loss of security’s analytical value. Meanwhile, the broad definition of the human security approach might cause vagueness when applying the approach within a sophisticated conceptual and analytical framework. The Copenhagen School of securitization theory offered an alternative answer in the debate on broadening the security agenda without losing its analytical value. This school of thought fills the gap in the debate between the traditionalists, wideners and human security scholars as they choose a middle position in the debate.

Securitization theory is a constructivist-based theory which originated from the Copenhagen school of thought. The securitization concept first entered the IR arena through Wæver (1995) before he cooperated with Buzan and de Wilde to fully polish the framework (Buzan et al. 1998). In one of the most notable writings offered by this school, 'Security: A New Framework for Analysis', written by these scholars, they argue that security is about 'survival'. It is when an issue is presented as posing an existential threat to a designated referent object (traditionally, but not necessarily, the state, incorporating government, territory and society) (Buzan et al. 1998, p.21). Based on this definition, the school maintains the security-survival-logic found in a traditional understanding of security. Yet, they have broadened the concept of security by extending it beyond military security into four other categories: environmental, economic, societal and political security. At the same time, the school refuted the idea that 'everything is security'. They argued that labelling an issue as 'security' takes it beyond the realm of normal political discourse and allows exceptional actions to be undertaken (Buzan et al. 1998, p.26). Given that context, the school developed an analytical framework to study security known as the securitization and desecuritization model in order to overcome the vagueness in identifying security issues.

Instead of accepting the traditionalist view that the domain of security issue is still in the military sector and proposing a universal list of definitions of security concepts offer by the wideners, the Copenhagen School provides security tools for analyzing many different types of threat by focusing on how particular developments or issues are discursively constructed as a security threat. The theory explores the logic of security to find out what differentiates security and the process of securitization, which is merely political (Buzan 1999, p.3). Securitization theory provides a better view in recognizing a 'normal' politics moving into a realm of 'unusual' of emergency politics. Most importantly, the securitization theory answers the question of how to determine an issue as a security threat without losing its analytical value, as it requires a securitization formula, namely the speech act, target audience, etc. to legitimize their actions.

The idea of securitization theory draws heavily on the theory of language, specifically from the branch known as 'speech act theory'. Through the theory of language, we can regard 'security' as a speech act. Wæver (1995, p.35) indicated that the speech acts are in theory illocutionary in nature. 'Security is not of interest as a sign that refers to something more real; the utterance itself is the act. By saying it [security] something is done (as in betting, giving a promise, naming a ship)'. In other words, labelling something as a security issue turns it into such, although this does not necessarily mean that a real threat is present (Buzan et al. 1998, p.26).

The meaning of security is constructed when the securitizing actor state, as the particular referent object, is threatened in its existence. The actor then claims the issue is positioned as an absolute priority on the government agenda and invoked for an emergency measure to ensure the referent object's survival. This moved the issue from normal politics to the realm of emerging politics. In other words, when someone utters that 'X' is a threat to the government's survival, then it becomes securitized, as it becomes the government priority whereby immediate actions will be taken by the government. This does not mean that everyone can become securitizer, as they need to meet certain conditions; the words have to be said by someone in authority, in the right context and according to certain pre-established rituals or conventions (Peoples & Vaughan-Williams 2010, p.95).

Meeting these conditions does not in itself guarantee that an issue will become securitized: the critical condition for a successful securitization process also requires that the audience be persuaded. In this context, a complete securitization process will not occur even when the securitizing actor has presented something as an existential threat. At this stage, for an issue to be regarded as a security issue, the audience has to accept the interpretation of events by the actor and recognize that extraordinary measures must be implemented. In other words, the issue is only securitized if the audience accepts it as such and if the securitizing actor fails to convince the audience via the speech act, the act is merely 'securitizing move' (Buzan et al. 1998, p.25). In other words, gaining audience acceptance is a crucial move towards securitization. At the same time, the role of audience has prevented

the securitizing actors to abuse their power as the securitization process is largely determined by the audience (Buzan et al. 1998, p.31).

Buzan et al. (1998) have referred to it as a two-stage process. In the first stage, to ensure that an issue is addressed as a security issue, an actor has to make the issue into an existential threat. However, it does not automatically mean it has become a security issue. This step is known as the securitizing move, but to ensure the issue is securitized, the audience should accept the move made by the securitizing actor. Thus, the second stage, for an issue to be regarded as a security issue, the audience has to accept the interpretation of events by the actor and recognize that extraordinary measures must be implemented. Through this stage, it is not only revealed how an issue becomes a security issue but also examines which actors initiate the securitizing move and the need for the audience to accept the interpretation

Security is not an objective condition but the outcome of specific social processes. In order for any threat to become represented and recognized, it needs to be analysed by examining the 'securitizing speech act'. As what Wæver (1995, p.55) argues, 'we can regard security as a speech act…the utterance itself is the act…by saying the word, something is done'. In this context, the concept of security can be best defined as a 'self-referential practice, because it is in this practice that the issue become a security issue - not necessarily because a real existential threat exists but because the issue is presented as such a threat (Buzan et al. 1998, p.24). Moreover, securitization is 'essentially inter-subjective process'(Buzan et al. 1998, p.30). Although the securitizing actor managed to present such an existential threat, without the acceptance of the relevant audience, the threat could not be securitized. Only through an audience's consent that such move can precede which will put a 'normal' political issue into a realm of emergency politics agenda. This highlights the importance of inter-subjectivity in determining the success of such process.

Based on the above discussion, the Copenhagen School provides the best answer in broadening the concept of security without losing its analytical value. Both

traditional and NTS issues can be incorporated into the security concept through the significant criterion in the Copenhagen School - an issue is defined by the intersubjective establishment between securitizing actor and audience of an existential threat, which legitimates actors to deal with that threat using extraordinary means. Because of that, securitization theory has become the most widely applied theoretical framework by analysts for 'non-traditional' security issues (Jones 2011, p.408), such as issues on religion (Fox & Akbaba 2013), transnational crime (Laki 2006; Emmers 2003a) and drug trafficking (Crick 2012). Despite its success in transforming the security discourse, the theory is not without conceptual and methodological shortcomings. Hence, the next section will be examining the shortcomings of the theory in order to promote its advancement despite the weaknesses.

1.5 The Value of Securitization/Security

Securitization theory has two main contributions. First, it stressed the responsibility of securitizaing actors in facing the securitize issue (Wæver 2003, p.24) and second, it serves as an early warning to the referent object (Lo 2012). In other words, based on Waever's argument, securitization mechanism supports the explicitness behind the logic of securitizing move as the securitizing actors need to clarify their reasons for securitizing one issue over others. Therefore, it can avoid misuse of power among the practitioners (Wæver 1999, p.337). Because ofsuch contributions, securitization theory has become the most widely applied theoretical framework by analysts for 'non-traditional' security issues (Jones 2011, p.408), such as issues on religion (Fox & Akbaba 2013), transnational crime (Laki 2006; Emmers 2003a) and drug trafficking (Crick 2012).

Despite securitization theory has been distinguish as one of the most vibrant areas of research in contemporary security studies, scholarly debates on the securitization theory have broadly focus on the the positive/negative debate of security/securitization theory. As discussed briefly in the previous chapter, the Copenhagen School study view security as inherently negative and usually best avoided (Aradau 2004; Buzan et al. 1998). Aradau describes securitization's

production of ‘us’ and ‘them’ categories as something inherently negative; as there will always be winners, the ‘security-haves, there will always be losers, ‘the security have-nots’ (Aradau 2008, pp.397–400). Even (Wæver 2011, p.469), the pioneer scholar’s of the Copenhagen School warned about the unavoidable negative effects of securitization whenever the theory is used including the logic of necessity, the narrowing of choice, the empowerment of a smaller elite. They view the realm of security as opposed to normal politics and based on these assumptions they argue that in most cases ‘security should be seen as a negative, as a failure to deal with issues as normal politics’ (Buzan et al. 1998, p.29).

Nevertheless, not all scholars agreed with the claim. Rejecting securitization’s Schmittian inheritance on the extraordinary politics which constitutes in the Copenhagen School, Booth’s understanding of security as emancipation can be read direct counter to such the characteristics of securitization (security) - state-centric, military centric, zero-sum (Booth 2007, p.165). In fact, he instead suggest an alternative renderings to the ‘negative’ perception on securitization;

> Such a static view of the [securitization] concept is all the odder because security as a speech act has historically also embraced positive, non-militarised, and non-statist connotations … Securitisation studies, like mainstream strategic studies, remains somewhat stuck in Cold War mindsets.(Booth 2007, p.165)

Booth furthered argued that therefore securitization has the potential to resist an ‘expectation of hostility’ where in positive terms it is able to embrace the potential for human equality which Aradau postulates (Booth 2007, p.165).

Other authors,however, suggest an alternative to overcome this debate by focusing on studying the value of security/securitization in a context. Context, although mentioned by the key authors in the debate, but rarely elaborated upon or taken to its logical conclusions. Rita Flyod for example, the pioneer of the alternative approach to evaluate securitization argued that securitization is neither priori positive

nor negative; rather, it is issue-dependent (Floyd 2007, p.327). Floyd (2010, p.4) is against on the narrow perception on the outcome of such securitization move will only end up with either conflict or security dilemma as what the securitization's scholars like (Wæver 1995) claimed. Instead, Floyd which in her later work defines negative security as 'morally wrong' and 'morally prohibited' and positive security as 'morally right' and 'morally permissible', suggests that 'securitizations are not categorically morally wrong, but rather that, depending on the beneficiary of environmental security policies, securitization can be morally permissible' (Floyd 2010, p.4). Thus, she suggests that we need to focus on the consequences or the outcome of securitization in judging securitization. Thus, utilizing a consequentialist ethics, Floyd posits that security outcomes will inevitably serve the interests of some rather than others. In fact, Floyd believes that security for the many rather than for the few – is generally indicative of a positive securitization (Floyd 2007, pp.337–340). Here, she gave an example of Ebola epidemic in West Africa in 2014 where she claimed that securitization in this case is morally required as the harm of failing to securitize the issue is greater than the securitization outcome (Floyd 2016).

As she focuses in the consequences or the outcome of securitization in judging securitization, she argued that 'securitization has no intrinsic value; what matters are the consequences of securitization alone' (Floyd 2010, p.7). In this way, securitizations are judged on their consequences. Therefore, inspired by just war tradition, Floyd proposed a rendition of securitization theory by introducing 'just securitization theory (JST) (Floyd 2010; Floyd 2011; Floyd 2014). JST differentiates between morally permissible and prohibited securitizations only. In other words it is concerned with what securitizing actors are permitted to do, not with what they are morally required to do (Floyd 2014, p.121). Therefore, Floyd (2011) have set criteria that determine the moral rightness of securitization is akin to the Copenhagen School's criteria that can determine the existence of securitization and its success. Unlike the majority of securitization scholars, led by Wæver, object to securitization and advocate desecuritization as the preferred long-term option on normative grounds, Floyd believes that just like securitization, desecuritization itself is not automatically justified, but needs to fulfil criteria in order to be just (Floyd 2016,

p.78). Hence, Floyd stressed the revision of securitization theory is necessary in order to examine the moral rightness of securitization as securitization is not necessarily 'bad' as it depend on the context. In order to do that, the analyst must: 1)establish whether or not existential threats are objectively present; 2) examine both the intentions of aggressors and those of securitizing actors; 3) identify universal values that determine the referent object's moral legitimacy. In fact, in her most recent article, Floyd proposed two issues to avoid securitization from causing direct harm by justifying the securitization itself: when to request security and how to request security, since securitization is very much concerned with security speech (Floyd 2018, p.59).

The important of context in determining the outcome of securitization has been agreed by other scholars. Other scholars also supported the idea that security/securitization is not inherently 'bad' as the consequences of such move should depend on the context. Roe's 2014 article on 'Gender and "positive" security', draws on gender and feminist approaches to emphasize different context in determining security (Roe 2014). Meanwhile, (Gjørv 2012, p.838) who relates context, practices and values in the positive/negative debate, arguing for a 'multi-actor, practice-oriented security framework'. Through the multi-actor security approach, he emphasized the role of actors is the key in determining the result of securitization as it allows us to observe and assess what practices between actors appear to succeed in given contexts, and what processes fail (Gjørv 2012, p.858). Meanwhile, (Nyman 2016), has emphasized 'the need for detailed empirical enquiry to see how different actors use security in different contexts and how individuals experience it, asking what different security practices do, what actions and habits they produce, and how they affect life experiences' (Nyman 2016). In other words, in order to understand the value of security, we need to study how it works and what it does in different empirical contexts. There is therefore much potential for other research on the value of security in different contexts. If we are trying to understand security by studying how security is used, therefore, we cannot justifiably ignore alternative voices. Following this alternative, the research is attempting to study how security is used and what it does in different empirical context by empirically tested it

in the Southeast Asia region. Nevertheless, the theory is not without conceptual and methodological shortcomings. Hence, the next section will discuss the shortcomings of the theory that will be addressed in the research.

1.6 The Shortcomings of Securitization Theory

There have been numerous attempts to develop, extend and revise securitization theory in order to address various shortcomings in the original formulation (Balzacq 2005; Jones 2011; Wilkinson 2007; Caballero-Anthony & Emmers 2006a; Floyd 2010). The major inadequacies summarised in this research include the positive/negative debate of securitization, the presence of Eurocentrism in the theory, and the role of emergency measures in defining the success of securitization, particularly in a collective regional arrangement. Despite their criticism, scholars attempting to address various shortcomings in the original formulation suggest the importance of this theory in the development of security studies. Therefore, this section draws from and expands upon these various critiques in order to develop a theoretical framework to be applied in this thesis.

1.6.1 Securitization or Desecuritization and Its Consequences

The school has offered an innovative and original view from a broad spectrum of security issues. Hence, this approach has become particularly influential in addressing new security threats; as a security issue, it offers a solution on how to answer questions on determining a normal political issue as a security threat without losing its analytical value (Floyd 2015). A number of scholars have begun to apply this theoretical framework in the construction of NTS threats such as the issue of religion (Mavelli 2013; Fox & Akbaba 2013), transnational crime (Laki 2006; Emmers 2003a), drug trafficking (Crick 2012), distribution of aid (Petřík 2008; Aning 2010), development (Hettne 2010), environmental degradation (Trombetta 2008), climate change (Brauch 2008), infectious diseases (Davies 2008; Herington 2010), HIV/AIDS (Elbe 2006), and pandemic influenza (Kamradt-Scott & McInnes 2012; Curley & Herington 2011). By moving the NTS issues higher up on either

international or national agendas, it legitimizes the urgent moves needed to address the threats. More security is usually considered good as it can legitimize and justify the leader's policy choices, especially policy in regards to the rise of NTS challenges. Moreover, securitization provides incentives for government policy-makers to devote greater attention and resources to an issue that may otherwise be overlooked. However, with such positive moves come some potentially negative consequences

The attempt at widening the concept of security has sustained inquiry into the effects of placing the label of security onto various types of non-traditional security (NTS). In order to evaluate the debate on the consequences of securitization theory, the thesis focuses on three policy areas: namely, environmental degradation, migration, and health, which the thesis claims received most attention on the international agenda (Balzacq et al. 2015, p.14).

One ultimate reason for the security linkage into NTS issues is to attribute a sense of urgency to the latter. Such steps are often said to have given greater attention to the NTS issues on the global political agendas, attracted more financial resources, generated new policy initiatives and benefited the causes by the involvement of wider ranges of stakeholders - HIV/AIDS and pandemics (Garrett 2005; Piot 2000; Curley & Herington 2011), climate change (Trombetta 2007; Trombetta 2008; Scott 2012; Brauch 2008), and migration (Leonard 2010; Carrera & Hernanz 2015; Karyotis & Skleparis 2013). As urgent mechanisms are needed in addressing the NTS issues, the security linkage is crucial to motivate emergency measures. As noted by Buzan, using the label 'security' on an environmental issue is a useful way of signalling danger and setting priority (cited in Wæver 1995, p.63). For instance, in countries known for the 'absence of a meaningful state response' in addressing NTS problems, securitizing HIV/AIDS at the international level has provoked action domestically, as happened in some African countries when securitization of the pandemic helped the issue climb the political agenda (Elbe 2006, pp.131–132). Moreover, such moves helped the state leaders to legitimize their implementation of extraordinary actions as in the case of the British interventions in Africa, where securitization of Africa helped the government to

legitimize its policy of ‘war on terrorism’ (Abrahamsen 2005). Meanwhile, due to the nature of the NTS threats – that they are transnational in scope, come at very short notice, and are transmitted rapidly due to globalization and the communications revolution (Caballero-Anthony 2008a) – framing NTS issues is crucial to attract regional and multilateral cooperation as national solutions are often inadequate, as in the case of transnational disease (Curley & Herington 2011; Davies 2008; Davies et al. 2012).

Table 3 The Positive and Negative Debate on the NTS Issues

POSITIVE	**NEGATIVE**
Garner attention and resources	Diverting attention and resources
Legitimize securitizing actor’s action	Securitizing actor misuses given power
Motivate emergency measures	Ineffective and counterproductive emergency measures
Strengthen cooperation	Hinder cooperation (State-centric attitude)

However, a number of scholars have raised their concerns with the whole securitization agenda. Deudney (1990, p.463) for instance, argues, ‘Not all threats to life and property are threats to security. Disease, old age, crime and accidents routinely destroy life and property, but we do not think of them as ‘national security’ threats or even threats to ‘security’…. If everything that causes a decline in human well-being is labelled a ‘security’ threat, the term loses any analytical usefulness and becomes a loose synonym of ‘bad’’. As a result, expanding the meaning of security could only affect the term’s intellectual coherence.

Based on Table 3, we can the positive/negative debate of While the aim is to garner attention and resources, such moves might perhaps divert the attention from other pressing issues (Mavelli 2013; Youde 2008). There is also a risk that addressing a health issue in security terms will lead to emergency responses which are ineffective, counterproductive or unjust (Enemark 2009; Nunes 2015). There is

also concern about the rise of the securitizing move as it can be manipulated by politicians for their own narrow goals. Securitization will only bring more particular emergency politics, which are not necessarily positive and unproductive and sometimes can be manipulated for a political purpose (Miller 2001). Bigo (2002, p.78) for example, offers the normative case against the securitization of migration. For him, securitizing the migration issue only results in the 'security professionals - those officials and bureaucrats who, empowered with privileged information, purport to authoritatively define threats, rather than responding to such threats 'out there' – creating unease and uncertainty among the immigrants for the purpose of promoting their own institutional interests. Another recurrent concern in the literature on securitization is that it could lead to state-centred approaches to securitized issues. The notion of security is seen as evoking a set of confrontational practices associated with national security (Trombetta 2008, p.586). As the international system is viewed as insecure, states would compete for security through military power enhancement. The security link, therefore, would only cause a state to become a state-centric, hence hindering cooperation (Peterson 2002; Enemark 2009).

Within security studies, there is a long-running debate about the opportunity to link environmental problems and migration with security. The debates relating to the former can be traced back to the 1960s, where a controversial bestselling book had raised concern over the impact of pesticides on human health (Carson 1962). It was the scale of the environmental challenges that encouraged a range of actors to suggest that climate change should be approached as a security threat especially with the possibility of environmental issues like the climate change linked with other sets of challenges like violent conflict, migration and weak states (Elliott 2011; Smith 2007; Homer-Dixon 1994; Homer-Dixon 1999; Trombetta 2014). While these scholars see the link is crucial to attract priority and funding, others are more sceptical about such moves. Some suggested that the link between climate change and failed states risked positioning these states as the source of the threat and prioritizing the needs of states (Dalby 1999; Barnett 2000). Meanwhile, Deudney (1990) warned that promoting environmental change as a security issue in general

could encourage military interference. In his view, treating environmental threats as security issues is conceptually confused and misleading as military attacks are totally different from environmental threats; the nature, sources, and agency of military threats differ from environmental degradation and from their timeframes (they are more immediate) and intention (they are usually intended). In another example, scholars are also debating the intention to link the issue of migration with the security agenda. They are afraid of the abuses of power by law enforcers when practicing rules on immigrants (Huysmans 2000) and also, the misleading perception on the relation between immigrants and the increasing rate of crime (Nunziata 2015). This shows that the discourse on the security-migration nexus is exaggerated and problematic (Karyotis 2007).

In this context, more security does not mean that it will improve any situation as securitization is a topological move from the realm of normal politics to extraordinary politics. By this it means that in an exceptional political situation as oppose to a normal one, the element of urgency embedded in the securitization theory causes the process of decision-making to be quick with the space and time allowed for deliberation, participation and bargaining constricted, compared to normal politics where decisions follow strict procedures; this change results in the militarized mode of thinking. Simply put, the securitization move only serves to accentuate a process which has been characterized by an authoritarian approach that brings extraordinary measures and moves the issue outside of democratic debate.

Even scholars engaged in securitization and hence, in 'widening' the security agenda like Buzan, Wæver, and de Wilde, are concerned about choosing securitization as the solution, as they argue that this carries its own hazards. Basically, 'security should be seen as negative, a failure to deal with issues of normal politics' (Buzan et al. 1998, p.29) since it will only bring more emergency politics, which are not necessarily positive and unproductive and sometimes can be manipulated for a political purpose. They once again emphasized the dangers of securitization insisting that, 'avoiding excessive and irrational securitization is thus a

legitimate social, political, and economic objective of considerable importance' (Buzan et al. 1998, p.208) Among the negative consequences are de-democratization, depoliticization, security dilemma and conflict. On this understanding, more security is not always an improvement. Wæver (1995) in particular suggested that although security threats such as climate challenge could be constructed and articulated as security threat, a securitized relationship still could not avoid the possibility of serious conflict; although, some effective counter measures have been taken As such, desecuritization[1] is the better way (Wæver 1995).

Therefore, Wæver in particular has emphasized the need to aim for desecuritization – the shifting of issues out of emergency mode and into the normal bargaining processes of the political sphere (Buzan et al. 1998, p.4). He argues that desecuritization is the best way of defining security, as the process implies the end of the emergency and return to the normal politics. Supporting the argument, scholars like Vuori (2008, p.66) tend to equate desecuritization with the restoration of democracy after the exceptional politics of a securitization period. They believe that when the democracy returns (desecuritization), it will lead to politicization, which was understood as a general opening up for debate. Hence, Wæver (1995, p.57) claimed desecuritization (politicization) might be 'more effective than securitizing problems'.

The Copenhagen School holds strong views about the value of securitization and desecuritization: securitizations are morally wrong and desecuritization is morally right (Buzan et al. 1998, p.29). However, it is difficult to agree with the school's narrow thoughts on this view. Scholars like (Floyd 2011; Roe 2012) have suggested that securitization is not necessarily negative as it will not always lead to conflict or security dilemma. In fact, the positive view on desecuritization is also one-sided and limited, given that not all desecuritizations will automatically lead to politicization (Floyd 2010, p.57) and instead could be damaging. For instance, in the Chinese cases of desecuritization of SARS and avian influenza, the moves proved to

1 Desecuritization is a process where an issue shifts out from the realm of securitization and emergency politics back into the realm of normal politics (Peoples & Vaughan-Williams 2010).

be detrimental as it actually ‘led to further restrictions on freedom of expression’. Moreover, the desecuritization moves were actually contradicting their aim, to preserve democracy, especially since a return to ‘everydayness’ implies reaffirming pre-existing hierarchies of power (Aradau 2004, p.400). Booth (2007, p.168) also warned against such move. He argued that,

> Desecuritisation can disempower. Having issues settled by ‘ordinary’ politics is a nice idea: who would not prefer it to the threat of political violence? But ‘ordinary’ politics might not help in extraordinary circumstances; indeed, treating extraordinary issues as ordinary politics is a problem, not a solution.

This raised the question of whether securitization is an inherently negative concept as desecuritization is also did not necessarily bring the positive impacts expected by the Copenhagen scholars. Booth (2007, p.165) offers a more positive perspective on the securitization theory.

> Such a static view of the [securitization] concept is all the odder because security as a speech act has historically also embraced positive, non-militarised, and non-statist connotations.... Securitisation studies, like mainstream strategic studies, remain somewhat stuck in Cold War mindsets.

Avoiding securitization neglects the potential of the theory as implementing desecuritization, which is also problematic despite been suggested by the Copenhagen’s scholars. Based on this situation, the intent behind this thesis is to make evident the terms of the debate that have served to inform securitization as a negative concept. In my attempt to do so, this thesis constructed analytical themes based on the negative perception of securitization theory raised by other scholars. Generally, they raised their concerns that securitizing the NTS challenges would either divert the states’ attention from other important issues (Elbe 2006, p.119; Youde 2008, pp.161–162; McInnes & Lee 2006, p.11), mean emergency measures were ineffective, counterproductive and unjust (Deudney 1990; Enemark 2009), and hinder cooperation (Elbe 2010a; Enemark 2009; Peterson 2002). Focusing on the

health issues and security in Southeast Asia, these themes are used in Chapters 4 and 5 when examine the consequences of securitizing the NTS issue.

1.6.2 Euro-Centrism – Securitization in a Non-Western Context

One of the major criticisms of the theory addressed by a number of scholars is the fact that the theory is 'Euro-centric' by nature and its democratically-biased framework (Caballero-Anthony & Emmers 2006b; Vuori 2008). Wilkinson doubted the applicability of the theory outside of the 'Western' realm in her research in Kyrgyzstan. She claimed that it is due to the presence of the 'Westphalian Straitjacket'[2] embedded in the theory that the application of the theory is weakened in a non-Western context (Wilkinson 2007). This is most obvious when the assumptions about concepts, identity and the state can be valid globally, meaning that 'security dynamics are edited and Westernized through the application of the theoretical framework' rather than in local terms and contexts (Wilkinson 2007, p.22). In other words, applying the theory to non-liberal democratic countries, such as those found in most Asian states, would be problematic as the process would be heavily influenced by the member states' interests. Hence, she suggested a further refinement on the development of securitization theory is crucial, if the school want to begin loosening the Westphalian Straitjacket (Wilkinson 2007, p.22).

Following Wilkinson's suggestion, Vuori (2008) made an attempt to apply the theory in a non-democratic setting. She concluded that although the theory can be applied in a non-Western context, the framework for securitization theory still requires further refinement in order to conduct empirical studies in the non-Western and non-democratic context. The need for the refinement of the concept of securitization comes from the bias of this theory in democratic decision-making detected in the paradigmatic understanding of the theory of securitization (Vuori 2008, p.68). Likewise, Emmers et al. (2008, p.62) claimed that the application of the theory would be more complicated when the Euro-centric nature of the theory is grafted onto the political system in Asia, especially since most states in this region are non-liberal (e.g. Communist systems, monarchies, authoritarian or failed states). It is this assumption that caused Curley and Herington (2010) to emphasize a

[2] Barry Buzan and Richard Little described this phenomenon as IR's 'Westphalian straitjacket', defining it as 'the strong tendency to assume that the model established in seventeenth century Europe should define what the international system is for all times and places' (Buzan & Little 2001).

criticism related to the Euro-centric securitization framework. They claimed that only a few studies has been done on the processes of securitization in non-Western, non-democratic or indeed Asian contexts (Curley & Herington 2011, p.146). In other words, because of the limited analytical purchase of this theory beyond Western Europe and North America, the theory should not be expected to have worldwide appeal.

In contrast, if we take into account that most of the non-Western states, especially the Asian states, are non-democratic, states where freedom of speech and debate are restricted, securitization should be easier to accomplish in Asia than in Europe, as non-democratic states only allow limited space for free speech and debate, especially when they involve contesting existing official policies. Hence, securitization is actually easier to achieve outside of the Western realm because of the relative paucity of democracies in most of the states (Caballero-Anthony et al. 2006, p.250).

Moreover, it is against such odds that the theory has actually been applied in a diverse countries outside of the Western realm. The theory has begun to exhibit a presence in places as diverse as Turkey (Bilgin 2011), Africa (Abrahamsen 2005), Israel (Lupovici 2014), China (Wishnick 2010) and Vietnam (Herington 2010). This is somewhat unanticipated, given other scholars' criticism of the Euro-centric feature of this theory that reflects European security concerns and questions. Following this new development, Bilgin (2011) studied the application of the theory in Turkey, a non-Western country with an authoritarian persistence in the political system. Bilgin demonstrated how securitization theory had begun to acquire a presence in Turkey, opposing the idea that the theory is not applicable outside of Western context. He then offers three sets of answers that help to understand securitization theory's presence in Turkey: namely, (1) the trajectory of international relations' development worldwide, (2) the training that peripheral international relations scholars receive, and (3) how some theories may be tackling the challenge of Euro-centric ethnocentrism better than others (Bilgin 2011, p.403). Although some scholars will argue that the list is too short, the mere presence of this school of thought outside of

the Western setting deserves scrutiny, as the framework might be the best means of addressing the challenge of Euro-centric ethnocentrism (Bilgin 2011, pp.401-403). The present study concurs with the recommendation by Bilgin and Caballero-Anthony et Al. that the framework for securitization theory is actually applicable outside of the Western realm. In fact, the process of securitization might be easier to accomplish in non-Western states than in Europe.

This criticism brought us to another limitation that has been raised by scholars like Balzacq (2011) concerning the matter of context. He asserted that securitization offers little guidance on context and notes that, 'context itself is difficult to unpack' (Balzacq 2011, p.37). Nonetheless, context plays a crucial role in understanding the security concept. Floyd (2007, p.339) suggested that every security analysis took into consideration what form securitization takes as the concept is issue-dependent rather than static. Likewise, Nyman (2016, p.831) argued that the value of security (positive/negative debate) is depends on how it used and what it does in different empirical contexts. Drawing from these arguments that securitization is actually applicable outside of the Western realm and the need to test empirically the positive-negative debate in a different context, the thesis empirically tests the theory in the Southeast Asia region. Identifying the relevant context in Southeast Asia is relatively straightforward; the region's strict adherence to the norms and practices and different demographic and level of socioeconomic between Member States. Both contexts have been identified as the source of ASEAN's actions and inactions for years. All of these contextual factors are examined in Chapters 4 and 5.

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1.6.3 Responses to Securitization: beyond extraordinary measures

In the second stage of the securitization process, the Copenhagen School asserts, a successful act of securitization would provide the securitization actors with the extraordinary means to face the threat. In other words, the school requires the audience to accept the exceptional measures that go beyond the normal rules abided by and located outside the usual bounds of political procedures and practices in order to ascertain the securitization process. However, the theory has not been

sufficiently clear about what counts as a successful securitization process – whether the successful securitization process would need agreement on the ‘exceptional’ situation or whether it requires the adoption of the actual measures.

On the one hand, the Copenhagen School’s scholars argue that a successful condition of securitization requires ‘merely’ agreement on emergency countermeasures (Buzan et al. 1998, p.26). On the other, they said that the theory needs to involve the actual implementation of such extraordinary measures in identifying instances of successful securitization. Another way to consider this problem is to not view the emergency measures as part of the criteria needed within the process of securitization. The school states that they ‘do not push the demand so high as to say that an emergency measure has to be adopted’ (Buzan et al. 1998, p.25). Despite that, while this still offers little guidance as to which measures have been legitimized, it does suggest that securitization stops at the point of discourse and audience acceptance; although, they do not subscribe to the position that successful securitization would require emergency measures. This thesis submits to the position that a successful securitization occurs when the relevant audience accepts the securitizing move and the claims that there is a serious threat to their interests and that such measures would be necessary and legitimate to address the threat (Haacke 2010, p.127). This has the advantage of allowing the securitization theory to be used as a possible explanation of particular policy outcomes even if they are not ‘extraordinary’ or ‘emergency’. Instead Floyd (2015, p.3) argued that we ‘should look at what practitioners of security do when they securitize’. Hence, the research followed Floyd suggestion in determining the ‘successful’ of securitization process. She suggests that securitization is ‘successful’ only when: (1) the identification of a threat that justifies a response (securitizing move) is followed by (2) a change of behaviour (action) by a relevant agent (that is, the securitizing actor or someone instructed by the same), and also (3) the action taken is justified by the securitizing actor with reference to the threat they identified and declared in the securitizing move (Floyd 2015, p.3).

In order to ascertain whether collective securitization has happened in the region, this thesis will only analyse the language ‘agreed’ by the ASEAN Member States rather than comparing the national discourses of individual participant states. This is because securitization essentially involves an exchange of validity claims only. Two criteria require ascertaining collective securitization. First, member states should designate a particular threat as a serious threat to their shared values. Second, member states must have agreed on measures to deal with this threat. These criteria are utilized in Chapter 3 of this thesis, which examines the ASEAN health-security discourse.

1.7 Conclusion

This chapter has set out the theoretical framework utilised in this thesis. This was developed on the basis of critiques of the Copenhagen School’s securitization framework, which, it is argued, make it more suited to the examination of the possible link between securitization and its consequences. The next chapter lays the groundwork for the analysis of the health-security linkage and the research design used throughout the thesis.

Chapter 2

The Nexus of Health and Security and the Research Design

2.1 Introduction

The previous chapter presented the chosen theoretical framework. The purpose of this chapter is to establish a broader context of the health and security linkages evidenced at the international level in order to be able to adequately account for the process of securitization of health issues at the regional level. Therefore, two aims need to be achieved: 1) to trace the evolution of the term health-security linkage in the global health-security discourse; and 2) to examine the ASEAN security environment including the ASEAN's practice of regional norms and the emergence of NTS threats, in particular the health-security issues in the region

2.2 Health, Security and International Relations

Health issues were not a novel issue in the international agenda as they had already become the subject of international diplomacy as early as 1851 at the first International Sanitary Conference, held in Paris. Even though the health issues have been around for centuries, they were typically consigned to the realm of 'low politics' during the Cold War (Price-Smith 2009). However, the growth of health issues in world politics over the past decade constitutes an unprecedented transformation. Within the discipline of IR, scholarly debate on the health security nexus can be found divided into two main themes: an empirical line that has focused on the link between health and security, and the strength-weakness engagement within the health-security linkage. While the former focused on research studies predicting the

impact the health threat carried for human, national and international security alike, the latter focused more on the limitations, advantages and disadvantages that nexus carries for the governance of health and disease.

Scholarship falling into the first line of inquiry has thereby primarily focused on demonstrating the consequences of health threats, particularly the impact posed by infectious disease on the experience of insecurity at different levels. Two events changed the landscape of viewing health issues in the international agenda for the health-security linkage emerged. First, the United Nations Development Programme (UNDP) annual report was released, entitled New Dimensions of Human Security, which highlighted health issues such as encompassing infectious diseases in the developing world as well as lifestyle diseases in the developed world (UNDP 1994). What is interesting is, out of seven aspects mentioned in the 1994 report, four are directly related to human health: health security, food security, and environmental security in conjunction with personal security; these signify the importance of health-related security over other aspects in human-security discourse (Thiesmeyer 2005, p.3). The 1994 UNDP report signifies that health is vital because health insecurity has global implications as it determines the survival of the human race, and constitutes a key dimension of socioeconomic development.

Second, the adoption of HIV/AIDS resolutions at the global level also changed the international agenda. The United Nations Security Council (UNSC)'s Resolution 1308 was the first time a health issue was officially framed as a threat to international peace and security. Many scholars cite the year 2000 as the pivotal moment in the securitization of health, when the UNSC declared that HIV/AIDS was a threat to international peace and security in Resolution 1308 (United Nations Security Council 2000, p.850; Elbe 2011; Elbe 2006; Maclean 2008; Prins 2004). The resolution expressed concern that the spread of HIV/AIDS, 'if unchecked, may pose a risk to stability and security' and that its spread was 'exacerbated by conditions of violence and insecurity', (United Nations Security Council 2000) indicating the potential for HIV/AIDS to cause a security crisis. The move has immediately elevated HIV/AIDS onto national and international security agendas. The impact of HIV/AIDS, therefore,

was undeniably was one of the main factors in the rise of the health-security linkage. The Security Council's intervention had indicated a strong statement that, generally, this disease, 'if unchecked, may pose a risk to stability and security' (United Nations Security Council 2000). This act changed the way in which the health threat (generally), and HIV/AIDS (particularly), were treated. Since then, a significant amount of scholarship has demonstrated the impact that the prevalence of health carries for experiences of insecurity among individuals or at community level (Lisk et al. 2015), as well as for state capacity (Quinn et al. 2014), national and international economic and political stability (Rushton 2010; Heymann 2003), and for peacekeeping forces and the armed forces (Prins 2004; Singer 2002; Elbe 2002).

In the previous decade, a number of scholars have directed attention to the threats that highly virulent pathogens with pandemic potential, such as an avian influenza, carry for national and international security alike (Barker 2012; Evans 2010; Gagnon & Labonté 2013). A list of infectious diseases that lead to health crises would include SARS[3] (Severe Acute Respiratory Syndrome) in 2002-2003, followed by avian influenza[4] in 2003-2009 and swine flu[5] in 2009-2010, have led to scholarly interest in studying their security impact, particularly due to its potential for global impact. The number of articles that pertained to the topic of health has

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[3] SARS is widely regarded as the first infectious disease epidemic of the 21st century. The disease has first appeared in Guangdong, China in November 2002. The SARS outbreak confirmed all the earlier fears about how a newly emerging infectious disease could rapidly spread across the globe through modern transportation (Elbe 2010b). The super-spreader, a Chinese physician named Dr. Liu, was later identified by the WHO to be the primary source of infection for multiple cases of SARS. He had spread the virus, unknowingly, when he travelled from China to Hong Kong. Although it can only be transmitted by the carrier after he or she had developed a fever, the disease spread quickly to the people who stayed in the same hotel's floor with him within days. The SARS outbreak certainly demonstrates that the state can no longer work alone within their territory and global community has received their first wake-up call to increase their cooperation.

[4] Avian influenza is an infection caused by avian (bird) influenza (flu) A viruses, and is also known as H5N1 or bird flu. The virus strain primarily affects poultry and water fowl. The virus first came to prominence in 1997 in Hong Kong and has changed genetically, incorporating new genes from other influenza viruses, over the years. It then spread to South Korea, Japan and Southeast Asia within a month and the region was severely affected (Thomas 2006).

[5] H1N1 influenza, also known as swine flu, a virus usually found in pigs, is believed to have first emerged in La Groria, a small rural village in Mexico, in March 2009. This virus spread within weeks, carried by international travellers. Compared with how the SARS virus can be transmitted, it is believed that the spread of H1N1 is more contagious as the H1N1 carrier would begin infecting others at a preliminary stage without even realising that he or she was stricken (Lai & Tan 2012).

doubled after the series of infectious diseases in the last decade (Davies 2012a, p.318). SARS, especially, seemed to serve as a trigger for exploring health and security linkages.

States are concerned about how a range of new infectious diseases can threaten their populations and economic systems. They are worried that infectious diseases could also threaten regional stability and economic growth (Achenbach 2014; Ross 2015). The erosion of national boundaries and the growing interdependence between states indicated that the national governments no longer have the sole capacity to guarantee the health of their people as health risks extend across borders and across sectors. Clearly, globalisation has played a significant role in the series of infectious disease outbreaks, particularly when these diseases spread within a matter of weeks, carried by international travellers to the furthest corners of the globe (Fidler 1996; Labonté et al. 2011; Sparke & Anguelov 2012). This is what Enemark (2009) refers to as the ultimate effect of pandemic influenza, attributable from the speed and dread of those infectious diseases. Such a prospect sets those infectious diseases apart from other infectious diseases that may be regarded simply as 'normal' health issues.

Enemark (2009, p.196) demonstrated the ultimate effects of pandemic influenza: the 'speed' and the 'dread'. With respect to the former, the widespread damage caused by a pandemic would seem all the worse because it happened so quickly. Moreover, the widespread damage caused by the influenza would worsen the economic gains of the state and potentially undermine trust in government. By inspiring dread, pandemic influenza is arguably more likely to generate a level of societal disruption disproportionate to the health burden it poses. The speed and the dread of pandemic influenza would indeed endanger internal state security and also that of the region. While most infectious diseases do not attract heightened political attention because their effects are mild, they are familiar to physicians, or their geographic occurrence is limited, literature on these health issues indicated the establishment of health on national security agendas are particularly due to the diseases that can cause pandemic (Mcinnes & Rushton 2010).

Such evidence of framing health as a security issue could also be found during the Ebola outbreak. The re-emergence of Ebola Virus Disease (EVD) in 2014 urged the World Health Organization (WHO) to declare a public health emergency in order to secure more attention and resources from other states (The Lancet 2015a). Although scholars such as Kickbusch et al. (2015) suggest the inclusion of global health security issues for the next project of Sustainable Development Goals (SDGs18)[6] after the EVD outbreak, this proposal has been challenged by Smith (2015). According to him, this action would only reflect the needs of majority – the higher-income countries such as US and the European states – rather than protecting the real needs of the minority – poorer states which have other severe health issues. For instance, because of the limited funding of the core health systems in West Africa, the management of endemic disease has suffered as the focus on health systems shifted to the outbreak of EVD. As a result, there have been increasing rates of malaria-attributable deaths during the EVD outbreak – although since 2000, it has been reported that the number of deaths caused by malaria have fallen by 30 percent (Hayden 2014, p.15). This development indicated that framing health as a security issue is dependent on the interests of such states.

Framing health as a security issue may well have presented to the world the idea that health issues are a real threat. Despite such threats, a growing body of work has begun to revisit some of the initial claims made as to the link between health and security (Garrett 2005; Kamradt-Scott & McInnes 2012; Selgelid & Enemark 2008; Abraham 2011). (Peterson 2002, p.46) for instance, argued that as the impact of infectious disease is limited and indirect to the national security of states, particularly among the Western industrialised states, therefore, those states are relieved from the moral obligation to respond to health crises beyond their

6 The Sustainable Development Goals (SDGs) are a proposed set of targets that link to future international development. SDGs were one of the main outcomes from Rio+20, where the member states came to an agreement to launch SDGs to replace the Millennium Development Goals (MDGs) once they expired at the end of 2015. (United Nations Department of Economic and Social Affairs 2015). The goal is 'to reduce the vulnerability of people around the world to new, acute, or rapidly spreading risks to health, particularly those threatening to cross international borders' (Kickbusch et al. 2015). SDGs will define the political commitment to global development during the next 15 years (Smith 2015).

national borders, thus hindering cooperation. Further, this move becomes inappropriate as states only narrowly frame disease based on their national agendas and foreign policy interests rather than a desire to promote health equity or achieve humanitarian benefit (McInnes & Lee 2006; Feldbaum et al. 2010). Moreover, referring to disease as a security threat may put too much strain on the concept of security – 'if the term "security" is used too loosely, it will lose its meaning and no longer be able to play a useful role in political discourse' (Selgelid & Enemark 2008, p.458). In more recent literature, Nunes argued that excessive focus on the health-security linkage can obscure the reality that, 'for the majority of people living in less developed regions of the world, disease is anything but exceptional – it is part of daily life' (Nunes 2015).

This drawback in the linkage of health and security has led some scholars to advocate for a more holistic approach based on the promotion of human security. Scholars such as Thomas (1989), Caballero-Anthony (2008) and Curley and Thomas (2004) have argued that focusing on health impact at the level of national security is inadequate in global health governance. Human security should also be addressed as an approach that involves a rethinking and re-ordering of world politics (Maclean 2008). However, despite such contributions, human security lacks a substantive conceptual and analytical framework for understanding health issues in a security discourse. This inadequacy is countered by the analytical framework in securitization theory.

Taken from the Copenhagen School's of thought, the securitization theory, either explicitly or implicitly, focuses on how to socially construct health as a security issue. Securitization framework has been useful in terms of changing an ordinary issue to an issue that manages to shift attention to an important issue that needs to be dealt with decisively by top leaders. The process of securitizing the health threat is also the most efficacious way of securing resources and attention, especially from the state itself. Therefore, a growing number of works in securitizing health challenges have been used in order to understand the responses to the infectious diseases such as SARS (Davies 2008; Davies 2010), avian 'pandemic' influenza

(Wishnick 2010; Curley & Herington 2011; Herington 2010; Abraham 2011; Kamradt-Scott & McInnes 2012; Enemark 2009), and HIV/AIDS (Piot 2000; Maclean 2008; Elbe 2006; McInnes & Rushton 2012; Prins 2004; Selgelid & Enemark 2008). These literatures explored the conditions under which those diseases should be engaged as a matter of health security. Additionally, this scholarship is also concerned with the utility and suitability of engaging the challenges which represent the second line of inquiry about the normative/cost-benefit engagement of this link.

Parallel with the debate on the process of securitizing environmental degradation and migration, discussed in previous chapter scholars in global health have also questioned whether the securitization of health actually improves or diminishes international attempts to govern them more effectively. The application of the securitization framework on health issue has been challenged in terms of reprimand the concept of securitization theory as a whole; based on the conceptual and empirical evidence (Howell 2014).

As mentioned before, although HIV/AIDS has been successfully securitized by the passing of Resolution 1308 (United Nations Security Council 2000), the process of securitizing HIV/AIDS and the consequences of it were more complex than many have suggested. Rushton (2010); Mcinnes & Rushton (2010) found out that, after a decade, the implication of securitizing HIV/AIDS looked fragile, lacking both political support and a strong evidentiary base. As a result, the securitization of HIV/AIDS has been far less successful than is often supposed (Rushton 2010). Similarly, the language of security in 'securitizing' the AIDS pandemic 'pushes responses to the disease away from civil society toward military and intelligence organizations with the power to override the civil liberties of persons living with HIV/AIDS' (Elbe 2006). Selgelid and Enemark (2008, p.458) also raised their concerns for the rights of people living with HIV/AIDS if this disease is securitized. Peterson (2002) insisted that such a move might not be a good thing after all as it might result in the rights of people living with HIV (PLHIV) becoming compromised. Elbe (2006, p.128) likewise warned that framing the issue of HIV/AIDS as a security issue will push responses to that disease towards military and intelligence organizations and

away from organizations best suited to dealing with health issues and as a result could override human rights and civil liberties, particularly among PLHIV.

Unlike the process of securitization of HIV/AIDS that happened in the last few decades, the pandemic influenza threat has already threatened the world system in the year 1918. Yet it only has been successfully securitized a few years ago (Kamradt-Scott & McInnes 2012). Since that, the process of securitizing health challenges has been established, appearing in the national and international security agendas, particularly the threat posed by pandemic influenza. Framing pandemic influenza can be strategically used to introduce, undermine or change policy (McInnes & Lee 2012). By contrast, based on a study by Enemark (2009) on the advantages and disadvantages of securitizing pandemic, Enemark questioned the effectiveness of the emergency measures created to face pandemic disease. For instance, mechanisms such as forced quarantine and border screening would likely have little effect in controlling the disease yet could undermine human rights and exacerbate economic losses – and there is the possibility that the emergency responses in countering those threats would probably be ineffective, counterproductive or unjust. Enemark (2009, p.209) also warned that by securitizing the pandemic influenza, it could undermine human rights and exacerbate economic losses – as there is possibility that the emergency responses in countering those threats would probably ineffective, counterproductive or unjust.

Furthermore, although the member states of the United Nations (UN) accepted the securitization process of pandemic influenza and the extraordinary measures that were being taken to meet this threat (Abraham 2011, pp.801–802), it does not mean that the securitization of influenza has been uniformly accepted and practiced by the states. For instance, the securitization of avian flu has resulted in an international virus-dispute between Indonesia, the WHO and the developed world (Elbe 2010a; Hameiri 2014; Smallman 2013; Fidler 2008; Holbrooke et al. 2008). Therefore, it shows clearly that the need to securitize pandemic influenza only reflects the desire of the higher-income countries such as the US and the European

states, rather than protecting the real needs of the poorer states which have other severe health issues (Smith 2015, p.2249).

The debate of a health security nexus especially for pandemic diseases has apparently been well established in the international agenda (McInnes & Rushton 2012). However, taken together these contrasting literatures on the outcome of securitization of health and infectious diseaseexpose the inconsistencies between the theoretical deconstruction and the empirical findings. Curley and Herington (2010, p.142) have acknowledged that the empirical analyses of key cases of the link between health and security remain scarce even though the health scholarship have increased. Therefore, this study chose Southeast Asia as its case study region to assess the claims by gathering empirical evidence. This region represents a good example for testing the validity of the points rose above. The region has experienced myriad NTS threats and they appeared to embrace the trend. Although the securitization framework has become the most widely applied theoretical framework, particularly in Southeast Asia and with respect to the 'non-traditional' security issues, the theory is unable to fill the gap as the focus is more on security discourse rather than regional practice (Jones 2011; Hameiri & Jones 2013). Moreover, the Copenhagen School does not adequately address how its concept of securitization might be applied to the level of regional arrangements and the processes involved in the collective construction of, and responses to, threat agendas (Haacke & Williams 2008, p.776). In this sense, the dynamic changing of ASEAN's regional context can be examined through the process of the securitization of health. Thus, the next section will focus on the evolving concept of security issue in Southeast Asia, their regional norms practice and the health-security linkage in the region.

2.2.1 Security, Southeast Asia and ASEAN

Acharya, a prominent scholar in the study of IR theory in the non-Western context, has addressed the issue in his literature, explaining that, 'the discipline of International Relations does not reflect the voices, experiences, knowledge claims, and contributions of the vast majority of the societies and states in the world, and

often marginalizes those outside the core countries of the West' (Acharya 2014, p.647). This is from the fact that much of mainstream IR theory is simply an abstraction of European/Western history (Buzan 2016, p.156). In David Kang's words, 'Because Europe was so important for so long a period, in seeking to understand international relations, scholars have often simply deployed concepts, theories and experiences derived from the European experience to project onto and explain Asia [but] do a poor job as they applied to Asia' (Kang 2003, p.58). In this respect, the discipline of IR should be opened up to include both theoretical and geographical diversity. More specifically, IR needs to become more inclusive of work from scholars from other countries (Smith 1987, p.204). Therefore, Acharya urged the 'IR community to look past the American and Western dominance of the field and embrace greater diversity, especially by recognizing the places, roles, and contributions of "non-western" peoples and societies' (Acharya 2016, p.4).

Security notions in the early years of the de-colonization era of the Southeast Asia region were often dominated by realist thinking (Huxley 1996). The region was portrayed variously as a 'region of revolt', 'the Balkans of the East' or a 'region of dominoes'. Realist assumptions are well-known: the state is the main actor in the anarchic environment of the international system, and their actions are rational in the pursuit of power and the survival of the state. International relations (IR) during the Cold War focused almost exclusively on military defence and deterrence and interstate conflicts[7]. The region witnessed a series of long-term regional disputes[8], competitive military modernization programmes and weaknesses of regional institutions such as the ASEAN Regional Framework (ARF) (Huxley 1996; Simon 1995). Moreover, most of the regional states were concerned with the importance of self-help and the balance of power in their attempt to survive the international system. States preferred formal alliances with external major powers in a pursuit of

[7] The events included the confrontation between Malaysia and Indonesia, and between Malaysia and Singapore in the mid-1960s, the efforts by the revolutionary communist governments in Indochina in influencing neighbouring states, and Vietnam's invasion of Cambodia in 1978.

[8] Conflict with other states over the unresolved border disputes (e.g. Malaysia and Indonesia over Sipadan and Ligitan islands, or between five different states including China, Brunei, Vietnam, the Philippines, and Malaysia over the Spratly Islands) and also from longstanding political disputes between regional states or with certain groups within a state (such as issues in Southern Thailand or in the Southern Philippines).

regional stability rather than regional cooperation as the realist position was sceptical about the role of institutions such as ASEAN and the ASEAN Regional Forum (ARF) in the regional order. As Leifer (1996, p.57) argued on the role of the ARF, a 'stable distribution of power' is a necessary precondition for the successful functioning of the ARF'. This underlying assumption clearly represents realist perspectives from which only a balancing game among the major actors can provide stability in world politics and the role of international institutions at best is seen as limited (Mearsheimer 1995).

Unlike the conventional concept of security portrayed by the Western scholars, which is narrowly defined as defending states from military intervention, Southeast Asia's experiences of the security environment has led to them adopting a broad concept of security known as comprehensive security. The practice of comprehensive security has, for a long time, been considered as the dominant concept which has structured the understanding among the political elites about what security means for the region. Recognized by some of Southeast Asian states, primarily Indonesia, Malaysia and Singapore, since the 1970s, comprehensive security is not only about the military, it '[goes] beyond (but does not exclude) the military threats to embrace the political, economic and socio-cultural dimensions' (Alagappa 1998, p.624). According to the Council for Security Cooperation in the Asia Pacific (CSCAP), a track-two institution comprising several research institutes in the Asia/Pacific region, comprehensive security (CS) is 'the pursuit of sustainable security in all fields (personal, political, economic, social, cultural, military, environmental), covering both the domestic and external spheres, essentially through cooperative means' (Council for Security Cooperation in Asia Pacific (CSCAP) 1995, p.1). By that, it redefines security in terms of national interests that are broader than survival, sovereignty or territorial control of the state (Tan & J.D. Kenneth Boutin 2001).

The inward-looking approach to domestic regimes and regional stability was introduced in ASEAN based on the Indonesian phrase 'ketahanan nasional' (national resilience), which has influenced the doctrine of 'regional resilience' - a principle that

can be considered as both a foundation for and a means to achieve comprehensive security (Emmers 2009, p.161; Caballero-Anthony 2017, p.3). Regional resilience has been influenced by the principle of national resilience, which was introduced by Suharto in the 1960s. Irvine (1982, p.40) has defined national resilience as ‘An inward-looking concept, based on the proposition that national security lies not in military alliances or under the military umbrella of a great power, but in self-reliance deriving from domestic factors such as economic and social development, political stability and a sense of nationalism'. The doctrine is significant as it signalled the Suharto government's intention to focus on domestic problems and on economic development, in contrast to Sukarno's internationalist and interventionist outlook which had undermined Indonesia's economic health (Dewitt 1994, p.3). In brief, rather than focusing on the military threats, the principle of national resilience favoured a non-traditional and inward-looking approach to security.

Although the doctrine of national resilience seemed to have direct implication only at the domestic level, it also has indirect but serious implications for the external security commitments. It registered an ambition to underpin domestic and regional stability through the use of economic and social development (Emmers 2009, pp.161–162). Simply put, as argued by Suharto, the ASEAN security framework can be understood as follows: if ‘each member-country develops its own “national resilience”, gradually a “regional resilience” may emerge, i.e. the ability of member-countries to settle jointly their common problems and look after their future and well-being together’ (cited in Emmers 2009, p.162). ASEAN’s security approach thus makes each ASEAN member state responsible for their own security and the preservation of national security which then translated into reducing intra-regional tensions and regional vulnerabilities (Emmers 2009, p.162). In brief, for regional security to be maintained, ASEAN member states need to achieve their national resilience first.

ASEAN’s concept of comprehensive security shows that ASEAN has for so long recognized the rise of NTS issues. Although ASEAN has recognized non-military threats as something the region needs to address, the management of the

non-military threats have been left discreetly in the hands of individual member states to resolve, especially through their nation-building measures (Caballero-Anthony 2016, p.13). This has caused cooperation in addressing NTS issues to be limited as comprehensive security is still very much state-centric in nature. In this view, regional institutions like ASEAN and ASEAN-derived institutions like the ASEAN Regional Forum (ARF) are often considered ineffective, functioning essentially as talking shops but unable to provide effective solutions to address regional problems, tensions and conflicts as most ARF participants are pursuing their practical security cooperation agenda outside of the forum (Nesadurai 2009, p.96). Through realist lenses, there is little reason to think that ASEAN states will respect commitments to regional arrangements (Eaton & Stubbs 2006, p.135).

However, recent environment shows that the conventional approach to security in Southeast Asia has been challenged by the emerging 'new' transnational security issues. Starting from the late 1990s, ASEAN's security environment faced a series of crises that hit the region. Between 1997 and 1998, ASEAN members had to grapple with the devastating impacts of financial crisis. What had started as a financial liquidity problem in one state – Thailand, leading to a devaluation of its currency – very quickly spread and affected the rest of the region. The economic crisis not only affected the member states' economic systems but also affect their political and security systems. The crisis, for instance, caused the downfall of the Indonesian president while also resulting in outbreaks of ethnic conflicts between the Muslim and Chinese communities in Jakarta and other Indonesian cities (Caballero-Anthony 2017). Since then, ASEAN has experienced various types of non-military threats, including a series of infectious disease outbreaks (SARS, H5N1 and H1N1), terrorism, human trafficking, haze[9] and scarcity of water and food.

[9] Haze is chronic air pollution that occurs when dust, smoke and other pollutant particles obscure the sky's clarity. In Southeast Asia, haze is caused by the illegal burning of logged forests and plantation crops in Indonesia. Fire is used by the Indonesian farmers as a 'cleaning tool' for the soil. As a result, smoke arising from such burning spreads to ASEAN countries (Kim & Lee 2011, p.954)

These issues acted as major turning points where the impact of the crisis not only affected the states but also other groups and societies, and this challenged the emphasis of security laying on states. These issues also now constitute the concept of NTS, which in the last few years has managed to attract the attention of ASEAN leaders and the polictical and academic communities. Scholars in Southeast Asia have defined these NTS concepts as challenges and threats to the survival and wellbeing of peoples and states that arise primarily out of non-military sources, such as climate change, resource scarcity, infectious diseases, natural disasters, irregular migration, food shortages, people smuggling, drug trafficking, and transnational crime. 'These dangers are often transnational in scope, defying unilateral remedies and requiring comprehensive – political, economic, social – responses, as well as humanitarian use of military force' (Caballero-Anthony et al. 2006, p.6).

NTS are proving to be more severe and more likely to do more harm to a greater number of people than traditional threats from interstate wars or conflicts. National governments no longer have the sole capacity to guarantee the lives of their citizens. In this context, there is noticeable trend among state and non-state actors to turn to regional and multilevel relationships as a preferred framework to respond to the NTS threats (Caballero-Anthony & Cook 2013b, p.2). Multilateral action is the most effective way to deal with new source of threats especially through the authority of regional institutions (Zimmerman 2014; Pennisi di Floristella 2012). However, given the norms of Southeast Asia, known as the ASEAN Way, one may question whether reconceptualising the security approach in the region would definitively change the ASEAN view on the security approach and how the response has been in terms of attention and resources at the regional level. Thus, the focus on the next section will touch upon the role of ASEAN norms and its dynamic.

2.2.2 ASEAN Norms and Regional Dynamic

Of all the issues that have followed on from the inauguration of ASEAN, none has been more attractive than the so-called ASEAN Way. The ASEAN Way practice has been the central debate in studying Southeast Asia. Acharya, a prominent scholar in

Southeast Asian studies provides the definition of what is meant by the 'ASEAN Way':

> Usually described as a decision-making process that features a high degree of consultation and consensus. It is a claim about the process of regional interactions and cooperation based on discreteness, informality, consensus building and non-confrontational bargaining styles which are often contrasted with the adversarial posturing, majority vote and other legalistic decision-making procedures in Western multilateral negotiation. (Acharya 2009b, p.64)

The ASEAN Way is a code of conduct that includes the principle of non-interference, consensus and consultation building and non-binding and non-confrontational decision-making. As Acharya makes clear, Southeast Asia evinces different norms and practices from those found within the European milieu. The ASEAN Way is the norm that, it has been said, acts as the catalyst for ASEAN actions and inactions. These norms have been perceived by other scholars as the reason for the success of ASEAN as a regional organization that has managed to avoid severe conflict among its member states (Kivimäki 2012, p.404; Jetly 2003, p.53). For instance, according to Singapore's foreign minister, S. Jayakumar, adherence to these norms 'is one reason why no military conflict has broken out between any two ASEAN countries since the founding of ASEAN' (Jayakumar 1998). ASEAN norms plays a bigger role in avoiding confrontation and war, as ASEAN members have managed to avoid the use of force through a process of elite socialization around this set of shared ASEAN norms (Acharya 2005, p.107; Haacke 2009; Busse 1999). Moreover, the norms of ASEAN also played a crucial role in the development of a regional identity (Acharya 2009b, p.293).

Despite the achievement, ASEAN norms are also subject to argument and disagreement (Acharya 2009a, p.495). Hence, while norms do matter, they do not necessarily matter in a positive or progressive manner. Norms can be matter negatively, by creating barriers to obstacles the change (Acharya 2005, p.103). For instance, while the ASEAN Way avoids legalistic rule and the decisions are settled by consensus rather than by majority vote, Western states perceive this as an organizational failure by Western standards. The same goes for the single most

important principle underpinning ASEAN regionalism, the non-interference or non-intervention which in the Southeast Asia's regional cooperation context has been said to be the main reason behind ASEAN's inaction for years.

The recent security environment in Southeast Asia has indicated that NTS threats play major roles in affecting the member states (Caballero-Anthony 2016; Caballero-Anthony & Cook 2013a; Caballero-Anthony 2010). The implications of the Asian regional crisis in 1997 and the Tsunami event in 2004 helped the ASEAN members realize that individuals and societies were also affected by the impact and therefore the region has emphasized a people-centered approach. The tsunami impact, for instance, put pressure on the regional governments to bring the human dimension to their approach to security, which shows that the regime's security was also jeopardized by these threats (Acharya 2007). In this regard, due to the nature of NTS – transnational in nature, arriving at very short notice and transmitted rapidly due to the impact of globalization –multilateral action is the most effective way to deal with new source of threats, especially through the authority of regional institutions (Zimmerman 2014; Pennisi di Floristella 2012; Caballero-Anthony & Cook 2013a). Within this setting, member states 'could institutionalize the notion of "security with" rather than "security against" as the dominant paradigm for inter-state relations' (Sukma 2010, p.3). This is proven as ASEAN states regional mechanisms and initiatives have increased in addressing issues such as the environment (Borchers 2014; Kheng-Lian 2012), maritime piracy (Kashyap 2013) and terrorism (Emmers 2009).

However, addressing the NTS problems, the ASEAN norms still constitute a formidable challenge to ASEAN. Dosch (2006, p.183) argued that, while ASEAN has never failed to address the most pressing NTS issues at the rhetorical level, like the Asian financial economic crises, the haze crises, terrorism, and illegal migration, not all initiatives have been implemented. In the case of the transboundary impact of air pollution, although ASEAN initiated an agreement known as the ASEAN Transboundary Haze Agreement, Indonesia took 13 years to ratify it, leaving the affected states to bear the impact alone. Scholars agreed that the primary reason for

ASEAN's inability to deal effectively with issues involving their member states was its normative attachment to the principle of non-interference (Emmers 2003a; Dosch 2006). As show in the Myanmar issue, members of ASEAN are tied to the principle of non-interference, even though the Myanmar regime has repeatedly undermined ASEAN's authority in their pursuit to protect human rights. Further, the role of the non-interference norm and regional governance have also become functionally deficient in coping with transnational threats (Acharya 2005, p.103). In more recent events, it was due to the norms of 'respect sovereignty' and 'consensual decision-making' which has restrain ASEAN member states responses in the Haiyan disaster and the uncoordinated search efforts for missing flight MH370 (Loh 2016, p.215). Also, in health governance, states' commitment to the 'Westphalian' notion of national sovereignty has been blamed as the cause of Southeast Asian states' failure in managing the threat of trans-boundary infectious diseases (Caballero-Anthony 2008a; Maier-Knapp 2011). They are still reluctant to develop a regional mechanism for conflict resolution, although the threats from NTS issues are real, as they perceive it could be a challenge to the norms of non-interference and state sovereignty.

The norm of non-interference, however, does not mean that the ASEAN states have never interfered in each other's affairs. In reality, Jones (2010) argued, the norm has been violated repeatedly and seriously. He furthered argued that 'the norm has never been absolute, but has rather been upheld or ignored in line with the interests of the region's dominant social forces' (Jones 2010, p.480). This has been further proven in recent years, as the rise of NTS threats have highlighted the interdependency of ASEAN members because the characteristics of NTS would lead to the emergence of security problems emanating from one member to directly impact on others. The impact of NTS has changed the perception of regional policymakers in regionalism. Since the Asian financial crisis, the regional organization has increased its regional cooperation. Nevertheless, the establishment of the ASEAN Charter based on three pillars[10] is seen as the starting point for the

[10] The ASEAN Security Community (ASC), the ASEAN Economic Community (AEC) and the ASEAN Socio-Cultural Community (ASCC) are the most significant regional initiatives

ASEAN involvement in addressing the NTS threats. Based on this development, the ASC (later known as APSC – ASEAN Political Security Community) blueprint has provided ASEAN with a roadmap and timetable for the settlement of disputes, especially by identifying specific policy actions aimed at strengthening cooperation in addressing NTS issues (Caballero-Anthony 2010; Caballero-Anthony 2014) .

Although the ASEAN states have been moving towards recognising most of the NTS, different understandings and approaches to the concept have been evident (Tan & J.D. Kenneth Boutin 2001). Therefore, although recent literature and new initiatives by ASEAN show the region changing its perception towards security, the diversity among member states is something that should not be overlooked as in the end, it will depend on the states whether to translate these regional plans into actionable deeds. In the case of health security threats, although the WHO once released a statement on the potential of the region to be the next ground zero (Srinivas 2006), if any infectious disease breaks out in the region, the member states have different perspectives and responses regarding the issue. The following section, therefore, will explore the health-security linkage in Southeast Asia.

2.3 Regional Health Security

Having discussed health security at the international level and security development in the Southeast Asia region, this section is focused on the link between regionalism and health security. According to (Alagappa 1994) regionalism can be defined as continuos cooperation, formal or informal, between the Government, non-governmental organizations or the private sector in three or more countries for mutual gains while region can be defined as the foundation of cooperation between countries that have similarties of geography and culture (Huntington 1996). Meanwhile, Buzan et al. (1998) categorized region into two types in accordance with its contexts. In the societal context, unit means nation and region is the set of adjacent nations. In the political context, unit is identified with state and region means:

> A spatially coherent territory composed of two or more states. Subregion means part of such a region, whether it involves more than one state (but fewer than all of the states in the region) or some transnational composition (some mix of states, parts of states, or both). Microregion refers to the subunit level within the boundaries of a state (Buzan et al. 1998, pp.18–19).

What these literatures main point is that a spatial concept is the essence of regionalism. It is in this regard, the states that share geographical proximity and a degree of mutual interdependence will participate in their regional groupings (Karns & Mingst 2005). Despite that the theory of regionalism have mushroomed across all parts of the world, just like any other IR theory, the theory has been influenced and developed under the European context (Acharya 2014). This is largely due to the location of of regionalism and its successful story has been in the specific context of Europe and North America. Among all the various regionalization schemes around the world, are the EU and followed by the North American Free Trade Area (NAFTA). As a result of this, the regionalism theory has been said hardly relevant to the development of regionalism outside of Western context (Hurrell 1995). The difference between European regionalism and other parts of the world, especially Asia, has emerged as a major area of contention that has undermined the paradigmatic status of European regionalism. Asia and the Europe practices different level of institutions. While the former is widely known with their soft, informal, networked type of regionalism, the latter is heavily institutionalized and legalized everything. By comparison the EU includes some of the most advanced economies and great powers in the international system, such as Britain, France, and Germany while Asia is essentially a group of relatively weak states, militarily and economically.

Nevertheless, in the recent years, other regions like the Southeast Asia has grow the interest in understanding on how regionalism works in that area. Southeast Asia is considered as a region in the context of Asia or Asia-Pacific. Regionalism at this level requires the participation of governmental or non-governmental actors from at least three independent states in an organization for either single or multiple

common purposes. Southeast Asia's regionalism has formally started since the establishment of its regional institution in 1967. However, based on the definition given above, unlike Europe, which shares a common Christian foundation of sorts, Southeast Asia has had no similar sense of common bonding. It was not understood as a region, but a crossroads of Indian, Chinese, Muslim and Western civilizations. Nevertheless, despite the lack of cultural and political commonalities which supposed to be in a region, ASEAN has successfully maintained their establishment and also, at the same time expand their membership and function to the point where it became a model; for similar enterprises in other regions. In fact, it has been said that ASEAN is one of the successful regional organizations in the developing world (Acharya 2009b, p.6) as they managed to maintain 'long peace' and economic growth amongst its member despite lots of differences. However, at the same time, other analyst who focus primarily on security issues in Southeast Asia are most sceptical of ASEAN's inability to contribute to regional stability. For instance, (Emmers 2003b) notes that ASEAN has recorded a number of achievements but puts these down to the role of the balance of power factor within ASEAN and the wider world. He further claim that ASEAN is unable to deal with sources of conflict, immediate crises, or 'where clashing interests cannot be avoided' (Emmers 2003b).

The contrasting development of ASEAN in terms of regionalism can be explained through the theory of constructivism. Karns & Mingst (2005, p.50) argued that the core of constructivism is a concern with identity and interests. In terms of Southeast Asian regional grouping, the region socialization, norms, and identity has been dominated the Association legalistic and bureaucratic practices (Hurrell 1995; Acharya 2009b; Karns & Mingst 2005). The Association has been socially developed through norm and identity, widely known as the 'ASEAN Way' which defines as a 'process of regional interactions and co- operation based on discreteness, informality, consensus building and non- confrontational bargaining styles' that stands in contrast to 'the adversarial posturing, majority vote and other legalistic decision-making procedures in Western multilateral organizations' (Acharya 2009b, p.79; Capie & Evans 2003). While neo-realist critiques that ASEAN is more concerned with process than problem solving, an ineffectual talk shop masquerading

as a potent regional organization, constructivist by contrast emphasized the positive aspects of the ASEAN Way (Eaton & Stubbs 2006, p.138) as it 'have not only lead to regional peace, stability and order but also posses transformative potential that realist have failed to appreciate' (Nesadurai 2009). For the constructivist, ASEAN norms plays a bigger role in avoiding confrontation and war as ASEAN members have managed to avoid the use of force through a process of elite socialization around this set of shared ASEAN norms (Acharya 2005, p.107; Haacke 2009; Busse 1999). In other words, the main reasons for ASEAN's successes and failures can be found by looking at the nature and quality of its socialisation process and the norms that underpin it. This perspective is constructivist in orientation (Acharya 2009b, p.9).

The application of constructivism to study norm diffusion and community-building at the regional level, have expanded our understanding of regionalism. Regionalism is no longer geared mainly to achieving trade liberalization or conflict-management, but also to managing transnational issues such as the environment, refugees, migration, human rights, counter-terrorism, internal conflicts, etc (Acharya 2014, p.655). With the transnational nature of such NTS challenges - they arise at very short notice and are transmitted rapidly as a result of globalisation and the communication revolution; they cannot be prevented entirely, but can be mitigated through coping mechanisms (Caballero-Anthony et al. 2006), it means that national solutions are often inadequate, and thus regional and multilateral cooperation is essential. In other words, the NTS challenges can no longer be sufficiently managed by domestic policies or measures. Hence, there is a growing recognition that the region needs to develop a regional approach to solving today's security challenges. In fact, some scholars argue that NTS issues could acting as a catalyst behind a normative and operational shift of the institution and pushing the region to move beyond rhetorical agreements toward deeper institutional commitments (Pennisi di Floristella 2012; Caballero-Anthony 2008a). This is because of multilateral action is the most effective way to deal with new source of threats especially through the authority of regional institutions. (Zimmerman 2014; Pennisi di Floristella 2012). One of the concerning NTS issue in the realm of regional cooperation is the health issue.

Just like global health security, health securitization at the regional level only begin when it was actively promoted by the WHO and it has been well-received by the Western states since 2001. Hence, scholarship on the link between health and regional security were always around the western region. Western states, especially in the European region has witnessed a progressive securitization of health since 2001 (due to the fear of bio-terrorism) and followed by the series of pandemic outbreak; SARS, H5N1 and H1N1. Hence, scholarly debates on the regional health security have broadly grown out of two lines of inquiry: 1) an empirical line that focused on the nexus between regional and health security, 2) advantages and disadvantages of such move on the link

Literature falling into the first category has primarily focused on demonstrating the impact of the health threats to the member states of the region as well as the role of the regional institutions in handling the situation. Aware that the threat that infectious disease outbreaks could threaten their citizens' health and to their countries' economic and political stability, most Western governments are encouraged to develop responses in national security terms (Davies 2008). Hence, a growing body of work on the western states demonstrated that they have started to frame infectious disease as a threat to their national security (Enemark 2009; Davies 2010; McInnes & Rushton 2012; Bengtsson & Rhinard 2018; Abraham 2011). For instance, the threat of pandemic has been flagged in United Kingdom as the national risk registers (Cabinet Office 2008; Cabinet Office 2017) while the link between disease and security has been a key feature of a number of the United States' security strategy documents (National Intelligence Council 2000; National Intelligence Council 2008). Their fear is also elaborated in the articulation of infectious diseases with other issues, such as the war on terror, failed states, new wars, and uncontrolled migrations. Globalisation, current medical practices, and social and behavioural changes (Pereira 2008). A further important nexus between security and health is the prospect of a biological weapon attack. Since the incident of 9/11 and the distribution of letters containing anthrax across the US, the emergence of non-state actors has raised concern about the possibility of a bio-

terrorism attack by a radical political group (Elbe 2010b). The fear is that the disease could become a weapon for terrorists.

The threat posed by the health issues are not only attracting the attention of the international institutions like the WHO other UN bodies, but also within an increasingly institutionalized health security regime nested in the European Union. As the pandemic issue has increasingly securitized, a number of regional collaborative arrangements and various agencies aimed at countering the threats like EU Health Strategy 2008-2013 and the establishment of an EU Health Security Committee in 2001 and European Centre for Disease Prevention and Control (CDC) in 2004 have been initiated. Hence, it is not surprising that the majority of literature has been focusing on the role of this regional actor in providing health security (Kittelsen 2013). As (Rollet & Chang 2010) has noted, EU is a global health actor and has play important role in global health within and outside of Europe. They have developed their focus on regular collection and sharing of national surveillance data on a number on a number of diseases towards an increasingly dominant 'all-hazards' approach targeting 'serious cross-border threats to health' (Bengtsson & Rhinard 2018). Moreover, securitizing the pandemic issue has also resulted the EU to be prepared in anticipating the potentially catastrophic of influenza pandemic by increasing pandemic preparedness and antiviral stockpiling (Elbe et al. 2014).

On the other hand, it was only recently that literature on the regional health security have been around on the advantages and disadvantages of such securitization process. (Kamradt-Scott 2018) in his paper focused on the benefits and drawbacks of Australia as the regional health security actor in the Indo-Pacific region while (Youde 2018) demonstrated the negative and positive implications of framing health as security issue during the Trump era. Taken together, these two bodies of literature have provided insight into the nexus between regional and health secuiryt. Except for (Amaya et al. 2015) which her article also focused on other regional institutions beside the EU, these two bodies of literature, expose limited literature on the link between regional and health security in another region. As Curley and Herington have noted, while the literature on the securitization of health

has provided ‘a number of theoretical deconstructions of the link between security and health, empirical analyses of key case studies remain scarce (Curley & Herington 2011, p.142). Most literature on regional health security in other region are mostly done by comparing two regional institutions such as between the EU and ASEAN (Lamy & Phua 2012; Liverani et al. 2012; Maier-Knapp 2011) or the African Union (AU) (Haacke & Williams 2008).

Analyzing regional health security in other regions is crucial as although some scholars argued that the theory is not applicable outside of the western context (Wilkinson 2007; Peoples & Vaughan-Williams 2010), in over the years, the Copenhagen School of securitization theory has begun exhibit presence in many places (Bilgin 2011, p.401). In fact, securitization theory is the most widely applied theoretical framework in examining the NTS threats in the Southeast Asia region (Jones 2011). As the Southeast Asia has unique approach to security, conflict prevention and resolution, which is based on its high degree of informality and consensus building, research on the regional health security in Southeast Asia is needed. This is especially since Southeast Asia has been known as the hotspot for emerging and re-emerging infectious diseases, including those with pandemic potential by which, the WHO in October 2005 even had declared that Southeast Asia was going to be the ‘next ground zero’ if the H5N1 virus mutates into the next pandemic (The Straits Times (Singapore) 2005). Therefore, the next section will focus on the link between health and regional security in the Southeast Asia.

2.3.1 Health, Security and Southeast Asia

Asia in many aspects is a complex empirical case in which to investigate the securitization of health. Politically, economically and socially, most societies in Asia evince different norms and practices from those found within the European milieu of the Copenhagen model (Lo Yuk-ping & Thomas 2010, p.448). These differences between regions have been the main criticism of the application of securitization theory outside of the Western context. As argued by Curley and Herington (2010, p.146), one criticism of the Eurocentric framework of securitization theory is that only

few empirical studies have been conducted in non-Western, non-democratic, or even Asian contexts. Wilkinson (2007, p.5) pointed out that the theoretical framework presented by the Copenhagen School is currently unsuited to empirical studies outside the West. However, it has been applied because of the framework bias in democratic systems, which assumes that 'special politics' – from normal to emergency politics – should be applicable globally. In recent years, the framework of the Copenhagen School has been used by numerous scholars outside of the Euro-American region, in areas such as Turkey (Bilgin 2011), Africa (Abrahamsen 2005), Israel (Lupovici 2014), China (Wishnick 2010) and Vietnam (Herington 2010).

Even in Southeast Asia, the framework of securitization has arguably become the most widely applied theoretical framework in addressing the non-traditional security issue (Jones 2011, p.407), despite the states' strict adherence to the practice of the ASEAN Way. ASEAN has issued declarations identifying and securitizing non-military issues as serious security threat. The securitization theory has begun to exhibit its presence and has been regularly deployed by analysts for NTS issues (Curley & Herington 2011; Herington 2010; Emmers 2003a; Collins 2003; Caballero-Anthony 2008a). Although the list may come across as too short, the presence of securitization theory outside of Europe certainly deserves critical scrutiny (Bilgin 2011, p.401).

Moreover, the intersection between health and security in Southeast Asia has become apparent. Southeast Asia is a hotspot for emerging infectious diseases, including those with pandemic potential, which has resulted in negative social and economic impacts (Coker et al. 2011; Lamy & Phua 2012, p.236; Acuin et al. 2011, p.534). The diversity in geography and history, including social, cultural and economic differences, have contributed to highly divergent health statuses and health systems across and within the countries of Southeast Asia (Chongsuvivatwong et al. 2011, p.429). Over the past decade, non-communicable diseases such as diabetes, cardiovascular disease and cancer have increased among the developing states in Southeast Asia. At the same time, communicable diseases such as HIV/AIDS, dengue fever and pandemic influenza are also among

major public health problems in Southeast Asia (Kamradt-Scott 2009, p.553). Despite various types of health issues in the region, it was with the outbreak of SARS that ASEAN became more actively involved in addressing health issues (Lamy & Phua 2012; Caballero-Anthony 2006). When this was followed by the outbreak of avian influenza, the health issue was securitized as a serious security threat (Jones 2011, p.404; Haacke & Williams 2008; Curley & Herington 2011; Herington 2010). The changing nature of the threats and the burden of infectious diseases, the disease multipliers and the potential for biological terrorism have been the reasons for securitizing infectious diseases, besides the concern over the possibility of a pandemic outbreak. Therefore, Southeast Asia provides a suitable test site since the region is highly vulnerable to health threats.

Although ASEAN has securitized NTS issues, analysts struggle to explain the gap between the security discourse and the regional practice (Jones 2011, p.405). The practice of the ASEAN Way has been the central debate in studying Southeast Asia's actions and inactions. The recent security environment in Southeast Asia, however, has indicated that NTS threats play major roles in affecting the member states' regional cooperation (Caballero-Anthony & Cook 2013a; Caballero-Anthony 2016; Hameiri & Jones 2013). As there is a noticeable trend among state and non-state actors to turn to regional and multilevel relationships as preferred frameworks, especially through the authority of regional institutions, in response to the NTS threat (Caballero-Anthony & Cook 2013b; Zimmerman 2014; Pennisi di Floristella 2012). Yet, the Copenhagen School have not adequately addressed how its concept of securitization might be applied to the level of regional arrangements and the processes involved in the collective construction of, and responses to, threat agendas (Haacke & Williams 2008, p.776). In this sense, the dynamic changing of ASEAN's regional context can be examined through the process of the securitization of health.

Some scholars argue that NTS issues could act as a catalyst driving a normative and operational shift in the institutions and pushing the region to move beyond rhetorical agreements toward deeper institutional commitments (Pennisi di

Floristella 2012; Caballero-Anthony 2008a). However, scholars such as Emmers (2003a, p.419) contend that there is little evidence that securitization could encourage policy-makers to improve their regional cooperation. The difference in perceptions shows that there is a stark gap between the security discourse and practice following the emergence of NTS issues (Jones 2011, pp.408–409). Furthermore, although interdependency between actors has increased in an international system, little has been done to shed light on the impact of addressing the non-military issues on the agendas of regional institutions (Pennisi di Floristella 2012, p.22).

For comparison, non-communicable diseases (NCD) in developing countries, such as diabetes, cancer, cardiovascular disease, diabetes and hypertension, and also the threat from existing (and new) communicable diseases such as HIV/AIDS, dengue fever and pandemic influenza are major public health problems in Southeast Asia (Kamradt-Scott 2009, p.553). At the same time, for low-income countries such as Cambodia, Myanmar and Lao People's Democratic Republic (Lao PDR), communicable diseases continue to remain the most prevalent cause of death. There is a relatively high number of deaths that come from HIV infection, TB and malaria. This difference in health system levels begs the question whether health and security will bring more positive outcomes.

Based on the transnational nature of infectious diseases in the region, people would also argue whether framing the diseases will change or at least diminish the sacred norm of cooperation that has dominated the region for years: the ASEAN Way and the non-interference principle. Interestingly, although the process of securitization of health emerged after the outbreak of SARS, some states were against the process. States such as Indonesia, Thailand and Vietnam were reluctant to publicly recognize the outbreak of the disease in order to protect their poultry sectors. For instance, the Thai government resisted securitizing the threat posed by H5N1 because of their concern about the resulting impact on the poultry export market, even as local poultry farmers were calling for the threat to be identified and emergency resources allocated (Lo Yuk-ping & Thomas 2010, p.448).

In spite of that, ASEAN has initiated various frameworks at the global, regional and national levels to cope with these threats. With no less than 25 ASEAN regional arrangements addressing the threat posed by SARS, avian influenza and H1NI, ASEAN's response to pandemic diseases was far more successful than other NTS (Kheng-Lian 2012, p.80). However, 'the Copenhagen School has not adequately addressed how its concept of securitization might be applied to the level of regional arrangements and the processes involved in the collective construction of, and responses to, threat agendas' (Haacke & Williams 2008, p.776). The role of ASEAN in securitizing the health issue has been left unexplored as little has been done to try and understand its role as a securitizing actor. This study contributes to the current literature of health, security and ASEAN by providing an account of how the process of securitization occurred at the regional level and whether such a process is beneficial or detrimental to the region, especially in examining impacts on the practice of the regional norms.

2.4 Research Design

As set out in the introduction, this section discusses key issues and debates related to the research design and research methods that are used to carry out the critical analysis of the securitization thesis. The research design and methodological approach to data generation are guided by specific research questions that derive from existing theoretical assertions, which investigate the consequences of securitizing infectious diseases at the regional level in a non-Western context. The first part presents the rationale for choosing a qualitative methodology and case study as the research strategy. The reason behind the chosen case study is illustrated. In the second section, the logic suggesting the choice of research methods and data collection methods in the field is expounded. In order to enhance the validity and reliability of the chosen methods in this research, this chapter adopts method and data triangulation. The final section focuses on presenting the researcher's reflections during the fieldwork and the methodological challenges and ethical issues encountered in the research.

2.4.1 Qualitative Research Methodology

This research seeks to examine whether framing health as a security issue in Southeast Asia brings significant impact to the region's normal practices. To that end, it follows a qualitative research methodology, guided by the case study approach. Qualitative research emphasizes on how the social world is interpreted, understood, experienced or constituted. Qualitative research techniques can explore a wide array of social phenomena 'from the inside' by looking at how people construct the world around them, what they are doing or what is happening to them that is meaningful, and it can offer rich insight (Flick 2007, p.ix). Moreover, the flexibility and sensitivity of data collection here suits the 'real-life' context.

The qualitative research paradigm is used in order to address the research questions. The research questions were operationalized through the event of health crises that occurred in the Southeast Asia region. Southeast Asia was chosen as the region has its own unique security system focused on the prevention of conflict by practicing a commitment to solidarity, informality, minimal institutionalization and non-interference (Acharya 2009b).

The so-called 'ASEAN Way'[11] of managing security issues was clearly outside of the parameters of formal structures and institutions (Caballero-Anthony 2008a) and against the modus operandi of the Western regional institutions. Despite the debate on the positive/negative aspects of securitizing NTS issues being well-established, the same debate remains scarce outside of the Western area. Thus, it is interesting

[11] Of all the differences in the region, none has been more distinctive or attractive than their so-called governing principles known as the 'ASEAN Way' and its non-interference policy. These 'sacred' norms have been blamed for 'obstructing' any actions of interference in the domestic matters of member states. However, in recent years, the emergence of NTS threats has challenged the regional norms, particularly on issues involving the outbreak of infectious diseases. The outbreak of infectious diseases series in the last decade has turned the region into the centre of global attention as the diseases have potential to shift into a pandemic outbreak. Compared with other infectious diseases, such as HIV/AIDS, tuberculosis and malaria, none of these infectious diseases have ever attracted more international concern, attention or investment than the outbreak of severe acute respiratory syndrome (SARS) and avian influenza, H5N1 and H1N1, although the former have claimed more lives in the region.

to apply the same debate in the Southeast Asia region, especially since the region adopts different regional security practices.

Given their composite modus operandi in terms of decision-making, a qualitative research approach is best suited to answer the research questions that require explanation and understanding of social phenomena and complex contexts such as Southeast Asia. It is an appropriate method to answer the research questions as it can generate complex data in order to understand the depth and complexity of the health-security nexus and the process of securitization at the regional level. It facilitated a thorough exploration of the complexities specific to the Southeast Asia region, which has been dominated by their unique governing norms for years. More importantly, it generated rich data in examining the health-security linkage implications for the regional cooperation. In this sense, the study analysed whether and to what extent the process of securitization of infectious diseases has taken place at the regional level by looking at the possible indicators: resource allocation trends, legislation, and institutionalization. Moreover, this study examined the consequences the securitization process had on the region by looking at how the audience responded to the process of securitizing infectious diseases in a complex context. As the Copenhagen School is not concerned with assessing the policy effectiveness of securitization and the unintended consequences of these processes (Caballero-Anthony & Emmers 2006a, p.27), this qualitative methodology is suited for this research.

2.4.2 Case Study Approach

Qualitative research design offers a baffling number of choices of approaches. Creswell (2007, p.9) argues that only five approaches are seen most frequently in social, behavioural and health sciene literature: namely, narrative, phenomenology, grounded theory, ethnography and case studies. For the purpose of this research, a case study design is employed, which is a common way to perform qualitative inquiry. The reason it is called case study is because it draws attention to the question of what in particular can be learned about the case (Stake 2005). Creswell

(2007, p.73) defined case study as the study of an issue explored through one or more cases within a bounded system. This type of approach can easily serve as the breeding ground for insights (Berg 2001, p.231).

The application of case study methods has benefited almost every major research program in the IR subfield (Bennett & Elman 2007, p.171). These include the study of securitization theory. According to Balzacq (2011, p.32), case study constitutes the primary research strategy in the empirical literature of securitization. He also pointed out that the employment of case studies approach differs from one author to another, depending on their purposes, whether exploratory, descriptive or explanatory (Balzacq 2011, pp.32–33). In this current research, the researcher presents case studies for explanatory purpose: to explain 'what' the consequences are of securitizing the health crises in a non-Western context; and 'how' the ASEAN states have responded to such processes.

Explanatory case studies are useful when conducting causal studies. As the study focuses on finding out the outcome of securitizing the health crises, a multiple case studies approach will be utilized in order to examine a plurality of influences in a complex study of an organization (Berg 2001) such as the Southeast Asia region. Multiple case studies have been chosen due to its advantages over single case design. Multiple case studies are also known as collective case studies, and multivariate case studies allow better understanding or enhance the ability to theorize about a broader context (Berg 2001, p.229). More importantly, by analysing several case studies in parallel, it can facilitate the understanding of different kinds of issues (Buzan et al. 1998).

Following this strategy, three ASEAN member states have been selected to examine their responses to the measure agreed in the region. These three states – namely, Indonesia, Malaysia and the Philippines – provide fertile ground for comparison of responses to the moves of securitizing pandemic disease. Besides this, these three states are at the same level of state development; they are

developing countries with a high growth economy, therefore, the rationale for choosing Indonesia, Malaysia and the Philippines is twofold (Refer Table 7). First, these three states are the founder states of ASEAN's institution which grants them a bigger role in the region compared to the later member states. For instance, these three states were chosen as the lead countries in various health mechanisms aimed at addressing the health threat like the ASEAN Task Force. Comparing these states will likely provide a better understanding in examining the audience response of the outcome of the securitization process at the regional level. Second, more importantly, these states have experienced different levels of pandemic threat in each pandemic outbreak. These contrasting situations offered the chance for a macro-level discussion of securitization studies. In a study which seeks to interrogate to what extent the audience, in this case, accepts and responds to the process of securitizing infectious diseases and the outcome of it in a complicated multilateral context, the comparability of the threats faced by these states at different times is important. Therefore, they are chosen as it leads to better understanding and theorizing about a larger collection of cases.

2.5 Research Methods

This research incorporated process-tracing as the qualitative research method, an approach that gathers data through document analysis and semi-structured elite interviews in order to enhance the reliability and validity of research findings. Thus, this section will be focusing on elaborating the rationale for selecting the research instruments.

2.5.1 Process-tracing

The method utilized in this study is process-tracing which has been recognized as a useful tool in examining the process of securitization (Balzacq 2011, pp.46–50). Process tracing is a method that allows identifying chain of events and this method is often found in a research project that using case studies. It can be done using a deductive method, inductive method, or a combination of the two (Bennett 2004, p.23). This thesis uses a deductive form of process-tracing, wherein securitization theory assumptions have been applied in a non-Western context. Process-tracing is particularly well-suited to the task of uncovering intervening causal mechanisms and exploring reciprocal causation and endogeneity effects, especially in studying 'complicated multicausality' situations (Levy 2008; Tannenwald 2015). Data used for the policy-tracing of health issues and infectious diseases were gathered from the ASEAN Secretariat and regulators from selected ASEAN member states. As this research is looking at the impact of securitizing a series of infectious disease outbreaks at the regional level, this method is best suited in engaging with historical explanation, that is, the identification of causes of outcomes that have already occurred (Mahoney et al. 2009, p.116).

2.6 Data Gathering Tools

2.6.1 Document Analysis

Document analysis is a data-gathering technique that enables making inferences and extracting meaning from texts (Hermann 2008, p.151) that are then organized

into major themes, commonly used phrases, and the usage of certain ideas within specific documents. In this research, the documents being analysed are detailed in Table 4 and the list of sources examined are presented in Appendice C.

Table 4 Types of Documents used in the Thesis

Type of Documents	Chapter
ASEAN leaders' speeches, ASEAN's declarations, communiqués, statements, international organization report programmes, English and Malay language newspapers	Chapters 3, 4 and 5
Official health documents in English and Malay language from selected ASEAN member states	Chapter 5

These documents not only enable the researcher to get a better perspective on how the securitizing process happened at the regional level, but also allow to explain adequately the arrangements established in addressing the threat. As health security is also an issue on the global agenda, documents from international health actors such as the World Health Organization and ASEAN's neighbouring states, like Australia, have been used. The data obtained from other organizations also helped not only in understanding ASEAN's nature and orientation, but also to analyse their actions and policy formulation.

Beside official documents from ASEAN and selected member states, this research also used various types of documents, ranging from scholarly articles to newspapers. Sources for the academic material are taken from the IR literature on the issue of NTS, particularly on the health-security challenges, securitization theory and literature on ASEAN cooperation and norms. Current national newspapers from Indonesia (KOMPAS, Tempos, DETIK and The Jakarta Post), Malaysia (Bernama, Berita Harian, The Star, and Utusan Malaysia) and the Philippines (The Philippines

Star, Manila News, and Philippines Daily Inquirer) are used. Additionally, to get another view on the subject matter, data from international news agencies like BBC News represent international media. The researcher also relies on Lexis, a digital search engine for newspapers, for finding articles from the early years. All materials have been identified through the employment of key word searches in academic search engines and through the 'snowballing' technique in academic citations.

This gathering method has been used in identifying the securitization process. Waever (2004: 13) argued that the main argument in securitization theory is that security is a (illocutionary) speech act, that solely by uttering 'security' something is being done. 'It is by labelling something a security issue that it becomes one' (cited in Floyd 2007, p.329). In other words, the word 'security' has a performative character - that is, it does not only describe the world but can also transform social reality (Balzacq et al. 2015, p.2). Hence, by successfully labelling an issue as 'security', an ordinary issue would moves beyond the realm of normal political discourse and allows exceptional actions to be undertaken. However, it is not the word security itself that is necessary to identify a securitization move has actually occurred. In an authoritarian states for example, non-state actors may need to use physical actions such as demonstration to securitize an issue as speech are normally sensored there (Wilkinson 2007, p.20). In the case of Southeast Asia style of regional engagement, which prioritizes the maintenance of national sovereignty and restricted them to act in their national interests, as opposed to the collective regional interests, speeches from the top regional leaders normally would avoid using the word of security as it could put pressure on the member states to give urgency into an issue despite the states did not face the threat. Therefore, in this research the researcher did not rely on the word 'security' in determining speech act has occurred as over emphasis on certain words as the linguistic speech acts alone might neglect other potentially viable word. In this regards, the researcher has looked into other words like threat, concern and deadly disease as the reference.

Beside official documents from ASEAN and selected member states, this research also used data from interviews to supplement the material collected for the thesis. This will be discussed further below.

2.6.2 Semi-structured Elite Interviews

In order to supplement data gathered from the official and secondary sources, four semi-structured elite interviews were conducted during the fieldwork for this research. Document analysis is often used in combination with other qualitative research methods as a means of triangulation (Bowen 2009, p.28), and therefore to enhance the data available from document analysis, interviews with relevant people were conducted. Interviews in the qualitative approach are designed to be more like an informal conversation. Though this type of data source is aimed at supporting the early sources, they are also important because they enable the thesis to enrich the development, clarification and support of the research arguments. Conducting semi-structured elite interviews may also provide additional insights excluded from the official discourse (Karyotis 2012, p.400). The advantage of applying this type of approach in research, according to Legard et al. (2003, p.141), will permit the researcher to explore fully all the factors that underpin participants' answers, including their reasons, feelings, opinions and beliefs, which are in enhancing the richness of the data generated. Further, new knowledge or thoughts could also be gained by interviewing the participants (Legard et al. 2003, p.142).

In this research, semi-structured interviews were conducted with top-level government officers experienced and knowledgeable about the issues around regional cooperation to address health threats in the Southeast Asia region. Elites from selected member states – namely, Indonesia, Malaysia and the Philippines – were selected based on their positions and their involvement in addressing the health threat. They were nominated and identified through their official positions in the respective bodies. They ranged from policy experts to high-ranking public officials from Indonesia, Malaysia and the Philippines. Because of practical limitations, the interview sample was relatively small, with a total of six people have

been interviewed. However, the interviewees are the key people that have the authority and has generated interesting information about the topics. Interviews were semi-structured with some open questions prepared beforehand. A few themes of questions have been established in order to get the interviewee views but in a way respects the participant frames and structure responses (Marshall & Gretchen 2006). A full list of interviewees are included in the Appendix A

The semi-structured interviews involves predetermined questions, developed by the researcher on several topics. A list of interview questions are provided in Appendix B. Although the questions that have been asked to the interviewees are typically systematic and consistent order, however, the researcher has wander the questions, as long as the objectives of the questions could be accomplished (Berg 2001). That is to say, even though the questions have been prepared, each interview is flexible, allowing new questions to surface during the interview as a result of what the interviewee said. Overall, I lead the discussions towards themes I was interested in while leaving space for interviewees to express their opinions about these themes and what they saw as important within the different themes.

As analysing data from official documents and statements only provided the official positions of the selected member states, the intention behind conducting elite interviews was to gain an insight into the internal processes of ASEAN leading up to those actions and positions. Conducting elite interviews also provides views and perceptions of any actions taken by the member states in conjunction with ASEAN on the issue of health crises, as elites are also able to report on an organization's policies, histories, and plans again from a particular perspective (Marshall & Gretchen 2006, p.ix).

Interviews are not just to supplement the data found in analysing official documents and statements; they also provide for checking and deepening the data available from texts which would enable the researcher to get a better perspective. Furthermore, the need to conduct elite interviews enables the researcher to gain

other valuable information from individuals that are holding high-ranking positions in social, political, financial or administrative realms. Besides, these interviews enabled the researcher to identify other important documents through elite suggestions. Data generated from the interviews has been compared and analysed with other data findings to answer the research questions. The data findings have been validated with the triangulation approach by returning to the findings in the literature and data generated from the discourse analysis.

At the beginning of each interview, subjects were asked for consent to be interviewed. They were informed of their right to withdraw from the study. They were also informed that the interview data would be kept confidential and stored securely in password protected files. They were also given the option of anonymity in all documents resulting from research and informed that they could contact me at any point if they changed their mind regarding this. Although none of the subjects had any objection to being quoted, because of the relatively small number of interviewees the decision was made to anonymise all quotes used in the text, as interviewees would otherwise be relatively easy to identify. All interviews were audio recorded with the consent of the participants. This enables the researcher to revisit the interviews during the data analysis phase, as necessary. The interviews were held between May 2016 until July 2016 and all interviews were held at the participants' office in order to make it easier for those with a hectic work schedule.

2.7 Triangulation

Triangulation is the process of combining several lines of sight. By combining those lines, a researcher can obtain a better, more substantive picture of reality; a more complete array of symbols and theoretical concepts; and a means of verifying many of these elements (Berg 2001, p.4). In social science research, those lines refer to the combination of two or more theories, data sources, methods or investigators in one research study (Denzin 1970). Of the four methods mentioned by Denzin, the data and methodological triangulation are adopted in this research. By combining empirical materials (data) and methods, the limitations or biases that can emerge from depending on the only single method or single type of data sources can be overcome.

The triangulation of methodologies is also common in other research practices looking at the securitization of the NTS. Arguably, by applying this type of method, the research could produce a much richer version of securitization processes (Balzacq 2011, p.52). However, Karyotis (2012, p.390) argued that narrow focus on the speech act is inadequate when studying the process of the securitization of migration. The author suggests focusing on the elite interviews approach as securitization can be discursive or nondiscursive, pre-mediated or subconscious, and beneficial or detrimental for the securitizing actors (the elite). Nevertheless, the information sought from the elite interviews comes with the possibility that the participants could become ‘secretive’ or misleading in answering the questions. These methodological issues, again, can be managed by validating the interview data through other sources.

In this present study, data from official statements, documents, newspapers and scholarly articles are gathered to examine the process of securitization at the regional level. Interviews are used to go further in-depth into the event chosen and to reveal any issue that is usually unpublished and unrecorded. Academic literature and official documents were revisited in order to validate the findings or to call into question information from interviews. In order to validate the data, triangulation of

multiple sources was used to support the explanation of each event and its impact, arguments and conclusions.

2.8 Self-Reflection

In this section, a discussion on reflecting the researcher position in which the project was conducted is presented. Reflexivity is important in striving for objectivity and neutrality (Ritchie 2003, p.19) in order to reflect on how it may have influenced the manner in which the project was conducted. By self-reflecting, a researcher can obtain a much broader understanding of the information that has been gathered.

Firstly, before starting the project, the researcher has been working as an academic in one of Malaysia's public universities. As a government servant, the researcher has the opportunity to establish networks with other government agencies in Malaysia. Because of this relationship, there was a good understanding of the context and knowledge of the relevant institutions involved in this research. This privilege, however, was not used by the researcher during the research.

Moreover, although the research study is sponsored by the Malaysian government, it was necessary to clarify to other participants from other states that this project is an academic project and it had not been commissioned by the Malaysian government. Therefore, the researcher used only the identification acquired by the University of Leeds in establishing contact with the participants and during the fieldwork. As a student at the University of Leeds, this has helped in breaking the perception of a close association between the researcher and the Malaysian government. The participants also have been informed about the issue of confidentiality and anonymity in order to encourage their free participation. The issue of state members' commitment to cooperation with ASEAN is sensitive. Therefore, by distributing a consent form, the participants are allowed to share freely their opinions on the state's commitment in addressing the health threats.

Secondly, as the researcher has experience in collaborating with other government agencies in Malaysia and is familiar with the norms and culture in those states, this has helped a lot in creating a better understanding of the elite working patterns. For example, with respect to the high-ranking government officers, bureaucracy has played a major role for the researcher in establishing contact with the participants. The researcher needs to get approval from the top-level officer before conducting the interview. Therefore, to minimise the impact of rejecting the researcher request, the researcher has to follow all the procedures given and keep track of the officers' schedule in setting the appointments.

Finally, beside English, the researcher has a good command of the Malay language, most spoken languages among the Southeast Asian states. This advantage has facilitated the research in terms of conducting the interview, as most interviews featured both languages mixed. Also, it has also helped the researcher in establishing early contact with participants and analysing the selected member states' official documents.

2.9 Methodological Challenges

The methodological challenges regarding conducting qualitative research and the strategies adopted are explained this section. The research has primarily been concerned with issues of access and issues of reliability and validity of the research. With respect to the access, although the majority of the ASEAN's official documents and its statements are readily available via the Internet, documents that relate to the decision-making processes leading up to the official positions of ASEAN and its member states are more difficult to get access to. Those documents are from closed meetings between the ASEAN Secretariat and member state delegations and also, various experts and advisory bodies that assisted them in the policy-making process. This issue arose when the researcher traced the official documents from various ASEAN institutions and found that some of the references cited in the documents are not available online. In regards to overcoming the shortcomings of analysing the

institution's official documents, therefore, it has been supplemented by other secondary sources gained whether from academic sources or from the information gathered during the semi-structured interviews.

However, the issue of access also presented challenges with respect to the interviews themselves. The main issue regarding the access to interviews is identifying the relevant individuals to interview in ASEAN and how to gain access to interview them. The ASEAN website provides an initial means of finding the right individuals to interview. However, the website only provides the name of individuals who currently head various units within the institutions themselves. Given the high turnover of individuals in the government agencies, it was not always possible to identify or meet people who held particular positions previously. This would affect in terms of making the process of identifying, contacting and setting up the interviews becomes longer than expected. Despite such constraints, in the end, it was not always possible to attain interviews with relevant individuals.

The issue of reliability and validity probably arise from the points concerning the issue of access raised above. The inability to consistently access the information derived from closed meetings might run the risk of misrepresenting events as they actually occurred. Moreover, the issue of high turnover among ASEAN's officers meant that often times the past memory of the institution will be limited. Although the interviewees spoke from the standpoint of their official positions, the reliance on memory in recounting events necessarily raises the methodological concern about the quality of information gained from the interviews and how it is to be assessed. Therefore, in order to overcome these challenges, this research employs the triangulation of data collection. By comparing the data gathered from the discourse analysis and the elite interviews, it is possible to validate the information derived from both sources.

2.10 Ethical Issue

The research ethics are accordance with the University of Leeds guidelines. In spite of that, the issue of privacy and confidentiality of participants remains the ethical concerns of the thesis. In order to protect the anonymity of the respondents, their details will not be revealed unless the source wishes otherwise. However, as the recruited participants are small, the identities of the participants are highly identifiable by their responses. To overcome this matter, participants had been acknowledged through the information sheet. They had been informed that the interview will be recorded using the digital voice recorder and recordings will be irreversibly deleted after the transcription happens. Transcripts are anonymous, i.e. the name, position, work place, or any personal data of the respondent are not included. The names of the individuals who wished to maintain their anonymity appear in the thesis are based on number and the date the interviews were held. For instance, the first officer interviewed appeared as Officer 1.

In order to protect the information given by the participants, records of the interviews were transcribed and transferred first in an encrypted and password-protected laptop. The files then are stored in the main university hard drive and identification data are stored in a separate password protected files: to avoid unauthorised access, accidental loss or destruction of the data collected. The data that have been obtained are stored fairly and lawfully with the full consent of participants and used only for the purpose of the academic research

2.11 Conclusion

This chapter has set out the health-security linkage and methods utilised in this thesis. This was developed on the basis of critiques of the Copenhagen School's securitization framework which, it is argued, make it more suited to the examination of the positive/negative securoyization/security debate and its consequences. It also developed a research design based on the health-security linkage in Southeast Asia

and discussed the methods and data that were used to address the research questions of this thesis.

The rise of health-security linkage has become apparent since the United Nations Security Council's intervention on the spreading of HIV/AIDS. The series of infectious disease outbreaks has focused the world's attention on the health issue. Due to its nature and the potential of global impact, a growing number of scholarships have begun to frame health as a security issue. Their purpose is to garner more resources and political attention in addressing the threat. However, despite such contributions, a growing body of literature has also begun to revisit the claims made on the linkage, as it could also bring more negative impact. Although the debate has been established in the Western region, literature on the consequences of securitizing the health crises remains limited in the non-Western arena.

It is the aim of this study to examine the inconsistencies of the theoretical deconstruction with the empirical finding. In doing so, the Southeast Asia region provides the suitable area to study. The region has experienced myriad NTS threats, including health challenges, and is getting much more attention due to the series of infectious disease outbreaks. Further, it provides a complex testing site for the securitization framework as they have practiced different norms from the Western states, which has been the main criticism of the securitization framework. Moreover, little work has been done to examine the outcome of securitizing the health issue in non-democratic states or even in an Asian context, although securitization has been the most widely applied frameworks in the Southeast Asia region in regards to the NTS threats.

Chapter 3

Securitization of Health Crises in Southeast Asia: Collective Securitization

3.1 Introduction

The previous chapter explored the emerging literature on the health-security nexus, the security concept in the Southeast Asia region and the research design used throughout the entire research. This chapter will be focusing on the process of securitizing infectious diseases at the regional level as it aims to answer the first research question of this thesis: Which health issues have been collectively securitized? It does this through the document analysis and process-tracing of Southeast Asian health policy discourse between 1967 and 2010. By examining the main actor key statements on the health-issue policy area, this chapter can track any changes in the way health issues are usually represented within the discourse, focusing in particular on the constructions of infectious disease outbreaks and the means through which security of a healthy environment should be achieved. The next chapter will be focusing on the implications of securitizing the health issues in the Southeast Asia region.

By employing document analysis and process-tracing, the chapter investigates multifaceted phenomena in the region – the emergence of health issues at the regional level, the spread of HIV/AIDS, the outbreak of SARS, H5N1 and H1N1 – and track whether there are indeed major shifts in threat and authority

constructions in these outbreaks, and whether certain elements of these constructions of threat remain relatively stable over time.

In determining what counts as a successful securitization process, this chapter submits to the position that a successful securitization occurs when the relevant audience accepts the securitizing move and the claims that there is a serious threat to their interests and such measures to address the threat would be necessary and legitimate (Haacke 2010, p.127). In other words, the implementation of such extraordinary measures would not be used to identify instances of successful securitization. This has the advantage of allowing the securitization theory to be used as a possible explanation of particular policy outcomes, even when the moves taken by ASEAN are not 'extraordinary'. Nevertheless, indicators have been set out in order to identify the extent of ASEAN-level action: namely, policy change or institutional arrangements. Policy change and institutional arrangement involve a) the creation of common policies, and b) the replacement of existing structures or system with policies that specifically address the issue or the establishment of new institutions, like a task force, alongside existing structures.

The chapter is divided into four sections. The first section provides an overview of the regional health policy discourse between 1967 and 1990s by briefly discussing the usual response of the ASEAN member states to health issues since the establishment of ASEAN. The second section examines the responses by member states to the outbreak of HIV/AIDS between the 1990s and 2002. These two early sections provide an important basis in examining the health policy discourse throughout the rest of this chapter. The next section focuses on the period between 2003 and 2010 of ASEAN health security discourse, which the thesis claims is a significant period in examining the health security discourse in the region due to the series of infectious disease outbreaks: namely, the outbreaks of SARS, H5N1 and H1N1. This section examines the discourses of the interrelation between securitizing moves and audience acceptance in order to examine the extent of securitizing the infectious diseases at the regional level. The final section concludes with a summary of the chapter. It is important to note here that this research is focusing on the

spread of infectious disease at the regional level, although the spread is transnational in nature. Rather than focusing on a comparative study of the national discourses of the ASEAN member states, this chapter analyses the language 'agreed' by the ASEAN participants. The chapter argues that only diseases with the risk of becoming pandemics have been collectively securitized and made it into the regional agenda. While critics of ASEAN often deride its meetings as rhetorical and little more than talking shops, the organization is moving beyond that as various practical mechanisms have been created in the securitization process of the health crises.

3.2 1967-1990 - Health Issues in the Early Days

The first section sets out the initial conditions for the Southeast Asian health discourse by briefly discussing the response of ASEAN to health issues since the establishment of the organization until the outbreak of HIV/AIDS in the late 1980s. The notion of comprehensive security had been the organizing concept of security in Southeast Asia with security not revolving around military matters but also encompassing wide arrays of issues in social, cultural, economic, and political spheres (Alagappa 1989). Based on such a conception of security, ASEAN has always distinguished security in terms of traditional and non-traditional threats. Although comprehensive security offers a broader conceptualization of regional security, it does not include a perception of common external threats. It was still very state-centric as ASEAN countries tended to see the NTS issues as domestic problems of member states which required national solutions and this included issues revolving around health sectors as little or no attention was given at the regional level particularly during the formative years of ASEAN between late 1970s and early 1990s.

Health issues in ASEAN were implicit since the establishment of the institution in 1967, but it was twenty years later that health issues were discussed at the regional level. Public health and regional cooperation emerged high in the ASEAN's

agenda when ASEAN health ministers decided to meet regularly to ‘strengthen and coordinate regional collaboration in health among ASEAN countries’ (ASEAN Health Ministers 1980). The ASEAN health ministers meeting held in 1980 marked the region’s first step in organizing collaboration between ASEAN member states on health issues. In their joint communiqué, the leaders agreed to tackle major programs and policies collectively in order to improve the health status of the people in the region (ASEAN Health Ministers 1980).

> The Meeting took note and discussed the relationships of on-going health projects and activities in the ASEAN region particularly in pharmaceuticals, food and nutrition, drug abuse, population control and family planning and health manpower development. (ASEAN 1980)

Although a regional health institution known as the ASEAN Institute for Health Development (AIHD)[12] was established in 1982 as a result of the regional health meeting, ASEAN’s collective stand on health issues was vague as the meeting was not followed by any mechanisms within the ASEAN structure to further the regional agenda as planned during the meeting (ASEAN Health Ministers 1980). At the same time, concerning issues like communicable disease only had been categorized as future possible areas of regional collaboration together with issues like primary health care, environmental health and health information systems (ASEAN 1980). The situation continued when ASEAN health ministers met again in 1984 when their main agenda was only to ‘review policies and strategies agreed at the Second Meeting of ASEAN Health Ministers’ (ASEAN Health Ministers 1984).

The low level of attention received by health issues remained between 1984 and 1990 when no ASEAN health ministers meeting was organized in that period, although ASEAN regional meetings in other sectors were held. Health issues were mentioned once in a while in other regional meetings despite the fact the regional

[12] AIHD focuses on promoting multilateral cooperation with other international agencies to carry out training, research, and documentation projects in the areas of primary health care and participatory community-based development.

geographical location featured health challenges of emerging and re-emerging communicable diseases such as malaria and tuberculosis (TB). For instance, in the 3rd ASEAN Summit (1987), the importance of functional cooperation on health was mentioned once in their joint communiqué with other issues:

> The Heads of Government affirmed the need to actively involve all sectors and levels of the ASEAN community in promoting cooperation in the fields of health, drug abuse prevention, environmental management, labour law, population, child survival and welfare and other social welfare programmes, news information and cultural exchanges. (ASEAN Summit 1987)

The inconsistencies of ASEAN in organizing AHM[13] meetings indicated that health issues were not a priority in the regional agenda during the 1980s and early 1990s. Health issues were categorized as development issues, where in the normal state of cooperation in Southeast Asia, this kind of issue was viewed as a domestic issue.

3.3 1990s-2000s - The Emergence of HIV/AIDS

A significant policy shift on health issues can be found in the early 1990s, when the region for the first time sought to promote regional health cooperation against HIV/AIDS and recognized the need to treat the disease with concern. At the 4th ASEAN Health Ministers Meeting in 1991, Southeast Asian leaders raised their concern about the growing threat posed by the HIV/AIDS disease;

> The common concern of member countries is the growing threat of AIDS. While each country had developed its programme in keeping with its social, cultural and economic situation, it was also recognized that collaboration between member countries could enhance individual member countries' efforts for the control of AIDS and environmental health problems. (ASEAN Health Ministers 1991)

13 The 3rd AHMM was held on 1984 in Pattani, Thailand while the 4th AHMM was held in 1991 in Indonesia (ASEAN Health Ministers 1991).

Although the threat was first recognized as problem of concern, HIV/AIDS had been gradually recognized as posing a clear threat to the region. In the ASEAN Summit in 1992, a semi-annual regional meeting that gather together all the ASEAN heads of government, ASEAN leaders articulated a clear sense of urgency and the need for practical cooperation: 'ASEAN shall make a coordinated effort in curbing the spread of AIDS by exchanging information on AIDS, particularly in the formulation and implementation of policies and programmes against the deadly disease' (ASEAN Summit 1992). This shows the speech act by the leaders. Practical cooperative measures were initiated to achieve the objectives. This included the establishment of an ASEAN institutional arrangement known as the ASEAN Task Force on AIDS (ATFOA)[14]. ATFOA initiated the first ASEAN Work Programme on AIDS (AWP I) between 1995 and 2000. AWP I identified the priorities for regional cooperation as well as a range of programmes and activities aimed at strengthening collaboration among ASEAN member states[15] in combating HIV/AIDS. AWP I played an important role in initiating regional activities that promoted regional cooperation. Aside from the establishment of AWP I, the region also developed an ASEAN AIDS Information and Research Reference Network to share information on and experiences of the disease (ASEAN 2001).

However, in the following years, a significant change in ASEAN's language is noticeable. Instead of addressing HIV/AIDS as a regional security issue, ASEAN referred to it as an issue of human rights.

> We shall, together, make sure that our people are assured of adequate medical care and access to essential medicines and that cooperation shall be stepped up in the control and prevention of communicable diseases, including HIV/AIDS. (ASEAN 2000)

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[14] ATFOA is an ASEAN body tasked with coordinating the Association's response to HIV/AIDS and was first convened in 1993. It comprises ASEAN's health ministers or members of their national AIDS commissions and they meet once a year and ultimately report to the ASEAN Health Ministers (Collins 2013).

[15] These include collaborating with non-health sectors, such as labour and education, identifying population movements, multi-sectoral collaboration on youth interventions, assessing family and community, support systems, improving HIV surveillance, and involving Islamic religious leaders.

All ASEAN countries expressed the need for improving access to essential medicines and strengthening treatment, care and support for people living with HIV/AIDS. Access to treatment and care is a basic human right. Even in the low prevalence countries, people living with HIV/AIDS need treatment and care.

ASEAN's lack of progress on practical cooperation became evident in the BBC report of October 2001. In that report, the BBC claimed that Asia was on the brink of an HIV/AIDS crisis in the region. The report concluded that one in five sex workers in Vietnam were HIV positive, Indonesian blood donors were seeing a ten-fold increase in infection rates, and Cambodia's and Vietnam's rates of infection were above 2 percent. According to the report, some UN officials speculated 7 percent infection rates in Burma (Myanmar) and in the Thailand-China border area rates for male infection were estimated to be as high as 10 percent (Jagan 2001). In other words, the report indicated the lack of urgency among the member states, despite measures having been enforced for about ten years

Perhaps in response to the BBC's report, ASEAN convened a special session on HIV/AIDS during the ASEAN Summit in 2001. ASEAN leaders showed their first significant commitments concerning HIV/AIDS when they agreed to sign a Declaration on HIV/AIDS. In the declaration, ASEAN seemed to be concerned by the potential threat of HIV/AIDS. They unanimously recognized that, 'At least 1.6 million people are living with HIV/AIDS in the ASEAN region and that the number is increasing rapidly through risk behaviours exacerbated by economic, social, political, financial and legal obstacles' (ASEAN Summit 2001), suggesting the increased level of concern of the institution on the issue. They even identified two joint actions for ASEAN:

> Strengthening regional mechanisms and increasing and optimising the utilisation of resources to support joint regional actions to increase access to affordable drugs and testing re-agents; Reduce the vulnerability of mobile populations to HIV infection and provide access to information, care and treatment; Adopt and promote innovative inter-sectoral collaboration to effectively reduce socioeconomic vulnerability and impact,

> expand prevention strategies and provide care, treatment and support; Monitoring and evaluating the activities at all levels and systematically conduct periodic reviews and information sharing with the full and active participation of non-governmental organisations, community based organisations, people living with HIV/AIDS, vulnerable groups and caregivers. (ASEAN Summit 2001)

However, in the same declaration, ASEAN leaders had referred to HIV/AIDS as a threat to human security, suggesting a low level of urgency from the regional leaders despite acknowledging the increasing number of people living with the disease in the region.

> The HIV/AIDS pandemic is a threat to human security and a formidable challenge to the right to life and dignity that affects all levels of society without distinction of age, gender or race and which undermines social and economic development. (ASEAN Summit 2001)

The emphasis on human security seems particularly revealing, as this characterization suggested that the participants did not see this transnational disease as threatening the state or regional security. Indeed, their practical cooperation also revealed the lack of urgency among the ASEAN leaders to work together.

While the region's recognition of the HIV/AIDS issue resulted in the establishment of ATFOA and the AWP programme, the regional measures were not supported by substantive practical cooperation. In order to carry out the AWP I programme, ASEAN assigned member states as country coordinators[16] who led the development and implementation of the regional project based on the states' expertise and specific interest. As the agreed activities to be implemented were

[16] A country coordinator, also known as a 'lead shepherd', is a country coordinator who leads the development and implementation of a regional project/activity in an area in which they have expertise or a specific interest.

based on a cost-sharing[17] basis, most of the activities had limitations in terms of scope, scale and quality, particularly since the activities coordinated by the 'lead shepherd' were mostly organized at the state level rather than being regional activities with added value (ASEAN Secretariat 2002, p.5). AWP I also lacked important mechanisms like monitoring and assessment, which meant the data available for the impact and outcome of the AWP I activities were limited. Hence, the region was having difficulty mobilizing the resources needed to evaluate the issue (ASEAN Secretariat 2002, p.5). The timeline of programmes under AWP I was also not consistent. Although nine out of ten projects under AWP I were implemented (ASEAN Secretariat 2002), ASEAN took two years (from 2000 to 2002) just to formulate new activities and programmes for the second phase of AWP[18].

In addition, the ASEAN declaration to fight the HIV/AIDS did not derive from a real consensus among the member states as each state has divergent domestic issues that have affected their views on the health issues. For instance, the impact of the economic crisis and major political changes triggered by the resignation of President Suharto in the 1990s had prevented the Indonesian government from acting swiftly as the national budget to keep the health system going was sometimes frozen (Mboi & Smith 2006, p.100). In a similar vein, the Vietnamese government still referred to tackling HIV/AIDS as a policy strongly associated with the 'fight against social evils' as this virus was stigmatized with commercialized sex and drug addiction (Vietnam News Agency 2002), which resulted in a slow response from the government. The delayed impact associated with HIV/AIDS and domestic constraints mitigates the sense of urgency that often drives decision-making and resource allocation among security planners. In fact, the lack of convincing collective mechanisms and the concept of self-reliance in regional collaboration indicated that health issues were normally managed at the national level. As one elite officer was quoted as saying, 'We do prepare for pandemic. Other health issues from the

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[17] Cost-sharing refers to an arrangement whereby a country hosting a regional project would absorb the organizing costs and participating countries would defray the cost of the airfare and per diems of their participants

[18] While AWP I took place between 1995 and 2000, the AWP II only took place between 2002 and 2005., a shorter term compared to the first initiative

communicable diseases like HIV, TB, we address it as public issue' (Officer 1 2016). In short, the absence of a coherent ASEAN discourse on HIV/AIDS, suggests that the region's moves were largely rhetorical as it did not bring positive effect to the ASEAN cooperation despite expressing a clear sense of concern at the impact of HIV/AIDS.

The HIV/AIDS threat managed to grab regional attention during the early years of the spread. ASEAN leaders agreed that it posed a security challenge to the region and their concern was translated with the establishment of practical cooperation measures like ATFOA. However, the securitization move did not stand long when ASEAN leaders made a significant shift in addressing HIV/AIDS as they refer this problem as a human security, reducing the urgency for cooperation among the leaders. Moreover, low-level responses from the ASEAN member states due to the nature of ASEAN's mechanism of non-compliance seemed to reaffirm the criticism that ASEAN was merely a 'talking shop' (Katsumata 2006, p.181). As noted by one of the elite in an interview about ASEAN's cooperation on health issues, she was quoted as saying, 'ASEAN perhaps is not as strong as for HIV' (Officer 6 2016). Nevertheless, a series of infectious disease outbreaks, which happened between 2003 and 2009, caused many Western states to securitize these diseases. This raised questions about whether these diseases had been successfully securitized and made it into the regional agenda. Hence, the next sections will focus on three infectious diseases in particular that have shaped the evolution of what can be considered a health security agenda at the regional level.

3.4 2003-2010 – ASEAN's Health Crises

The previous section concluded that health issues are still being regarded as 'low-level' political issues, receiving little attention at the regional level. Despite ASEAN's attempt to securitize HIV/AIDS in the early 1990s, this only occurred in a limited way. The changes in the language used and endorsed by participants as well as the low-level responses from the member states suggested that ASEAN had not collectively

securitized the HIV/AIDS issue. Consequently, it is possible to maintain that ASEAN had not fully endorsed securitization of any health issues since the establishment of ASEAN until the early 2000s. However, a series of infectious diseases starting from 2003 raised questions about whether the participants had collectively securitized the health crises and accepted it as a regional security issue, and more importantly, whether the securitizing process had managed to create practical outcomes in addressing the pandemics. Therefore, this section aims to examine Southeast Asia's health policy discourse between 2003 and 2010 in studying the process of securitizing the infectious diseases at the regional level. Hence, the outbreak of SARS, H5N1 and H1N1.

3.4.1 SARS

While the spread of HIV/AIDS did not make any significant impact on the Southeast Asia regional health cooperation, health security arrangements were put to the test when a novel virus creating acute respiratory distress emerged and rapidly travelled around the globe. On November 2002, a mysterious virus broke out in Guangdong province, Southern China. The virus, later known as Severe Acute Respiratory Syndrome (SARS), had spread around the world when a Chinese physician named Dr. Liu[19], unknowingly transmitted the virus as he travelled from China to Hong Kong and stayed in a hotel where the disease spread quickly to the people who stayed on the same hotel floor. Consequently, 30 countries were affected by the virus, with some states in Southeast Asia such as Singapore and Vietnam severely affected.

As most of the ASEAN states had never experienced a pandemic and did not know how to respond, ASEAN states were taking unilateral actions to address the outbreak in the early stages of the outbreak. However, a change of strategy can be identified from when ASEAN leaders decided to convene emergency regional meetings at short notice. Hor Namhong, the Cambodian foreign minister and chairman of the ASEAN Standing Committee (ASC) was quoted saying that;,

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[19] He was later identified by the WHO to be the primary source of infection for multiple cases of SARS outside the province.

> [SARS] is a crucial transnational issue that has had an impact on several ASEAN members and will have serious economic and other implications for the entire region. WHO has assessed that SARS could have global epidemic potential. Therefore, the ASEAN leaders decided to meet in order to take national and collective measures to deal with this mortal disease. (Xinhua General News Service 2003b)

ASEAN was able to convene two urgent regional meetings. The urgency of the regional leaders' decision to meet has been justified by Chua Jui Meng, Malaysia's Health Minister: 'This meeting needed to be convened as almost half, that is 13 out of 27 countries identified as hard hit by the plague, are in the Asian region and this required an immediate response among member countries involved' (Jamlus 2003)[20]. The leaders not only organized a special ASEAN-China Meeting in Bangkok in late April but at the behest of Malaysia, a Special ASEAN+3 Health Ministers Meeting was held three days before the summit in Thailand. The first meeting was a prelude to the emergency summit in Bangkok aimed at forging a united front against the SARS epidemic. In the first meeting, ASEAN leaders and their counterparts jointly articulated a clear sense of urgency about the impact that SARS could pose to the region: 'SARS has threatened the well-being and livelihood of the people and the economic development of the region' (ASEAN+3 2003b). This led to the implementation of practical cooperative measures including enforcing strict border screening measures and dissemination of SARS health declaration forms to the tourists (ASEAN+3 2003b).

The leaders agreed to recognize and extend the groundwork recommendations from the special ASEAN+3 Health Ministers Meeting during the Bangkok summit. A Special ASEAN Summit on SARS and a Special ASEAN-China Leaders Meeting were held back to back on 29th April 2003. At the Bangkok Summit, ASEAN leaders once again reaffirmed the statement made during the previous meeting by registering their concerns about the consequences of SARS for the

[20] Translated from a Malay language newspaper, *Berita Harian.* Article title *'Mesyuarat menteri ASEAN+3 bincang perkembangan terbaru*', dated 23rd April 2003.

wellbeing of the people and economic development, equally. In their joint declaration, the ASEAN+3 states once again depicted SARS as posing a serious threat to the region: 'SARS poses a serious challenge not just to our region but globally and [we are] deeply concerned about its consequences for the well-being of the people and the economic development of this region (ASEAN 2003b)'. To that end, the leaders agreed to commit themselves to immediate prioritizing ensuring the health care system in the region is fully prepared to contain this threat (ASEAN+3 2003a). In the final communiqué of the meeting in Bangkok, ASEAN stated that there was a 'collective responsibility to implement stringent measures to control and contain the spread of SARS and the importance of transparency in implementing these measures' (ASEAN 2003b).

Both meetings were significant as there was an unprecedented regional effort to halt the spread the virus. The meetings were the quickest to be convened by the ASEAN leaders in a crisis situation. Compared with the ASEAN's response to other issues, ASEAN only took less than a month following the SARS eruption to convene two regional emergency meetings. ASEAN's head of external relations said, 'If you look at the timing, this is even quicker than events like the Bali bombing and the financial crisis' (Parameswaran 2003, p.2). Moreover, the meetings also received tremendous support from all member states. Except for Malaysia, which was represented by the acting prime minister, all other ASEAN member states were represented by their heads of state or government. The ASEAN's security concern was also supported by the presence of other external states that joined the rare emergency summit, China and Hong Kong. This is the first meeting between Premier Wen with any of ASEAN leaders since he became Premier (Parameswaran 2003). In their joint statement with Chinese President Hu Jintao, ASEAN leaders referred to SARS as a 'mounting threat to the life and health of the people in Asia and the world at large' and noted the 'serious adverse impact on the economy and society of countries in the region' (ASEAN and China 2003). Beside ASEAN Health Ministers, it is also important to note that the SARS outbreak was also on the agenda of other ministerial meetings, such as those of immigration-related ministers, labour ministers and airport-related ministers, who offered different assessments of the dangers

associated with the SARS outbreak. For instance, recognizing the outbreak of the SARS virus had affected the economic growth of the region, ASEAN +3 labour ministers 'resolved to strengthen greater regional cooperation to overcome this challenge to ensure the progress of East Asian economies and to minimize job losses' (ASEAN+3 2003c).

Taken alongside the joint declaration and joint statement between ASEAN leaders and Chinese President about the threat posed by SARS in both regional meetings, their statements and speeches showed elements of securitizing logic. Positive speech acts can be identified on both joint statements and declarations made at both emergency meetings. Unlike previous ASEAN responses to the HIV/AIDS issues, which generated more rhetoric than action, the final communiqué of the Bangkok summit stated that there was a 'collective responsibility to implement stringent measures to control and contain the spread of SARS and the importance of transparency in implementing these measures' (ASEAN 2003c). ASEAN member states were determined to cooperate together as they unanimously agreed to immediately form regional mechanisms to address the threat. Their move in securitizing the SARS virus was also followed by substantive practical measures, starting with the initial move of strict pre-departure screening at all exit points. Over 10 measures were identified to stall the spread of SARS in these meetings and these measures can be divided into two groups: the immediate and short-to-mid term measures. Immediate measures agreed upon involved sharing information on SARS best practices in preventive and control measures, contact-tracing for the exchange of information, and strengthening cooperation among front-line enforcement agencies such as health, immigration, customs, transport and law enforcement to establish travel procedures in order to ensure travellers from affected areas were screened for SARS (ASEAN 2003b).

Short-to-mid term measures involved international agencies such as the WHO, with ASEAN leaders urging a deepening of the cooperation between both parties. ASEAN also explored the possibility of developing a regional framework of rapid response to outbreaks of infectious diseases by requesting the establishment

of the ASEAN Expert Group on Communicable Diseases, ASEAN Disease Surveillance Net[21] (Ads-Net), ASEAN Epidemiologic Network[22] and ASEAN Project on Strengthening Laboratory Capacity and Quality Assurance for Disease Surveillance. An ad-hoc Ministerial-level Joint Task Force was also established to follow-up and monitor the implementation of the decisions made at the Kuala Lumpur and Bangkok meetings. Besides that, the ASEAN SARS Containment Network, a network to share information on SARS, was established. This network could also be utilized in the event of another regional public health threat. Additionally, a hotline was also set up among the health ministers and their senior officials to facilitate communication in emergency, and ASEAN and the Chinese and Hong Kong health authorities were in constant contact (Acharya 2007). Besides that, an early warning system for emerging infectious diseases at both national and regional levels was also suggested. What is more interesting to note is these regional mechanisms were supported by the establishment of regional fund. A special ASEAN SARS Fund was set up with China committed to contribute $1.2 million while Thailand offered $250,000 and Cambodia $100,000 (Macan-markar 2003). This special fund was set up to pursue research of SARS in the region.

The presence of the top leaders of ASEAN shows the urgency of each participant to securitize the issue. The speed with which the regional meetings were called and the establishment of practical cooperation agreed was unprecedented in the history of ASEAN (Curley & Thomas 2004, p.28). The decisions reached at the regional meetings would not otherwise have been agreed upon in normal times, which indicated that ASEAN can respond in a timely fashion. Though, initially, some countries in ASEAN, especially states who were not affected by the virus, were a bit reluctant to impose the screening measures, the states came round when it was pointed out that without them, there would be a gap in the ASEAN containment strategy (Henson 2003); these changes indicated that ASEAN has securitized the

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[21] This website was set up in April 2003, at the height of SARS crisis and was intended to serve the purpose of facilitating regional cooperation in Southeast Asia and provide timely dissemination of information on disease outbreaks. This website was established with financial and technical support from the U.S. Naval Medical Research Unit 2 (NAMRU-2) and was maintained by the Indonesian Ministry of Health (Caballero-Anthony 2005).

[22] A network that establish to strengthen the capacity building for epidemiological surveillance

SARS issue. While critics of ASEAN often deride its meetings as little more than talking shops, the difference with these meetings were that they focused on practical outcomes rather than a reiteration of regional ambitions (Curley & Thomas 2004, p.26).

Overall, the outbreak of SARS has been securitized by the region. The unexpected outbreak witnessed a significant change of behaviour among the ASEAN member states. All member states were committed to address the pandemic despite that some of them did not face the deadly disease. They agreed that the pandemic is a challenge to the region's stability. Their behaviour during the period of the SARS outbreak is different compare to the HIV/AIDS spread. All state leaders, except Malaysia who has been represented by the acting Prime Minister, attended the emergency meetings. This is despite the meetings were arranged at a short notice. They securitizing actors also agreed to implement strict screening measures, despite knowing that it could jeopardize their tourism industry.

3.4.2 H5N1

The re-emergence of H5N1 just months after the last case of SARS was reported had once again put ASEAN into an uncertain situation. H5N1, also known colloquially as ‘avian influenza’ or ‘bird flu’, was not a novel virus, having first appeared in Hong Kong chicken farms in 1997, and was successfully stamped out when Hong Kong decided to kill all poultry in its markets and farms within a few days. The controversial decision may have prevented a larger outbreak of the disease as no further cases of human or animal infection were recorded until February 2003, when the virus reappeared and infected two Hong Kong residents, killing one of them. However, this contained situation did not last long, as the virus soon re-emerged. By the end of 2003, H5N1 avian influenza had begun infecting humans and was spreading progressively throughout Asia. In the months that followed, millions of domestic poultry were culled. This aggressive action, however, did not stop the virus from infecting other regions. In fact, the virus spread rapidly in

Europe, India, the Middle East and Africa through migratory birds including Southeast Asia's region.

ASEAN's governments loudly proclaimed that they had learned their lesson in the aftermath of the SARS outbreak, during which transparency and cooperation had become the rule in addressing regional health issues. China's action of withholding significant information in the early stages of the SARS outbreak had hindered significant cooperation to contain the outbreak. By contrast, in the early stages of the outbreak, the region appeared not to heed the lessons when a few states in Southeast Asia deliberately withheld the information that a significant event happened in their poultry industries in order to protect their economies. This is despite the first confirmed case of H5N1 happening within months of the last case of SARS being reported.

The Indonesian government, for instance, although it had been warned that there had been an H5N1 outbreak in the state since November 2003, insisted that no bird flu had been found in Indonesia. Instead, they put the blame on Newcastle disease, a contagious and fatal avian virus, as the cause of thousands of chicken deaths. In fact, in an attempt to convince the public that their chickens were safe, the Indonesian Agriculture Minister, Bungaran Saragih, and his officers ate food made from chicken, saying that 'Chicken meat in Indonesia is safe and can be consumed by the people' (Taylor 2004a). Nevertheless, a few hours after, Indonesian government announced that they faced a major bird flu problem, which triggered panic among farmers. Their slow action in alerting the farmers has been attributed to alleged pressure from chicken exporters and 'bids' by government ministers to protect the industry. Dr Sofjan Sudarjat, a director-general of animal husbandry, however, denied the allegations and claimed that his department did not want to publicize the outbreak as, according to him, 'This is type A which doesn't spread to humans' (Kearney 2004, p.4).

Similarly, in Thailand, the Thai government declared the massive amount of chicken deaths found in the state in 2003 was due to cholera and bronchitis (Agence France Presse 2004d). However, it soon emerged that the Thai government had known for some time that the real cause was avian influenza. Although Thai Prime Minister Thaksin Shinawatra said that the main reason for such reluctance to publicize the problem was to avoid panic (Cohn 2004, p.A16), it was believed that Thaksin might have wanted to protect Thai exports and domestics consumption as Thailand is a major poultry-meat exporting country (Bradsher & Altman 2004, p.1). Meanwhile, Vietnam, which already aware of an outbreak of H5N1 in July 2003, decided to adopt a policy of quiet mitigation because the state was busy preparing for a major sporting event (Delquigny et al. 2004; Deutsche Presse-Agentur 2004a). Explaining the state's action, one Vietnam government officer admitted, 'At that time, Vietnam was preparing actively for the 22nd Southeast Asian Games and we thought we could control the disease so we did not announce it for political and economic reasons' (Deutsche Presse-Agentur 2004a, p.1). These three examples show that ASEAN had once again taken unilateral action, this time in the early stages of the avian flu outbreak.

Despite the cover-up that allegedly hampered early regional health cooperation, ASEAN did not take long to rectify the situation. Immediately after publicly confessing the true situation of his country's problem in late January 2004, Thaksin called a first regional summit. At the event, ASEAN and other delegates recognized H5N1 as a threat to human security. In the joint statement, the leaders stated that H5N1 is 'not only severely affecting the poultry industry but also has potential threat to human health' (ASEAN+3 2004). Although the issue was regard as one of human security, there was a general agreement that in order to contain the virus, ASEAN would require 'closer cooperation among governments, communities and businesses through the appropriate regional and international organizations, and other mechanisms as necessary' (ASEAN+3 2004). This meeting can be considered successful as despite it being convened within just three working days (Yuan 2004), all ASEAN member states were present together with other states like Japan, China, South Korea and the US, and officers from international organizations like the WHO,

FAO, OIE and EU. Since this unprecedented meeting, cooperation among the affected states in Southeast Asia had improved, with governments realizing the paramount importance of transparency in combating the virus (Enemark 2007, p.46). Those attending the ad-hoc meeting expressed commitment to practical cooperation measures by enhancing their epidemiological and laboratory capacity for prompt detection, monitoring, surveillance and controlling of the disease. This included following the guidelines provided by international institutions like the WHO, OIE and FAO for controlling the virus, including mass culling (ASEAN+3 2004). Moreover, the states were committed to report their avian influenza situations as often as possible.

However, ASEAN continued to address avian influenza as a threat to human security. In the Declaration of ASEAN Health Ministers Meeting in April 2004, ASEAN member states and their counterparts expressed the same agreement:, that they were

> AWARE that the vision of a stable and secure ASEAN Community can be realised only when our peoples enjoy optimum health, are protected from the spread of diseases, and are ensured of timely and adequate protection against communicable diseases, including those of a zoonotic nature such as avian influenza. (ASEAN 2004b)

However, ASEAN had changed the tone of their language in the subsequent meeting. At the 10th ASEAN Summit in Vientiane, Laos in November 2004, the Chairman's Statement articulated a clear sense of urgency when he identified bird flu as one of the 'key challenges' facing the region: 'We took note of the convening of this summit at a time when our region is being confronted with fundamental changes in the regional and international scene such as the recent terrorist attacks, the hike in oil prices, the spread of avian flu, etc' (ASEAN 2004a). The statement also shared the perception about the urgency for practical regional cooperation in combating the virus.

> While discussing current economic developments in the region and in the world, we expressed our determination to work together to minimize the adverse impact on our economies brought about by the hike in oil prices and avian flu. In this connection, we supported energy cooperation, in particular, in alternative energy, such as bio-fuels, and hydroelectric power, and the establishment of the Outbreak Response Teams. (ASEAN 2004a)

Following the statement, a regional task force known as the ASEAN Highly Pathogenic Avian Influenza (HPAI) Task Force was formed in December 2004, following Singapore's proposal. Singapore National Development Minister Mah Bow Tan in his explanation about the establishment of the task force said that

> We have to recognize now that H5N1 is endemic in this region. Hence, it is important that ASEAN and affected countries in the region work together to chart the best way forward to deal with this problem. The task force can formulate a joint approach and later help to ensure that the measures to control H5N1 are implemented in a coordinated manner, on a region-wide basis. (Japan Economic Newswire 2004)

The HPAI Task Force then developed a detailed action plan which covered eight strategic areas over a period of three years from 2006 to 2008. In the spirit of task-sharing arrangement, responsibilities in these eight strategic areas were divided among the original members of the group with each country taking on a specific role: Indonesia was to harmonise vaccination and culling procedures; Malaysia was to draft action plans to contain the disease, boost emergency preparedness and establish disease-free zones within the region; the Philippines was to increase public awareness about the problem; Singapore was to establish an information-sharing system; and Thailand was to create surveillance systems to detect the disease and ensure rapid exchange and analysis of virus samples (The Straits Times 2004). Although, for some scholars, the establishment of this task force was quite limited as it only involved five ASEAN members (Caballero-Anthony 2008b), given the current state of other member states' health systems, especially the less developed states, it was better for the original members of ASEAN to lead the task force as some less-developed states in the region lacked the mechanisms to cope with the virus. For

instance, Cambodia and Laos were lacking many of the essentials needed to control the outbreak, including insufficient numbers of veterinarians and transport to get samples to the laboratory (Cyranoski 2004). As a result, simple measures to control the outbreak likes routine surveillance were impossible to manage.

In the following year, cooperation commitments were substantiated. As the virus peaked in 2005, the threat was the dominant issue in most of ASEAN's regional meetings. At the Southeast Asian farm ministers' meeting, the group's deputy secretary stressed that the 'highly pathogenic avian influenza' could become a 'region-wide pandemic if left uncontrolled' (Agence France Presse 2005b). He continued, '(Avian flu) is a multifaceted problem. It is becoming a public health issue and requires a multi-sectoral approach' (Japan Economic Newswire 2005, p.1). The threat continued to prevail in other regional meetings. At the 11th ASEAN Summit in Kuala Lumpur on December 2005 various regional mechanisms were welcomed by the ASEAN leaders. This led to the implementation of practical cooperative measures in addressing the virus. These include the establishment of ASEAN Animal Health Trust Fund (AAHTF), ASEAN+3 Emerging Infectious Diseases Programme (EID) and a regional network of antiviral drugs stockpiles (ASEAN Summit 2005). These regional mechanisms demonstrated that such regional statements were not mere rhetoric but were backed by substantial resource allocations. For instance, ASEAN+3 EID programme has become a reference point for regional coordination when it successfully organised training programmes, seminars, workshops, promoted the collaboration between human and animal health sectors, fostered exchanges of staff between reference laboratories and conducted cross-country comparative research on the social and cultural dimensions of infectious diseases (Liverani et al. 2012). On the other hand, the establishment of ASEAN Animal Health Trust Fund suggests that member states were prepared to commit extra resources (extra-budgetary reallocation) in furtherance of the regional avian influenza programme, which marked the urgency of the association in combating avian influenza at the regional level. Given that only some states in the region were afflicted by the disease, it demonstrated the urgency of ASEAN countries to work together in addressing the issue.

Avian influenza continued to remain high on the agenda of ASEAN regional meetings, which demonstrated clear urgency of the virus problem. Following the 11th ASEAN Summit, the first East Asia Summit (EAS) was convened. Apart from the Kuala Lumpur Declaration – a declaration on the establishment of EAS – the only declaration adopted during the summit was the Declaration of Avian Influenza Prevention, Control and Response, the first regional declaration to deal with the bird flu epidemic. In the draft, all leaders agreed that they

> Acknowledge the avian influenza outbreak has spread to a number of countries in the region and that its serious impact is not just confined to the poultry industry but also public health, livestock production, trade, tourism, economic and social development of the region;
>
> Aware the potential of the current avian influenza H5N1 virus to transform into a strain capable of causing a pandemic, and the unpredictable nature of when and where a pandemic will occur (East Asia Summit 2005).

This separate declaration reflects the sense of great urgency and imminent danger that prevailed during the outbreak and the need to collaborate in tackling the dreaded avian flu. Consequently, all 16 countries (including ASEAN counterparts) agreed to ensure an 'effective and efficient implementation of the national and regional avian flu prevention and control programs and pandemic preparedness and response plans, including setting up network stockpiles of antiviral drugs'. Moreover, they also concurred to 'enhance capacity building in coping with a pandemic influenza, including establishing information sharing protocols among countries and multilateral organizations to ensure effective, timely and meaningful communication before or during a pandemic influenza outbreak' (East Asia Summit 2005). This declaration simply acknowledged and raised awareness of the potential of the H5N1 virus to cause a pandemic.

The urgency to cope with the virus continued with collaborations between ASEAN and their counterparts. Starting from 2006 onwards, the ASEAN+3 Health Ministers Meeting were launched. In 2007, as the threat was still not under control

and necessitated more initiatives, ASEAN and their counterparts proposed to set up a Regional Monitoring Centre on Infectious Diseases with Japan making a new pledge of US$67 million to fight avian flu and other pandemic diseases (Maier-Knapp 2011). Meanwhile, to test the readiness of countries in the region to contain the spread of infection during a pandemic outbreak, a simulation exercise, PanStop, was conducted in Cambodia. This exercise was coordinated by the ASEAN Secretariat with the help of the WHO, together with the Japanese government. This exercise was followed by PanStop II a year later in Philippines (2008), and PanStop III in Malaysia (2009). At the same time, avian flu still ranked as a major regional security threat and remained securitized according to President Arroyo's statement as Chairperson at the 12th ASEAN Summit.

> We agreed to continue our cooperation to maintain security, stability and peace in our region. Towards this end, we will continue collective action to address the challenges posed by such serious threats as terrorism and transnational crime, avian influenza and other major infectious diseases, environmental degradation, natural disasters, destabilising increases in oil prices, and the negative impact of rapid globalisation and growth (Arroyo 2007).

The virus continued to circulate among wild birds worldwide, causing outbreaks in poultry in several Southeast Asian states. Nonetheless, it was also likely that the issue would remain high on the agenda of more regional meetings for the foreseeable future despite ASEAN and its partners having been slow to respond institutionally to this problem. Overall, the process of securitizing the H5N1 outbreak can be divided into two phases: the first phase was during the initial outbreak of H5N1, and the second phase was after the establishment of the ASEAN Task Force. What can be drawn from the first phase of the H5N1 outbreak is that only limited securitization moves can be seen due to the lack of commitments as the issue was only referred to as a human security issue. However, as the virus reached its peak, statements from the regional leaders in various regional meetings clearly qualified as speech acts. Moreover, taking into account various regional mechanisms that were successfully established despite that there are not 'extraordinary' or 'emergency' measures, including their political and financial commitments which is different from

the region usual behaviour, it is possible to maintain that at best collective securitization had occurred.

3.4.3 H1N1

In early to mid March 2009, the Mexican Ministry of Health began to identify unusually high numbers of individuals experiencing influenza-like illness at a time when seasonal outbreaks would normally expect to be declining. Concerned by the situation, the Mexican Directorate General of Epidemiology ordered that surveillance for acute respiratory diseases be heightened before the NGO and governmental-based sources agency began to detect an outbreak of influenza-like illness in La Gloria, Veracruz, where a large number of people were affected. By this time, the virus had not only spread into Mexico City but also travelled to the US and Canada (Davies et al. 2015). This situation forced the WHO to officially declare to its member states that there had been an outbreak of H1N1 involving human cases (World Health Organization 2009). Also known as swine influenza or swine flu, H1N1 is a respiratory disease among pigs caused by type A influenza viruses that regularly cause outbreaks among pigs.

The virus did not take long to be identified in most continents since the official announcement of the outbreak on 24 April 2009. To make it worse, the H1N1 carrier would infect others at a preliminary stage without even realizing that he or she was stricken (Lai & Tan 2012). In the era of globalization, the stakes are higher because increased human interconnectedness could facilitate the global spread of disease and a pandemic virus such H1N1 would potentially cause illness and death on a large scale. Due to the rapid spread, the WHO raised the pandemic alert level from level 3 (limited human-to-human transmission) to level 4 (community-level outbreaks) on 27 April (Chan 2009b) before raising the alert to level 5 (sustained community transmission) two days later (Chan 2009a).

Both previous outbreaks indicated that ASEAN was acting unilaterally during the early stage of the outbreaks. Unlike the previous responses, ASEAN was more

responsive in dealing with the H1N1 outbreak. In their first response to the outbreak, ASEAN's Secretary General, Surin Pitsuwan said that

> ASEAN Member States are now intensifying surveillance, coordinating and collaborating in the sharing of pertinent information, raising public awareness and taking necessary precautionary public health measures. ASEAN Member States are better prepared now following the experience from recent SARS and avian influenza outbreaks. ASEAN has the existing mechanisms and networks for strengthening preparedness and responset o a possible pandemic. (Pitsuwan 2009b)

Aside from implementing existing mechanisms and networks for strengthening preparedness and response to face the pandemic, various emergency measures had been initiated by the association following the Secretary-General's speech act. The emergency mechanisms including stockpiling 500,000 courses of antiviral drugs courtesy of Japan while another 500,000 courses were distributed among member states for rapid response (Channel NewsAsia 2009). Meanwhile, ASEAN Secretariat was put on full alert, 24 hours a day and seven days a week to anticipate any request for the anti-viral drug by member states (Pitsuwan 2009b; Malaysia General News 2009a). In addition, member states were committed to share information among each other as urgent teleconferences were organized between ASEAN health experts once the WHO elevated the pandemic phase. Pertinent information was shared instantly through the organization of teleconferences. Notably, this mechanism of sharing information among ASEAN member states in a short period of time shows the initial act of regional emergency measures in response to the threat (Malaysia General News 2009a). The mechanisms in facing the outbreak are significant as none of the ASEAN member states had reported any incidents since the confirmation made by the WHO on April 2009. Despite various emergency mechanisms being identified in the early stages of the outbreak, positive speech acts were still absent. Instead, Dr Surin referred to the virus as only a regional 'concern' (Pitsuwan 2009b).

Within few days after Surin’s statement, Cambodian Prime Minister Hun Sen urged ASEAN to hold an emergency meeting of ASEAN countries to seek measures against the influenza outbreak:

> We should have an emergency meeting among the ASEAN (the Association of Southeast Asian Nations) countries, if possible, to take actions against the deadly swine flu... We have to find measures to prevent and fight against this fast spread of pig flu. We also need to seek ways to prevent this epidemic from affecting bilateral trade among the regional countries, if it occurs in one of them. (Thai News Service 2009b)

In respond to the appeal, Thailand offered to be the host of the emergency meeting. The meeting was able to convene within days. Thai Prime Minister Abhisit Vejjajiva said that ‘The meeting will take place within the next week. [This meeting] shows the unity of ASEAN in fighting problems’ (Agence France Presse 2009). Similarly, for Dr Surin, by holding this meeting, he argued that, ‘The most important signal we are sending out to the world is that this region as a community has a very strong political will as expressed by the gathering of these ministers of health from the region’ (Deutsche Presse-Agentur 2009).

More positive speech acts by various actors could be identified during the emergency regional meeting. In his opening address as host in the ASEAN+3 Health Ministers Special Meeting on H1N1, Abhisit articulated a clear sense of urgency and shared perceptions about the need for practical regional cooperation:

> With a combined population of about one half of the world's population, health threats, especially from a transboundary, easily-communicated emerging disease, will adversely affect both the lives of our people as well as compound the problems caused by the global financial crisis...No country is able to control and cope with such a threat alone. (Deutsche Presse-Agentur 2009)

Surin again showed the continued political will to securitize H1N1 by stating that

> Though we have shown our resolve that our health systems remain capable of containing the spread of the disease, this is NOT the time to be complacent. We cannot afford to let our guards down. A pandemic remains a formidable challenge to our region. (Pitsuwan 2009a)

Surin's speech made it clear that the spread of H1N1 was an issue that needed to be secureititized at the regional level. In response, collective positive speech acts among ASEAN member states could be identified in their joint statement during the special meeting:

> The rapid spread of human-to-human of the Influenza A(H1N1) virus in various countries and various regions of the World; for which a pandemic is imminent, requires global, regional and national solidarity efforts for mitigation and immediate appropriate responses. (ASEAN+3 2009b)

The securitizing speech acts by a wide range of actors and the frequency with which they had been deployed since the official announcement of the H1N1 outbreak have had a demonstrable impact, revealing a measure of audience acceptance. The speech act was supported by a wide range of collective regional measures adopted by the member states in the meeting. The agreed measures issued in a joint ministerial statement include the continuous implementation of the national pandemic preparedness plan; strengthening surveillance and responses; and effective communication. These collective regional measures were described by Surin as '...a booster shot in our common efforts to address this new form of influenza' (ASEAN 2009a). These regional mechanisms led to the implementation of practical measures to help with protecting states' borders, exchanging crucial information, and the mobilization of antiviral drugs.

In order to protect their borders, ASEAN members once again unanimously enforced tight screening measures. This was despite the early concern of some countries like Laos about the huge cost of implementing 'exit screening' (Malaysia General News 2009c). Just as they practiced during the outbreak of SARS, passengers from affected countries needed to undergo tight screening mechanisms

including filling in health declaration forms. Health advisories were also issued to passengers (ASEAN Secretariat & ASEAN 2009). Meanwhile, hotlines among national health authorities have been set up to cut bureaucracy while emergency exercises were organized to ensure effective and timely deployment of stockpiles of medicines, medical supplies and other personal protective equipment (ASEAN 2009a).

The urgency to treat H1N1 as a regional threat continued to be accepted and discussed in other regional meetings. The H1N1 outbreak caught the eyes of leaders who attended the 4th ASEAN Summit despite the fact most of the agenda that was discussed during the summit was on Southeast Asia's economic issues and the financial crisis. The chairman's statement highlighted and confirmed that H1N1 could pose a challenge to the region:

> We agreed to step up our efforts to deal with the outbreak of the new Influenza A (H1N1) as a new challenge to economic growth and the well-being of our peoples by increasing our collaboration in the fight against this pandemic, including sharing of information, establishing more regional stockpiles of essential medical supplies and assisting one another in acquiring cheaper medicines and pandemic influenza vaccines. Given the growing threat posed by Influenza A(H1N1) and other pandemic diseases, we tasked our health officials to consider ways to address these threats. (ASEAN 2009c)

The 10th ASEAN+3 Foreign Ministers Meeting, held during the summit, also welcomed a number of collective measures and joint actions agreed at the ASEAN+3 Health Ministers Meeting on Influenza A (H1N1):

> In light of the recent outbreak of a new Influenza A(H1N1), the Foreign Ministers welcomed a number of collective measures and joint actions agreed at the ASEAN plus Three Health Ministers Special Meeting on Influenza A(H1N1) on 8 May 2009 in Bangkok. They called for timely implementation of such measures and actions, particularly in consideration of the establishment of a system to facilitate the sharing of essential medical supplies in the region in case of emergency needs and

> the promotion of technology transfer related to the production of anti-viral medicines and pandemic influenza vaccines. (ASEAN+3 2009a)

The positive speech act can be traced back articulated by a wide range of actors, including speeches by the ASEAN Secretary General. The outbreak had a particularly interesting twist for Asia as there was a lead time of several weeks between the first identification and local transmission being established. The experience gained from the SARS and avian flu outbreaks made ASEAN well placed to tackle the subsequent outbreak of swine flu (H1N1). Compared to the previous outbreaks, ASEAN member states were proactively responding to the announcement made by the WHO on the outbreak, despite that they were not affected in the beginning. This indicated that they have changed their behaviour in addressing the regional pandemic Though there were initial objections from some member states to the implementation of regional mechanisms, in the end, member states' collective statements demonstrated that collective securitization had occurred at the regional level.

3.5 Conclusion

This chapter offered an overview of how ASEAN collectively had dealt with health issues and challenges that made it onto the ASEAN agenda through the analysis of Southeast Asian health policy discourse between 1967 and 2010. The chapter argues that only diseases with the risk of becoming pandemic had been collectively securitized and made it onto the regional agenda.

In the early years since the ASEAN's establishment, health issues received a low level of attention around the region. Health ministers' meetings were rarely held between 1967 and 1990, with only three actually taking place, suggesting that member states preferred to act unilaterally. This did not mean that health security disappeared entirely. From the early 1990s until 2000, ASEAN made its first attempt to securitize a health issue. Speech acts on HIV/AIDS can be identified in the early years of the outbreak with practical cooperation measures established. However,

towards the end of the 20th century, ASEAN changed their language when addressing HIV/AIDS as a threat to human security, suggesting limited collective securitization had occurred.

Significantly, the chapter found that between 2003 and 2010, ASEAN began to portray a series of infectious disease outbreaks as susceptible to a range of potential risks. ASEAN member states for the most part produced a coherent discourse of concern, risk, and threat in relation to the series of infectious outbreaks. Member states quickly reached general agreements on designating the outbreak of SARS, H5N1 and H1N1 as threats to the region. Practical cooperation supporting the language can also be identified.

This examination of Southeast Asian health-security discourse offers us some insights into the extent to which health issues have been securitized within the region. It demonstrated the value set-up in the theoretical framework chapter that attempted to identify securitization processes based on the indicators stated in the Chapter 1. Extraordinary or emergency measures are not the determining requirement in identifying a 'successful' securitization has occurred. Instead, indicators like change of behaviour among the securitizing actors and the justification of such actions have been used in this chapter. The chapter found a significant change of behaviour can be seen during the series of the outbreak compared to the spread of HIV/AIDS. Member states are committed to the various plan of regional mechanisms, from short to long term measures, despite each member states facing a different level of threat on each outbreak. Moreover, countering the criticism that ASEAN is not more than a talking shop as most of their actions are only rhetorical, this chapter revealed that securitizing health crises demonstrated that ASEAN can come with practical cooperation measures in addressing the regional issue. This provides insights into the process of securitization at the regional level, but what it does not tell us is the consequences of this securitization process for the regional arrangement. Hence, the following two chapters will focus on the consequences that securitizing infectious diseases had at the regional level, whether such a move was beneficial or detrimental to the region.

Chapter 4

The Consequences of Securitization at the Regional Level

4.1 Introduction

The previous chapter examined the extent of securitizing infectious diseases at the regional level between 1967 and 2010. Over that period, the chapter argued, ASEAN elites appear to gradually securitize the outbreaks of a series of infectious disease and articulated them in security terms while limited collective securitization can be observed during the spread of HIV/AIDS. The threat posed by the series of infectious disease outbreaks was portrayed in the regional declarations and communiqués as a threat to the wellbeing of the people as well as to regional economic development. This indicated the urgency of the problem and led to political attention at the highest diplomatic level despite the fact that each ASEAN member state experienced different levels of threat on each outbreak. Having established the process of securitization of infectious disease outbreaks at the regional level, there was a tendency to question whether such processes had been beneficial or, in contrast, detrimental to the Southeast Asia region. Hence, this chapter picks up from where the previous chapter left by focusing specifically on the outbreak of diseases with pandemic potential from 2003 until 2010. The aim of this chapter is to examine the health crises in light of the process of securitization, preceding it as a means of determining the consequences of securitizing the health crises in a non-Western area, the Southeast Asia region.

Securitization framework has been an innovative approach to understand how NTS threats are deemed as posing threats to referent objects. On the one hand, diseases with pandemic potential offer one important benefit: it moves an ordinary

public health issue to the top of the political agenda and bypasses the normal processes or rules that would otherwise bind the actors from acting effectively. In other words, by prioritizing the pandemic issue as a security threat, the issue receives a higher degree of importance from the policymakers than another issue, thereby being able to gather the resources needed in dealing with the threat. For some IR scholars, securitizing the NTS issues could be the most efficacious way to attribute a sense of urgency to them and consequently attract political support and garner urgently needed resources – HIV/AIDS (Garrett 2005; Piot 2000), climate change (Trombetta 2007; Trombetta 2008; Scott 2012; Brauch 2008) and migration (Leonard 2010; Carrera & Hernanz 2015) – as they suggest that all states value security regardless of their attitude in addressing normal political issues. Hence, they will provide considerable resources for the defence of people's wellbeing.

On the other hand, despite the great benefits of securitization, they also come with negative consequences. Even the scholars that developed the analysis tool have been extremely critical of framing issues in terms of security as they see the notion is not always a 'good thing', but 'should be seen as a negative, as a failure to deal with issues of normal politics' (Buzan et al. 1998, p.29). By turning a normal issue into a security issue, it brings a particular type of emergency politics where the space allowed for deliberation, participation and bargaining is necessarily constricted and brings into play a particular, militarized mode of thinking (Peoples & Vaughan-Williams 2010, p.100). Thus, for instance, many scholars have argued that securitizing the NTS threats, such as migration (Aradau 2004; Huysmans 2006) or environmental issues (Eckersley 2004; Deudney 1999) actually brings more negative impacts. Although the objective of regional emergency mechanisms was to halt or contain the spread of a virus around the region, Deudney (1990, p.467), for instance, argued that crash solutions are often bad ones due to them being more expensive, more oppressive and more poorly designed compared with typical government programmes.

The same concern has been raised by scholars regarding the health- security nexus. Such extravagant measures have also diverted the priorities and resources

away from other underlying health issues. Brown and Harman (2011, p.774) argue that securitization of specific health risks has ‘led to a distorted focus on key diseases’ rather than an approach that might tackle underlying relationships between ‘causal risk factors’ and ‘core health systems that support effective responses’. Consequently, it may produce serious drawbacks for certain states as it captures only some of the pressing health issues and fails to encompass issues that have not been securitized. Some public health officials have raised their concerns about focusing too much on pushing pandemic disease higher up policy agendas as it resulted in it is ‘becoming inappropriately skewed in favour of the interests of certain populations over others’ (McInnes & Lee 2006, p.11).

Furthermore, the concern is that linking health and security could lead to the formulation of emergency measures that could bring more harm than good. This, it is argued, would cause either unnecessary or inadequate response sto the challenges posed by the health issues. Enemark (2009), meanwhile, questioned the effectiveness of securitization at the domestic level. For instance, mechanisms such as forced quarantine and border screening would likely have little effect in controlling the disease yet could undermine human rights and exacerbate economic losses. Hence, Enemark (2009, p.199) warned about the risk of approaching pandemic influenza as a security issue could lead to emergency responses that can be ineffective, counterproductive and unjust because of the practical dangers that might arise when NTS issues are treated as a security issue, even. In other words, securitization may not necessarily contribute much to the solution when dealing with the problem. Youde (2008, pp.160–161) argues against securitization of avian influenza as he considers it can create inappropriate responses from the government that can be detrimental to the citizens. Meanwhile, the excessive focus on the health-security linkage would only diverge the reality of the international environment that health is already ‘part of [our] daily life’. In other words, we should not frame health threats in the language of security because we do not need the excessive focus on military crisis management and emergency preparedness as a part of our daily routine (Nunes 2015).

Securitization theory is one of the most popular security theories (Floyd 2015, p.1) and the debate over the positive/negative aspects of securitization theory has been well-established but still, there is limited literature on the same debate outside of the Western context. In fact, in recent years, the theory has been widely applied across the world (Bilgin 2011, p.401). This is despite the fact there are concerns over the applicability of the theory outside of the European realm (Wilkinson 2007; Bilgin 2011). This creates the possibility of testing the theory in a non-Western context, particularly in Southeast Asia, where ASEAN's consensus model and resistance to institutional reforms has been said to be the obstacle of successful collective securitization. Hence, the attempts to use the theory of securitization for the analysis of Southeast Asian security practice has been observed.

This chapter aims to examine whether the outcome of such a process is beneficial to the region or its negative impacts have strongly outweighed the positive. This chapter looks to build on the examination of securitizing infectious diseases by trying to answer the question 'what is the impact of securitizing infectious diseases at the regional level?' While it is undeniable that there are some disadvantages for the regional effort to construct the pandemic disease as a regional security threat, such as limiting the amount of attention in the region paid to certain types of diseases, the advantages of such moves have outweighed the drawbacks, particularly in terms of establishing regional health mechanisms.

4.2 Securitization as Diverting Priorities and Resources

The obvious negative implication of securitization is, instead of gathering the urgent resources needed throughout the emergency situation, securitization is actually diverting the attention of the government from the 'real' issue. Focusing attention on a certain type of disease has diverted the state's attention towards a few specific infectious diseases while other more pressing health concerns will be ignored despite the diseases rarely affecting humans (Youde 2008). This might be true in the case of Southeast Asia when a singular focus on the health crises has diverted

attention in the region from more concerning diseases, such as the non-communicable diseases (NCD).

ASEAN was more concerned on the NCD issues ever since the second meeting of AHM. Due to urbanization and unhealthy lifestyles, NCDs such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases are becoming more common and deadly within the ASEAN bloc. If we want to compare the rate of morbidity of the health crises with the NCD, the total of deaths recorded in the region due to the pandemic diseases, namely SARS, H5N1 and H1N1 was around 1,000 deaths (World Health Organization 2003a; World Health Organization 2017a) while the epidemic of chronic NCDs responsible for 14 million, or 60 percent of,deaths in the region annually (World Health Organization 2017b). However, the rapid rise of morbidity and mortality from NCDs has not been accompanied by a similar reaction to the one meeting the pandemic diseases, either in terms of attention or resources. Instead, constructing pandemic disease as a regional security issue has rather diverted the original plan of ASEAN's regional health agenda for the NCDs. Before the SARS outbreak in 2003, ASEAN's agenda on health issues was to meet the challenges of the new millennium health issues including the emergence of NCDs. ASEAN unanimously agreed to the vision of 'Healthy ASEAN 2020' – a mission where, by 2020, 'health shall be at the centre of development and ASEAN cooperation in health shall be strengthened to ensure that their peoples are healthy in mind and body, and living in harmony in safe environments' (ASEAN 2000; ASEAN 2002). In working to achieve this aim, ASEAN Health Ministers had identified alcohol consumption, nutrition, physical activity, tobacco control and the prevention of NCDs[23] as the regional priorities in reaching their goal. However, the regional strategies for implementing the key guiding principles to overcome the issue have been pushed aside as soon as the SARS, H5N1 and H1N1 viruses were constructed as the regional security issue, beginning in 2003. This concerned ASEAN member

[23] Among other health priority areas are accident and injury prevention, communicable disease control (e.g. malaria, TB, HIV, ARI, CDD), environmental health, healthy ageing, mental health, non-communicable disease prevention (e.g. diabetes, hypertension, cancer), substance abuse, and women's and children's health (ASEAN 2002).

states, especially since in recent years the majority deaths in the region were due to the NCD.

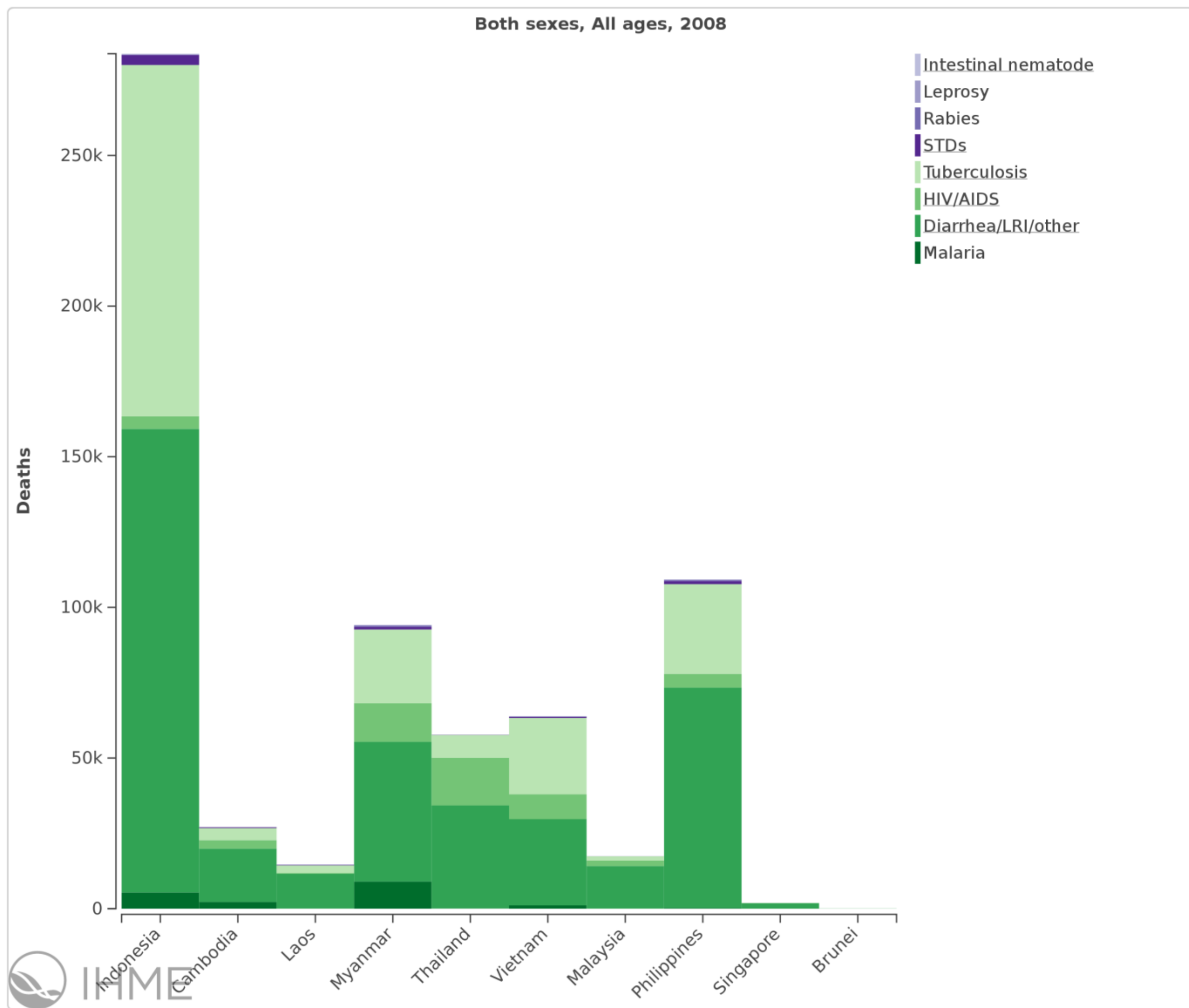
> All the NCDs have become a huge threat and I think is a significant one too rather than infectious diseases. The infectious disease rate is going down. Now hygiene has improved, people have more education, they more educated. But as it goes down, NCD goes up. (Officer 7 2016)

While undoubtedly these pandemic diseases have created major public health and economic burdens, they represent only part of the health issues that have posed public health threat within the region. There are other health issues that are threatening the region but have received less attention and aid at the regional level. The narrow focus on certain types of disease, in this case the potentially pandemic infectious diseases, namely SARS, H5N1 and H1N1, have diverted attention of the region from diseases which only have caused a relatively minor number of cases compared to other diseases discussed above. A health crisis is transpiring within the region, but devoting attention and resources in Southeast Asia to combatting pandemic diseases has most likely put the risk on other health issues that are more troublesome in the region and the regional strategies in combating the disease are not necessarily worthwhile.

Many of the economies in Southeast Asia are still struggling with a relatively underdeveloped public health care system. Poor states particularly are unable to provide basic health care to their citizens and most ASEAN member states still suffer from a disproportionate burden of communicable diseases. Based on data from Global Burden of Disease Study, shown in Figure 4.1, it is not surprising that diseases such as intestinal nematode, leprosy, rabies, tuberculosis, malaria, HIV/AIDS and sexual transmitted diseases (STD) continue to be a major cause of morbidity and mortality in the region. Another strikingly deadly disease is diarrhoeal diseases. By any measure, notably data on the Global Burden of Disease Study, pandemic disease only caused a relatively minor number of cases compared to disease like diarrhoeal. For comparison, while only 219 deaths were recorded during

the H5N1 outbreak between 2003 and 2008 (World Health Organization 2011), the diarrhoeal diseases together with lower respiratory and other common infectious diseases accounted for 381,390 deaths in 2008 (Institute for Health Metrics and Evaluation (IHME) 2016). The diarrhoeal disease is significant as the disease is preventable and treatable through safe drinking-water and adequate sanitation and hygiene. The high mortality rate recorded by some ASEAN member states just indicates that the region is still facing lower levels of health structure. The region is also facing a critical shortage of medical personnel (Kanchanachitra et al. 2011) which limits the state's capacity and enhancement in delivering services to the population.

Figure 4.1 The Burden of Communicable Diseases in Southeast Asia Countries, 2008



Source: (Institute for Health Metrics and Evaluation (IHME) 2016).

Despite the alarming figures recorded for these health issues, we can see two different levels or degrees of treatment on health issues: one is the securitization of SARS, H5N1 and H1N1 and the other is the continuation of the ‘‘medicalization’’ of other health issues meaning that the we should view the health issue as a medical issue. For many of lower-income states in the region – Cambodia, Laos, Myanmar and Vietnam each of these diseases had a greater impact in their respective countries than the influenza pandemic caused. The outbreak of pandemic disease has been just one of a multiplicity of infectious disease threats. Yet, the pandemic disease security linkage would only result in ‘countries lower down in the global economic and political pecking order are compelled to devote extraordinary attention and resources to issues that might not pose a grave threat to them’ (Abraham 2011, p.784). Hence, securitizing pandemic disease meant a diversion of resources away from other priorities which only privileged the interests of the state affected, causing the public health issues to become under-resourced and underfunded.

Focusing on single diseases not only diverted the regional attention, but also diverted the regional funds from other more pressing diseases. Across Southeast Asia, intensive livestock production is increasingly prevalent contributed to by four poultry sectors[24]. With diverse types of poultry production in the region, it increases the risks of disease, particularly between the poultry production in sectors three and four, due to their lack of appreciation for good hygienic practices, good agricultural practices and good manufacturing practices. As Katz and Singer pointed out, ‘since resources are generally limited and new funding is difficult to obtain, there is a great risk that the prioritized disease will draw resources away from other health programmes’ (Katz & Singer 2007, p.5). Indeed, instead of using the cash set aside to improve best practices in the farming system in Southeast Asia, ASEAN’s Secretary General said that they are more willing to redirect the money into compensating farmers who lost their poultry flocks in culls during the avian influenza outbreak.

[24] Based on the Food and Agriculture Organization (FAO) classification, the poultry sector in the region is divided into four sectors: Sector 1, large integrated commercial poultry farms with high biosecurity; sector 2, small to medium commercial poultry farms with moderate to high biosecurity; sector 3, small commercial poultry farms with low biosecurity; and sector 4, backyard poultry with little or no biosecurity.

> The money is there for animal health issues; we are now trying to see if we can redirect these resources to help these poor economies to compensate farmers after culls. The farmers are poor and they are ignorant of the dangers and when their animals fall ill or die, they do things the local way - they cook them or sell them. They won't dispose of the rest of the flock because they fear losing their entire livelihoods. (Agence France Presse 2005a)

Similar examples can be found when ASEAN re-prioritized their regional fund to address the pandemic challenges. In 2003, ASEAN established an ASEAN Animal Health Trust Fund (AAHTF), aiming to enhance the effort of the institution in ensuring the region will become a Foot and Mouth Disease (FMD) free zone by 2007. The initiative to create a FMD-free zone was critical due to the fact that animal husbandry was an important component of food production activities in the region (Ahmad 2007). However, due to the fact that several member states in the region had not been affected with the disease (Felix 2006), ASEAN agreed that the eradication of avian influenza would be prioritized rather than the FMD issue when the H5N1 virus struck the region in 2004 (ASEAN 2010, p.19). Dr Ronello C. Abila, regional coordinator of the Southeast Asia Foot and Mouth Disease (FMD) Campaign of the World Organization for Animal Health (OIE) said that, 'The eradication of AI will be prioritized because it will be easier to solicit funds since several of its member countries have been afflicted with the disease that continues to spread across the globe'. She further said, 'The idea is to subsequently hand over to ASEAN the chore of fighting and eradicating FMD. They should have ownership of it' (Felix 2006). Her statement, besides indicating that framing avian influenza as a security threat had redirected the regional fund, also demonstrated that securitization only focused on issues that were supposedly more severe. In reality, of the 10 countries in the region, FMD is endemic in seven states: namely, Cambodia, Laos, Malaysia, Myanmar, the Philippines, Thailand and Vietnam have reported cases while the other three member states – Brunei, Indonesia and Singapore – are also vulnerable to the disease due to their close geographical proximity (Gleeson 2002).

Although securitizing the health crises encouraged the region to pay more attention to what was happening in the health sector, this does not mean that every issue in the health sector would receive the same kind of urgent attention. The agenda to make HIV/AIDS the regional security issue received little attention despite efforts to securitize the disease through various regional declarations and communiqués since the 1990s. Southeast Asia has the highest prevalence rate of HIV/AIDS in Asia (Caballero-Anthony et al. 2013, p.20). There are approximately 1.7 million people living with HIV in the Southeast Asia region (ASEAN Sectetariat 2015) which represents an increase from 1.5 million in 2009 (ASEAN Secretariat 2011).

Yet, despite these alarming figures, very little progress has been made on the implementation of HIV/AIDS common measures (Jagan 2001). The singular focus on certain types of diseases diverted the regional attention from HIV/AIDS. Evidence of this can be seen in Table 5. The HIV/AIDS issue was the epicentre of the regional health agenda from 1991 until 2002 but the attention was diverted away when the region started to frame pandemic diseases in 2003. ASEAN neglected HIV/AIDS when only one meeting related to HIV/AIDS was recorded between 2003 and 2010. As a result, we see uneven securitization of infectious diseases. The nature of the securitizing process led the region to focus all of its attention on diseases that have caused a relatively minor number of cases compared with other diseases across this region.

Table 5 ASEAN's Related Health Meeting Between 1990s until 2010

Year	Meetings	Main Agenda of the Meetings
1991	4th ASEAN Health Ministers Meeting in 1991	Emphasis on AIDS and environmental health
1998	Ha Noi Declaration	Prevention of communicable diseases including HIV/AIDS
2000	5th ASEAN Health Ministers Meeting - Healthy ASEAN 2020	Establishing guiding principles of Healthy ASEAN 2020
2001	7th ASEAN Summit on HIV/AIDS	Recognizing that HIV/AIDS as an epidemic in the region
2002	6th ASEAN Health Ministers Meeting - Healthy ASEAN Lifestyle[25]	Promote the priority area of health issues
2003	Special ASEAN Leaders Meeting on SARS	Exchange information on the treatment of SARS patients and preventing the spread of the disease
2004	7th ASEAN Health Ministers Meeting	Technical cooperation and preventive measure for diseases like SARS and H5N1
2006	8th ASEAN Health Ministers Meeting - ' Unity in Health Emergencies'	The spread of H1N1 and regional strategies
2007	ASEAN Commitments on HIV/AIDS	Reaffirming the region's earlier commitment in 2001
2008	9th ASEAN Health Ministers Meeting – 'Trade liberalisation: its adverse impact on our health borderless'	Discuss the implications of globalization and tradeal liberalization and region preparedness for a pandemic
2009	ASEAN+3 Health Ministers Meeting on H1N1	The outbreak of H1N1 and regional strategies
2010	10th ASEAN Health Minister Meeting – 'Healthy People, Healthy ASEAN'	Update one another on the development of H1N1 outbreak and formulating new formula to create regional health cooperation

Source: This information was compiled by the author based on the agendas of ASEAN Health Ministers Meeting between the 1990s and 2010.

25 Healthy ASEAN lifestyles refer to basic human functions and the patterns linking various activities of everyday living in the ASEAN context.

There is no doubt that framing the pandemic diseases in the language of security seems to cause ASEAN to focus its energies on certain types of disease to the potential exclusion of other problems. They have neglected diseases like HIV/AIDS, communicable diseases and non-communicable diseases and focus more on the pandemic diseases despite the total number of deaths from the latter being lower than the former. While it is clear that Southeast Asia has a daunting amount of health challenges, not all health issues represent security concerns as they do not carry the same level of risk (Ban 2003, p.25). This must be kept in mind as we think about infectious diseases in the context of security. For instance, the problem of communicable diseases such as diarrhoeal diseases is a clear challenge to the ASEAN member states, but due to its delayed impact at the microbial spread, it mitigates the sense of urgency that often drives the policy-makers in the region, preventing emergency actions such as allocating finances and resources needed to address the disease (Caballero-Anthony 2006). The notion of security might be used too loosely, lose its meaning and no longer be able to play a useful role in political discourse if every health issue in the region is characterized as a security threat (Selgelid & Enemark 2008, p.458). This logic could also be applied to diseases like NCD and HIV/AIDS, as member states are likely to treat the diseases as a domestic issue. This observation was also confirmed for this author by several elite interviewees in the region: 'We do prepare for other communicable diseases like HIV, TB [tuberculosis] and other non-communicable diseases, but we address them as public issues as we are more concerned to address all the pandemic issues as a regional security issue' (Officer 1 2016).

4.3 Securitization as Ineffective, Counterproductive and Unjust

Besides attracting priority political attention and a higher level of resource allocation, one of the aims of securitizing NTS issues are to bring out the sense of urgency from the state which could lead the implementation of emergency-response measures. However, framing pandemic diseases in the term of security comes with the risk that accompanying such a move as the enforcement of the emergency measures could be ineffective, counterproductive and unjust (Enemark 2009). In line with this

reasoning, McInnes and Lee (2006, p.11) warned that adopting such a move as the framework for responding to a pandemic does not suggest that we are all in this together. Instead, by constructing the link between pandemic diseases and security in this manner, 'the global health agenda risks becoming inappropriately skewed in favour of the interests of certain populations over others'.

In ASEAN, the best line of defence would be the extensive use of pharmacological interventions like antiviral drugs and new vaccines or the non-pharmaceutical interventions in combating the spread of infectious diseases. Due to issues like expensive prices[26] and advance purchase agreements between pharmaceutical manufacturers and developed states, ASEAN, since the outbreak of SARS in 2003, has always implemented non-pharmaceutical interventions. Preventative measures like travel restrictions, quarantine, isolation or school closure have been implemented by most ASEAN states as the mechanisms are cheap and often brings immediate results. However, not all ASEAN states support the agreed emergency measures as they can be ineffective.

Drastic containment measures such as mandatory screening of travellers have been hastily employed by ASEAN member states with little concern for implementation. Historically, screening travellers at the borders has not been practically proven to contain the spread of the virus. The WHO concluded that 'screening and quarantining entering travellers at international borders did not substantially delay virus introduction in past pandemics . . . and will likely be even less effective in the modern era' (Nicoll et al. 2006, p.81). Drawing the example of the 2003 outbreak of SARS, after screening nearly 450,000 air passengers, Singapore reported that none was found to have SARS (Wilder-smith et al. 2003, p.259). Moreover, experts are questioning the accuracy of the thermal scanners used to measure a person's skin temperature as, according to a study, infrared thermal devices were shown to be poor predictors of whether an individual actually has a fever. This is because the accuracy of the skin temperaturebased devices

[26] Antiviral drugs like Tamiflu or Oseltamivir are considered the most effective treatment available for the H5N1 but extremely expensive.

varies according to the individual's age and fever, and the outdoor temperature (Nuzzo 2009).

Even if ASEAN member states were capable of overcoming the weaknesses in screening passengers, it is important to note that non-pharmaceutical interventions like quarantine and isolation are likely to be as effective against mechanisms in detecting influenza. This is largely due to the nature of the microorganisms that have shorter incubation periods and can be transmitted before the onset of symptoms (Enemark 2009). For example, because the maximum incubation period of the SARS virus is 10 days while flights within Asia and beyond take less than 24 hours, any individual who has not displayed the symptoms may be free to interact with the wider public until the full onset of the disease occurs (RSIS Centre for NTS Studies 2009). In other words, infected persons are not infectious during the incubation period or during asymptomatic infection, hence screening the passengers becomes ineffective. A similar situation happened during the H1N1 outbreak, where border screening was likely unsuccessful due to persons with asymptomatic cases can be infectious while fever is not a consistent symptom of influenza (Selvey et al. 2015). In Singapore, of the first 116 persons infected with the H1N1 virusidentified with a history of recent international travel, only 15 or 12.9 percent were identified through screening at the airport (Mukherjee et al. 2010, p.23). The result was a waste of state resources as it could not reach the desired outcome of controlling the spread of the deadly virus.

Ineffective mechanisms have put more strain on certain types of states in the ASEAN region. Instead of standing together in facing the challenges, securitization at the regional level was perceived as a discourse about the security of the affected and richer states and their determination to protect their economies and their citizens by protecting their borders from the threats. Again, the case of non-pharmaceutical interventions is a fitting example. In the midst of the SARS outbreak, ASEAN member states agreed to put in place proper pre-departure and arrival health screening for travellers at every international entry point. At the first glance, this may not be a problem as the mechanism is just to ensure that travellers who come to the

region are free from infections. Nonetheless, it is important to take note that these procedures are costly and each state experienced different levels of the outbreaks. It became clear that not every country was favourably disposed to the idea of border screening when states unaffected by the dangerous virus SARS, like Myanmar, Laos and Cambodia, 'baulked at having rigid health screening measures' (Henson 2003). The unaffected states also opposed the idea of 'exit screening'[27] due to the potential disruption of the mechanisms on travel and trade (Malaysia General News 2009b).

Securitization also focuses on the interests of developed and developing states. Although securitizing pandemic disease could bring out the sense of urgency from the state, the mechanisms chosen do not necessarily bring justice as they involve various countries with diverse economic levels. Securitization caused the region to create 'crash solutions' that are often bad ones due to their being more expensive, more oppressive and more poorly designed compared with typical government programmes (Deudney 1990, p.467). Less-developed states were oppressed as they needed to implement mechanisms that were costly and ineffective. Poor states like Cambodia had to spend government funds reserved for SARS to buy protective equipment and pay the border health officers' salaries. This was despite the state not reporting a single case in their country (Woodsome 2003). Meanwhile, several non-pharmaceutical interventions such as border screening have been implemented in facing the pandemics. The rationales for implementing these mechanisms were to restrict and control the movement of people in a community from the pandemic threat. However, without broader analyses of the implementation, the mechanisms might be burdensome to some member states. A large sum of money was needed by the member states in order to enforce the mechanisms, particularly with the various screening procedures that needed to be implemented. Lower-income and less-affected states like Cambodia and Laos were against such moves. In hindsight, the money would have been better applied elsewhere and particularly within the health care system, to upgrade their poor health infrastructure

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[27] Exit screening is a preventive measure against direct damage which checks passengers departing from a country to ensure that passengers infected would not spread the virus to other areas. This system is different from the arrival screening which has been implemented in airports worldwide (Thai News Service 2009a).

so that they can have a solid implementation of public health programmes and policies in order to respond to any health threats, including threats from pandemic diseases.

> Some countries like Laos have expressed reservation as this could involve huge cost in providing thermal scanners and affect trade. And this also will cause problems to travellers and so far most of the countries affected have been reluctant to impose such ban. (Malaysia General News 2009c)

Taken together, the incidents described and securitizing the pandemic disease at the regional level seems to benefit certain states from breaking free of the regional rules that otherwise would bind them in 'normal' political situations (Buzan et al. 1998). It gives states with an interest the chance to pursue their ulterior agendas without considering the acceptance of the audience in the security framework: in this case the less developed and unaffected states. In other words, health issues will only be securitized at the regional level when leading powers feel they have an interest to do so, regardless of the degree of acceptance of other countries.

The idea to link security and pandemic disease might be counterproductive as it increases mistrust between member states. The framework for responding to a pandemic does not suggest that we are all in this together; instead, it suggests that we need to worry about foreigners who would infect us or bring disease to our country (Youde 2008, p.161). The case between Malaysia and Singapore is one good illustration. Singapore and Malaysia are separated by a causeway only 1km long with thousands of people commuting daily to work along it. Unlike Singapore, Malaysia reported a few SARS cases but both states adopted very stringent measures to screen and control visitors. The screening measure became counterproductive when Malaysia allegedly claimed Singapore has used it to 'discriminate' against visitors. They deliberately enforced random inspection on Singaporeans who wanted to visit Malaysia, 'exporting' the disease to their

neighbouring country. Malaysia's leading political party, Barisan Nasional[28] questioned Singapore's intention when two suspected SARS cases from Singapore have been permitted to travel to Kuala Lumpur (Berita Harian 2003c). The Barisan Nasional Backbenchers Club's chairman said that

> If Singapore really abides by the rules of health screening, these incidents will not happen. Even if Singapore reported that SARS put strains on their government, they should not export it to Malaysia. We do not want Singapore to do their job half-heartedly. (Berita Harian 2003b)[29]

The United Malays National Organization (UMNO)[30] also condemned Singapore's action as they saw Singapore's actions as deliberately sending a 'chemical weapon' into the country.

> Singapore tries to belittle our health screening system. Looks like the Republic has bad intentions. Anyone who is suspected of having SARS should be quarantined not released. UMNO's Youth urged Singapore to ensure that no one who is suspected [of having SARS] enters this country (Berita Harian 2003b)[31].

A similar incident was reported within few weeks when Singapore refused to treat a Malaysian man who displayed SARS symptoms. In this case, the man, neither underwent a health screening examination, nor received the SARS health declaration card upon entering Malaysia. Instead, Singapore sent the man to Malaysian hospital. (Agence France Presse 2003b). Commenting on the incident,

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[28] Barisan Nasional (BN) is a right-wing political party in Malaysia. It was the biggest party in Malaysia, combining 13 different component parties that represented all Malaysians regardless of race, religion, tribe or ethnic group. However, in the recent general election in May 2018, BN lost its hold of the parliament to Pakatan Harapan (PH) for the first time in Malaysian history. It was also the first time for BN to become the opposition coalition since Malaysia's independence.

[29] Translated from a Malay language newspaper, *Berita Harian*, dated 18 May 2003. Article title, '*Singapura perlu lebih prihatin'*.

[30] UMNO was the founder of BN and has dominated the country since the country's independence. Each of Malaysia's six Prime Ministers has been an UMNO member. UMNO Youth is the right-wing of UMNO. In terms of hierarchy, they have more power and influence compare to other wings such as UMNO's Women and UMNO's Women Youth.

[31] Translated from Malay language newspaper, *Berita Harian*, dated 18 May 2003. Article title, '*Singapura perlu lebih prihatin'*.

Malaysia's Health Deputy Director said, based on ASEAN's consensus, Singapore should treat the man unless requested otherwise: 'That too must be in accordance with the procedure. But we've been questioning the patient and he has not asked to be treated in Johor Bahru' (Shahrim & Karpayah 2003)[32]. Singapore refuted Malaysia's allegations, claiming that Malaysia had misunderstood the agreement. The Immigration and Checkpoints Authority of Singapore (ICA) defended their action, saying that the ASEAN agreement for host countries to treat suspected SARS cases applied only to visitors arriving at airports (The Business Times Singapore 2003). With residual mistrust and territorial disputes still prevailing among the elites of the member states (Emmers 2017, p.76) and the weaknesses of border-screening procedures – in particular the incapability of the thermal scanners to measure accurately the patient's skin temperature and the lack of expertise when screening thousands of people commuting daily (Berita Harian 2003c)[33], framing the disease problems as a security issue seems counterproductive. With the level of acrimony exchanged growing day by day, the level of cooperation expected may be affected due to the nationalist sentiment between both states.

The inappropriate responses portrayed by some of the ASEAN member states to the emergency measures are a warning against placing too much emphasis on the ulterior agenda of certain states in the region. The risk of the linking persecutes the less-developed and unaffected states while damaging the bilateral relationships between member states. However, there are some promising indications for such a move. While the urgent measures such as border screening with thermal scanners and social distancing mechanisms received negative comments[34], with a diversity of healthcare systems among the members which can cause poor states to ignore such measures, Thaksin commented after the emergency meeting of SARS that, 'It had been better to over-react at the start than "under-react"' (Henson 2003). In other words, it is good for the region to be vigilant

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[32] Translated from Malay language newspaper, *Berita Harian*, dated 21st May 2003, '*Singapura langgar perjanjian ASEAN'*.

[33] Translated from Malay language newspaper, *Berita Harian*, dated 25 March 2003. Article title, '*Tindakan longgar Singapura jejas kerajaan cegah SARS'*.

[34] Some scholars argued that states were overreacting, hysterical and over-the-line when they implemented the non-pharmaceutical measures.

and prepared for emergencies rather than doing nothing. This is because, in the region where health issues usually regard as a 'low' level issue receiving little attention and few resources from the government, the element of urgency is crucial as a means to raise the ASEAN member states' levels of awareness and alertness.

Securitization of pandemic diseases at the regional level is not necessarily unjust as the nature of the NTS challenges, like the pandemic issue, requires not only a national response but also a close regional cooperation to address them. Hence, securitizing the health crises at the regional level has raised the awareness among the more fortunate states about the fate of other states. For instance, Singapore donated thermal scanners to the less-developed states during the SARS outbreak. Even elites from the unaffected states acknowledged the importance of the security link in helping other members. 'As an ASEAN Member, we always help each other, so it's mandatory for us to help other countries when they call' (Officer 3 2016).

Securitizing the pandemic disease has caused the states with more resources to pay more attention to the challenges faced by the less-developed states in combating the pandemic. Various types of emergency mechanisms like strict pre-departure and arrival health-screening for travellers at checkpoints have been adopted by the ASEAN (ASEAN 2003c). Realizing that countries with fewer financial resources like Cambodia, Laos, Myanmar and Vietnam were having trouble implementing the agreed measures due to a lack of financial and technical capability, Singapore as one of the developed states in the region, offered technical assistance packages to help other countries develop their capabilities to fight SARS. They have donated thermal imaging scanners – a costly device that can detect fever without physical contact, a key SARS symptom – to the four poorer member states (Agence France Presse 2003a). In respond to Singapore's effort, the Cambodian Health Minister was quoted as saying, 'Even though Cambodia remains SARS-free, the installation of the scanners underscores the international community's commitment to contain the deadly disease' (Japan Economic Newswire 2003). Singapore's action was not limited to the poor states. They have also donated four thermal scanners to

Indonesia’s airport authorities. Referring to the close cooperation between Singapore and Indonesia, Singapore’s Minister of Transport said,

> This contribution is another demonstration of our close ties at both G-G and private sector levels. Our strong partnership is very much in keeping with ASEAN's commitment to undertake all efforts to remain vigilant (Ministry of Transport Singapore 2003).

In contrast to the argument that securitization is counterproductive as portrayed in the case between Malaysia and Singapore, framing the pandemic diseases turns out to improve their relationship. Singapore’s Prime Minister sees the importance of both states working closely in dealing with the SARS outbreak, in particular. ‘When SARS broke out, I had to do the decent thing, which was to warn my neighbour, in this case, Malaysia, that we've got a problem, you better watch out; we have no wish for you to catch the infection, so let's cooperate to make sure that you don't’ (The Straits Times (Singapore) 2003). Similarly, Johor’s[35] State Health Director also viewed Singapore as one of their strategic partners in dealing with the SARS outbreak: ‘We consider Singapore and Johor one epidemiological area as we are geographically close to one another. Therefore, our health departments are constantly exchanging information on easily transmittable diseases’ (New Straits Times (Malaysia) 2003). Each state’s cooperation has been further intensified following the outbreak of H5N1. For instance, both states have immediately established protocols to combat bird flu since the confirmation of the outbreak (Sewatan 2006).

Ultimately, since the ‘mistrust incidents’, Malaysia and Singapore have improved their policy and communication. Both states agreed to strengthen consultation and communication between their health ministries and other relevant agencies to monitor and contain the infectious diseases (Caballero-Anthony 2005). Various levels of bilateral meetings between government sectors such as the immigration and health departments were held by both states to discuss the issue in greater detail (Officer 5 2016). These regular high-level bilateral meetings were

[35] The state that separates Malaysia and Singapore is Johor.

significant in that they provided both states an avenue for them to cooperate closely while dealing with pandemic diseases. Moreover, one of the officers said that, ‘We have strong relationships and communication with our neighbour. We will inform directly to them [Singapore] if any index case had crossed our border’ (Officer 5). In fact, their close cooperation in combating SARS has reaffirmed their bilateral commitments of mutual health cooperation and collaboration on other NTS issues. Malaysia’s Head of State expressed his gratitude for Singapore’s support and cooperation, noting that both states have managed to set aside differences in combating the pandemic disease threat.

> Closer links between our two countries are more crucial than ever. I am therefore pleased to note that both sides have taken a renewed interest in each other’s development and cooperated in areas such as combating SARS and avian flu and counterterrorism. (Swee-Hock & Kesavapany 2006, p.61)

The nexus between health and pandemic diseases is only problematic at the early stage of the outbreak. Taken together with the discussion above, most of the issues were happening in the midst of the SARS outbreak, indicating that the problems in securitizing the pandemic diseases only occurred during the first of three disease outbreaks. Issues in the early stages of securitizing the disease cannot be avoided due to the characteristics of the pandemic: transnational in scope, arising at very short notice and transmitted rapidly. Combined with the lingering suspicion between ASEAN member states, this means states have little time to analyse and prepare for such an eventuality. However, since the SARS outbreak, ASEAN was more prepared and vigilant in addressing the outbreaks of H5N1 and H1N1, raising questions about whether the Copenhagen School’s argument that securitization ‘should be regarded as negative concept’ is correct. Thus, the next section will examine whether securitizing the health crises managed to bring positive implications, as expected.

4.4 Securitization as Raising Attention and Resources

This section will examine whether framing the health crises as a regional security issue brought the possible benefits to ASEAN as expected. Until recently, the ASEAN regional security agenda was mainly focused on the core economic and political issues while others like health issues were often regarded as low-level political issues, receiving little attention from ASEAN member states. By securitizing the pandemic diseases, however, it changed the situation as securitization processes tended to encourage greater and more high-level state involvement in the handling of an issue (Buzan et al. 1998, p.29). It did offer one incredibly important benefit to the region: it moved a public health issue to the top of the political agenda of ASEAN.

Pandemic diseases certainly cause many problems and numerous challenges to nearly every state in the region. However, it is entirely plausible that every ASEAN member state would pay sufficient attention and resources to the health crises, given their other health challenges and different levels of pandemic threat for each outbreak. Hence, securitizing the health crises helps to push the issue to the attention of each state in the region, encouraging them to cooperate as national solutions are inadequate to combat the natural impact of transnational diseases. In line with Elbe's argument (2006, p.131), it was not the issue of ineffective measures that should be concerning; on the contrary, it was the utter absence of a meaningful state response to the disease that ASEAN should worry about. As each state experienced different levels of threat, the term security in the health challenges managed to grab the attention of the poor states, less affected and unaffected states in cooperating closely with the affected states.

The impact of such security framing of the health crises is particularly obvious in the decision of ASEAN member states when they agreed to enhance commitments to cooperate in addressing emerging diseases by developing regional policies to face the pandemics. Starting with the SARS outbreak, ASEAN has become more responsive in facing the pandemic outbreaks as they managed to

organize and coordinate containment measures across national borders. Also, they created infrastructures and information-sharing networks that can be, and have been, used in the event of other regional public health emergencies of international concern (Curley & Thomas 2004). Following the outbreak of SARS and H5N1, ASEAN set up additional instruments in support of regional initiatives known as ASEAN+3 Emerging Infectious Disease Programme (EID) in 2004. The comprehensive ASEAN+3 EID activities have turned the programme into becoming a reference point for regional coordination. Programmes under the regional policy were highly efficient in that they established the foundational elements of a regional system for emerging infectious diseases preparedness and response that has continued to be built on. The individual projects supported by the policy are among the most significant achievements of the ASEAN+3 EID Programme. ASEAN+3 EID was highly efficient (Schierhout et al. 2017). The programme focused on four areas of collaboration between the ASEAN+3 states.

i. To improve the institutional capacity of ASEAN to coordinate and manage effective implementation of the programme (coordinated by the ASEAN Secretariat)
ii. To improve the capacity of the ASEAN Disease Surveillance Network to meet the needs of ASEAN member countries in Emerging Infectious Disease Surveillance, Preparedness and Response (coordinated by Indonesia)
iii. To improve the capacity of national and regional laboratories in routine diagnostics, laboratory-based surveillance, preparedness and rapid response (coordinated by Malaysia)
iv. To improve the national and regional capacity in epidemiological surveillance, preparedness, early warning of outbreaks and rapid response to emerging infections (coordinated by Thailand). (ASEAN Regional Forum 2006)

Indonesia, as the Component Coordinating Country (CCC), for instance, managed to improve the capacity of ASEAN regional disease surveillance, known as ADS-Net, when member states agreed to sign an agreement that required them to transfer selected national data like results of the surveillance for selected diseases and the detection and investigation of outbreaks of infectious disease into the regional

database maintained in the ads-net (AusAID 2007). Considering the adverse impacts of sharing sensitive issues and enduring mistrust among ASEAN member states, the establishment of Ads-Net brought a significant development to the regional cooperation. Indonesia further intensified their commitment with the improved website, 'http.//www.aseanplus3-eid.info'. Meanwhile, Thailand took the lead role with WHO in planning the workshop for the national assessment of Early Warning Outbreak Recognition Systems (EWORS) in Bangkok in September 2004. In a similar way, based on Thailand's direct experiences with the outbreaks of avian influenza, its staff played the lead role in the influenza-related activities in Phase 1, i.e. the teleconference before the meeting of Health Ministers and WHO, the influenza workshop in April 2005, and the regional consultation on influenza in October 2005 (AusAID 2007).

Meanwhile, Malaysia as the CCC for strengthening regional laboratory capacity managed the inventory of laboratory services between member states (AusAID 2007), developing twinning arrangements for laboratory support between the most advanced laboratories in Thailand, Singapore and Malaysia together with the less-developed laboratories in Brunei, Cambodia, Laos and Myanmar to reduce the development gap. Through this mechanism, Malaysia has twinned with Vietnam and Brunei, and Thailand with Cambodia, Laos and Myanmar (Philavong 2009). As a result of receiving collaborative training for laboratory personnel by Malaysia, Brunei's laboratory capacity has significantly improved (ASEAN 2010, p.29). Malaysia also developed consensus for working towards a regional system of quality assurance and bio-safety, as well as a laboratory-based system for surveillance of selected pathogens. Strengthening the laboratory networks through the ASEAN+3 EID programme resulted in greater openness between countries in sharing information, peer support and troubleshooting technical issues. Consequently, almost all member states are now capable of making a diagnosis and confirmatory tests for H5N1 virus infection. For instance, less-resourced states like Vietnam and Cambodia are now able to manage a Biosafety Level 3 (BSL 3) laboratory capacity – a laboratory that can conduct virus sequencing (Hanvoravongchai et al. 2010), while Laos has upgraded its HPAI testing facility to meet the minimum requirements for the

Biosafety Level 2 (BSL2) (ASEAN 2010, p.29). This is significant as it reduces the region's response time from notification to stamping out the operation, as before this most of the states still depend on foreign laboratories (ASEAN 2010, p.17).

Supported by the Australian Agency for International Development (AusAID), beside the individual state projects, this programme has developed many activities to strengthen the regional health capacities including organizing training programmes, seminars and workshops, and promoted collaboration between human and animal health and conducted cross-country comparative research on the social and cultural dimension of infectious diseases. In addition, the project website has served as a platform for sharing epidemiological data and surveillance information between member states In fact, this programme has been one of the important outcomes of ASEAN's early efforts towards regional integration (Liverani et al. 2012, p.579). This is because this programme has provided greater opportunities to share and exchange information, experience and expertise in combating threats to the health and security of the people among member countries. As issued by the ASEAN health ministers in a joint statement on the implementation of the ASEAN+3 EID program, they said that, 'The EID program Phase Two activities would bring the ASEAN plus three countries even closer in preparing for future threats of disease outbreaks, including those related to natural disasters, bio-terrorism, and pandemic influenza' (ASEAN 2008).

Securitization has definitely attracted a regional response when more policy and institutional arrangements in response to the health challenges have been created, notably within the ASEAN Charter framework. Compared with the ASEAN response to other NTS issues, like air pollution, 'the threat of pandemic diseases drove ASEAN to act with alacrity with no less than 25 ASEAN instruments covering SARS, avian flu and H1N1' (Kheng-Lian 2012, p.80). The change, including the recognition of health issues in the ASEAN Charter – an institutional framework, including a strong reporting system and an effective secretariat with monitoring powers. ASEAN Charter restructured its organization around three interdependent, mutually reinforcing pillars: the ASEAN Economic Community (AEC) aims to create

and economically integrate Southeast Asian regional production space and markets while the ASEAN Security Community (ASC) and the ASEAN Socio-cultural Community (ASCC), respectively, contribute to community building through cooperation on regional political and security matters as well as cooperation on social and cultural issues (ASEAN 2003a). Each pillar has its own blueprint that forms a Roadmap for ASEAN Community 2025. Pandemic issues were typically falling under ASCC within part B.5 (Improving capability to control communicable diseases) (ASEAN 2009b, p.8).

However, securitizing the pandemic diseases has positively caused the issue of pandemics to be elevated into an NTS approach under the newer version of ASEAN Political-Security Community (APSC) 2025. Under Part II, section B.3.9 APSC blueprint 2025, pandemics has been classified as one of the NTS issues under the 'transboundary challenges' category, together with hazepollution, transnational organised crime, irregular movements of persons, hazardous waste, oil spill incidents, trafficking in wildlife and timber (ASEAN 2015, p.22). The NTS approach is based on the idea of comprehensive security, a security concept where it '[goes] beyond (but does not exclude) the military threats to embrace the political, economic and socio-cultural dimensions' (Alagappa 1998, p.624). Despite the fact the three pillars are interrelated and mutually reinforcing – one is not more important than others – classifying pandemics as one of the NTS issues under the APSC blueprint is significant. It is significant in a way that it requires ASEAN member states to address NTS issues effectively and in a timely manner. For instance, under part II, B.3.9, ASEAN agreed to

> Strengthen existing ASEAN mechanisms to consider preventive management to effectively address these new challenges; and convene special meetings, as and when necessary, at Senior Officials' level to address challenges of a transboundary or transnational nature. (ASEAN 2015, p.22)

The provisions found within the APSC and the initiatives currently undertaken to tackle the NTS challenges are different from the usual practices of ASEAN. Under

the new version of APSC, most ASEAN initiatives are focused on problem-solving measures. Among other things are sharing of information and the development of certain types of regional surveillance systems for early warning infectious diseases and natural disasters (Caballero-Anthony 2010, p.7).

Bringing the dramatic connotation of the word 'security' into the pandemic issue also positively caused ASEAN to enforce a pandemic-related agreement that was legally binding. The ASEAN Agreement on Disaster Management and emergency Responses (AADMER) was ratified by all ASEAN member states in December 2009. AADMER can be considered as an important step in the region since it is the first binding agreement on managing disasters regionally. It covers all aspects of disaster management from before, during and after a disaster[36]. Although this agreement was promoted due to ASEAN member states' responses to major disasters occurring in the region, the ASEAN effort in securitizing pandemic disease resulted in a special reference to the pandemic issue in the agreement. The ASEAN leaders agreed to

> Entrust the ASEAN Secretary-General to serve as ASEAN's humanitarian assistance coordinator, which can be activated any time at the request of the affected Member States in the event of a major disaster, whether it be a natural disaster or a pandemic; in the case of a pandemic, the Secretary-General of ASEAN as the ASEAN Humanitarian Assistance Coordinator shall coordinate with the appropriate ASEAN mechanisms for responding to pandemics. (ASEAN 2016)

Beside categorizing pandemics under the role of ASEAN Secretary-General, Articles 8 up to 16 in the AADMER also focused on disaster preparedness and emergency responses related to the regional pandemic preparedness effort (ASEAN 2005). In fact, the scope of work outlined in the AADMER as well as in the work programme,

[36] Before any disaster, the agreement required the member states to establish their early warning system, develop their strategies for disaster response and earmark assets and capacities that might support regional standby preparations for disaster relief and emergency response. During a disaster, the agreement provides details pertaining to an emergency response while after a disaster, the agreement requires ASEAN member states to coordinate in developing and implementing strategies and projects that will aid in rehabilitation.

the third strategic component of AADMER, 'Preparedness and Response', has two activities that specifically target pandemic: namely, (i) to 'develop other appropriate SOPs to respond to specific disasters, such as pandemics, and link them to SASOP, if appropriate' and (ii) to 'develop systems and mechanisms needed to ensure the continuity of essential services when required in a disaster, such as severe pandemics, and link them to SASOP' (Towards a Safer World 2014, p.6). Under the AADMER, policies are established at the regional level while programmes are carried out at the national level by member states. With this binding agreement, ASEAN Member States committed themselves to take a more proactive approach in response to the pandemic outbreak. Hence, constructing pandemic diseases as a regional security issue managed to stimulate a number of actions to be taken by member states in terms of preparedness and response.

To date, securitizing the pandemic diseases have pushed ASEAN member states to be more prepared and vigilant to face pandemic outbreaks, either in terms of mobilizing resources, attention or financial support. ASEAN has been the institutional platform for the regional initiatives on pandemic preparedness and response plans. One of ASEAN's greater achievements in planning and preparing for pandemic influenza has been their ability to support member states in preparing all relevant sectors for the impact of a severe pandemic. In contrast to the conventional method of pandemic preparedness planning which solely focuses on improving the animal and human health sectors, ASEAN has gone beyond by planning and coordinating a multi-sectoral pandemic preparedness plan. ASEAN's pandemic preparedness plan is unique as it requires the involvement of the whole of society, the only example of a regional association working on multi-sector pandemic preparedness (Towards a Safer World 2014). The inclusion of other non-health sectors[37] in the pandemic preparedness plan is vital as a severe pandemic could have a significant impact on the operation of various services and sectors which could lead to additional problems for the governments if not prepared.

[37] The non-health sectors include water and sanitation, food supply, utilities and energy, public transportation, communication, security and order finance and banking.

In testing the efficiency of coordination among all parties in terms of their pandemic preparedness, ASEAN hosted a major simulation exercise, a first of its kind in the world, focusing on managing the impacts of severe pandemics on societies, governments and organizations in the region. The goal of this exercise was to enhance ASEAN and its member states' capabilities, either individually or collectively, to prepare for and respond to a severe pandemic and to identify gaps. This simulation exercise marked another remarkable achievement of the ASEAN approach in strengthening the multi-sector pandemic preparedness of their member states as it also managed to attract the attention of high-level participation from governments, UN agencies, international bodies and non-governmental organizations (Xinhua General News Service 2010). This simulation exercise strengthened the ASEAN collaboration in terms of response. If the real event happens tomorrow, they can provide each other with their states' assets easily (Officer 6 2016). As a result of ASEAN's intensive efforts in dealing with the preparedness planning together, ASEAN has been cited as 'one of the most advanced regions for pandemic preparedness including multi-sectoral preparedness' at the UN Senior Official Meetings on H1N1 (ASEAN 2009a).

Many governments decided that in the event of a pandemic the best line of defence would be the extensive use of pharmacological interventions like anti-viral and new vaccines. While developed countries are able to sign advance purchase agreements with pharmaceutical companies and stockpile large amounts of vaccines that they ultimately would not use (Deshman 2011, p.1096), Gostin and Gostin (2009, p.106) noted that such a move has depriving the poorer states: 'Stockpiling by the rich, of course, leaves poor countries in Africa, Asia, and Latin America much more vulnerable'. This happened to most of the ASEAN member states as they faced some trouble accessing the antiviral drugs during the H5N1 outbreak. In order to overcome the situation, member states agreed to contribute 5 percent of their Tamiflu stocks to the regional stock. An ASEAN officer explained their purpose in contributing the antivirals: 'All these efforts are aimed at ensuring member states are

equipped to face the flu epidemic' (Hashim & Ron 2005)[38]. Following the incident, ASEAN has set up a regional network of anti-viral-drug stockpiles to help the poorer countries. ASEAN is the only regional organization which has been able to set up and manage a regional stockpile (Asia-Europe Foundation 2010, p.16). Therefore, ASEAN since 2007 has managed to set up a regional network of antiviral-drug stockpiles.

This regional stockpile is a significant step as it can ensure that every country in the region will have access to limited supplies of the treatment needed during the outbreak. As a result, ASEAN become more prepared and more vigilant in facing the outbreak of H1N1. In cooperation with Japan, ASEAN has a stockpile of 500,000 courses of antiviral (Tamiflu and Relenza) stockpiled in Singapore with an additional 500,000 courses already distributed among ASEAN member states. Member states that require the vaccine just need to submit an application to the centre, which will approve the application based on the existing cooperation and agreement (Bernama 2009)[39]. As part of these initiatives, a simulation exercise known as PanStop was conducted for the first time in Cambodia in 2007 to determine the protocols and procedures to rapidly deploy resources in an effort to contain the spread of the virus (World Health Organization 2007). ASEAN's stockpiling initiative has also reduced the dependencies of the region on other wealthy countries to get the limited supply while helping poor states to secure their access to expensive drugs.

In regards to financial support, beside managing to gather contributions from all the member states, securitization also caused ASEAN to change their usual practices of contribution. ASEAN established the ASEAN Animal Health Trust Fund (AAHTF) when facing the bird flu outbreak. Unlike the EU, whose institution budget is shared based on the gross national income of member states; the ASEAN budget is based on the principle of 'equal contribution'. This means that each member state needs to

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[38] Translated from Malay language newspaper, Bernama, dated 8 October 2005. Article title '*Kebimbangan terhadap selesema burung di ASEAN*'.

[39] Translated by the author from Malay language newspaper, Bernama, dated 7 May 2009. The article title – '*M'sia mahu ASEAN perkenal mekanisme pemantauan influenza'*.

provide the same level of financial support despite their different levels of economic status. This fact can be found in the ASEAN Charter:

> Article 30 (Operational Budget and Finances of the ASEAN Secretariat)
>
> 1. The ASEAN Secretariat should be provided with the necessary financial resources to perform its functions effectively.
>
> 2. The operational budget of the ASEAN Secretariat shall be met by ASEAN Member States through equal annual contributions which shall be remitted in a timely manner. (ASEAN Secretariat 2008)

However, the establishment of AAHTF indicated an important change in the institution's common pattern. Surprisingly, ASEAN leaders agreed on the proportion of the contribution being based on member states' production of livestock and the capacity of the states to contribute. In other word, states who have large poultry industries and at the same time have more stable economic capabilities need to contribute more than other states. As a result, this effort managed to help poorer governments to fund projects they could not pay for while at the same give justice to the other, less-developed and unaffected states in the region.

Table 6 Amount of Contribution by Member Countries to the ASEAN Animal Health Trust Fund (AAHTF) for Each Category

Categories	Definition	Amount	States
Category 1	Countries with very productive livestock industry and capacity to contribute based on the status of their economy	USD 300,000	Indonesia, Malaysia, the Philippines and Thailand
Category 2	Medium	USD 200,000	
Category 3	- Countries with very productive livestock, but may not be able to contribute as much as countries form Category 1 - Countries with very little livestock	USD 100,000	- Cambodia, Laos, Myanmar and Vietnam - Brunei and Singapore

Source: ASEAN (2006).

Based on Table 6, states such as Indonesia, Malaysia, Thailand and the Philippines were put under Category 1, where they need to contribute US$ 300,000 while states like Cambodia, Laos, Myanmar and Vietnam were under Category 3 - a category where the states have very productive livestock, but may not be able to contribute as much as states in Category 1, needing only to contribute US$ 100,000 (ASEAN Secretariat 2006). What is more interesting to note is that, despite states like Brunei and Singapore having less livestock, they still need to contribute the same amount as states who have more livestock, due to their high Gross Domestic Product (GDP). Furthermore, the ratification of this agreement is significant as it was adopted under the ASEAN Economic Community (AEC), one of the main pillars of the ASEAN Charter[40] (ASEAN 2016). Compared with other pillars, AEC was the first

[40] The ASEAN Charter was signed at the 13th ASEAN Summit in 2007 and went into effect a year later after all member states had ratified it. The ASEAN Charter creates a framework within which ASEAN member states can enter into substantive agreements on specific areas, such as economic

blueprint adopted for the ASEAN Community, which disclosed how important AEC was as the main programme of the three communities (Shimizu 2011). Thus, the adoption of the AAHTF under the AEC indicated on how serious and important the region was about eradicating H5N1 as well as other animal-related diseases. The implementation of AAHTF indicated the importance of securitizing the avian influenza in the region as the execution of AAHTF suggests that the usual practice of the region could actually be changed at a time of regional emergency.

What is interesting to note on the impact of securitizing the health crises is ASEAN initiatives to tackle the infectious diseases are significantly different from ASEAN's usual process-oriented and confidence-building modalities. This is because ASEAN has initiated various types of mechanisms that can be categorized as a problem-solving measures. Among the initiatives are the creation of a regional disease surveillance website (Ads-Net), regional stockpiles, simulation exercise of the preparedness plan, and the regional laboratory twinning programme. If we look closely, most of these regional programmes aim to help the less-developed states in preparing themselves in facing the viruses. For instance, the establishment of ASEAN's regional stockpile has reduce the issue of poor states' ability to access expensive antivirals, while the ASEAN laboratory twinning programme has helped the less-developed states to upgrade their staff expertise. As one officer was quoted saying in the interview, 'We are ASEAN member states. We always help each other. It's mandatory for us to help others when they call' (Officer 3 2016).

4.5 Conclusion

The aim of this chapter was to examine the consequences of addressing the pandemic disease as a regional security issue. The chapter argued that although such security framing brings negative impacts, the positive impacts have outweighed the negative.

On the one hand, securitizing the pandemic disease type has diverted the ASEAN's attention from other pressing health issues. Non-communicable diseases and communicable diseases received less attention from the region despite record-high mortality rates. HIV/AIDS met the same fate as NCD and other communicable diseases. Before the series of pandemic outbreaks, the regional agenda focused on issues related to the citizens' lifestyles and the spread of HIV/AIDS, but ASEAN diverted their attention to pandemic diseases as soon as ASEAN started to frame pandemic diseases as a regional security issue. Moreover, financial support for the animal health issues were also diverted to help the securitization processes work. Although the security nexus has diverted the regional attention to pandemic diseases, to treat every health issue as a regional security issue is impossible, given that all health issues posed different levels of risk. Hence, it could jeopardize the term of security if we use it too loosely. An emergency measure like strict border screening formulated to address the challenges was said to be ineffective, counterproductive and unjust. Although we cannot ignore the negative implications, other issues were happening in the midst of the SARS outbreak, indicating that the problems in securitizing the pandemic diseases only occurred during the early stages of the securitizing process.

On the other hand, securitization has also brought positive implications as it managed to mobilize the attention and resources needed to ensure the regional health cooperation could operate. As a region that has previously ignored the pandemic issues, constructing pandemic diseases as a regional security issue allowed the issue to rise to the top and grab the attention of policy-makers. Securitizing has encouraged ASEAN member states to pay more attention to the pandemic disease issue. Consequently, we see an increased number of regional mechanisms. Their health strategies have always been praised as one of the most advanced region in terms of facing the disease. Moreover, ASEAN willingness to set up and contribute to the regional fund based on the level of economic status has been the remarkable achievement of constructing the disease as a security issue.

While securitizing pandemic disease through ASEAN has successfully created a holistic regional mechanism to combat the threat, one question remains on the impact of the framing the health crises as a security issue on ASEAN's usual practice: has framing the disease as a regional security issue encouraged regional cooperation between member states or have they responded differently according to the region's practice of 'the ASEAN Way'? Hence, the next chapter will be focusing on evaluating the implication of securitizing pandemic diseases on cooperation.

Chapter 5

Securitization and Regional-Centric

5.1 Introduction

While initially there were some concerns over the effect of securitizing pandemic disease in the Southeast Asia region, securitizing pandemic influenza actually brings more positive than negative results. Indeed, it has caused ASEAN to divert their priorities and resources from other concerning health issues. However, addressing all health issues as regional security issues would only make the term security lose its meaning. At the same time, although the emergency measures that have been implemented have been said to be ineffective, counterproductive and unjust, challenges only happened during the SARS outbreak, suggesting that problems in securitizing the pandemic diseases only occurred in the first of three outbreaks. Indeed, the previous chapter has argued that there is little evidence that the securitization processes had substantial negative effects for the region. Instead, framing pandemics as a regional security threat managed to create policy outcomes that have garnered regional attention and resources, and altered political priorities urgently needed to address the complex health issues as national solutions are often inadequate to address transnational challenges. Despite securitization successfully leading to ASEAN creating a common policy response, concern still exists about the cooperative response due to the strict adherence to regional norms.

Some scholars (Peterson 2002; Elbe 2010a; Enemark 2009) are concerned by the impact of linking health and security notions to cooperation. Peterson (2002, p.46) is sceptical about such a move. It may raise awareness, ‘but it likely also will

hinder much of the cooperation… public health advocates seek and that the disastrous humanitarian and development effects of [infectious diseases] demand'. In a similar vein, Enemark(2009, p.207) is also concerned by making pandemics a security issue as it can cause states to adopt a fortress mentality. Referring to Indonesia's case of 'viral-sovereignty', Elbe raised his concerns that instead of increasing the urgency of states to respond, securitization only complicates international health cooperation (Elbe 2010a, p.476). This might be true especially given the Southeast Asia regional practice of their sacred norms.

Prominent scholars on Southeast Asia region like Acharya (2005) has argued that the regional norms and identity formation offer a more complete explanation of Southeast Asian regionalism, including its achievements and failures. ASEAN security practice has been driven by the practice of the ASEAN Way – where sovereignty of member states has been preserved by the practice of non-interference with member states' domestic issues and decision-making based on consultation and consensus – which has been suggested as the reason why ASEAN managed to avoid any conflict between member states (Haacke 2009; Jetly 2003). However, the rise of NTS threats has brought a significant debate to the institutional practice of the norms. Most observers (Acharya 2009b; Kamradt-Scott 2011; Stevenson & Cooper 2009; Maier-Knapp 2011) concur with the argument that the region's preference for national sovereignty has been maintained even in the face of serious transnational threats.

For instance, there are scholars like Emmers (2003b), who in his study on securitizing transnational crime argued that it was the practice of regional norms that prevented ASEAN member states from adopting common policy responses. Similarly, in more recent literature by Loh (2016), it is argued that it was the norms of respecting sovereignty and consensual decision-making which has constrained ASEAN's response to the Haiyan disaster and the uncoordinated search efforts for the missing flight MH370. In fact, some scholars (Elbe 2010a) also agreed that securitization of infectious diseases ended up further complicating international health cooperation due to narrower calculations of national interest. While norms do

matter, they do not necessarily matter in a positive or progressive manner. Norms can matter negatively, by creating barriers and obstacles to change (Acharya 2009b). The common understanding that ASEAN has reasserted their sovereignty by refusing to cooperate by adopting a common policy response has been challenged.

A closer inspection of ASEAN's response to the series of infectious disease outbreaks suggests that this established view on the region cannot fully explain ASEAN's positive response in securitizing the health crises. ASEAN has increased the number of regional mechanisms. In fact, their regional measures to overcome the health crises has been backed by substantial regional mechanisms which have drove ASEAN to act with alacrity, with no less than 25 ASEAN instruments covering SARS, H5N1 and H1N1 compared with other NTS issue (Kheng-Lian 2012, p.80). Other scholars (Davies 2012b; Hameiri 2014) are against the argument that the member states have hindered cooperation due to strict adherence to the regional norms. In fact, there is evidence that the rationality of non-interference and consensus decision-making has changed over time (Yukawa 2018; Jones 2010). What this mixed picture, that the regional norms have obstructed or loosened the regional cooperation, demonstrates is the lack of empirical evidence of how the regional norms have actually affected the regional health cooperation. Therefore, this chapter aims to examine the consequences of securitizing the pandemic diseases for ASEAN's regional practices. In doing so, it addresses the final research question of this thesis: has framing the disease as a regional security issue encouraged regional cooperation between states, or have they responded in line with narrow interests, according to the region's practice of the 'ASEAN Way'?

This chapter is divided into three main sections, which are based on the parallel debate on the impact of securitization on cooperation; securitization as hindering cooperation; and securitization as facilitating cooperation and its impacts on the ASEAN's practice of regional norms. The norms have been said to be the source of ASEAN's inaction in addressing NTS issues as cooperation depends on the narrowly-defined interests of the member states, demonstrating a state-centric approach within a multilateral cooperation as national considerations take

precedence in the case of disagreement. However, a significant change can be found in the practice of ASEAN's regional norms due to the securitization of the health crises. Instead of causing member states to become more state-centric, thus hindering cooperation, framing pandemic as a regional security issue leads member states to become more region-centric. By this, it increased the level of multilateral collaboration in combating forms of transnational threats. It appears that framing pandemic disease as a regional security threat has opened a new window on regional health cooperation setting aside the region's norm in some instances.

5.2 Securitization as Hindering Cooperation

One of the major concerns of securitization is instead of strengthening cooperation out of need to face the threats, more security has resulted in states hindering cooperation. The notion of security is seen as evoking a set of confrontational practices associated with national security (Trombetta 2008, p.586). As the international system is viewed as insecure, states would compete for security through military power enhancement. The security link, therefore, would only cause states to become state-centric. This is because the act of securitizing is generally understood to be the responsibility of the state, hence hindering the cooperation needed, especially in combating transnational issues like the outbreak of potentially pandemic diseases that need greater multilateral cooperation.

In regards to Southeast Asia's security environment, there is serious concern that the purpose of securitization in strengthening the regional cooperation to address the transnational threat of diseases might fail. ASEAN-style institutionalism places great value on sovereign equality and group unity or harmony, which manifest themselves in a non-interference principle, consensus-driven decision-making and a non-binding institutionally minimalist regionalism (Ba 2014, p.295). These norms and practices tend to contrast with the IR theoretical concept of organization and have been the main reason forASEAN's ineffectiveness, especially in terms of regional policy formulations that can threaten the member states' national interest (Jones &

Smith 2007; Ravenhill 2008). One example is the case of insufficient transparency in the early stages of the H5N1 outbreak. China has been criticized due to their action of withholding significant information during the SARS outbreak. The Chinese action had hampered early contingency plans for other countries in the region as an early warning could have enabled other states to better prepare to cope with the diseases and therefore reduced infections and deaths.

Based on the Chinese case, the WHO member states, including the ASEAN member states, shared their expectation that states would report openly and promptly. At the WHO Global Conference on SARS in June 2003, which was held in Kuala Lumpur, all states agreed that ‘Information should be communicated in a transparent, accurate and timely manner. SARS had demonstrated the need for better risk communication as a component of outbreak control’ (World Health Organization 2003b). Still, some of the Southeast Asian states appear not to have heeded China’s lesson when the initial outbreak of avian flu spread aggressively throughout the region due to the governments’ stubbornness and cover-ups. Their actions were not shocking at all for scholars like Curley and Herington (2011), as it seemed to fit the broader picture of the region’s dedication to the preservation of national sovereignty.

A few states in Southeast Asia have deliberately withheld knowledge of the significant event that happened in their poultry industries. Indonesia, for instance, were warned by a veterinarian researcher that there had been an H5N1 outbreak in the state in November 2003. However, the Indonesian government insisted that no bird flu has been found in Indonesia and blamed Newcastle disease, a contagious and fatal avian virus, as the source of the chicken deaths (Kearney 2004). In Vietnam, the first signs of the virus were actually detected as early as July 2003 but the disease spread unnoticed as the Vietnamese government adopted a policy of quiet mitigation for economic reasons, as they were preparing a regional sporting event later that year (Delquigny et al. 2004; Deutsche Presse-Agentur 2004a). Similarly, in Thailand, massive chicken deaths were reported in November 2003 but the Thai government declared the cause was cholera and bronchitis (Agence France

Presse 2004d). These states motivation of such ‘Westphalian’ action is due to the economic factor (Lo Yuk-ping & Thomas 2010; Curley & Herington 2011). In a speech to the business community in Hong Kong, Ong Keng Yong, secretary general of ASEAN, admitted the lack of transparency among the member states. He said, ‘The important thing is transparency, and this is where some of our member countries are still learning’ (Luk 2005).

Thailand and Indonesia were regularly criticized for substantial lags in their initial reports of poultry and human cases despite the governments had already known the possible cause of the huge numbers of dead chickens for a while (Butler 2006; Sipress 2009). The lack of transparency, it has been said, remains even two years since the H5N1 outbreak. There is a common understanding that emerged in the H5N1 outbreak that suggests Southeast Asian states had reasserted their sovereignty by refusing to cooperate with disease-reporting requirements. Affected countries were failing, or refusing to share their human samples with the WHO’s influenza programme in Geneva. Countries like Vietnam were wary of sharing viruses with outside laboratories because they feared losing control over information. One flu expert was quoted saying, ‘Authorities in Vietnam are very sensitive as to what they tell the people. They don’t want outside groups making pronouncements and these getting into the press without being vetted by the ministries of health and agriculture’ (Butler 2005).

The major concern about the assertion of sovereignty by the affected states arose in the famous event of ‘viral-sovereignty’ between Indonesia and the international community. It had been a long-standing practice of the Global Influenza Surveillance Network (GISN) under the WHO – a coordinated international regime for managing seasonal and pandemic influenza – for states to share their influenza virus with all WHO-collaborating laboratories. However, in December 2006, Indonesia ceased their sharing of the H5N1 specimens collected around the state with the WHO. Indonesia’s reasons included the breakdown of trust in the procedures of using the sample and the limited access to the vaccine and antiviral. GISN was premised on countries sharing virus specimens freely with the WHO,

which then sent them to reference laboratories for assessment. However, the specimens ended up in the hands of pharmaceutical companies which then produced and sold the vaccines back to the governments who supply the vaccines at a profit. Siti Fadilah was quoted in justifying her action;

> 90 percent vaccines, including the bird flu [vaccines] are in the developed countries, although their population only 10 percent [of the world's population]. Even we have the money; all the vaccines have been bought by the developed states. We cannot buy it even though the virus is from us. If a pandemic happens, it could bring danger as developing and poor countries cannot afford vaccines. (DetikNews 2007)[41].

Indonesia claimed that the GISN was unfair to the poor and developing states as these countries only acquired limited access to the production of vaccines despite the fact that the disease is largely concentrated in Asia[42]. Severe affected states like Indonesia could not purchase Tamiflu – the drug used to treat H5N1. The inequality caused Indonesia to openly question the value of maintaining the existing forms of international health cooperation. As a result, Indonesia's Minister of Health, Siti Fadilah, ceased the sharing and claimed sovereignty over viruses collected around Indonesia. She was quoted saying

> There are no rules, what do you take for, where to use, where. It does not exist. There is no right to control. Viruses sent by Indonesia (and some developing countries) to the WHO, easily switch hands to research institutions in some of the major powers. They took the virus for free and researched to make vaccines. This vaccine is then sold to virus-owner countries (mostly developing countries) at expensive prices. And this is not fair. The virus belongs to the nation. No one who forces it must be handed over if it is troubling our country. Whatever the protocol, we are a sovereign state (DetikNews 2007a)[43].

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[41] Translated by the author from Indonesian language newspaper, *detikNews*. Article title is *'Indonesia minta WHO dan negara maju adil soal vaksin',* 28 March 2007.

[42] For example, the US government has allocated US$ 3.1billion to prepare for an avian flu pandemic; most of the money was set aside to purchase Tamiflu and other drugs that may help in dealing with the virus (CNN 2005), although the virus has not infected a single human being in the countryside.

[43] Translated by the author from Indonesian language newspaper, *detikNews,* dated 8 November 2007. Article title is '*Agar virus tak dirampas, RI perjuangkan mekanisme sharing*'.

Siti Fadilah created a new doctrine which she labelled ‘viral-sovereignty’ to justify her action. In this context, viruses formed part of the biological patrimony of the nations in which they were found, which held exclusive rights to them (Smallman 2013, p.25). In other words, viruses were biological resources owned by the countries where they circulated, and not public health information that must be shared freely with the world. Hence, Fadilah insisted that the WHO needs to acknowledge Indonesia’s sovereignty over its viruses. At the same time, Indonesia’s rebellion has spread to other developing countries like Thailand, Brazil, and India as well as the Third World Network. Thailand’s representative, for instance, raised similar issues at the WHO's Executive Board meeting:

> We are sending our virus [samples] to the rich countries to produce antiviral and vaccines. And when the pandemic occurs, they survive and we die. We are not opposed to the sharing of information and virus [sample], but on the condition that every country will have equal opportunity to get access to vaccine and antiviral if such a pandemic occurs’ (Branswell 2007, p.A05).

Although these states did not follow Indonesia’s action of ceasing sharing viruses, still, Indonesia’s action just demonstrated that securitizing infectious diseases might bring the unintended consequences that are not necessarily positive as expected. Western states expressed their concern and anger for Indonesia’s action of asserting sovereignty undermining security for narrow national interests (Holbrooke et al. 2008; Stevenson & Cooper 2009). Indonesia’s response simply reminded us that ‘one has to weigh the always problematic side effects of applying a mind-set of security against the possible advantages of focus, attention, and mobilization’ (Buzan et al. 1998, p.29). As issues become securitized, it thus tends to attract much closer and higher-level attention from governments. However, the high involvement of states, Indonesia in particular, ended up with the international health cooperation becoming further complicated as some states suddenly began to subject the international virus-sharing mechanism to much narrower calculations of national interest (Elbe 2010a, p.482). Indonesia’s actions did not surprise scholars studying the Southeast Asia region as it seemed to fit the broader picture of the region’s dedication to the preservation of national sovereignty, at almost all costs. Indonesia’s

response demonstrated that even in the face of a serious transnational threat, Southeast Asia's state maintained the region's preference for the protection of their national sovereignty (Acharya 2009b; Caballero-Anthony 2008a; Emmers 2003a; Stevenson & Cooper 2009). The viral-dispute might have just reaffirmed Elbe's (2010a, p.478) argument that 'securitizing infectious disease brings unintended consequences in terms of further complicating health cooperation'.

One effect of securitization processes observed more generally is that when issues become securitized, governments often resort to emergency measures and engage in 'extraordinary defensive moves' in order to meet that perceived threat (Buzan et al. 1998, p.204). Simply put, securitization has encouraged states to implement emergency response measures. However, the pursuit of national self-interest can hinder international cooperation. In a joint ministerial statement during the first emergency meeting following the H5N1 outbreak, ASEAN member states and their counterparts vowed to follow recommendations from the international institutions like the World Organization for Animal Health (OIE), World Health Organization (WHO) and the Food and Agriculture Organization (FAO) in a regional attempt to contain the aggressive spread of the H5N1 outbreak:

> These measures include rapid diagnosis and confirmation, rapid culling of infected and susceptible poultry populations, vaccination of poultry, quarantine of infected areas, intensified surveillance, movement control, epidemiological investigation and hospitalization and monitoring of affected patients. (ASEAN+3 2004)

Among the emergency measures suggested, rapid culling of the poultry was the most controversial mechanism. The measure was based on Hong Kong's success in averting an epidemic after killing 1.5 million chickens in three days during the first H5N1 outbreak in 1997[44] (Shuchman 2007, p.654). While most affected states like Thailand and Vietnam, the top poultry exporters in the region, agreed to the

[44] During the H5N1 outbreak in Hong Kong in 1997, Dr Margaret Chan, Hong Kong's Health Minister, ordered the destruction of the territory's entire poultry population in an attempt to contain the spread of the virus. Although it was controversial, her action was based on the epidemiological evidence and likely prevented a larger human outbreak of the disease.

suggestion of aggressively culling chickens, it appeared that Indonesia was against it. They were not convinced about applying this type of method as they were terrified of the impact on their national interest as they are one of the biggest poultry exporters in the region.

Indonesia's Agriculture Minister, Bungaran Saragih, asserted in his statement that there was no evidence a cull would effectively contain the spread of the lethal virus and he would only implement it if the virus transmitted to humans, 'and considering vaccination as a means to control the virus' (Ross 2004a). His statement was supported by the fact that at that time, the virus has not infected any humans. According to the Director General of Animal Husbandry of Indonesia, Dr Sofjan Sudarajat, 'Between September and November, the outbreak of the virus was already widespread, but there is no evidence the disease has spread to humans' (Deutsche Presse-Agentur 2004b) as 'this is type A(flu) which doesn't spread to human' (Kearney 2004, p.4). Bungaran was further quoted: 'We will not imitate neighbouring countries, which have destroyed their poultry flocks for economic reasons. Killing the chickens infected by the avian influenza virus is not wise because the virus is already widespread so by killing the birds we will deprive the people of poultry' (Deutsche Presse-Agentur 2004b). This is especially true since the poultry industry is big business in Indonesia, the world's most populous Moslem country, where chicken is the most popular meat. Indonesia's action once again offered another great explanation of how securitization actually can actually cause the state to become state-centric, thus preventing cooperation

Besides being an instrument of securitizing national interest of the member states, ASEAN's strict adherence to the principle of sovereignty has been driven by deep feelings of suspicion and historical animosities dating back to independence and colonial days, or even pre-dating the colonial era (Emmers 2017). A level of mistrust is said to prevail among ASEAN member states and it is a key factor in explaining the lack of progress made towards conflict resolution (Liow 2003). Instead of strengthening the regional health cooperation, securitizing the health crises might have sown the seed of mistrust between member states. Again, as discussed in

Chapter 4, the case of Malaysia and Singapore is the best example. Singapore's secession from the Federation of Malaysia in 1965 has caused lingering suspicions among officials, leaders and ministers till today. Their relationship has always been prone to a number of high-profile bilateral spats, from pertaining to land and water to the skies and with the SARS virus.

The result of securitizing SARS through ASEAN has led to the consensus among ASEAN member states to implement strict border inspections. Member states like Malaysia and Singapore, which share borders, agreed for such implementation. Instead of increasing the level of cooperation between both states, the health-security linkage increases mutual suspicion between the two founder states of ASEAN. Since Singapore's separation from Malaysia, bilateral relations between these two states have been inherently difficult. Bitterness and stereotyping have remained a prominent feature of the relationship discourse, at least at the popular level. There was mistrust between the elites in both states, especially when they tried to resolve the outstanding bilateral issues. Their relationship has often been described as based on political realism, and national and diplomatic interests (Nathan 2002).

The animosity was even evident during the SARS outbreak. Due to the weaknesses of border screening procedures, in particular the incapability of the thermal scanners to measure accurately the patient's skin temperature and the lack of expertise in screening thousands of people commuting daily to work using the causeway, suspected SARS cases had been 'accidentally' permitted to travel. As a less affected state, Malaysia has negative perceptions of Singapore's intentions when a few suspected SARS cases managed to cross the border, as if Singapore was trying to export 'chemical weapons' to the neighbouring state (Berita Harian 2003b)[45]. The enduring mistrust between Malaysia and Singapore over the SARS outbreak has undermined both parties' ability to comprehensively combat the outbreak which accords with concerns raised by Peterson (2002, p.80) that

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[45] Translated from Malay language newspaper, *Berita Harian*, dated 18th May 2003. Title of article, 'Singapura perlu lebih prihatin'.

mobilizing security when dealing with health issues like infectious diseases may result in security dilemmas, which creates competitive logic that hinders cooperation.

The culmination of these events in the series of infectious disease outbreaks, particularly instances of delayed reporting by Thailand, Vietnam and Indonesia, and Indonesia's challenge of virus-sharing dispute, bring back the argument that securitization can hinder cooperation due to the states being state-centric (Enemark 2009; Peterson 2002; Elbe 2010a). Indeed, in the case of Southeast Asia, member states' failure to cooperate in managing the transboundary diseases has been blamed on the regional commitment to national sovereignty (Caballero-Anthony 2008b; Maier-Knapp 2011). One problem of these dominant understandings of how securitization only hindering cooperation is, claims about this matter are made based on the lack of empirical evidence of how ASEAN member states actually respond to the securitization process at the regional level. Some scholars (Kamradt-Scott 2011; Stevenson & Cooper 2009; Elbe 2010a) argued that securitization had prevented effective international health cooperation due to the assertion of national sovereignty by some of the ASEAN member states. However, such evidence only reflects part of the picture. Based on the findings in Chapter 4 that concluded that securitization had successfully raise attention andresources and altered political priorities at the regional level, indicating that securitization of infectious diseases have started to facilitate cooperation between member states. In this context, the next section will examine whether securitization of infectious diseases has also prevented cooperation between ASEAN member states due to the assertion of the regional norms.

5.3 Securitization as Facilitating Cooperation

5.3.1 Sovereignty

Securitizing infectious diseases, as argued by Elbe (2010a), Kamradt-Scott and Lee (2011), and Stevenson and Cooper (2009), has complicated international health cooperation due to the regional perseverance of the norms of sovereignty, in which national considerations take precedence in the case of disagreements. Consequently, member states might slow down or even stop their multilateral cooperation if they believe the collective actions may undermine their domestic interests (Emmers 2003a). However, these scholars' claims do not reflect the overall issue as their evidence only showed that securitization only hinders international health cooperation, whereas at the regional level, framing the health crises has never obstructed cooperation. One important example is the states' behaviour in reporting outbreaks. Tracing the reporting behaviour of the Asian states using a disease monitoring website known as ProMED Mail (PMM) and comparing it with the report issued by the WHO, Davies in her empirical analysis found that the East Asian region had a steady reporting pattern to the WHO that correlated closely with the number of cases reported in the region. In fact, states that have been regularly criticized for not complying with the duty to report, like Indonesia and Thailand, were found reporting regularly (Davies 2012b, p.603). This suggests that sovereignty has not been evoked to deny the duty to report of an outbreak nor has it led to states abrogating their perceived duty (Davies 2012b, p.607).

Even at the regional level, sovereignty was never used as an excuse to avoid cooperation as ASEAN member states have always notifified each other about the current health situation in their countries. This is despite the fact some of the information might be confidential, including information on outbreaks and inventories of laboratory tests. As noted by one of the elite in ASEAN, 'Although some information might be confidential to share with others, ASEAN Member States have

so far no problem of sharing information on disease-related issues. We will notify others immediately if there is an outbreak in our country' (Officer 5 2016)[46].

Of course, there is concern about the late response of some ASEAN member states' action of withholding crucial information during the initial outbreak of H5N1. While there is concern that ASEAN member states' action in late announcing is more like trying to protect their national interest (Vu 2011; Taylor 2004b), which likely suggests that member states used the principle of non-interference as a means to justify their actions, but ASEAN member states did not see it in the same way. They see this issue is more to avoid chaos and panic, as what happened during the SARS outbreak. In that outbreak, mass panic hit the region when panic over SARS was keeping people away from hotels and restaurants and, in fact, whole countries. There was some evidence of panic buying by customers anxious to stock up on fruit and vegetables while travellers were even spooked at the idea of changing flights at airports in countries affected by SARS (The Nation 2003; Henson 2003). The panic was compounded by the fact that there was no known cure for SARS. Even ASEAN leaders who attended the SARS emergency meeting in Bangkok agreed that SARS engendered more panic than pain inflicted in terms of health and lives (Henson 2003). Following this experience, some ASEAN states were reluctant to come to the public in the very beginning as they were trying to confirm the finding first in order to avoid panic. For instance, Thaksin in his statement justifying his action was quoted said that, 'Please trust the government. It did not make an announcement at the very beginning because it did not want the public to panic. I know what I'm doing' (Cohn 2004).This observation was confirmed to the author through interviews with ASEAN's elite. As one officer explained in the interview,

> Some of the people might perceive it as late announcement. It's not late announcement. Not… Because we are the government it is more about trying to verify, to validate. You validate, you verify the situation. It's the matter of validating and verifying of the facts. (Interview 4, 2016)

[46] The interview was held in Malay language and it has been translated by the author.

In the case of Indonesia's famous doctrine of viral sovereignty, against the common understanding that securitizing infectious diseases turned out to further complicate international health cooperation (Elbe 2010a), surprisingly Indonesia did not actually cease sharing H5N1 samples virus with the FAO and at the same time, cooperation between the WHO and Indonesian health officials was generally unaffected (Hameiri 2014). In fact, considerable interventions into the governance of H5N1 in Indonesia through large projects like the Participatory Disease Surveillance and Response (PDSR) and District Surveillance Officer (DSO) Programme were intensified and persistent (Hameiri 2014). This just demonstrated that cooperation between states had been strengthened and not hindered. For instance, Indonesia was the first country that USAID developed their first disease surveillance and response programme through their Avian Influenza (AI) unit. Indonesia relies on the PDSR to serve as the mechanism to obtain initial notifications from backyard poultry producers to track and respond to suspected bird flu outbreaks (USAID [United States of America Agency for International Development] 2007, p.1).

The presence of PDSR in surveillance of the Indonesia domestic context suggests that Indonesia did not use sovereignty to cease cooperation as the international cooperation was never hampered. Moreover, Davies, through her empirical analysis, concluded that 'Indonesia still sought to inform the WHO of outbreaks, even during the height of the dispute, and the Ministry officials appeared to trust the WHO official sufficiently to continue reporting information it did not want publicized' (Davies 2012b, p.604). Another example is the US government still supported the government of Indonesia in combating the avian flu. They provided various mechanisms to help Indonesia, including establishing regional avian influenza coordination hubs, carrying out risk communication activities and funding and supporting seasonal surveillance (States News Service 2007), which suggests that sovereignty has never been the problem for cooperation as other organizations have already intervened in helping Indonesia combat the threat.

Indonesia not only cooperates at the international level, but also at the regional level. In fact, the H5N1 security linkage did not stop Indonesia from

cooperating with the ASEAN. As noted by Indonesia's elite in an interview, 'You cannot just have a good global collaboration, but [at the same time] you do not take care of your national or your regional collaboration. Every pillar is as equally important as the other' (Officer 6 2016). For instance, Indonesia followed ASEAN's suggestion of having standardized airport procedures, even though they had already implemented their national mechanisms in addressing the SARS outbreak. Meanwhile, in the H5N1 outbreak, despite being criticized as hiding initial information of the avian flu outbreak, Indonesia, as the one of the Component Coordinating Countries (CCC), was entrusted to handle regional networking and information-sharing between ASEAN member states and had developed a regional surveillance website known as Ads-Net. As the CCC country, Indonesia showed a good example to their neighbouring states. They were consistently uploading information and urged their neighbouring states to do the same thing. As one Indonesian officer was quoted saying, 'The exchange of epidemiological information and disease surveillance between ASEAN + 3 countries is very important in efforts to prevent and control diseases in the region. Therefore the countries involved in it must proactively fill and update the data and information on the site' (Anton 2008)[47]. ASEAN health officials interviewed insisted that Indonesia never hid information from the regional states. In fact, they have prioritized their neighbouring states in disseminating crucial information. One high-level Indonesia's official stated, 'You prioritize, you contain it nationally, and then, the next ring is your regional neighbour and then you notify the global level' (Officer 6 2016)[48].

As the first chair of the ASEAN Technical Working Group on Pandemic Preparedness and Response (ATWGPPR), Indonesia initiated several key activities in pandemic preparedness and response, including developing ASEAN non-health indicators for pandemic preparedness and response and assessing other ASEAN member states and their levels of preparedness for the non-health sectors. Indonesia had successfully led the group in overcoming challenges in strengthening

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[47] Translated from Indonesian language newspaper, *Antara*, dated 17th June 2008. Title of article *ASEAN+3 perkuat jejaring informasi penyakit infeksi*

[48] More evidence of how Indonesia has reacted to the regional mechanisms will be discussed in the next section.

ASEAN's capacity in coping with pandemics by establishing several key activities. One of ATWGPRR's aims was to develop an indicator system for the assessment of national multi-sector pandemic preparedness capacities of non-health sectors. The original plan was to involve teams from other ASEAN member states to test the system in 2009. However, due to the outbreak of H1N1 in 2009, other states withdrew from participating in the test. With limited resources, such as a lack of required expertise, skills and manpower, Indonesia volunteered to pilot test the system. As a result, some important lessons that were later used to revise the assessment methodology with regards to pandemic preparedness planning of non-health sectors, including public and private service providers, were found during the pilot assessment (Towards a Safer World 2014). This example alone shows Indonesia's commitment to regional cooperation.

Cooperation in security affairs is possible, even in the area where institutionalists predicted that cooperation would be hardest to achieve (Fawcett 2008, p.322). In ASEAN, the structures of health issues cooperation in the security field are being progressively developed. The issue of pandemic diseases is linked to the question of national security as it threatens the national sovereignty and integrity of the independent state. As the pandemic disease is a transnational issue, interstate cooperation is needed. However, by interstate cooperation it means that state needs to surrender state sovereignty. A section of national sovereignty needs to be abandoned for it to be protected more effectively (Emmers 2003a). This might be the biggest challenge of ASEAN's multilateral cooperation in addressing the NTS issue. Nevertheless, a significant change can be traced when ASEAN securitized the pandemic issue as member states begin to 'surrender their state sovereignty'.

The significance of the ASEAN+3 EID programme cannot be overstated considering that it helped bring political legitimacy to the regional surveillance activities. For instance, the launch of Ads-Net resulted in more open reporting moves among the member states. The project website served as a platform for sharing epidemiological data and surveillance information across member states. It provided outbreak reports by country and daily information on health developments in the

region such as avian flu (The South Centre 2007). Regional surveillance was operated when member states were encouraged to transfer national data into the regional database maintained in the Ads-net (AusAID 2007). The website successfully shared important information on epidemic transmission without compromising national sensitivity and confidentiality concerns despite the fact the website is not compliance-driven like the International Health Regulations (IHR) and despite the possibility of potential threats from bioterrorism and adverse impacts on the tourism and trade sectors when certain communicable diseases were detected and acknowledged to other states (AusAID 2007). In fact, due to the increasing transparency and sharing of information on emerging infectious diseases within ASEAN member states, some development partners of AusAID considered that their investment in the ASEAN+3 Emerging Infectious Disease Programme 'to be the best investment Australia had made, as they believed that it laid the foundation for this significant development' (Schierhout et al. 2017, p.34).

The website has since been replaced by a new website. Yet, information sharing between member states still continues and has further intensified. ASEAN has used three different mechanisms to speed up the process of disseminating results of the surveillance; through focal points, contact person and the ASEAN Emergency Operations Centre (EOC) Network (Officer 5 2016)[49]. While the ASEAN EOC network uses newsletters to disseminate information, events, and best practices among member states, in the event of a pandemic, focal points and contact persons are the key people who have been appointed by the governments to share any information of an outbreak to the WHO and neighbouring countries. Hence, with a vast choice of distributing information the procedure of notifying other states becomes much easier as it cuts out bureaucracy.

Another significant impact of the establishment of the regional surveillance mechanism is ASEAN Member States are becoming more transparent in notifying and alerting their neighbours (Officer 3 2016). Their transparency in disease

[49] The interview was held in Malay language and it has been translated by the author.

surveillance and reporting pandemics resulted in the region being more prepared in dealing with the pandemic disease. Even the WHO noted that following their experience with SARS and avian influenza, '[The region] is more prepared than other regions to respond to a possible pandemic with its existing mechanisms of surveillance and transparency' (Caballero-Anthony & Amul 2014). ASEAN's effort to enhance their regional surveillance indicates the desire of member states to raise the level of security cooperation in the region to a higher level. In particular, the impetus sharing of information that might be sensitive and confidential to some countries indicated that securitizing the pandemic diseases has made member states more transparent, which has been translated into credible mechanisms of regional monitoring. Looking at this significant change, it demonstrates that the region's sovereignty regime has been far less coherent.

5.3.2 Consensus Decision-Making

Beside the assertion of the principle of 'sovereignty', the ASEAN consensus model for reaching a regional decision has been described as the cause of ASEAN's ineffectiveness in response to regional issues. Unlike the EU where their security system is more formalized and institutionalized, the ASEAN security system is in sharply contrast with the Western practice as it has been guided by the so-called 'ASEAN Way', which has been rooted in the principles of informality and consensus (Pennisi di Floristella 2012). ASEAN's unique modus-operandi in decision-making is based on the concepts of '*musyawarah*' and '*muafakat*', the Malay equivalent of consultation and consensus (Jetly 2003; Acharya 2009b). Simply put, while the EU uses a majority vote in its decision-making processes, ASEAN takes all its decisions by consensus ,which enables any member at any time to veto any regional proposal that is perceived as threatening to their national interests (Koh 2017; Feraru 2016). Therefore, cooperation between member states is often regarded as ineffective because ASEAN, as an organization, lacks the capacity to 'compel its members to comply with its own rules' (Eaton & Stubbs 2006, p.136), as states are not obliged to respond to the regional threat, especially if they are not directly affected by it. For instance, Emmers, in his study about ASEAN's response to the issue of terrorism, concluded that it was due to the individual members experiencing different levels of

threat that caused the cooperation process to become uneven. This is due to a lack of mechanisms for implementation and sanctions in the event of non-compliance (Emmers 2009, p.174). However, against all odds, ASEAN member states have shown different reactions in regards to the move to securitize infectious diseases. Unaffected states and less-affected states have adopted the regionally agreed measures, indicating a strong signal that more security cooperation has been established.

In this context, three ASEAN member states have been selected to examine their responses to the regionally agreed measures. These three states, namely, Indonesia, Malaysia and the Philippines, provide fertile ground for comparison of responses to the moves of securitizing pandemic disease. Although these three states are at the same level of state development (they are developing countries with a high growth economy), the rationale for choosing Indonesia, Malaysia and the Philippines is twofold (Refer Table 7). First, these three states are the founder states of the ASEAN institution which gives them a bigger role in the region compared with the later member states. For instance, these three states have been chosen as the lead countries in various health mechanisms in addressing the threat. Comparing these states will likely provide a better understanding in examining the audience response to the outcome of the securitization process at the regional level. Second, more importantly, these states have experienced different levels of pandemic threat on each pandemic outbreak. For example, these three states were among the least affected states during the SARS outbreak of SARS and experienced different levels of threat during the H5N1 outbreak, with Indonesia severely affected, Malaysia reporting fewer cases, and the Philippines remaining bird-flu free. The reported cases can be found in Table 8. These contrasting situations offered a macro level of securitization studies discussion. In a study which seeks to interrogate to which extent the audience accepts the securitizing moves, the comparability of the threat faced by these states at different times is important. Therefore, they are chosen because it is believed that understanding them will lead to a better understanding, and perhaps better theorizing about a still larger collection of cases.

Table 7 Demographic and Socioeconomic Information for Indonesia, Malaysia and the Philippines

Republic of Indonesia	Quasi-democracy	Malay/ Islam	$12,400 (2017)	1,904,569 sq km/260.6 M
Malaysia	Monarchical/ Quasi-democracy	Malay/ Islam	$29,000 (2017)	329,847 sq km/ 31.4 M
Republic of the Philippines	Democratic	Filipino/ Christi ans	$8,300 (2017)	300,00 sq km/ 104.3 M

Source: (Central Intelligence Agency (CIA) 2017). Compiled by the author.

Table 8 SARS and H5N1 Cases

	Indonesia	Malaysia	Philippines
Total SARS cases	2	5	14
Total SARS deaths	0	2	2
Case fatality ratio (Deaths/All cases)	0%	40%	14%
Total H5N1 cases	162	No human case was reported	No case at all
Total H5N1 deaths	134		
Case fatality ratio (Deaths/All cases)	83%	0%	0%

Note: Cumulative number of reported probable cases of SARS by country from 1st Nov 2002 to 11th July 2003 and the cumulative number of confirmed human cases for avian influenza A (H5N1) reported to WHO, 2003-2011.
Source: (World Health Organization 2003a; World Health Organization 2011)

In regards to the SARS outbreak, all three states experienced a different level of impact in addressing the virus; while Indonesia reported a few SARS cases, Malaysia and the Philippines reported a higher number of cases compared to their country size. With regard to the overall states' responses in facing the SARS threat, all three states have adopted the emergency measures agreed at the regional level responsively. This is despite the agreed mechanisms being created impromptu during the unprecedented regional meetings and all the states had already applied their unilateral action at the beginning of the outbreak.

Indonesia has shown positive responses to the regional securitizing moves. They have implemented several national measures including health screening passengers coming from their 150 international entry-points located all over their country and disseminating health alert cards in the early stage of the SARS outbreak (Ministry of Health Republic of Indonesia 2003c). Despite that, it is interesting to note that securitizing the pandemic disease managed to encourage Indonesia to follow regional emergency move of having a standardized health screening procedures for travellers (ASEAN 2003c). This includes installing the thermal imaging scanners[50] and implementing the 'exit screening' procedures at their airports and seaports. This is despite their initial screening policy being a bit different – they only screened passengers on arrival (Ministry of Health Republic of Indonesia 2003d)[51]. The same thing also happened in the case of using an alert card as they agreed to use a standardized regional Health Declaration Card, albeit after already used their own design alert card in the early stages of the outbreak (Ministry of Health Republic of Indonesia 2003b). In line with the ASEAN's recommendation that every member state needs to establish their national task force tocombat the threat (ASEAN+3 2003a), a SARS Prevention Team was set up by the Indonesian Ministry of Health. This committee consists of four teams: investigation, verification, and experts, as well as a team on advocacy and socialization (Ministry of Health Republic of Indonesia 2004)[52].

As a less SARS-affected state, Indonesia showed a proactive response in framing SARS as a regional security threat. Out of 112 suspected cases between

[50] During the second emergency regional meeting on SARS, Indonesia was a bit reluctant to install the thermal scanner because they were still conducting trials on the sensitivity and the specification on the scanner, particularly because such an installation is costly, with huge numbers of checkpoints that need to be considered in the plan. Moreover, international airports in Indonesia were not designed for the installation of thermal scanners (Ministry of Health Republic of Indonesia 2003a). Translated from the Indonesian language. Document obtained from Ministry of Health Republic Indonesia's website.

[51] Information obtained from document in Indonesian language. Document obtained from the Ministry of Health Republic Indonesia's website, entitled '*Satu kasus probable SARS masih dirawat di RSUP Adam Malik Medan*'.

[52] Translated from the Indonesian language document. Document obtained from Ministry of Health Republic Indonesia's website title '*Pembentukan tim penanggulangan SARS'*.

March and June 2003, 103 proved not have been infected, seven were suspected SARS and two were categorized as probable SARS patients (Xinhua General News Service 2003d). That total is tiny given the country's size, porous borders, proximity and the number of Indonesians who work in Singapore, the state hardest hit by the disease in the region. However, it did not halt Indonesia from cooperating with their neighbours. The Indonesian health minister admitted that it was due to the regional close collaboration that Indonesia managed to control the virus in such a short time. He was quoted saying that 'Indonesia's success in handling SARS cases was supported by 34 hospitals and hundreds of doctors and medical staff as well as cooperation with neighbouring countries' (Xinhua General News Service 2003d). Overall, Indonesia had shown their full support on the agreed regional mechanisms despite only few reported cases.

Malaysia performed as the securitizing actor when they initiated the first regional emergency meeting when facing the outbreak of SARS. While a number of high-profile events such as the ASEAN Finance Ministers Meeting and the China Business Summit organized by the World Economic Forum had been cancelled due to the SARS outbreak, Malaysia took a contrary action by organizing the first ASEAN emergency meeting on SARS. Although welcoming outsiders, especially from states severely affected by SARS, was a high-risk action, Malaysia's foreign minister thought that the organization of the meeting was more important for setting the resolution in respect of the prevention and control of the SARS epidemic in the region. 'The meeting demonstrates that it is not the responsibility of a single state to fight the plague, but it requires concerted efforts of the regional countries' (Taib 2003)[53].

Malaysia was among the quickest states in the region to establish a task force and formulate policies to contain the virus. In just four days after the WHO issued a Global Alert on SARS, a SARS National Operation Centre began their operation (Chua 2003). Aside from the operation centre, the government further stepped up

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[53] Translated from Malay language newspaper *Berita Harian:* title '*Malaysia rangka pelan tangani SARS*'.

their preparation by establishing a National Committee for SARS Control to set policies and directions to ensure a coordinated approach in their fight against the virus. Headed by Minister of Health, the committee consisted of representatives from 16 ministries, agencies and organizations and each agency have been given a different task to implement policy (Masitom 2003)[54]. The establishment of these institutional arrangements reaffirmed Malaysia's commitment towards ASEAN's suggestion of the importance of the establishment of multi-sectoral task forces at the national level to contain the SARS (ASEAN+3 2003a).

Malaysia also implemented policies that worked in parallel with the regional decision: for example, a 24-hour three-stage stringent screening process – including examination before embarkation and upon arrival plus mandatory filling of the health declaration card, at every international checkpoint was implemented at the beginning of the outbreak in early April 2003 (The Sun 2003). The inspection included strict medical screening procedures, either on Singaporeans and Malaysian workers, who commuted between states every day. Malaysia's Deputy State Health Director was quoted saying, 'Additional personnel on duty at the entrance wasin-line with the results of the Special Meeting of the ASEAN+3 Health Ministers, who made the resolution that all visitors entering the country undergo a strict examination' (Berita Harian 2003a)[55]. Meanwhile, Malaysia also showed their support for the need to havestandardized airport measure by beginning to use a standardized health declaration card (Abu Bakar 2003)[56].

The Philippines showed similar responses towards regional mechanisms despite only reporting a few SARS cases; within the population of 83 million citizens, only 12 confirmed cases with two deaths were reported throughout the SARS crisis (Officer 4 2016). Framing the disease did not stop Philippines from

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[54] Translated from Malay language newspaper *Berita Harian*, title '*Kabinet umum langkah tambahan bendung SARS*'.

[55] Translated from Malay language newspaper *Berita Harian* title 'Pemeriksaan pelawat masuki Johor diperketat'.

[56] Translated from Malay language newspaper *Berita Harian* title 'Semua Perkara SARS isu keselamatan negara', dated h April 2003.

cooperating with other ASEAN member states. Instead, it encouraged the Philippines to support the regional agreed mechanisms. The Philippines enthusiastically stated their support for the ASEAN collaboration in addressing SARS. The Philippines' President, Gloria Macapagal Arroyo, in her statement following the emergency regional meeting on SARS, emphasized the importance of regional cooperation to help check the spread of disease across borders. 'The most effective way to defeat this menace is through a transnational effort. We can see now that no nation can fence itself from the threat' (Deutsche Presse-Agentur 2003b). She further pledged that they were going to strengthen the regional cooperation in facing the pandemic. 'Like what we have done in the fight against terrorism, we shall wield common advocacies, educational programs, surveillance data and acts of commands' (Xinhua General News Service 2003a). Hence, it is not surprising that the Philippines are supporting the regionally agreed measure of a standardized mechanism for screening passengers. Arroyo was quoted as saying,

> Everybody has a stake in making our own countries and the world free of SARS. The need to come up with standard airport protocols to combat this dreaded virus is a major step towards that goal and in rebuilding the level of business confidence that it has dampened. (Xinhua General News Service 2003c)

Following ASEAN's suggestion, the Philippines implemented a tight screening procedure at their airports. All passengers, especially those coming from SARS-affected states, needed to undergo a mandatory thermoscan test. They replaced their conventional method of taking passengers' temperature to thermal scanners (Villanueva 2003a). Arroyo also announced the establishment of Philippines SARS Crisis Management Committee as soon as National Security Adviser in the Philippines, Roilo Golez, raised the SARS epidemic to the level of a national security concern (The Philippines Star 2003). Headed by the Health Secretary, the committee were given powers and authorities in order to contain, control, prevent and restrict the spread of SARS in the country, which they then declared free from the contagion (President of the Philippines 2003). The establishment of this committee was in line with ASEAN's suggestion about the need for multi-sectoral task forces at the national

level to contain SARS. Thus, the task force also reaffirmed the Philippines' determination and commitment in addressing the virus.

What is more interesting to note is it was the Philippines proposal that introduced the idea of establishing a regional emergency SARS fund to help the region in the battle with the contagion. Justifying her proposal, Arroyo was quoted saying that 'In the Philippines, AIDS-HIV is not as prevalent but I think SARS is a fast growing threat. So if there is a fund for AIDS-HIV, all the more for SARS' (Villanueva 2003b). Known as the ASEAN Health Emergency Fund, the initiative had been unanimously adopted at the Bangkok Summit with contributions coming from China and the ASEAN member states. The domination of security thinking in addressing the SARS virus did not prevent the Philippines from cooperating with other member states, despite only reporting a limited number of cases. Instead of responding negatively, securitizing the SARS at the regional level encouraged the Philippines to cooperate by implementing the regionally agreed measures to get together with others, regionally. Cited in Arroyo's keynote address at the aviation forum, she said that,

> International cooperation was vital in beating the SARS crisis, which has become a "transnational menace'. The best way to defeat this kind of menace is still through a transnational effort. We need to face the problem with urgency and solidarity so we can control and contain the spread of SARS. Instead of "giving in to the fear of the unknown," countries must "all band together to effectively address its consequences at all forms, from its impact on individual health to its impact to the whole regional economy. (Deutsche Presse-Agentur 2003a)

Despite only reporting a few SARS cases and already implemented their unilateral actions with domestic measures; these three states have shown positive responses to the securitizing move by adopting the regionally agreed mechanisms.

H5N1 or avian influenza is not a new virus as an outbreak was reported in Hong Kong just a few years before the first human case was reported in the region in

early 2004. As none of the ASEAN member states had ever faced the endemic before the recent outbreaks, they agreed to ‘implement domestic measures to control avian influenza having regard to the recommendations of the World Organization for Animal Health (OIE), World Health Organization (WHO) and the Food and Agriculture Organization (FAO)’ (ASEAN+3 2004). In other words, the ASEAN states agreed to enforce response measures according to the international institution’s policy. These measures were categorized into two: animal and human health policy. While the former concentrated measures like culling chickens or banning the movement of domestic birds, the latter focused on developing policies that can look after human health including quarantining and ensuring people working on farms or participating in the eradication programs have protective measures. These mechanisms, including a policy of reporting an outbreak of infectious disease, will be observed in examining the states respondses towards the region’s efforts in securitizing the H5N1.

Unlike other severely affected states like Thailand and Vietnam, Indonesia seemed to take action against international policies. Indonesia government pointedly refused to follow the international decision to protect animal health with a mass culling. Ministry officials said poultry farms would instead be disinfected and quarantined and a massive vaccination programme would be started (Agence France Presse 2004e). However, Indonesia showed a positive response in regards to protection of human health. As the government agreed to categorize avian influenza as a disease that can cause pandemics, they have enforced strict countermeasures to control the outbreak. This includes quarantine law in regards to protecting human health (Ministry of Health Republic of Indonesia 2005). As pressure mounted, Indonesia government developed a three-year programme known as the National Strategic Work Plan (NSWP) that used measures such as vaccination, culling and community-based surveillance of bird populations to eradicate the virus (ASEAN 2010, p.40). This was further followed by the issuance of a Presidential decree on the establishment of the National Committee for Avian Influenza Control and Pandemic Influenza Preparedness, known as *KOMNAS FBPI*. This task force was an intersectoral ministerial-level committee of 14 members,

headed by the Coordinating Minister for People's Welfare (Towards a Safer World 2014). As a task force, their strategies included restructuring the poultry system, disease control in animals through biosecurity, vaccination and culling, integrated epidemiological surveillance and pandemic preparedness and simulations while enabling cooperation between ministries (RSIS Centre for NTS Studies 2009).

In contrast to the allegation that Indonesia ceased their cooperation because of the viral-sovereignty incident, Indonesia has been committed to the regional mechanisms. As stated by a representative of Indonesia's President, the president was quoted saying that she was looking ahead to regional cooperation in tackling the virus similar to the multinational approach to handling the SARS outbreak. 'The President hopes for a joint effort to overcome the negative impact of the bird flu which has swept so quickly through various countries in this region' (Deutsche Presse-Agentur 2004c). Once again, the establishment of the Ads-Net, fitted the example. Based on decisions reached at the urgently convened meetings during the SARS outbreak, three sub-programmes to strengthen regional networking and information sharing, and strengthen laboratory and epidemiological capacity were developed. These sub-programmes were delegated to the three CCC – Indonesia, Malaysia and Thailand – whereby Indonesia was assigned to coordinate a regional website that could be used by all ASEAN members. Known as the ASEAN Disease Surveillance Net (Ads-Net) – an online network that facilitated regional cooperation to improve infectious disease outbreak detection and response capabilities – during the SARS outbreak, the website had already started giving authorization to officers from other member states to disseminate crucial information about the outbreak to the public (Ministry of Health Republic of Indonesia 2003a)[57].

On facing the H5N1 outbreak, Indonesia immediately started the bi-weekly distribution of the 'News Flash' from their website to alert other member states of the outbreaks of communicable diseases and other relevant events happening in the

[57] Translated from Indonesian language document. Document obtained from Ministry of Health Republic Indonesia's website, title '*Asean, Jepang , Korea dan China Kerja Sama Tanggulangi SARS'*.

region, after receiving feedback from member states at the September 2004 workshop (AusAID 2007). Indonesia's response to this regional effort was really positive and convincing. Established with financial and technical support from the US Naval Medical Research Unit 2 (NAMRU-2) and maintained by the Indonesian Ministry of Health, this website saw an increasing number of open reporting coming from the member states when each of them upload and share their national data and information on the outbreak on the website (AusAID 2007).

What is more interesting to observe is, Indonesia maintained its commitment to manage the regional website despite the withdrawal of NAMRU-2[58]'s support for the operation of the website, both financially and technically (AusAID 2007). To that end, Indonesia committed to establish a new regional website collaborating with the ASEAN Expert Group on Communicable Diseases and the ASEAN+3 Three Focal Points for Communication and Information Sharing maintained jointly by the ASEAN, known as www.ASEANplus3-eid.info. Commenting on the set up of the new regional website, the Indonesian Ministry of Health said, 'Multilateral coordination which is mutually beneficial, should be developed and maintained so it can go on, including through information exchange among the nation'(Anton 2008)[59]. Indonesia further reinforced their commitment as they restructured the regional website as a mechanism for news surveillance and platform-information exchange, not only for the health sectors but for other non-health sectors, with funding support coming from the Indonesian government (Philavong et al. 2009, p.129). The website served as an important vehicle for providing outbreak and surveillance data to the ASEAN member states and the Plus Three countries – China, Japan and South Korea. Indonesia during the H5N1 outbreak also established an ASEAN desk within the health inistry (AusAID 2007). Indonesia's commitment to the regional mechanisms

[58] The lab has been caught up in the standoff between Indonesia and developed countries regarding the issue of 'viral sovereignty' – a term created by the Indonesia health minister regarding viruses collected within Indonesia. Although NAMRU-2 is one of the world's best disease surveillance facilities, they have been asked to stop their operation due to Indonesia's suspicion of NAMRU-2's scientists profiteering off its 'sovereign' viruses to manufacturing the H5N1 bird flu in an alleged biological warfare scheme (Holbrooke et al. 2008).

[59] Translated from Indonesian language newspaper, *Antara*, dated 17th June 2008. Title of article *ASEAN+3 perkuat jejaring informasi penyakit infeksi*

just confirmed that securitizing infectious disease did not actually cease the state cooperation.

Malaysia acted positively and swiftly on the regional consensus following recommendations from the international institutions (ASEAN+3 2004). Starting with immediately banning the import of all livestock, meat, eggs and poultry-related products from countries affected by avian influenza, their actions were followed by sending representatives to the international crisis talk on the flu outbreak organized by Thailand in late January 2004 despite remaining unaffected by the virus (Agence France Presse 2004a). In line with the guidelines on human health, Malaysia instituted strict security measures to ensure workers at poultry farms are not exposed to avian flu including wearing masks, caps, long coats, and boots and washing hands and bathing after work. These directives applied not only for workers at the bird farms but also applied to those working in wet markets, zoos and shops (Cruez 2004b; Xinhua General News Service 2004). Any complacency with these procedures could lead to a RM50,000 fine and three-year jail term under the Occupational Safety and Health Act 1994 (Cruez 2004a). Their smooth action was also supported by the establishment of Malaysia's task force created to face the virus, which consists of various government agencies. Awareness campaigns focused on communicating with the public in steps, measures and progress of control measures have been implemented by the authorities. This includes the campaign to wash hands more often as a preventitive method to minimize the negative impact of the outbreak (Utusan Malaysia 2012)[60].

Although reporting only a few cases, Malaysia has displayed honesty in sharing important information about the avian flu virus despite knowing the impact on their tourism and economic sectors. Following ASEAN's recommendation of transparency, Malaysia's Deputy Prime Minister said that Malaysia would reveal all facts about the outbreak in a transparent manner. He said that, 'That is the cabinet directive to prevent any confusion arising over the bird flu outbreak, so no one can

[60] Translated from Malaysian language newspaper, *Utusan Malaysia*, dated 24th November 2012. Title of article '*Perangi penyakit tidak berjangkit'*.

suspect us of covering up any negative developments on the disease'. Malaysia's prompt manner in informing international organizations and neighbouring countries received support from the WHO. As Shigeru Omi, the WHO's Regional Director for the Western Pacific was quoted saying, 'Transparency such as Malaysia has displayed is vital in the fight against the virus' (Agence France Presse 2004c).

ASEAN has urged their member states to follow the guidelines provided by the WHO, OIE and FAO to protect animal health. Following ASEAN's recommendations, Malaysia developed a national preparedness plan known as 'Alert, Enhanced Surveillance and Management of Avian Influenza in Human'. Through this plan, immediate mass culling and quarantining the infected areas for about 10 kilometres (approximately six miles) for at least 21 days were implemented immediately (Masitom 2004)[61]. These rigid actions were in accordance with the Animal Acts 1953. Under this act, the Department of Veterinary Services (DVS) would carry out a stamping on any animal bearing the threat of disease once confirmed by the laboratory, although in certain cases, particularly involving migratory birds, they did not require laboratory confirmation. For instance, the DVS ordered all birds from Indonesia caught on Malaysian landing points to be destroyed immediately upon seizure as Malaysia has been on high alert when more bird flu cases were reported from Indonesia (Thai News Service 2006).

At the same time, Malaysia played a major role in gathering regional attention to counter the threat despite being less affected by the H5N1. They pushed for bird flu to become one of the most important issues to be discussed at the inaugural East Asia Summit[62] hosted in Kuala Lumpur in December 2005. As a result, a separate declaration of collaboration in tackling the dreaded avian flu was issued by all the leaders. The Declaration on Avian Influenza Prevention, Control, and Response managed to reiterate the commitment of all EAS members to fighting bird flu cases in

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[61] Translated from Malay language newspaper, *Berita Harian*, Title of the article, '*Ayam di satu kampung saja kena virus bahaya*'.

[62] A summit initiated by Malaysia that gathered leaders from 16 nations from the Southeast Asia, East Asia and South Asian regions. The total populations of these countries represented almost half of the world population, which suggests the importance of this summit.

order to prevent them from spreading to humans (East Asia Summit 2005). The declaration, according to the Chinese Premier, was ‘symbolizing that cooperation in East Asia has entered a new stage’ (Reme Ahmad 2004). In fact, this was the first declaration from ASEAN on the bird flu matter, reflecting the strong commitment of Malaysia in boosting interaction and cooperation among ASEAN member states through existing mechanisms in areas as diverse as fighting bird flu. The outcome of the declaration was that agreement was reached between states to set up a mechanism for stockpiling and ensure access to vaccine and anti-viral drugs (Agence France Presse 2004b) while Japan decided to fund a large, separate bird-flu programme worth more than US$ 100 million directly for ASEAN member states including providing 700,000 flu test kits and prevention equipment to detect the spread of the pandemic (Utusan Malaysia 2005)[63].

The same response was shown by the Philippines' government in combating the outbreak of H5N1. The Philippines is a special case to study as they remained bird flu free[64] while their neighbouring state,s such as Malaysia and Indonesia, faced the outbreak. Nevertheless, this did not stop them carrying out policies that were agreed at the regional level. Arroyo, in an attempt to record ‘zero incidences’ on avian flu, had ordered for strict domestic measures in protecting the local poultry. These included bans on chicken importation from Asian states and monitoring the movement of poultry imports, including tracking down illegally smuggled chickens (Baguioro 2004; Santos 2004). The country also had a “no catch, no touch, no collection” policy, implemented mandatory testing among commercial and backyard poultry farms, and developed procedures in the local transport of ducks and guidelines on duck production and management, despite having no reported cases, to protect the animal health (ASEAN 2010, p.29).

Regarding mechanisms to protect human health, Arroyo ordered authorities to carry out similar mechanisms that they applied when facing the SARS and H5N1

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[63] Translated from Malay language newspaper, *Utusan Malaysia,* dated 13 December 2005. Article title ‘Jepun sediakan RM508j tangani selesema burung’.

[64] Philippines reported the first bird flu outbreak in August 2017 (Crisostomo et al. 2017).

outbreaks to ensure the Philippines remained free from H1N1 (Crisostomo & Romero 2009). This included enforcing strict monitoring policies at their airport on passengers coming from the affected states. Additionally, Arroyo also issued an executive order to define the roles and responsibilities of agencies like the Department of Agriculture (DA) and Department of Health (DOH) in response to the threat while the Department of Environment and Natural Resources (DENR) would enforce the Wildlife Act (President of the Philippines 2004). Their commitment in addressing the threat was reaffirmed with the allocation of US$ 4.5 million by the government (President of the Philippines 2004).

Despite their successful handling of the virus domestically, securitizing the disease at the regional level did not prevent them from cooperating with other member states. In fact, they have been proactive in using their advantage as the only ASEAN state that is bird flu free to attract the attention of other states to cooperate with ASEAN in the fight against the virus. Arroyo, before leaving for an Asia-Pacific Economy Cooperation (APEC)[65] Summit held in Tokyo in 2005, determined to bring the bird flu issue forward. 'I will be focusing particularly on three key areas of concern and relevance to the Philippines: cooperation on anti-terrorism, cooperation in preparation for the avian flu, and investments in our pro-poor program here in the Philippines'[66] (Romero 2005a). She fulfilled her promise by making a clear statement to the leaders attending the summit on the importance of 'cooperation and engagement on the manufacturing or availability of Tamiflu'. She was quoted saying that she 'wants vaccines to be readily available and affordable to countries that need them... vaccines are currently sold at exorbitant prices' (Romero 2005b).

The Philippines also used their opportunity as a host of ASEAN regional meetings to address the pressing issue of bird flu. As chair for the 12th ASEAN

[65] APEC is a regional economic cooperation organization in the Asia Pacific region. They meet annually to discuss issues surround the region.

Summit in Cebu, President Arroyo addressed the importance of regional cooperation in addressing the NTS issues, including the avian influenza threat:

> We agreed to continue our cooperation to maintain security, stability and peace in our region. Towards this end, we will continue collective action to address the challenges posed by such serious threats as terrorism and transnational crime, avian influenza and other major infectious diseases, environmental degradation, natural disasters, destabilising increases in oil prices, and the negative impact of rapid globalisation and growth. (Arroyo 2007)

Arroyo then continued to urge other states, including the non-ASEAN states, to continue supporting the region's efforts in addressing the threat at the 2nd EAS meeting, held after the Summit:

> We recalled that at the First East Asia Summit in Kuala Lumpur, we adopted the EAS Declaration on Avian Influenza Prevention, Control and Response. We expressed concern over some continuing cases of avian influenza in the region, and we reaffirmed our commitment to coordinate efforts and to increase cooperation in addressing this challenge including ensuring the availability of medicine and health personnel protection measures. (ASEAN 2007)

As a result, bird flu featured prominently at the regional meeting as leaders exchange their best practices in bird flu prevention (Thai News Service 2007). The Philippines further showed their commitment by being given the responsibility to lead one of the ASEAN mechanisms to combat the virus. An officer of the Philippines Civil Defence was quoted that, 'Because of our success, the Philippines was chosen to be the lead shepherd in the education and information campaign in the ASEAN disaster management and since that role was given to us, we are bound to tell them our best practices in combating bird flu' (Romero 2005b). At the same time, they have offered assistance and expertise to neighbouring countries on the bird flu prevention practices (Romero 2005b). Arroyo was quoted said that,

> We're very proud we don't have bird flu and we want to help our neighbours who will accept our help. It's a transnational thing. It helps us

> when we help them. We would like to help the countries that are infected, especially Indonesia. (BBC 2007)

The outbreak of H5N1 showed mixed responds from these three states. While the unaffected (Philippines) and the less-affected states (Malaysia) have shown tremendous support to the securitizing move, Indonesia's action just seemed to reaffirm the use of non-interference in the event of non-compliance situation. However, the ASEAN member states did not look at Indonesia's action as something against the region's practice in handling the virus. The region has supported Indonesia's and Vietnam's decisions to adopt the vaccination policy as they realized that each member state has differential access to resources or asymmetries in economic needs. As noted by the Thai foreign minister during the emergency meeting in Bangkok, 'All countries will adopt the best way to end the spread of this virus as soon as possible. Each country will have to find its own way to end this problem' (Ross 2004b). In fact, vaccination policies were among the strategic areas that were emphasized at the regional level with Indonesia assigned to develop vaccination and culling detailed action plans under the regional plan of the ASEAN Highly Pathogenic Avian Influenza (HPAI) Taskforce (ASEAN Secretariat 2006).

In line with the ASEAN Secretary General's statement that member states need to gear up their mitigation plans in facing a new outbreak, ASEAN member states activated their national pandemic preparedness plans immediately. ASEAN's Secretary General, Surin Pitsuwan, said that member states already had the existing mechanisms and networks for strengthening preparedness and response to the pandemic including stockpiles of antiviral drugs and protective equipment (Pitsuwan 2009b). For instance, Indonesia's *KOMNAS FBPI* or National Commission for Avian Influenza Control and Pandemic Preparedness (NCAICPP), immediately activated its National Pandemic Preparedness and Response Plan (NPPRP), a living document laying out detailed guidelines for both public and private sectors in a pandemic situation (Adisasmito et al. 2014). This was despite the first confirmed case in Indonesia only being reported in June, two months after the outbreak hit states in Latin America. Indonesia also tightened their surveillance on human health by rapidly

installing 10 thermal scanners at their main entrances, reactivating 100 sentinel for surveillance of influenza-like illness (ILI) and pneumonia in both clinical and virological form and distributing health declaration cards (Ministry of Health Republic of Indonesia 2009).[67] Passengers coming from the affected states were required to undergo strict screening measures. At the same time, the Ministry of Agriculture ceased the importation of pigs and related products and destroyed any pork products imported before the ban in order to protect animal health (Ministry of Health Republic of Indonesia 2009).

Malaysia was in line with other ASEAN member states in rapidly implementing several containing measures when facing H1N1, even though most of the severely affected states were located outside the Asian region. They began activating the National Influenza Pandemic Preparedness Plan (NIPPP) as soon as H1N1 had been confirmed. Since then various countermeasure efforts were enforced again, including increased screening measures. Beginning 17 April 2009, strict health screening measures were carried out on passengers travelling to and from Mexico via sea, air and land with no exception for the local tourists. Meanwhile, to facilitate the screening process in detecting passengers who might carry the virus, all thermal scanners installed at the international airports and other entry points were activated while 28 government hospitals were identified as quarantine centres across the country (Fauzi 2009; Berita Harian 2009a)[68]. The government also took the approach of issuing travel advisory notes about the pandemic to anyone who wanted to travel overseas, especially to Latin America states (Jiffar 2009)[69] instead of imposing travel restrictions as with the SARS outbreak. This was in line with the WHO and ASEAN advice of avoiding travel bans as they has little effect in preventing the virus spreading while being highly disruptive to the global and regional communities, particularly during the economic downturn (Truscott 2009). In order to protect animal health, tight surveillance on pig farms was implemented.

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[67] Translated by author from Indonesian language on document obtained from Ministry of Health Republic of Indonesia, title ‘*Depkes siapkan langkah-langkah cegah flu babi’*.

[68] Translated from Malay language newspaper Berita Harian, title ‘Tiada kes disyaki, rakyat dinasihat jangan panik’.

[69] Translated from Malay language newspaper *Berita Harian*, title ‘*Saringan imigresen di pintu masuk’*.

Blood samples and nasal smears were taken regularly from the pig farms while the Government banned the importation of pigs from the affected states (Berita Harian 2009b; Mstar 2009)[70].

Malaysia had stockpiled antiviral medicine to cover at least 10 per cent of the Malaysian population. Twelve stockpile centres in different regions were selected to coordinate the distribution of the stockpile. Meanwhile, RM7 million was spent by the Malaysian Government to provide a vaccine to more than 200,000 staff who were working in 125 main entrance points in Malaysia as a precautionary measure. These actions were in line with ASEAN's policy of ensuring the protection of health staffs and the prioritization of the use of antiviral medicines based on exposure to the virus (Berita Harian 2009a). What is more interesting to note is the willingness of Malaysia to share the essential supplies in case of emergency with other member states (Officer 5 2016).

Following experiences from the outbreaks of SARS and avian flu, the Philippines were quick in responding to the regional commitment of activating the containing mechanisms in the spread of H1N1. The mechanisms include declaring the outbreak as a public-health emergency and reactivating the Health Emergency Management Task Force plus tightening their surveillance system to prevent the possible entry of the dreaded A/H1N1 virus through air and sea ports nationwide (David 2009). Thermal scanners were reactivated at the airports, health declaration cards disseminated among the passengers while awareness for frequent hand-washing increased (David 2009). Strict surveillance also applied to animals as health experts said the flu can be transmitted through the air or through direct contact with an infected subject, either from a sick pig or infected human (Thai News Service 2009c). Information on the virus was changed extensively between the neighbours, especially when the first H1N1 was confirmed in that state, 'We don't hold data and

[70] Translated from Malay language newspaper Berita Harian, title 'Kawal semua pintu masuk kekang wabak selesema babi' and Mstar newspaper title 'H1N1: Sabah tidak bercadang tutup ladang ternakan babi'.

we would report if we have cases. That's mandatory for each country' (Officer 4 2016).

Against this, Peterson claimed that health security framing would relieve the unaffected states of any moral obligation to respond to health crises beyond their national borders, thus hindering the cooperation (Peterson 2002, p.46), whereas securitizing pandemic diseases has shown the opposite impact. Securitizing pandemic diseases allows ASEAN's health cooperation to become more effective when member states are being more responsive towards the conditions of other states' health situation levels issue, regardless of the level of pandemic threat or level of economic system. This is despite each member state discussing above having experienced a different level of threat in each outbreak and none of these mechanisms are legal mechanisms that bind member states. Except for Indonesia, first to go against the international guidelines, but adopting other mechanisms appropriate to implement based on their poultry sector, Malaysia and the Philippines have followed the regionally agreed mechanisms. One officer was quoted responding to a proactive response by the member states: 'I think since we have this ASEAN organization, it should be, what, consensus among the member countries, in times of those health crises, there has to be cooperation among the members. Is an obligation for each member country to cooperate, to contribute' (Officer 2 2016).

Instead of causing ASEAN member states to become more state-centric, framing pandemic diseases as a regional security issue has caused some of the ASEAN member states to become more proactive towards the issues facing other states. Taken alongside the discussion above, securitizing the health crises did not cause ASEAN to adopt 'state-centric' mode; instead, ASEAN member states were becoming more region-centric. As one of the officer was quoted saying, 'The pandemic issue is not only the matter of security for the country, but the security of the ASEAN region' (Officer 4 2016). Securitizing pandemic diseases at the regional level is bringing significant change to the regional practice. The principle of ASEAN Way is not static, but it has significantly evolved towards a greater level of institutionalization.

5.4 Conclusion

This chapter has sought to examine the consequences of securitizing the crises on ASEAN's regional security cooperation, whether such a move has encouraged ASEAN to facilitate their regional cooperation or only pushed ASEAN to become more state-centric, thus hindering regional cooperation. The examination started with a comparison of ASEAN's member state responses that occurred between 2003 and 2010. Evidence suggests that securitization has promoted ASEAN to become more regional-centric instead of activating a state-centric thinking among the member states.

On the one hand, securitization aroused feelings of suspicion between member states during the SARS outbreak and caused ASEAN member states to react in a way to protect their national sovereignty; hence the need for cooperation in early containmentof the pandemic outbreaks. In contrast, the health-security linkage did not affect ASEAN's regional cooperation. Cooperation between member states still continues despite various issues. Bilateral meetings between Malaysia and Singapore continued to be held even during SARS at its peak. In regards to issues of transparency, member states regularly reported and updated the outbreak situation in their country.

On the other hand, the health-security linkage at the regional level demonstrated an unexpected response: Indonesia's response to the securitization process Although scholars said that Indonesia's action was the indication of how securitization can cause states to activate a state-centric thinking, hence hindering cooperation, empirical analysis shows that Indonesia actually did not cease their cooperation with other parties. In fact, they showed a strong commitment at the regional level. Surveillance systems were successfully implemented in the region indicating that member states have loosened their 'national sovereignty' practices. Moreover, there is considerable change in the usual practice of decision-making when ASEAN member states, regardless of their level of a pandemic threat, agreed to adopt regional mechanisms. This is despite the mechanisms created not being

binding to the member States, which demonstrates that the ASEAN member states were paying attention to other states' situations, thus becoming more region-centric.

Chapter 6

Conclusion

6.1 Introduction

The positive and negative debate over security concepts often draws from securitization theory. It has become one of the most popular security theories in recent decades, especially in answering the debate around addressing NTS issues like environmental issues, transnational crime, religion, migration and health issues. While the debate on the consequences of the theory were already established in the international agenda, like any other IR theory, the securitization theory has been criticized as being too Western-centric (Curley & Herington 2011; Wilkinson 2007). The lack of non-Western voices and experiences in IR theories is mostly based on the abstraction of history of the European and Western tradition. Therefore, despite securitization theory being well-established (Balzacq et al. 2015, p.14), it did not represent the whole picture of international system.

Among the NTS threats are the health issues. Health issues are typically consigned as one of the low-level political issues, but they have become securitized as fears as incidences of globally transmitted diseases have increased. Concern is realizing what a range of infectious diseases can do to threaten populations and economic systems. The speed and the dread of pandemic diseases have pushed states to act immediately, and states are referring to pandemic diseases as a security issue to get remarkable effects like mobilizing urgent attention and resources, prompting extensive planning and preparation and justifying the employment of a range of emergency measures in contrast to the normal politics

(Kamradt-Scott & McInnes 2012, p.S102). However, such moves do not necessarily bring the expected result. The security linkage may diverge the reality that health issues were already part of our life, hence we do not need the excessive focus on military crisis management and emergency preparedness as a part of our daily routine (Nunes 2015). Moreover, there is possibility that the emergency responses in countering those threats would probably be ineffective, counterproductive or unjust (Enemark 2009). The debate of the health-security nexus, especially with pandemic diseases, apparently, has been well established in the international agenda (McInnes & Rushton 2012) but it still lacks empirical evidence for understanding the debate in a different context.

Therefore, Southeast Asia was chosen to test the debate empirically, on whether such move is beneficial to the region or in contrast, detrimental to the region, especially with the region's practice of the sacred norms, the ASEAN Way, which has been identified as the reason for ASEAN's actions and inactions for years. While some scholars argued that NTS issues could act as a catalyst behind a normative and operational shift of the institution and push the region to move beyond rhetorical agreements toward deeper institutional commitments (Pennisi di Floristella 2012; Caballero-Anthony 2008a), scholars such as Emmers (2003a, p.419) contend that there is little evidence that securitization could encourage policy-makers to improve their regional cooperation. The different perceptions shows that there is a stark gap between security discourse and practice on the emergence of NTS issues (Jones 2011, pp.408–409). The research therefore was guided by three research questions:

Which health issues have been collectively securitized?
What is the impact of securitizing infectious diseases at the regional level?
Has framing the disease as a regional security issue encouraged regional cooperation between states, or have they responded in line with narrow interests, according to the region's practice of the 'ASEAN Way'?

The research has therefore contributed to filling this research gap. Based on process-tracing methodology, combined with data collected through document analysis, which has been supplemented and triangulated with elite interviews, the analysis shed light on the consequences of securitizing health crises at the regional level. The thesis argues the positive consequences of securitizing the infectious disease outweighed the negative impact. Instead of encouraging state-centric thinking, securitization of health crises has promoted ASEAN to become more regional-centric, setting aside the region's norm in some instances.

6.2 Which health issues have been collectively securitized?

The question has been answered in Chapter 3 of this thesis, which presented an analysis of health and security linkage in the Southeast Asia region. The analysis was done through discourse analysis and process-tracing of Southeast Asian health policy discourse between 1967 and 2010. The main actor key statements on the health-related issues and policy changes in the region were the indicators in tracking the securitization process. The research found evidence that only diseases with pandemic potential risk that required urgent attention were securitized and made it onto ASEAN's regional agenda. ASEAN also managed to come up with practical measures, setting aside allegations that their function is only rhetorical.

The research revealed that health issues were already on the radar of ASEAN ever since the institution was established in 1967, but health issues were in a dormant condition ever since then. Between the 1980s and 1990s, health issues received some attention from the institution. A first regional health institution known as the ASEAN Institute for Health Development (AIHD) was established in 1982 but the regional health cooperation remained limited. Only two ASEAN Health Ministers Meetings were held in the past 10 years and the agenda revolved around the same issues.

The chapter also found that between the 1990s and 2000s, a significant shift in ASEAN health policy can be traced. For the first time, a disease received wider regional institution when HIV/AIDS was recognized as a regional security threat in an ASEAN summit. Member states, articulated a clear sense of urgency and the need for practical cooperation. Practical cooperative measures were initiated to achieve objectives, which included the establishment of an ASEAN institutional arrangement known as the ASEAN Task Force on AIDS (ATFOA), which initiated the ASEAN Work Programme on AIDS (AWP I) between 1995 and 2000. However, ASEAN leaders' language around the HIV/AIDS problem changed in the following years. Instead of addressing it as a threat to regional security, ASEAN had referred to the HIV/AIDS challenge as an issue of human rights. Between 1998 and 2000, member states focused more policies on ensuring their people got access to essential medicine. Although the first declaration on HIV/AIDS was adopted in 2001, ASEAN has referred the disease as a threat to human security, indicating the low-level urgency of the region towards any HIV/AIDS threat. Meanwhile, the regional measures were not supported by a substantive practical cooperation. Although ASEAN assigned member states to become 'lead-shepherds' in developing and implementing regional projects, most activities were organized at the state level rather than being regional activities with added value.

The research further revealed that the series of infectious disease outbreaks between 2003 and 2010 delivered a significant impact to the regional health cooperation. Although ASEAN member states took unilateral action in the early stage of the SARS outbreak in 2003, in a short time a significant change could be identified. Two emergency regional meetings were held back-to-back in different countries. Although it was at short notice, all member states were present at both meetings indicating their commitment to addressing the regional threat. ASEAN unanimously depicted SARS as posing a serious threat to the region. To that end, the leaders agreed to commit themselves to an immediate priority of ensuring the health care system in the region was 'fully prepared to contain this threat' (ASEAN+3 2003a). Their move in securitizing the SARS virus was also followed by substantive

emergency measures, starting with the initial move of strict pre-departure screening at all exit points.

Meanwhile, the study has found that ASEAN did not securitize the H5N1 virus in the first few years of the outbreak. In late January 2004, Thaksin, Thailand's prime minister called the first regional summit. At the event, ASEAN and other delegates recognized H5N1 as a threat to human security 'not only severely affecting the poultry industry but also has potential threat to human health' (ASEAN+3 2004). The same tone can be recognized in April 2004 when ASEAN once again addressed avian influenza as a threat to human security (ASEAN 2004b). In the ASEAN summit of November 2004, ASEAN gradually articulated a clear sense of urgency regarding the bird flu issue as one of the 'key challenges' facing the region besides terrorist attacks and hikes in oil prices. Following the statement, a regional task force known as the ASEAN Highly Pathogenic Avian Influenza (HPAI) Task Force was formed in December 2004. The HPAI Task Force then developed a detailed action plan which covered eight strategic areas over a period of three years from 2006 to 2008. In the following year, cooperation commitments were substantiated. As the virus peaked in 2005, the threat was the dominant issue in most ASEAN regional meetings. At the Southeast Asian Farm Ministers' meeting, the group's deputy secretary stressed that the 'highly pathogenic avian influenza' could become a 'region-wide pandemic if left uncontrolled'.

Practical cooperative measures were established including the establishment of the ASEAN Animal Health Trust Fund (AHTF), the ASEAN Plus Three Emerging Infectious Diseases Programme (EID) and a regional network of antiviral drug stockpiles (ASEAN Summit 2005). These regional mechanisms demonstrated that such regional statements were not mere rhetoric but were backed by substantial resource allocations. Avian influenza continued to remain high on the agenda of ASEAN regional meetings. Apart from the Kuala Lumpur Declaration, a declaration on the establishment of EAS, the only declaration adopted during the first East Asia Summit (EAS) was the Declaration of Avian Influenza Prevention, Control and Response, a declaration to cope with the bird flu epidemic. This separate declaration

reflects the sense of great urgency and imminent danger that prevailed during the outbreak and the need to collaborate in tackling the dreaded avian flu. The urgency to cope with the virus continued in collaboration between ASEAN and their counterparts.

Against the initial sluggish response by the ASEAN member states facing the previous outbreaks, the study found that ASEAN was better prepared in combating the outbreak of H1N1. Several regional measures were activated as soon as the WHO confirmed the outbreak. This was despite none of ASEAN member states having reported any case in the early stages. Moreover, member states, articulated a clear sense of urgency in various regional meetings. The securitizing speech acts by a wide range of actors and the frequency with which they were deployed since the official announcement of the H1N1 outbreak had a demonstrable impact, revealing a measure of audience acceptance.

What is interesting to note is, unlike other scholars who stand for emergency or extraordinary measures as one of the 'three components (or steps): existential threats, emergency action and effects of interunit relations by breaking free of rules' (Buzan et al. 1998, p.26), suggesting that extraordinary emergency measures are a necessary part of securitization, because following rules is tantamount to 'the normal way (Buzan et al. 1998, p.26), this chapter found that securitization is not determined by the use of extraordinary emergency measures in exactly that way. Instead other indicators, like the change of the securitizing actor's behaviour and justification on the action taken by the securitizing actor are the indicators in identifying the logic of 'successful' securitization process advance by the Copenhagen School.

6.3 What is the impact of securitizing infectious diseases at the regional level?

The question has been answered in Chapter 4, where the chapter focused specifically on the series of infectious disease outbreaks that happened between

2003 and 2010. The chapter used three popular main themes in examining the positive/negative debate of securitization theory as the guidance: namely, securitization as diverting priorities and resources; securitization as ineffective, counterproductive and unjust; and securitization as raising attention and resources. The chapter established that although such security framing brought negative impacts, the positive impacts outweighed the negative as most of the negative impacts associated with the theory only happened during the SARS outbreak, indicating that negative consequences only occurred during the early stages of the securitizing process.

The research found that securitizing pandemic diseases had indeed diverted the regional priorities and resources from other more pressing issues suffered by the member states, such as the non-communicable diseases (NCD) and communicable diseases like HIV/AIDS. The rate of morbidity and mortality posed by NCDs is generally higher than the pandemic diseases. Yet, there is no urgency shown by ASEAN. In fact, they diverted their regional Health Ministers' Meeting's agenda as soon as they securitized the SARS outbreak in 2003. Poultry diseases also received the same fate. The study found that ASEAN is more willing to redirect their regional fund and priority during the avian flu outbreak. For instance, ASEAN has re-prioritized the purpose of regional funds. Instead of focusing on eradicating the Foot and Mouth Disease (FMD) challenge, ASEAN agreed that the fund for FMD could be used to eradicate the avian influenza because avian flu happened globally. In reality, FMD has been endemic in seven out of ten ASEAN countries. The chapter revealed that although securitization of pandemic diseases actually diverted ASEAN's attention and resources away from other more concerning health issues, the chapter found that not all diseases have the same level of threat. Diseases mentioned above have delayed impacts, which can mitigate the sense of urgency. The research also found that although cooperation on these health issues was still carried out by ASEAN and its member states, the region address these issues as public health issues instead of security issues.

The analysis found in Chapter 4 revealed that emergency measures implemented during an urgent situation are sometimes ineffective, counterproductive and unjust. Non-pharmaceutical interventions like travel restrictions, quarantine, isolation or school closure were the preferred method employed by the region. The methods were not effective due to the factor of inaccuracy in taking the temperature of passengers at the borders. Drawing the example of the 2003 outbreak of SARS, after screening nearly 450,000 air passengers, Singapore reported that none was found to have SARS (Wilder-Smith et al. 2003, p.259). Another reason why the emergency measures were not effective is the nature of the microorganisms with shorter incubation periods that can be transmitted before the onset of symptoms (Enemark 2009). Infected persons are not infectious during the incubation period or during asymptomatic infection, hence screening the passengers was ineffective. The study also found that the implementation of emergency measures from non-pharmaceutical interventions was not fair for certain type of states. The installation of thermal scanners is costly and not effective and the implementation of strict border screening measures could give bad impact to the tourism sector, especially for the less-resourced states and the unaffected states. Instead of establishing stronger cooperation between member states, the study found that the health-security linkage could be counterproductive as portrayed in the relationship between Malaysia and Singapore in the midst of the SARS outbreak. The regional urgent measures like the implementation of strict border screening measures was the cause of increasing mistrust between member states when the objective to avoid suspected SARS cases from crossing their shared border failed.

Against the negative impacts of securitization, the study revealed that despite concerns that emergency measures were ineffective, the region concurred with the fact that it is better to be prepared rather than under-prepared. In regards to the issue of unjust, securitization has actually raised the awareness among the more fortunate states about the fates of other states. For instance, Singapore has donated thermal scanners and provided technical assistance to the less-developed states in the SARS outbreak. In contrast to the argument that securitization can be counterproductive, framing the pandemic diseases turns up to improve their

relationship. Since the 'mistrust incidents', Malaysia and Singapore have improved their policy and communication. All the negative impacts of securitizing the pandemic diseases mentioned above only happened during the outbreak of SARS, indicating that the problems in securitizing the pandemic diseases only occurred during the first disease outbreak. Issues in the early stages of securitizing the disease cannot be avoided due to the characteristics of the pandemic: transnational in scope, arising at very short notice and transmitted rapidly. Combined with the lingering suspicion between ASEAN member states, this means states have little time to analyse and prepare for such eventuality. However, since the SARS outbreak, ASEAN has become more prepared and vigilant in addressing the outbreaks of H5N1 and H1N1.

The study also found that securitization of pandemic diseases helped to push the issue to the attention of each state in the region to cooperate as national solutions are inadequate to combat the natural impact of transnational disease. As each state experienced different levels of threat, the term security in the health challenges managed to grab the attention of the poor states, the less-affected and unaffected states in cooperating closely with the affected states. Securitizing the pandemic diseases pushed ASEAN member states to be more prepared and vigilant to face pandemic outbreaks, either in terms of mobilizing resources, attention and financial support. In terms of resources, ASEAN managed to establish a regional stockpile and formulated a regional work plan known as the ASEAN+3 EID programme, which undertook various programmes including organizing training programs, seminars and workshops, and promoting collaboration between human and animal health sectors. The study also found that the region managed to establish their first regional fund known as ASEAN Animal Health Trust Fund (AAHTF). The establishment of the regional fund is significant as ASEAN implied a different set practice of contributions from their usual practice of 'equal contribution'. Contribution is based on member states' production in the livestock industry and the capacity of the states to contribute. States who had a large poultry industry and were more stable in their economic capability needed to contribute more than states that had poultry production but less income. Meanwhile, states with a low-level poultry industry still needed to contribute to the fund. As a result, this effort managed to help

poorer governments to fund projects they could not pay while at the same gave justice to the other less-developed and unaffected states in the region.

The research has found that more policy and institutional arrangements on the health challenges were created since the ASEAN securitized pandemic disease. The change included the recognition of health issues in the ASEAN Charter, which had to restructure its organization around three interdependent, mutually reinforcing pillars: the ASEAN Economic Community (AEC) with aims to create and economically integrate Southeast Asian regional production space and markets, while the ASEAN Security Community (ASC) and the ASEAN Socio-cultural Community (ASCC) and pandemic issues were typically falling under ASCC. However, pandemics were elevated to NTS approach under newer version of ASEAN Political-Security Community (APSC) 2025. Despite the three pillars being interrelated and mutually reinforcing – one is not more important than others – classifying pandemics as one of the NTS issues under the APSC blueprint was significant. It was significant in a way that it requires ASEAN member states to address NTS issues effectively and in a timely manner. Moreover, the provisions found within the APSC and the initiatives currently undertaken to tackle the NTS challenges were different from the usual practice of ASEAN which focused more on confidence-building modalities. Under the new version of APSC, most of the ASEAN initiatives focus on problem-solving measures.

The research revealed that securitization positively caused ASEAN to enforce a pandemic-related agreement that was legally binding. The ASEAN Agreement on Disaster Management and Emergency Responses (AADMER) was ratified by all ASEAN member states in December 2009. AADMER can be considered as an important step in the region since it was the first binding agreement on managing disasters regionally. Although this agreement was promoted due to ASEAN member states responses to major disasters that occurred in the region, the ASEAN effort in securitizing pandemic disease resulted in a special reference to the pandemic issue in the agreement. Securitization through ASEAN is important as it can put political pressure on member states to begin addressing the issue. It has increased the

political pressure in a way for the governments to mobilize their state resources in addressing the threat.

Pandemic diseases received a considerable amount of resources, attention and financial support from the security framing that occurred at the regional level. As a result of the securitization processes, it pushed ASEAN member states into closer regional cooperation to tackle the disease. ASEAN member states became better-planned, better-prepared and more responsive as they developed and implemented an array of mechanisms, strategies and approaches to address the pandemic.

6.4 Has framing the disease as a regional security issue encouraged regional cooperation between states, or have they responded in line with narrow interests, according to the region's practice of the 'ASEAN Way'?

This question was answered in Chapter 5. In answering the question, the chapter used a debate that stated securitization can hinder cooperation as the centre of the study. The chapter found that, in some instances, securitization may result in security dilemmas which create competitive logic that hinders cooperation. However, similar to the result in Chapter 4, the negative impact only happened during the SARS outbreak. The chapter found that instead of causing member states to become more state-centric, and thus hinder cooperation, framing pandemic as a regional security issue caused member states to become more region-centric, setting aside the region's norm.

The research found that securitization might have activated state-centric thinking. Southeast Asian governments have for decades used sovereignty and 'national security' selectively as a means of protecting their preferred domestic social and political orders. One example is the lack of transparency in reporting the avian influenza outbreaks might just reaffirmed the use of sovereignty and 'national

security' as a means of protecting their preferred domestic and political orders, hence obstructing early containment cooperation, but ASEAN member states did not see that it hindered cooperation as cooperation still continued and states regularly updated and reported their situation. Moreover, the issue was more about verifying the information in order to avoid panic and hysteria among the citizens. The same goes to Indonesia's resistance by avoiding rapid culling methods, suggested by the OIE, FAO, and the WHO. Although Indonesia was reluctant to employ the method, their actions did not hinder regional cooperation as they still employed a targeted vaccination policy as a means to control the spread. The study also found similar reactions from Indonesia on the famous issue of viral-sovereignty between Indonesia and the international community. Despite some scholars raising concern for such move had complicat the international cooperation, in reality, cooperation between Indonesia and the WHO remained unaffected. They still report any outbreak to the WHO. In fact, cooperation between Indonesia and the ASEAN remained intact. One of Indonesia's more significant commitments can be found in the establishment of the Ads-Net. Indonesia managed to create a website aimed at establishing a regional networking and information sharing system. Further indicators of Indonesia's commitment included allocation of resources to strengthen support for maintaining the website after NamRu-2 withdrew their support in 2005, and established an ASEAN desk within its Health Ministry (AusAID 2007). Indonesia's commitment to the regional mechanism demonstrates that the health-security linkage did not actually hinder the cooperation. In fact, Indonesia was looking forward, strengthening their regional cooperation

The study also concluded that instead of hindering cooperation, securitizing pandemic diseases had facilitated regional cooperation. This was based on three case studies from three selected ASEAN member states – namely, Malaysia, Indonesia and the Philippines – which have provided fertile ground for comparisons of responses to the moves of securitizing the pandemic disease. Unlike the EU model in reaching a decision, ASEAN's practice in reaching a regional decision was guided by the so-called 'ASEAN Way', which is rooted in the principles of informality and consensus. Simply put, member states are not obliged to adopt the regional

mechanism. Despite these states experiencing different levels of threat during the SARS outbreak, this condition, however, did not stop them adopting the regional mechanisms. All states agreed to adopt the regional mechanisms like strict border screening measures. Moreover, states like Malaysia volunteered to host emergency regional meetings on SARS while Indonesia restructured ASEAN's regional website to disseminate information. Meanwhile, the Philippines, despite being the only state in the region that remained bird flu-free, remained committed to the region. They helped Indonesia, the state most severely affected in the region in addressing the avian flu. Despite concerns that securitization would only benefit the affected states and the rich states, securitizing pandemic disease through ASEAN shows a contradictory argument.

In order that less-developed states will have access to the antiviral medicine, ASEAN established a regional stockpile, the first regional organization to have their own regional stockpile. As discussed in Chapter 4, the establishment of AAHTF has definitely lessened the burden of the poor states as they need to contribute less than other states (except for Brunei and Singapore, who have less poultry production but high incomes). Moreover, its establishment indicated an important change in the institutions's common pattern. Unlike ASEAN usual contributions to the regional institution's budget, which is based on the principle of 'equal contribution' despite each member states have different level of economy , framing pandemic as a regional security issue has significant change the member states' behaviour. ASEAN leaders agreed on the proportion of the contribution being based on the capacity of the member states to contribute. That means, developed and developing states need to contribute more that the less-developed states.

Meanwhile, ASEAN through the ASEAN+3 EID has been regarded as one of the most important outcomes of these efforts towards regional integration. For instance, as the 'lead shepherd' in strengthening laboratory capacity in Southeast Asia and managing inventory of laboratory services between member states (AusAID 2007), Malaysia developed twinning arrangements for laboratory support between the most advanced laboratories such as Thailand, Singapore and Malaysia

with the less developed laboratories from Brunei, Cambodia, Laos and Myanmar reducing the development gap. Consequently, almost all member states are now capable of making a diagnosis and confirmatory tests for H5N1 virus infection.

Indonesia was assigned to coordinate a regional website that could be used by all ASEAN members, known as the ASEAN Disease Surveillance Net (Ads-Net) – an online network that facilitated regional cooperation to improve infectious disease outbreak detection and response capabilities. As one of the coordinating states in the collaborative response between ASEAN and Australia, Indonesia started the bi-weekly distribution of the 'News Flash' from the website to alert other member states to the outbreaks of communicable diseases and other relevant events in the region and globally when they finally received feedback from the member countries in September 2004 (AusAID 2007). Indonesia maintained its commitment to continue the regional website despite the withdrawal of NAMRU-2 support on the operation of the website.

Against other scholars that predicted the unaffected states and the more resourceful states hinder regional cooperation because the impact of the threat is limited to them, securitizing pandemic diseases has shown opposite impacts. Securitizing pandemic diseases makes ASEAN health cooperation become more effective when member states were being more responsive towards the condition of other state health level issues, regardless level of pandemic threat or level of economic system. Instead of becoming a nation-centric, member states were becoming region-centric.

The chapter also concludes that ASEAN Member States has already loosened their practice of the regional norm. One significant example is the ASEAN+3 EID programmes as they helped bring political legitimacy to the regional surveillance activities. For instance, the launch of Ads-Net resulted in more open reporting moves among the member states. The project website had served as a platform for sharing epidemiological data and surveillance information across

member states. Although the use of the website is not compulsory, surprisingly member states were committed to the task despite the possibility of potential threats of bioterrorism and adverse impact towards the tourism and trade sector when certain communicable diseases were detected and acknowledged to other states. Moreover, although the website had been restructured, information sharing between member states still continues and has further intensified. Moreover, ASEAN used three different mechanisms to speed up the process of disseminating results of the surveillance: through focal points, contact persons and the ASEAN Emergency Operations Centre (EOC) Network. Despite the vast choice of disseminating information, ASEAN did not see that the information shared with others would affect their sovereignty. ASEAN becomes more transparent by regularly updating any outbreak. Instead of causing ASEAN member states to become more state-centric, framing pandemic diseases as a regional security issue has caused some of ASEAN member states to become more proactive towards the issues faced by other states. Securitizing pandemic diseases at the regional level is bringing significant change to the regional practice. The principle of the ASEAN Way is not static, but it has significantly evolved towards a greater level of institutionalization.

6.5 Future Research

The empirical data for this thesis was derived solely from the Southeast Asia region, meaning that there is no comparison either between Southeast Asia and other non-Western region. Thus, additional data from other cases, either in South Asia or East Asia, would certainly add more validity to the theoretical claims of this thesis. Some of the ideas presented here could be extended to other NTS issues. As the study on the value of security is still scarce in the Southeast Asia region, it would be particularly interesting to see the same securitization processes applied to other NTS threats, on whether such processes would receive the same impact as this research. Such instances could be like the natural disaster which was mentioned by one of the interviewees. Similarly, it would be interesting to examine in a comparative manner the consequences of securitization in two or three NTS cases.

Appendix A

List of Interviews

Name	Location	Relevance
Clarito U. Cairo, Jr.	Department of Health, Philippines	Program Manager, Dengue and Emerging/Reemerging Infectious Diseases
Alexit Bernardo	Department of Health, Philippines	Medical Health Officer
Aldrin Q. Reyes	Department of Health, Philippines	Supervising Health Program Officer, National Center for Disease Prevention and Control
Vito G. Roque Jr.	Department of Health, Philippines	Chief of Public Health Surveillance, Division of the Epidemiological Bureau,
Dr. Norhayati	Ministry of Health Malaysia	Deputy Director of Disease Control (Surveillance Disease)
Diah Saminarsih	Department of Health, Indonesia	Special advisor to the Minister of Health Indonesia

Appendix B

Interview Questions

1. **Perception on the current environment of your state/organization commitment in addressing the health threats**
    - Is health issues concern your state/organization?
    - To what extent do you feel that health issues are posing serious challenges to your state/organization?
    - Would you say health issues are serious problem in your state/organization? How would you rate it when comparing with other public issues such as poverty, migration or environmental degradation?
    - What is the health issue that you think is the greatest challenge to your state/organization?
    - What has been done to control the health challenges?
    - To what extent do you think health threats are under control by your government/organization?
    - Do you feel that your state / organization able to control it unilaterally?
    - If not, what should they do in order to improve the situation?

2. **View on the emerging threat of health**

- In your opinion, does your government/organization perceive health issues as a national/regional security problem? Why?
- In your opinion, what type of health issues do you think that is a top priority issue on the national/regional policy agenda?
- Which infectious disease does you think your state/organization perceive as the greatest state/regional health challenges facing in Southeast Asia; SARS, Avian Influenza, HIV/AIDS or others? Why?
- How has your state/organization responded to that level of priority of the diseases threat in practice?
- Do you feel that they are some changes related to the government respond in addressing the health issues? Do they increase budgetary allocation or perhaps establish new health policy?
- In your opinion, what are the implications of the outbreak of infectious diseases have on your state/regional commitment in addressing the health threat?

3. **Regional health cooperation**

- How is the usual regional health commitment in your state/organization? Any changes in recent years?
- What is the current regional health cooperation situation?

- In your opinion, what are the impacts of series of infectious disease outbreak has on the regional health cooperation?
- To what extent do you agree that diseases with pandemic potential have played significant role in affecting the regional health cooperation?
- How has your state/organization responded to the establishment of regional health cooperation?
- Has regional norm, such as ASEAN Way influences your state respond and commitment?
- In your opinion, what are the challenges that your state/organization faced in establishing regional cooperation in addressing the infectious disease outbreak?

4. Level of agreement on the effectiveness of the regional arrangements in addressing diseases with pandemic potential

- How would you comment on the establishment of ASEAN Highly Pathogenic Avian Influenza (HPAI) task force? What is the major impact of the task force on the regional health arrangements?
- ASEAN has strengthened the ASEAN Multisector Pandemic Preparedness and Response Work Plan after the task force has been dissolved. To what extent do you agree with such arrangements?
- To what extent do you think the general public perceives pandemic potential infectious diseases as threatening the security environment?
- To what extent do you think that the measures under this task force can act to contain the spread of pandemic potential diseases or be prepared in facing another pandemic disease among the Southeast Asia states?
- To what extent do you think that your organization/state has increased their attention and commitment in addressing the health challenges in the region?

Appendix C

List of Sources Used in the Research

Type of Documents	Sources	Examples
ASEAN declarations and communiqués and ASEAN leaders' speeches and statements.	ASEAN's official website and mainstream newspapers from ASEAN member states	ASEAN Secretariat, ASEAN Regional Forum, ASEAN Summit, East Asia Summit a
Official health documents in either English and Malay languages from ASEAN member states	ASEAN member states' ministry of health and the ASEAN institution	**Malaysia** Ministry of Health Malaysia (www.moh.gov.my) **Indonesia** Ministry of Health, Indonesia (www.depkes.go.id) **Philippines** Department of Health (www.doh.gov.ph and www. offcialgazette.gov.ph) **ASEAN** ASEAN Health Ministers meetings
English newspapers	Lexis, ASEAN member states' mainstream newspaper and international and regional newspapers	**Malaysia** The Star, News Straits Times, The Sun **Philippines** The Philippines Star, The Nation **Singapore**

		Channel NewsAsia, The Straits Times, Business Times Singapore **International and Regional** Agence France-Presse (AFP), Associated Press (AP), BBC, CNN, Japan Economic Newswire, South China Morning Post, Telegraph, The New York Times, The Canadian Press, The Toronto Star.
Malay language newspaper	Indonesia and Malaysia mainstream newspaper	**Malaysia** Utusan Malaysia, Berita Harian, BERNAMA (Malaysia General News), Mstar **Indonesia** Antara News, DetikNews
International organization reports programme	Australian government website, UN and the WHO official website	AusAID, Australian Government Department of Foreign Affairs, UNDP, UNSC, USAID and WHO

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