



Make SARS A Security Priority

by Mely Caballero-Anthony

As the threat of Severe Acute Respiratory Syndrome (SARS) continues to spread across the globe, countries are bracing themselves for worse to come. According to recent figures, SARS has already infected more than 3,000 people and killed at least 144 in at least 20 countries. With no cure in sight, medical teams have been working feverishly to contain the problem while the casualties grow. Government authorities have been deploying various strategies to cope with the silent killer. In Singapore, for example, mechanisms have been quickly set in place to prevent further spread of the disease. These include quarantine of infected patients, issuing travel advisories to SARS-affected countries, immigration checks and border controls, massive public information programs, and even closure of schools.

But while Singapore and other affected countries were prompt to act, China has been severely criticized for initially playing down the seriousness of the problem and its slow response to the request by the World Health Organization (WHO) to allow its medical team to go to Guangdong where the infectious pathogen was said to have started. In a recent press statement, WHO's director general, Gro Harlem Brundtland, said that had the Chinese authorities acted earlier and with more openness, the outbreak of the disease would have taken a different course.

China's belated response has been attributed to the authorities' concern about economic fall-out if information about SARS leaked. But the slow movement from silence-denial to acknowledgement and cooperation is not really surprising given the prevailing attitude toward infectious diseases. Most, if not all, countries - China included - treat infectious diseases as medical problems that merit a medical response. That is probably why it took four and a half months after the first known case of SARS before the Chinese authorities alerted the WHO. The delay was reportedly due to bureaucratic procedures that require classification of SARS as a Category B disease before local health authorities are required to report this to the central government. Then there was the problem of how to handle this type of disease, i.e., whether this would fall under the framework of the International Health Regulations (IHR) that make reporting of infectious diseases to WHO mandatory.

The IHR is a global disease surveillance system that requires member states to notify the WHO within 24 hours of outbreaks of infectious diseases. WHO, however, has no enforcement power and instead relies mostly on persuasion and recommendations to encourage countries to comply. Moreover, the present IHR covers only three diseases - cholera, yellow fever, and plague - and not other emerging or re-emerging infectious diseases. As there are no multilateral

arrangements to deal with global health emergencies, the lack of coordination at both local and national levels in alerting the international community comes as no surprise. Several factors account for these shortcomings, two of which are highlighted below.

Attitudes and Approaches

While infectious diseases have been conventionally regarded as medical problems, in a rapidly changing global environment the threats they create are no longer confined to medical/health risks alone. With the outbreak of SARS, the disruption of business activities, its impact on travel and tourism and economic growth generally are among the serious repercussions that necessitate defining the SARS problem in strategic terms.

With globalization, the scale, speed, and reach of the movement of people and goods are unprecedented. These movements in turn have shaped the appearance, spread, and distribution of infectious diseases in humans and animals. The SARS case is instructive. There is speculation that the infectious pathogen may have come from an animal and "jumped" to humans. In the densely populated province of Guangdong, where human and animal contact is extremely close, transmission and spread of infection is much more rapid and containment becomes more difficult. Given the massive movement of people in and out of China and the ease of international air travel, the reach of the SARS disease to more than 20 countries is not surprising. Indeed, in a globalized world, no community can be entirely immune from these contagious diseases.

SARS is not the first case that illustrates the nexus between movement of people and goods and the nature and spread of infectious diseases. Much has already been said and written about the HIV/AIDS pandemic. But it bears reiterating that there is still a wide gap between the extent of the HIV/AIDS threat and adequate and cohesive international action. Within a few years after its discovery, HIV/AIDS had spread to every continent and to every country. So far, 25 million people have died of AIDs and about 3 million people a year continue to succumb to the disease.

In 2000, the United Nations Security Council declared AIDS to be a national security threat, and that was followed by similar political endorsements at the G-8 meetings in Okinawa and Genoa. Despite these initiatives, AIDS, tuberculosis, malaria, and now SARS are still seen by many countries as health disease/problems and not as human security threats. When the United States first pushed for HIV/AIDS to be discussed in the Security Council, many nations protested for procedural reasons. They felt that the Security Council was not

the appropriate forum for what are perceived as "social and economic issues."

However, unless the linkage between infectious diseases and human security is recognized, most countries will still "medicalize" infectious diseases like SARS rather than "securitize" them until the outbreak of the disease(s) reaches alarming proportions. The experience of sub-Saharan Africa with AIDS reveals that the socioeconomic and political effects are more devastating than the effects of war.

Thus, going beyond the medical approach to securitizing infectious diseases must become a norm rather than an exception. In the case of SARS, this requires more than official pronouncements that SARS is a national security issue. An integrated approach that includes various ministries, government agencies, and the medical sector in coping is an important step. Singapore has adopted such an approach while Malaysia, Indonesia, and Thailand are following suit.

An equally important issue is the need to develop the public health system, especially in the poorer communities that are most vulnerable. The WHO Commission on Macroeconomics and Health has reported that 17.7 million people die every year from infectious diseases; about half could be saved if basic health care had been provided. Saving lives in the future does not depend on discoveries today but on getting the basics right, e.g., getting tetanus shots for children ... and providing safe drinking water for more villages. This situation is best encapsulated by a Cambodian physician who said that "in our country, the real killers are poverty, ignorance, fear, and corruption ... disease just administers the coup de grace."

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Iceberg of Poverty

While the linkage between infectious diseases and human security has been forcefully validated by the SARS outbreak, understanding the risks and vulnerabilities posed by infectious diseases is just the tip of the iceberg. There are underlying challenges that also need to be addressed to cope with the threats of infectious diseases. These are the absence and/or lack of basic health care and the poor health infrastructure prevalent in many developing countries. Poverty and infectious diseases are fellow travelers. The risks of poverty-related diseases are compounded by malnutrition and environmental threats, especially the lack of clean water and sanitation. Add in crowded conditions and poor hygiene, and these become perfect breeding grounds for infectious diseases.

Strategies for Protection and Empowerment

Coping with infectious diseases requires multi-dimensional responses. Among the imperatives is the importance of building a good mechanism for global disease surveillance and control. The Global Outbreak Alert and Response Network was initiated by the WHO in 1997 and is maintained by Health Canada. It has a network of 100 laboratory and disease reporting systems. However, for this to be successful, cooperation at both local and national level is crucial. For new infectious diseases like SARS that have several unknowns in epidemiology and treatment, the race to discovery requires multilateral coordination at many levels.

Unless certain mindsets and attitudes are changed to regard infectious diseases as more than a health problem, it will be difficult to get certain governments to act promptly and decisively. Health must be approached as a security priority at all levels. Governments must be made accountable to both the local and international community in ensuring health and security. The globalization of health risks also means that leadership must be exercised by the United Nations with the support of the global public. Reducing health threats to security will therefore require comprehensive cooperation among diverse actors and nations.