Journal of Nusantara Studies 2024, Vol 9(2) 557-576
Universiti Sultan Zainal Abidin
ISSN 0127-9386 (Online)
http://dx.doi.org/10.24200/jonus.vol9iss2pp557-576

SECURITISING HEALTH CRISES ON REGIONAL COOPERATION: HINDERING OR FACILITATING COOPERATION?

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Received: 15.03.2024 Accepted: 30.06.2024

ABSTRACT

The Securitisation Theory (ST) often gives rise to the debate on positive and negative dimensions of security. ST is frequently quoted in this debate to explore what happens when threats are labelled security issues. The positive and negative points in the debate on ST are closely related to migration, environment, and health. However, like other International Relations (IR) theories, the ST debate often fails to reflect the voices and experiences of different regional contexts. This article contributed to the securitisation debates by adding the perspectives and experiences of the Southeast Asia region by applying critical literature review analysis, using primary and secondary sources for data collection. Although public health challenges are global phenomena, how they are addressed may vary across geographical regions. The article reviews the consequences of securitising contagious diseases in Southeast Asia, as the region is often associated with distinctive political cultures that shape the governing norms. Securitisation has clearly made a positive impact on the health security cooperation in the region. Instead of encouraging state-centric thinking, the securitisation of health crises has prompted ASEAN countries to be more region-centric, ultimately challenging the regional norms that have historically obstructed cooperation across the nations.

Keywords: ASEAN, health security, regional cooperation, securitisation theory, Southeast Asia.

Cite as: Mohd Azmi, N. (2024). Securitising health crises on regional cooperation: Hindering or facilitating cooperation. *Journal of Nusantara Studies*, *9*(2), 557-576.
http://dx.doi.org/10.24200/jonus.vol9iss2pp557-576

1.0 INTRODUCTION

The debate on security's positive and negative dimensions tends to draw from Securitisation Theory (ST). ST has served this debate by exploring what happens when particular threats are labelled security issues by securitising actors (Buzan et al., 1998). Scholars in this field argue that if an issue is successfully securitised, it moves from 'normal' politics to 'emergency' politics. In this case, issues are treated differently, and exceptional measures are legitimised, including threat, defence, and other state-centred solutions (Wæver, 1995). In this context, the security dynamic provides the securitising actors with the means to legitimise their actions to garner extra attention and resources for an issue that may otherwise be overlooked. Aradau, (2004) draws on ST and critiques securitisation as negative because of the processes involved (non-democratic, fast-tracked procedures) and its outcomes (produces categories of the enemy). In contrast, some have suggested that securitisation is not necessarily negative (Floyd, 2011; Roe, 2012). Roe, for example, while recognising that security/securitisation can be problematic, argues that securitisation can also lead to a positive impact. The consequences of securitisation debates have been furthered explored in other non-traditional security (NTS) issues such as HIV/AIDS (Selgelid & Enemark, 2008), climate change (Scott, 2012), migration (Carrera & Hernanz, 2015) and pandemics (Elbe, 2010; Enemark, 2009).

However, like other International Relations (IR) theories, ST is too Western-centric as it does not represent most societies and states' voices, experiences, knowledge claims, and contributions beyond the West (Acharya, 2014). A Euro-centric bias in the ST has been said to weaken the framework's application outside the Western context, particularly in the non-Western, non-democratic and transitional states (Curley & Herington, 2011). In contrast, the Southeast Asia region has been regularly deployed in securitisation debates on NTS issues (Caballero-Anthony, 2008; Herington, 2010). Nevertheless, in the non-Western regions, literature on the health-security linkage remains scarce (Curley & Herington, 2011). Although health issues are a global phenomenon, how they are addressed varies across geographic regions. 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, from the Southeast Asian region, can challenge the assumptions about the consequences of securitization theory. This article aimed to strengthen the ST by adding the perspective of a non-Western area, i.e., the Southeast Asia region.

Southeast Asia is a complex testing site for the securitisation processes and debates in relation to a key public 'security' challenge, namely that of public health. The article analyses the consequences of securitising health issues in Southeast Asia, focusing particularly on

regional health cooperation in addressing contagious diseases. To that end, this article follows a qualitative research methodology. Document analysis is used to gather secondary data and it has been complemented by interviews with key elite informants as the primary data. Although public health challenges are a global phenomenon, they are addressed in various ways across different geographic regions. Even though Southeast Asia is often associated with distinctive political cultures that shape the governing norms, the analysis demonstrated that securitisation has clearly made a positive impact on health security cooperation in the region. Instead of encouraging state-centric thinking, the securitisation of health crises has prompted ASEAN countries to be more region-centric, ultimately challenging the regional norms that have historically obstructed cooperation across the nations.

2.0 REGIONAL HEALTH SECURITY

Health securitisation at the regional level only sprouted after the active promotion by the World Health Organisation (WHO) in recent years, even though it has been widely practised in Western countries. Hence, most published research on the link between health and regional security centred on developed countries. Western countries, especially those in the European region, have witnessed a progressive securitisation of health since 2001 due to the fear of bioterrorism following a series of outbreaks from SARS, H5N1, to H1N1. Hence, the debates on regional health security have broadly grown out of two lines of inquiry, namely 1) an empirical line that focused on the nexus between regional and health security (Bengtsson & Rhinard, 2019) and 2) advantages and disadvantages of such moves on the link (Youde, 2018). Meanwhile, most of the published literature on regional health security involved the comparison of two regional bodies, i.e., the European Union (EU) and ASEAN (Lamy & Phua, 2012) or the African Union (AU) (Haacke & Williams, 2008) despite some of the arguments that the theory is not applicable outside of the Western context (Peoples & Vaughan-Williams, 2010). In recent years, the Copenhagen School of ST has exhibited an increasing presence in many places (Bilgin, 2011). Therefore, it is crucial to analyse regional health security in other regions.

Although ASEAN has securitised diseases with pandemic potential, analysts struggle to explain the gap between the security discourse and regional practice (Jones, 2011). The practice of the ASEAN has been the central debate in the study of Southeast Asia's actions and inactions. The recent security environment in Southeast Asia indicated that NTS, such as climate change, migration, and pandemics, could play a vital role in dictating the regional cooperation between the member states (Caballero-Anthony, 2018). There is a noticeable trend

among state and non-state actors to turn to regional and multilevel relationships as their preferred frameworks in response to the NTS threats, especially through the authority of regional institutions (Caballero-Anthony & Cook, 2013; Zimmerman, 2014). For some, NTS issues could act as a catalyst driving a normative and operational shift in the institutions and pushing the region to move past rhetorical arguments toward deeper institutional commitments (Pennisi di Floristella, 2012). However, scholars such as Emmers (2003a) opined that there is little evidence to show that securitisation could encourage policymakers to improve regional cooperation. The difference in perceptions shows a stark gap between the security discourse and actual practice following the emergence of NTS issues. Furthermore, although interdependency between actors has increased internationally, little has been done to shed light on the impact of addressing non-military issues on regional institutions (Pennisi di Floristella, 2012).

Prominent scholars in the Southeast Asia region, like Acharya (2005), have argued that 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 the 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). However, the rise of NTS threats has brought a significant debate to the institutional practice of the norms. Most observers like Kamradt-Scott (2011) and Maier-Knapp (2011) concur with the argument that the region's preference for national sovereignty has been maintained despite serious transnational threats.

For instance, the non-interference norm obstructed the institution from the Myanmar issue. Additionally, Loh (2016) argued that the norms of respecting sovereignty and consensual decision-making constrained ASEAN's response to the Haiyan disaster and the uncoordinated search efforts for the missing flight MH370. Some scholars, such as Elbe (2010), also agreed that the securitisation of infectious diseases further complicates international health cooperation due to narrower calculations of national interest. While norms do matter, they do not necessarily matter positively or progressively. Norms can matter negatively by creating barriers and obstacles to change (Acharya, 2009). The common understanding that ASEAN has reasserted their sovereignty by refusing to cooperate by adopting a common policy response has been challenged. The norm of non-interference, however, does not mean that AMS has never interfered in each other's affairs. Jones (2010) argued that the norm has been

violated repeatedly. This has been further proven in recent years as the rise of NTS threats highlighted the interdependency of AMS because the characteristics of NTS would lead to the emergence of security problems emanating from one member to directly impact others.

Nevertheless, ASEAN elites appear to collectively securitised diseases with the risk of becoming pandemic, i.e.: SARS, H5N1 and H1N1, and articulated them in security terms while limited collective securitisation can be observed during the spread of HIV/AIDS (Mohd Azmi, 2020). The threat posed by the series of infectious disease outbreaks was portrayed in the regional declarations and communiques as a threat to the well-being of the people and regional economic development. This indicated the problem's urgency and led to political attention at the highest diplomatic level. A closer inspection of ASEAN's response to infectious disease outbreaks suggests that this established view of the region cannot fully explain ASEAN's positive response in securitising the health crises. ASEAN has increased the number of regional mechanisms. Their regional measures to overcome the health crises have been backed by substantial regional mechanisms which have driven ASEAN to act with alacrity, with no less than 25 ASEAN instruments covering SARS, H5N1 and H1N1 compared with other NTS issues (Kheng-Lian, 2012). Other scholars like Davies (2012) and Hameiri (2014) are against the argument that the member states have hindered cooperation due to strict adherence to regional norms. Evidence shows that the rationality of non-interference and consensus decision-making has changed over time (Jones, 2010; Yukawa, 2018). This mixed picture demonstrates that the regional norms have obstructed or loosened regional cooperation and demonstrates the lack of empirical evidence of how the regional norms have affected regional health cooperation. Therefore, the next section examines the consequences of securitising the pandemic diseases for ASEAN's regional practices.

3.0 SECURITISATION AND REGIONAL-CENTRIC

This section focuses on three themes based on the parallel debate on the impact of securitisation on cooperation: securitisation as hindering cooperation, and securitisation 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 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 securitisation of the health crises. Instead of causing member states to become

more state-centric, thus hindering cooperation, framing the pandemic as a regional security issue leads member states to become more region-centric.

3.1 Securitisation as Hindering Cooperation

Regarding Southeast Asia's security environment, there is a serious concern about the ability of securitisation to strengthen regional cooperation to address the potential transnational threat of diseases. The conventional ASEAN style of institutionalism places great value on sovereign equality and group unity or harmony, manifested in a non-interference principle, consensus-driven decision-making, and non-binding institutionally minimalist regionalism (Ba, 2014). These norms and practices contrast with the international relations (IR) theoretical concept of organisation. Thus, they have been viewed as the main reason for ASEAN's ineffectiveness in formulating regional policy that can threaten the member states' national interests (Jones & Smith, 2007).

Based on the results, four incidents highlighted how securitisation hindered regional cooperation. The first case was the insufficient level of transparency among ASEAN Member States (AMS) and their counterparts. China has been criticised for withholding significant information from other countries in the region during the SARS outbreak, resulting in a great delay in implementing early contingency plans. With this incident in mind, the WHO member states, including the AMS, shared their expectation that states should report any potential outbreaks openly and promptly. However, some of the AMS did not learn from China's lesson, remained stubborn, and performed cover-ups. According to Curley and Herington (2011), actions by these AMS were not shocking as they seemed to fit the broader picture of the region's dedication to preserving national sovereignty.

Indonesia, for instance, was warned by a veterinarian researcher in November 2003 about an H5N1 outbreak in the state. However, the country insisted that no cases of bird flu had been detected. Instead, it blamed Newcastle disease, a contagious and fatal avian virus, as the source of the deaths of chickens. Meanwhile, the first sign of the H5N1 virus in Vietnam was detected as early as July 2003. However, the spread of the disease went unnoticed as the Vietnamese government adopted a policy of quiet mitigation as they were preparing to host a regional sporting event later that year. Similarly, in Thailand, massive chicken deaths were reported in November 2003, but the Thai government declared the cause of cholera and bronchitis (Deutsche Presse-Agentur, 2004). The motivations behind these states' 'Westphalian' actions could be economically driven (Lo Yuk-Ping & Thomas, 2010). A common understanding from the H5N1 outbreak showed that Southeast Asia states asserted

their sovereignty by refusing to comply with international disease-reporting requirements.

The major concern about the assertion of sovereignty by the affected states manifested in the famous event of 'viral sovereignty' between Indonesia and the international community. Under the Global Influenza Surveillance Network (GISN) of WHO, a coordinated international regime for managing seasonal and pandemic influenza, it has been a long-standing practice for states to share their influenza virus samples with all the WHO-collaborating laboratories. However, in December 2006, Indonesia ceased to share the H5N1 specimens collected with the WHO. The Indonesian Health Minister created a new doctrine labelled 'viral sovereignty' to justify the country's action. In this context, it was claimed that viruses formed part of the biological patrimony of the nations in which they were found, and thus the country of origin should hold exclusive rights to them (Smallman, 2013). In other words, viruses are considered biological resources owned by the countries where they are first detected, rather than public health information that must be shared freely with the world. The 'rebellious' act of Indonesia was also spread to other developing countries including Thailand, Brazil, and India as well as others in the Third World Countries.

Although these states did not completely follow Indonesia's action of ceasing sharing viruses, the fallout demonstrated that the securitisation of infectious diseases might bring unintended consequences that were not necessarily positive as expected. Indonesia's response reminded us that 'one has to weigh the potential problematic side effects of applying a mindset of security against the possible advantages of focus, attention, and mobilisation' (Buzan et al., 1998). As issues become securitised, it tends to attract more close attention from governments. However, the involvement of states, in this case, Indonesia, ended up with unanticipated complications in international health cooperation as some states suddenly began to query and contest the international virus-sharing mechanism to safeguard national interest (Elbe, 2010). The actions of Indonesia did not surprise scholars studying issues related to the Southeast Asia region. To them, the scenario seemed to fit the broader picture of the region's dedication to preserving national sovereignty at almost all costs. The response also demonstrated that even in the face of a serious transnational threat, many Southeast Asian states prioritised their national sovereignty (Acharya, 2009). This viral dispute might have reaffirmed Elbe's (2010) argument that 'securitising infectious disease brings unintended consequences in terms of further complicating health cooperation'. This was the second incident highlighting the negative implications of securitisation at the regional level.

One commonly observed effect of the securitisation processes is how governments often resort to emergency measures and engage in 'extraordinary defensive moves' to meet

that perceived threat once any issues become securitised (Buzan et al., 1998). Simply put, securitisation has encouraged states to implement emergency response measures. However, the pursuit of national self-interest can hinder international cooperation. During the early stage of the H5N1 outbreak, AMS and their counterparts vowed to follow recommendations from international institutions such as the World Organisation for Animal Health (OIE), WHO, and the Food and Agriculture Organisation (FAO) to contain the aggressive spread of the H5N1 outbreak in the region. Among the emergency measures suggested was rapid culling of the poultry, a highly controversial mechanism. The measure was proposed based on the success of Hong Kong in averting an epidemic after killing 1.5 million chickens in three days during the first H5N1 outbreak in 1997 (Shuchman, 2007). Being the top poultry exporters in the region, affected states like Thailand and Vietnam agreed to the suggestion.

In contrast, Indonesia was against the massive culling of chickens. The Indonesian Agriculture Minister made a statement claiming that there was no evidence a cull would effectively contain the spread of the lethal virus and that he would only implement the action if the virus was transmitted to humans. His statement was supported by the fact that the virus had not infected any humans then and to protect their economy. This is highly relevant because Indonesia's poultry industry is a big business. As the world's most populous Muslim country, chicken is the most popular meat among the local people in Indonesia. Thus, the actions taken by the Indonesian government once again illustrated how securitisation can cause the state to become state-centric and hinder international cooperation.

Besides being an instrument of securitising the national interest of the member states, the strict adherence of ASEAN's nation to the principle of sovereignty has been driven by deep feelings of suspicion and historical animosities dating back to pre-independence and colonial days, some even pre-dating the colonial era (Emmers, 2017). A level of mistrust is said to prevail among AMS, making it a key factor in explaining the lack of progress made toward conflict resolution (Liow, 2003). Instead of strengthening the regional health cooperation, securitising the health crises might have sown the seed of mistrust between member states. The relationship between Malaysia and Singapore is one such example. Singapore's secession from the Federation of Malaysia in 1965 has caused lingering suspicions among officials, leaders, and ministers of both countries until today. Their relationship has been marred by a number of high-profile bilateral spats, from land, water, and airspace disputes to the SARS virus.

Health securitisation has also been described from the perspectives of political realism, national, and diplomatic interests (Nathan, 2002). The result of securitising SARS through ASEAN has led to the consensus among AMS to implement strict border inspections. AMS,

like Malaysia and Singapore, which have shared borders, agreed to such implementation. However, behind the cooperation between both states, the health-security linkage also witnessed a worsening mutual suspicion between the two founding states of ASEAN. The animosity was evident during the SARS outbreak. Due to certain weaknesses in border screening procedures, in particular, the incapability of the thermal scanners to measure the patient's skin temperature accurately and the lack of expertise in screening thousands of people commuting daily through the Singapore-Malaysia causeway suspected SARS cases had slipped through the border. As Malaysia was the less affected state, negative perceptions of Singapore arose when a few suspected SARS cases crossed the border from Singapore to Malaysia. It was reported as if Singapore was trying to export 'chemical weapons' to the neighbouring country ("Singapura perlu", 2003). Sadly, the mistrust between Malaysia and Singapore undermined the ability of both countries to combat the SARS outbreak comprehensively.

In short, the culmination of these events in the series of infectious disease outbreaks from the instances of delayed reporting by Thailand, Vietnam, and Indonesia, followed by the virus-sharing dispute from Indonesia, consolidated the argument that securitisation can hinder close cooperation when the countries are being state-centric (Elbe, 2010; Enemark, 2009). Recent outbreak of COVID-19 supports the argument. Despite the experience of SARS, H5N1 and H1N1 that forced the region to securitise the threats, 'ASEAN's collective responses to the virus outbreak have been late, mainly declaratory, and slow in implementation (Rüland, 2021). AMS took weeks from the WHO announcement on the COVID-19 outbreak in December 2019 to initiate a regional meeting. The defence ministers meeting first discussed the outbreak at the regional level in February 2020 (Mohd Ashraf, 2020). As the outbreak needed plodding responses, ASEAN's attitude seemed to conform with the sovereignty norms embedded in the ASEAN Way. Much of the mechanisms initiated to tackle the virus are either at the national level or bilateral, usually ad hoc rather than through ASEAN (Pramudianto et al., 2022; Rüland, 2021). Indeed, in the case of Southeast Asia, the failure of member states to cooperate in managing transboundary diseases was attributed to the regional commitment to national sovereignty (Caballero-Anthony, 2008; Maier-Knapp, 2011). Nevertheless, it is possible that the claims about how securitisation hindered regional cooperation dominated the general perception due to the lack of empirical evidence of how AMS responded to the securitisation process at the regional level. However, such evidence only reflects part of the picture. The next section will examine whether the securitisation of infectious diseases has also prevented cooperation between AMS due to the regional norms.

3.2 Securitisation as Facilitating Cooperation

Securitising infectious diseases, as argued by Elbe (2010) and Kamradt-Scott and Lee (2011), 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, 2003b). However, these scholars' claims do not reflect the overall issue as their evidence only showed that securitisation 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. The reported behaviour of the Asian states was tracked using a disease monitoring website known as ProMED Mail (PMM) and compared with the report issued by the WHO. Davies (2012), 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. States that were regularly criticised for not complying with the duty to report, like Indonesia and Thailand, were found reporting regularly. This suggests that sovereignty has not been evoked to deny the duty to report an outbreak, nor has it led to states abrogating their perceived duty.

Even at the regional level, sovereignty was never used as an excuse to avoid cooperation as AMS have always notified 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 elites in ASEAN, 'Although some information might be confidential to share with others, AMS have, so far, no problem sharing information on disease-related issues. 'We will notify others immediately if there is an outbreak in our country' (Officer 5, personal communication, 19th July 2016). 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), which likely suggests that member states used the principle of non-interference to justify their actions, ASEAN member states did not see it in the same way. They see this issue as more to avoid chaos and panic, as what happened during the SARS outbreak. In that outbreak, mass panic hit the region, and panic over SARS kept people away from hotels, restaurants, and, in fact, whole countries. There was evidence of panic buying by customers anxious to stock up on fruit and vegetables. At the same time, travellers were even spooked at the idea of changing airport flights in countries affected by SARS (Yale Global

Online, 2003). The panic was compounded by the lack of a 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 initially reluctant to come to the public as they tried to confirm the findings first to avoid panic. For instance, in his statement justifying his action, Thaksin was quoted as saying, 'Please trust the government. It did not announce the beginning because it did not want the public to panic. I know what I'm doing'. The author confirmed this observation through interviews with ASEAN's elite. As one officer explained in the interview,

> Some of the people might perceive it as a late announcement. It's not a late announcement. Not... Because we are the government, it is more about trying to verify. You validate, you verify the situation. It's a matter of validating and verifying the facts.
>
> (Officer 4, personal communication, 11th May 2016).

In the case of Indonesia's famous doctrine of viral sovereignty, against the common understanding that securitising infectious diseases turned out to further complicate international health cooperation (Elbe, 2010), surprisingly, Indonesia did not 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 in which USAID developed its first disease surveillance and response programme through its 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).

The presence of PDSR in surveillance of the Indonesian domestic context suggests that Indonesia did not use sovereignty to cease cooperation as 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 publicised' (Davies, 2012). Another example is the US government, which still supports 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, which suggests that sovereignty has never been the problem for cooperation as other organisations have already intervened in helping Indonesia combat the threat U.S Department of State, 2007). Indonesia cooperates not only at the international level but also at the regional level. 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 regional collaboration. Every pillar is as equally important as the other
>
> (Officer 6, personal communication, 24th July 2016).

For instance, Indonesia followed ASEAN's suggestion of standardised airport procedures, even though they had already implemented their national mechanisms to address the SARS outbreak.

Meanwhile, in the H5N1 outbreak, despite being criticised as hiding initial information about the avian flu outbreak, Indonesia, as 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 consistently uploaded information and urged their neighbouring states to do the same thing. As one Indonesian officer said, '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' (see Wibisono, 2008). ASEAN health officials interviewed insisted that Indonesia never hid information from the regional states. They have prioritised their neighbouring states in disseminating crucial information. One high-level Indonesia official stated, 'You prioritise, you contain it nationally, and then, the next ring is your regional neighbour, and then you notify the global level' (Officer 6, personal communication, 24th July 2016).

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 ASEAN's capacity in coping with pandemics by

establishing several key activities. One of ATWGPRR's aims was to develop an indicator system for assessing national multi-sector pandemic preparedness capacities of non-health sectors. The original plan involved teams from other AMS 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 regarding pandemic preparedness planning of non- health sectors, including public and private service providers, were found during the pilot assessment. This example alone shows Indonesia's commitment to regional cooperation.

Cooperation in security affairs is possible, even where institutionalists predicted cooperation would be the hardest to achieve (Fawcett, 2008). 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 the state needs to surrender state sovereignty. A section of national sovereignty must be abandoned to protect it 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 securitised 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 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).

The website has since been replaced by a new website. Yet, information sharing between member states continues and has further intensified. ASEAN has used three different mechanisms to speed up the process of disseminating the surveillance results: through focal points, contact persons and the ASEAN Emergency Operations Centre (EOC) Network (Officer 5, personal communication, 19th July 2016). 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 the governments have appointed to share any information about an outbreak with the WHO and neighbouring countries. Hence, with a vast choice of distributing information, notifying other states becomes much easier as it cuts out bureaucracy. This mechanism continues to play a significant role in addressing the COVID-19 outbreak. AMS and their partners have received daily updates and technical exchanges on the virus through the network. This network also provides regional surveillance, early warning, and information sharing among AMS and its partners. Meanwhile, the public can access any information on the pandemic through ASEAN social media platforms and the ASEAN website (Fernando et al., 2020).

Another significant impact of establishing the regional surveillance mechanism is that AMS is becoming more transparent in notifying and alerting their neighbours (Officer 3, personal communication, 11th May 2016). Their transparency in disease surveillance and reporting pandemics made the region more prepared to deal with the pandemic. 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, 2016). ASEAN's effort to enhance its 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 securitising the pandemic diseases has made member states more transparent, which has been translated into credible mechanisms of regional monitoring.

The recent outbreak of the Covid-19 pandemic also shows similar results. Despite the initial crisis of paralysis where AMS responded differently to the outbreak according to their respective socio-economic and political circumstances (Kliem, 2021), ASEAN still conducted

the Foreign Ministerial Meeting at the regional level. ASEAN health experts and ASEAN leaders hold regular meetings to share information about COVID-19 prevention, treatment and facing new cases. Pre-existing health sector mechanisms and newly created ad-hoc mechanisms have been created in response to the pandemic. The mechanisms involved in ASEAN's response to COVID-19 are the ASEAN BioDiaspora Virtual Centre – which produces reports on risk assessment and disease surveillance of COVID-19 thrice a week, ASEAN Regional Public Health Laboratories (RPHL) – facilitates exchanges on laboratory readiness, technical and material support, as well as laboratory surveillance, and the ASEAN Risk Assessment and Risk Communication Centre – combating fake news and hoaxes related to COVID-19.

Additionally, several ad-hoc agencies, including the ASEAN-China Ad-Hoc Health Ministers Joint Task Force and ad-hoc meetings like the ASEAN Special Summit on COVID-19 have been created to inform and coordinate AMS response to COVID-19 (Fernando et al., 2020). Elite officers attending the meetings were unafraid to exchange technical data about COVID-19 prevention, treatment, and new cases (Arnakim & Kibtiah, 2021). This significant change demonstrates that the region's sovereignty regime has been far less coherent.

4.0 CONCLUSION

Most of the positive/negative debate on security only reflects the European experience. Empirically, the meaning of security tells us that security means different things in different contexts. The case of securitising infectious diseases in Southeast Asia indicates that ST is applicable outside of the Western realm. Moreover, adding more voices and experience from a non-Western context, in this case, the Southeast Asia region, where the region's strict adherence to the norms and practices and different demographics and level of socioeconomic between member states have been identified as the source of ASEAN's actions and inactions, have challenged the assumptions about the consequences of ST. To determine the consequences of securitising diseases with pandemic potential on regional cooperation, this article used a debate that states securitisation can hinder cooperation as the centre of the study. The article reviews that, in some instances, securitisation may result in security dilemmas which create competitive logic that hinders cooperation. However, the negative impact only happened during the SARS outbreak. Instead of causing member states to become more state-centric and thus hinder cooperation, framing the pandemic as a regional security issue caused member states to become more region-centric, setting aside the region's norm. This challenges

the deeply ingrained view that security should be seen as negative since it will only bring more particular emergency politics, which are not necessarily positive and unproductive.

Framing pandemic diseases as a regional security issue successfully made some of the AMS more proactive towards the issues faced by other states. As evidenced by the case study, securitising the health crises did not cause ASEAN to adopt a 'state-centric' mode. Instead, the AMS was becoming more region-centric. As one of the officers said, 'The pandemic issue is not only a matter of security for the country but the security of the ASEAN region' (Officer 4, personal communication, 11th May 2016). Securitising pandemic diseases at the regional level brought on significant changes to the regional practice, showing how the principle of ASEAN Way is not static but continues to evolve toward a greater level of institutionalisation.

ACKNOWLEDGEMENT

This study was funded by the Ministry of Higher Education, Malaysia and Universiti Pendidikan Sultan Idris (Grant No. FRGS/1/2020/SSO/UPSI/02/17).

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