Infectious Diseases as Security Issues
Current Situation and Problems in Southeast Asia

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Infectious Diseases as Security Issues

- Endemic Diseases → Pandemic Diseases (HIV/AIDS, SARS, Influenza…)
- Pandemic may cause social, economic, and political disorder
Emergence of H1N1 in Mexico on Late February or early March 2009
Confirmed as emerging flu by Canadian Health Authority and announced by Mexican Gov. on 23 April
WHO declared phase 4 (human to human infection) on 27 April
WHO declared phase 6 (Pandemic) on 12 June
Lessons from H1N1 case

- Time lag between emergence and confirmation
  → Due to inadequacy of state capacity for surveillance and confirmation in developing countries
  → Hard to prevent disease from intrusion
- Hard to grasp exact situations in developing countries
Avian Flu (H5N1) (2)

Areas with confirmed human cases of H5N1 avian influenza since 2003

Map showing countries and territories affected by Avian Flu (H5N1) as of 6 May 2009

Countries and territories highlighted in red indicate areas with confirmed human cases of H5N1.

Countries and territories with the highest number of cases are indicated with larger markers.

Countries and territories with the highest number of deaths are indicated with red markers.

Map notes:
- The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
- Omitted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO Map Production Public Health Information and Geographic Information System (GIS) World Health Organization
Factors affecting State Surveillance Capacity in Southeast Asia

- Size (population, country)
- Lack of cooperation among surveillance agencies (police, military, health…)
- Decentralization
- Accessibility to primary health sector
- High human mobility in the region
Table 28
Tourist arrivals in ASEAN
as of 15 July 2009

<table>
<thead>
<tr>
<th>Country</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008 (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intra-ASEAN</td>
<td>Extra-ASEAN</td>
<td>Total</td>
<td>Intra-ASEAN</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>76.2</td>
<td>51.0</td>
<td>127.1</td>
<td>68.7</td>
</tr>
<tr>
<td>Cambodia</td>
<td>219.6</td>
<td>1,202.0</td>
<td>1,421.6</td>
<td>328.5</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2,038.3</td>
<td>2,963.8</td>
<td>5,002.1</td>
<td>2,307.1</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>794.0</td>
<td>301.3</td>
<td>1,095.3</td>
<td>891.8</td>
</tr>
<tr>
<td>Malaysia</td>
<td>12,984.6</td>
<td>3,446.4</td>
<td>16,431.1</td>
<td>13,856.6</td>
</tr>
<tr>
<td>Myanmar</td>
<td>51.7</td>
<td>608.5</td>
<td>660.2</td>
<td>56.8</td>
</tr>
<tr>
<td>The Philippines</td>
<td>179.4</td>
<td>2,443.7</td>
<td>2,623.1</td>
<td>202.9</td>
</tr>
<tr>
<td>Singapore</td>
<td>3,341.4</td>
<td>8,601.0</td>
<td>8,942.4</td>
<td>3,555.9</td>
</tr>
<tr>
<td>Thailand</td>
<td>3,099.6</td>
<td>11,516.9</td>
<td>14,616.5</td>
<td>3,556.4</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>469.5</td>
<td>2,998.2</td>
<td>3,467.8</td>
<td>571.9</td>
</tr>
<tr>
<td><strong>ASEAN</strong></td>
<td><strong>23,254.3</strong></td>
<td><strong>28,033.3</strong></td>
<td><strong>51,287.6</strong></td>
<td><strong>25,396.6</strong></td>
</tr>
</tbody>
</table>

Source: ASEAN Tourism Statistics Database (compiled from data submissions, publications/reports, and/or websites of national tourism organizations/agencies, immigration authorities, and/or national statistical offices)

Symbols used:
- n.a.: not applicable/not available/not compiled
- Data in italics are the latest updated/revised figures from previous posting.

Note: Details may not add up to totals due to rounding off errors.
(P): Preliminary as of July 2009
Case of Thailand

- **Village Health Volunteer System**
  
  Implemented by Thaksin Gov.
  
  Almost 700,000 volunteers posted to each village, correcting information, reporting it doctors and government officials, and distributing knowledge among people

- **High accessibility to primary health sector**
  
  Health Centers existed in each tambon (administrative village)
  From last November, charge for primary medical services is free
Limit of medical and epidemiical measures
(1) Lack of adequate number of medical staffs and hospitals
(2) Uneven distribution of medical staffs and hospitals
(3) Lack of correct medical and epidemiical knowledge both in medical staffs and citizens
(4) Price of medicines and vaccines
(5) Lack of adequate number of medicines and vaccines
Factors affecting Mitigation Measures in Southeast Asia (2)

- Lack of appropriate social mitigation measures
  → Due to lack of adequate on-site research and data
Conclusion (1)

- Developing countries would be most affected by infectious diseases, especially by emerging ones like current pandemic flu (H1N1).
  → Because of lack of effective state surveillance capacity and mitigation measures (both medical and social)
To make surveillance effective
(1) Cooperation with citizen
(2) Improving accessibility to primary health sector
(3) Collaboration with other surveillance agencies, and between central and local governments
Conclusion (3)

- To improve mitigation measures
  1. Training medical and public health staffs
  2. Distributing and storing medicines and vaccines as many as possible
  3. Making appropriate social mitigation measures based on on-site research data