

# Human Security and Health in Singapore: Going Beyond a Fortress Mentality

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*Singapore has achieved high levels of human security, overcoming the socio-economic instability and poverty of its early days of independence in the mid 1960s. It is now a high-income, technologically advanced nation, providing its population with access to housing, healthcare and education. High standards of healthcare and positive indicators attest to population health security, despite the crisis of the 2003 Severe Acute Respiratory Syndrome (SARS) pandemic. Despite this enviable position, Singapore has not been noted for regional and global engagement with human security and human rights, although this insular outlook is beginning to change. It is argued here that Singapore, as an emerging international “health hub”, scientific and educational center, has both the capacity and motivation to play a greater role in supporting health security, both regionally and globally.*

## INTRODUCTION

The 2003 Report on Human Security defines human security as the protection of “the vital core of all human lives in ways that enhance freedoms and human fulfilment”<sup>1</sup>. The Human Development Report (HDR) defined such security as “freedom from fear and freedom from want”<sup>2</sup>, and pictured human security as “a child who did not die, a disease that did not spread, a job that was not cut, an ethnic tension that did not explode in violence, a dissident that was not silenced”<sup>3</sup>. Human security faces various threats, which may include such ills as chronic destitution, violent conflicts, financial crises and terrorist attacks<sup>4</sup>. To these may be added menaces to one of the essentials of human security: health. These may include threats such as bioterrorism, illicit drugs, inadequate or harmful food supplies and infectious diseases. This article adopts the working definition provided by Akira’s conceptual framework for human security: “the objective of human security is to safeguard the vital core of all human lives from critical pervasive threats, in a way that is consistent with long-term human fulfilment”<sup>5</sup>. We note that this definition is universal and relates to all humanity and not to citizens of a particular nation. This definition is human-centered, focused on the protection of fundamental human rights and freedom against threats that affect human core activities and functions, and recognizes the need for a long-term approach to achieving the objective of human security.

Notwithstanding the universalism inherent in the concept of human security, states have traditionally focussed on protecting their own national security, mainly by strengthening their ability to deal with external threats. National security is often achieved through a combination of international diplomacy and military deterrence. However, as the final report of the Commission on Human Security<sup>6</sup> reminds us, although national security is a pre-condition for human security, it is not enough to guarantee it. Unlike national security, human security is without boundaries, and as the HDR stresses, “when the security of people are endangered anywhere in the world, all nations are likely to get involved”<sup>7</sup>. The health dimensions of human security, in particular, require the concerted efforts of nation states, international

and regional organizations, and government and non-government agencies. Additionally, indirect threats to health security such as poverty, crime and climate change similarly have trans-boundary multiplier effects that require world attention.

This article explores how Singapore, a geographically small but strategically situated island-state, has engaged with the health dimensions of human security and argues that it must go beyond an “island fortress” mentality to promote human security within and beyond its region, thereby also advancing the health security of its own population.

Singapore, with a population of 5.3 million, presents something of a paradox in human security. Its government has projected an image as a global city-state, dynamic trading entrepôt and international financial and health care hub intricately linked to the world. Some 38 percent of the Singapore workforce was composed of foreigners in 2011<sup>8</sup>. Yet this global engagement has been highly selective. Historically, Singapore has not been notable for its role in global human security. For the most part, it has ensured its national and human security on its own terms, which have included a reluctance to endorse universal norms of human rights. While participating in the United Nations system (and contributing to peace keeping missions) and a number of other international governance entities, Singapore has eschewed embracing most of the multi-lateral human rights treaties subscribed to by most nations. Singapore has yet to ratify United Nations treaties dealing with civil and political rights, racial discrimination, torture and degrading punishment, and the protection of migrant workers. While Malaysia accommodated 81,516 refugees in 2010, Singapore had just seven<sup>9</sup>.

In recent years, however, the Singapore government has shown signs of changing course and more actively engaging in global human health security through its involvement in a number of key forums and initiatives. It has invested new efforts in the health-related works of international and regional organizations, including the Association of Southeast Asian Nations (ASEAN), World Health Organization (WHO) and the Commonwealth of Nations. It has also provided humanitarian aid through its Singapore Cooperation Program (SCP), and established joint initiatives with individual countries for mutual assistance or outreach to developing countries.

## **HUMAN AND HEALTH SECURITY IN SINGAPORE**

As Quah has related, in the early 1960's, human security within Singapore, which had just been granted self-government (but not yet full independence) by the British, was severely compromised by poverty, rising unemployment and crime rates, overcrowded housing and corruption<sup>10</sup>. In 1960, the leader of a United Nations Study Mission to Singapore predicted that “Singapore was going down the drain in a dark corner of Asia”<sup>11</sup>. Cognizant of these issues and fearful of Singapore's ability to survive as a small nation in the wake of the departure of the British, the then Prime Minister Lee Kuan Yew sought a merger with Malaysia as a strategy for national survival<sup>12</sup>. The eventual merger into the Federation of Malaya in 1963 ended in the forced separation of Singapore from the Federation in 1965 due to communal political conflict<sup>13</sup>. This resulted in Singapore, with a minimal defence capacity, being wedged between two much larger and more populous countries, further reinforcing Singapore's sense of vulnerability.

In the early days of its existence as a separate independent state, an awareness of Singapore's innate vulnerabilities motivated its leaders to adopt a pragmatic approach to foreign policy: seeking to provide security for its people through protecting its national security<sup>14</sup>. Singapore embraced a five-power defence treaty with the United Kingdom, Australia, New Zealand and Malaysia and subsequently developed a sophisticated military defence system, involving conscription, to deter threats against its territory<sup>15</sup>. Building economic security was also an imperative. Believing that "rapid economic growth tied to alliances with foreign capital and MNCs would be the best way to assure its political survival"<sup>16</sup>, the government achieved accelerated economic growth through its active involvement in domestic and foreign enterprises as policy-maker, facilitator, partner and stakeholder<sup>17</sup>.

As Lim has stressed, through nurturing a public service driven by a commitment to meritocracy and incorruptibility, providing conducive environments for economic investment, and building infrastructure and amenities for its people, the Singapore government transformed a politically unstable state with a faltering economy into a high-income, technologically advanced nation marked by political stability, economic resilience and a social system that provided its citizens with access to housing, education and healthcare<sup>18</sup>.

Social security was a further priority. The Singapore government officially rejects the idea of a "welfare state" and has promoted family, rather than state, support in times of hardship. Compulsory medical savings of individuals may be used to cover a portion of the costs of care for members of the extended family. State assistance for those unable to afford care is only given when no family support is possible. Elderly Singaporeans can take their children to a tribunal to demand financial support. Nevertheless, despite anti-welfare state polemics, the state does provide substantial subsidies for the care of the elderly and indigent.

High rates of domestic saving have been maintained by the Central Provident Fund, parts of which can be used to purchase housing and health care. An ambitious housing scheme built high-rise flats and allowed most Singaporeans to own their own domiciles, albeit at the cost of their relocation from longstanding communities. The U.S. Department of State Overseas Security Advisory Council (OSAC) considers Singapore as being "among the safest countries in the world" with a decreasing rate for most crimes according to the most recent data<sup>19</sup>. The economic and social indicators in **Table 1** illustrate the Singapore government's achievements in providing economic and social security for its people.

**Table 1: Selected Economic and Social Indicators for Singapore for 2011<sup>20</sup>**

<i>Economic Indicators</i>		<i>Social Indicators</i>	
Gross Domestic Product (GDP) per capita	SGD 63,050 (USD 50,123)	Literacy rate	96%
Foreign Investments	SGD 11,858.9 mil (USD 9,427.5 mil)	Crime rate per 100,000 population	606
Official Foreign Reserves	SGD 308,403.2 mil (USD 245,173.1 mil)	Home ownership rate	88.6%
Unemployment	2.1%	Mobile phone subscription per 1,000 population	1, 496
Visitors Arriving (excluding Malaysian arrivals by land)	13, 171.3 mil		

Singapore has also developed a sophisticated preventative and curative healthcare system that is comparable with the best in the world. This is a vital asset in ensuring health security. As the health indicators in **Table 2** show, the healthcare system in Singapore has been successful in greatly improving population health outcomes in the past half-century. Singapore's healthcare system has been ranked sixth in the world according to WHO<sup>21</sup>.

**Table 2: Selected Health Indicators for Singapore, 1960 and 2011<sup>22</sup>**

Health indicators	1960	2011 (unless otherwise specified)
Infant mortality rate per 1000 live-births	34.9	2
Life expectancy at birth	65.7 years	82 years
Maternal mortality rate incidence per 1000	0.45	0.09 (2008)
Immunization (1-year olds): BCG, DPT1, DPT3, Polio 3, Hep B3 and measles	n/a	95-99% (2010)
Doctors per 1,000 population	0.42	1.8

## INTERNAL SECURITY

Even before independence, internal security had been a priority for Singapore. The colonial authorities and their successor, the People's Action Party (PAP) government, which has ruled Singapore since independence, sought to control left-wing and communist activities and quell ethnic unrest. The PAP government, led for most of Singapore's history by Lee Kuan Yew, also regarded both physical and moral hygiene as essential for human security. Population growth was feared as a major threat to the security of the densely populated island and resulted in strong policies to discourage parents from having more than two children. Ironically this policy contributed to the subsequent problem of a rapidly ageing population. In recent decades the falling birth rate has been regarded as a problem for human security and the government now encourages larger families and even runs programs to introduce prospective marriage partners to each other.

The Internal Security Act was used to control political opponents, the mass media was closely directed, trade unions were co-opted to serve the economic policies of the state and ethnically based political demands closely controlled. Foreign publications critical of the government were frequently banned.

Environmental policies saw the "greening of Singapore" through tighter industrial pollution regulation, widespread garden planting and the clean-up of streams and rivers. Littering was discouraged by substantial fines and shaming. Hygiene campaigns targeted cockroaches, spitting and failing to flush toilets. Western "yellow" culture (including sexual permissiveness and mass media freedom) was denounced as undermining Asian values. Behavioral change was promoted through campaigns to promote courtesy and queuing. The drug culture was seen as a threat from the West and countered with harsh penalties, including mandatory hanging for trafficking. Oral sex and male homosexual acts were illegal under the penal code. In the 1970s Singapore was notorious for a policy of making men sporting long hair, seen as a decadent Western fad, wait until last to be served in government agencies.

To some extent, internal and external threats have historically served the political interests of the ruling party to legitimise its uncompromising style of governance, justify repressive legislation and restrictions on human rights and allow the PAP government to portray itself as having delivered Singapore from its perilous historical past.

For the most part, judging by the overwhelming success of the PAP at regular general elections, Singaporeans accepted social engineering and the curtailment of human rights as necessary for national security and economic advancement in the first decades of the country's independence. The UNDP vision of human security as including "a dissident that was not silenced"<sup>23</sup> was certainly not applicable to Singapore, which detained the Socialist Front activist Chia Thye Poh without trial from 1966 to 1998.

In more recent decades Singapore has mollified a number of its heavy-handed moralistic policies and expanded its altruistic engagement with regional countries. A second generation of PAP leaders, presiding over an educated and prosperous population which at times has returned opposition candidates to parliament, no longer shares the fears and priorities of its predecessors. In the age of the World Wide Web the previous obsession with censorship is anachronistic. Change has been incremental and has been in response to particular imperatives rather than being



part of conscious and articulated policy. This has resulted in anomalies: oral sex was legalised in 2007, although male homosexual acts remain an offence; Singapore is promoted as a sophisticated global hub for cultural activities and education while human rights are limited in comparison with most other developed nations. For example, in response to the United Nations Human Rights Council's adoption of its Universal Periodic Review in 2011, Singapore rejected 21 of the 112 recommendations made to it, including those relating to crime and security issues such as ending the mandatory death penalty for certain offences, corporal punishment and detention without charge or trial<sup>24</sup>.

While Singapore has, for the most part, made the homeland secure for its people, it has become increasingly clear that an "island fortress" mentality towards national security is not viable in the globalised world of the twenty-first century. More than ever, national security is insufficient for human security. Singapore's high dependence on international trade, including tourism, makes human security in Singapore vulnerable to events in the world. For example, in his 2003 National Day Rally speech, the then Prime Minister Goh Chok Tong alluded to the impact of the 1997 Asian Financial Crisis, the September 11 terrorist attacks and SARS on Singapore: "Many of you feel that we have fallen into a valley of doom. You live in fear of retrenchment or have lost your jobs. Our security is threatened by international terrorism. And there was SARS, which weakened our already sluggish economy."<sup>25</sup> It is clear that pervasive threats to human security like communicable diseases, under-development and climate change transcend national boundaries, and require the joint efforts of governments, non-state organizations and civil society to identify, prevent and manage.

## **SECURITY FROM INFECTION DISEASES: LESSONS FROM SARS**

In 2011, more than 125,000 sea vessels passed through Singapore and unloaded more than two billion tons of goods<sup>26</sup>. In 2011, Singapore received more than 13 million tourists (excluding Malaysians arriving by land)<sup>27</sup> and employed 1.2 million foreign workers<sup>28</sup>. Such major movements of goods and people into densely populated Singapore make it vulnerable to threats of communicable diseases. A case in point is the SARS outbreak in 2003 which highlighted the vulnerability of Singapore in a globalized world. Singapore, with 238 cases and 33 deaths<sup>29</sup>, was one of the worst hit countries, and a travel advisory was issued by WHO against unnecessary travel to Singapore. Control efforts by the government included authoritarian measures such as the compulsory quarantining of whole communities and the requirement for certain occupational groups and people entering public buildings to have their temperatures taken<sup>30</sup>.

Many lessons could be drawn from SARS. Firstly, despite their limited and closely controlled entry points, Singapore's borders offered only limited defence against the entry of SARS. Any notion of a "Fortress Singapore" mentality was as futile in the response to SARS as it had been against the Japanese invasion during the Second World War. Secondly, Singapore's economy, as an entrepôt of trade and tourism, risked being severely damaged by the SARS pandemic. The far-reaching effects of the outbreak was seen in the estimated reduction in the number of inbound tourists by between 30 percent and 40 percent in 2003 and in the diminished turnovers of up to 80 percent experienced by some economic sectors compared to

the previous year<sup>31</sup>. Thirdly, nations and organization must cooperate and collaborate with one another to develop strategies against the spread of these contagions and infectious diseases. Finally, it is in Singapore's self-interest to be a key player in international efforts to promote global health security, including dealing with communicable diseases, which are better prevented or controlled in the locations where they emerge rather than when they have reached Singapore.

### **BI-LATERAL AND REGIONAL ENGAGEMENT FOR HEALTH SECURITY**

Despite some tensions in its relations with close neighbor Malaysia, Singapore has sought closer health ties. For example, in 2004 during the avian influenza threat, both countries established cooperative control mechanisms. More recently, Singapore's Health Science Authority (HSA) and Malaysia's Pharmaceutical Control Bureau signed a Memorandum of Understanding (MOU) to control medicinal and health products that are produced and transported between Singapore and Malaysia<sup>32</sup>.

Singapore's membership in regional organizations, including ASEAN, Asia Pacific Economic Cooperation (APEC) and Forum for the East Asia-Latin America Cooperation (FEALAC), has been significant vehicles for regional engagement. In contributing to regional health security, its endorsement of the ASEAN Strategic Framework on Health Development involves a pledge to commit resources to enhance food safety, healthcare access and prevention and preparedness for pandemics and communicable diseases in the region<sup>33</sup>. A wealthy and technologically advanced nation, such as Singapore, cannot indefinitely profess ASEAN solidarity without matching its words with actions.

### **GLOBAL HEALTH ENGAGEMENT**

Singapore has also been increasingly conscious of its ability to contribute to global health security through various international agencies including WHO, the International Labour Organization (ILO) and the Commonwealth of Nations. For example, in 2011, The Ministry of Manpower entered into a partnership agreement with ILO for better human resource development and workplace practices in ASEAN, including occupational health and safety<sup>34</sup>. The signing of the Framework Convention for Tobacco Control (FCTC) committed Singapore, a regional leader in tobacco control, to working collectively with other signatories to stem the tobacco epidemic. The adoption of the U.N. Millennium Development Goals (MDGs) as part of its foreign policy objectives<sup>35</sup> additionally reflects Singapore's desire to contribute to global health objectives such as furthering child and maternal health, environmental sustainability and ending poverty and hunger. Singapore's Health Ministers have also been actively involved in the annual Commonwealth of Nations Health Ministers' Meetings at which health issues such as those pertaining to management of communicable and non-communicable diseases and achievement of the MDGs<sup>36</sup> were discussed.

These recent examples of expanding engagement with international organizations contrast with Singapore's limited involvement in previous decades and

are tempered by considerations of national interest. For example, between 1965 and 2001 Singapore had not ratified a single ILO convention. Despite its longstanding membership of the Commonwealth and attractiveness as a workplace for health professionals from other countries, Singapore has not endorsed the Commonwealth Code of Practice for the International Recruitment of Health Workers. Although it ratified the FCTC, the Singapore government has chosen to prioritise financial gain ahead of its commitment to regional solidarity in tobacco control and through its sovereign investment fund has purchased several million shares in British American Tobacco in neighboring Malaysia<sup>37</sup>.

Global climate change is a major potential threat to human security. Further evidence that Singapore is embracing a more collaborative approach on global health is its accession to the Kyoto Protocol in 2006, after declining to ratify it for more than a decade<sup>38</sup>.

Both national self-interest and global engagement are evident in the case of Singapore's leadership initiative on water security. Singapore is one of the most water supply-vulnerable states in the world. International Water Week, which has been held annually in Singapore since 2008, demonstrates Singapore's leadership in an important issue in human security for large numbers of the world's population. As part of the International Water Week, a Water Leaders Summit is held in which senior officials from governments, international organizations and industries meet to discuss water issues that affect communities worldwide, share expertise, and formulate strategies for developing sustainable supplies of water<sup>39</sup>.

Singapore has hosted a number of high level conferences and meetings that are significant for global health advancement. Such regional and global gatherings serve Singapore's aspirations to be regarded as a global health hub. Recent examples of these are the Conference on Public-Private Collaboration for Global Health Security 2011, which focussed on the need for multi-sectoral collaboration in reducing the impact of risks to health and economies<sup>40</sup>, the 15<sup>th</sup> WHO World Conference on Tobacco or Health and the 14<sup>th</sup> WHO International Conference of Drug Regulatory Authorities 2010. Such global interactions also provide opportunities for Singapore to be further socialized into global thinking about health.

Most significantly, in terms of regional engagement, Singapore hosted the 10<sup>th</sup> Meeting of Health Ministers of ASEAN in 2010 with the theme "Healthy People, Healthy ASEAN" in which member countries "pledged readiness for greater collaboration and solidarity towards achieving the Vision for Healthy ASEAN 2020"<sup>41</sup>. Singapore also chaired the 11<sup>th</sup> Sub-Regional Ministerial Steering Committee (MSC) on Transboundary Haze Pollution and successfully developed a consultative Plan of Action to deal with haze issues in the region<sup>42</sup>. Singapore has experienced several episodes of severe atmospheric pollution due to Indonesian vegetation being burnt off for agricultural purposes.

## **OFFICIAL DEVELOPMENT ASSISTANCE**

Although choosing not to be part of formal international development assistance governance, Singapore has been increasingly active in providing limited humanitarian aid to countries in need, especially those in its region. Tay and Lim, noting the humanitarian aid given by Singapore in response to the tsunami disaster in 2004, observed that there had been a "shift in both word and deed" and argued that it "can be interpreted as a sign that Singapore's engagement with the region and



the wider international community is developing beyond a strictly realist paradigm, to include more elements of humanitarian concern and ethical dimensions”<sup>43</sup>.

Singapore has adopted a three-fold approach in rendering overseas humanitarian assistance, namely disaster relief, bilateral developmental assistance and third-country collaborations. Outside of disaster relief, Singapore seldom provides monetary assistance to developing countries. Instead, it believes in enabling countries to achieve development by contributing to technical assistance and training<sup>44</sup>. Most of Singapore’s development assistance is formalised under the SCP established in 1992. Under the SCP, Singapore shares its experience, knowledge and technical expertise on a diverse range of areas, including developmental and public sector expertise, with developing countries. Through the SCP, Singapore conducts about 300 courses and provides training to approximately 7,000 government officials annually<sup>45</sup>.

Although 170 countries have benefitted from SCP assistance, most are from ASEAN. Training centers have been set up in developing ASEAN nations including Vietnam, Laos, Myanmar and Cambodia under the Initiation for ASEAN Integration (IAI) to provide, in consultation with recipient country officials, a range of training, including environment schemes and health programs<sup>46</sup>. Aware of the benefits of collaboration in furthering human security causes, Singapore has also initiated many third country programs in which it provides technical and developmental assistance in partnership with 44 developed countries and international organizations<sup>47</sup>. In February 2012, Singapore signed an MOU for the Singapore-US Third Country Training Programme to jointly provide technical assistance to developing countries, especially within ASEAN, in areas including public health, humanitarian assistance and economic development<sup>48</sup>.

Notwithstanding Singapore’s lack of formal association with any organization providing overseas development assistance, such as the Organisations for Economic Cooperation and Development’s (OECD) Development Assistance Committee (DAC), it has made humanitarian contributions through these agencies. In both 2002 and 2008, Singapore was among the leading 10 non-DAC country contributors. In the latter year, Singapore was the largest non-DAC donor, and the fifteenth largest government donor, contributing US\$1.2 million to the International Federation of the Red Cross and Red Crescent Societies<sup>49</sup>. In 2010, Singapore was among nine non-DAC countries that had contributed to the Commonwealth Environment Research Facilities (CERF) for the first time<sup>50</sup>.

## **A REGIONAL AND GLOBAL HEALTH HUB**

Building upon its investments in infrastructure, human capital and social stability, Singapore has embarked on ways to use health services to bolster its economy. For some years the Singapore government has been promoting medical tourism as a strategy for economic advancement. Singapore hospitals perform complex medical procedures, such as cardiovascular and neurological surgery, at prices much lower than Western industrialized countries such as the U.S. and U.K. Some insurance companies abroad pay for clients to receive treatment in Singapore as this is more cost-effective than treatment in their home countries<sup>51</sup>. In a gesture to Malaysian sensitivities (large numbers of Malaysian visit Singapore for medical purposes) and recognizing the value of competition, the government allows Singaporeans to seek

approval to use Medisave funds (part of their compulsory provident fund contributions) for hospital treatment in neighboring Malaysia.

Singapore has gone beyond medical tourism in seeking to assure its citizens of high quality health care. Its plans to be a regional, if not global, health hub have included attracting transnational pharmaceutical corporations to establish a presence in Singapore, hosting pharmaceutical drug trials, and establishing centers of excellence to generate research.

Arguably, Singapore has gained, or stands to gain considerable economic advantage and global recognition from its “health hub” developments, further strengthening the imperative for health security engagement with the SE Asian region, which provides the bulk of its medical tourists.

### **CONCLUDING OBSERVATIONS**

Writing on Singapore more than a decade ago, Margolin, in her article ‘New Regional Influence, New World Outlook?’ made the observation that “its leaders have understood that the ‘culture of cynicism and fear’ constructed during the harsh confrontations (both external and internal) of the 1960s, had to give way to a more altruistic, open and confident world-view”<sup>52</sup>. Singapore is now a wealthy, economically developed country with an educated population. Its people enjoy a high level of physical, material and health security, supported by a quality health care system.

Increasingly, Singapore needs to intensify its engagement with countries in the region and beyond. As Fidler has argued, collaborative and collective action on the part of all governments is needed to deal with common threats such as virulent and infectious diseases<sup>53</sup>. This was illustrated by the experience with SARS.

As Bellows has emphasized, Singapore is heavily dependent on countries in the region for imports of food and water as well as labor to support its economy<sup>54</sup>. Singapore is also a significant investor in the region. It is therefore strategically vital that Singapore plays a forward role in contributing to protecting plant, animal and human health in its region as well as strengthening action to protect the environment. Moreover, it would be wise for Singapore not to appear to its regional neighbors as exploiting its fortunate economic and strategic position without playing an appropriate role in strengthening regional human security. As Pocock and Phua have observed, the development of Singapore as a hub for medical tourism means that Singapore has to employ many more health personnel from countries in the region, thus resulting in a movement of medical personnel from these countries and potentially worsening the problem of access for residents in these countries.<sup>55</sup> If Singapore is to avoid resentment about the health personnel “brain drain” from its region, it will need to develop some form of compensation, perhaps in the form of training programs or contributions to clinical education in the relinquishing countries.

While Singapore’s growing contribution to global development is reflected by the substantial increase in country and individual outreach since the inauguration of the SCP in 1992, its lack of association with any formal overseas development assistance organization suggests a desire to dispense overseas humanitarian assistance in accordance with state-centric agenda. The time is right for Singapore to make a commitment towards working with organizations such as DAC to

systematically identify, prevent, mitigate and formulate responses to the critical pervasive threats within developing nations.

Human rights and the protection of vulnerable populations are also integral to human security, including health security. It is therefore timely for Singapore to consolidate its place in the international order as a modern, economically-advanced, globally-engaged state with a highly educated population by embracing the range of multilateral treaties that seek to safeguard human rights. Such a change in orientation on the part of the Singapore government would not only safeguard the human rights of its own citizens, but also signal its intent to engage more fully and legitimately in the global enterprise of realizing human security.

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<sup>1</sup> Commission on Human Security, *Human Security Now*. (New York: Commission on Human Security, 2003), 4

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<sup>3</sup> *Ibid.*, 22

<sup>4</sup> Sabina Akire, “Conceptual Framework for Human Security.” Centre for Research on Inequality, Human Security and Ethnicity (CRISE). Available at: [http://www.qeh.ox.ac.uk/publications/wps/wpdetail?jor\\_id=357](http://www.qeh.ox.ac.uk/publications/wps/wpdetail?jor_id=357).

<sup>5</sup> *Ibid.*, 2

<sup>6</sup> Commission on Human Security, *Human Security Now*, 1

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