



Jakarta (left), Hanoi, Bangkok and some other cities in South-east Asia have some of the world's highest levels of urban air pollution levels, with a large swathe of the region hit by seasonal transboundary haze from burning peatland in Indonesia. PHOTO: AFP

S-E Asia must diffuse a deadly health threat

As lockdowns ease, concerns must be raised over the emissions-health connection, which needs to be far higher on government agendas. **BY VINOD THOMAS**

THE prospect of a second, even deadlier wave of Covid-19 puts into sharper focus the need to heed well-founded scientific health warnings. Over the past decade, alerts on communicable diseases linked to air pollution and global warming have increased sharply. South-east Asia is acutely vulnerable to disease outbreaks because of its high population density, ecological fragility, and lack of preparedness for these risks. Because both communicable diseases and emissions cross borders, the region is only as strong as its weakest link.

Studies show a strong relation between air pollution and the incidence and impact of Covid-19, which partly explains the effect of diminished economic activity in decreasing the damages from the infection. In China, the avoided number of early deaths from better air quality in recent months is estimated to have exceeded the number of those who have died from Covid-19. And there were 11,000 fewer estimated deaths due to air pollution in Europe in the weeks of the lockdown.

Singapore has seen a decline during the "circuit breaker" period in the otherwise elevated levels of air pollutants linked to respiratory and cardiovascular ailments and visits to the doctor. Jakarta, Hanoi, Bangkok and some other cities in South-east Asia have some of the world's highest levels of urban air pollution levels, with a large swathe of the region hit by seasonal transboundary haze from burning peatland in Indonesia. In short, this region should be deeply concerned about the lethal pollution-infection interaction.

POWERFUL MOTIVATION

Before the pandemic, less than 8 per cent of the Asian population breathed air within the World Health Organization (WHO) guideline for fine particulate matter, known as PM 2.5. Globally, some nine million premature deaths a year are associated with air pollution – and adding to this noxious cocktail are greenhouse gases (GHGs), notably carbon dioxide and methane, that are causing global warming and damaging human health.

The cleaner air that the world is still breathing during the pandemic should be a powerful motivation for governments to step up emission controls for air pollution and GHGs. Slowing global warming would have a direct impact on health – for example, by reducing the incidence and intensity of heatwaves that can cause and worsen respiratory illnesses – and an indir-

ect impact, for example, by hurting food security.

Evidence is also emerging on a link between global warming and the emergence or resurgence of diseases. Europe reported its first local transmissions of dengue in 2010. Indonesia, projected to experience increased rainfall, should be alarmed at the growing incidence of vector-borne diseases. And soil-borne diseases, like melioidosis, are now reportedly endemic in Cambodia and Laos, which saw increased rainfall and severe weather events. Furthermore, environmental factors have been shown to aggravate viral infections, like influenza.

So, it is vital that the environment is not further degraded in the scramble to revive economic growth by going back to the bad old ways of achieving short-term growth at any cost. Yet, there is the chance to capitalise on the tantalising glimpse of a cleaner world. The wave of Black Lives Matter protests in the United States and other countries have shown that even in a pandemic people are prepared to make their voices heard for causes they feel passionately about. As lockdowns ease, concerns must be raised over the emission-health connection, which needs to be far higher on government agendas.

For this to happen, there needs to be a groundswell of public acceptance for making difficult choices, accepting trade-offs, and investing in cleaner air even at the expense of other priorities. Spending on climate change prevention and adaptation, by one estimate, provides health benefits amounting to 1.4 to 2.5 times more than the financial cost of these actions. A green energy transition in South-east Asia, for example, could reduce premature deaths by 70 per cent. South-east Asia – indeed, the whole of Asia – would need to make massive policy changes to shift economic growth to a low-carbon path. Asia urgently needs to shift from being a primary contributor to global warming to a region that is a leader in lowering GHG emissions and adapting to the new risks.

Globally some countries are already looking to the long term. Singapore has announced a S\$100 billion plan, mainly for climate adaptation, over the next 100 years, showing the country is looking well over the horizon. Even so, Singapore should consider making a strong early start by front-loading investments, and allocating funds to mitigation and not just adaptation.

The centrepiece of the South-east Asian response should be a commitment by all Asean countries to move to a low-carbon economy. Mo-

tivated by the huge health risks of carbon-heavy growth, Asean could consider an accord – a mini-Paris climate change agreement – with the aim of keeping the commitments to reduce emissions on track. The biggest obstacle to this is South-east Asia's heavy reliance on fossil fuels, which meet 85 per cent of the region's energy needs. A worry is that Indonesia, the Philippines, and Vietnam plan to increase their consumption of coal, the most toxic contributor to GHGs. Singapore relies mostly on natural gas, which, though cleaner than coal, is nevertheless a polluting fossil fuel.

STRENGTHENING COLLABORATION

One idea is to accelerate the roll-out of the Asean Power Grid with a greater focus on solar and wind power. New financial incentives will have to be developed by Asean governments to attract private investments in renewable energy. The United Nations Environment Programme and the Development Bank of Singapore estimate a gap of US\$210 billion a year in green financing in the region over the next 10 years.

Aligned with actions to cut in air pollution and GHGs should be far greater preparedness of health systems to withstand shocks. South-east Asia spends one-fourth on health adaptation than the average of the Americas. Weaknesses and big disparities in public health care are evident in health systems across the region. Thailand and Malaysia are relatively strong on detecting and responding to health hazards. Singapore has a robust health infrastructure and capable medical workers. But gaps are glaring in many Asean countries, particularly in the capacity of health systems, adequate financing, and their use of best practices. One way to make all the region's health systems more resilient to shocks such as pandemics – which of course cross borders – is to strengthen collaboration across countries, and to carry out stronger regional responses.

Scientific warnings do not indicate the time and place of calamities, but they are signals that, in the absence of strong defences, air pollution and global warming will increase the incidence of health catastrophes. What is most needed is a marked increase in spending on health care and national health systems, government and private, to enable a better response to the next health emergency that is surely going to happen.

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