

Forum: General Assembly First Committee

Issue: Combating the spread of diseases in South-East Asia

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Introduction

Over the past century, life expectancy has increased, literacy rate improved, education has risen to one of the world's top priorities, and incomes and opportunities have amplified. With the discovery of vaccines that helped to eradicate smallpox, launched an entire global campaign to eradicate poliomyelitis, and support control of measles, diphtheria and other deadly infectious diseases. Yet, despite these advances, infectious diseases remain the leading cause of death in developing countries, especially South-East Asia, which is no exception. As human technology progresses and development is made every single day, it has come to the human race's concern that the emerging epidemics have had a severe impact on global health and well-being, and economic development. Unfortunately, factually, South-East Asia has been at the center of such epidemics. Arguably, the spreading of such diseases is at its peak in South-East Asia. Dengue fever, Japanese encephalitis, leptospirosis and drug-resistant malaria are only some of the most well-known and common diseases that sadly has affected the global population heavily over the years.

One problem encountered when combating these diseases and disease prevention is the economic limit of the South-east Asian country, one similarity is that they are mostly developing. As an example, the outbreaks of SARS and avian influenza alone in these countries created losses that are estimated at billions of dollars. Although the UN has made previous attempts to solve the issue and achieved considerable success in containing these diseases to some extent. Recent outbreaks of the epidemic outbreaks prove that the global effort has not been successful in preventing the spread of the diseases and deaths from occurring. Public health, sanitation and awareness of disease-prevention for the South-East Asian region is a big priority and a crucial step in Combating the spread of diseases. Although economically developed countries such as the United States of America and France has long gotten rid of these diseases and been in the forefront of contributing to combating the spread of such diseases., less economically developed countries are still extremely vulnerable to pandemics and epidemics. Specifically, with reasons being; having a weak public health system, inadequate medical resources, and poor state of preparedness. To emphasize once again the importance of solving this crisis, it must be acknowledged that continuing to allow for the spread of diseases in South-East Asia means that the rest of the world is at equal risk, thus, in order to preserve the health of the global population, combating the spread of diseases in South-East Asia is of utmost importance.

Definition of Key Terms

South-East Asia Region (SEAR)

Includes the countries of Cambodia, Indonesia, Laos, Malaysia, Burma (Myanmar), Philippines, Singapore, Thailand, and Vietnam.

Epidemics

An occurrence of an infectious disease in a community at a particular time. In this case, diseases that are currently being spread are all epidemics. Usually referring to a disease that quickly and severely affects a large number of people and then subsides.

Pandemics

A disease that is prevalent all over the world, meaning that it is very wide spread, in continents and even worldly.

General Overview

History of diseases

Infectious diseases are becoming more prevalent in South East Asia. The past two decades have seen more than 30 re-emerging diseases and unexpected outbreaks of new infectious diseases. Global pandemics have included HIV/AIDS, diphtheria, malaria, measles, poliomyelitis, and H1-N1 (swine flu); regional epidemics have included Severe Acute Respiratory Syndrome (SARS), and H5-N1 (avian flu). Those diseases are responsible for approximately 15 percent of the 37 million deaths worldwide in 2009, and more than a third of the diseases were in the Asia-Pacific region. In the latest decade, cases of avian flu affecting humans were reported in Asia, with 440 people in 15 countries infected, resulting in 262 human deaths. Although avian flu virus has not been reported as transferred human-to-human, the risk of a more extensive outbreak remains significant. In 2003, about 8,000 cases of SARS were reported, resulting in 800 deaths, mainly in East Asia.

Statistics

Infectious diseases in the SEAR are estimated to be responsible for about 40% of the 14 million deaths annually in the Region and account for 28% of the global burden of infectious diseases. Children show greater vulnerability. Infectious diseases represent 7 out of 10 top causes of child deaths in these developing countries, and account for nearly 60% of all deaths. More than 80% of the population in SEAR continues to live in malaria-ridden areas of which 178.8 million are at high risk. On an average, 2 to 2.5 million cases of malaria are recorded each year with approximately 27,000 deaths and an annual economic loss of US\$ 2 billion. HIV/AIDS is one of the most rapidly growing epidemics globally. HIV has already spread to more than 6 million people in SEAR.

Diseases (examples)

Diseases spread by insects

Malaria: a fever caused by a parasite that invades the red blood cells. The parasite is transmitted by mosquitoes in many tropical and subtropical regions, especially in South-East Asia.

Dengue fever: a viral disease of the tropics, transmitted by mosquitoes, and causing sudden fever and acute pains in the joints. Common in the South-East Asian region.

Japanese Encephalitis: a rarer disease that is transmitted by mosquitos that causes inflammation to the brain and severe infections.

Yellow fever: a viral disease spread by a mosquito bite. Many South-East Asian countries require a vaccination. It affects the liver and kidneys, causing fever and jaundice and often fatal. Common in the South-East Asian region.

Diseases transmitted through food and water

Typhoid fever: a severe infectious bacterial fever with an eruption of red spots on the chest and abdomen and severe intestinal irritation.

Cholera: an infectious and often fatal bacterial disease of the small intestine, typically contracted from infected water supplies and causing severe vomiting and diarrhea. Risk for travelers especially.

Hepatitis A: a form of common viral hepatitis transmitted in food, causing fever and jaundice. High risk, especially for travelers, very easily contracted. This disease has many reported cases in the South –East Asian region.

Parasites: these infections are acquired by eating or drinking contaminated food or water, through direct contact with soil or water containing parasites or their larva, or by contact with biting insects. Symptoms include fever, swollen lymph nodes, rashes or itchy skin, digestive problems such as abdominal pain or diarrhea, eye problems, and anemia. Very common and high risk I the South-East Asian Region.

Diseases transmitted through intimate contact

HIV/AIDS: a disease in which there is a severe loss of the body's cellular immunity, greatly lowering the resistance to infection and malignancy. It is found to be prevalent around the region, all citizens and travelers are vulnerable.

Hepatitis B: a severe form of viral hepatitis transmitted in infected blood, causing fever, debility, and jaundice. The risk of Hepatitis B virus infection is high for Southeast Asia. The risk to the

individual international traveler is determined by the extent of: (1) direct contact with blood or other body fluids, etc.; (2) intimate sexual contact with an infected person; (3) the duration of travel.

Other diseases

Schistosomiasis (Bilharzia): a chronic disease, endemic in parts of Africa and South America, caused by infestation with blood flukes (schistosomes). Rare in the South-East Asian Region, however, there has been increasingly many cases and reports of this disease.

Rabies (Hydrophobia): a contagious and fatal viral disease of dogs and other mammals that causes madness and convulsions, transmissible through the saliva to humans. Mostly prevalent in rural areas, common in the South-East Asian Region, very dangerous and fatal.

Why SEAR?

Economic development

A signature similarity that most of the SEA countries have in common is their lack of economic development. This may seem in the norm however having a lack of economic independence actually results in many serious consequences. The healthcare infrastructure and their public health is not at a good state, in many places, where it is shown and recorded to be below legal requirements in qualification, certification, sanitation, and facilities. The lack of economic progress in these countries is a big factor contributing to the spread of diseases in the SEAR.

Most importantly, due to the fact that Asia is in this bad economic state, we have entered a phase of rapid industrialization and development in all the different sectors and all the different countries, the SEAR in particular, this high speed development for the past few decades mean industrial waste, pollution, contamination of natural resources, and overcrowded countries. The population density in SEA countries such as Indonesia and Laos is actually 10 times higher than Australia and France. By 2020, 400 million business travelers and tourists are expected in the Asia-Pacific region annually, compared to 100 million in 2000. The increase of close contact between people in confined spaces could promote disease transmission. All of these issues mean that there is a bigger chance of contracting a disease in the SEAR than in any other place in the world.

Education

The SEAR is known to have a lower literacy rate than the rest of the world, largely due to the lack of economic development, also a higher dropout rate and unemployment rate. This indicates poor public health. When people are educated and can read, they can know about safety precautions, sanitary needs, and the importance of preventing diseases. Their lack thereof results in a much higher possibility of contracting a disease in the SEAR and causes the SEAR to be filled with different types of diseases.

Climate

The SEAR is geographically located in a very tropical region on the map. Higher temperature and higher levels of humidity make diseases even easier to contract and more contagious, not only this, the horrible climate conditions make infections harder to heal and therefore causes many airborne diseases to spread rapidly too. In addition, climate change could also spread infectious diseases, as rising global temperatures affect global ecosystems and lead to more tropical diseases such as malaria and dengue fever expanding into temperate regions. Since the 1970s, climate change has contributed to 150,000 more deaths every year from pandemic disease, according to the Australian think tank the Lowy Institute, with over half of the deaths in Asia.

UN Involvement, Relevant Resolutions, Treaties and Events

The UN has not officially addressed the issue in the past or taken it as one of the more urgent issues, but the death toll and reports that came in since 2017 for the UN quota has proven that it is indeed, extremely crucial and the situation is deteriorating as we speak. The General Assembly although, has adopted a resolution on the issue of “Prevention and control of non-communicable diseases” although it was by no means targeted at the South East Asian Region situation, it signifies that they have taken such issues into account. With the World Health Organization though, the UN has, multiple times reported on this issue, once again, showing that they do, in fact, acknowledge its importance, however, it is time to solve it one and for all. Around 2014, the document dated back to summarizing progress since 2011, all though mostly concerning non-communicable diseases and prevention. In conclusion, the UN has unfortunately failed to properly address the issue of combating the spread of disease in South East Asia.

Timeline of Events

As there is not a plentiful amount of UN resolutions or activity regarding the issue at hand, the main content of this timeline will be anything that has been implemented in order to combat diseases in the South East Asian Region.

Date	Description of event
November, 2001	the Steering Committee for Prevention and Control of Infectious Diseases in Asia sees great development and improvement, the most active year invested in research reports and detailed investigations.
April, 2003	Huge outbreak of SARS in Vietnam and other major SEA countries.
2004	Vietnam conscientiously implemented detection and protection measures and disclosed information on diseases to its citizens
June, 2007	Indonesia and India were amongst the two highest of the five countries of TB cases according to research conducted by the WHO

Possible Solutions

Establish quarantines in regions most prone to diseases

This solution is directed towards infectious and communicable diseases. Establishing a viable quarantine could be a crucial and key step in corresponding to the dangerous spread of these diseases. Moreover, a quarantine means that the disease can not only be contained, but also investigated and cure, effectively reducing the risk of further infection and fatal reactions. Such facilities should be manned with medical staff, volunteers, medicine, and facilities such as beds, and sufficient professional medical equipment, such as cloth, trays, syringes, sanitizers, and etc. This would be an extremely effective solution, other than the fact that it would have a large financial cost. It would certainly take a long time to build these quarantine centers itself, let alone gaining the qualifications for all the medical personnel, and performing all the required medical procedures. The order inside the quarantines will be hard to enforce and follow, so there is a likely chance of the plan failing.

Effective border control to prevent further spread

Just as the heading sounds, this target is very ambitious, and aims to make a huge change in containing these diseases. Establishing a stronger and more secure border control could just be the key to solving this issue. Ensuring that no disease could cross through the border and be transmitted internationally, this move could contain and essentially trap the disease in its origin, effectively preventing a bigger further spread. However, this solution will be very hard to enforce and secure, as it is necessary for guards and security personnel to be extremely meticulous when looking for symptoms of any of these diseases. The citizens and travelers will also have to be obedient and voluntary in order for staff to perform protocol. Nevertheless, if this technique is introduced correctly, it could absolutely be an essential step in stopping diseases from spreading transnationally.

Civilian awareness to enhance public health

This is a great example of a cost-effective and simple way to address the issue. Civilian awareness is often a cause that is underestimated, but it is of extreme importance that it is addressed, especially pertaining to this issue: combating the spread of diseases. Everyone knows that a major factor that contributes to the spread of disease is sanitation and public health, as mentioned in other sections, the main reason that such severe diseases are so prevalent in the South East Asian region is because of their poor public health, especially in rural areas. Encouraging the citizens to perform even the simplest procedure of wearing a face mask more often, wash clothes and plates and bowls better, and washing their hands more frequently could make all the difference. Not only public health, this could make them more conscious of the existent risks lurking under the surface of human contact, eating foods, drinking water, and etc. However, one downside of this solution is if it backfires. The sudden awareness raising actions could alarm civilians and or cause them to do the opposite, this has the potential of being an extremely ineffective move.

Review of the public health infrastructure in the SEAR

This is a solution that is aimed to tackle the root of this issue: poor public health in their countries due to lack of economic development and education. A review of the public health infrastructure could just wipe out the basis that all the disease has been built on. This means renovations of medical and healthcare facilities, increasing civilian access to necessary medicine, providing the citizens with more knowledge regarding health, sanitation, disease awareness, and so much more. Many other tasks could also be achieved by this complete “renovation” of reviewing the public health infrastructure, and it would make a big change in all of the South East Asian countries. However, this solution has many underlying flaws, this will be very financially exhausting, it could completely deplete the countries of their resources and be ineffective and inefficient in many ways. Not to mention that it would be extremely difficult to enforce and continue as a long term project, as the scale of it would be just too massive.

Financial support from MEDCs warranted

This is an absolutely vital step to initiating any solutions also link to the one above. As mentioned in other sections, a main problem and also a similarity in most of the South East Asian country is their lack of economic development, which directly impacts the budget and concentration that they have on this issue. Their low budget will cause them to completely undermine and even ignore this extremely severe issue, therefore, this solution is crucial. Gaining necessary financial support from more economically developed countries would mean the world to initiating any operations regarding the resolution of this very problem. With a bigger budget, they will be able to renovate, renew, and change, they will be able to divert resources to areas of urgent need, and it would make a huge difference to the South East Asian Region. However, this is a big ask. It is not as simple as it may sound to just acquire financial support from these countries, there is a very complex, long chain of procedures, contracts, documents, and a lot of negotiation before this will even be considered possible, so it could be very ineffective.

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