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ECONOMIC AND SOCIAL COUNCIL (ECOSOC)

DESCRIPTION OF THE COMMITTEE

The Economic and Social Council (ECOSOC) oversees the economic and social work undertaken within the UN system. Member countries debate economic and social issues, and many different UN organizations that address these issues report to ECOSOC.

Unlike the General Assembly, which includes all 192 member states, ECOSOC has only 54 members. Member states are elected by the General Assembly, and are selected to represent each region of the world. They serve three-year terms. Members create and vote on resolutions to address global concerns; each resolution requires a simple majority to pass.

TOPIC: MALARIA, TUBERCULOSIS AND INFECTIOUS DISEASES

INTRODUCTION

Over 14 million people die each year from **infectious diseases**. In **developing countries**, infectious diseases cause as many as one in three deaths. Diseases affect these poorer countries so severely because medical care is not available to many people. Infectious diseases that would be easily cured in richer, more developed countries are life-threatening to people in less developed countries.

Infectious diseases are those caused by organisms, such as bacteria or viruses, which enter and reproduce within a person's body. Malaria, measles, tuberculosis and HIV/AIDS are all examples of infectious diseases. An infectious disease may or may not be **contagious**, or able to be spread to others.

Over the past two decades, due to the global AIDS **pandemic**, infectious diseases have had an immense public health impact. Because HIV/AIDS weakens people's **immune systems**, HIV-positive people become more vulnerable to infectious diseases of all types.

BACKGROUND

Some infectious diseases receive a great deal of media attention and can prompt worldwide emergency measures. Diseases that can start epidemics, such as influenza (the "flu"), SARS,

meningitis, cholera and Ebola, are causes for concern in both developed and developing countries. In addition, fears of international terrorism have heightened concerns over infectious diseases, such as smallpox and anthrax, which could be used as biological weapons.

However, there are many diseases that do not receive much media attention. As a result, people may be unaware of how these diseases negatively affect global health and development. Although these diseases do not always kill people, they can cause lifelong disabilities as well as social and economic problems for survivors. Some of these diseases are leprosy, rabies, Buruli ulcer, sleeping sickness and Dengue fever.[*]

Low levels of **development** often create conditions for infectious-disease outbreaks. People living in underdeveloped areas lack access to basic health care and are less able to protect themselves from illness. In fact, most infectious-disease deaths occur in countries where one third of the population lives on less than one dollar a day.[1]

Infectious diseases also reinforce poor development. **Epidemics** slow economic and social development and place large burdens on families, communities and nations that take care of the sick. Infectious diseases also have a greater effect on poor populations within countries because these people often do not receive good medical care. If an infectious disease causes a poorer person to miss time at work or even to lose their job, they have fewer resources to fall back on.

Malaria and **tuberculosis** are two of the most serious and widespread threats to public health and development in many countries. A person who becomes sick with tuberculosis is unable to go to work—they usually lose three to four months of wages, up to one third of a family's annual income. Malaria is also extremely costly. In fact, it is slowing economic growth in Africa by up to 1.3 percent per year.[2] Almost 60 percent of all malarial deaths occur in the poorest 20 percent of the world.[3]

CRITICAL THINKING

People living in extreme poverty are vulnerable to infectious diseases. These diseases, in turn, make poverty worse. They can also cause decline in the economy, education, environment, political stability and gender equality of a country. How do you think this happens?

Malaria

Malaria is a disease spread by mosquitoes. Parasites enter a person's blood after he or she is bitten by a mosquito that carries them. From there the parasites travel via the blood to the liver, where they multiply. Eventually, these parasites invade other organs. Individuals who contract malaria show signs including severe exhaustion, high fever, sweating and chills.

Malaria is most common where mosquitoes breed year-round, mainly in tropical and sub-tropical regions. 90 percent of malaria cases occur in sub-Saharan Africa, where malaria has become the

[*] For more information on these and other infectious diseases, visit www.who.int/topics/en.

leading cause of death among children.[4] Other high-risk groups include pregnant women and people who have not developed immunity to the disease, such as travelers, refugees and workers entering disease-prone areas.

Malaria is curable, especially when it is identified early. But people need to have access to health care in order to receive treatment. If left untreated, malaria can affect the kidneys and brain and even cause death. Malaria may also cause brain damage and learning disorders in child survivors.

Another way to reduce the number of malaria cases is to distribute chemically treated mosquito netting. This netting is placed over a person's bed at night to protect against mosquito bites. Finally, health officials can distribute insecticide for people to use in their houses.

Unfortunately, not enough nets are manufactured and distributed to the areas that need them most, and few people receive household insecticides. For extremely poor populations, these life-saving measures are luxuries they cannot afford.

THE MALARIA EPIDEMIC IN STATISTICS

- Although malaria has been estimated to cost Africa more than 12 billion dollars every year in lost gross domestic product (GDP), it could be controlled for a fraction of that cost.
- One African child dies of Malaria every 30 seconds.
- There are at least 300 million acute cases of malaria worldwide each year.
- Malaria accounts for 40 percent of the world's public health spending.

Source: "Malaria in Africa," 2004 Roll Back Malaria Partnership: http://rbm.who.int/partnership

A malaria vaccine could also potentially save millions of lives around the world. In October 2004, the World Health Organization (WHO) announced that scientists had developed an effective vaccine, but stressed that additional testing and development will be necessary. It is too early to tell when this vaccine might be widely available, how much it will cost or how it can be distributed.

Tuberculosis

Tuberculosis (TB) is a contagious disease that infects the lungs. One third of the world's population is infected with the organism that causes TB. However, only 5 to 10 percent of these people will become sick during their lifetimes.[5]

When people are sick with TB, their tuberculosis is considered "active." But there are many people who carry TB in their lungs for an entire lifetime without becoming sick. These people have "inactive" TB. Only those people who have "active" TB can spread the disease to others by coughing or sneezing.

THE TUBERCULOSIS EPIDEMIC IN STATISTICS

- TB kills two million people per year. It is the most serious public health concern in the world.
- There are about eight million new cases of TB each year.
- Someone in the world is newly infected with TB every second.
- In countries with high HIV-infection rates, cases of TB have tripled or even quadrupled in the past 15 years.

Sources: "Tuberculosis," World Health Organization, www.who.int

Although treatment for TB is available, some strains of the disease have become drug-resistant and no longer respond to regular medicines. If people develop tuberculosis, they can take a drug in order to combat the disease. However, if they stop taking the drug too early—either because they begin to feel better and do not go back to the doctor, or because they cannot afford or obtain the drug anymore—the disease can grow worse. Sometimes, it can even become **resistant** to the drug. If people then return to the doctor to begin the same treatment again, the tuberculosis strain may have "learned" how to counteract it.

Many experts are concerned about the improper use of antibiotics—drugs that kill bacteria. Too often, people do not finish a course of antibiotics, which allow bacteria to become resistant. This poses major problems, as illnesses that once posed little threat to people can become untreatable and deadly.

Drugs to treat TB may not be available in certain areas, particularly in developing regions. And once an individual gets a strain of the disease that is resistant to a common drug, he or she can spread that strain to others. In the end, improperly treating tuberculosis is actually worse for the population than not treating the disease at all.

The World Health Organization developed a strategy called DOTS, or "directly observed treatment, short course." Through DOTS, health officials or volunteers actually observe patients taking their TB treatment for as long as is required (usually six to eight months). This ensures that people infected with the disease do not stop taking their medicines too soon. It is a simple strategy and relatively cheap.

According to WHO, 180 countries were implementing DOTS by the end of 2002. Through the strategy, some 37 percent of all TB patients were being treated.[6] But even though DOTS is a very successful strategy, many countries are not able to use it because they do not have enough TB medicine. According to the Global TB Drug Facility, it will cost $14.3 million to get drugs to all the TB patients who need them.[7]

Countries need to make a commitment to fighting TB and provide enough money to expand DOTS. Because TB can only be spread by patients who have symptoms, it is very important to

identify people who are sick with the disease and treat them quickly. Quick treatment is the best way to prevent widespread outbreaks of TB.

HIV/AIDS and Infectious Diseases

Because HIV/AIDS weakens a person's immune system, infectious diseases like malaria and TB are a greater threat to HIV-positive people than to others. Of the 25 million Africans now living with HIV, it is estimated that eight million also carry TB. Half of those people, or four million people in all, will develop active TB at some point in their lives. Without treatment, an HIV-positive person sick with TB usually does not live longer than a couple of months.[8]

Experts concluded that half a million African lives could be saved each year if HIV/AIDS and TB were dealt with jointly. Combating the infectious diseases that kill HIV-positive people is a vital part of the fight against HIV/AIDS.

PAST INTERNATIONAL ACTION

Through the Millennium Development Goals (MDGs)—a set of achievements that all nations agreed to work toward in the 21st century—the international community acknowledged that infectious diseases hold back development. Goal number six calls on countries to combat HIV/AIDS, malaria and other diseases. The target for this goal is to reverse the spread of these diseases by the year 2015.[9]

Today, many different UN bodies work toward this goal. The World Health Organization is the primary UN agency that coordinates efforts against infectious diseases. WHO has regional offices around the world and works closely with nongovernmental organizations (NGOs) to fight a variety of infectious diseases. It also tries to improve health conditions and make sure that diseases cannot flourish.

International Action on Malaria

The Roll Back Malaria global partnership (RBM) is another initiative of WHO, UNDP, UNICEF and the World Bank. The partnership works with governments, international agencies, nongovernmental organizations and corporations to reduce the costs of malaria. RBM's goal is to halve the burden of malaria by 2010.[10]

A meeting of health officials and business representatives held in Johannesburg, South Africa in September 2004 addressed preventing the spread of malaria. The meeting focused on making chemically treated mosquito nets more widely available. UNICEF, which purchases and distributes the most nets worldwide, estimated that the production would have to increase from 13 million nets per year to 30-40 million nets per year to meet the demand.[11]

But some countries have begun policies that are cheaper and more effective than nets, though they have other costs such as causing environmental problems. South Africa, for instance, has begun a very effective anti-malaria campaign by providing communities with an insecticide to

protect houses from mosquitoes. But this insecticide may be damaging to the environment if overused. Officials in South Africa assert that the amount used to spray houses and the way the procedure is done limits environmental problems. But the World Health Organization still advises against this method, even if it may be more effective and cheaper.

Global Programs to Fight Infectious Diseases

WHO has recently opened the WHO Mediterranean Centre (WMC) for Vulnerability Reduction. This center, located in Tunisia, is important because it fights infectious disease by combating inequality in health care. In many parts of the world, people of certain races, genders or economic statuses cannot get adequate health services. The WMC examines factors that prevent people from having equal access to medical treatment or necessary drugs. It then works to overcome these obstacles in order to combat discrimination in health care. In terms of infectious diseases, the WMC is joining the fight to provide full malaria treatment for all people and helping distribute life-saving vaccines for a variety of illnesses.

CRITICAL THINKING

What kinds of factors might prevent people from having equal access to medical treatment? How are these factors related to the struggle for economic and social development?

Another program that helps coordinate international efforts against infectious disease is the Special Programme for Research and Training in Tropical Diseases (TDR). TDR is cosponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO. But this program does not have its own laboratories, hospitals or medical buildings. Instead, it supports the work of doctors and researchers around the world who are looking for ways to treat infectious diseases that affect poor and disadvantaged people. TDR currently works on 10 diseases, which include TB and malaria in addition to other lesser-known ones that usually receive little attention.

The Global Fund to fight AIDS, TB and Malaria is another innovative health partnership. The Global Fund includes governments, businesses, nongovernmental organizations (NGOs) and communities that have been affected by these diseases. The Fund does not implement any programs itself, but provides the money necessary for projects to fight infectious disease.

However, money from the Fund comes from donors—mainly countries—and this money has slowly been drying up. According to the Global Fund's executive director, donors have pledged only $900 million when over $3.5 billion will be needed to fund projects in 2005 alone.

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International Action on TB

The Stop TB Partnership is a global campaign to halt the spread of tuberculosis. The partnership seeks to eliminate TB entirely within the next 50 years. In 2003, the Stop TB Trust Fund was established at the World Bank to help fund the initiative. The partnership seeks to expand DOTS worldwide.

DOTS has been successful because it involves building political support to tackle the threat of TB. The strategy helps to stop the spread of TB by calling for fast and accurate diagnosis of TB and a full course of treatment. DOTS helps prevent drug resistance by ensuring that the patient receives the entire course of treatment. A six-month supply of drugs for treatment under the DOTS strategy costs as little as ten dollars per patient in some parts of the world. The cost of expanding DOTS to all countries with high TB levels would be $300 million a year.

SUCCESS STORY: DOTS IN CHINA

The World Bank has ranked the DOTS strategy as one of the "most cost-effective of all health interventions." In China, TB cases dropped by more than 30 percent in provinces where DOTS was implemented.

Source: WHO, www.who.int.

RECOMMENDATIONS FOR CREATING A RESOLUTION

Delegates should address the following when creating draft resolutions:

- Stating how preventing disease is needed to achieve other economic and social goals;
- Specifying which methods of preventing malaria, TB and other diseases are best; and
- Stating how the international community can raise money for these programs.

TERMS AND CONCEPTS

Infectious diseases: diseases caused by organisms, such as bacteria or viruses, which enter and reproduce within a person's body

Contagious, communicable: capable of transmitting disease, capable of being spread to others.

Pandemic: an epidemic that spreads through several populations, regions, countries or even continents. The AIDS epidemic affects so many people, in so many places, that it is considered a global pandemic.

Immune system: the body's defense against diseases and infections.

Development: the complex process of making services, technology, education and healthcare available to a population. This usually involves building government infrastructure, the availability of medical care and education, the empowerment of women, the preservation of basic human rights and the creation of a strong economy.

Epidemics: spreading rapidly and extensively by infection and affecting many individuals in an area or a population.

Malaria: an infectious disease characterized by chills, fever and sweating. Malaria is caused by a parasite, which is spread from person to person by mosquitoes.

Tuberculosis (TB): an infectious disease caused by a species of bacteria. TB deforms the lung tissue and causes patients to become weak and suffer breathing difficulty. TB often develops long after the initial infection.

Endemic: prevalent in, or originating from, a particular area.

Resistant: not affected by medicines. Bacteria often become resistant to medicines when patients do not complete a course of antibiotics. The bacteria that survive the antibiotics become immune to the medicine. When harmless or minor illnesses become resistant to drugs, they can cause severe outbreaks of disease, and can even become fatal.

SOURCES FOR RESEARCH

World Health Organization (WHO) www.who.int

The Roll-Back Malaria Partnership http://rbm.who.int

Millennium Development Goals www.unicef.org/mdg

The Stop TB Partnership www.stoptb.org

REFERENCES

[1] "Strategic Orientations 2002-2003 by Area of Work," 2003 World Health Organization, www.who.int
[2] Malaria MDG Factsheet, www.dfid.gov.uk/pubs/files/mdg-factsheets/malariafactsheet.pdf
[3] "HIV/AIDS, TB and Malaria Cluster Highlights of HIV/AIDS, TB and Malaria," 2003, WHO, www.who.int/infectious-disease-news , www.un.org/news
[4] Malaria," 2004 BBC News, 8 February 2003. http://news.bbc.co.uk
[5] "Tuberculosis," 2004 World Health Organization. March 2004. www.who.int/mediacentre/factsheets/fs104/en/
[6] "Tuberculosis," World Health Organization.
[7] "Facts and Figures" 2004 Global Drug Facility. http://www.stoptb.org/GDF/whatis/facts_and_figures.asp
[8] "TB Treatment Plus HIV Tests Could Save Half-Million African Lives Annually," *UN News Service*, September 21, 2004.
[9] Malaria MDG Factsheet, www.dfid.gov.uk/pubs/files/mdg-factsheets/malariafactsheet.pdf
[10] The Roll Back Malaria Partnership http://rbm.who.int
[11]"UN-Backed Talks Look For Production Boost in Anti-Malaria Nets," UN News Service, 2004 United Nations, 23 September 2004, www.un.org/news.
[12] The Roll Back Malaria Partnership http://rbm.who.int
[13]"UN-Backed Talks Look For Production Boost in Anti-Malaria Nets," UN News Service, 2004 United Nations, 23 September 2004, www.un.org/news.