



ANKU COLLEGE MODEL UNITED NATIONS 2020

COMMITTEE: GA 3: Social, Humanitarian and Cultural

ISSUE: Diseases carried with immigrants from 3rd World Countries

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POSITION : Co - chair

Hello everybody. My name is Ilgin Nehir AKSOY. It is my pleasure to serve as the co-chair of this committee. From the first day of grade six , Model United Nations has played an important role in my life. I hope that each of the delegates will have the same memorable experiences as I had in this conference and continue participating in different MUN conferences.

INTRODUCTION:

The health problems of immigrants in fact are similar to other members of the population. Accidental injuries, hypothermia, burns, gastrointestinal diseases, cardiovascular events, pregnancy-associated conditions, diabetes and hypertension are one of the most frequently encountered health conditions. The movement of population brings its own risks like psychosocial disorders, newborn mortality, nutrition problems, alcoholism, increased violence and infectious diseases.

The association between migration and infectious disease is not clear. Poverty rather than immigration is responsible for communicable disease. Migrants come from countries within war or economic crisis and take long and debilitating journeys. As a result of migration disease germs travels from one place to another, absence or interruption of adequate and appropriate health care, poor living conditions and suboptimal hygiene not only prevent treatment but also increase the risk of transmission. Vulnerable individuals especially children are under risk. Respiratory infections, gastrointestinal problems, food and water-born diseases (cholera),

tuberculosis, HIV, viral hepatitis, coronavirus (2019-nCoV), vector-borne diseases, measles are diseases that should be specifically emphasized however it should be noted that regular travellers, tourists and health care workers have role in importation of disease even more than the immigrants.

DEFINITION OF KEY TERMS:

Immigrant: A person who comes to live permanently in a foreign country

Respiratory Infections: Any of a number of infectious diseases involving the respiratory tract.

HIV: Human Immunodeficiency Virus

Coronavirus (2019-nCoV): The Centers for Disease Control and Prevention (CDC) is closely monitoring developments around an outbreak caused by a novel (new) coronavirus first identified in Wuhan, Hubei Province, China. Chinese authorities identified the new coronavirus, which has resulted in hundreds of confirmed cases in China, including cases outside Wuhan City, with additional cases being identified in a growing number of countries internationally.

Vector-borne disease: Vector-borne diseases are human illnesses caused by parasites, viruses and bacteria that are transmitted by mosquitoes, sandflies, bugs, blackflies, ticks, tsetse flies, mites, snails and lice. The major vector-borne diseases, together, account for around 17% of all infectious diseases.

Immunity: the ability of an organism to resist a particular infection or toxin by the action of specific antibodies or sensitized white blood cells.

Pathogen: a bacterium, virus, or other microorganism that can cause disease.

Vaccination: treatment with a vaccine to produce immunity against a disease; inoculation.

(The bold ones are from Google's own definition services)

OVERVIEW:

The contagious diseases have created a major impact on human lives. As we hear the news of a novel coronavirus 2019-nCov originated in China, we understand that no part of the world is immune from disease transmission. Though the fear of infectious diseases has been used as a ground for efforts to prevent immigrations, regular travelers or tourists also have an even amount of responsibility for transportation of diseases. However migration, war, trade caused germs to travel from one place to another throughout the history. African slave trade played a role in the transmission of yellow fever, hookworm, malaria and cholera. The Spanish Flu pandemic killed over 20 million between 1918 and 1919. The immigrants from Europe carried diphtheria, influenza, measles, mumps and many other diseases to America, today immigrants from 3rd world countries are held being responsible for transmission of diseases. The most frequent health problems of immigrants are no different than the rest of the population and there is no documented systemic association between infectious diseases and migration. In fact poverty is the main reason for increased risk for communicable diseases. Migrants' background situations in their home country which are usually affected by war or economic crisis, long and exhausting journey they endure, poor hygiene, lack of safe water and adequate sanitation, lack or inconsistency of health care, absence or limited access to vaccines and antibiotics are the barriers to optimum treatment of infectious diseases and prevention of transmission. Vulnerable people like children, pregnant women, elderly are especially at risk. Good healthcare is a requirement for all of the people and the immigrants who are travelling and migrating from the 3rd world countries do not have proper access to these types of care.



The World Health Organisation (WHO) and many other organisations are looking for solutions to strengthen the capacity of the health care systems to meet the health needs of mixed flows of refugees and migrants and host populations. It is also aiming to solve the issues of the sensitive health policies of the immigrants and improve the quality of the health services which are delivered. It is not easy to measure the extent and distribution of infectious diseases because of reporting problems. In order to have complete control of the diseases which are transmitted by the immigrants first of all each and every single immigrant must be documented. All of the refugees and immigrants must have complete access to a hospitable environment and when needed high quality care. None of them must be discriminated. Numerous refugees are now living in the borders of different countries and since they do not have any documentation it is impossible to find out the diseases that they could have been carrying and transmitting and cure them properly. In various sources, screening is presented as a solution to the diseases which are transmitted by the travelling population. However WHO believes that the certain benefit of this action is not certain and it can cause anxiety problems in all of the refugees. WHO recommends to offer health checks and provide all of the refugees access to the health care systems which are present in different parts of the countries and in some of the refugee camps. Malaria, tuberculosis and varicella had been documented to be transmitted through immigrants. Viral hepatitis, polio, influenza, SARS and coronavirus infections also need particular attention. Sexually transmitted disease along with HIV should also be carefully surveillanced.

RELEVANT ACTORS AND BODIES:

The World Health Organization(WHO):

The most important role is played by the WHO. The main aim is to find suitable solutions to the health problems which are taking place worldwide. It suggests which action will be more suitable compared to the others in order to find logical solutions to the diseases which are carried by the immigrants of the 3rd world countries. WHO

suggests and regulates basic procedures which will enable the countries to solve the issue. They provide suitable guidelines about the diseases all around the globe, they provide the proper statistics and it is the biggest organization all around the world which is concerned with the health of the different populations.

Centers For Disease Control and Prevention (CDC)

CDC is the leading national public health institute of the United States. The main aim is to protect public health and safety through the control and prevention of disease, injury, and disability in the US and internationally. CDC work on immigrant health by providing guidelines for disease screening and treatment, tracking and reporting disease, acting against disease outbreaks, advising U.S partners on health care for immigrants and educating and communicating with immigrants.

TREATIES AND INITIATIVES:

At Seventy-Second World Health Assembly in May 2019 “Promoting the health of refugees and migrants” Draft Global Action plan is discussed.

The M8 Alliance of Academic Health Centers, Universities and National Academies is the academic foundation of the World Health Summit. The network consists of 28 members in 19 countries, including the InterAcademy Partnership, which represents the national academies of medicine and science in 130 countries. In 2017, the M8 Alliance held their first Expert Meeting in Rome. Attended by participants from around the world, the meeting examined the health of migrants and refugees. Results from discussions and from the literature were synthesized to develop an “agenda of solutions”. They held follow up meeting in 2019.

The International Health Regulations (IHR) first approved in 1969 and currently using 2005, agreement between 196 countries, including all WHO Member States aims to work together for global health security. Participating countries agreed to build their capacities to detect, assess and report public health events.

SPECIFIC ANALYSIS ON RELEVANT CONFLICTS AND PROBLEMS:

International Health Regulations first approved in 1969 aims to provide maximum security against the international spread of diseases. Early detection, confirmation, investigation and rapid response are mandatory in case any disease suspicion. Simple measures like hand hygiene, providing sufficient soap and hand washing facilities near toilets are very important in prevention of disease spread. Respiratory hygiene and ventilation of the environment, clean food and water supplies, heating the shelters and preventing overcrowding of areas are extremely necessary. Screening and immunization are the most important

TIMELINE OF MAJOR EVENTS:

The major diseases that were seen all around the globe and their severe effects are summarised in the table below.

Date of the disease seen in the world	The details of the disease , the causes and effects it had one the world are described in this column of the table.
1330	The Bubonic plague spread from Central Asia to China , India and the Middle East.
1492	The Europeans carried diphtheria influenza , scarlet fever , tertian malaria and yellow fever to the New World, reducing the size of the population.

1826	The cholera disease was observed for the first time. By this date the disease was reached to the Arabian Peninsula , Eastern coast of Africa , Burma , China , Japan , Poland , Russia and Thailand and Turkey.
1832	The cholera disease arrived to Canada and the United States. Which underlines the fact that the disease has spread from different parts of the world to different countries.
1850 - 1870	Measles killed one fifth of the Hawaii's population.(1950) It also killed a similar proportion of the Fiji population. (1870)
1860	Influenza flu , measles smallpox whooping cough reduced the M p.
1881	The cholera pandemic had spread all across the Far East , Middle East , Russia , Germany Africa and the Americas. More than 300,00 people have died of cholera.
1892	To prevent the diseases coming to the United States , the port of New York imposed a 20 day quarantine on all immigrant passengers who were going from one place to the other.
1900	Bubonic Plague occurred in Chinatown of San Francisco.
1918	The Spanish Flu killed over 20 million people all around the world. The disease spread to different parts of the world and killed numerous people in many different continents.
1924	The pneumonia outbreak resulted in the quarantining of the Mexican American immigrants.
1980's	AIDS was observed and the Haitian immigrants who were at risk were placed under close scrutiny by the immigration officials.

POSSIBLE SOLUTIONS:

Some of the actions that can be taken in order to solve the issue are as follows.

1. General infection prevention and control measures (hand washing, clean toilets, sufficient soaps) should be taken.
2. Respiratory hygiene through covering mouth and nose must be maintained.
3. Living conditions of the migrants should be improved (ventilation, heating, cooling, clean food and water)
4. Every immigrant should be registered.
5. All of the refugees and immigrant must have complete access to a hospitable environment and when needed high quality care. None of them must be discriminated.
6. Early detection, confirmation, investigation and rapid response are mandatory in case any disease suspicion.

USEFUL LINKS AND SOURCES:

The links below can be used in order to do further research about the issue.

<https://www.cdc.gov/immigrantrefugeehealth>

<https://www.who.int/migrants/en/>

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