

<b>Forum:</b>	Human Rights Committee
<b>Issue:</b>	Bolstering the efforts to curb the spread of disease in areas of conflict
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## Introduction

The death and destruction caused by conflict is often underestimated due to the overlook of the role of diseases and pathogens. When examined with a closer eye, however, it is easy to see the devastation malnutrition, physical and mental stress, and poor hygiene bring to a region and its inhabitants. Throughout history the spread of diseases have had an immense effect on the outcome of conflicts as well as altering global health trends. For example the extinction of the Incas, Mayans, and Aztecs was largely due to the foreign viruses and bacteria introduced to their ecosystems by the European explorers rather than actual slavery or exploitation.

In the eyes of pathogens, all humans are the same. Thus, it is a chief concern of the global community as a whole to keep the spread of disease to a minimum. As areas of conflict are one of the most common and vulnerable regions where diseases can spread, it is just as critical to provide solutions to curb the spread of diseases as it is to provide solutions to end the conflict itself. The theme of this year's RCIMUN conference, *Political Polarisation: Fostering Accord in a World of Intolerance*, is therefore aptly chosen to remind us that in order to fight the common enemy of diseases, we as a species must work together.

## Definition of Key Terms

**Disease Reservoir:** "Any person, animal, plant, soil or substance in which an infectious agent normally lives and multiplies. The reservoir typically harbors the infectious agent without injury to itself and serves as a source from which other individuals can be infected. The infectious agent primarily depends on the reservoir for its survival. It is from the reservoir that the infectious substance is transmitted to a human or another susceptible host" ("Medical").

**Waterborne:** Refers to the characteristic of a disease that has a mode of transmission from water.

**Herd immunity:** "Herd immunity is a form of immunity that occurs when the vaccination of a significant portion of a population (or herd) provides a measure of protection for individuals who have not developed immunity. ("What Is Herd Immunity?").

## General Overview

Conflict harms public health both short-term and long-term. The short-term effects are seen almost immediately after the conflict has begun, and are usually the only aspect of healthcare that is thought to be harmed by conflict. These effects include malnutrition of both the combatants, militias, anyone actively participating in the conflict, and the civilians that are in the area of the conflict. Poor bodily hygiene, food and water stock, and animals are also issues that arise early on. Water and sewage sanitation is the most stressing issue among these short-term effects, since most of the diseases seen in conflict ridden areas are waterborne or use water as a reservoir. One group of such diseases, named diarrheal diseases (including cholera, salmonellosis, amoebiasis, other bacterial, protozoal and viral intestinal disease), is solely responsible for 4.1% of the total global death toll, as well as the second leading cause of death in children under 5 years old, killing more than 1.5 million children annually (Kerridge). Most of these deaths are unfortunately in developing countries and areas of conflict.

One instance where a short-term effect can turn into a long-term problem is conflicts that produce lots of refugees. Refugees and other displaced peoples create campsites that are lacking in proper sanitation, sewage and agricultural infrastructure, all of which contribute in the spread of disease. For example the Rwandan genocide created 1.4 million internally displaced people in addition to the 1.5 million refugees that escaped into the Democratic Republic of Congo, Tanzania, and Burundi. Many of these people remained in the areas that they migrated to, even after the conflict ended, continuing to live in poor conditions of their makeshift camps. Without proper infrastructure, legislation, and supervision, the death rate due to disease in these sites are five to twelve times higher than normal, children being the most affected (Ghobarah et al.).

The long-term effects of conflict usually continue for years, even decades, in the affected areas. Many healthcare facilities suffer either direct physical damage, or drawbacks due to the economic regression the region faces after conflict. Without accessible and continual health care many regions experience local outbreaks of diseases that can be easily treated with modern medicine. Insufficient healthcare raise infantile death rates, contributing to aging populations, as well as slowing down overall development of the region. Lowered infection control mechanisms result in breaches in herd immunity making unvaccinated people vulnerable, causing outbreaks of already contained diseases, creates opportunities for emerging infections and since the region is in a time of recuperation vaccination and other public health efforts often fall short of the amount needed to lower disease rates back to normal.

## Major Parties Involved and Their Views

**Syria:** Starting out as anti government protests, by 2011, Syria was involved in a fully fledged civil war. According to UN data, the death toll reached 90,000 in June 2013, and 250,000 in August 2015. The civil war grew incredibly as other forces such as foreign governments and other jihadist groups started to take part. The UN has also released a statement stating that all involved parties has committed war crimes, which include civilian suffering by blocking access to food, water, shelter, healthcare. More than 4.5 million refugees has escaped from Syria, and 6.5 million others have been internally displaced. In order to achieve a peace the UN called for the implementation of the 2012 Geneva Communique, however after a revision of it in 2014, named Geneva II, the efforts fell through (Rodgers).

**South Sudan:** After Sudan split into Sudan and South Sudan in 2011, political tension has pervaded the area. In December 2013 the protests and small fights have grown into a fully fledged civil war, leaving more than 1.6 people displaced and 50,000 dead. Along with the ethnic tensions present in the area,

there was also an alleged coup attempt at the current president by forces supporting the former one. In April 2016, a fragile peace was established, however violence rose again in July. The UN has issues an armed protection force of 4,000 that has been deployed since summer 2017 (Campbell).

**Libya:** The power vacuum left by the death of Qaddafi, there has been competing powers to gain control of the region. These conflicts have risen to the level of active warfare in some areas, especially with the heightened terrorist group activity. There have been over 217,000 internally displaced people as well as 43,000 refugees and asylum seekers, mostly trying to escape to Europe. In March of 2016, a UN-backed Government of National Accord (GNA) went to Tripoli in order to establish a unity government between all parties. A complication the GNS ran into was the prominent occupation of the Islamic State (IS) in Libya, and so asked the U.S. government to deploy airstrikes to IS territory. Still, the IS continues to grow in Libya, urging foreign recruits to go there instead of trying to enter Syria or Iraq (Gordon).

Unfortunately, there are numerous other conflicts ravaging the world as recent as the ethnic discrimination in Myanmar, or as rooted as the Indian-Pakistani conflict. Refugees, asylum seekers, and all other displaced people are serious global public health issues that need to be addressed by all nations in the world. Thus, it is of the utmost importance to be aware of the tensions not only regarding your own country but all of the world's conflicts.

## Timeline of Events

<p><b>1988 - Global Polio Eradication Initiative for mass vaccination</b></p>	<p>“Launched in 1988 after the World Health Assembly passed a resolution to eradicate polio, the Global Polio Eradication Initiative, along with its partners, has helped countries to make huge progress in protecting the global population from this debilitating disease. As a result, global incidence of polio has decreased by 99.9% since GPEI’s foundation. An estimated 16 million people today are walking who would otherwise have been paralysed by the disease, and more than 1.5 million people are alive, whose lives would otherwise have been lost. Now the task remains to tackle polio in its last few strongholds and get rid of the final 0.1% of polio cases.” (“Our Mission”)</p>
<p><b>1993 - Rwandan Genocide</b></p>	<p><b>“Hutu refugees from Burundi.</b> According to the State Department, about 287,000 Burundi refugees remained in southern Rwanda in March 1994. <b>Tutsi refugees from Rwanda.</b> The State Department estimated that there were 550,000 predominantly Tutsi refugees in Central Africa, most of whom fled Rwanda in the pogroms that followed the overthrow</p>

	<p>of the Tutsi monarchy in 1959. The largest exile communities were located in Uganda (200,000) and Burundi (245,000).</p> <p><b>Internally displaced persons fleeing RPF incursions into northern Rwanda from Uganda in 1990 and 1993.</b> The State Department estimated that 350,000 Rwandans (predominantly Hutu, but also some Tutsi) remained displaced as a result of fighting between the RPF and the Rwandan government” (The Rwandan Refugee Crisis).</p>
<p><b>March 2011 - Syrian refugee crisis begins</b></p>	<p>“It is internationally recognized as the largest refugee and displacement crisis of our time. The Syrian civil war has set back the national standard of living by decades — now that healthcare, schools, and water and sanitation systems have been damaged or destroyed. Syrian children and families have witnessed unspeakable violence and bear the brunt of the conflict. Hundreds of thousands of people have died, 5.1 million Syrians have fled the country as refugees, and 6.3 million Syrians are displaced within the country. Half of those affected are children” (Jonson).</p>
<p><b>2014 - Global Ebola Outbreak</b></p>	<p>“In 2014, West Africa experienced the world’s largest Ebola virus outbreak. For two years, the poverty-stricken countries of Guinea, Sierra Leone, Liberia and Côte d’Ivoire were ravaged by the disease, leading to over eleven thousand deaths and cementing the 2014 outbreak’s deadly place in history. During the epidemic, global attention was largely focused on preventing the spread of the Ebola virus. Less reported was how an entire subregion of Africa became so susceptible to the rapid spread of a catastrophic disease. While poverty is a well-known driver of disease, its links with another potent driver are often ignored by the foreign-policy community— conflict.” ((Whittington et al.)</p>

<p><b>30 September 2016 - Syrian refugee crisis continues</b></p>	<p>“WHO calls for immediate safe evacuation of the sick and wounded from conflict areas in Syria. WHO is calling on all parties in the conflict to:</p> <ul style="list-style-type: none"> <li>• allow the immediate evacuation of the sick and wounded from all areas affected by the conflict, including eastern Aleppo;</li> <li>• allow access to provide medicines, medical supplies, fuel and health personnel, to support overwhelmed staff in Aleppo;</li> <li>• immediately halt all attacks on health workers, facilities and supplies;</li> <li>• respect the safety and neutrality of health workers and health facilities;</li> <li>• cease removal of critical supplies from deliveries of medical supplies.” (Jašarević)</li> </ul>
<p><b>2017- Developments for the Rwandan Genocide Refugees</b></p>	<p>“More than 3.4 million Rwandans refugees have been assisted to return home since the 1994 genocide against the Tutsi. UNHCR announced the closure the situation of Rwandan refugees who fled 1 January 1999 and recommended the cessation of their refugee status by 31 December 2017 (The Rwandan Refugee Crisis)”.</p>

**UN Involvement**

World Health Organisation (WHO): Is a UN body that deals with global public health problems. The main role of WHO in the fight against disease in conflict ones is helping all countries to have preemptive and preventive measures even before conflict arises. To achieve this WHO has been fundamentally helping countries with their health care systems. In their biennial presence report they have stated that “Governments and stakeholders are using these tools in key areas including: developing the national health policies, strategies and plans of the country; capacity-building; monitoring; and assessments. In most (95%) of the countries that confirmed the existence of such a mechanism, this support is used in capacity-building and training. Countries are also using this support for developing country strategies and programme planning (91%) and in monitoring, assessment and reporting (72%). This illustrates the important role WHO plays in initiating, developing and monitoring the national health policies, strategies and plans.”

United Nations Children's Fund also conducts many projects concerning child refugees and health care. Public awareness campaigns, monetary and clothing donations and UN appeals are some of their most prominent work concerning the spread of disease in conflict areas. Their opinion on child health care is "Armed conflicts that kill and injure children are proliferating and chronic poverty remains the greatest obstacle to fulfilling the rights of children. Infant and child mortality rates are also the highest in countries ravaged by civil strife, weak governance and chronic underinvestment in public health systems and physical infrastructure. Similarly, fragile states, characterized by weak institutions with high levels of corruption, political instability and a shaky rule of law, are often incapable of providing basic services to their citizens." (Health - the Big Picture)

## Relevant UN Documents

WHO Presence in Countries, Territories, and Areas, 2017 Report:

<http://apps.who.int/iris/bitstream/10665/255448/1/WHO-CCU-17.04-eng.pdf?ua=1>

UNICEF 2018 Appeal: <https://www.unicef.org/hac2018/>

## Treaties and Events

The 4th Geneva Convention (1949) included the issue of Protection of Civilian Persons in Time of War, clearly outlining the rights of all peoples who do not participate in the conflict which include access to potable water, proper sanitation and sewage systems, appropriate and swift medical assistance. If the responsible governments cannot provide for the civilians, a partial third body such as the International Committee of the Red Cross may provide assistance. This Convention was signed and ratified by 196 participating countries ("Treaties").

## Evaluation of Previous Attempts to Resolve the Issue

The 5th World Water Forum, held in Istanbul, Turkey, in 2009 showed renewed effort in switching from crisis management to risk management relating to disasters concerning water. The global trend of handling any type of crisis is becoming more and more preventative rather than sending aid after the conflict has already begun. Although the Forum had through and effective solutions, the implementation of these solutions were weak. Thus, the issues still stand ("Istanbul Water Guide."). A specific conference, summit, assembly has not yet been convened on the specific issue of the spread of disease in conflict areas, nor is there a body that supervises the implementation of the decisions proposed in other conferences, making the issue of implementation, monitoring and legislation a key part for the continued solution of this problem.

According to the United Nations High Commissioner for Refugees (UNHCR), there are 65.3 million refugees in the world as of 2015. Most of these refugees are placed in refugee camps at some point in

their journey, and although the camps do help improve the overall health of the refugees there are still a lot of barriers to providing adequate care. Diseases that are most seen in refugee camps are diarrheal diseases, measles, acute respiratory infections, and malaria. Refugee camps also have high rates of STIs and HIV infections due to engagement with sex workers and rape. All of these diseases can be treated or managed with modern medicine, however the accessibility of these services to refugees is the most pressing issue. The most prevalent problem of offering health care in refugee camps is their remote, usually not accessible by road, locations, and low power supplies. With the constant inflow and outflow of people in refugee camps also make it difficult to provide sustained care over a period of time, as well as documentation and reporting of symptom and disease trends (“Healthcare in Refugee Camps and Settlements.”).

## Possible Solutions

As always all Member States can use more legislation on supervision, funding and other aid to solve this issue. Public awareness campaigns and donation projects are also widely used. On this issue particularly, the importance of vaccination protocols, medical equipment and infrastructure is of high concern. Special funds may be set aside by each government or a new global body to help rebuild the health care systems that have been destroyed during conflict. The 1951 Refugee Convention states that all displaced peoples have a right to the level of healthcare of the host population. Any solution that aims to help refugees, either in helping them get back to their homes, taking better care of their campsites, or defuse the conflict without creating thousands of refugees, would be a step towards combating the spread of disease.

A good example of the things that could be done by governments and NGOs is the efforts of WHO. WHO has several projects and attempts at providing better healthcare in refugee camps. The most recent attempt was in the zaatari refugee camp in Jordan, housing approximately 55,000 Syrian refugees. With help of UNICEF, World Food Programme (WFP), Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), Ministry of Health of Jordan and the Department of Statistics, WHO has been conducting nutritional surveys, supplying deworming tablets to combat parasitic intestinal diseases, and mass vaccination plans for measles and polio in children between the ages of 5 and 14, and providing mental health services out of three clinics. Still, these efforts fall short of the amount needed. These are all of the things being done in one refugee camp, however the majority of the 11.5 million displaced people just from the Syrian refugee crisis is not getting these services due to a number of reasons such as funding, accessibility to area due to ongoing conflict or other militant groups, or conflicts between governments of participating countries (“*WHO Presence in Countries*”).

One thing to keep in mind while providing solutions is to be aware of the technological advancements of the day and age, and to integrate that into previous efforts. An example of this is the Twine data collection of the UNHCR created to “improve Humanitarian decision making”. Anyone can register to create a Twine account to provide data on nutrition, water quality and sanitation at both the household and community level, and collecting disease outbreak reports in refugee camps. Having this data helps scientists to make better decisions on where and how to best utilize their funds and other resources (Twine 2014).

## Notes from the Chair

If you would like to get accurate data on global health statistics, WHO's Global Health Observatory (<http://www.who.int/gho/en/>) is a good place to start.

This website, Council on Foreign Relations, has a Global Conflict Tracker which contains data and situation reports on most major conflicts. <https://www.cfr.org/interactives/global-conflict-tracker#!/>

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