

Case Study

Globalization and Diseases: A Case Study of International Diseases

Dr. Sunita Chauhan^{1*}

ABSTRACT

The present study aims at studying the cases of international diseases such as SARS, EVD, Swine Flu, HIV and COVID -19. Secondary source of data is used to study cases of diseases. It is widely known fact that the process of globalization has fastened the process of spreading of diseases. It shows that despite rapid development of technology, internationalization of trade, health facilities have not been provided properly by international agencies.

Keywords: *Swine Flu, EVD, SARS, HIV, COVID -19*

Year 2020, the notorious COVID-19 has retarded the progressing globalization. We witness aggressive state intervention, closing of borders and 'social distancing'. People are practicing 'social distancing', which is opposite to key philosophy of globalization (such as interconnectedness, integration among people, companies and governments worldwide). Globalization will be on holiday for some time. Can we think that one country that is likely to come out stronger from this crisis be China? This virus can push back successes of neoliberal globalization. The COVID-19 shock may further feed states protectionist tendencies fueled by hyper-nationalism. As our world grows more integrated and interdependent, we trade not only products, services and ideas but also diseases. Globalization has become major factor in the spread of infectious diseases. The microorganisms that cause infectious disease spread from one person to the person in another country at jet speed. In case of COVID-19 pandemic, its outbreak was identified in Wuhan (China) in December 2019. The WHO declared the outbreak a Public Health Emergency of International concern on 30 January and a pandemic on 11 March. Travelers from Wuhan transported the virus to all countries in the world. The risk of cross-border transmission of infectious diseases has been aggravated due to increased international trade. The conditions that favor spread of infectious diseases include global travel, globalization of food supply and centralized food processing, population growth, migration, deforestation and reforestation projects that alter the habitats of disease vectors and increased human contact with tropical rainforests and other wilderness habitats that are reservoirs for insects and viruses. As Filder (1996) says that biological agents travel by themselves or with their hosts and vectors without any recognition of political borders. Let us discuss some global diseases.

¹Associate Professor, Department of Psychology – M.N.S Government College, Bhiwani, India

*Corresponding Author

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The Case of SARS (Severe Acute Respiratory Syndrome)

SARS outbreak was first discovered in Asia in February 2003 and it lasted approximately six months as it spread to more than two dozens countries in North- America, South- America, Europe and Asia. SARS outbreak was first identified in in Guangdong (China). SARS is a viral respiratory illness caused by a coronavirus called SARS associated coronavirus (SARS- CoV). SARS- CoV is considered to be an animal virus from an as- yet - uncertain animal reservoir. Its symptoms include fever, malaise, myalgia, diarrhea and shivering. The basic reproduction number of SARS- CoV, ranges from 2 to 4. This disease infected 8000 people worldwide and killed approximately 800.

The Case of EVD (Ebola Virus Disease)

EVD was discovered in 1976, the majority of outbreaks of ebolavirus disease have occurred in Africa. EVD first appeared in two simultaneous outbreaks in South Sudan and other in Yambuku DRC. Initially Public Health Officials assumed that the two outbreaks were caused by two genetically distinct viruses namely Zaire ebolavirus and Sudan ebolavirus. The 2014-2016 outbreak in Guinea was the largest Ebola outbreak. It was in December 2013 that an 18-month-old boy from a small village in Guinea was believed to be infected by bats. An official medical alert was issued to district health officials on January 24, 2014. Due to poor Public Health Infrastructure this outbreak spread to Guinea's bordering countries. Soon it spread to seven more countries: Italy, Mali, Nigeria, Senegal, Spain, the United Kingdom and the US. The WHO declared Public Health Emergency of international concern on 8 August 2014. There have been 28062 total cases of ebolavirus disease, of these ,11325 cases were fatal. The first human-human transmission of EVD occurred in Madrid, Spain when a nurse treating Ebola patient who was transferred to Spain from West Africa. Bats are reservoir hosts of ebolavirus.

The Case of Swine Flu

WHO (World Health Organization) in 2009, declared that swine flu was a global disease. This pandemic is caused by influenza A virus subtype H1 N1 and first spread in Mexico in 2009, then quickly became a global problem. Mexico City government shutdown 35,000 restaurants. Several nations cancelled flights between Mexico. This pandemic lasted for 20 months from 2009 to august 2010. The scientific name for Swine Flu is H1 N1pdmoa or H1 N1. The virus spread by human-to-human transmission worldwide to over 30 countries. In fact, swine flu is a respiratory disease which can affect both pigs and humans. CDC (Center for Disease Control and Prevention) the US agency estimated that from April 12, 2009 April to April 10, 2010 there were 6.8 million cases (range: 43.3-89.3 million), 2,74,304 hospitalizations (range: 195,086- 402,719) and 12,469 deaths (range: 8868- 18,306) in the United States. Also, CDC estimated that 151,700- 5,75,400 people worldwide died from swine flu. W.J McKKibin and A.A Sidorenko's research paper on "The Global Macroeconomic Consequences of Pandemic Influenza" finds that mild pandemic has significant consequences for economic output, costing close to 0.8% of world GDP. Due to this pandemic, countries began to ban pork imports, affecting markets negatively. The Russia and China restricted imports from North- America. According to Hindustan Times in May month when flu hit India, consumers decided to avoid pork. In South Korea and China pork prices began to plummet. Due to this, farmers were at disadvantage. So H1 N1 contributed about 11% drop in global pork trade. So, we see here that infectious disease outbreaks can easily cross borders to threaten economic and regional stability.

The Case of HIV/AIDS

Globalization has accelerated the pace of internationalization of trade, which in turn has accelerated the pace of internationalization of trade in both sex and drugs, leading to spread of HIV worldwide. HIV originated in 1920, in Kinshasa, in the Democratic Republic of Congo, when HIV crossed species from chimpanzees to humans. HIV spread from Africa to Haiti and Caribbean, and then to New York around 1970. Population migration, increasing economic inequalities and growth of sex industry contributes to the spread of HIV/AIDS in Asia. In upcoming years, Asia will be facing HIV/AIDS crises. Because export-oriented economy is the key feature of globalization and this export-oriented economy has created a need for more advanced transportation systems. To transport goods and materials from one country to another, large number of truck drivers are needed. According to a study by Upadhyay (2000), these truck drivers are one of the largest causes of HIV/AIDS transmission. In Myanmar and Thailand, prevalence of HIV/AIDS is higher than other countries.

The structural adjustment programs, and new economic policies introduced by the World Bank and International Monetary Fund have forced the developing countries to open their domestic markets to global economy which has led to marginalization of women by creating an environment leading to growth of sex- industry (Upadhyay 2000).

Although, globalization has provided women with new employment opportunities, but large number of women are engaged in low- paying jobs in informal labour market. Due to low wages, women attempt to supplement their income by entering sex- industry. According to United Nations program on HIV and AIDS (UNAIDS), report, there were 3,10,000 new HIV infections in the Asia- Pacific, bringing the total number 5.9 million in 2018. In China 8,60,000 people knew that they were HIV positive, 7,20,000 were on treatment. In Indonesia, there were 4600 new infections in 2018, and only 51 % of people were aware about their infection. In Myanmar 2,40,000 people have been diagnosed with HIV, although there has been a 31% decrease in new infections in recent years, from 16000 in 2010 down to 11000 in 2018. In Philippines, there was alarming rate of increase from 4400 in 2010 to 13000 in 2018. It means there was 195% in HIV positive cases. In Pakistan, there was 57% increase in new infections from 14000(2010) to 22000(2018). But only 10% of people infected with AIDS are on treatment. In the WHO European Region, 14,1552 newly diagnosed HIV infections were reported in 50 of the 53 countries, including 26164 from the EU/ EEA (European Union and European Economic Area) with a rate of 5.8 per 100000(HIV - annual – surveillance report- 2019).

The Case of COVID-19

According to ' Situation Report-102' of WHO released on 1 May,2020, Total (new cases in last 24 hours) are given below:

Table-1 Countries wise cases and deaths.

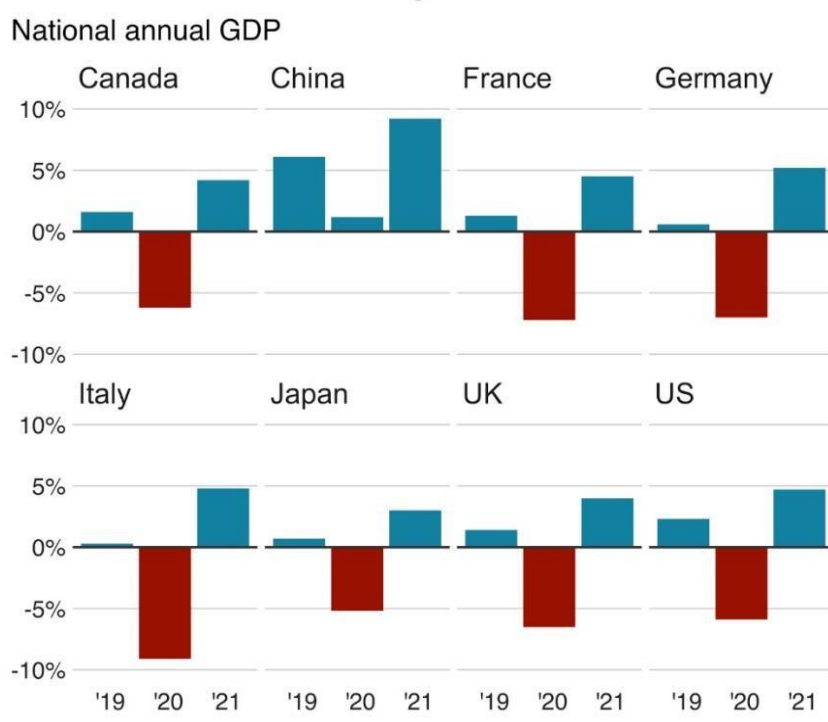
Globally	3175207 Cases (84771)	224172 Deaths (6403)
Africa	26663 Cases (1950)	973 D Deaths (35)
Americas	1291917 Cases (45,727)	69087 Deaths (3859)
Eastern Mediterranean	188585 Cases (6168)	7598 Deaths (151)
Europe	1461404 Cases (26764)	138200 Deaths (2239)
South-East Asia	57088 Cases (3067)	2174 Deaths (86)
Western Pacific	148838 Cases (1095)	6127 Deaths (33)

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Coronavirus first came to light when China reported to the WHO a string of pneumonia- like cases in Wuhan, China in 2019. COVID-19 spread very fast in China and also affected many countries across the world. Coronavirus disease 2019 (COVID-19) is caused by severe acute respiratory syndrome coronavirus-2 (SARS- CoV-2), first identified in December 2019 in Wuhan, China. More than 4.02 million cases have been reported across 187 countries. As a result of these more than 279000 deaths have been reported up to 10 may,2020. This disease is highly contagious and spreads easier than Influenza. The lungs are most affected by COVID-19, causing respiratory failure. It has emerged as a global disease. So, this disease is product of transnational migration. It is true that transnational migration is integral part of global economy. For example, Bangladeshi construction workers in Abu Dhabi and Indian entrepreneurs in Melbourne. COVID - ushered a new era of travel restrictions. Due to this, International Organization for Migration (IOM) and UN Migration Agency issued new rules related to travel restrictions. So, this spread of communicable diseases has negative consequences for global economy. Prolonged disruptions to migration could reorient agricultural production causing disruptions to the global food supply. Also, global inequality increases, for example Philippines and Honduras depends on remittances from citizens from abroad. But disruption of migration labour may impact source of income for families across developing countries, which can further widen gap between rich and poor nations. As United Nations argues “Migrants and their families are part of marginalized and vulnerable groups that are already experiencing economic hardship as a result of containment measures”.

International Monetary Fund estimates that global economy will shrink economy by 3% in 2020, and described this decline as the worst since Great Depression in 1930s. As shown in Fig.2.1, we can see that economic growth of developed countries such as US, UK, Canada, China, Japan Germany, France and Italy may slowdown in 2020.

Figure- 1
Many advanced economies are expected to enter recession this year



Source – International Monetary Fund

CONCLUSION

In this era of globalization, infectious diseases spread at jet speed due to transnational migration. Although medical facilities are improving day by day, but there is unequal access to medical facilities. Because globalization is uneven process so its rewards has spread unequally. Another important thing is the growing number of public- private partnerships for health, as governments are inviting private sector companies to undertake tasks that were formerly responsibility of governments.

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Conflict of Interest

The author(s) declared no conflict of interest.

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