

# South Asia: Natural or Public Health Disaster?

By Julie Ajinkya | January 7, 2005

The recent South Asian tsunami's devastation has already claimed at least 144,000 lives, caused countless injuries and wiped out entire villages. Concern now turns to the escalating death count caused by the spread of disease.

The World Health Organization (WHO) warns that water-borne infectious diseases have spread through contaminated water supplies. Three to five million people are unable to access basic requirements to stay alive.<sup>1</sup> *The Guardian* reports that "public health experts say that cholera, typhoid and diarrhea, which were already present in some of the countries hit by the tsunami, could spread rapidly in crowded camps with poor sanitation. And there are fears that mosquitoes carrying malaria and dengue fever will breed in stagnant pools left in the wreckage and spread potentially lethal sickness."<sup>2</sup>

This tragedy brings the world's attention to a disaster that, unfortunately, has been in the making for decades. Poor infrastructure in this impoverished region and the policies of international financial institutions, such as the World Bank, have ensured that this natural disaster will turn into a public health nightmare. As the most prominent member of these institutions, the United States has a greater responsibility in South Asian relief efforts than the \$350 million in aid pledged to date will yield.

Though the earthquakes and tidal waves destroyed some water sanitation systems and have made the spread of infectious disease an inevitable threat in their aftermath, the tragic fact remains that millions of people in this region of the world die regularly, even without the occurrence of natural disasters,

because of public health failures. The parched faces and ill children currently shown in the media otherwise suffuse the region, not only in coastal towns and island nations. In 2000, the WHO reported that infectious and parasitic diseases claimed nearly 3 million lives in the Southeast Asian region that year.<sup>3</sup>

---

Though the earthquakes and tidal waves destroyed some water sanitation systems and have made the spread of infectious disease an inevitable threat in their aftermath, the tragic fact remains that millions of people in this region of the world die regularly, even without the occurrence of natural disasters, because of public health failures.

---

International financial institutions contribute to this public health disaster in two ways. First, their penchant for water privatization restricts access for the most vulnerable communities. The World Bank and International Monetary Fund's so-called Poverty Reduction Strategy initiatives force developing countries to adopt Structural Adjustment Program policies. Overall, loans to the poorest countries are designed to enable the repayment on older debts to

commercial banks, governments, and a variety of official lenders. These policies distort economic priorities in developing countries and tend to undermine social sector spending, including education, health care, and other social services and subsidies that the poor rely upon the most.

Interestingly, the countries devastated by the tsunami, receiving attention for clean water distribution relief efforts, are also embroiled in water privatization controversies.

- Proposed water services reform legislation in Sri Lanka met opposition in December 2003 by a



Foreign Policy In Focus (FPiF)

www.fpi.org  
A Think Tank Without Walls

---

powerful coalition of nongovernmental organizations who contended that private control over water distribution would deny the country's poor of basic survival requirements and discriminate against the country's farming communities.<sup>4</sup>

- In Indonesia, a \$300 million World Bank loan relies upon continued privatization despite poor experiences in Jakarta which provides poor water quality, unreliable service, and discriminates against poor communities due to unaffordable connections charges and informal tenure arrangements.<sup>5</sup>
- And in India, the World Bank funded private sector effectively phases out cross-subsidies and increases tariffs, making it impossible for the poor to access water without any purchasing power.

Privatized water distribution would only be able to reach 17 percent of India's poor at most, yet loans from these lenders are allegedly for poverty reduction.<sup>6</sup>

While the recent tsunami seriously exacerbated the problem of water and sanitation management in South Asia, access to water is clearly denied to the region's majority on a daily basis.

Second, pressure from powerful countries and transnational corporations can also threaten public health in Asia by pressuring governments to repeal progressive health care policies for Western commercial benefit. For example, U.S. and European transnational pharmaceutical corporations and the U.S. and European governments are pressuring India to forgo protections for public health available to it under the WTO's Trade-Related Intellectual Property Rights (TRIPS) Agreement as it revises its Patents Act of 1970 which covers patents on medicines, chemicals, and food. If the revisions to the act are

approved by parliament, these so-called "TRIPS plus" provisions will drive health care costs up severely.<sup>7</sup>

Health GAP, an organization that fights for rights of people with HIV, warns that the world's supply of new affordable, generic medicines will basically disappear when India implements these changes: "In the case of antiretroviral medicines to treat HIV, Indian generic production has slashed prices by as much as 98%—from approximately \$10,000 per year to as little as \$140 per year for an initial three-drug combination."<sup>8</sup> Likewise, the drugs that could treat the

water-borne diseases that may further devastate the region in the coming weeks are on deck. In addition, international financial institutions often advise borrowing governments to achieve 'cost recovery' for public services. Not only are budget cuts made in allocations to the health sector, but 'user fees' are reducing the poor's access to health care.<sup>9</sup>

Policies that benefit the water and pharmaceutical industries are leaving public health in South Asia and

elsewhere in the developing world in shambles. Water and health become commodities and the world's official lenders ensnare governments lacking resources in investment blackmail.

## The Role of the United States

What role does the U.S. play in this deception? The U.S. is the biggest shareholder within most international financial institutions, the exception being the Asian Development Bank, where Japan wields an equal degree of leverage. The U.S. should use this influence to take an active role in curbing the contingencies of loans to developing countries, listening to civil society groups that represent the interests of indigenous peoples, and not pursue policies that give

---

Policies that benefit the water and pharmaceutical industries are leaving public health in South Asia and elsewhere in the developing world in shambles. Water and health become commodities and the world's official lenders ensnare governments lacking resources in investment blackmail.

---

---

foreign investment free reign without government regulation.

Additionally, the United Nations admits that the world's spending must double to meet water and sanitation goals set at the 2000 Millennium Summit, which aspire to halve the number of people without access to safe drinking water and sanitation services by 2015.<sup>10</sup> The international community must double the \$15 billion allotted and the U.S., as the lone superpower, largest economy and greatest consumer of the world's resources, has the responsibility to spend more money to reach these goals.

Fortunately, on January 2, World Bank President James Wolfensohn reported his agency could increase \$250 million pledged for regional reconstruction and would also look into debt relief for the poor nations worst affected by the disaster.<sup>11</sup> This pledge, part of the \$3 billion (and counting) promised by governments worldwide in the world's largest relief operation since World War II, and the generous outpouring of private charity are all steps certainly commendable. Yet more is needed to contend with this region's public health disaster.

Institutional change needs to occur within the World Bank, Asian Development Bank and other official lenders to ensure that governments can provide social services without prioritizing debt and finances above their people's health and survival. Reconstruction, sanitation, and disease outbreaks need to be dealt with immediately through relief efforts in the aftermath of the tsunami's destruction. Once the televisions and newspapers stop covering the recent wreckage, the millions who will continue to die from preventable disease and without access to clean, safe drinking water cannot be forgotten.

*Julie Ajinkya <julie@ips-dc.org> is the Student Outreach Coordinator for Foreign Policy In Focus (online at [www.fpif.org](http://www.fpif.org)).*

---

Once the televisions and newspapers stop covering the recent wreckage, the millions who will continue to die from preventable disease and without access to clean, safe drinking water cannot be forgotten.

---

## END NOTES

- <sup>1</sup> "WHO warns up to five million people without access to basic services in Southeast Asia," 30 December 2004  
<http://www.who.int/mediacentre/news/releases/2004/pr94/en/>
- <sup>2</sup> Sarah Boseley, "Cholera, typhoid and malaria: the deadly threats facing survivors," *The Guardian*, 30 December 2004  
<http://www.guardian.co.uk/tsunami/story/0,15671,1380727,00.html>
- <sup>3</sup> "Leading causes of deaths in the SEA Region and the world," World Health Organization, 2000  
<http://w3.whosea.org/eip/health1.htm>
- <sup>4</sup> Champika Liyanarachchi, "Water Bills Spark Protests in Sri Lanka," January 4, 2004  
<http://www.oneworld.net/article/view/76096/1/>
- <sup>5</sup> "Water Privatization Fiascos: Broken Promises and Social Turmoil," *Public Citizen*, March 2003  
<http://www.citizen.org/documents/privatizationfiascos.pdf>
- <sup>6</sup> Lalitha Sridhar, "Water: the Privatization Debate," *India Together*  
<http://www.indiatogether.org/cgi-bin/tools/pfriend.cgi>

- 
- <sup>7</sup> Amit Sen Gupta, "Indian Patent Act—Jeopardising the Lives of Millions," *Jan Swasthya Abhiyan*  
<http://www.phmovement.org/india/articles/indianpatentact.html>
- <sup>8</sup> "Fact Sheet: Changes to India's Patents Act and Access to Affordable Generic Medicines after January 1, 2005," Health GAP, 2004  
[http://www.healthgap.org/press\\_releases/04/121404\\_HGAP\\_FS\\_IN\\_DIA\\_patent.pdf](http://www.healthgap.org/press_releases/04/121404_HGAP_FS_IN_DIA_patent.pdf)
- <sup>9</sup> Third World Network, December 1994  
<http://www.twinside.org.sg/title/sap-ch.htm>
- <sup>10</sup> UN Commission on Sustainable Development Press Release, 2003  
<http://www.un.org/News/Press/docs/2003/envdev726.doc.htm>
- <sup>11</sup> "Hungry and Sick Tsunami Survivors Wait for Aid," *Express India*, January 3, 2005  
<http://www.expressindia.com/fullstory.php?newsid=40278>

---

Published by Foreign Policy In Focus (FPiF), a joint project of the International Relations Center (IRC, formerly Interhemispheric Resource Center, online at [www.irc-online.org](http://www.irc-online.org)) and the Institute for Policy Studies (IPS, online at [www.ips-dc.org](http://www.ips-dc.org)). ©2005. All rights reserved.

## Foreign Policy In Focus

"A Think Tank Without Walls"

Established in 1996, Foreign Policy In Focus is a network of policy analysts, advocates, and activists committed to "making the United States a more responsible global leader and global partner." For more information, visit [www.fpiif.org](http://www.fpiif.org).

Recommended citation:

Julie Ajinkya, "South Asia: Natural or Public Health Disaster?," (Silver City, NM & Washington, DC: Foreign Policy In Focus, January 7, 2005).

Web location:

<http://www.fpiif.org/commentary/2005/0501tsunami.html>

Production Information:

Writer: Julie Ajinkya, IPS  
Editors: Emily Schwartz-Greco and Emira Woods, IPS  
Layout: Chellee Chase-Saiz, IRC

