

Emerging Infectious Diseases

The 20th century has seen remarkable progress in the struggle against a wide range of infectious diseases. Some, such as smallpox, have been eliminated and many others, such as polio, have almost been eliminated.

However, as the century closes, emerging (and re-emerging) diseases are becoming a serious problem, particularly in developing countries. These include cholera, tuberculosis and HIV/AIDS. In 1996, three million people died of tuberculosis and it is estimated that by the end of 1996, 29.4 million adults and children had been infected with HIV. Some 1.5 million people died of AIDS in 1996. In addition to known diseases, some 30 new and highly infectious diseases have been recorded in the last 20 years.

A number of factors have caused infectious diseases to become a serious issue. These include growing world population; conflict and social upheaval; population movements; increased international air travel; changes in land use that bring populations into closer contact with remote environments, which can harbour disease-carrying insects and animals; changes in food processing and handling; substance abuse; and unsafe sex.

Canada considers the UN's World Health Organization to be the most appropriate co-ordinator of international work on emerging infectious diseases. Canada believes the WHO's main priority should be to quickly develop a modern, effective global disease-surveillance system that would give immediate, practical information on outbreaks, trends and control methods. Also, because of the link between HIV/AIDS and tuberculosis, efforts should be co-ordinated across diseases.

The UN response to HIV/AIDS is co-ordinated through UNAIDS, a program involving various UN agencies, the WHO and the World Bank. UNAIDS provides international best practices and critical technical support, and some financial assistance to country programs.

The Canadian International Development Agency has contributed over \$120 million to the international fight against HIV/AIDS since the beginning of the epidemic, including some \$13 million annually in 1990-95, increased to \$16-17 million per year as of 1996-97. In 1996-97, CIDA contributed