

HIV /AIDS AS A SECURITY ISSUE

19 June 2001

Prologue: An Ugly War

The war in Botswana rages unabated. While the origins of the conflict remain murky, the appalling devastation is painfully clear. Estimates vary, but more than 100,000 have died as a result of the fighting, and that figure continues to escalate by the day. One in three adults in Botswana have been wounded, and if fighting continues at this pace, it is estimated that life expectancy could fall to an almost medieval age 29. At Gaborone's main hospital, up to 80 per cent of the beds in the male ward are filled with wounded who are not expected to survive, and more than a third of those in the children's ward are also victims of the conflict. The war has already created more than 28,000 orphans. Grimly, Botswana's morgues complain that they have no space for the incoming bodies, and the situation is now so bad that corpses sometimes are laid on the floor at the country's largest medical facility, Princess Marina Hospital. Private funeral homes are turning bodies away.

The toll on the beleaguered Botswanan military continues to be alarmingly high, with more than one-third of the forces suffering casualties, the majority of which have proven fatal. Such attrition causes loss of continuity at command level and within the ranks, increases costs for the recruitment and training of replacements, and reduces military preparedness, internal stability and external security. This situation has led the CIA to suggest that Botswana (and some of its neighbours) "face a demographic catastrophe" that will "further impoverish the poor, and often the middle class, and produce a huge and impoverished orphan cohort unable to cope and vulnerable to exploitation and radicalisation."

The conflict represents a painful reversal for one of Africa's brightest success stories. At independence, Botswana was one of the least developed countries in Africa. Thanks to a flourishing diamond industry and a stable, forward-looking government, it grew into one of the continent's wealthiest. Mineral resources are abundant, including diamonds, copper, nickel and coal. Much of the 1980s and 1990s saw impressive gains in education, health and other social indicators.

The war has changed all that. For sixteen years Botswana had a budget surplus; in 2001, the once economically successful country will record its second deficit in a row. The government finds that it must devote more and more of its budget to hospitals, medicines and other costs associated with the war. In a recent report, the Botswana Institute for Development Policy Analysis predicted that the war will reduce government revenue by 7 per cent at the same time as expenditure on the conflict increases by 15 per cent. Government spending on the war may reach 20 per cent of the total government budget by the end of the decade. Botswana's economy may shrink by as much as 30 per cent as a result of the conflict, and foreign investment will likely continue to be constrained. Agriculture has also been hard hit, with more than one in seven farm workers killed and labour shortages expected to be increasingly acute.

Unfortunately, Botswana's educated and young labour force – particularly civil servants – have been a frequent target of this violence – sapping the country of some of its most valued leadership and ensuring that the country will have fewer and fewer qualified managers as the conflict wears on. Indeed, 50 per cent of the students at the University of Botswana – the only university in the country – have already been wounded or killed. Botswanan President Festus Mogae declared to Reuters that his country faces a fundamental national crisis. "We are threatened with extinction...People are dying in chillingly high numbers."

But there is no war in Botswana, simply a disease. The war raging in Botswana is AIDS. All the statistics are true, but not a single shot has been fired. However, AIDS is taking a toll as profound as any military confrontation around the globe, and it is a security threat to countries it assaults as well as their neighbours, partners and allies.

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HIV/AIDS AS A SECURITY ISSUE

EXECUTIVE SUMMARY

It is projected that, at current rates, more than 100 million people worldwide will have been infected with HIV by 2005. Where the epidemic has hit hardest, Sub-Saharan Africa, experts believe AIDS will eventually kill one in four adults. Seven countries already have adult prevalence rates above 20 per cent of the population.

Yet this pandemic may only be at its beginning. Infection rates are still rising in most African nations, and the strongest effects are only now beginning to be felt. Elsewhere, infection rates are rising at steep rates, in patterns disturbingly similar to those observed in Sub-Saharan Africa five to ten years ago. HIV infections are believed to be doubling every year in Russia and increasing rapidly across the Commonwealth of Independent States, India, China and Southeast Asia. For a growing number of states, AIDS can no longer be understood or responded to as primarily a public health crisis. It is becoming a threat to security.

ICG was founded to help prevent and end conflict in and between nations. But where it reaches epidemic proportions, HIV/AIDS can be so pervasive that it destroys the very fibre of what constitutes a nation: individuals, families and communities; economic and political institutions; military and police forces. It is likely then to have broader security consequences, both for the nations under assault and for their neighbours, trading partners, and allies.

AIDS does not itself cause wars. But it is a security issue in all the following ways:

AIDS is a personal security issue. As 5, 10, 20 per cent or more of adults become fatally ill, gains in health, longevity and infant mortality are wiped out. Agricultural production and food supply become tenuous; families and communities break apart; and surviving young people cease to have a viable future. Divisions among ethnic and social groups may be exacerbated. Economic migration and refugee seekers increase.

AIDS is an economic security issue. It threatens social and economic progress, worsening trends that we know contribute strongly to the potential for violent conflict and humanitarian catastrophe. A World Bank study suggests that even an adult prevalence rate of 10 per cent may reduce the growth of national income by up to a third.¹ At infection levels above 20 per cent, studies show that a nation can expect a decline in GDP of 1 per cent per year.²

AIDS is a communal security issue. It directly affects police capability, and community stability more generally. It breaks down national institutions that govern society and provide public confidence that the people's interests are being served. It strikes hardest at those who are better-off and mobile, and thus often the educated – civil servants, teachers, health

¹ "The Business Response to HIV/AIDS: Impact and Lessons Learned," Joint United Nations Program on HIV/AIDS, 2000.

² "HIV, TB and Malaria – Three Major Infectious Disease Threats," WHO Backgrounder No. 1, July 2000.

care professionals, police. In South Africa, as many as one in seven civil servants were thought to be HIV-positive in 1998.³

AIDS is a national security issue. In Africa, many military forces have infection rates as much as five times that of the civilian population.⁴ The weaknesses it creates in militaries as well as in the pillars of economic growth and institutional endurance can make nations more vulnerable to both internal and external conflict.

AIDS is an international security issue. It poses a threat both by its potential to contribute to international security challenges, and by its ability to undermine international capacity to resolve conflicts. A military analyst with South Africa's Institute of Strategic Studies has warned that unless the spread of AIDS among African armies is stopped soon, it is possible that many countries, including South Africa, will soon be unable to participate in peacekeeping operations.⁵

Countries such as Uganda, Senegal and Thailand have succeeded in slowing and even reversing the rate of infection, keeping AIDS' consequences at far lower levels than neighbouring countries. They have accomplished this through extensive education and prevention programs; by providing care and support; and above all by mobilizing national political leadership to stress that AIDS presents a challenge to the nation going far beyond its health dimensions.

Over the past year, UNAIDS has worked with global health and economic experts to define a level of resources and structure that will ensure an effective worldwide response. UN Secretary General Kofi Annan has now called for a "war chest" with the support of World Bank President James Wolfensohn and others. A comprehensive response will require funding this commitment at \$10 billion per year. This would include preventive measures that could cut the rate of HIV prevalence among young people in Africa by 25 percent by 2005; life-extending antiretroviral therapy to 3 million people worldwide; and prophylaxis and treatment for opportunistic infections for nearly 6 million more people with AIDS.⁶

The international community has the opportunity to mobilise the leadership and resources to meet this goal now, with the UN General Assembly Special Session on AIDS in late June 2001, and a meeting of the G-8 industrial powers slated to focus on HIV/AIDS in July 2001. With increased international attention to the disease, and infections in many countries rising fast but not yet out of control, this is a window of opportunity that the international community, donor and recipient nations, and the business community cannot afford to miss. But the history of the AIDS crisis tells us that window will not stay open long.

RECOMMENDATIONS

To the International Donor Community :

1. The international donor community should support and fund a "war chest" of \$10 billion annually, nearly ten times current spending, for the global war on AIDS in the developing world, including at least \$1 billion directly managed through a global AIDS fund as called for by UN Secretary General Kofi Annan and endorsed by World Bank President James Wolfensohn.

³ "AIDS Stalking Africa's Struggling Economies," *New York Times*, November 15, 1998.

⁴ "AIDS and the Military," UNAIDS, May 1998.

⁵ "Infected Troops Spread a Scourge Worse Than War," *San Jose Mercury News*, April 8, 2001.

⁶ *Epidemic Update 2000*, UNAIDS, December 2000, and Consensus Statement on Antiretroviral Treatment for AIDS in Poor Countries by 128 Members of the Harvard University Faculty, April 2001.

2. The international donor community should acknowledge that this is not a one-time contribution but a long-term commitment of at least a decade.
3. As a first step the G-8 countries, which produce more than two thirds of the world's GDP, should commit to an investment of at least 50 per cent of the funds needed for the global war on AIDS (\$5 billion annually) at the G-8 Summit in Genoa in July 2001.
4. The United States, although far and away the largest contributor today, should commit to at least the doubling of its current global AIDS spending to \$1 billion annually as a down payment toward reaching a share of what is needed from international donors for the global war on AIDS that matches the U.S. share of the UN budget.
5. The EU members and other G-8 partners should do the same to help insure that the goal of \$10 billion annual spending is achieved by the end of 2003.

To the United Nations:

6. The UN Secretary General should enlist a high level council of former world leaders to develop and push for a political strategy for implementing the declaration for action adopted by the General Assembly Special Session on AIDS in June 2001.
7. Leaders of donor nations, affected countries, and UN institutions should give the war on AIDS the urgency and serious priority it deserves, and provide health workers on the front lines with the political support needed to accomplish their tasks.
8. A global AIDS fund, created by the UN, should leverage concerted action from all donors by giving priority for funding to countries that have developed integrated national AIDS strategies, and should provide the technical assistance and international political expertise to support aggressive implementation of such strategies.
9. The UN should maximize investments in the global war on AIDS by securing agreement on a global AIDS strategy with clearly identified goals, assigned responsibilities, and time tables at the UN General Assembly Special Session on AIDS in June 2001.
10. The UN should establish specific goals and matching resource requirements for HIV prevention, AIDS treatment, and support for orphaned children within its global AIDS strategy. While prevention of new infections should remain the highest priority, access to treatment will further this goal, increase productivity, and decrease inequity and potential unrest.
11. The UN Security Council should fulfil its responsibility in oversight of peacekeeping missions by requiring comprehensive HIV prevention education of all peacekeeping troops and actively supporting prevention education in communities in which they serve. Similarly, HIV prevention should be part of the preparation for dealing with humanitarian crises and in handling the aftermath of complex emergencies.
12. The Security Council should meet in January 2002, two years after its first consideration of HIV/AIDS as a security issue, to review the security impact of the pandemic and the response of the international community.

To the Affected Countries

13. Governments of affected countries should develop specific and prioritised national AIDS strategies by 1 December 2001 in consultation with non-governmental organizations, people living with AIDS, the private sector, and donors. This will require accelerated technical and financial support from donors.
14. Governments of affected countries should direct all ministries, including finance and security, to assess the impacts of AIDS and develop plans of action.
15. Developing countries in Africa should move rapidly toward dedicating 15 per cent of their annual public spending to AIDS and other public health priorities, including the re-direction of debt relief, as pledged at the meeting of the Organization of African Unity (OAU) in Abuja, Nigeria, April 2001.
16. Governments of affected countries should work to change the atmosphere of discrimination against people with AIDS, establish clear legal protections for them and reduce social and economic vulnerability to AIDS by promoting inclusion and participation, increasing access to information and essential legal and social services.

To the Private Sector

17. Given the economic impact of AIDS, the corporate sector should dramatically increase its investment in the global war on AIDS and should report annually on such investments at the World Economic Forum in Davos.
18. The pharmaceutical industry should take all steps possible to increase access to essential drugs and antiretroviral therapies for those in need in the developing world, and should support developing-country use of compulsory licensing and parallel importing strategies consistent with the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS).
19. Drug companies should work with the UN and the international community to establish the mechanisms needed for procurement of essential drugs and HIV therapies at the best possible level of pricing, building on existing expertise within WHO, UNICEF, and other international agencies.

Washington/Brussels, 19 June 2001



HIV/AIDS AS A SECURITY ISSUE

I. THE SCOPE AND MAGNITUDE OF THE AIDS SECURITY CRISIS

Over the twenty years since AIDS was first identified, researchers, health workers and advocates have sought to confront the disease as it moved rapidly from a scientific mystery to a global pandemic. Despite their best efforts, the disease has produced a pattern of death and destruction that, as UNAIDS head Peter Piot puts it, "is devastating the ranks of the most productive members of society with an efficacy history has reserved for great armed conflicts."⁷ More than 36 million individuals are infected, 22 million have died, and 13 million children have been orphaned by the disease. Experts project that AIDS will eventually kill one in four adults in Sub-Saharan Africa;⁸ and at least seven countries, including regional power South Africa, have more than 20 per cent of adults HIV-positive.

David Gordon of the U.S. National Intelligence Council notes that AIDS "has already killed more people than all the soldiers killed in the major wars of the twentieth century, and equals the toll taken by the bubonic plague in 1347." He adds, "The bad news about AIDS is that unless something is done in the near future, we're on a trajectory for things to get much, much worse."⁹

Much is now known about the epidemiology of the disease and how it spreads to the population at large: from beginnings among intravenous drug users, prostitutes, and others with many sex partners; to young people, frequent travellers, recipients of blood transfusions, and wives and children; to attacking broad swathes of society. Yet predictions to date have again and again underestimated the epidemic's force around the world. In 1989, leading epidemiologists predicted that there would be 2-3 million people living with AIDS by 1996;¹⁰ in 1996, they in fact found 10.4 million.¹¹

AIDS is understood as a serious health threat, but it is also much more. AIDS can be so pervasive that it destroys the very fibre of what constitutes a nation: individuals, families and communities; economic and political institutions; military and police forces. The UN Security Council and a growing number of world leaders have suggested that the impact of AIDS is profound enough to challenge fundamentally the security and stability of a growing number of states around the globe, and the UN Security Council defined it as an issue of human security.

⁷ Peter Piot, "Global AIDS Epidemic: Time to Turn the Tide," *Science*, 23 June 2000, vol. 288, page 2176.

⁸ "The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

⁹ David Gordon, U.S. National Intelligence Council, at a Briefing at the United States Institute of Peace, Washington, DC, May 8, 2001.

¹⁰ Chin J, Mann J. "Global Surveillance and Forecasting of AIDS," *Bulletin of the World Health Organization*, 1989; 67 (1): 1-7.

¹¹ Mann JM, Tarantola DJM. *AIDS In the World: Global Dimensions, Social Roots and Responses*, Oxford University Press, 1996.

The term human security, first coined by the UN Development Programme, is used by a growing number of experts and leaders to stress that security is more than the presence or absence of armed conflict. Security, at its most basic level, is personal – the life and health of the individual, family and community; hunger, safety, and the security of the environment all play a role. The theory of human security stresses taking preventive action to reduce vulnerability and minimize risks to human rights, human safety and human lives. It stresses the importance of acting early – because it is more humane, but also because it is more effective.

Looking at AIDS through the lens of human security points up the slowness of governments across the globe to appreciate the powerful social, economic and political ramifications associated with widespread infection rates. The disease has most often remained within the domain of health ministries. And the conclusions that logically flow from the identification of such a threat have not yet been drawn. Perhaps nowhere are the ramifications as difficult to draw out, or as potentially serious, as in the area of security. HIV/AIDS does not itself cause wars, insurgencies or communal violence. But it is profoundly destabilizing in several important ways, and it contributes to an environment in which individuals, communities and nations are much more vulnerable to conflict.

AIDS is a personal security issue. As 5, 10, 20 per cent or more of adults become fatally ill, gains in health, longevity and infant mortality are wiped out. Agricultural production and food supply become tenuous; families and communities break apart; and surviving young people cease to have a viable future. Divisions among ethnic and social groups may be exacerbated. Economic migration and refugee seekers increase.

AIDS is an economic security issue. A World Bank study suggests that even an adult prevalence rate of 10 per cent may reduce the growth of national income by up to a third.¹² At infection levels above 20 per cent, studies show that a nation can expect a decline in GDP of 1 per cent per year.¹³ At least seven Sub-Saharan African countries have now passed that threshold.

AIDS is a communal security issue. It impacts directly on police capability, and more generally on community stability: desperation makes criminality rise. It breaks down governance, striking hardest at the educated and mobile, civil servants, teachers, health care professionals. Spiralling health care costs drain public resources. Public administration is weakened when its leadership is most needed. And institutions of government and civil society can no longer be counted upon to mediate disputes and maintain unity.

AIDS is a national security issue. In Africa, many military forces have infection rates as much as five times that of the civilian population.¹⁴ There are fears of under-recruiting, impaired readiness, and a lack of experienced officers. The vulnerability it creates in militaries as well as in the pillars of economic growth and institutional endurance can make nations more vulnerable to both internal and external conflict.

AIDS is an international security issue. It has this effect both in its capacity to contribute to international security problems and by its ability to undermine international capacity to resolve conflicts.

¹² "The Business Response to HIV/AIDS: Impact and Lessons Learned," Joint United Nations Program on HIV/AIDS, 2000.

¹³ "HIV, TB and Malaria – Three Major Infectious Disease Threats," WHO Backgrounder No. 1, July 2000.

¹⁴ "AIDS and the Military," UNAIDS, May 1998.

The potential for disaster is great: when infection rates among adults reach 5 per cent, the spread of disease accelerates, and becomes much more difficult to control. Already, 25 countries worldwide have infection rates of more than 5 per cent with Nigeria, the Democratic Republic of the Congo, and Haiti just recently passing the tipping point, and Cambodia, the Bahamas, and Gabon rapidly approaching it. As rates rise higher, economic and social consequences make themselves even more strongly felt.

CIA Director George Tenet recently sketched out the challenge this way: "AIDS in Africa basically takes generations out of play. And then you have refugee flows. And then you have economic disasters. And then you have civil wars that require exfiltration and some kind of involvement whether you choose to or not. And while we all believe we're immune from all this, we're not. At some point somebody has to be responsible for it."¹⁵

We now face a similar chain of infection, devastation, and disintegration in a number of countries that are considered key to international stability, including China, India, Russia and Ukraine. In each of these countries, the number of new HIV cases grows exponentially each year, and public health systems are poorly positioned to stem the disease.

In Russia, Ukraine and across the Commonwealth of Independent States, positive tests for HIV increased five-fold between 1997 and 1998.¹⁶ In 1999, the region recorded the steepest increase in HIV infection in the world.¹⁷ In worst-case scenarios, Russia could reach an adult infection rate of 20 per cent or higher.¹⁸ Ukraine already has the worst AIDS epidemic in Europe, with more than 200,000 people – about 1 per cent of adults 15-49 – possibly now infected.¹⁹ Ukraine's epidemic, called "grim" by UNAIDS,²⁰ is expected to peak between 2007 and 2016, and as many as 900,000 to 2.1 million Ukrainians are expected to die of the disease, according to a forecast of the Economics Institute of the Ukrainian Academy of Sciences.²¹

India may already have more people with HIV than any other nation, and the USAID-funded Synergy Project warns that "without a successful intervention, India could be faced with the same devastation that many countries in Africa face today."²² Some Indian cities and regions are already reporting rates of incidence above 5 per cent, with disturbingly high incidence among pregnant women.²³

¹⁵ Tenet, George J., Statement by Director of Central Intelligence George J. Tenet before the Senate Select Committee on Intelligence on the "Worldwide Threat 2001: National Security in a Changing World," February 7, 2001.

¹⁶ "The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

¹⁷ "Former Soviet States Are Now AIDS Danger Zone," World Bank Press Release, December 6, 1999.

¹⁸ Vadim Pokrovsky, Head of Russia's National Center for the Fight Against AIDS, quoted by Agence France Presse, "Half of Russian Population Could Have HIV in Ten Years," 9 January 2001.

¹⁹ "Ukraine and HIV/AIDS," Synergy Project, October 1999.

²⁰ "UN: Officials Alarmed by AIDS Spread in Former Soviet Union," Radio Free Europe/Radio Liberty, November 30, 2000.

²¹ "Ukraine to Have AIDS Epidemic Peak in 2007-2016," Itar-Tass, 6 May 2001.

²² "India and HIV/AIDS," Synergy Project, October 1999.

²³ "India's National AIDS Control Program," The World Bank, September 1999; "India Underestimates AIDS Cases, Says Activist," Reuters NewMedia, 16 February 2001; "India Faces a Silent AIDS Epidemic," *The Washington Post*, 7 March 2001; "India's AIDS Crisis," *New York Times*, 27 March 2001.

China too faces the threat, with the disease reaching epidemic proportions in some regions and severely tainting the national blood supply. Its Health Ministry says that the number of people with AIDS rose 69 per cent in 1999 and 37 per cent in 2000.²⁴

The potential impact of such epidemics would be devastating – for those countries and for their neighbours and partners in the international system.

Over time, institutions from the British Parliament to the U.S. Central Intelligence Agency to the UN Security Council, as well as independent scholars, have attempted to document the links among instability, HIV/AIDS and conflict. At a minimum, factors which increase the likelihood of internal and external conflict have now been identified. This report brings together the evidence, pointing up clear cases where HIV/AIDS has heightened pressures toward instability by undercutting human security, harming economic and social stability, breaking down governance and directly affecting armed forces and the police. Each of these effects raises the risk of destabilization as the epidemic hits its height in Africa and infection rates rise in China, India, Russia and elsewhere.

If such destabilization is to be prevented, national and international political leaders must recognize that the consequences of the AIDS epidemic go far beyond the purview of the health sector; show leadership at the highest political levels; and mobilize resources and human capacity as they would in response to the potential of global conflict.

II. AIDS AS A PERSONAL SECURITY ISSUE

HIV/AIDS is a personal security issue, threatening the lives, health, family structure, and well being of individuals and entire communities.

AIDS attacks health in several ways, beginning with the obvious: life expectancy. AIDS is almost entirely responsible for life expectancy having dropped by over twenty years in ten African countries, wiping out the gains of thirty years of development.²⁵ The future is even bleaker. UNAIDS reports that if a country has an AIDS prevalence rate above 15 per cent – which presently includes South Africa and seven other Sub-Saharan countries (see table below) -- it can expect that between one-third and one-half of boys now aged fifteen will die from AIDS.²⁶

²⁴ "China's AIDS Patients Surge 69 Percent in 1999," Agence France Presse, 4 April 2000; "Number of Chinese HIV Carriers Up 37 Percent," Reuters, 1 November 2000.

²⁵ "AIDS in the Classroom," *U. S. News & World Report*, February 14, 2000.

²⁶ "AIDS Epidemic Update Report," UNAIDS, June 2000.

Years Life Expectancy Lost to AIDS

Country	Percentage Adult HIV/AIDS Prevalence (end 1999) ²⁷	2010-2015		
		Life Expectancy at Birth		Years of Life Expectancy Lost
		Actual (with AIDS)	Hypothetical (without AIDS)	
Namibia	19.54	41.5	67.7	-26.3
Botswana	35.80	48.9	73.0	-24.1
South Africa	19.94	47.2	67.4	-20.1
Zimbabwe	25.06	50.4	69.8	-19.4
Kenya	13.95	51.0	69.8	-18.8
Mozambique	13.22	39.6	56.7	-17.1
Zambia	19.95	51.5	63.7	-12.3
Cameroon	7.73	55.3	66.2	-10.9
Tanzania	8.09	52.4	63.2	-10.8
Malawi	15.96	48.1	57.3	-9.2
Lesotho	23.57	59.2	68.3	-9.1
Côte d'Ivoire	10.76	54.8	62.8	-8.0
Nigeria	5.06	53.6	58.4	-4.7

(Source: "The World at Six Billion," UN Development Programme, October 12, 1999.)

AIDS also strikes hard at children -- infant mortality is soaring in the worst-hit countries. In South Africa, infant mortality is already 44 per cent higher than it would have been without AIDS, and by 2005-2010, it is expected to be 60 per cent higher. The U.S. Agency for International Development says that AIDS-related mortality will eliminate the gains made in child survival over the past twenty years in much of Africa.²⁸

AIDS & Infant Mortality Rates

Country	Per cent Increase in Infant Mortality Due to AIDS
Botswana	121
Namibia	58
South Africa	44
Nigeria	7
Cote d'Ivoire	14
Zambia	31
Kenya	25
Mozambique	14
Malawi	16

(Source: HIV/AIDS Country Profiles, U.S. Census Bureau, June 2000)

²⁷ Table of Country-Specific HIV/AIDS Estimates and Data, UNAIDS Web site, http://www.unaids.org/epidemic_update/report/Table_E.htm.

²⁸ The 34 countries include Burundi, Ethiopia, Kenya, Rwanda, Tanzania, Uganda, Benin, Burkina Faso, Cameroon, Central African Republic, Congo, Democratic Republic of Congo, Cote d'Ivoire, Gabon, Ghana, Nigeria, Togo, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe, Cambodia, Burma, Thailand, Bahamas, Brazil, Guyana, Haiti, Honduras. Hunter, Susan & John Williamson, "Children on the Brink: Executive Summary," United States Agency for International Development, 2000.

Family members who survive are frequently plunged into greater poverty and ill health. As families have less to spend and no longer produce as much food, malnutrition rises. This was documented in Cote d'Ivoire, where family food consumption went down by 41 per cent when a family member had AIDS.²⁹ Malnutrition itself increases susceptibility to disease.³⁰

As parents die, the family unit commonly dissolves and children are sent to live with distant relatives. One study in Zambia found that 65 per cent of households in which the mother had died dissolved.³¹ Extended family in Africa has been the traditional "safety net" when the immediate family faced serious illness. However, the epidemic has now pushed this unique form of social security to its limit.³² Extended family members are becoming impoverished as well, either due to supporting additional family members, or coping with HIV/AIDS in their own immediate family, which is taxing available strength and resources.

According to UNAIDS, when a family member is infected with HIV, household income can decline by as much as 40-60 per cent.³³ This happens for a variety of reasons – as the breadwinner falls ill and is less productive, as the breadwinner dies and income is lost, or as family members must leave their jobs to care for sick relatives. Family expenses increase due to medical costs, with many families using their life savings or selling livestock to meet their needs.³⁴ A study in Cote d'Ivoire found that expenditures for health care went up 400 per cent when a family member had AIDS.³⁵ When the family member dies, surviving members are responsible for funeral costs.

AIDS strikes particularly hard at young people, destroying not only the families of survivors but also their expectations of an education and a better future. More than 13 million children, 95 per cent of whom live in Africa, have lost either their mothers or both parents to AIDS.³⁶ This number is projected to triple to 42 million by 2010.³⁷ In the most heavily affected African countries, as many as one-third of all children will eventually be orphaned by AIDS.³⁸ When a parent becomes ill with AIDS, children (especially girls) typically drop out of school to provide care and to replace the lost family income.³⁹ Children orphaned by AIDS are also more likely to drop out of school because they no longer have the school fees⁴⁰ or due to taunting from fellow students

²⁹ "Fact Sheet Two: The Destabilizing Impact of Social and Economic Consequences of HIV/AIDS," Briefing: UN Security Council Meeting on HIV/AIDS in Africa, 10 January 2000.

³⁰ "HIV/AIDS Devastating Rural Labour Force in Many African Countries, Says FAO," Food and Agriculture Organization, May 10, 2001.

³¹ "AIDS Blunts Economic Growth, Worsens Poverty in Hard-Hit Countries," World Bank press release, July 11, 2000.

³² "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

³³ "Putting HIV/AIDS on the Business Agenda: UNAIDS Point of View," Joint United Nations Program on HIV/AIDS, November, 1998.

³⁴ "HIV/AIDS Devastating Rural Labour Force in Many African Countries, Says FAO," Food and Agriculture Organization, May 10, 2001.

³⁵ "Fact Sheet Two: The Destabilizing Impact of Social and Economic Consequences of HIV/AIDS," Briefing: UN Security Council Meeting on HIV/AIDS in Africa, 10 January 2000.

³⁶ "AIDS Epidemic Update Report," UNAIDS, June 2000.

³⁷ "The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

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⁴⁰ "AIDS Blunts Economic Growth, Worsens Poverty in Hard-Hit Countries," World Bank press release, July 11, 2000.

and even teachers who fear the child may also be infected.⁴¹ These lost educational opportunities mean that children will have less earning potential as adults, and be at increased risk of falling into, or remaining in, poverty and disenfranchisement.

AIDS Orphans in Africa

Country	Number of AIDS Orphans in 1999
Uganda	1,700,000
Nigeria	1,400,000
Ethiopia	1,200,000
Tanzania	1,100,000
Zimbabwe	900,000
Kenya	730,000
DRC	680,000
Zambia	650,000
South Africa	420,000
Cote d'Ivoire	420,000

(Source: UNAIDS)⁴²

To understand how great these numbers are, while eight years of armed conflict in Sierra Leone has separated 12,000 children from their families,⁴³ AIDS has given the country almost five times as many orphans.⁴⁴

In South Africa, as in many other Sub-Saharan countries, the crisis has only begun. In some provinces the number of pregnant women testing positive is as high as 36 per cent.⁴⁵ Children born to an untreated HIV-positive mother have a 30 per cent chance of HIV-infection, a reduced risk of HIV transmission if anti-retroviral treatment is given, but a 100 per cent chance of losing their mother to AIDS.⁴⁶ South Africa is projected to have up to 2 million orphaned children by 2010,⁴⁷ and over 4 million by 2015 – between 9 and 12 per cent of the total population.⁴⁸

Young people with no job, no income, and no family to support them are also at risk of joining, or being abducted by, local militias. For the children, the militias are a source of food, shelter, and identity. For the militias – and some national armies – children are a low-cost source of labour, and, being impressionable and vulnerable, can be induced to undertake the most horrific of missions. As Randy Cheek of the U.S. National Defense University put it, "the uneducated, malnourished, and purposeless mass of children represents a potential army in search of a leader."⁴⁹

⁴¹ "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

⁴² Table of Country-Specific HIV/AIDS Estimates and Data, UNAIDS Web site, http://www.unaids.org/epidemic_update/report/Table_E.htm.

⁴³ "No More Dying for Diamonds: Save the Children of Sierra Leone," Amnesty International USA.

⁴⁴ Table of Country-Specific HIV/AIDS Estimates and Data, UNAIDS Web site, http://www.unaids.org/epidemic_update/report/Table_E.htm.

⁴⁵ Schonteich, Martin, "Age and AIDS: South Africa's Crime Time Bomb," Institute for Security Studies.

⁴⁶ Whiteside, Alan, Mary O'Grady & Anita Alban, "The Economic Impact of HIV and AIDS in Southern Africa," *AIDS Infothek Magazine*, February, 2000.

⁴⁷ "AIDS Poses Major Threat to African Security," *Business Day*, 6 July 2000.

⁴⁸ "SA Faces AIDS-Related Education Disaster," *Daily Mail & Guardian* (South Africa), 26 July 2000.

⁴⁹ Cheek, Randy B., Senior Fellow, Institute for National Strategic Studies, National Defense University, "A Generation at Risk: HIV/AIDS Orphans in Southern Africa and Threats to Regional Stability" (unpublished paper), March 2001.

Across Sub-Saharan Africa, AIDS exacerbates already-severe problems of poverty, ill health, malnutrition and child exploitation. It may serve as another factor impelling children into armies and militias, fuelling migration, and increasing popular disenchantment.

But this threat is not limited to Africa. Russian television reported this past March that one in twenty, or 5 per cent, of adolescents in Moscow is now HIV-positive.⁵⁰ Most of those newly infected with HIV in Russia are between the ages of 18 and 25.⁵¹ The virus has also begun to spread at an alarming rate through blood transfusions and from mothers to their children through childbirth or breastfeeding.⁵²

Ukraine's epidemic, called "grim" by UNAIDS,⁵³ is expected to peak between 2007 and 2016, and as many as 900,000 to 2.1 million Ukrainians are expected to die of the disease, according a forecast of the Economics Institute of the Ukrainian Academy of Sciences.⁵⁴ Ukraine is also suffering a broad rise in indicators of human insecurity – a deterioration of the state health system; declines in nutrition; increases in crime and unemployment; increasing alcoholism and IV drug use (the Ministry of Internal Affairs estimates that the country of 50 million has over 650,000 drug users, and experts warn that the numbers are increasing exponentially, having risen 500 per cent from 1990 to 1999); increasing numbers of street children; and increased migrations into and out of the country.⁵⁵

While the overall HIV incidence rate in India is relatively low, as compared to Africa, several cities and states have disturbingly high rates. Recent studies show that HIV has become as common in some rural areas as it is in cities.⁵⁶ Reportedly, 1-2 per cent of the pregnant women in Mumbai (formerly Bombay) are HIV-positive,⁵⁷ and in the state of Tamil Nadu some prenatal clinics report that nearly 5 per cent of their patients are infected.⁵⁸ In addition, like Africa, the high rates of poverty and low status of women help to fuel the epidemic. The growing rate of HIV among pregnant women is having an effect. India already has an estimated 120,000 AIDS orphans.⁵⁹

In China, the Health Ministry says that the number of people with HIV rose 69 per cent in 1999,⁶⁰ and 37 per cent in 2000.⁶¹ The majority of those infected are young. Nearly 80 per cent of those testing positive for HIV are 20 to 40 years old, and nearly 10 per cent are under nineteen.⁶² Not only do young people have more sexual partners, but their illness and death also exact a higher price on society since they are of prime age for work, military service and raising a family. In addition, in rural areas, there is no public social safety net. Just as in Africa, parents generally rely on their sons to provide for them in their old age.⁶³ If the younger population is decimated in China as

⁵⁰ "Experts Believe AIDS Greatly Under-Reported in Russia," Russian Public TV (ORT), Moscow, March 28, 2001 (transcribed by the BBC).

⁵¹ "AIDS in Russia Could Spiral Out of Control," Voice of America News, November 16, 2000.

⁵² "AIDS in Russia Could Spiral Out of Control," Voice of America News, November 16, 2000.

⁵³ "UN: Officials Alarmed by AIDS Spread in Former Soviet Union," Radio Free Europe/Radio Liberty, November 30, 2000.

⁵⁴ "Ukraine to Have AIDS Epidemic Peak in 2007-2016," Itar-Tass, 6 May 2001.

⁵⁵ "Ukraine and HIV/AIDS," Synergy Project, October 1999.

⁵⁶ "India and HIV/AIDS," Synergy Project, October 1999.

⁵⁷ "India's National AIDS Control Program," The World Bank, September 1999.

⁵⁸ "India's AIDS Crisis," *New York Times*, March 27, 2001.

⁵⁹ "India and HIV/AIDS," Synergy Project, October 1999.

⁶⁰ "China's AIDS Patients Surges 69 per cent in 1999," Agence France-Presse, April 4, 2000.

⁶¹ "Number of Chinese HIV Carriers Up 37 per cent," Reuters, November 1, 2000.

⁶² "Youths Targeted for AIDS Prevention Drive," *People's Daily* (English Version), July 21, 2000.

⁶³ "In China's Countryside, 'It's a Boy!' Too Often," *Washington Post*, May 29, 2001.

it has been in Africa, the same kind of impoverishment, and further health problems, can be expected to occur in China as well.

III. AIDS AS AN ECONOMIC SECURITY ISSUE

AIDS puts at risk human capital and natural resource development, and business investment, which form the foundation of national economies. AIDS has damaged each of those underlying factors in multiple sectors ranging from agriculture to mining, construction to tourism in the countries of Africa hardest hit by the pandemic, with early evidence of serious consequences in other countries around the world.

The U.S. National Intelligence Council report confirms that in Africa's worst-hit countries, AIDS has already cut 1 percentage point off of GDP.⁶⁴ In South Africa, where 20 per cent of the population is HIV-positive, the World Bank estimates that GDP will be 17 per cent lower by 2010 than it would have been without the AIDS epidemic.⁶⁵ However, even countries below the 20 per cent seroprevalence threshold are seeing serious macroeconomic effects. *Jane's Defence Weekly* reported that Botswana's economy may shrink by 30 per cent by 2010 as a result of AIDS. In Kenya, one study projected that GDP will be 14.5 per cent smaller in 2005 than it otherwise would have been without the cumulative impact of AIDS. Elsewhere, the World Bank estimates that the combined effect of AIDS and tuberculosis could cost Russia 1 per cent of its GDP by 2005.⁶⁶

AIDS' first assault is on human capital – the workers it infects. As leading economists have concluded on human capital investment, "a consensus was forged that 'modern economic growth'...critically depends on improvement in a population's education and health."⁶⁷ In countries like Zambia, Malawi and Tanzania, as much as 25 to 30 per cent of the workforce is thought to be HIV-positive.⁶⁸ As workers fall ill, they are less efficient, less able to do manual labour, and more often absent – and the nation's human capital is diminished.

As workers begin to die, firms face an overall labour shortage. In high-prevalence African countries, by the year 2020, the labour force is expected to be 10 to 22 per cent smaller than it would have been without AIDS, translating to about 11.5 million fewer persons in the workforce.⁶⁹ In Namibia, for example, AIDS is expected to eliminate as much as a third of the labour force in the agriculture, construction, tourism, mining, education and health and transport sectors by 2020.⁷⁰ The situation is even worse in South Africa, where the hardest-hit companies will lose 40 to 50 per cent of their employees by 2010.⁷¹ In Botswana, companies are importing cheap labour from the Far East to make up for local workforce shortages.⁷²

⁶⁴ "The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

⁶⁵ "AIDS Blunts Economic Growth, Worsens Poverty in Hard-Hit Countries," World Bank press release, July 11, 2000.

⁶⁶ "World Bank Says AIDS, TB May Cost Russia 1 percent of GDP," Bloomberg, 23 April 2001.

⁶⁷ Schultz, T. Paul, "Human Capital Investment in Women and Men: Micro and Macro Evidence of Economic Returns," International Center for Economic Growth, Occasional Paper Number 44, 1994.

⁶⁸ "Employers Count HIV/AIDS Toll," Panafrican News Service, April 22, 2001.

⁶⁹ "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

⁷⁰ "AIDS Orphans to Skyrocket," *The Namibian*, March 16, 2001.

⁷¹ "The Cruellest Curse," *The Economist*, May 2, 2001.

⁷² "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

UNAIDS reports that in African countries with the greatest AIDS burden, illness and death have jumped from last to first place in the list of reasons employees leave a company. Old age retirement, which used to be the leading cause of departure in the 1980s, dropped to just 2 per cent of employee resignations by 1997.⁷³ 86 per cent of the Kenya Revenue Authority's employee deaths in 1998 resulted from AIDS.⁷⁴

Because most people with HIV in Africa are infected as teenagers or young adults, AIDS disproportionately kills workers in their most productive years.⁷⁵ In South Africa, one in five 15-49 year olds has HIV. HIV/AIDS also disproportionately targets skilled workers, middle and senior management, educated urban professionals, and government officials.⁷⁶ One explanation for the greater incidence in these groups is that these employees have relatively high salaries and more travel associated with work, making them prime targets of the commercial sex trade.⁷⁷ A telling statistic from Rwanda is that a pregnant woman has a 9 per cent chance of being HIV-infected if her husband is a farmer, a 22 per cent chance if he is a soldier, a 32 per cent chance if he is a white-collar worker and a 38 per cent chance if he is a government official.⁷⁸ Half of the executives of one African company refused promotions because an HIV test was required.⁷⁹

AIDS also harms businesses by increasing costs – for replacement hires, insurance, health care and funeral expenses. One company in Zimbabwe reportedly hired three employees for a single open position, assuming that two of the hires will die in training.⁸⁰ One Kenyan company found medical expenditures to be 400 per cent higher than they would have been without AIDS.⁸¹ In South Africa, the total costs of employee benefits may nearly triple from 7 per cent to 19 per cent between 1995 and 2005 because of AIDS.⁸²

The cumulative impact of AIDS-related decreases in productivity and increases in costs can be significant. Two years ago, several southern African countries conducted a study of the combined impact of AIDS-related absenteeism, decline in productivity, increased health and insurance payments, and increased recruitment and training costs. They found that the cumulative effect would decrease profits by at least 6-8 per cent, and cut productivity by 5 per cent.⁸³ An analysis done by a South African firm found that each AIDS infection costs roughly twice the infected worker's annual salary.⁸⁴ In other examples, one Kenyan transportation company was projected to lose nearly

⁷³ Hunter, Susan & John Williamson, "Children on the Brink: Executive Summary," United States Agency for International Development, 2000.

⁷⁴ Whiteside, Alan, Mary O'Grady & Anita Alban, "The Economic Impact of HIV and AIDS in Southern Africa," *AIDS Infothek Magazine*, February 2000.

⁷⁵ "The Business Response to HIV/AIDS: Impact and Lessons Learned," Joint United Nations Program on HIV/AIDS, 2000.

⁷⁶ Copson, Raymond W., "IB:10050: AIDS in Africa," CRS Issue Brief for Congress, January 11, 2001.

⁷⁷ "AIDS Stalking Africa's Struggling Economies," *New York Times*, November 15, 1998.

⁷⁸ "AIDS Stalking Africa's Struggling Economies," *New York Times*, November 15, 1998.

⁷⁹ "AIDS Stalking Africa's Struggling Economies," *New York Times*, November 15, 1998.

⁸⁰ "AIDS Stalking Africa's Struggling Economies," *New York Times*, November 15, 1998.

⁸¹ "The Business Response to HIV/AIDS: Impact and Lessons Learned," Joint United Nations Program on HIV/AIDS, 2000.

⁸² "Putting HIV/AIDS on the Business Agenda: UNAIDS Point of View," Joint United Nations Program on HIV/AIDS, November 1998.

⁸³ The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

⁸⁴ "The Worst Way to Lose Talent," *The Economist*, February 8, 2001.

15 per cent of its annual profits due to AIDS by 2005⁸⁵; and Zambia's only oil company lost all its annual profits at one point in the early 1990s, when AIDS costs doubled in a two-year period.⁸⁶

A number of key sectors in African economies are already being decimated by AIDS, including agriculture, mining and transport. A new report by the UN Food and Agriculture Organization (FAO) estimates that since 1985, 7 million agricultural workers have died from AIDS-related diseases in 27 African countries. In the hardest-hit countries, AIDS has killed almost 13 per cent of the agricultural work force, or one in seven workers. Another 16 million agricultural deaths are expected in the next two decades, accounting for 26 per cent of the labour force in the ten most-affected African countries.⁸⁷ The deaths are so widespread and severe that some rural areas are already experiencing labour shortages.⁸⁸ One immediate impact of the labour shortage is a decrease in agricultural yields, and thus income. As farmers and their employees become ill, they cultivate less land⁸⁹ – in part due to diminished strength and energy, reduced economic resources, and time constraints related to family illness. As income falls with reduced crop yields, this places a family's meagre assets, and ability to make loan payments, at further risk.

Mining is also a key source of foreign exchange for many African countries, and the impact AIDS is having on this sector is of major concern. Miners are particularly at risk for HIV because like soldiers, police officers, and truckers, miners often live far from population centres, apart from their families, and earn regular wages. This makes them prime targets for commercial sex workers. Worse yet, some employees, such as highly-trained mining engineers, can be very difficult to replace. The impact of losing skilled employees and upper-level management disproportionately affected by AIDS is devastating to business.⁹⁰

In South Africa, experts believe that the industry hardest-hit by HIV/AIDS will be mining – one that is of central importance both for employment and revenue. More than two years ago, studies of the sector were already showing HIV infection rates from one-quarter⁹¹ to almost one-half⁹² of the country's miners. Zambia has a similar problem, where copper accounts for 75 per cent of the country's export earnings, and 18 per cent of the copper miners (again, a skilled workforce) are estimated to be HIV-positive.⁹³ In Botswana, where diamonds account for 80 per cent of export earnings and half of the government's total revenue, a third of the industry's employees are estimated to be HIV-positive.

⁸⁵ Whiteside, Alan, Mary O'Grady & Anita Alban, "The Economic Impact of HIV and AIDS in Southern Africa," *AIDS Infothek Magazine*, February 2000.

⁸⁶ "AIDS Stalking Africa's Struggling Economies," *New York Times*, November 15, 1998.

⁸⁷ "HIV/AIDS Devastating Rural Labour Force in Many African Countries, Says FAO," Food and Agriculture Organization, May 10, 2001.

⁸⁸ "HIV/AIDS in Namibia: The Impact on the Livestock Sector," FAO Women and Population Division, February 2000.

⁸⁹ du Guerny, Jacques, "AIDS and Agriculture in Africa: Can Agricultural Policy Make a Difference?," FAO.

⁹⁰ "Fact Sheet Two: The Destabilizing Impact of Social and Economic Consequences of HIV/AIDS," Briefing: UN Security Council Meeting on HIV/AIDS in Africa, 10 January 2000.

⁹¹ "The Worst Way to Lose Talent," *The Economist*, February 8, 2001.

⁹² "SA Faces AIDS-Related Education Disaster," *Daily Mail & Guardian* (South Africa), July 26, 2000.

⁹³ "Konkola Copper Mines Releases HIV Report," UN Integrated Regional Information Network, May 5, 2001.

Transport workers, especially truck drivers, are also at particularly high risk for contracting, and spreading, HIV. Like miners, their work often takes them far from home for extended periods, and they receive a steady salary. Both of these characteristics make them attractive to the commercial sex trade. Commercial sex workers, as a group, consistently have the highest prevalence of HIV infection in most developing countries where these studies have been done. In an example, 90 per cent of sex workers targeting truckers at one Botswana-South Africa border crossing were found to be HIV-infected.⁹⁴ It is often through the mixing of transient truckers with populations of sex workers with high prevalence of HIV that the disease diffuses back into the countryside and into new populations of women and children. This pattern has been well described in industrialized countries as well as the developing world.⁹⁵

HIV/AIDS also decreases business investment. First, as businesses' revenues and savings shrink due to reduced workforce productivity and rising costs, the ability to invest in the future is diminished.⁹⁶ Prospective revenues will also decrease as the consumer base dwindles and becomes more impoverished as a result of illness, death, and population migrations. Studies show a negative impact on business investment is already taking place. A British House of Commons committee study found evidence of business investment shifting out of Africa as individual companies determined that HIV/AIDS would so significantly affect their potential regional market that they were better off investing elsewhere. Even the perception that HIV/AIDS is creating instability in the markets and workforce of Africa can have a chilling effect on the climate for future business investment.⁹⁷

AIDS can effectively destroy a national economy by decimating the food supply, decreasing the productivity of the workforce⁹⁸ and increasing the cost of doing business. A senior World Bank official called HIV/AIDS the single greatest threat to economic development in Sub-Saharan Africa.⁹⁹ But the harm to the nation is even more severe, as economic crisis, when coupled with a lack of political leadership, leads to political instability and may well spark internal or external conflict.¹⁰⁰

As in Africa, the burgeoning AIDS crisis in Russia threatens to exacerbate the current economic crisis and promote greater instability. Most of those newly infected with HIV in Russia are between the ages of 18 and 25,¹⁰¹ the prime age for serving in the military, joining the workforce, and starting a family. As in Africa, this could spell trouble for workforce productivity, foreign investment, and social cohesion. The World Bank estimates that AIDS and tuberculosis combined could cost Russia 1 per cent of its gross domestic product by 2005.¹⁰²

⁹⁴ "Botswana Faces Extinction from AIDS," *The Times of India*, July 10, 2000.

⁹⁵ "UF Study: Truckers at Risk for AIDS from On-the-Road Sex," *University of Florida News*, January 12, 2000.

⁹⁶ Copson, Raymond W., "IB:10050: AIDS in Africa," CRS Issue Brief for Congress, January 11, 2001.

⁹⁷ "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

⁹⁸ "Intensifying Action Against HIV/AIDS in Africa," *Responding to a Development Crisis*, World Bank, June 2000.

⁹⁹ "The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

¹⁰⁰ "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

¹⁰¹ "AIDS in Russia Could Spiral Out of Control," *Voice of America News*, November 16, 2000.

¹⁰² "World Bank Says AIDS, TB May Cost Russia 1% of GDP," *Bloomberg*, April 23, 2001.

The AIDS crisis will add greater burdens to a society already struggling with historic economic and political reforms and persistent dangers of civil conflicts in its more remote regions. There already exists widespread public discontent with the hardships of transition, and relatively fragile democratic institutions are extraordinarily poorly positioned to deal with a major health crisis—particularly when disparities in health services grow greater over time.

An equally disturbing panorama faces Ukraine, which has yet to have a single year of positive economic growth since its independence from the Soviet Union.¹⁰³ Like Russia, the country is suffering from a shrinking population, falling life expectancy and worsening health indicators. Also like Russia, Ukraine is seeing a “dramatic surge” in sexually-transmitted diseases over the past several years, which suggests a corresponding increase in HIV transmission (from 1989 to 1996, the syphilis rate increased by a factor of twenty, and continued to double every year after that).¹⁰⁴ If still lower levels of productivity continue to burden economic growth rates, the country's hopes of attracting new investment, domestic or foreign, will suffer. As economic frustration rises, the implications for the extremely weak democratic institutions are grave.

The states of Central Asia face widespread poverty so extreme that it poses a serious threat to stability. The post-Soviet economic collapse has created an effect even more severe than that of the Crash of 1929 and the Great Depression in the West.¹⁰⁵ In parts of Kyrgyzstan, more than 80 percent of the population lives in poverty. Intravenous drug use and sexually-transmitted disease rates are skyrocketing; the rapid spread of HIV can only intensify the complex political and economic challenges the region must face.¹⁰⁶

China has relied on phenomenal rates of economic growth over the past several decades to eliminate much of its poverty, and provide new jobs for the eight to ten million Chinese who migrate each year from the countryside to the cities, and the 4 to 7 million who are thrown out of work each year by shrinking state-owned industries.¹⁰⁷ But economic growth is slowing, and it is no longer thought that China can maintain the exceptionally high growth rates of the past decades. Were the epidemic to worsen in China, the economy could suffer an intensifying slowdown, as workers become ill and the productivity of business and government drop, and as the necessarily increasing health budget required to combat the disease crowds out much-needed investments in the economy. Experts believe that China will experience epidemics at least in some regions. Small rural towns in China are already experiencing AIDS in epidemic proportions, with local infection rates ranging as high as 20 to 65 per cent.¹⁰⁸ The Deputy Health Minister called China's AIDS situation “grim,” and Chinese researchers estimate that the country may have 10 million people with HIV by the year 2010.¹⁰⁹ And while that number would still put China at an overall infection rate of 0.8 per cent of the population, China would perhaps have the largest number of people with HIV in the world (depending on the Indian statistics), with staggering social and economic costs – and unforeseeable consequences.

¹⁰³ “Sentinel Risk Pointers: Ukraine,” *Jane's*, September 19, 2000.

¹⁰⁴ “Ukraine and HIV/AIDS,” Synergy Project, October 1999.

¹⁰⁵ ICG Asia Report No. 16, *Incubators of Conflict: Central Asia's Localised Poverty and Social Unrest*, 8 June 2001.

¹⁰⁶ “Helping Street Kids Cope with Drugs and AIDS,” *Open Society News: Central Eurasia: Oil, Poverty and the Struggle for Democracy*, Spring 2001.

¹⁰⁷ “Now Comes the Hard Part,” *The Economist*, April 6, 2000.

¹⁰⁸ “In Rural China, a Steep Price of Poverty: Dying of AIDS,” *New York Times*, October 28, 2000.

¹⁰⁹ “The High Cost of Selling Blood,” *Washington Post*, January 11, 2001.

In sum, there is no longer any question about the current and future devastation of AIDS on economies that are already weak – and on societies strongly dependent on economic growth for social stability and even basic human survival.

There are also some important international economic impacts beginning to be appreciated. AIDS-fuelled economic disintegration, if left unchecked, could cut severely into world supplies of key natural resources, including oil from Nigeria and Angola, and minerals from Russia and Sub-Saharan Africa. In the fourth quarter of 2000, Nigerian oil accounted for almost 7 per cent of all oil imports into all OECD countries, and over 8 per cent of imports to OECD European nations. Almost 16 per cent of oil imported to the United States comes from Nigeria and Angola (the latest U.S. Department of Energy figures are for February 2001).¹¹⁰ Russia is the world's third-largest producer of oil, and its largest producer of natural gas. Instability has threatened these resources before – social unrest in Nigeria at the beginning of May 2001 shut down 40 per cent of the country's oil exports. Back in 1993, unrest also forced Shell to abandon Nigeria's Yorla oilfield.¹¹¹ Minerals used in high-tech industries might also be affected – South Africa is the world's largest platinum producer (more than two-thirds of the world's production) and supplies 60 percent of U. S. platinum imports.¹¹² South Africa is also the world's second-largest producer of palladium, another key mineral; Russia supplies both to world markets as well.

IV. AIDS AS A COMMUNAL SECURITY ISSUE

The threats to personal and economic security described in Sections II and III are also threats to community and social cohesion. The South African Institute for Security Studies has predicted an increase in crime rates as the number of children orphaned by AIDS grows.¹¹³ The CIA has found that infant mortality levels are one of the best variables for predicting state failure.¹¹⁴ And the British House of Commons noted in a report issued earlier this year that "there is thus a prima facie argument, given all the evidence we have received that HIV/AIDS increases poverty, that there will be greater social insecurity and possibly conflict as a result of the HIV/AIDS epidemic."¹¹⁵

At the most basic level of communal security, there is the question of the impact of HIV/AIDS on policing. While there is little public information about the rate of HIV prevalence in Africa's police forces, anecdotal evidence suggests they are suffering heavily. In South Africa, AIDS reportedly permeates the police and military to such a degree that neither group is permitted to donate blood.¹¹⁶ In Namibia, a spokesman for the police admitted earlier this year that "HIV-AIDS had become a heavy burden for the police's coffers and administration load."¹¹⁷ And perhaps most telling, Kenyan police said last fall that AIDS accounted for 75 per cent of all deaths reported in the

¹¹⁰ Table 35: Imports of Crude Oil and Petroleum Products into the United States, U.S. Department of Energy, 2001.

¹¹¹ "Unrest, Spill Curb Nigerian Oil Exports," Reuters, May 11, 2001.

¹¹² Hilliard, Henry E., "Platinum-Group Metals," U.S. Geological Survey.

¹¹³ Schonteich, Martin, "Age and AIDS: South Africa's Crime Time Bomb," Institute for Security Studies.

¹¹⁴ Kassalow, Jordan S., "Why Health is Important to U.S. Foreign Policy," Report from the Council on Foreign Relations and Milbank Memorial Fund, May 2001.

¹¹⁵ "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

¹¹⁶ "More Die of AIDS Than War in Africa," *Daily Mail & Guardian* (Johannesburg), March 14, 2000.

¹¹⁷ "South Africa: Draft Laws Said to Target HIV-Positive Job Applicants," *The Namibian*, March 7, 2001.

force in the last two years.¹¹⁸ Considering that these are governments unaccustomed to going public with the true magnitude of the disease's impact, and that across Africa civil servants (and especially security personnel) are suffering from higher rates of HIV than the general population, these statements suggest that the problem among police officers is likely quite severe.

More generally, communal security is a function of good governance – effective operation of the institutions and people that make a state run, resolve disputes peacefully, and create a sense of national unity. In many places where the AIDS crisis is severe, governing institutions and civil society are already weak or threatened. Yet it is in responding to HIV/AIDS, in marshalling the financial and technical resources needed to stem the tide of infections and fill the gaps in economic growth and personal security, that state institutions are most needed. Their absence will cause the AIDS crisis to become worse – and may also lead to insecurity, unrest and violence. The World Bank notes, "In countries where the state is weak or has ceased to exist, the long history of militarisation has brought about a gradual diffusion of violence through the splintering of official militaries and the emergence of guerrillas and warlords."¹¹⁹ There is also risk as the people become more disgruntled with a government that is clearly not meeting their needs. The British House of Commons found that, "Evidence suggests that in societies facing economic crisis and lack of clear political leadership the presence of AIDS with its associated stigma may cause instability. The citizens are aware of the increase in illness and death, the stigma associated with it; and the lack of leadership leads to blame."¹²⁰

AIDS is undermining the governments of Africa and attacking civil servants in disproportionately greater numbers than the population at large. Ultimately the loss of senior officials weakens state institutions, and can lead to instability and violence as other powers fill the void. In South Africa, as many as one in seven civil servants were thought to be HIV-positive in 1998.¹²¹ Civil servants are at greater risk because their jobs often require travel, or they are posted in rural areas away from family, increasing the incentive for non-marital sexual relations, which are often unsafe. Government employees also have a steady, relatively high income, making them attractive targets for the commercial sex trade.¹²² Many are skilled workers, making it difficult to find a sufficiently qualified replacement.

Some of the most heavily affected sectors of public employment are among the most important: teachers and health care workers.¹²³ These are also some of the most highly educated employees in the civil service, and among the most difficult to replace. The British House of Commons reported that agriculture ministries in the hardest-hit countries have been decimated by employee deaths.¹²⁴ In Tanzania, up to 90 per cent of deaths in government-controlled companies are related to AIDS.¹²⁵ In some countries, public utilities are having a difficult time providing services. The Zambian state-owned electric company, for example, lost over 9 per cent of its workforce to

¹¹⁸ "AIDS Accounts for 75 Per cent of Police Officers Deaths," *The Nation* (Nairobi), November 27, 2000.

¹¹⁹ Meeting on the Leadership Challenges of Demilitarization in Africa, Arusha, Tanzania, July 22-24, 1998. Summary of the conference report.

¹²⁰ "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

¹²¹ "AIDS Stalking Africa's Struggling Economies," *New York Times*, November 15, 1998.

¹²² "AIDS in the Classroom," *U. S. News & World Report*, February 14, 2000.

¹²³ "AIDS in the Classroom," *U. S. News & World Report*, February 14, 2000.

¹²⁴ "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

¹²⁵ "Employers Count HIV/AIDS Toll," Panafican News Service, April 22, 2001.

AIDS in the past ten years. And the increase in staff mortality has resulted in power outages.¹²⁶

As with the private sector, the impact of AIDS on government ministries is not simply that it decreases the productivity of sick employees – which can hurt the economy by slowing the granting of licenses, approval of applications, etc. It also increases government costs for health benefits and pensions, and requires additional spending on recruiting and training replacement staff. As those costs rise, fewer funds are left for the very services the ministry is supposed to provide the public.

In Sub-Saharan Africa in 1999, 860,000 primary school children lost their teachers to AIDS. And according to a new study by UNESCO, the problem will only get worse. Africa is expected to lose 10 per cent of its teachers to AIDS by 2005,¹²⁷ setting back education levels by 100 years, according to USAID.¹²⁸ The World Bank noted that as education levels worsen, the standard of living follows, leaving people with less of a stake in the system, ultimately increasing the risk of violence.¹²⁹

In South Africa, as many as a third of teachers are HIV-positive, a rate much higher than the population at large. In Zambia, 40 per cent of teachers are HIV-positive,¹³⁰ and five teachers die daily from HIV/AIDS¹³¹ - nearly double the rate of other adults in the country.¹³² In Swaziland, the situation is even worse; seven out of ten teachers have HIV.¹³³ Not surprisingly, in some countries teacher shortages have already forced the closure of over 60 per cent of the primary schools.¹³⁴ By 2005, it is estimated that more than 71,000 children in the Central African Republic alone will be deprived of a basic education because of the AIDS epidemic.¹³⁵ Experts also worry that as HIV/AIDS starts to deplete the business workforce, companies will start to woo teachers as valuable educated workers, and that schools will not be able to compete with the higher salary offers.¹³⁶

Health is arguably the sector most ravaged by AIDS. The UNAIDS June 2000 report noted that a growing number of health care personnel are becoming ill and dying from AIDS, but that few governments yet realize the extent of the damage. In Malawi, one study says that between 25 and 50 per cent of all health care workers may be dead from AIDS by 2005.¹³⁷ In one hospital in Zambia, deaths of health care workers increased by a factor of thirteen between 1980 to 1990, largely due to HIV/AIDS. The British House of Commons reported that in some countries health care staff are dying faster than they can be trained.¹³⁸ This depletion of the pool of skilled health care providers is concurrent with a soaring demand for care, as HIV/AIDS and tuberculosis affect ever more people.

¹²⁶ "Employers Count HIV/AIDS Toll," Panafrican News Agency, April 22, 2001.

¹²⁷ "Le Sida frappe de plein fouet le milieu enseignant," Agence France Press article reprinted in the *Quotidien Le Soleil* (Senegal), May 4, 2001.

¹²⁸ "AIDS in the Classroom," *U. S. News & World Report*, February 14, 2000.

¹²⁹ Meeting on the Leadership Challenges of Demilitarization in Africa, Arusha, Tanzania, July 22-24, 1998. Summary of the conference report.

¹³⁰ "Counting the Economic Cost of AIDS," *Financial Times*, April 17, 2000.

¹³¹ "AIDS Depletes Zambia's Teacher Population," Panafrican News Agency, December 6, 2000.

¹³² "AIDS in the Classroom," *U. S. News & World Report*, February 14, 2000.

¹³³ "Most Swazi Teachers Have AIDS Virus," *Washington Times*, May 13, 1999, p. A16.

¹³⁴ "AIDS Killing Teachers in Central African Republic," Kyodo News Service, September 15, 1999.

¹³⁵ "AIDS Killing Teachers in Central African Republic," Kyodo News Service, September 15, 1999.

¹³⁶ "AIDS in the Classroom," *U. S. News & World Report*, February 14, 2000.

¹³⁷ Foreman, Martin & Thomas Scalway, "Men and HIV in Malawi," Panos Institute, 2000.

¹³⁸ "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

Governments quickly find that by using an enormous amount of state resources to address the AIDS crisis, they necessarily crowd out other state services. In Malawi, AIDS spending has eaten away a "huge chunk" of the government's development budget.¹³⁹ More than 70 per cent of Malawi's hospital beds are occupied by people suffering from AIDS-related illnesses, and a growing budget deficit in public health is forcing a growing number of citizens to treat their HIV-positive family members at home. The same problem is occurring in Cote d'Ivoire, Zambia and Zimbabwe, where from 50 to 80 per cent of hospital beds in urban areas are taken by AIDS patients.¹⁴⁰ The increasing number of hospital beds taken up by people with AIDS means fewer beds available for those made ill by other diseases. Such crowding out is occurring, and in Kenya, it is already taking a toll. UNAIDS reports that the Kenyan hospital sector has seen increased mortality among HIV-negative patients because they are being admitted at later stages of illness – hospital beds simply are not available because of the huge demand created by AIDS.¹⁴¹

The rising inability of governments to respond effectively to the AIDS epidemic contributes to instability in a restive citizenry. Whereas the crisis was initially one marked by lack of visible political leadership, it is increasingly dominated by resource constraints in the face of exploding demands for services at the very time the underpinnings of the economy are jeopardized. As the crisis worsens, and government fails to respond effectively, or its hands are increasingly tied, the public sees its leaders as part of the problem, rather than the solution.¹⁴² The risk of communal violence against those suspected of carrying the virus is also likely to increase.

An ever-growing problem is that when governments act to address the crisis, they quickly find their budgets overwhelmed by the escalating cost of AIDS to their health care systems. Most African countries have traditionally had small health budgets. In the mid-1990s, Zimbabwe, for example, spent \$3.68 per citizen per year on health care. AIDS strains budgets in three ways. It increases the need for health services. It increases the cost of the health services necessary to sustain a productive life because treating AIDS is expensive and beyond current spending levels, even with recent reductions in the cost of medications. And AIDS decreases the tax base, killing people and harming the economy.

In a number of countries, spending has depleted what little is available for health. In Malawi, the increased costs associated with AIDS have forced the government to increase health spending by over 50 per cent since the epidemic began.¹⁴³ In Rwanda, by the mid-1990s, already 66 per cent of the health budget was spent on treating people with AIDS. The projections for other countries in the region are just as grim. In Ethiopia, treating AIDS is expected to take over 30 per cent of the health budget by 2014. In Kenya, it will take 50 per cent of the health budget by 2005, and in Zimbabwe, 60 per cent.¹⁴⁴ In South Africa, AIDS related hospital costs could account for 35 to 84 per cent of public health spending by 2005.¹⁴⁵ Those figures do not take

¹³⁹ Foreman, Martin & Thomas Scalway, "Men and HIV in Malawi," Panos Institute, 2000.

¹⁴⁰ "Fact Sheet Two: The Destabilizing Impact of Social and Economic Consequences of HIV/AIDS," Briefing: UN Security Council Meeting on HIV/AIDS in Africa, 10 January 2000.

¹⁴¹ "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001.

¹⁴² Yeager, R.D. & S.J. Kingma, "HIV/AIDS: Destabilizing National Security and the Multi-National Response," *International Review of the Armed Forces Medical Services*, 2001.

¹⁴³ Foreman, Martin & Thomas Scalway, "Men and HIV in Malawi," Panos Institute, 2000.

¹⁴⁴ "The Impact of HIV/AIDS on Food Security," FAO, May 2001.

¹⁴⁵ "The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

into account essential HIV prevention, community-based care programs or the costs of assisting orphans and destitute households. The concurrent impact on other government sectors also ravaged by AIDS, such as the education sector, leads to difficult choices for government officials. The World Bank estimated that the money used to treat one AIDS patient with the protease inhibitor cocktail would keep 400 children in school for a year.¹⁴⁶

Unfortunately, the international community has done far too little to assist Sub-Saharan African governments and NGOs now buckling under the weight of this burgeoning pandemic. In December 2000, UNAIDS projected that even without funding anti-retroviral therapies or essential infrastructure, \$3 billion would be required for HIV prevention and basic care 'activities' in Sub-Saharan Africa, yet only 10 per cent of that funding was available to African nations.¹⁴⁷

In Russia and across the Commonwealth of Independent States as well, health care systems have suffered badly and are unprepared to respond to an epidemic that is likely to weaken them further. Over the past several years, sharp increases have been registered in diphtheria, dysentery, cholera, hepatitis B and C, and tuberculosis – the latter reaching epidemic proportions. Death rates from infectious diseases rose 50 per cent from 1990 to 1996, while access to health care remains spotty: 50 to 70 per cent in most European former Soviet states (including Russia and Ukraine); 40 to 50 per cent in Central Asia.¹⁴⁸ Hospitals are critically short of money, drugs, and even syringes, and 40 per cent of the country's hospitals and clinics do not even have hot water or sewerage.¹⁴⁹ Reportedly, only 10 per cent of Russian children are born healthy,¹⁵⁰ and life expectancy dropped in six of the last ten years.¹⁵¹

The Russian government allocated U.S.\$1.6 million to combat HIV/AIDS in 2000,¹⁵² while the U.S. appropriated over \$5 billion for AIDS.¹⁵³ And reportedly, only 6 per cent of the money allocated for fighting HIV/AIDS in 1998 was actually disbursed by the Ministry of Health.¹⁵⁴ But even if the Russian government wanted to address the problem, it does not have the funds. Providing triple-drug therapy to Russia's 500,000 reported AIDS patients would cost U.S.\$7.5 billion annually. And while financing an adequate prevention campaign would be less – one estimate put it at U.S.\$70 million – that is still 50 times the current Russian AIDS budget.¹⁵⁵

Russia also suffers from widespread public discontent with the hardships of transition, and relatively fragile democratic institutions are extraordinarily poorly positioned to deal with a major health crisis – particularly one that assumes great disparities between the few who receive essential services and the majority who do not. As repeated political crises have made clear, the Russian state remains dangerously brittle.

¹⁴⁶ "AIDS Stalking Africa's Struggling Economies," *New York Times*, November 15, 1998.

¹⁴⁷ Epidemic Update 2000, UNAIDS, December 2000.

¹⁴⁸ "The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

¹⁴⁹ Feshbach, Murray, "Russia's Population Meltdown," *Wilson Quarterly*, 2001.

¹⁵⁰ Feshbach, Murray, "Is Russia Facing an AIDS Apocalypse in Next 5 Years," *St. Petersburg Times*, January 18, 2000.

¹⁵¹ "An Ailing Russia Lives a Tough Life That's Getting Shorter," *New York Times*, December 3, 2000.

¹⁵² "AIDS in Russia Could Spiral Out of Control," *Voice of America News*, November 16, 2000.

¹⁵³ Foster S, Niederhausen P., *Federal HIV/AIDS spending, a budget chartbook, fiscal year 2000*, third ed. Menlo Park, CA and Wash, DC: The Henry J. Kaiser Family Foundation, 2000.

¹⁵⁴ "A Nationwide Problem," *UNWire*, United Nations Foundation, March 1, 1999.

¹⁵⁵ "Experts Believe AIDS Greatly Under-Reported in Russia," Russian Public TV (ORT), Moscow, March 28, 2001 (transcribed by the BBC).

As can be seen from the major problems with blood supply contamination in India and China, those nations also have institutional weaknesses that an AIDS epidemic might well worsen. China spent U.S.\$2.75 million on HIV prevention in 1996 – one-third of what India spent, and one-thirtieth of Thailand's prevention budget.¹⁵⁶ China also does not yet have the infrastructure to mount a nationwide campaign to prevent and treat the disease, as it only has one centre for HIV prevention and treatment.¹⁵⁷ Both nations have also been reluctant to study and publicize the extent of their AIDS epidemics – a stance that makes it even more difficult for their institutions to respond. In this, of course, they are hardly alone.

Strengthening governance in nations emerging from poverty or conflict has been one of the chief preoccupations of development planners for decades. It has long been clear that every successful society needs institutions that bind its members together; that make and adjudicate laws and norms for resolving conflicts peacefully; and that help people meet their human needs and educate their children for a better tomorrow. The burden HIV/AIDS places on human and financial resources puts institutions of governance under threat just as they are needed most.

The space left behind by deteriorating national institutions can all too easily be occupied by forces of destruction and conflict – either within the country, with a rise in criminal activity and communal violence, or from outside the country, as neighbouring states find the temptation to take advantage of a state's weakness too strong to resist.

V. AIDS AS A NATIONAL SECURITY ISSUE

Military personnel, peacekeepers, and peace observers consistently rank among the groups most affected by HIV and AIDS.¹⁵⁸ The implications for national security are clear: A military force that is sick and dying will not be as effective – or as disciplined – as one that is healthy. At the same time, concern that foreign peacekeeping troops may carry the virus may prompt populations to reject cooperation with such forces, contributing to the continuation of conflict. Some African security forces are already admitting concern. The Rwandan Ministry of Defence declared two years ago that HIV/AIDS “is a security problem because it threatens elements of national security, i.e., the Army and Gendarmerie.”¹⁵⁹

Military forces are generally at two to five times greater risk of contracting STDs than the civilian population, and during conflict that number can rise to fifty.¹⁶⁰

HIV Prevalence in Selected Militaries in Sub-Saharan Africa

Angola	40-60%
Congo	10-25%
Cote d'Ivoire	10-20%
Democratic Republic of the Congo	40-60%
Eritrea	10%
Nigeria	10-20%
Tanzania	15-30%
(Source: DIA/AFMIC, 1999)	

¹⁵⁶ “The High Cost of Selling Blood,” *Washington Post*, January 11, 2001.

¹⁵⁷ “China Faces AIDS Rampage,” *People's Daily* (English Version), April 6, 2001.

¹⁵⁸ “Experts Meet to Discuss AIDS and Security,” UNAIDS Press Release, December 8, 2000.

¹⁵⁹ Ntarindwa, Major Dr. Joseph, “Armed Forces HIV/AIDS Control Strategies and Activities,” Ministry of Defense, Republic of Rwanda, January 1999.

¹⁶⁰ “AIDS and the Military,” UNAIDS, May 1998.

As shown in the table above, the incidence of HIV in Sub-Saharan militaries is generally estimated at between 10 and 60 per cent. In Zimbabwe¹⁶¹ and Malawi¹⁶² some estimate the incidence among militaries at 70 and 75 per cent, respectively. A new study estimated that AIDS may kill between 25 and 50 per cent of the Malawi military by 2005¹⁶³. In South Africa, the military acknowledges an infection rate of 17 per cent,¹⁶⁴ but some units are reporting rates as high as 90 per cent, with other estimates putting the real figure at around 40 per cent or more.¹⁶⁵ Not only are these infection rates alarmingly high, they are many times greater than those of the general public (three times higher in the Zimbabwe military,¹⁶⁶ three to four times higher in Cameroon,¹⁶⁷ and five times higher in Angola¹⁶⁸).

A Ugandan major says risk-taking pervades African militaries, with soldiers continuing high-risk behaviours and refusing/avoiding an HIV test. With expensive AIDS therapies exceeding the average soldier's income of U.S.\$50 per month, there is no perceived benefit in knowing one's HIV serostatus.¹⁶⁹ Soldiers become an agent in the further spread of HIV/AIDS to their spouses or sexual partners upon return home from duty. In addition, one of the most horrible ways in which soldiers help spread HIV is through the rape of local women during conflict.¹⁷⁰

The high incidence of HIV in Africa's militaries will weaken national defence. U.S. intelligence estimates that the cost of AIDS will be highest among officers and the more modernized militaries in the Sub-Saharan region, and that "given that a large number of officers and other key personnel are dying or becoming disabled, combat readiness and capability of such military forces is bound to deteriorate."¹⁷¹ Charley Heyman of *Jane's World Armies* concurs: "Lots and lots of people in their late twenties are contracting AIDS. And that has a tremendous knock-on effect inside the organization, because you're losing leaders, non-commissioned officers and technicians, the people you can least afford to lose."¹⁷² Col. Wale Egbewunmi, co-coordinator of Nigeria's Armed Forces Programme on AIDS Control, says the result will harm military readiness. "The deadly disease is deadlier than war. HIV/AIDS impairs military readiness... Valuable experience and skills will be lost, shortage of officers and troops may result, and less experienced personnel may have to take on more responsibilities."¹⁷³ Weakened national militaries are per se a risk for increasing instability inside a nation, and with its neighbours.¹⁷⁴

¹⁶¹ "Armies Spread AIDS in Africa," *Atlanta Journal-Constitution*, April 11, 2001.

¹⁶² "Sixty Per cent of Army May Be HIV-Positive," *Daily Mail & Guardian* (Johannesburg), March 31, 2000.

¹⁶³ Foreman, Martin & Thomas Scalway, "Men and HIV in Malawi," Panos Institute, 2000.

¹⁶⁴ "Infected Troops Spread a Scourge Worse Than War," *San Jose Mercury News*, April 8, 2001.

¹⁶⁵ Copson, Raymond W., "IB:10050: AIDS in Africa," CRS Issue Brief for Congress, January 11, 2001.

¹⁶⁶ "Deadly AIDS Hangover from Malawi's Warring Past," Panos, May 20, 1998.

¹⁶⁷ "AIDS and the Military," UNAIDS, May 1998.

¹⁶⁸ "Deadly AIDS Hangover from Malawi's Warring Past," Panos, May 20, 1998.

¹⁶⁹ "Infected Troops Spread a Scourge Worse Than War," *San Jose Mercury News*, April 8, 2001.

¹⁷⁰ Rwanda's Ministry of Defense says the spread of HIV/AIDS through his country has been accelerated by rape. Ntarindwa, Major Dr. Joseph, "Armed Forces HIV/AIDS Control Strategies and Activities," Ministry of Defense, Republic of Rwanda, January 1999.

¹⁷¹ "The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

¹⁷² "Incidence of AIDS Higher Among Soldiers," VOA News, January 12, 2001.

¹⁷³ "AIDS Invades the Army," *Tempo* (Nigeria), April 12, 2001.

¹⁷⁴ Copson, Raymond W., "IB:10050: AIDS in Africa," CRS Issue Brief for Congress, January 11, 2001.

There is also a strong risk, and anecdotal evidence from conflict such as Congo to support it, that, with the likelihood of early death from AIDS so high, soldiers indulge in more risky and more criminal behaviour on the battlefield, and they and their commanders may be less likely to support peacemaking efforts.

Domestic or foreign sources of unrest – whether political, military, or criminal – are likely to fill the vacuum left by weakened military and police forces. Even the perception that a neighbour's military is suffering from an AIDS epidemic, suggesting a tactical advantage, may trigger wars. Similarly, perceived government inaction may trigger coups d'état at home. The Deputy Defence Minister of Namibia recently refused to divulge exactly what percentage of the country's military was HIV-positive, saying, "this information is a sensitive intelligence issue."¹⁷⁵

There is every reason to believe that AIDS will strike with similar force at militaries outside of Africa. Military health experts in Russia and India have devoted considerable attention and alarm to the rising infection rates for several years now, although they have as yet opted not to collect or release comprehensive data on infection rates.¹⁷⁶ Russia's military is already weakened by under-funding and suffers extensive problems with morale, command and control.

Military forces, it goes without saying, are the formal structure of security, the underpinning of stability both within states and between them. In the African states where AIDS incidence is highest, military leaders are deeply concerned about the integrity and strength of their forces. The potential for insecurity, violence, and mishaps involving weapons systems and command and control is something that the international system can ill afford.

VI. AIDS AS AN INTERNATIONAL SECURITY ISSUE

AIDS has had unquestionably severe effects on the security of individuals, economies, institutions and militaries within states. But the disease also has the potential to strike at the security of the international system – and at the interests of states more removed from the epidemic.

A. AIDS as a Contributor to International Security Problems

Anything that weakens a state – threats to its military but also to its institutions – may create an environment in which a state poses outside aggressors a more tempting target. When major powers are weakened, the effect is less likely to present itself as invasion and war but instead increased turbulence and minor violence in the international system. The larger the country, the larger the potentially destabilising impact on the international arena: what happens in Russia, India and China, with their huge populations, large militaries and historic rivalries, matters a great deal elsewhere.

¹⁷⁵ "AIDS 'An Intelligence Issue'," *The Namibian*, February 13, 2001.

¹⁷⁶ See for example E.I. Zmushko, V.N. Bolexan, and V.A. Borzikh, "Osobennosti epidemicheskogo protsessa VICH-Infektsii v vooruzhennikh silakh," *Epidemiologiya I Infektsionniye Bolezni*, August 1998 (Russ.); I.A. Kashirin, "Aktualnyie Problemi Profilaktiki VICH-Infektsii v Voiskakh," *Voiskovaya Meditsina*, August 1996 (Russ.); "Continuing Testing Finds 6000 Indian Army Personnel HIV Positive," News Network International Online, 14 December 1998. (Ind.)

State chaos and disintegration has major potential cross-border consequences for neighbouring countries: from economic dislocation to refugee flows to the stimulation of uncontrollable communal violence. This is already a concern for many of the countries under threat from AIDS. In Ukraine, for example, a reported two million people, most of them Ukrainians seeking work or trade, cross the Polish-Ukrainian border each month.¹⁷⁷ The potential for economic collapse in such a state, or for that matter of Africa's economic powerhouses Nigeria and South Africa, brings with it serious concerns about migration and broader destabilization. China, which has based its claim to great power status in part on its remarkable economic growth in recent decades, could find its public coffers diminished and its freedom of action reduced by an outbreak quite small in percentage terms, given the size of its population.

B. AIDS as an Inhibitor of International Responses to Security Problems: Peacekeeping

HIV/AIDS poses a particular threat to one pillar of the international system, and that is international peacekeeping. Conflict and post-conflict refugee populations present unique high-risk environments for the spread of HIV/AIDS with the result that international peacekeepers are regularly exposed to these hazardous conditions.¹⁷⁸ This concern is far from academic, as one-third of the police officers and soldiers under UN command are stationed in Africa, where even countries not experiencing unrest have high rates of HIV/AIDS. Back in 1995, the U.S. State Department noted, "world-wide peacekeeping operations may pose a danger of spreading HIV... peacekeepers could both be a source of HIV infection to local populations and be infected by them, thus becoming a source of the infection when they return home."¹⁷⁹ A study of Dutch sailors serving a peacekeeping mission in Cambodia found that nearly half had had sex with either a commercial sex worker or a member of the local population.¹⁸⁰ The French military found that even after repeated warnings to the troops, a tour of duty overseas still increased the risk of contracting HIV by a factor of five.¹⁸¹

In Sierra Leone and Liberia, peacekeepers have been among the main agents for spreading HIV.¹⁸² More recently, a U.S. intelligence analyst has warned that U.S. military forces deployed in support of humanitarian and peacekeeping operations in developing countries would be at risk for infectious diseases, including HIV.¹⁸³ In January 2001, the U.S. asked the UN to take urgent steps to prevent the spread of HIV among the 37,700 UN peacekeepers currently deployed.¹⁸⁴

A military analyst with South Africa's Institute of Strategic Studies has warned that unless the spread of AIDS among African armies is stopped soon, it is possible that many countries, including South Africa, will soon be unable to participate in peacekeeping operations.¹⁸⁵ This would be a serious blow for peacekeeping operations in Africa particularly, but also more broadly, as soldiers from countries with high

¹⁷⁷ Sherr, James, "Ukraine's New Time of Troubles," Conflict Studies Research Centre, August 1998.

¹⁷⁸ "The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

¹⁷⁹ U.S. International Strategy on HIV/AIDS, Bureau of Oceans, International Scientific and Environmental Affairs, U.S. Department of State, July 1995.

¹⁸⁰ "Briefing on the Impact of HIV/AIDS on Peace and Security in Africa," The Civil Military Alliance to Combat HIV and AIDS, Joint United Nations Program on HIV/AIDS (UNAIDS), January 2000.

¹⁸¹ "AIDS and the Military," UNAIDS, May 1998.

¹⁸² "Armies Spread AIDS in Africa," *Atlanta Journal-Constitution*, April 11, 2001.

¹⁸³ "The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Estimate, U.S. National Intelligence Council, January 2000.

¹⁸⁴ *Jane's Defence Weekly*, January 31, 2001.

¹⁸⁵ "Infected Troops Spread a Scourge Worse Than War," *San Jose Mercury News*, April 8, 2001.

HIV/AIDS prevalence make up 11 per cent of UN force totals; adding in countries nearing such high prevalence yields 37 per cent of all UN peacekeepers.¹⁸⁶

AIDS thus may hinder international attempts to respond to conflict, by threatening peacekeeping but also by complicating post-conflict reconstruction. Efforts at demilitarisation, reintegrating combatants, and restarting national economies may be threatened by destruction of families and villages where combatants would normally return; by overall AIDS-caused economic decline; and by the breakdown of government, police and civic institutions to the point that they may be useless in filling the gap the military would leave behind.¹⁸⁷

VII. STRATEGIES FOR RESPONSE

Despite the stark real and projected impact of HIV/AIDS, there is much that can and has been done to slow the spread of HIV and even to reverse escalating rates of HIV infection. Effective strategies for stemming the tide of infections, caring for the sick, and supporting AIDS orphans have been developed, implemented, and evaluated in communities with different infection levels – and different financial resources – on every continent around the world.

Donor nations, multilateral institutions (UNAIDS, WHO, World Bank, UNDP, UNICEF, UNFPA, UNDCP, UNESCO), foundations, and universities have all produced volumes of best practices, proven programs, and effective interventions. Conferences, consultations, and summits have left no shortage of declarations and recommendations outlining strategic approaches and urging swift action. Consider the following well-documented examples of effective national responses, at all stages of the epidemic, in resource-poor settings.

*Senegal stopped the epidemic in its tracks.*¹⁸⁸ In 1986, when the first cases of AIDS were reported in Senegal, immediate steps were taken by the government to set up a national AIDS program with visible political leadership. Religious leaders, who play a central role in Senegal's culture, were engaged by the government and educational materials were developed and disseminated through mosques and churches. Senior government and religious leaders used radio and television to get the word out, and the NGO community and civil society were mobilized and trained in HIV prevention. Sex education was introduced in the schools, blood screening became routine, and special outreach programs for sex workers and mobile populations were widely implemented. As a result, Senegal has an HIV infection rate of less than 1.8 per cent of its adult population, one of the lowest in Sub-Saharan Africa.

*Thailand checked the epidemic and prevented its serious spread into the general population.*¹⁸⁹ In 1988, Bangkok identified an explosive rise in HIV seroprevalence from 1 per cent to 30 per cent among injecting drug users (IDUs) and Chiangmai discovered a 44 per cent seroprevalence among female sex workers. By the end of 1989, growing rates of HIV infection in sex workers, men attending STD clinics, IDUs, and pregnant women were reported in multiple provinces nationwide and Thailand appeared to be headed for the tipping point into widespread infection in the general population. The

¹⁸⁶ "Contributors to United Nations Peacekeeping Operations," UN Web site, April 30, 2001.

¹⁸⁷ Meeting on the Leadership Challenges of Demilitarization in Africa, Arusha, Tanzania, July 22-24, 1998. Summary of the conference report.

¹⁸⁸ UNAIDS Best Practices Collection. Acting Early to Prevent AIDS: The Case of Senegal. June 1999; U.S. Census Bureau HIV/AIDS Profile: Senegal, June 2000.

¹⁸⁹ UNAIDS Best Practices Collection. Relationships of HIV and STD Declines in Thailand to Behavioural Change: A Synthesis of Existing Studies, 1998.

Thai government responded aggressively, promoting condom use, expanding STD treatment, and directing new budgetary and personnel resources into a highly visible national campaign, led by the Prime Minister, chair of the National AIDS Committee. NGOs and the business community helped to integrate HIV prevention into the workplace and other essential sectors. As a result, Thailand has kept HIV seroprevalence among pregnant women and blood donors below 3 and 2 per cent respectively.

*Uganda slashed its infection rates in half.*¹⁹⁰ The severity of the epidemic in Uganda became apparent when the HIV prevalence among pregnant women in major urban antenatal clinics shot up from 11 per cent to 31 per cent in the mid to late 1980s. In response, the President launched a broad based multi-sectoral campaign, requiring all government officials to talk about preventing the spread of HIV in every public speech. Massive education efforts were mounted with the active involvement of the military, the mass media, and civic leaders to reduce stigma and to change risk behaviour. Access to voluntary HIV counselling and testing, STD treatment, and very basic AIDS care and support was dramatically increased, and ongoing surveillance studies to track the epidemic and target available resources were institutionalised. As a result, HIV seroprevalence in urban antenatal clinics was reduced by more than half, and among teenagers mothers fell from 28 per cent in 1991 to 6 per cent in 1998. Overall, the HIV prevalence in the general adult population declined from 14 per cent in the early 1990s to 8 per cent in 2000.

A Call to Action. In each of these success stories, political commitment at the highest levels coupled with comprehensive action has led to real results. What is needed now is the political will and the financial resources to repeat these success stories on a larger scale. In a recent "call to action," the Secretary General of the United Nations has urged the global community to mobilize \$10 billion per year to do just that through bilateral and multilateral assistance. With this level of effort, defined by UNAIDS in consultation with global health and economic experts, a war on AIDS can be waged that is commensurate with the magnitude of the global threat, producing major reductions in HIV prevalence worldwide.

As this report has clearly demonstrated, AIDS is raging much as a military conflict might, inflicting similarly devastating effects with no end in sight. Since it began, now two decades ago, 22 million men, women, and children have been killed, a death toll that far exceeds the military casualties from the wars of the twentieth century combined. 38 million people are now fatally wounded, and 16,000 more fall victim every day. If urgent and more adequate actions are not taken immediately, it is projected that by 2005, more than 100 million people will have been caught in the crossfire, and by the decade's end, more than 40 million children will be left orphaned.

Much of what we see now was foreshadowed by the intelligence and public health communities. And the collective failure to act on this knowledge is causing vast suffering to individuals, families, and communities, and enormous damage to economic security, governance, security forces and societies as a whole. And as the destruction becomes increasingly visible in Africa, a viral coup is quietly conspiring in China, India, and former Soviet Union.

¹⁹⁰ UNAIDS Epidemiological Fact Sheet 2000 Update; UNAIDS Best Practices Collection, A Measure of Success in Uganda: The Value of Monitoring both HIV Prevalence and Sexual Behavior, May 1998; and U.S. Census Bureau HIV/AIDS Profile for Uganda, June 2000.

As the world marks the twentieth anniversary of AIDS, it is time for the international community to go on a wartime footing in the fight against HIV/AIDS. In the last two years alone, the international community has mobilized to fight two very different threats to global security. In the face of the Y2K virus, which foreshadowed a computer glitch with far reaching ramifications, at least \$200 billion was raised worldwide to avert the crisis and prevent even a single casualty. And to contain and turn back Serbia's hold on Kosovo, more than \$46 billion was invested in a 78-day air campaign and subsequent peacekeeping and reconstruction efforts. AIDS is no less a global threat and the international community is paying an increasingly heavy price for failing to respond accordingly.

A strategy to win the war on AIDS means giving every nation and every community access to the information and assistance that permitted Uganda, Senegal and Thailand to take effective action against AIDS. It means insuring access to the drugs and systems to enable them to be used effectively, starting with reducing mother-to-child transmission. It means making prevention and treatment part of a single continuum of response that is accessible to all.

A Strategy for High-Level Response. If the international community is to seize this opportunity and put in place a global strategy along the lines mapped out by Kofi Annan, it must act now in several key areas:

First, it must bring international actors together strategically. Efforts currently are limited in scale, short-term, sometimes duplicative, and lack the urgency that is demanded by this global pandemic. A single coordinated global AIDS strategy is essential to ensure that prevention, education and services reach everywhere; that drugs for treatment are available as cheaply and equitably as possible; and that countries obtain the financial and technical assistance they need to carry out the strategy.

Secondly, it must spark high-level political commitment, which has proven so necessary wherever the spread of the virus has been successfully halted.

Thirdly, it must ensure that sufficient resources are provided, now and over a sustained period of time, to implement the strategic plan necessary to turn the tide on this pandemic.

There are two key international meetings in summer 2001 to consider HIV/AIDS response strategies – first the UN General Assembly Special Session on AIDS in June, followed by the G-8 Summit in July.

At these meetings the international donor community should support and fund a “war chest” of \$10 billion annually—nearly ten times current spending—for the global war on AIDS in the developing world, including at least \$1 billion directly managed through a global AIDS fund, as the UN, with World Bank support, has proposed. It should be acknowledged that the war chest does not represent a one-time contribution but a long-term commitment of at least a decade. Present funding must be dramatically increased and future funding guaranteed, in order to bring the effort up to the massive scale required. Multiyear and escalating funding commitments should be provided to allow for strategic planning and appropriately phased in strategic activity.

Investments in prevention would allow for the implementation of effective interventions, like those described above, in developing countries worldwide. Such efforts would include major campaigns for public education and behaviour change, voluntary HIV counselling and testing, STD treatment, condom promotion, and blood

safety programs with a special emphasis on the prevention of HIV transmission from mother-to-child and among young people under the age of 25, which now account for 50 per cent of new infections. With this level of commitment, HIV prevalence among young people in Africa could be reduced by 25 per cent by 2005.¹⁹¹

For slightly less than \$5 billion, investments in treatment would allow for 3 million people with AIDS, the same number that died of the disease last year, to receive life-extending antiretroviral therapy. This includes funding for basic infrastructure and monitoring to ensure that drugs are correctly used; it assumes a \$500 per person per year drug cost.¹⁹² That cost has fallen in recent months through negotiations with pharmaceutical companies, and should continue to drop as a result of further UN efforts. Such a program of treatment would dramatically reduce the current treatment inequity between North and South – and, as has been documented widely, make prevention programs much more effective by removing the air of inevitability that surrounds the disease.¹⁹³ In addition, this would allow nearly 6 million more to receive prophylaxis and treatment for opportunistic infections, including TB. Finally, the \$5 billion figure would also provide community based support, food, and school aid for children orphaned by AIDS.¹⁹⁴

The G8 countries, comprising more than two-thirds of the world's GDP, should commit to an investment of at least 50 per cent of the funds needed for the global war on AIDS (\$5 billion annually) at the G8 Summit in Genoa in July 2001. The G8 countries should then review their expenditures and strategies at each subsequent G8 Summit. The United States, although far and away the largest contributor today, should commit to at least the doubling of its current global AIDS spending to \$1 billion annually as a down payment toward reaching a share of what is needed from international donors for the global war on AIDS that matches the U.S. share of the UN budget. The EU members and other G-8 partners should do the same, increasing their spending so that the goal of \$10 billion in annual global spending is achieved by the end of 2003.

The UN Secretary General should enlist a high-powered council of former world and opinion leaders to develop and push for a political strategy for implementing the declaration for action adopted by the GASS on AIDS in June 2001. Such a process could be facilitated by a figure of political and international stature, as former Senator George Mitchell has done for the peace process in Northern Ireland. Leaders of donor nations, affected countries, and UN institutions should give the war on AIDS the urgency and serious priority it deserves by empowering the front-line technical responders with the political support needed to accomplish their tasks.

The \$1 billion global AIDS fund proposed by the UN should leverage concerted donor action by giving priority for funding to countries that have developed integrated national AIDS strategies, and should provide the technical assistance and international political expertise to support aggressive implementation of such strategies. The UN should maximize investments in the global war on AIDS by securing agreement on a global AIDS strategy with clearly identified goals, assigned responsibilities, and time tables at the UN General Assembly Special Session on AIDS in June 2001, with the Secretary General given a mandate and resources to monitor progress in meeting timetables, reporting periodically to the Security Council and annually to the General Assembly.

¹⁹¹ *Epidemic Update 2000*, UNAIDS, December 2000.

¹⁹² Consensus Statement on Antiretroviral Treatment for AIDS in Poor Countries; 128 Members of Harvard Faculty, April 2001.

¹⁹³ UNAIDS, World AIDS Expert Consultation, May 2001.

¹⁹⁴ *Epidemic Update 2000*, UNAIDS, December 2000.

The UN should establish specific goals and matching resource requirements for HIV prevention, AIDS treatment, and support for orphaned children within its global AIDS strategy. While prevention of new infections should remain the highest priority, access to treatment will further this goal, increase productivity, and decrease inequity and potential unrest. Two-thirds of the resource gap in Africa falls in the area of treatment. Outside Africa, prevention funding needs are paramount. Given their relative costs, the global investment in these two inter-related strategies should be approximately equal. But the actual balance will vary from country to country. Effective action also will require the international community to support increased capacity within civil society, including associations of people living with AIDS, in partnership with the private and public sectors.

The UN Security Council should fulfil its responsibility in oversight of peacekeeping missions by requiring comprehensive HIV preventive education of all peacekeeping troops and actively supporting prevention education in communities in which they serve. Similarly, HIV prevention should be part of the preparation for dealing with humanitarian crises and in handling the aftermath of complex emergencies. The Security Council should meet in January 2002, two years after its first consideration of HIV/AIDS as a security issue, to review the security impact of the pandemic and the response of the international community.

Governments of affected countries should develop specific and prioritised national AIDS strategies in consultation with non-governmental organizations, people living with AIDS, and donors by 1 December 2001. To achieve this goal, the UN and donors must provide accelerated technical and financial support to expedite this planning process. The models already exist and work is underway in several countries. But it needs to be speeded up and given adequate funds and expertise to get the job done.

Governments of affected countries should direct all ministries, including finance and security, to assess the impacts of AIDS and develop plans of action. The health, education, and social welfare sectors should respond to the epidemic itself and to the basic vulnerabilities that fuel it, while other sectors should mitigate the economic and security impacts of AIDS.

Developing countries in Africa should move rapidly toward dedicating 15 per cent of their annual public spending to AIDS and other public health priorities, as pledged at the meeting of the Organization of African Unity (OAU) in Abuja, Nigeria, April 2001, including the re-direction of debt relief. They should report on progress at the African Development Forum 2001 in December, and annually thereafter.

Governments of affected countries should work to change the atmosphere of discrimination against people with AIDS, establish clear legal protections for them and reduce social and economic vulnerability to AIDS by promoting inclusion and participation, increasing access to information and essential legal and social services. These efforts must also address the stigma surrounding AIDS and, more broadly, the low social status of women.

Given the economic impact of AIDS, the corporate sector should dramatically increase its investment in the global war on AIDS and should report annually on such investments at the World Economic Forum in Davos. The corporate sector could play a critical role in supporting management, marketing and delivery systems, as well as contributing financial resources, technology and technical expertise. The pharmaceutical industry should take all steps possible to increase access to essential drugs and antiretroviral therapies for those in need in the developing world, and should

support developing-country use of compulsory licensing and parallel importing strategies consistent with the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). The industry should work with the UN and the international community to establish the mechanisms needed for procurement of essential drugs and HIV therapies at the best possible level of pricing, building on existing expertise within WHO, UNICEF, and other international agencies.

Washington/Brussels, 19 June 2001

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