HIV/AIDS as a security issue
compiled by Gwyn Prins
(assisted by Barry van Wyk and workshop participants
edited by Euníce Walker)

Professor Gwyn Prins of Columbia University and the London School of Economics and Political Science (LSE) introduced the opening session. He set the context for the workshop and primarily described the evolving policy debate on the constructions of HIV/AIDS as a security issue.

In 2005, it will be the fifth anniversary of the UN’s formal recognition of HIV/AIDS as a security issue. With the passing of Resolution 1308 on 17 July 2000, the Security Council forged a direct and formal link for the first time between its responsibility for maintaining international peace and security and the HIV/AIDS pandemic.

It was argued that, in a narrow construction, HIV/AIDS needed to be considered on a par with other conventional defence or security issues especially in the regions currently worst afflicted. The military, police and other key civil servants are in the very eye of the storm: as other aspects of governance and civil society are weakened by the vicious spiral of poverty and pandemic illness, the importance of these agents normally becomes enhanced. However, in sub-Saharan Africa, precisely these agents are preferentially affected. An illustration of this debilitating process was the example given of Ugandan soldiers who were sent to Cuba. Upon arrival it was established that a large proportion were HIV-positive.

HIV/AIDS poses a serious methodological test for security analysts. By definition, the epidemic requires a multivariate analysis. As a long-wave phenomenon – HIV/AIDS is so savagely unusual in that it hits three generations simultaneously and, based on the epidemiologist, Professor Roy Anderson’s calculations, will challenge humanity over a minimum of 130 years – it falls completely outside the attention span of policy makers and politicians. It is thus difficult to persuade policy makers to entertain the requirements of HIV/AIDS analysis, for these are not always commensurate with the dictates of “common sense” or conventional instincts. Yet, the analysis dimension of the HIV/AIDS pandemic is vital and was further discussed during two sessions towards the end of the workshop.

South Africa, it was noted, is currently at the epicentre of the HIV/AIDS pandemic. It was argued that, consequently, South Africa’s response is not only important for its own progress and survival, but that the success or failure of the encounter between one of the world’s most important current social experiments and this pandemic has wider global significance. South Africa – where a degree of moral courage and maturity is evident – is definitely a suitable place for a constructive debate on and
engagement of the security concerns associated with HIV/AIDS.

Current statistics indicate that the first wave in Southern Africa is now approaching the end of its first phase. The “death” phase follows. A rising second wave of the global epidemic is set to confront the Asian sub-continent soon, as well as North-East and West Africa. Ironically, the epidemic in Ethiopia is currently exacerbated by the cessation of the conflict with neighbouring Eritrea. During the conflict, soldiers were physically confined by the war, but with the advent of peace, soldiers and followers have returned home and have taken the disease with them. This observation was met by the weary despondency of one participant: the epidemic is caused by war; the epidemic is also caused by peace, he noted. So what should be done? Further examples were given of the complexity of the issues involved in the pandemic. The downplaying of the scale of infections in India by the government AIDS commission led by Mrs Datta-Ghosh when compared to the opinion of most international experts is of a different source to the “denialism” encountered in South Africa, where the country’s President is on record doubting the aetiological mechanism linking HIV to AIDS. This is not the case in India; rather the impulse appears to be a mixture of national pride with irritation about foreigners’ decreeing what should be done. The impending threat of HIV/AIDS to the sub-continent, however, makes the present moment crucial in trying to contain HIV/AIDS.

It was emphasised that the gross number of infections does not necessarily correlate to the scale of the security threat. It is not the absolute number of infected people that is crucial, but rather the prevalence rate. Beyond this, once a situation is openly and accurately described, a second hurdle must be overcome. Increasingly, as a result of money from PEPFAR (the US President’s Emergency Plan for AIDS Relief for the 14 most affected countries) and from the Global Fund (leveraged in important part by PEPFAR), it is now not a lack of money that becomes the problem, but rather a lack of capacity to absorb and apply such funds quickly and in large enough quantity in many affected regions relative to the task at hand. Money will always have some effect, but it can dangerously morph into a distorting and disruptive corrupting agent, rather than a means for salvation and relief. Despite the refusal of many AIDS activists, such as Professor Jeffrey Sachs (who advises Kofi Annan on the UN’s Millennium Development Goals) to accept the point fully, capacity-building in the face both of the loss of skilled personnel and the preponderant role of the informal over the formal sectors in the political economies of many post-colonial new states, has become an international facet of HIV/AIDS intervention that is increasing in importance and that cannot be avoided.

During the second wave of the global HIV/AIDS epidemic – of specific significance to the broader construction of security in sub-Saharan Africa, and more widely via the oil markets – HIV/AIDS is set to have a substantial impact on Nigeria. Currently, the country seems to have prevalence rates similar to those in South Africa in the mid-1990s (11-13%). At the same time, West Africa is set to become strategically much more important to the United States, primarily due to its informal but increasingly well-publicised strategy of diversification of oil supplies. Currently, 14% of US oil is imported from West Africa. If the international price of oil remains consistently above
US $20 bbl (at the time of writing, the price is spiking to unprecedented levels of more than twice this), West African offshore oil becomes profitable and will perhaps supply as much as a quarter of US oil within 15 years. As a result of intensified exploration, more new oil reserves have been found in and off the Congo and Niger deltas than anywhere else in the world in recent times. The increased strategic importance of West Africa, however, will occur concurrently with the second wave of the HIV/AIDS pandemic in Africa, specifically in this region. There will undoubtedly be a severe “tipping point”. When the new royalty income coincides with rising infection rates and eroding governance and civil society functions, will this income be used as a force for good, or will it simply help to pour petrol onto the flames of civil war that have subsided but have never been quenched, for example, in the Congo basin?

Central and Eastern Europe are also in the second wave. The Eastern and Central European epidemic has been greatly exacerbated by another irony: the liberalisation of society (glasnost) following the collapse of the USSR. Increased promiscuity resulted from this collapse, and the epidemic also spread outwards from the emptying prison systems where it had brewed among drug users and as a result of homosexual sex. In the “stans” of the former Soviet Union, oil and AIDS are becoming conjoined, in a similar way as in West/Central Africa.

The third wave of the global HIV/AIDS epidemic is the one that will confront China. The workshop was reminded that the aetiology was quite different, with the role of blood-selling in the 1990s an unusual driver in the Chinese countryside.

Knowledge of HIV/AIDS and its virological, epidemiological, political and social constructs has been steadily increasing for the last 25 years. Now, however, the dimension of HIV/AIDS as a security issue has been added. Richard Holbrooke, the former US Ambassador to the UN, was the first to call for the recognition of HIV/AIDS as a security issue and was instrumental in the passing of Resolution 1308 of the UN Security Council.

Countries with advanced HIV/AIDS epidemics may face particularly severe challenges arising from grave reduction in the average life expectancy. The will of people to reproduce comes increasingly into question. Yet, the history of Southern Africa reflects people with the most phenomenal capacity to survive (to live physically and socially) and to maintain the coherence of the moral community in the face of extraordinary stress. After surviving apartheid and its distorting effects in the region, this resolve now has to be applied differently to face the challenges of HIV/AIDS. While acknowledging the strength of this sad inheritance, one participant cautioned several times of the danger that the mobilization of social and political energies might be compromised or deflected if the language used to portray the threat posed to society was not carefully attuned to local sensibilities. This, he suggested, was an important part of the success in the popular mobilization in Uganda.

Prins then introduced another issue that was to run prominently throughout the workshop. Policy makers are only activated by indicators and warnings that signal thresholds. An HIV/AIDS prevalence rate of more than 10% has recently been
suggested (by David Gordon, now Deputy Director of the US National Intelligence Council) as a threshold to trigger the collapse of a state. Yet, the validity of the 10% threshold is open to debate, since a 10% prevalence in Botswana, for instance, did not trigger the collapse of society. In effect, as Gordon himself has stated, the 10% threshold concept requires engagement and debate on political, social and microbiological levels.