Document de travail 8

March 2005

HIV-AIDS : a Security Issue

Département des études de sécurité

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Introduction

While it now seems to be accepted that security is a precondition for development, HIV/AIDS has yet to be fully recognized not only as a solidarity and development issue, but also as a human and strategic security issue[1].

Recognizing HIV/AIDS as a security issue is sometimes difficult, given that the epidemic is not a conventional strategic topic. It does not involve an immediate mortal danger directly perceptible in the public mind. It is not likely to correspond to a clearly delimited and restricted conventional security policy. In fact, combating AIDS involves the implementation of complex multi-sector policies. It requires such an amount of coordinated financial, intellectual, and institutional resources that it sometimes seems easier to tackle other diseases requiring simpler treatment and offering more short-term results.

However, twenty years of combating AIDS – and this must be emphasized – have resulted in considerable knowledge both of the disease per se, and of the many environments in which it develops, along with very wide-ranging know-how in terms of prevention, information, and social, psychological and medical care for patients. Tried-and-tested treatments are now available. The fight against AIDS has already changed our view of the epidemic and provided us with means to fight the disease. It is now necessary to continue to develop, perfect and use them on a large scale to prevent the propagation of the disease from becoming uncontrollable or to prevent those who can be saved now from dying in the future.

Continuing and redoubling our efforts in this fight is a moral requirement. Solidarity between peoples and nations forces us to deal with a problem on a scale of our resources and our ambitions. But if action is necessary and in the interest of everyone, it is above all because human and strategic security depends on it.

The relationship between HIV-AIDS and security is not simply about HIV-AIDS being included in security issues, i.e., in sum, HIV-AIDS having an impact on security. This interaction also works in the opposite direction. In other words, the degree of security influences the epidemic.

Figures speak for themselves: on a global scale, forty million people are HIV-positive, three million of whom die each year. Given the number of victims, AIDS is responsible for many more deaths than terrorism or even regional conflicts. This problem must be considered as a global threat. While, at the present time, 70% of infections and 80% of AIDS-related deaths take place in Africa, in a country like

[1] The seminar organized on 25 of November 2004 by Ifri and Secrétariat général de la Défense nationale, ministère de la Santé et de la Protection sociale, with the support of UNAIDS, European Union Institute for Security Studies in coordination with World Health organization, ministère des Affaires étrangères and ministère de la Défense, offered a unique opportunity to highlight the importance of HIV-AIDS as a human security issue. Based on this seminar's input, this paper was written by Caroline Caumes, Dominique David, Marc Hecker and Aline Leboeuf. SGDN contributed to the translation but only Ifri is to be held responsible for this text.

Russia, the virus could – at a constant rate of progression – kill one thousand people a day in the medium term. Within the European Union itself, a country like Estonia must manage a prevalence rate of almost 1%. The international community must acknowledge the need to stem the spread of the epidemic, otherwise the objectives for the millennium will remain utopian.

Within this scope, five aspects seem to be particularly critical and need to be analyzed.

- Social and economic consequences of AIDS and human insecurity; social change as an instrument in the fight against AIDS.
- Times of extreme insecurity, such as conflicts, and their interactions with the epidemic; the need for in-depth research in this area.
- Role of armed forces as carriers and victims of HIV/AIDS, but also as potential agents of change.
- Peacekeeping operations and the issue of systematic screening.
- Difficulties created by crisis situations in terms of continuity of medical care; more broadly the difficult integration of HIV/AIDS aspects into emergency aid procedures.

1. Social and economic consequences of AIDS and human insecurity; social change as an instrument in the fight against AIDS

AIDS has direct consequences on the operation of businesses, public bodies and services. Among other things, it weakens productivity by preventing the transmission of human capital, particularly between generations. In this respect, for some countries, macroeconomic projections forecast a significant fall in aggregated production. For Cameroon, for example, it could reach up to 20% by 2010, unless treatments are made generally available. The situation is particularly difficult for healthcare services: capabilities to treat and care for patients are decreasing while demands are increasing.

In addition, social dynamics are shaken by the disease. In some cases, solidarity links may become strained when confronted by a little known disease, grasped through the scope of mystical and magical beliefs. In other cases, inequalities in terms of access to prevention and care reinforce structural rifts that are sources of conflicts, particularly between urban centers and outlying rural districts.

However, while AIDS has adverse consequences due to the social changes, and tensions that it can create, combating the disease and learning to live with it also entail the promotion of significant social changes and new forms of solidarity. Only through such changes will it be possible to raise the risk-awareness of populations living in a very dangerous environment. Indeed the risk represented by AIDS may be very marginal in their view. Social changes will also prevent knowledge and understanding of the risk from resulting in the exclusion or marginalization of HIV-positive individuals. Therefore, our objective

must be to ensure the perception of risk and prevention procedures while guaranteeing that HIV-positive individuals and patients are respected and accepted.

Accordingly, the fight against AIDS should not be restricted to providing information to populations and treating them. Working on structural aspects that affect the behavior of communities and individuals is essential for a long-term solution for the pandemic. We must also recognize and reinforce the solidarity networks and the survival strategies that are already being set up by communities in a spontaneous way. Committed and determined leadership, citizenship and ownership are primordial in promoting these social changes.

2. Times of extreme insecurity, such as conflicts, and their interactions with the epidemic; the need for in-depth research in this area.

The study of the relationship between AIDS and war is still at an early stage and suffers from the paucity of available statistics in this area. Firstly, research in war context is made difficult by the surrounding conditions. Secondly, the stigma associated with AIDS does not facilitate the task.

Exhaustive research is also lacking on the role of HIV-AIDS as a cause of war. As seen above, the virus undermines the foundations of States and the economies of the most affected countries, which is undeniably a significant destabilizing factor. Similarly, it may be justified to consider HIV-AIDS as a vector of domestic instability, given that HIV-positive subjects in developing countries do not necessarily have the financial resources to access treatments. They may be required to commit illegal or criminal acts to obtain suitable drugs. However, the hypothesis that HIV-AIDS is a sufficiently destabilizing factor in itself to cause wars currently represents one step too far. On the contrary, AIDS may actually change the social significance of conflicts: increasing their social cost, it might one day prevent them.

What is however undeniable is that armed conflicts are particularly conducive to the development of HIV-AIDS, for several reasons. Rational expectations are changed, particularly the perception of risk. Weakened, migrant or refugee populations are more vulnerable to different forms of sexual violence and exploitation. Soldiers, who are generally men belonging to the 15 – 49 age group, i.e. the population category statistically most affected by the disease, benefit from a more important status. They may adopt at-risk behavior more easily, sometimes even receiving encouragement from their superiors. In addition, the use of HIV/AIDS as a psychological weapon may lead to voluntary propagation of the epidemic as it creates a loss of inhibitions for HIV-positive soldiers, or is used as a threat against civilians and armed forces.

3. Role of armed forces as carriers and victims of HIV/AIDS, but also as potential agents of change.

Some armies in developing countries have prevalence rates of 30 to 50%. The armed forces are at the heart of the epidemic, whether as propagators, or conversely as agents for change – a model tool in the fight against AIDS – provided there is an increased awareness of the strategic and organizational risks to which they are exposed due to the epidemic.

Uniformed personnel generally work in an at-risk environment. In wartime, they have more power in a more permissive environment. In peacetime, their living conditions may remove them from conventional socialization structures (e.g. barracks) while subjecting them to peer pressure encouraging at-risk behavior. These exposure factors partly explain why the armed forces are both victims and carriers of the epidemic.

In addition, armies are weakened by AIDS, without any clear optimal solution. AIDS necessarily induces a high turnover of personnel, which requires particularly hard work in terms of recruitment and training. It is, of course, not possible to exclude HIV-positive soldiers for ethical reasons, but also for practical reasons. In countries with a high prevalence rate, excluding HIV-positive subjects would be equivalent to cutting a significant proportion of the force. On the other hand, keeping them within the force and providing them with treatment involves a number of problems. Healthcare expenditure will burden the Defence budget. The problem of losing a significant part of the force will not be settled but simply postponed by around ten years. Furthermore providing treatment to all soldiers suffering from AIDS may induce an influx of HIV-positive civilians trying to join the army solely to benefit from free healthcare. Naturally, if access to the military career is restricted to HIV-negative civilians, another adverse effect is an increased stigmatization of HIV-positive individuals. In Russia, the number of army applicants rejected on grounds of being HIV-positive has multiplied by twenty-five in the last three years.

The relationship of the armed forces with their population must be taken into account, in order to offer suitable options to transform these forces into a booster force in the fight against AIDS. Armed forces' involvement in this fight is undeniably the first step, but must be accompanied by committed and transparent debate. This will help involve the population in this process, and will benefit armed forces in the end. Promoting their fight against HIV will indeed justify the existence of those armed forces and will provide them with a strengthened pride.

4. Peacekeeping operations and the issue of systematic screening.

Within the framework of peacekeeping operations and post-conflict missions, HIV-AIDS is a significant factor in the decision to accept or to dispatch troops. As pointed out above, troops are both *carriers* and *victims* of virus contamination during conflicts. The "host" countries' authorities may consider high-prevalence troops as a threat to their security.

The UN currently has sixteen ongoing peacekeeping missions. Over sixty countries provide troops to these UN missions. The majority of the troops sent on missions come from countries with a high prevalence rate. HIV-AIDS may therefore be an issue, as it affects the availability of troops in sufficient quantity and of sufficient quality to ensure effective peacekeeping. While being HIV-positive is not incapacitating, the existence of effective healthcare services able to monitor all the deployed personnel is not always guaranteed.

Screening, particularly compulsory screening, is a very sensitive subject raising a number of issues. How effective is it if it creates a false sense of security likely to result in at-risk behavior? The subject raises many moral dilemmas, in terms of medical secrecy, respecting HIV-positive subjects and preventing discrimination or monitoring demobilized soldiers. Those opposed to compulsory screening indicate that no compulsory healthcare measure has ever succeeded in eliminating the problems that it was supposed to eliminate. Moreover, the UN does not require the screening of troops: it leaves this decision to the discretion of Member States, while strongly encouraging testing. However, not all States share the same resources or will to act.

If screening is made compulsory for military forces, why not include also humanitarian workers, law-enforcement personnel, diplomatic staff, etc., who are also liable to transmit the disease or be contaminated? If the need to protect local populations is used as an argument in favor of compulsory testing, this testing must not be limited to the military alone.

Three conditions are essential for blood testing to be effective, whether compulsory or not: 1/ confidentiality, 2/ social and medical care (incl. treatment) and 3/ information (to prevent any form of stigmatization and marginalization). Screening without treatment creates despair and a sense of abandonment likely to cause at-risk behavior.

Prevention on AIDS-related issues has been incorporated in UN missions. However, because contingents remain deployed over long periods and the turnover is high, it is very difficult to maintain a satisfactory prevention and information strategy among the troops. In this context, the impact of such a policy is limited: how is it possible to maintain a high level of information in all units?

5. Difficulties created by crisis situations in terms of continuity of medical care; more broadly the difficult integration of HIV/AIDS aspects into emergency aid procedures.

How do we protect populations during crisis situations when AIDS, unlike access to food and emergency medical care, is not always perceived as a priority? This question remains an important component of the discussion. Future conflicts are sure to require additional logistical efforts to ensure not only the distribution of insulin (as in the case of Iraq), but also AIDS treatments, in due time to a population depending on them for survival. Emergency programs to distribute treatment to victims of rape are already in place in some areas. How can they be generalized? How can we plan more global efforts, in order to associate prevention and care programs with responses to emergency situations, or at least ensure the continuity of existing care?

Conclusions

An economic, social, and security issue, AIDS is now a *global problem.* The resources currently allocated to AIDS control policies have increased but are still largely insufficient. *In addition, the extent and complexity of the problem require concerted action by all the parties involved (public/private), on a global level.* While an increasing number of States are sizing up the problem and trying to find solutions, the civil societies' essential role in this context has to be stressed. They help changing representations and exert pressure on governments to obtain, in particular, funding.

Seeing AIDS as a security problem is a decisive step in combating the pandemic. Presenting the virus as a security issue is probably an effective means of increasing the sums allocated to medical research, prevention and treatment. *However, the security aspects of the epidemic may have adverse effects and be used for political and economic purposes.* The United States brought forward the AIDS issue in the UN essentially in order to protect their own troops deployed in external operations. In their view, the combat against HIV-AIDS is above all a security issue and not one of solidarity. In this way, they allocate 15 billion dollars to the fight against AIDS, but these funds essentially go to major domestic pharmaceutical groups or to States where American soldiers are or will be deployed.

To improve our understanding of the relationship between HIV-AIDS and security, several points need to be examined.

- How do we identify and evaluate AIDS-related risks accurately? It is still very difficult to obtain accurate information in this area, which makes it hard to design public healthcare policies. Therefore, *achieving a certain level of transparency* is essential when evaluating risks.
- Which resources (strategic or human) should be allocated in priority? Shouldn't the priority be to *reinforce healthcare systems* to improve access to care, treatments, free of charge if possible?
- *How can the armed forces transform themselves from carriers of the virus into agents in the fight against the disease?*
- How should the HIV-AIDS issue be linked with other healthcare and human security issues? For example, *the issue of gendered sexual violence* must be an integral part of HIV-AIDS policies.

Only through the harmonization of all the work carried out at different levels are we going to obtain results in the global fight against the pandemic.