CSIS HIV/AIDS TASK FORCE

The Destabilizing Impacts of HIV/AIDS

First Wave Hits Eastern and Southern Africa; Second Wave Threatens India, China, Russia, Ethiopia, Nigeria

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The Destabilizing Impacts of HIV/AIDS

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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 this, we're not. At some point somebody has to be responsible for it.[1]
—George J. Tenet, director of the Central Intelligence Agency, before the Senate Select Committee on Intelligence, February 7, 2001

No war on the face of the world is more destructive than the AIDS pandemic. I was a soldier. I know of no enemy in war more insidious or vicious than AIDS, an enemy that poses a clear and present danger to the world. The war against AIDS has no front lines. We must wage it on every front.
—Colin Powell, U.S. secretary of state, addressing the UN Special Session on AIDS, July 23, 2001

Summary

The impacts of HIV/AIDS on the critical infrastructures that sustain the security, stability, and viability of modern nation-states are manifold. In much of the developing world, particularly in Africa, HIV/AIDS is undermining education and health systems, economic growth, micro enterprises, policing and military capabilities, political legitimacy, family structures, and overall social cohesion. Where the pandemic undermines the stability of already weakened states, it adds to their vulnerability to extremists and terrorists who will seek to corrupt or coerce them into providing converts, cover, or cooperation. The global war

[1] Hearing before the Senate Select Committee on Intelligence, "Worldwide Threat 2001: National Security in a Changing World," February 7, 2001.

against HIV/AIDS will need to be comprehensive, fought at many levels and on many fronts. The first wave of the AIDS pandemic has hit east and southern Africa hardest—with dire results. The second wave now threatens countries both in and outside of Africa, including a number of big states—most notably India, China, Russia, Nigeria, and Ethiopia—with a combined population of 2.8 billion people, where instability will have enormous regional and global ramifications.

This paper, a product of the CSIS Task Force on HIV/AIDS, calls on the United States, in concert with other countries in the developing and developed world, to take a leadership role in fighting the pandemic and mitigating its multiple, destabilizing effects through concrete policies and programs. The paper is directed in the first instance at an audience of U.S. security leaders and policymakers—both civilian and military. It outlines the broad security implications of HIV/AIDS, putting particular focus on the disease's impact on the institutions of national security.

African armed forces have been found to have rates of HIV infection two to three times higher than those of the civilian population. The disease is dissolving command structures, killing experienced officers, and is being spread by warring armies, peacekeepers, and demobilized soldiers. At the same time, the threats that Africa's security forces confront are proliferating—also as a consequence of HIV/AIDS. As economies slump, critical infrastructures fail, family and social networks fragment, and the numbers of deaths and orphaned children escalate, social and political unrest or conflict become all the more likely. Thus at the same time that African states face rising security challenges, their ability and capacity to effectively cope with those threats are diminishing.

Evidence is accumulating that the epidemic is reaching a "break-out" point (a point at which infection rates rise precipitously) in a set of states outside Africa, including a number of states—India, China, and Russia—whose continued stability and cohesion are critically important to U.S. strategic interests. The world community must act now to mitigate the impact of this "second wave" of HIV/AIDS infection.

This paper proposes a set of security-specific initiatives to mitigate the destabilizing consequences of HIV/AIDS. Its authors recognize that the security programs recommended will be inadequate unless they are implemented within a broader international strategy of sufficient magnitude and speed. To meet the overall challenge, its authors urge the United States to rise to the challenge of providing at least a quarter of the total funds that UN secretary general Kofi Annan seeks for HIV/AIDS prevention, treatment, and care.

This paper proposes that the U.S. government:

- Establish set-aside funds for HIV/AIDS within conflict resolution programs and strengthen collaboration between the U.S. Department of Defense and the U.S. Agency for International Development (USAID) in integrating HIV/AIDS prevention, treatment, and care programs into post-conflict assistance programs.

- Create military-to-military HIV/AIDS education programs in which the Defense Department works with the Joint United Nations Programme on HIV/AIDS (UNAIDS) security unit to assist militaries and peacekeepers.
- Respond preemptively to the threat of HIV/AIDS in China, India, Russia, other former Soviet states, and the Caribbean through early outreach programs.
- Create, under high-level National Security Council leadership, an interagency mechanism within the U.S. government to increase intelligence collection and analysis of the security implications of HIV/AIDS and generate proposals for new initiatives.
- Exhort multilateral fora—the G-8, the North Atlantic Council, the Organisation for Economic Co-operation and Development, the World Bank, the UN Security Council, the World Trade Organization, and others—to incorporate new empirical evidence on the destabilizing impacts of HIV/AIDS into their policy planning and generate new initiatives to mitigate them.

Introduction

Since the 2000 U.S. National Intelligence Estimate identified HIV/AIDS and other infectious diseases as a national security issue, recognition in the United States and around the world has grown that the disease is not simply a humanitarian tragedy, but a threat to security and stability, both nationally and globally. Its impact is already visible in key African states—particularly in southern and eastern Africa. Rising infection rates are of growing concern in Russia, China, and India as well. In Russia, HIV infection rates have quintupled since 1997, and the world's fastest-growing HIV prevalence rates are in Eastern Europe. India now has 3.86 million citizens infected with HIV. China has more than 1 million citizens living with HIV and suffers severe localized epidemics, with adult infection rates of about 50 percent in some rural communities.

The past year has seen significant momentum within the United States in fighting the global pandemic. In the immediate aftermath of September 11, U.S. foreign policy decisionmakers had little time to devote to global AIDS. But high-level attention to global AIDS has resumed, together with a new recognition that chaos and disorder, even in distant states, can have disastrous implications for U.S. security. The momentum that existed prior to September 11 was strengthened as Congress and the Bush administration worked together to raise international HIV/AIDS funding to a new level. This effort included a significant contribution to the new Global Fund to Fight AIDS, TB, and Malaria, securing a global leadership role for the United States.

HIV/AIDS can be so pervasive that it assaults, as surely as prolonged armed conflict, the essence of the nation-state: secure families and communities; economic and political institutions; military and police forces. Children are

orphaned, communities are decimated, fields go untended, and the risk of famine grows. The long-term effects of HIV/AIDS on macroeconomic growth, productivity, food supply, and nutrition—and the precise interlinkages among these factors—are not yet well understood. What is clear is that the pandemic is reversing developmental gains achieved through major investments over the last 50 years.

In Africa, HIV/AIDS is spreading fastest in the Horn of Africa, where the United States already has deep concerns about lawlessness and extremism. In both Ethiopia and Kenya, potentially important regional hubs in the violent and volatile East African subregion, adult HIV-prevalence rates are over 10 percent. Nigeria, an essential guarantor of security and economic growth in the West African region, has more than 3 million citizens living with HIV or AIDS. The adult prevalence rate in South Africa, which plays a similar economic and security role in the southern African region, is 20 percent; almost 4.5 million people are living with HIV or AIDS. If these two regional hegemons cannot send peacekeepers, contribute to growth and stability, or guarantee their own internal stability, U.S. security interests in the continent as a whole are severely threatened—to say nothing of the loss of another generation of African potential in those two emerging democracies.

What is happening in Africa is a foreshadowing of what may happen in much of Asia, Eastern Europe, and the Caribbean, areas where the United States has very clear and established strategic interests. U.S. leadership and resources are critical in helping reverse infection rates in Africa and mitigate the disease's already devastating impact, but it is equally important that U.S. policymakers act now to stem rising infection rates in the rest of the world and prevent an even greater global catastrophe.

HIV/AIDS is a preventable disease, and the international community together has the means—knowledge, medicines, and technical expertise—to control the pandemic. Senegal, Uganda, Brazil, and Thailand each taught the world important lessons on how the spread of HIV/AIDS can be slowed and its effects mitigated. What is needed now is political and financial commitment and anticipatory action to replicate these successes on a global scale. The growth of the HIV/AIDS epidemic and its impacts on security have far outpaced what the United States and other countries have done thus far to respond. This paper sets out the parameters of the threat and proposes a U.S. agenda to build international support for the response to HIV/AIDS. It recommends concrete security initiatives directed primarily at military and peacekeeping forces, demobilizing militaries, and war-ravaged communities. To meet the overall challenge, it also urges the United States to ratchet up its global contributions to prevention, treatment, and care. It emphasizes that all progress hinges on leadership in the United States, the G-8, the UN Security Council and General Assembly, and those countries most acutely affected.

The First Wave: HIV/AIDS Undermines Security in Africa

AIDS is already having a negative impact on global security—and has the potential to spread that negative impact to the United States.

Yet as HIV/AIDS moves into new and strategically important regions, it is too often greeted with complacency and denial by local officials. Likewise, among donor nations, the resources mobilized to date are nowhere near proportional to the threat. The funding gap is particularly striking given growing international awareness of the disease's longer-term ramifications: that HIV/AIDS is not only a moral and humanitarian crisis, but a structural and security issue in a world in which the links between chaos, state failure, and extranational violence are increasingly clear.

HIV/AIDS affects the institutions that guarantee national security, and safeguard the international system as a whole.

It is clear enough that HIV/AIDS attacks human security. It has slashed life expectancy, helped to impoverish nations, and destroyed families. In South Africa, it has driven up infant mortality—which some studies show to be an important predictor of state failure—by 44 percent. It has already orphaned more than 13 million children, creating a tremendous reservoir of potential social unrest, and by 2010 that number will triple to 42 million orphans. In Sierra Leone, almost five times as many children have been orphaned by AIDS as by the country's civil war. On the streets of a growing number of nations, rootless, uneducated, unnurtured young people threaten to form a lost generation of potential recruits for crime, military warlords, and terrorists.

HIV/AIDS takes a heavy toll on agriculture and on the lives and livelihoods of subsistence farmers and their families. The UN Food and Agriculture Organization (FAO) estimates that in the 27 hardest-hit countries in sub-Saharan Africa, 7 million agricultural workers have died from AIDS since 1985—and 16 million more may die by 2020. Some countries could lose as much as one-quarter of their agricultural workforces to AIDS by 2020, resulting in food shortages and malnutrition. This in turn creates an increased susceptibility to disease—and thus to HIV/AIDS—establishing a vicious cycle of poverty, disease, and death.[2]

The disease attacks economic security today and economic opportunity for the future. It increases the cost of doing business, jeopardizes key industries, and decreases foreign and domestic investment. In sub-Saharan Africa, when one family member becomes infected with HIV/AIDS, the family's income tends to fall between 40 and 60 percent.

Investigators have developed a range of methods to measure and predict the effects of HIV/AIDS on economic growth. The most conservative models, those prepared by the World Bank, suggest that when national infection levels surpass 5 percent, economic growth slows measurably; when they reach 10 percent, growth

[2] United Nations Food and Agriculture Organization (FAO) Committee on World Food Security, "The Impact of HIV/AIDS on World Food Security," May 28–June 1, 2001, www.fao.org/docrep/meeting/003/Y0310E.htm.

stops. And when infection rates surpass 20 percent, as they have in seven African states, the World Health Organization estimates that 1 percent or more of GDP is lost per year, in societies that already are among the poorest in the world. UNAIDS expects that heavily affected countries could lose one-fifth of their GDP by 2020. Others have suggested that the rate of decline may be exponential, and that the final toll may be much worse. A USAID study of specific African countries, for example, found a 2.6 percent annual decline in GDP for countries with infection rates above 20 percent.

Businesses, too, feel the strain. In parts of southern Africa, employers must train two new hires for every job, because chances are good that one will not live long. Investors, understandably, have stayed away from Africa's most affected countries. The disease has been called the most severe threat to economic development in sub-Saharan Africa.

By killing large numbers of experienced workers and people in the prime of life, AIDS is decimating civil services, police forces, and national institutions—and posing a fundamental threat to community and social cohesion. More teachers died last year in Tanzania than graduated from the country's teaching colleges; across sub-Saharan Africa, more than 860,000 teachers died of AIDS in 1999. Health care workers are dying faster than they can be trained in some countries, while AIDS care is consuming 30 to 60 percent of health care budgets in countries also threatened by malaria, tuberculosis, and other poverty-aggravated diseases.

Across Africa, civil servants, especially security personnel, suffer from higher rates of HIV infection than the general population. In South Africa, as many as one in seven civil servants were thought to be HIV positive in 1998. This has an especially serious impact on the police and judiciary—and thus on law and order. In Kenya, AIDS accounted for 75 percent of police deaths in 1999–2000. Already weak governments can ill afford further weakening of their judicial institutions—and the growing perception that criminals, guerrillas, and warlords can take advantage of a decaying security situation.

HIV/AIDS is directly attacking Africa's institutions of military security as well. Military personnel, peacekeepers, and peace observers rank consistently among the groups most affected by HIV/AIDS, often with infection rates 2 to 3 times that of the local population. The U.S. Defense Intelligence Agency has estimated that 10 to 20 percent of soldiers in the Nigerian and Cote d'Ivoire armies are HIV positive; for Angola and the Democratic Republic of Congo, 40 to 60 percent are believed to carry the virus; and in Zimbabwe and Malawi estimates rise as high as 70 to 75 percent. Preliminary testing by South Africa's National Defense Force suggests that 66 to 70 percent of troops are HIV positive, with the rate among some units rising as high as 90 percent.

Weakened militaries leave a vacuum, at home and abroad, which gangs, terrorist organizations, and guerrilla groups will be only too tempted to fill. Military officials from Nigeria to Congo confirm that high rates of HIV/AIDS affect military readiness—and, what is worse, encourage risk-taking and inappropriate behavior among soldiers who believe they have already received a

death sentence. There are concerns, as well, about maintaining command and control within a weakened and inexperienced officer corps.

This security weakness also undermines the ability of the international system to end conflicts and prevent them from spreading. HIV/AIDS poses a particular threat to international peacekeeping for several reasons. First, troops serving in peacekeeping missions have been found to be as much as five times more at risk for contracting HIV, and thus pose a risk for spreading the disease once they return home. Second, peacekeeping forces have been accused of acting as agents for spreading HIV/AIDS in countries from Sierra Leone to Cambodia—with the result that their presence is considerably less welcome among the people they are intended to help.

Finally, HIV/AIDS is wreaking havoc on the militaries of African countries that are traditional mainstays of international peacekeeping; in South Africa, for example, military analysts have suggested that the country may soon be unable to send troops abroad.

Americans have been made keenly aware in the past year of the importance of stable, successful states for fighting extremism and preventing terrorist groups from establishing bases with impunity. As the U.S. military keeps a watchful eye on Somalia, the threat of state failure elsewhere in Africa is more real, and more significant, than ever. Likewise, the loss of African peacekeeping forces, and Africa's ability to help maintain its own stability, will cost the United States and our allies significantly.

As part of an effort to increase indigenous African peacekeeping capabilities, the United States has invested more than $220 million in training and equipping African forces through the Africa Crisis Response Initiative (ACRI) and Operation Focus Relief. Yet HIV/AIDS threatens to render many of these newly strengthened forces irrelevant. This is a critical time to add the component that has been missing until now—military-to-military cooperation in the fight against HIV/AIDS.

Downstream Implications in Africa: Weak, Vulnerable States

HIV/AIDS is draining Africa's human talent and financial resources. The results are immediately visible in weakened communities and countless individual tragedies. But as the epidemic drags on, the state's capacity to care for the sick, govern the healthy, and even perhaps to defend its national borders will come under threat. With the loss of that capacity, citizens may lose respect for their state; South Africa is already a test case of how perceived mishandling of the HIV/AIDS epidemic can feed internal tensions and drain political legitimacy.

The cohesion of military establishments is also threatened—soldiers infected with HIV/AIDS or expecting to become so have their time horizons dramatically shortened. The fighting in the Democratic Republic of Congo has shown how military authorities will choose continued fighting, plunder, and short-term enrichment over the prospect of peace. Analysts in the region report that concern

over the return of a highly infected army is one reason the Rwandan government is slow to end its involvement in Congo.

In all these ways, HIV/AIDS opens doors for chaos, violence, and disintegration—the conditions in which conflict and terror thrive and spread.

The epidemic is now hitting Africa's political, economic, and military powerhouses full force. The situation in South Africa, where an estimated 20 percent of the adult population is HIV positive, is well known. HIV/AIDS has become a persistent legal and political issue, with high-profile lawsuits filed by international pharmaceutical firms on the one hand and nonprofit organizations on the other.[3] It is now creating military uncertainty, as noted above; splits in the ruling African National Congress; and deep disillusionment among citizens who believe their government has failed to provide for them. HIV/AIDS in South Africa is exacerbating economic strains and highlighting the gap between those few who can afford private treatment and the very many who receive no treatment at all.

Nigeria, Africa's most populous country, saw its rate of infection jump 25 percent between 1999 and 2001. Between 6 and 8 percent of the adult population is now HIV positive, well above the threshold at which economic growth slows and the disease tends to move from high-risk groups to the general population. The disease has already cut Nigerian life expectancy by 10 percent.

Seeking its footing after decades of misrule and military regimes, Nigeria had hoped to be an engine of stability and prosperity for West Africa and the continent. The United States too, as Secretary of State Colin Powell told the Senate last year, looks to a strong Nigeria to transform the prospects of people across Africa. Instead, its own stability is a source of deep concern, as it remains beset by poverty, ethnic tension, and chronic corruption. The government has thus far proven unable to extend its authority over the military and local governments, much less improve on the country's disastrous health care system. And while it had hoped to keep peace among its neighbors, its own peacekeepers are controversial for their role in spreading HIV/AIDS in Sierra Leone.

In East Africa, the United States places significant faith in Ethiopia as a bulwark of relative stability between Sudan and Somalia—particularly given terrorism-related concerns in the latter two countries. But Ethiopia now has an adult prevalence rate of 10 percent, high enough to cut into economic performance and destroy communities. Life expectancy already has dropped from

[3] On February 18, 1998, 39 pharmaceutical firms filed suit over South Africa's Medicines and Related Substances Act. This act would have allowed for compulsory licensing and parallel importing of needed drugs to address the HIV/AIDS crisis. The United States first took a strong stand on the issue and declared that South Africa and other nations were violating international patent rights, but it but renounced this position, deciding to "show 'flexibility' in granting countries on a case-by-case basis the right to obtain cheaper drugs during a health emergency." On December 14, 2001, the Treatment Access Campaign won a lawsuit against the South African Health Ministry for not providing nevirapine through the public health sector for the prevention of mother-to-child transmission of HIV.

65 to 45 and is expected to decline more than 10 percent by 2010, and infant mortality has already risen 7 percent in five years. An estimated 2.6 million people are HIV positive. The country is already caring for more than 1 million AIDS orphans. The United States counts on Ethiopia to play a constructive political-military role in the region; yet its army is believed to be highly infected.

Added to the humanitarian tragedy occurring across sub-Saharan Africa, the fast-moving epidemics in critical African nations raise the specters of regional disorder, the disappearance of peacekeeping forces and other restraining factors, and eventually of major state failure. As the United States works to deny havens to extremists and terrorists in failing and failed states, this threat to Africa is not one it can ignore. It is real, and it is bearing down fast.

The Second Wave: HIV/AIDS Attacks New Key States and Regions

The impact that HIV/AIDS is already having on security in Africa should concern the United States deeply, particularly in light of the consequences of chaos and state failure in places like Afghanistan and Somalia—and their direct impact on U.S. security. But the United States faces an even larger potential threat if HIV/AIDS hits large and strategic powers such as Russia, China, and India with comparable intensity.

Thus far, HIV/AIDS has inflicted considerable harm on societies outside sub-Saharan Africa but has not ravaged them in the same comprehensive way. Most experts suggest that the combination of extreme poverty, malnutrition, inadequate infrastructure, and the failure of political institutions and leadership has made Africa most immediately vulnerable. There is mounting evidence, however, that a similar combination of some or all of these factors (albeit in less virulent form) is raising the prospect of full-blown pandemics in critical parts of Eastern Europe, East Asia, and the Caribbean.

The challenge in Africa is to fight HIV/AIDS—and the underlying issues of poverty, malnutrition, and institutional failure—at the same time. The challenge elsewhere, as infection rates rise in strategically important regions, is finding international responses that help maintain health institutions, educational levels, and political leadership—while recognizing that the rapid spread of HIV/AIDS itself poses a threat in all those areas. We have every reason to believe that 10 to 20 percent prevalence rates, and their consequences for security and stability, can be avoided. But we have no reason for certainty, or complacency, that they will be avoided.

Russia

Russia, a nuclear power already beset by a failing public health system, collapsing local institutions, internal unrest, and violence, poses obvious hazards. From 1990 to the beginning of 2000, the reported number of AIDS cases grew from 10,000 to 100,000. In 1990, 2.7 males per 100,000 were estimated to be HIV positive. By 1997, this number had grown to 3,200 per 100,000. Experts estimate that there are

now more than 1 million Russians living with HIV/AIDS, and outside epidemiologists believe Russia's true rate of adult prevalence is at or above 1 percent of the adult population.

Five years from now, the Federal Center for HIV/AIDS Treatment in Russia's Ministry of Health estimates that 5 to 10 million 15- to 20-year-old males will have HIV/AIDS. The numbers of new cases reported in Moscow and St. Petersburg rose last year by 10 and 12 times, respectively. There were 50 percent more new cases this year than last. And Russia's military is gravely concerned about rising HIV prevalence among its forces.

These estimates represent a public health catastrophe and an immense social and economic burden. To make matters worse, Russia's population is already in decline from disease, declining fertility, alcoholism, environmental challenges, and other factors. If current mortality trends continue, Russia's population will shrink by one-third by 2050.

To date, Russia's leadership has been slow to respond to the country's public health crisis in general and to HIV/AIDS in particular. It has failed to take seriously the pandemic's likely trajectory and has viewed with suspicion outside overtures and offers to assist. This must change—and it is very much in the U.S. national interest to make working with Russia on a response to HIV/AIDS a political priority. Russia can still catch its epidemic in good time, before its economic prospects, and with them political stability, are affected.

China

In China, a country of 1.5 billion people, UNAIDS estimates that more than 1 million are living with HIV/AIDS, and that by 2010, as many as 20 million will be HIV positive. China's own health officials say infection rates have been rising by 30 percent per year—until 2000–2001, when officials reported that infections were up 67 percent over the previously reported figures. Regional epidemics are raging in 7 of China's 22 provinces. Already, HIV/AIDS is causing friction with China's neighbors on its southeast borders, where a thriving black market in goods, drugs, and people is creating new pockets of HIV. In some rural regions, unsafe and uncontrolled blood transfusions have left villages with HIV infection rates of 50 percent and higher.

Starting in 2001, when China's health minister addressed the UN General Assembly Special Session on HIV/AIDS with unusual frankness, the government has made strong efforts to come to terms with the epidemic and head it off. It seems clear that the government understands the disease as a threat to investment and economic growth as well as political stability. Officials have set targets of reducing the growth rate of HIV infection to 10 percent per year by 2005; increasing public understanding of HIV/AIDS and how to prevent it; and providing treatment and care to 50 percent of HIV/AIDS patients nationwide. The government has begun to commit additional resources and is slowly lifting prohibitions on discussion and education.

But China's economy is already stretched to the utmost to meet the needs and aspirations of its people. To take just one example, Chinese health officials say they have negotiated a two-thirds price cut for antiretroviral therapies; but the per-person price remains far beyond the reach of most Chinese or their government. China is now considering beginning domestic production of the drugs. Economic pressures have battered China's health care system, and just spreading information about prevention is a significant logistical and cultural challenge. The social and economic consequences of an HIV/AIDS epidemic could have major implications for the regime's legitimacy, for the reliability of China's armed forces, and for China's restive minority groups.

China's fight against HIV/AIDS also poses a significant problem for its global partners, including the United States. How can China, with the world's largest population, get the help it needs without draining the global assistance programs that are desperately needed elsewhere as well?

India

HIV/AIDS in India, second in population only to China, should be of grave concern to U.S. policymakers. India is now thought to have among the highest absolute number of HIV-positive citizens of any country in the world, although its national average infection rate is below 1 percent. Three Indian states, each with populations of 50 million or more, as well as several major urban areas, have infection rates of 3 percent or higher among pregnant women—one of the danger signs that the epidemic is passing into the public at large.

In much of the world outside Africa, HIV/AIDS has become a disease of the poor and marginalized. India's population is so vast that it has more poor people than all the states of sub-Saharan Africa combined. The possibility that an epidemic will race through unhealthy, vulnerable populations is thus very real.

India's overall prevalence rates are still low enough that it should be possible to block the pandemic's spread. But health officials are in a race against time. They face weak institutions, significant cultural barriers to education and prevention, and a relative shortage of funds. Above all, they face dense bureaucratic barriers and what is to date a conspicuous lack of leadership at high political levels.

Because of India's great size and relatively low per capita income, the international community will have an important role to play in supporting a response to HIV/AIDS. Considering India's military and strategic importance, the United States has a strong national interest in offering technical assistance and friendly persuasion to build the high-level political commitment necessary to prepare a sufficient response.

The Caribbean

The Caribbean, with its extensive ties to the United States through trade, tourism, and migration, and significant security concerns surrounding drug trafficking and refugee flows, should be a priority. Strong, functional Caribbean governments are

critical to the United States, and those governments can ill afford a massive displacement of resources to cope with HIV/AIDS. Yet infection rates in the Caribbean and Central America are now the second highest in the world—with a number of countries coping with HIV prevalence rates above 2 percent. The Bahamas and Haiti have now surpassed 4 and 5 percent prevalence rates, respectively, nearing the levels at which economic growth is affected. This is not a situation the United States can afford to ignore.

South and Central Asia

Finally, in South and Central Asia, poverty and rampant intravenous drug use are paving the way for a full-blown HIV/AIDS pandemic. The region already has one of the world's highest rates of drug use and addiction, with Iran, Pakistan, and Tajikistan believed to be the world's three worst-affected countries. In urban Tajikistan, the Open Society Institute reports that heroin is cheaper than vodka. Across Central Asia, HIV/AIDS has followed the drug trafficking routes, and the region's infection rates are rising. UN Drug Control Program tests in Osh, a city in Kyrgyzstan, showed 20 percent of injecting drug users to be HIV positive.

Much of this region is utterly lacking in infrastructure, doctors, and clinics to treat HIV/AIDS, and schools and community educators to teach prevention and offer alternatives to drug abuse. Tajikistan, for example, suffers the world's second-highest rate of malnutrition, after Ethiopia. Across Central Asia, male unemployment is well above 50 percent. The devastation of HIV/AIDS is one more ingredient in a potent mix of poverty, disease, and misery, which is already helping weaken legitimate governments and provide recruits for guerrillas and terror organizations. Halting the spread of HIV/AIDS will thus be one critical part of building a more stable future for Afghanistan and its neighbors.

Recommendations

In Senegal, Uganda, Brazil, and Thailand, the world has learned important lessons about how the spread of HIV/AIDS can be slowed and its disastrous effects minimized. In these countries national political leaders engaged early and sought significant international support. They built national coalitions with nongovernmental organizations (NGOs), businesses, and community-level organizations and spoke frankly about the disease and how to prevent it. They spent money to increase access to testing, counseling, and care. Brazil's leaders integrated prevention and care with funding for treatment and antiretroviral drugs, a step scientists have shown helps prevention efforts greatly.

The United States has already played a commendable role in leading the international response to HIV/AIDS and pushing the international community to regard it as more than a health issue. But more needs to be done.

The first priority—and one with a very low price tag—is raising awareness. Congress, the administration, the military, and private-sector leaders all have a role to play in helping their counterparts in other nations understand the stakes involved for health, prosperity, and security in their own countries and beyond. A

strong commitment is needed, in international fora and bilateral meetings alike, to make the case that HIV/AIDS can worsen and even provoke the problems of failed states, economic implosion, and ultimately unrest, violence, conflict, and terror.

But building the international consensus is not enough—the United States must continue to increase its financial contribution. This is necessary to make our leadership credible and to leverage similarly sized commitments from others. The Global Fund to Fight AIDS, TB, and Malaria is making headway but has not yet received the funding levels that had been hoped for. This places a heavy responsibility on the United States and other donor countries to keep moving forward toward a strong, coordinated response.

President Bush and Secretary Powell should lead the way, with their partners from the G-8 leading industrialized nations at the upcoming summit in Kananaskis, Canada, in strong action to bring down infection rates and heighten prevention programming in Africa and elsewhere, including China, India, and Russia. It is essential that the highest levels of the U.S. government press for commensurate leadership from G-8 leaders and from leaders in those countries affected in responding to the AIDS pandemic.

Military and security leaders, including the Joint Chiefs of Staff and the secretaries of defense and state, should now get involved in global HIV/AIDS prevention and treatment within the military and security realm, bringing infectious disease issues into the mainstream of U.S. foreign policy. The following set of security-specific recommendations will help ensure that U.S. security agencies—and through them, their foreign counterparts—become directly involved in the search for responses. To be effective, these steps should be taken within a broader overall international framework that brings adequate resources to bear and that addresses the various other vectors—poverty, educational decline, orphan populations, and so forth—through which HIV/AIDS undermines security.

The United States government should:

- Establish set-aside funds for HIV/AIDS within post-conflict reconstruction programs; these funds would be used to assist countries emerging from conflict in testing and treating of former combatants and, when appropriate, in training them as HIV/AIDS educators, which in addition could serve as an incentive to demobilize.
- Strengthen collaboration between the U.S. Department of Defense and USAID in integrating quick-response HIV/AIDS prevention, treatment, and care programs into post-conflict assistance programs; early candidates for this kind of program are Angola, the Democratic Republic of Congo, southern Sudan, and parts of Central Asia.
- Create an "AIDS-MET"[4] military-to-military HIV/AIDS education and training program, under which the Defense Department would

[4] This would parallel the existing IMET (International Military Education and Training program).

work with the UNAIDS security unit to help militaries and peacekeepers deal with internal HIV/AIDS problems and become HIV/AIDS educators in their countries. Pilot programs could begin in Russia, China, Ukraine, Central Asia, and as a complement to the Africa Crisis Response Initiative (ACRI), in sub-Saharan Africa. The Defense Department should dispatch to the most-affected countries resident regional military medical advisers, to lead greater dialogue and research on military treatment and care. A particular area of emphasis might be the prevention of mother-to-child transmission of HIV in military families.

- Work with the UN, NATO, and other organizations that sponsor peacekeeping forces to provide testing, treatment, counseling, and prevention education for peacekeepers. They also should provide, to the extent possible, prevention education, voluntary testing, and treatment in the communities where they serve.
- Ensure that the United States sets the standard for acknowledging and responding preemptively through outreach programs to the threat of HIV/AIDS in countries where the epidemic is poised to strike next. That means responding to the pleas of Afghan health officials to set aside new funds for HIV/AIDS as an integral part of Afghan reconstruction; and it means high-priority, high-visibility efforts to build anti-AIDS partnerships with Russia, China, and India.
- Appoint a senior Defense Department official to coordinate HIV/AIDS programming, to match positions at the Department of State, the Department of Health and Human Services, and USAID; and establish, under high-level National Security Council leadership, a regular interagency forum, to track health and security concerns, implement responses, and generate proposals for new initiatives.
- In Africa, expand the work of the Africa Center for Strategic Studies and other regional centers that bring civilian, defense, and NGO leaders together on the issue of HIV/AIDS and security.
- Exhort multilateral fora—the G-8, the North Atlantic Council, the Organisation for Economic Co-operation and Development, the World Bank, the UN Security Council, the World Trade Organization—to continuously incorporate new empirical evidence on the destabilizing impacts of HIV/AIDS and generate new initiatives to mitigate them within their geographical and functional mandate.

Financing the Response

These programs will be inadequate unless there is an overall international response of sufficient magnitude and speed. Congress and the U.S. administration have increased allocations for HIV/AIDS significantly in recent years—including

the request for nearly $800 million this year. But the arc is not rising fast enough—and it is not rising nearly as fast as HIV infection rates.

U.S. leadership can make the crucial difference, both in human terms and in leveraging additional resources from the international donor community to fight HIV/AIDS at many levels and on many fronts.

The United States should:

- Build on pledges already made and implement Senator Helms' proposal of an additional $500 million in matching funds to fight mother-to-child transmission. In 2002, the United States should commit $2 billion to bilateral and multilateral programs for HIV/AIDS prevention, treatment, and care.
- By 2005, raise the U.S. global commitment to $2.5 billion, approximately one-quarter of the total that UN secretary general Kofi Annan seeks for global prevention, treatment, and care.
- U.S. support for the Global Fund should continue apace, with the United States directing as much as 40 percent of its overall funding for AIDS, TB, and malaria to the fund as its capacity increases.

About the Authors

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