HIV/AIDS AND DEVELOPMENT IN ASIA AND THE PACIFIC

A LENGTHENING SHADOW

HIV/AIDS:
A MAJOR INTERNATIONAL
SECURITY ISSUE

ASIA PACIFIC
MINISTERIAL MEETING

9–10 OCTOBER 2001 MELBOURNE AUSTRALIA

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AT THE AUSTRALIAN NATIONAL UNIVERSITY'S STRATEGIC
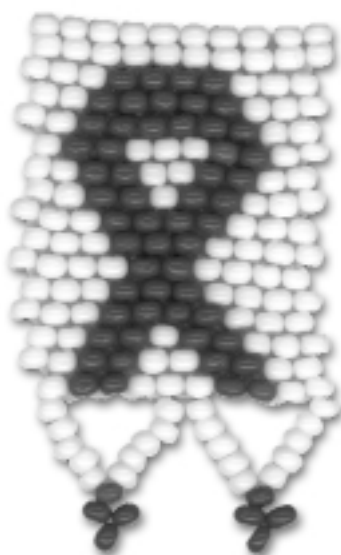AND DEFENCE STUDIES CENTRE

The Australian Government's Overseas Aid Program

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'In 1998, 200,000 people died from war and internal conflict but AIDS accounted for 2.2 million, ten times that number.'
(UNAIDS Statement to the UN Security Council, 10 January 2000.)

'HIV/AIDS is now the military's only enemy. It could devastate our plans for reform and reduce our capability. We are very worried.'
(General Veng Bun Lay, the Cambodian Defence Ministry's senior health official.)

In January 2000 United Nations Security Council diplomats — long accustomed to lengthy deliberations on global political and military problems — debated the strategic implications of HIV/AIDS for the first time in the Council's history. The Council noted that in many parts of the developing world AIDS is killing more people than any other preventable cause of death, destabilising countries politically, reversing decades of economic progress, reducing numbers and expertise within conscript armies, and destroying the social glue that binds communities together. The debate sent a clear message that the disease has changed from a public health crisis to a major international security issue.[1]

Twenty-two million people worldwide have already died from the effects of the HIV virus and 36 million are infected.[2] If the virus's transmission is not slowed the number of people who have died from AIDS will soon surpass that of the world's two other great pandemics — the Black Death, which ravaged Europe in the 14th century, and the great influenza outbreak of 1918–1919. The latest UN statistics suggest that by 2021 at least 150 million people will have died or been infected.[3]

What has largely escaped attention, however, is the fact that the epicentre of the AIDS pandemic has shifted emphatically to Asia and is spreading to the Pacific. And the full impact of this shift will not be felt for perhaps another decade because of HIV's lengthy incubation period. China, for example, is already in the early stages of an AIDS epidemic. Without a determined effort to attack its root causes more than 10 million Chinese are expected to be HIV positive at the end of this decade.[4] This is equal to the total number of fatalities from all armed conflict in East Asia since the end of World War II. Around eight million people in the Asia Pacific region are currently infected and as many as 40 million may have contracted the virus by 2020. The pandemic is likely to peak in the worst affected countries between 2015 and 2025. The security implications of an HIV/AIDS pandemic must therefore be a concern to political and community leaders throughout Asia and the Pacific.

HIV/AIDS and Security

HIV/AIDS rated only a passing mention in the taxonomy of threats to international security in the first post cold war decade. This was despite abundant evidence that the disease was set to devastate sub-Saharan Africa and was spreading rapidly across the globe. The slowness to

recognise the threat from HIV/AIDS can be attributed to a complex mix of genuine ignorance, denial, sexual and religious taboos. There was also a widespread conviction in the West that AIDS was largely under control in the developed world and would therefore have only a marginal effect on Western security interests.

Defence and foreign policy practitioners have tended to regard HIV/AIDS as a bio-medical rather than a security problem, reflecting the cold war preoccupation with the causes and consequences of military conflicts between states. However, it is increasingly accepted that the concept of security should be broadened to take account of non-military challenges like HIV/AIDS. Such challenges have a demonstrated capacity to threaten the political, economic and strategic interests of the state as well as human security — defined by the UN as safety from chronic threats such as hunger, disease and repression. Moreover, there is a growing awareness of the circular relationship between HIV/AIDS and security. The disease is a root cause of instability and insecurity, but it is also a by-product of poverty, conflict and weak states. An attitudinal turning point was last year's decision by the then US administration to declare HIV/AIDS a threat to US national security, citing the disease's capacity to foment ethnic conflict, weaken social structures and destabilise countries, particularly in the developing world.

The virus's long gestation period and the lingering death that those afflicted generally suffer makes HIV/AIDS a high-cost disease in terms of its demands on public health systems and the depletion of an infected country's human capital. In 1994, the total direct and indirect cost of HIV/AIDS globally was around $500 billion — roughly 2 per cent of the world's GDP — and it has since climbed significantly.[5] Health costs alone in developing countries will reach $9.2 billion a year by 2005.[6] Judging by the number of HIV infections recorded in Asia and the Pacific the economic impact of dealing with AIDS will be substantial. Regional states have already forfeited an estimated US$38-52 billion in lost production and the spiralling cost of health care between 1995 and 2000.[7] If allowed to go unchecked, the strains that HIV/AIDS will impose on public health systems will force governments to redirect precious resources towards palliative care for those infected.

The disease is also set to devastate the social fabric of many communities at the local and family level, reducing economic vitality, exacerbating regional labour shortages, pushing up wages and encouraging migration. HIV/AIDS intensifies poverty, causes demographic imbalances, places great strains on social services and tax systems, and affects the middle class as well as the poor — reducing the number of teachers and skilled workers. In countries that have already been weakened by economic decline, ethno–religious conflicts and contests for power among political elites, the transmission of AIDS may be greatly facilitated. Under these circumstances, HIV/AIDS will circumscribe national development objectives leading to inequities and disaffection, which may be harnessed by those seeking to gain control over natural and economic resources. Managing and mitigating its impact is, therefore, not only a core development issue, but also a political and security problem.

AIDS and the Security Forces

The transmission of HIV/AIDS is greatly facilitated in situations of instability and conflict through risk-taking behaviour found in both regular and irregular security forces. Peacetime infection rates among military populations is on average 2–5 times higher than among civilians. During conflicts the risk of infection soars dramatically, sometimes by as much as 100 times the civilian average.[8] Thus, although they have played a positive role in slowing HIV transmission and mitigating the disease's effects through education and preventive health care, military and police forces can also be important vectors in the spread of AIDS within their own countries and, internationally, as members of multinational peace-keeping forces.

Within infected security forces, HIV/AIDS may cause serious shortages of qualified and experienced non-commissioned officers, and officers of middle rank who make up the professional core of military and police units. The gap left by seriously ill and incapacitated members encourages the premature promotion of replacements with little command or administrative experience. This in turn further degrades leadership and discipline. Recruitment into the ranks also becomes problematic since 50 per cent of all new AIDS infections occur among 15–25-year-olds, the age group that is the seed-bed for military and police recruitment.[9] As a consequence, the combat-readiness of security forces may be eroded. Similarly, if there is a high prevalence of HIV/AIDS, peace-keeping operations may become complicated and the health of peace-keepers and civilian populations be seriously jeopardised.[10] Under these circumstances, some nations may be reluctant to deploy forces on peace-keeping duties to high risk areas. Such action could, in turn, undermine UN and regional initiatives and pose problems for foreign policy and international security generally.

The cost of testing for HIV/AIDS and caring for military personnel — who usually have a lifelong entitlement to military funded health care — will consume an increasing proportion of defence budgets. AIDS is a particular problem for the armed forces of developing states since they are heavily dependent on young male conscripts for the bulk of their personnel. In Africa, the incidence of HIV/AIDS among military personnel is on average three times higher than the civilian population. Infection rates among some armies have already reached epidemic proportions, hollowing out units and drastically reducing their operational effectiveness. Fifty per cent of the Congo's army is estimated to be infected with HIV/AIDS while, in Uganda, two thirds of officers and enlisted soldiers are HIV positive and 100 percent of the personnel in some units have AIDS.[11] Air Force units in other African countries have been forced to reduce flying time because many air-crew are too sick to fly. The most severe impact has been on the officer corps and senior non-commissioned officers whose skills are less easily replaced than those of short-term conscripts.

These problems have not yet been replicated to the same degree in Asia and the Pacific, largely because regional armed forces and police are generally better resourced and less exposed to the disease than in Africa where the pandemic is far more advanced. It is no coincidence, however,

that the two countries facing the greatest immediate threat from HIV/AIDS in the region have both suffered long periods of political instability and civil strife. In Myanmar and Cambodia, HIV/AIDS is beginning to seriously impact on the security forces, and those of neighbouring AIDS-affected states are also at risk. The government of Myanmar has faced entrenched opposition from a variety of dissident and ethnic minority groups for many years. Infection rates among the Tatmadaw, the armed forces of Myanmar, are increasing and may already exceed 8 per cent of all soldiers.

Cambodia has been weakened by decades of civil war and the brutality of the Pol Pot regime. The Cambodian Government faces enormous challenges in dealing with the disease because of its limited resources, fragile institutions and poor public health facilities. HIV has made particularly serious inroads into the military and law enforcement agencies in Cambodia. The US Agency for International Development found that 80 per cent of police and military surveyed in 1997 had visited a prostitute in the previous 12 months, with few having used condoms.[12] Given this incidence of commercial sex and Cambodia's spiralling drug problem, estimates that as many as 12-17 per cent of the security forces are HIV positive do not seem unreasonable.[13] This is an extremely high level of infection by world standards and does not augur well for the future vitality and readiness of Cambodia's armed forces. Even higher rates of infection have been recorded among military units in Koh Kong province bordering Thailand.[14] With the demise of the Khmer Rouge, HIV/AIDS has moved to the top of the security agenda in Cambodia. There are well-founded fears that AIDS will soon kill more Cambodians than malaria, mines or the once feared Khmer Rouge.

In Thailand, the rate of infection has been particularly high among army units based in areas of northern Thailand adjacent to the Golden Triangle. In 1993, the prevalence rate among new recruits nationally reached 3.5 per cent, a seven-fold increase in five years.[15] Faced with evidence of a widespread and worsening epidemic, Thailand initiated a country-wide education campaign that encouraged 'safe sex' through the use of condoms. Within five years, condom usage rose from 50 to 90 per cent and HIV infection rates began to drop dramatically.[16] Indicative of the success of the safe sex campaign was the 80 per cent fall in the incidence of HIV among military recruits in northern Thailand after 1993. A further decline was recorded between 1995 and 1999.[17]

East Timor is highly vulnerable to the disease because of its recent history of conflict. In the Pacific, AIDS is spreading rapidly in Papua New Guinea. Many other small Pacific island countries are susceptible to the disease and most would have difficulty containing an outbreak of AIDS because of scarce financial resources and health care facilities. The scope for HIV/AIDS to undermine stability in countries across the region is therefore high and governments must act now to prevent a crisis in the future. The promising outcome from the 'safe sex' campaign within the Thai military is a salutary lesson that the transmission of HIV/AIDS is preventable.

HIV/AIDS and Transnational Crime

Transnational crime is also a key driver of HIV/AIDS. HIV/AIDS flourishes where drug trafficking, people smuggling and the sex trade are rampant. All three criminal activities have played an important role in the regional proliferation of the disease. HIV/AIDS usually enters the human body through unprotected sexual contact and increasingly through needle sharing by injecting drug users (IDUs). It is no coincidence that the first groups to experience the rapid phase of HIV spread in Thailand, Myanmar, Malaysia, Vietnam and China's Yunnan province were IDUs.[18] As drug use increases, so does the level of HIV infection. There is a marked correlation between the location of drug smuggling routes and the distribution of HIV/AIDS. Recent outbreaks of HIV/AIDS have closely followed the opening up of new distribution networks and markets for heroin.

Drug use, particularly in areas adjacent to the Golden Triangle, established an initial 'reservoir of infection' for the AIDS epidemic, largely accounting for the severity of the problem in Thailand and Myanmar. As the illicit heroin industry grew in sophistication during the 1970s and 1980s, the narcotics traffickers who control the Golden Triangle began to encourage addicts in Myanmar and northern Thailand to switch from traditional opium smoking to taking heroin intravenously.

Since needles were not in abundant supply, needle sharing was common among heroin users who then infected their families and local prostitutes. In some cases needles were almost as expensive to obtain as heroin. By 1995, 80 per cent of those infected with HIV/AIDS in Thailand and 66 per cent in Myanmar were IDUs — extremely high proportions by world standards. The same pattern has been repeated elsewhere in the region. Clusters of HIV infection can be found in China all along the ancient southern Silk Road linking Myanmar with central Asia and Europe which, in recent times, has become a major heroin route from the Golden Triangle. Sub-type C of HIV-1 — endemic in Myanmar — is the most common strain of HIV among drug users in Yunnan province, accounting for about four-fifths of all China's AIDS cases.[19]

Over the past decade, transnational criminal organisations have diversified into people smuggling and are largely responsible for the increasing internationalisation of the sex trade. More generally, intra-regional labour mobility, including the unlawful movement of large and growing numbers of people across borders in search of employment and economic opportunity, has contributed to the spread of HIV/AIDS. There are now an estimated 4–5 million illegal migrants in the Asia Pacific region. These numbers are likely to increase as economic and income disparities widen.[20] A significant proportion of undocumented labour migrants are young, single women destined for the sex trade who eventually return to their home regions infected with HIV where the virus soon finds new hosts. Almost regardless of national circumstances, once epidemics mature, transmission from sex worker clients and IDUs to their partners becomes the most common route of female infection.

The links between transnational crime and insecurity are now well-documented. Militias and other rebel groups are increasingly dependent on the illicit trafficking of drugs to finance weapons purchases, while people smugglers and those who control the international sex trade are furthering the transmission of HIV/AIDS. Measures to impede trafficking operations can directly contribute to conflict reduction efforts. Conversely, if the activities of transnational crime are not curtailed the future stability of countries in our region may be undermined.

Conclusion

HIV/AIDS flourishes in conditions that are conducive to war and conflict. If HIV continues to proliferate, as seems likely, the virus will threaten the national security interests of afflicted states, the region's collective security interests, and the lives of millions of people. States weakened by HIV/AIDS could become a significant source of regional instability — creating anxieties that they may facilitate the spread of the disease, drugs and organised crime into neighbouring countries. Although HIV/AIDS would exist without crime, narcotics trafficking and the sex trade, these activities have been critical to its spread. As rates of heroin use increase, unprotected sex between injecting drug users and their partners — who may include sex workers — facilitates HIV transmission. HIV/AIDS–ravaged countries become ever more vulnerable to the predations of organised crime and the cycle intensifies as it is repeated.

Although not all countries in Asia and the Pacific will be equally affected, the available evidence suggests that HIV/AIDS will rival war as a major cause of death, impoverishment and instability in the 21st century, globally and within the Asia Pacific region. HIV/AIDS is becoming a significant cause of human and state insecurity in the Asia Pacific region, flourishing in and reinforcing conditions that can lead to war, social violence, humanitarian emergencies and economic collapse. It will claim more lives in the first decade of this century than all the wars fought in the 20th century. Without immediate action, the disease will kill and blight the prospects of whole generations in the worst affected countries, placing an intolerable burden on public health systems and exacting a heavy economic as well as human toll.

FOOTNOTES

1   See UNAIDS Statement to the UN Security Council, 10 January 2000, http://www.un.org/News/dh/latest/piotaids.htm

2   Report on the Global Aids Epidemic-Update-June 2001, UNAIDS, http://www.unaids.org/epidemic_update/index.html and later updates.

3   Michael S. Gottlieb, 'Unless We Act on AIDS, Much Worse Is To Come', *International Herald Tribune*, 6 June 2001, p.9.

4   UN estimates. 'UN warns Beijing to move on AIDS', *The Australian*, 12 January 1998, p.14.

5   United Nations Development Programme, *Human Development Report 1994*, (Oxford University Press, Oxford, 1994), p.28.

6   Stephen Romei, 'Cultures clash over HIV draft', *The Australian*, 25 June 2001, p.8 and Charles Bicker and Shawn W. Crispin, 'Asia Sets Its Sights On an Aids Breakthrough', *Far Eastern Economic Review*, 7 December 2000, p.38.

7   Rob Moodie and Edith Fry, *HIV-AIDS — a global overview with emphasis on Asia and the Pacific*, draft paper prepared for the Australian Agency for International Development's (AusAID) Advisory Group on Health, 22 November 2000, pp.9-10.

8   *Ibid*, p.2.

9   Not only are they young, sometimes no more than 15, they are also generally poorly educated and away from their homes and families for the first time, making them more susceptible to the attractions of casual sex.

10   Jack Chow, 'Health and International Security', *The Washington Quarterly*, vol.19, no.2, Spring 1996, p.65.

11   Karen Lowe, 'AIDS poses a threat to armies', *The Jakarta Post*, 11 May 1995, p.5.

12   Katya Robinson, 'Few Cambodians fully understand consequences of AIDS', *The Jakarta Post*, 12 March 1997, p.7.

13   Joe Cochrane, 'Forces not armed to fight deadliest enemy', *The Australian*, 31 March 1999, p.8.

14   A 1995 survey of military personnel in Koh Kong province found that 30 per cent were HIV positive, with more than 10 per cent of the police also HIV positive.. Leo Dobbs, 'AIDS looms large over Cambodian military, police', *Reuters,* 10 May 1995.

15   In 1991, more than 10 per cent of new recruits from this area were HIV infected compared with 2 per cent of draftees from Bangkok. In the November 1993 draft, 1,001 out of 28,787 Thai conscripts tested HIV positive. Jonathan Ken Stier, 'Marching Orders: Infection rate among Thai army recruits is rising', *Far Eastern Economic Review*, 29 July 1993, p.46.

16   Johanna Son, 'AIDS plateaus in Thailand, but dangerous hotspots remain', *The Jakarta Post*, 10 April 1997, p.5.

17   In 1999, the percentage of recruits in northern Thailand who tested HIV positive was less than 3 per cent compared with 12.5 per cent in 1993 due to an effective public education programme and a vigorous condom use campaign. Chris Beyrer, *AIDS In Asia and America: Is the War Being Won or Lost?*, paper presented to 14th Asia-Pacific Roundtable, Kuala Lumpur, 3–7 June 2000, p.4.

18   Chris Beyrer, *War in the Blood: Sex, politics and AIDS in Southeast Asia,* (White Lotus, Bangkok, 1998), p.150. See also 'The Status and Trends of the Global HIV/AIDS Pandemic Final Report', *Report on the global HIV/AIDS epidemic, June 1998*, the Joint United Nations Programme on HIV/AIDS and the World Health Organisation, http://reservoir.fhi.org/aids/aidscap/aidspubs/special/statustrends/vanpan.html

19   William Barnes, 'HIV exploding on heroin routes, *The South China Morning Post,* 3 October 1998, p.9.

20   Alan Dupont, 'East Asia Imperilled: Transnational Challenges to Security', (Cambridge University Press, Cambridge and New York, 2001), p.159.