



Mapping the Future of HIV/AIDS, Security and Conflict in Africa
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Introduction and Overview of HIV/AIDS, Security and Conflict in Africa

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Professor Tony Barnett gave a comprehensive overview of the issues surrounding HIV/AIDS, focusing on the effect of HIV/AIDS on societies at the macro-level and on security.

The HIV endemic is a multi faceted threat, the understanding of which is usually plagued with hyperbole, including many strong opinions that are weakly supported. Increasingly infectious diseases are being perceived as threats to security, but it is difficult to ascertain the scale of threat, due the difficulty in collecting evidence of prevalence rates within Africa.

The pace, rate and spread of infection of the HIV epidemic in this era of globalisation, is amplified by shorter travel times and higher population levels. As travel becomes quicker and population increases, so does the risk of infection. Armed forces are at increased risk of contracting sexually-transmitted infections due to their relative social and physical mobility and the possibility of postings overseas.

HIV is the leading cause of death in Africa, causing more deaths than lower bronchial infections and malaria combined. According to the latest statistics released this month, 40 million people are now living with HIV.

Because of the nature of the HIV epidemic as a long wave event, it takes years before the full effects of current infections can be seen. It is therefore difficult to prepare for its full impact. The effects of the virus play out over the long term, typically spanning over a 20-year period, meaning that current levels of AIDS morbidity and mortality are reflective of infection patterns that occurred in preceding years.. While there is the current number of people ill, there is also a back-log of people infected. Lesotho, Swaziland and Botswana in Southern Africa are examples of countries where the full extent of the disaster has not yet been seen. This includes the wider effects of the HIV/AIDS on loss of investment in public services, such as health care and education.

The pathogen, or disease agent, in the case of HIV actually destroys living cells. The immune system consequently cannot fight infection and without Anti-Retroviral drugs (ARVs) the person infected will eventually die. There are different types of pathogen; HIV 1 and HIV 2 being the major types and HIV 1 being the one most spoken of. There are many sub-types and different families of HIV 1, which can in turn mutate and interact to form further subtypes.

Each time a medication is developed to fight HIV, complete compliance to a regime is essential. Otherwise, this enables the virus population in the body to develop resistance to the drugs. Even in the UK, the response to HIV is difficult enough at the clinical level when 14 per cent of people show resistance to three classes of Anti-Retrovirals. The situation in

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developing countries means it is even more difficult for people to keep to regular regimes, where the supply of drugs is dependant on outside donors and is often inconsistent.

The macro-effects of HIV/AIDS are such that population structures become altered and distorted, with decreasing numbers of adults of working age, and a reduction in fertility-rates.

There are different effects on different countries, but there are marked changes to the standard age pyramid (this being a high birth rate and a higher proportion of the younger population alive than the older population). The numbers of the lowest age groups are curbed, with children dying young, or aren't born at all due to extra-ordinary reductions in fertility patterns as adults die before producing children.

The decline in life expectancy is one of the major impacts of the epidemic, reversing development and reducing life expectancy to levels seen in the 1940s. Expectations of such a reduced adult life span on peoples' decision horizons and the loss of social capital between generations should not be underestimated.

There are a number of challenges in the distribution of ARVS. Increasing the lifetime of those infected with the virus increases the probability of new infections and the possibility of acquired and transmitted viral resistance. The development of drug-resistance when there is a big ARV role out has had big implications on how effectively nations can fight HIV/AIDS.

The effect on security services is significant. Sexually-Transmitted Infection (STI) rates are an indicating factor and a predisposing factor to infection prevalence. Some studies have shown that STI prevalence is 2-5 times higher in armed forces than in the general population and up to 50 times more so during conflict.

There is a problem with how policy is made in relation to HIV. Quick and synthetic studies are often taken on board as facts, which in turn inform policy. With the UN resolution 1308 in 2000, there was thereafter a demand on UNAIDS for action. Overblown facts were translated into truth and policy, as there was demand for action from the UN system and the US security apparatus. There is also continuing pressure on the development community to formulate policy from campaigning NGOS, rock stars, G8 meetings and academics.

The lack of specificity, and of data disaggregation, is a major characteristic of the global HIV/AIDS response. This must therefore inform us as we look critically at the way in which we are responding to HIV/AIDS at this moment in the history of the epidemic. There has been a growing tendency to aggregate responses to the epidemic. We need to question whether this is an important issue. Whether it is a priority or not changes according to context. The nature of our response needs to change according to the context within which we are working.

Question

Why is AIDS and security equated with the impact on the military, which is often a denier and abuser of human rights, when there are other larger and more vulnerable groups in need of assistance?

A lot of policy is influenced by individual career paths and institutional politics. HIV/AIDS, Security and Conflict is a collision of discourses in which interests in both areas have been combined. Also, in what countries is the issue of prevalence rates within armed forces a threat to security? Prevalence rates will surely vary from country to country and so will their interaction with the local population. There is also the question of how HIV/AIDS coincides with political stability. Some have predicted the risk of civil collapse due to the effects of HIV/AIDS.

However, high prevalence rates have in some situations have had the effect of entrenching the power of politicians. In Uganda for example, Museveni has exploited HIV/AIDS by politicising the epidemic and establishing civil controls of HIV/AIDS, as a deliberate strategy to entrench his power. Governments have been aware of how HIV/AIDS can be used to control the electorate and the army, and it is therefore used as a political tool.

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