



SPECIAL REPORT

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ABOUT THE REPORT

In light of two disturbing trends—the spread of HIV/AIDS and increases in violent conflict—which are dominant features of today's Africa, the United States Institute of Peace brought together a panel of specialists in May 2001 to examine an often overlooked aspect of the pandemic: the nexus between conflict and AIDS. This report is a synthesis of the most salient points broached during this briefing combined with pertinent supporting information. It concludes with nine policy recommendations.

Participating in the panel were David Gordon, national intelligence officer for economic and global issues, National Intelligence Council; Thomas Homer-Dixon, director of the Peace and Conflict Study Program, University of Toronto; Princeton Lyman (moderator), formerly U.S. ambassador to South Africa and currently executive director, Global Interdependence Initiative, Aspen Institute; Millicent Obaso, manager of the Africa Initiative, American Red Cross; and Andrew Price-Smith, assistant professor of government and international affairs, University of Southern Florida.

The panel was organized by Institute staff members Timothy Docking and Joseph Klaitz, Jennings Randolph Program for International Peace, and Sheryl Brown and Burton Edwards, Office of Communications. The report was written by Docking.

The views expressed in this report do not necessarily reflect those of the United States Institute of Peace, which does not advocate specific policies.

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AIDS and Violent Conflict in Africa

Briefly...

- In sub-Saharan Africa there are more than 25 million Africans infected with HIV/AIDS (70 percent of the world's cases) and 17 million dead; on its current trajectory, by 2010 the disease will decrease life expectancy on the continent to levels found at the beginning of the last century.
- Many governments, international organizations, and NGOs have joined a UN-led movement to address the causes and effects of AIDS in Africa. It now appears that the international community is fully conscious of the need to commit resources to turn the tide against this plague.
- The decade of the 1990s witnessed a steady climb in violence across sub-Saharan Africa, with the number of states at war or with significant lethal conflicts doubling from 11 in 1989 to 22 in 2000.
- The relationship of the AIDS pandemic to violent conflict in Africa is far too complex to be expressed in simple cause-and-effect terms. Instead it must be addressed in terms of: (1) how the explosion of HIV/AIDS may contribute to further instability and conflict on the continent in coming years, and (2) how instability and violence encourage conditions favorable to the spread of the HIV virus.
- AIDS most frequently strikes at the most productive members of society, those 15–45 years old that are critical to the development of the African state and the stability of the African family.
- As AIDS advances in a society it weakens the state's economic capacity, stealing away its human capital, cutting into its tax base, and drying up foreign investment. Power struggles over the state's limited resources increase the likelihood of violent conflict.
- The disease leaves in its wake an explosion of the orphan population, thereby increasing the ranks of poverty-stricken children in Africa.
- Warfare is an amplifier of disease, creating ideal conditions for its spread, including poverty, famine, destruction of health and other vital infrastructure, large population movements, and the breakdown of family units and thus protective networks for women.
- The prevalence of HIV infection in a number of African militaries is extraordinarily high, perhaps up to 60 percent in Angola and the Democratic Republic of the Congo.

- Sexual harassment and exploitation of mobile populations by soldiers and others is commonplace while refugees often have no recourse to legal or social protections.

AIDS in Africa

The December 2000 report "AIDS Epidemic Update" (United Nations AIDS Fund/World Health Organization) described the stark human tragedy caused by the HIV/AIDS pandemic: 36 million people infected worldwide, 22 million dead since the identification of the disease some 20 years ago, indications of exponential growth of HIV infection in the Russian Federation, and an escalating AIDS epidemic in Asia.

However, nowhere is the picture as bleak as in sub-Saharan Africa: more than 25 million Africans infected with HIV/AIDS (70 percent of the world's cases) and 17 million dead; on its current trajectory, by 2010 the disease will decrease life expectancy on the continent to levels found at the beginning of the last century. These most recent data far surpass the most pessimistic predictions about the effects of the disease in Africa made just five years ago (C. J. L. Murray and A. D. Lopez, eds., *The Global Burden of Disease*, World Health Organization and the World Bank, 1996).

Moreover, new reports are beginning to describe the full extent of this African tragedy. One study ("AIDS Poverty Reduction and Debt Relief: Implications for Poverty Reduction" by UNAIDS and the World Bank, March 2001) has found that HIV-induced declines in gross domestic product (GDP) levels in sub-Saharan Africa are severely undermining poverty reduction efforts in developing countries. According to the report, the pandemic is shaving off up to two percent of annual economic growth in the worst affected countries. Some countries will see their gross national product (GNP) shrink by up to 40 percent within 20 years. On the whole, the study suggests, Africa's income growth per capita is being reduced by about 0.7 percent per year because of HIV/AIDS. Another study concludes that by 2010, per capita income in South Africa, Africa's most robust economy, will drop by 7–10 percent while the GDP will be 17 percent lower than it would have been without AIDS (Jeffrey D. Lewis and Channing Arndt, "The Macro Implications of HIV/AIDS in South Africa: A Preliminary Assessment," Africa Region Working Paper no. 9, December 2000).

Two African states struggling to cope with the disease are Botswana and Zimbabwe. In these countries life expectancy is expected to fall by as much as 30 years, and as much as one-quarter of the respective populations could die by 2010, according to the U.S. Census Bureau. The increase in mortality effectively strips families of breadwinners, field labor, and parents and is already producing a huge group of "AIDS orphans" (David Gordon, "National Intelligence Estimate: The Global Infectious Disease Threat and Its Implications for the United States," National Intelligence Council, January 2000, p. 35).

Although it has taken two decades since the virus was identified in the United States, it now appears that the magnitude of the disease—its impact on Africa and the risk it poses to the rest of the world—has been accepted by a wide array of governments and international bodies. Indeed, over the past year the HIV/AIDS crisis has received significant and sustained attention both in the United States and on the international stage. Many governments, international organizations, and NGOs (non-governmental organizations) have joined a United Nations–led movement to address the causes and effects of AIDS in Africa. It now appears that the international community is fully conscious of the need to commit resources to turn the tide against this plague.

The recent coalescence of the international community on the AIDS issue, most notably represented at the June 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS convened at the urging of UN secretary general Kofi Annan, gives cause for optimism. Yet doubts remain concerning the level of financial commitments to the recently established UN AIDS Fund (now called the Global AIDS and Health Fund), which is designed to attract international financial support in the

ABOUT THE INSTITUTE

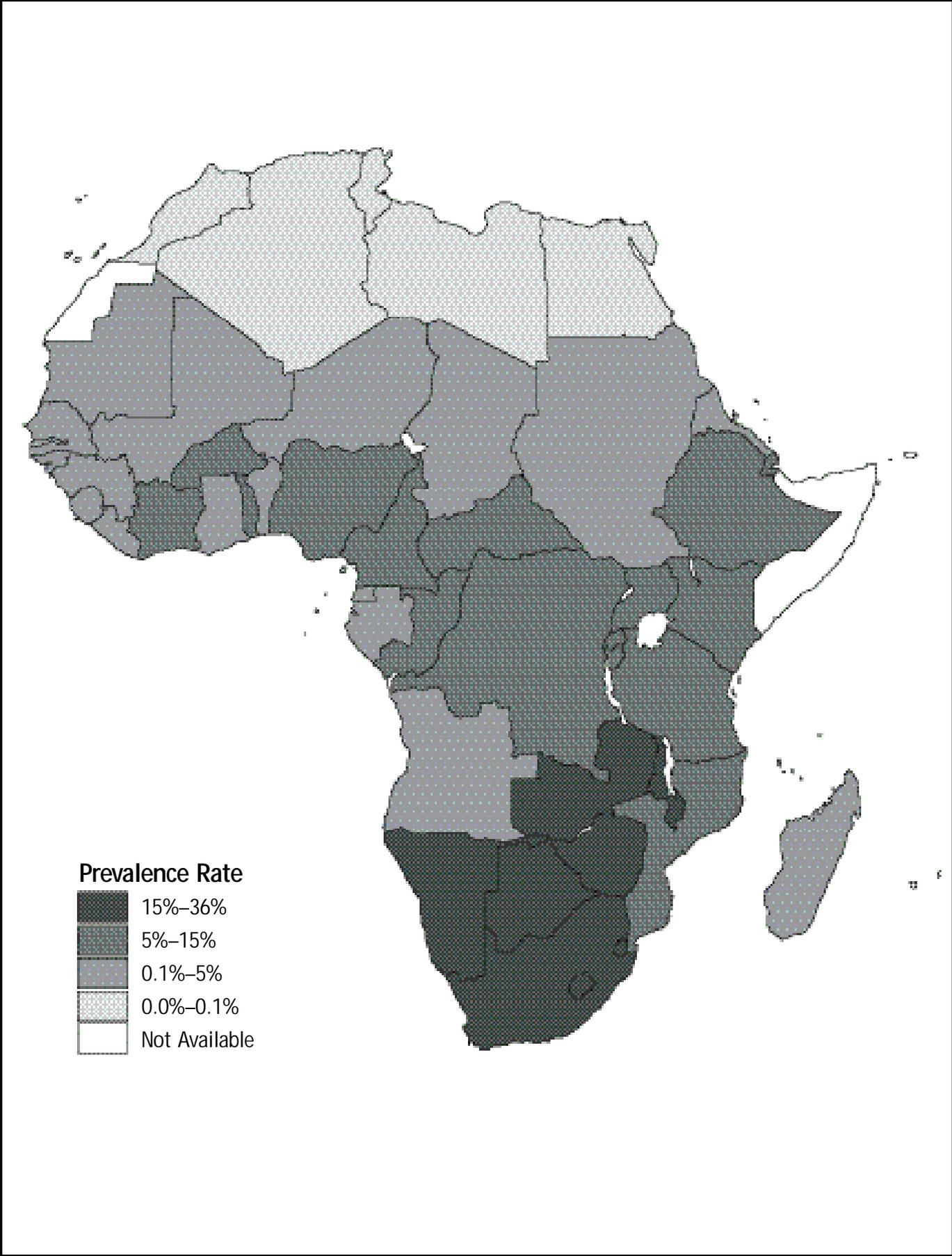
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Adult HIV/AIDS rates in Africa (adapted from UNAIDS, 2000)

fight against HIV/AIDS, tuberculosis, and malaria while strengthening health care systems and infrastructure. Meanwhile the discourse about priorities in treatment and prevention is still taking shape.

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The Institute event explored the multiple and cross-cutting connections between the incidence of HIV/AIDS and violent conflict on the continent.

A major theme addressed by the panel is the linkage between AIDS and American strategic interest.

Conflict in Africa

The decade of the 1990s witnessed a steady climb in violence across sub-Saharan Africa, with the number of states at war or with significant lethal conflicts doubling from 11 in 1989 to 22 in 2000 (S. Mullen and J. Woods, Cohen and Woods International, Washington, D.C., January 2001). Full-blown regional wars grew out of conflicts in Liberia, Rwanda, and Zaire in the mid-’90s; simmering tensions boiled over between Ethiopia and Eritrea and led to a major interstate war; decades-old civil wars in Angola and Sudan continued to claim hundreds of thousands of lives; and ethnopolitical hatred in Rwanda led to the genocide of nearly one million people. Currently, over one-quarter of sub-Saharan African states are engaged in either civil or interstate conflict, or both. Several more (including Nigeria and Ivory Coast) are threatened by imminent political, religious, or ethnic division that could erupt into violent conflict at any time. The post–Cold War decade, which held out the promise of an “African renaissance,” deteriorated rapidly into severe instability across the continent that shows no sign of abating.

The AIDS-Conflict Continuum

While recent fora and reports like those stemming from the June UNGASS meeting have rightly pointed to poverty, the lack of education, and gender inequality as important factors in the AIDS pandemic, few have linked AIDS in Africa to violent conflict.

In the light of these two disturbing trends—the spread of HIV/AIDS and increases in violent conflict—which are dominant features of today’s Africa, the United States Institute of Peace brought together a panel of specialists in May 2001 to examine an often overlooked aspect of the pandemic: the nexus between conflict and AIDS.

The Institute event explored the multiple and cross-cutting connections between the incidence of HIV/AIDS and violent conflict on the continent. The panel also attempted to develop a set of broad policy recommendations for the U.S. government and the international community.

The panelists were in agreement that the relationship of the AIDS pandemic to violent conflict in Africa was far too complex to be expressed in simple cause-and-effect terms. Instead the panel addressed the “AIDS-conflict continuum” in discussing: (1) how the explosion of HIV/AIDS may contribute to further instability and conflict on the continent in coming years, and (2) how instability and violence encourages conditions favorable to the spread of the HIV virus.

The AIDS Epidemic and National Security

A major theme addressed by the panel is the linkage between AIDS and American strategic interest. The devastation associated with the pandemic has prompted both the Bush and Clinton administrations to treat the AIDS epidemic as a national security issue with the potential to threaten the United States and American interests worldwide.

By far the most outspoken Bush administration official on the threat of AIDS has been Secretary of State Colin Powell who quickly made the pandemic one of the centerpiece issues of the State Department. Indeed, during his week-long trip to Africa in May, Powell returned to the theme of AIDS repeatedly and underscored the pandemic’s threat to the African continent and global security. While touring one health

center outside of Nairobi, Powell stated, "There is no war causing more death and destruction, there is no war on the face of the earth right now that is more serious, that it is more grave, than the war we see here in sub-Saharan Africa against HIV/AIDS."

The nexus between AIDS and U.S. national security was identified in government circles as far back as 1994. Writing of the risks AIDS poses to state stability and prosperity, then Undersecretary of State for Global Affairs Timothy Wirth wrote: "HIV/AIDS has potentially devastating impacts on whole sectors of societies. In the most vulnerable nations, these trends could have devastating consequences for sustainable development and contribute to conflict and instability. We must understand the pandemic for its ability to affect the social, economic, and political fabric of many nations and thus, its implications for U.S. foreign policy, American leadership, and global cooperation. Viewed in the context of national security interests, many countries are today waging (and losing) a war with this infectious disease" (foreword to K. Hamilton, *Global HIV/AIDS*, CSIS, 1994, p. vii).

President Clinton subsequently appointed the National Science Council on Emerging and Re-Emerging Infectious Diseases to determine the direct and indirect threat that pathogens posed to U.S. national security and prosperity. In January 2000, Vice President Al Gore placed the issue on the U.S. national security agenda when he stated at the special UN Security Council Session on AIDS in Africa: "When 10 people in sub-Saharan Africa are infected every minute; when 11 million children have already become orphans, and many must be raised by other children; when a single disease threatens everything from economic strength to peacekeeping—we clearly face a security threat of the greatest magnitude."

Also in 2000 the National Intelligence Council (NIC) produced its "National Intelligence Estimate: The Global Infectious Disease Threat and Its Implications for the United States." The report was an important milestone in the policy discussion about AIDS and other infectious diseases in systematically linking them to U.S. national security. It further described the catastrophic set of circumstances confronting the hardest hit states in sub-Saharan Africa, which may be replicated in Asia and other areas as the AIDS pandemic continues to spread.

Linking AIDS and Conflict

At the core of this important report is the link between contagion and socioeconomic instability. At the Institute briefing David Gordon, the author of the NIC report, explained the linkage between national security and infectious diseases. He suggested four areas of concern about the HIV/AIDS virus: the impact on U.S. public health; the effect on U.S. and international troops and peacekeeping operations; the slowing of economic development in states where the United States has significant strategic and economic interests; and the destabilization of African societies.

A closer examination of these points illustrates the rationale behind Gordon's argument. AIDS is not just Africa's health crisis. Diseases don't respect national borders, be they flu, tuberculosis, or evolving strains of AIDS. As a writer in the *New York Times Magazine* recently said, "The strains of HIV running rampant in Africa, if left unchecked, are sure to gain novel malevolence that would allow them to spread elsewhere and overwhelm whatever resources we have devoted to defeating our western-bred strains" (Natalie Angier, "Together, in Sickness and in Health," May 6, 2001).

Moreover, AIDS has the potential to weaken U.S. and foreign militaries and make mobilization of international forces difficult. It has been estimated that 40 percent of the military in South Africa and up to 60 percent in Angola and the Democratic Republic of the Congo (DRC) are HIV-positive, as are many soldiers serving in African peace operation forces. Richard Holbrooke, then U.S. ambassador to the United Nations, warned last year that

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Homer-Dixon sees clear parallels between the effects of environmental scarcity and the unfolding AIDS crisis in Africa.

peacekeepers need better education about AIDS. "It would be the cruelest of ironies," he said, "if people who had come to end a war were spreading an even more deadly disease."

Finally, in highly affected regions, HIV/AIDS also places huge strains on state institutions and the economy. AIDS most frequently strikes at the most productive members of society, those 15–45 years old. It is also a disease that often strikes teachers and other wage earners that are critical to the development of the African state and the stability of the African family. Therefore, Gordon maintains, acute impact of the AIDS pandemic may result in the widespread economic and political destabilization of societies, states, and entire regions.

Gordon's analysis thus portends a spiral of destabilization resulting from the impact of HIV/AIDS. Families become impoverished as breadwinners sicken and die. With the spread of disease and death, social bonds within and between families are weakened. The disease leaves in its wake an explosion of the orphan population. This and the shortage of teachers due to AIDS contribute to the disruption of education patterns and increase the likelihood that children will leave school early. Erosion of all the elements of civil society is inevitable in the face of the epidemic, weakening one of the main brakes on governmental excesses in Africa. With the loss of population, the economy languishes and growth becomes impossible. Finally, power struggles over the state's limited resources increase the likelihood of violent conflict.

Gordon concluded that the AIDS pandemic threatens to overwhelm already fragile structures and will exacerbate all of the conditions that have made Africa extraordinarily vulnerable to violent conflict in the past. "If national security is defined as protection against threats to a country's population, territory, and way of life, then AIDS certainly presents a clear and present danger to much of sub-Saharan Africa, and a growing threat to the vast populations of Asia and Eurasia, which have the world's steepest HIV infection curves."

Empirical research attributing violent conflict to the AIDS pandemic is scanty. However, there is a strong correlation between environmental stress and conflict. The research of Professor Thomas Homer-Dixon, a leading scholar in this field, has established a relationship between conflict and decreasing levels of water, fuel wood, food, and arable land. Homer-Dixon suggests that the epidemiological stress created by AIDS will have similar deleterious ramifications. At the Institute briefing he applied his model of environmental stress and conflict to the new analysis of conflict and AIDS.

In his book, *Environmental Scarcity and Violence* (Princeton University Press, 1999), Homer-Dixon found that stress on the environment leads to a series of intermediate social effects that have an indirect causal relationship to conflict. These include declining agricultural and economic production throughout the society, weakened state capacity to deal institutionally with internal divisions, increasing migration rates, and deepening social cleavages exacerbating ethnic/class divisions.

Homer-Dixon sees clear parallels between the effects of environmental scarcity and the unfolding AIDS crisis in Africa. In particular, he predicted that declining economic productivity and weakening state institutions would be two of the most prominent conditions that emerge in AIDS-ravaged societies. "AIDS," he suggested, "will drain off human capital while simultaneously increasing the need for innovation, scientific capacity, economic structures, political systems, and collective actions initiatives." "Indeed," Homer-Dixon continued, "the [most severely infected] societies we are looking at in Africa are entering a downward spiral [as concerns] human capital." And this result will be compounded, he argued, by "synergistic factors" that affect social development and increase the likelihood of conflict, such as longstanding ethnic divisions, corruption, the abundance of light weapons, and market failure. The strength of these socio-economic factors, he concluded, will ultimately determine if the pandemic is associated with an outbreak of violence.

Therefore, Homer-Dixon pointed out, it will be difficult to establish a direct correlation between disease and conflict: "Disease is not going to lead directly to violence, it

is going to have indirect effects," principally, he argued, through its "tremendous capacity to weaken the state."

Thus, as the pandemic degrades human capital the state's ability to make rational decisions will decline, so too will the state's fiscal capacity from lost tax revenues. Yet fiscal pressure on the state will be met with increased fiscal demand to confront the malady, which will further exacerbate the problem. Similarly, Homer-Dixon points out that just as the crisis posed by AIDS heightens the imperative for African innovation and ingenuity, the disease diminishes the intellectual capacity of society. Together, he maintained, these factors illustrate the perverse socio-economic effects of AIDS and suggest why the disease must be seen as a deeply destabilizing threat on the continent.

One of the few scholars examining the connection between AIDS and conflict, Professor Andrew Price-Smith is the author of the forthcoming book, *The Health of Nations: Infectious disease, Environmental change, and Their Effect on National Security and Development* (MIT Press, 2001). Like Gordon, Price-Smith argued persuasively that there is linkage between AIDS-related deaths among the 15–45 year olds (the most heavily infected and most productive segment of a population), the commensurate loss of human capital, and resultant falling GDP levels in Africa. He reasoned that, as AIDS skims off the doctors, teachers, parents, lawyers, entrepreneurs, judges, and policymakers, it leads to institutional and societal fragility. This point illustrates the stress that AIDS places on social systems and suggests why poor countries often with low levels of education and a small professional class will be more greatly affected than more affluent nations.

He went on to suggest that AIDS-induced poverty will further increase the risk of ethnic violence as individuals and groups blame others and scapegoat minorities for their increasing economic deprivation. The net effect of an AIDS-depleted society, Price-Smith argued, is a hollowing out of the state and social networks that are already under pressure from poverty and sundry other concomitant variables.

Furthermore, in heavily AIDS-affected societies increasing levels of poverty coupled with increasing weakness of the state produce greater incentive and opportunity for political violence, as challenging elites seek to replace those in power and capture diminishing economic resources. This dynamic, Price-Smith concluded, poses a grave threat to nascent democracies and could lead to more authoritarianism and even state failure in heavily affected African states.

The macroeconomic costs of AIDS and other associated infectious diseases thus pose an extra burden on societies. As the sickness strikes at the labor force it takes a toll on productivity, profitability, and foreign investment in the future. As David Gordon points out, some senior officials within the World Bank consider AIDS to be the single biggest threat to economic development in sub-Saharan Africa (Gordon, "National Intelligence Estimate," p. 57).

As AIDS advances in a society it thus weakens the state's economic capacity, stealing away its human capital, cutting into its tax base, and drying up foreign investment. This confluence of economic factors further limits state capacity to respond to the epidemic through health and education programs. Furthermore, as families lose breadwinners and more adults die, children are often the worst affected. Panel moderator Princeton Lyman cautioned at the Institute briefing that the increasing ranks of orphaned and poverty-stricken children in Africa increases the risk that more of Africa's vulnerable youth will be forced to take up arms as child soldiers.

Exacerbating the disease-induced decline of some African economies and the concomitant fall in African living conditions has been a trend among Western nations to scale back foreign development aid to the continent. Aid from rich countries to the 28 countries with the highest adult HIV prevalence rates (excluding South Africa) have fallen by nearly one-third since 1992, from U.S. \$12.5 to U.S. \$8.6 billion (Integrated Regional Information Network, "New Figures on Development Costs of HIV/AIDS," June 28, 2001).

Other factors compounding the impact of the epidemic on the African continent over the

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Other factors compounding the impact of the epidemic on the African continent over the past decade include the failure of many leaders to acknowledge the problem and take decisive action to stop its spread.

past decade include the failure of many leaders to acknowledge the problem and take decisive action to stop its spread. Indeed, in some of the worst infected areas, for example in South Africa, Zimbabwe, and Kenya, Presidents Mbeki, Mugabe, and Moi have at times been slow to even accept the link between the HIV virus and AIDS, let alone to promote preventive measures against it within their societies. The vital importance of such leadership can be seen in cases where leaders took up the challenge, for example in Uganda, Thailand, and Brazil, and significantly reduced the infection rates.

The picture painted above leaves a dire image: HIV/AIDS is ravaging the African continent, causing enormous human suffering and undermining state capacity and stability at an alarming rate. Yet, while the AIDS pandemic can be linked to the development of a conflict-inducing socio-economic climate, we cannot at this time directly correlate the dreadful conditions left in the wake of the disease to war. Indeed, none of the experts foresee the outbreak of violence in the world's most stricken nation, Botswana. Again, the experts on the panel agreed that while AIDS has a tremendous capacity to weaken the state and to otherwise establish the conditions for violent conflict, the ultimate effects of the disease will be non-linear and difficult to predict.

Conflict as a Vector

Although some might question the significance of AIDS as a contributor to conflict, no one denies the role of conflict in the spread of the virus. As Andrew Price-Smith points out, warfare is an amplifier of disease, creating ideal conditions for its spread: poverty, famine, destruction of health and other vital infrastructure, large population movements, and the breakdown of family units and thus protective networks for women. In a recent article, Helen Epstein illustrates this point when she describes how the course of the AIDS epidemic in Uganda has paralleled the country's passage from chaotic conflict in the 1980s, when HIV incidence began to rise dramatically, to the impressive decline of AIDS cases in the relatively calm early and mid-1990s, to a new upsurge of both violence and infection in recent years ("AIDS: The Lessons of Uganda," *New York Review of Books*, July 5, 2001).

At the Institute seminar, Millicent Obaso pointed out that soldiers have been identified as a principal vector of the AIDS epidemic in Africa. Indeed, this group is one of the most highly infected on the continent. A 1999 Defense Intelligence Agency study estimated that the prevalence of HIV infection in a number of African militaries is extraordinarily high, perhaps up to 60 percent in Angola and the DRC. Indeed, in a recent interview Nigeria's president Olusegun Obasanjo explained that one of the watershed events for his government's approach to the epidemic came when tests of the Nigerian military revealed a high incidence of the disease: "When I took over the reins of government in Nigeria, HIV/AIDS had not been given the type of attention it should be given. It was still a sort of hush-hush affair. What really spurred me on was when I got back some of our soldiers from Sierra Leone, . . . we found that they were, on average, about 11 percent infected (a rate twice the national average). That really gave me cause for alarm" (Barbara Crossette, *New York Times*, June 28, 2001, p. A-10).

No one has accurate figures on the infection rates of various rebel groups (such as the Revolutionary Unity Front in Sierra Leone) or the numerous militias that so often circulate in war-torn settings on the continent, but there can be little doubt that such groups of insurgents are important vectors spreading the disease in conflict zones.

Obaso further pointed out that there are millions of refugees in Africa today, including internally displaced persons in 18 sub-Saharan states. Many of these refugees have been displaced by war or ethnic conflict and face grievous daily circumstances. While population movement is not necessarily a risk factor for HIV/AIDS transmission, displaced people are often highly marginalized while in transit or at destination. Sexual harassment and exploitation of mobile populations by soldiers and others is commonplace while refugees often have no recourse to legal or social protections.

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In conflict situations, law enforcement, judicial, religious, and other state systems that protect individual rights break down. Within this set of circumstances the vulnerability of women to sexual intimidation is greatly increased. Social controls, vital to the maintenance of peace and order in weak state settings, also suffer. Incidence of rape and other forms of sexual coercion skyrocket in such conflict settings. A recent UNAIDS publication ("Population Mobility and AIDS," February 2001) concludes that war and forced migration promote increased sexual intimidation of women: "As physical, financial, and social security erode in the refugee setting, women are often forced into high-risk sexual behavior, . . . by trading or selling unprotected sex for goods, services, and cash in order to survive and/or continue their travel."

The impact of this sexual victimization of women on the spread of AIDS is compounded by the general absence of condoms in areas affected by war. The collapse of educational systems associated with war further exacerbates problems and has the double effect of curtailing prevention efforts taught in the classroom and pulling children away from their studies, often into a chaotic and predatory environment.

Finally, as Obaso pointed out at the Institute, soldiers and other combatants are not only responsible for spreading the disease within conflict situations but also for contaminating communities and villages upon returning to their home villages. Ironically, demobilization thus spreads AIDS infection to previously unaffected areas.

Conclusion

The twin scourges of conflict and AIDS are tearing apart entire regions of sub-Saharan Africa. However, although alarm bells have been sounded on both of these problems, analysis of their interrelationship is incomplete. As expert opinion cited in this report shows, the links between violent conflict and the AIDS pandemic in Africa are becoming more clear. And the risks associated with the plagues of conflict and disease—to U.S. national security, economic development, and regional stability, as well as the livelihoods of more than 700 million Africans—are serious.

The experts gathered together at the U.S. Institute of Peace to address this issue provided a number of recommendations for the United States and the international community as they begin to address these daunting problems:

Policy Recommendations

1. Experts at the forum agreed that the West should provide more funds to strengthen the ability of poor governments to address their growing AIDS crises, as well as technical assistance to help highly affected governments bolster their own institutions to confront the problem.
2. Panelists warned, however, that an increase in funding for the fight against HIV/AIDS in Africa must not come at the expense of already decreasing Western (especially U.S.) development budgets, lest such underlying factors as poverty, poor education, and weak infrastructure undermine whatever AIDS effort is undertaken.
3. Panelists also recommended that the international community, which has been focused on non-state actors and their fight against the pandemic, should again think about engaging with the African state. Failure of donors to recognize the long-term consequences of the weakening state could have major consequences for both stability and development. Non-governmental organizations, while pressing for programs outside of government and for the strengthening of civil society, need to recognize this factor as well.
4. Women, often excluded in the decision-making process on the continent, must be involved in the battles against both AIDS and war. Furthermore, all sides in the fight

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against AIDS must continue to fight for the economic empowerment and human rights of African women.

5. The multitude of policies aimed at HIV prevention, both at the national and international level, need to be harmonized and actors involved in the struggle against AIDS must search for avenues to collaborate and to create synergies. Indeed, UNAIDS has only been partially successful in coordinating the UN effort, and the introduction of a new, separate, global fund for addressing the problem, welcome as it is, poses new issues of coordination that should be addressed at the outset.
6. Peacekeepers involved in missions to Africa need to be educated on the risks of contracting/spreading the disease, lest they become part of the problem rather than the solution.
7. The AIDS orphans problem urgently needs to be addressed by the international community. Communities need to be helped to adapt traditional extended family arrangements to the larger and more demanding dimensions of the orphan problem. This can be done through strengthening local NGOs and community organizations that share a common concern for orphaned children, increasing funds for scholarships and other support to orphans, and helping parents prepare for this situation when they learn of their positive HIV status. Innovative training and educational programs will also be necessary to capture this generation of orphans before they become street children or recruits as child soldiers. Like other aspects of the problem, the orphan problem must be considered integral to the overall strategy of prevention, care, and treatment.
8. Political leadership in the fight against AIDS is key. While the recent summit in Abuja, Nigeria (May 2001)—where African leaders pledged to devote 15 percent of their annual public spending to AIDS and other public health priorities—and the June 2001 UNGASS meeting—where agreement was reached on a comprehensive platform for addressing the pandemic—are hopeful signs of progress on this issue, much more needs to be done. Africa's leaders (especially in the southern African region) should be encouraged to publicly acknowledge the problem and spearhead efforts to implement effective counter-measures against the sickness. The initiative should spur the spread of AIDS education programs and prevention campaigns similar to those that have partially contained the rampant spread of the pandemic in Brazil, Thailand, and Uganda.
9. South Asia and Eurasia deserve new and concerted attention from the international community. The experts agreed that the vast populations of India, the former Soviet Union, and China currently have the steepest HIV infection rate curves. International health organizations recently estimated that 1.25 million people in China are infected with the AIDS virus, and these organizations projected that by 2010 that figure could balloon to 20 million. The panelists felt strongly that these alarming new data warrant a proactive response from the international community so that outbreaks of the disease are confronted through early intervention, lest the malady ravage these lands as it is doing in Africa.

Additional Resources

"AIDS and the Military." New York: UNAIDS, May 1998. Also check the UNAIDS website (www.unaids.org)

Carballo, Manuel, et al. "Demobilization and Its Implications for HIV/AIDS." Geneva: International Centre for Migration and Health, October 2000 (www.certi.org/publications/Publications.htm).

"HIV/AIDS as a Security Issue." Washington/Brussels: International Crisis Group, June 19, 2001.

"Plague upon Plague: AIDS and Violent Conflict in Africa." Current Issues Briefing transcript, United States Institute of Peace, Washington, D.C., May 8, 2001 (www.usip.org).

Price-Smith, Andrew, ed. *Plagues and Politics: Infectious Disease and International Policy*. London: Palgrave Publishers, 2001.

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