



Discussion Paper:

AIDS, Economics and Terrorism in Africa

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In July 2000, when former United States Ambassador to the United Nations Richard Holbrooke asked the UN Security Council to discuss the impact of AIDS¹, many critics scoffed. The Security Council had never before considered a health issue. Nuclear weapons and armies were seen as the greatest threats to security and, while AIDS was killing millions of Africans, it hardly seemed to threaten the world's powerful nations.

Four years later, the idea of what constitutes a security threat has changed. The comforting symmetry of cold war détente has given way to a series of unpredictable asymmetrical threats. These threats can take shape at any place and at any time but, as we learned in Afghanistan, they are much more likely to ferment in places where government is weak and where there are a large number of people who live painful and difficult lives. Simply put, a disturbing new formula may be emerging; AIDS creates economic devastation. Economic devastation creates an atmosphere where stable government can't function. When stable government can't effectively function, terrorism thrives.

After years of denial, there is now little debate about the economic impact of AIDS in countries with high prevalence rates. AIDS kills people in the most productive years of their lives and leads to dramatic increases in private and public health care spending while tax revenues decline. Foreign investors are less likely to invest in areas with high HIV prevalence because AIDS decimates human capital and reduces public investment in education. For these and other reasons, the World Bank's Human Development Network predicts that South Africa's economy will completely collapse within four generations unless radical changes are made in the way AIDS is being addressed².

South Africa currently has the strongest economy in Africa. Its gross domestic product is four times that of its southern African neighbors combined, and comprises 25% of

¹United Nations Information Service (Press Release: Vienna), "Security Council Holds Debate on Impact of AIDS On Peace and Security in Africa," available from <http://www.unis.unvienna.org/unis/pressrels/2000/sc1173.html>; Internet; accessed on 10 September 2004.

²For the correlation between economic collapse and the effects of HIV/AIDS on economic growth, Clive Bell, Shantayana Devarajan, and Hans Gersbach, "The Long-run Economic Costs of AIDS: Theory and an Application to South Africa," June 2003, The World Bank, p. 8-9.

Africa's entire GDP³. The rest of the continent is fundamentally reliant on South Africa's economic success. With 40 percent of the continent's industrial output, 50 percent of the continent's electricity generation and 45 percent of the continent's mineral production, South Africa produces the commodities necessary for economies throughout the continent to exist⁴. And yet the country's high HIV/AIDS prevalence rate could pose a significant social economic and development problem both within its borders and beyond.

Already AIDS has decimated the economy of South Africa's neighbor, Botswana, which has the highest percentage of its population infected of any country in the world. Over 37 percent of the adult population is infected with HIV⁵, and the disease is decreasing Botswana's GDP up to 2 percent each year⁶. In 2001, Botswana's President Festus Mogae made the situation perfectly clear saying "we are threatened with extinction⁷."

While the economic devastation wrought by AIDS can only further undermine Africa's stability, political instability is also jeopardizing Africa's future. As former U.S. Secretary of State Colin Powell has said, "As cruel as any tyrant, the virus can crush the human spirit. It is an insidious and relentless foe. AIDS shatters families, tears the fabric of societies and undermines governments. AIDS can destroy countries and destabilize entire regions⁸."

Nelson Mandela's election in April 1994, the ousting of authoritarian governments in Mali, Ethiopia, Benin and the election of opposition parties in Senegal, Kenya, Mali and Ghana were all promising political developments. Yet these fragile governments have

³South Africa alive with possibility: The Official Gateway, "South Africa: economic overview," available from http://www.southafrica.info/doing_business/economy/econoverview.htm; Internet; accessed on 10 September 2004.

⁴ibid.

⁵The Joint United Nations programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), "AIDS Epidemic Update", December 2003, p. 9.

⁶René Bonnel, "HIV/AIDS: Does it increase or decrease growth in Africa?," ACTAfrica and The World Bank, November 2000, p. 17.

⁷Festus Mogae, President of Botswana, "We are threatened with extinction. People are dying in chillingly high numbers. It is a crisis of the first magnitude.", The Los Angeles Times, June 27, 2001

⁸Colin L. Powell, US Secretary of State, speaking at the Global Business Coalition on HIV/AIDS Annual Dinner, The Kennedy Center, Washington, DC, 11 June 2003.

been threatened by the direct costs of AIDS to public health, infrastructure and human capital. The International Crisis Group has called attention to the fact that the “most damaging impact of AIDS in the long term is upon governance and the social fabric⁹.” This political instability comes at a time when Africa is more important to American foreign policy than at any point in history.

As the United States looks to lessen its dependency on Saudi Arabian oil, West Africa is emerging as a strategic new source of energy. The region accounts for about 15 percent of oil imports today, and the U.S. National Intelligence Council has estimated that as much as 25 percent of imports will come from countries like Angola, Nigeria, Congo, Gabon, Cameroon, and Equatorial Guinea by 2015¹⁰. Suddenly, countries that the U.S. has largely ignored may be critical to its future.

In its findings and recommendations to the U.S. Congress, the 9/11 Commission Report observed how political instability could create an ideal breeding ground for terrorism in Africa. “International terrorist organizations continue to use Africa as a safe-haven, staging area, or transit point to target U.S. interests,” the report stated. “In general, the international terror threat against the U.S. and local national interests is likely to continue to grow in several parts of Africa because of porous borders, lax security, political instability, and a lack of state resources and capacities.”¹¹

Terrorists have been using Africa as a base to wage war against the United States for over a decade. The 1993 attacks on U.S. soldiers in Somalia, the 1998 bombings of U.S. embassies in Kenya and Tanzania, and the 2000 attack on the U.S.S. Cole in Yemen have all been tied to Al Qaeda. But it was not until March of 2004 that Air Force General and deputy head of the U.S. European Command, Charles Wald, officially announced a plan

⁹ International Crisis Group, HIV/AIDS as a Security Issue in Africa: Lessons from Uganda, ICG Issues Report No. 3, 16 April, 2004, p 7

¹⁰National Intelligence Council, “Global Trends 2015: A Dialogue About the Future With Non-government Experts”, December 2000, p. 73.

¹¹ Miko, Francis T., CRS Report for Congress, “Removing Terrorist Sanctuaries: The 9/11 Commission Recommendations and U.S. Policy, 10 August, 2004, p.12.

to deploy U.S. forces throughout the continent to hunt terrorist groups and strengthen African armies¹².

“It's an area we think is becoming appealing potentially for terrorist organizations or individuals to operate with semi-impunity,” said Wald. “It has a lot of expanses of open area that are conducive to terrorist operations or sanctuary”. Wald believed that Al Qaeda was “being squeezed significantly by the international community” out of places like Afghanistan and as a result, “they're going to have to go some place else, somewhere they can operate ... and one of them obviously could be Africa.” Wald went on to say that there is evidence that Al Qaeda cells are recruiting in Kenya, Nigeria and Mauritania¹³.

Terrorist organizations establishing a foothold in Africa will find it rich for recruitment. Sub-Saharan Africa is in the midst of an orphan crisis. UNICEF estimates that 12 million children under 15 in sub-Saharan Africa have lost at least one parent to AIDS and that there will be 20 million AIDS orphans in Africa by 2010.¹⁴

Although little research has been done on the link between the orphan crisis and terrorism, it is undeniable that AIDS, and the deadly conflicts that have ravaged Africa, have created a steady stream of orphans that can be exploited and used for terrorist activities¹⁵.

Without caring adults to protect them, children can be manipulated into doing almost anything. Hundreds of thousands of children as young as 10-years-old have been forced to fight in Angola, Ethiopia, Uganda, Sierra Leone, Rwanda, Sudan, Congo and other African countries. Amnesty International has documented that troops in the Democratic Republic of Congo routinely forced children to rape civilians and engage in cannibalism.

¹²Todd Pitman, “U.S. General Says al-Qaida Eyeing Africa,” Associated Press/CBS News, 5 March 2004; available from <http://www.cbsnews.com/stories/2004/03/05/terror/main604297.shtml>; Internet; accessed on 09 September 2004.

¹³ibid.

¹⁴The United Nations Children’s Fund (UNICEF), UNAIDS, and United States Agency for International Development (USAID), “Children on the Brink A Joint Report of New Orphan Estimates and a Framework for Action”, July 2004, p. 3.

¹⁵UNICEF, “Guide to the Optimal Protocol on the Involvement of Children in Armed Conflict”, December 2003, p. 3.

In Liberia, children have been forced to wear wigs and women's dresses in an effort to confuse opposing fighters¹⁶.

However, not all children are forced to become fighters. Some join out of desperation. The AIDS epidemic has created thousands of parentless households headed by children as young as five, and armed groups are often the only entities that can provide children with the basic necessities to secure food, water and shelter for themselves and their siblings.

The use of children to commit terrorist acts is not new. The Islamic Jihad has been running schools to teach children how to become suicide bombers (and thus martyrs) for years – in part because so many Palestinian militants have been killed or imprisoned.

In March 2004, the world was shocked by the image of a confused looking Palestinian boy with explosives strapped to his chest being held by Israeli soldiers at gunpoint at a checkpoint¹⁷. In May, the New York Times reported that the Al Aksa Martyrs Brigades may have trained two 16-year-old boys who blew themselves up at Israeli checkpoints¹⁸. Given Africa's history of using children in warfare, it is not hard to imagine how they might be used as future terrorists. No one knows if a similar phenomenon will emerge in Africa, but the tradition of using child soldiers certainly suggests that it may become a reality in the coming years.

While the link between AIDS, economics and terrorism is a clear and emerging threat, it is not one without solutions. AIDS is a preventable disease. As such, the U.S. must increase its investment in the fight against AIDS and better focus its strategy. The UN Millennium Project Taskforce¹⁹ on HIV/AIDS has put forward ten essential recommendations in its January 2005 report to prevent the further spread of AIDS in the

¹⁶UNICEF, "Guide to the Optimal Protocol on the Involvement of Children in Armed Conflict", December 2003, p. 3.

¹⁷ Greg Myre, "Israeli Soldiers Thwart a Boy's Suicide Bombing Attempt," New York Times, 25 March 2004, p. 12.

¹⁸ Joshua Mitnick, "Suicide bombers kill 10 near port; Attacks penetrate strategic area," Washington Times, 15 March 2004, p. A17

¹⁹ UN Millennium Project 2005, "Combating AIDS in the Developing World" , Task Force on HIV/AIDS, Malaria and TB, and Access to Essential Medicines, Working Group on HIV/AIDS, 2005, p. 2-12

developing world, and to prevent the disease from becoming a national security crisis for the US and other Western States:

First, we must place a stronger emphasis on the prevention of HIV/AIDS. The U.S. must join with other countries to stop the virus from spreading further. Currently only 1 in 5 people at high risk of infection have access to even the most basic prevention services²⁰. These services include condom promotion, infection testing, treatment for other sexually transmitted diseases, drugs to prevent mother-to-child transmission, harm reduction strategies for intravenous drug users and blood safety. The epidemic can only be stopped by preventing further infections. Prevention efforts, in turn, need to be strengthened through new technologies, such as microbicides or an AIDS vaccine.

Second, equitable access to treatment for those who need it must be guaranteed. AIDS medicines keep people alive and forestall continued catastrophic illness, death and economic devastation that can breed terrorism. Despite progress made by the World Health Organization's 3 by 5 initiative, which aims to treat three million people living with HIV/AIDS by the end of 2005, currently only about 7 percent of those who need anti-retroviral therapy in the developing world receive it²¹.

The numbers relating to the 3 by 5 initiative are daunting: to get 3 million people on treatment by 2005 would mean that each day 5,000 people need to be treated and must remain on treatment. In order to achieve this goal, experts agree that each day about 500,000 people will need to be tested. This assumes that in high prevalence countries about 50,000 people would test positive and that 10% of those, approximately 5,000 people, will require immediate access to live-saving medications.²²

²⁰Global HIV Prevention Working Group, "HIV Prevention in the era of Expanded Treatment Access", June 2004, p. 15; available from <http://www.gatesfoundation.org/nr/downloads/globalhealth/aids/pwg2004report.pdf>; Internet; accessed 08 September 2004.

²¹ibid.

²² Global Business Coalition on HIV/AIDS, Press Release, "Global HIV testing crisis: Experts announce changes in global HIV testing policy and new campaign to increase access", July 10 2004

Third, the integration of prevention and treatment programs is essential to ensure that people will seek life-saving services. Treatment alone will not decrease new infections. Unless the public health infrastructure in high-prevalence countries is improved, providing treatment to those who need it will never be achieved.

Fourth, the underlying reasons for the epidemic, such as poverty and gender inequality, must be addressed. Women and girls must be empowered through education, equal property rights and economic opportunities – fundamental human rights that are lacking in many societies.

Fifth, prevention efforts must focus on those that are most at risk for infection, such as sex workers, drug users and men who have sex with men. The discrimination and criminalizing of these practices is counterproductive, and will only result in a more fertile ground for extremism.

Sixth, plans for addressing the AIDS orphan crisis must be developed in every country facing a serious orphan problem. Currently, few African countries have a real plan of any kind and, as a result, few cost-effective models have been created. These plans must address the school fees that often force orphans into social isolation and provide incentives for the extended families of orphans to take them in when their parents die.

Seventh, the U.S. must lead the effort to allow greater levels of debt relief to the poorest countries of the world. The White House must work with the World Bank, IMF and the Paris Club of Official Creditors to help them forgive the debt that prevents those countries from adequately investing in their fights against AIDS. The Enhanced Heavily Indebted Poor Countries (HIPC) Initiative provided 26 countries with some initial debt relief, but 18 of those countries pay more interest on their debt each year than they spend on health care. We must help poor, highly-infected countries to help themselves.

Eighth, the United Nations must do more, particularly by holding governments that have failed to live up to their previous commitments to the fight against AIDS accountable, and by providing countries with the technical and management assistance to meet their AIDS objectives.

Ninth, domestic and international funding for the fight against AIDS must be dramatically increased and must be better coordinated between donors. While the Bush administration is to be commended for increasing AIDS spending, the U.S.'s share of this spending must be increased to around \$30 billion by 2008 in order to stop the spread of the disease and to treat those infected. This amount is more than twice the current funding level, a significant portion of which must be used to build basic infrastructure to allow hard-hit countries to improve their health care systems. Finally, those nations receiving aid should present a concrete plan to fight AIDS, one that includes a division of responsibilities, measurable objectives and budgetary commitments.

In order to protect our country's future, we must do a far better job of addressing the root causes of terrorism. All of the signs exist that AIDS may create conditions for terrorism to thrive in Africa during the next decade. Yet we are doing precious little to address the symptoms – political, economic, and social - underlying these potential threats. A massive pre-emptive strike against the greatest cause of hopelessness and misery on the African continent will help protect America from the next generation of terrorists in the decade to come.

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