

HIV/AIDS: A Human Security Challenge for the 21st Century

by Stefan Elbe

There are three reasons why the debate about human security needs to consider the case of the global AIDS pandemic in greater detail. First, much of the scholarly debate on the concept of human security has hitherto been conducted in mostly normative, theoretical, and disciplinary terms, rather than with reference to concrete case studies. The result of this has been that many of the supposed benefits or drawbacks of the concept of human security end up being merely alleged by scholars and analysts, rather than being demonstrated in more concrete empirical terms. Analyzing the human security implications of the global AIDS pandemic, by contrast, provides a welcome opportunity to usefully explore these theoretical arguments from the perspective of a more tangible case study. Second, HIV/AIDS provides a particularly pertinent case study in this context because its direct and indirect human security implications can be shown to be so immense that the pandemic does not just constitute one important human security issue among many, it ranks among the gravest human security challenges the twenty-first century confronts. Thus, it would be amiss to conduct the debate on human security without a more detailed consideration of what is arguably one of the greatest contemporary human security challenges. Finally, and as will be shown in the conclusion of this article, debates about the concept of human security can also benefit from an engagement with the issue of HIV/AIDS because the latter shows many of the frequently voiced criticisms of human security to be misplaced, while simultaneously exposing new and previously overlooked shortcomings associated with the concept that need to be further explored. All of this makes a more detailed engagement with the AIDS pandemic, from a human security perspective, inescapable.

HIV/AIDS AS A DIRECT THREAT TO HUMAN SECURITY

The notion of human security¹ was pioneered by the United Nations Development Programme in its 1994 *Human Development Report* and seeks to redress the perceived imbalance in security thinking that predominated during the second half of the twentieth century. By developing a people-centric account of security that revolves around the needs of ordinary individuals, rather than around the protection of states, human security activists wish to challenge the narrow twentieth-century equation of security with the absence of armed conflict. Such an

Stefan Elbe is Senior Lecturer in International Relations in the Department of International Relations and Politics at the University of Sussex.

understanding of security may have been appropriate for the twentieth century, in the course of which the social importance of addressing widespread illnesses was gradually superseded in the West by the even greater threat posed to human life by large-scale industrial wars and the specter of a global nuclear confrontation. During this same period of human history, important medical advances in treating infectious illnesses were also achieved, further reducing the threat posed by infectious diseases to the West. The greatest threat to the West (and indeed mankind) was instead deemed to emanate from the armed force, and especially nuclear capabilities, of other states. Twentieth century security policy evolved in a way that reflected these changing historical conditions—largely ignoring the importance of health issues and instead focusing increasingly on avoiding the outbreak of violent conflict between states.

The human security approach allows for a useful shift of emphasis in those countries where the state has largely abandoned, or become sufficiently removed, from the wider needs of its population.

Irrespective of whether this understanding of security was appropriate for the twentieth century, human security theorists and practitioners agree that it no longer remains adequate for addressing a proliferating array of twenty-first century insecurities. In their view, there are at least two pressing reasons why this understanding of security is outdated. First, the state-centric nature of much realist security thinking has failed to capture the extent to which states, rather than being a universal guarantor of security as implicitly assumed in much international security literature and policy, can also act as a source of insecurity for many people around the world. Realists, Ramesh Thakur argues, “should get real. In many countries, the state is a tool of a narrow family group, clique, or sect.”² By focusing on the needs of individual people and communities rather than states, the human security approach allows for a useful shift of emphasis in those countries where the state has largely abandoned, or become sufficiently removed, from the wider needs of its population.

Second, human security advocates believe that the excessive focus on the military capabilities of states by realist approaches obscures the extent to which individuals in many parts of the world are threatened every day by a growing range of more pervasive nonmilitary threats. “The concept of security,” the 1994 *Human Development Report* lamented in this regard, “has for too long been interpreted narrowly...[f]orgotten were the legitimate concerns of ordinary people who sought security in their daily lives.”³ Rather than focusing predominantly on questions of armed force, the report specifically outlined seven areas or components of human security to which policymakers should henceforth devote greater attention and political capital: economic security (poverty, homelessness), food security (famine, hunger), health security (disease, inadequate health care), environmental security

(ecological degradation, pollution, natural disasters), personal security (physical violence, crime, traffic accidents), community security (oppression, discrimination), and political security (repression, torture, disappearance, human rights violations).⁴ More recently, this idea of human security received renewed political impetus when, under the auspices of dignitaries such as Sadako Ogata and Amartya Sen, the Commission for Human Security delivered its final report to the UN secretary-general in 2003.⁵

Almost forgotten in the debate on human security is the fact that this people-centered approach to security is not as novel as it might initially appear. Over twenty years ago, Richard Ullman had pointed to the need to redefine national threats beyond their exclusively military focus as

an action or sequence of events that (1) threatens drastically and over a relatively brief span of time to degrade the quality of life for the inhabitants of a state, or (2) threatens significantly to narrow the range of policy choices available to the government of a state or to private, nongovernmental entities (persons, groups, corporations) within the state.⁶

Emma Rothschild, moreover, has shown that many of these human security ideas have evident Enlightenment roots that can be traced as far back as the eighteenth and nineteenth centuries, if not earlier.⁷ Indeed, the idea of human security broadly conceived may well be as old as the Enlightenment dream itself. Even if one goes back to one of the seventeenth-century political theorists so readily embraced by political realists (Thomas Hobbes), one finds that the importance accorded to securing the state ultimately derives from the state's primary responsibility to ensure the self-preservation of its individual citizens. The starting point for his *Leviathan* was the need to ensure the survival of the individual, and where the state fails to meet this obligation, the legitimacy of its claim to security diminishes accordingly.⁸ Viewed in this light, it is not so much the human security concept that appears to be a historical anomaly, but rather the excessive narrowing of security thinking that occurred in the course of the twentieth century—a narrowing linked, perhaps, to the extraordinary violent nature of a century which had such a “deep addiction to war,” as the Czech philosopher Jan Patočka once observed.⁹

In either case, once the human security framework is adopted, the global AIDS pandemic quickly emerges as one of the most serious threats that the world confronts today.¹⁰ “At the simplest level,” two scholars rightly note, “premature and unnecessary loss of life is perhaps the greatest insecurity of human life.”¹¹ It is an insecurity confronted by millions across the globe who are suffering from AIDS-related illnesses. As of December 2005, UNAIDS estimates that around the world, approximately 40 million people are living with HIV or have AIDS. Conceptually this number exceeds the entire population of a country like Spain or Argentina. In 2005 alone, an estimated 3.1 million people died of AIDS-related illnesses, and approximately 5 million persons became infected with HIV.¹² The vast majority of those who are presently infected with HIV and who do not have access to life-prolonging anti-retroviral drugs will die within a decade. Already, UNAIDS estimates

that the pandemic has already claimed around 25 million lives.

Contrary to widespread belief, HIV/AIDS is not confined to sub-Saharan Africa. Currently, every region of the world has a significant number of people living with HIV/AIDS—making the illness a pandemic rather than just an epidemic. Epidemiological indicators show that HIV is spreading quickly in Asia, the Indian subcontinent, the Caribbean, Russia, and Eastern Europe. Table 1 contains the current UNAIDS estimates for the regional distribution of persons living with HIV at the end of 2005.

Table 1: Regional Distribution of HIV

Region	Adults & Children Living with HIV/AIDS	Adults & Children Newly Infected with HIV	Adult & Child Death because of AIDS
Sub-Saharan Africa	25.8 million	3.2 million	2.4 million
North Africa & Middle East	510,000	67,000	58,000
South & Southeast Asia	7.4 million	990,000	480,000
East Asia	870,000	140,000	41,000
Oceania	74,000	8,200	3,600
Latin America	1.8 million	200,000	66,000
Caribbean	300,000	30,000	24,000
Eastern Europe & Central Asia	1.6 million	270,000	62,000
Western & Central Europe	720,000	22,000	12,000
North America	1.2 million	43,000	18,000
World Total	40.3 million	4.9 million	3.1 million

Putting these figures into historical perspective reveals the AIDS pandemic to be, at least in numerical terms, amongst the worst pandemics to have confronted mankind. In the first decade of the twenty-first century alone it may well claim more victims than the Spanish Influenza epidemic of 1918–1919, which is thought to have caused between 25 and 40 million deaths worldwide. It will, in all likelihood, also exceed the number of victims of the bubonic plague in Europe unless stronger and more successful efforts are made to curb transmission rates. Globally, HIV/AIDS already ranks among the five most frequent causes of death. In sub-Saharan Africa, positioned at the vanguard of the pandemic, HIV/AIDS has already established itself as the leading cause of death of adults. According to the World Health Organization's *World Health Report 2004*, AIDS has also become the leading cause of death among 15–59 year-olds in the world.¹³ In numerical terms, this undoubtedly makes the global AIDS pandemic one of the gravest threats to the survival of human beings around the world—and thus, also one of the greatest direct contemporary human security threats.

HIV/AIDS AS AN INDIRECT THREAT TO HUMAN SECURITY

The human security implications of the AIDS pandemic will not, however, be

confined to the individual human lives lost to the illness; HIV/AIDS will additionally have a host of wider and more indirect human security ramifications, which will need to be carefully considered and addressed. Especially in those areas of sub-Saharan Africa where HIV prevalence rates are approaching 40 percent of the adult population, the illness additionally affects almost all of the sub-categories of human security initially outlined in the 1994 *Human Development Report*. Although these effects are more indirect and complex in nature, they are not any less serious for that. Indeed, these wider social effects of HIV/AIDS can also terminally undermine the ability of individuals to ensure their survival, further exacerbating the degree to which the global AIDS pandemic is unfolding as one of the world's most pressing human insecurities.

Economic Security

Defined as “an assured basic income—usually from productive and remunerative work, or in the last resort from some publicly financed safety net”¹⁴—economic security is one of the most important components of human security affected by HIV/AIDS. The illness is thought to have a negative economic impact on individual, family, and national income in the worst affected states. Of all the three levels, the macroeconomic impact is by far the most difficult and complex to model. Several studies have nevertheless estimated that in seriously affected countries, HIV/AIDS will lead to a decrease in GDP growth. A study of Malawi found that by 2010, Malawian real GDP could be as much as 10 percent lower than it would have been in the absence of the AIDS epidemic.¹⁵ A South African study has calculated that in comparison with a “no-AIDS” scenario, real GDP is projected to be 1.5 percent lower by 2010 and 5.7 percent lower by 2015.¹⁶ The reasons for such anticipated decreases in macroeconomic output include that, unlike many other diseases, HIV/AIDS affects not only the very young and the old, but also the economically productive segments of the population and the economic elites—including business elites, managers, skilled labor, and so forth. This means businesses will face increased direct costs because of higher contributions to employees’ pensions, as well as life, disability, and medical benefit schemes. To these must be added a simultaneous increase in indirect costs for businesses resulting from increased absenteeism and additional recruitment and training of new personnel to replace sick or deceased personnel. Finally, macroeconomic growth may also be affected by changing patterns in government expenditure, which may have to shift away from more profitable investment resources and towards social and health care provisions.

This macroeconomic impact only forms the tip of the iceberg, however, and in fact, partially conceals the much greater economic insecurities generated by HIV/AIDS for ordinary people at the household level. These insecurities are also difficult to model, but those household studies carried out to date suggest the impact to be twofold. Households affected by HIV/AIDS are likely to experience a reduced earning capacity and decreased productivity, as persons are unable to work, or are

tied down to caring for the affected family member. Additionally, HIV/AIDS simultaneously generates new costs such as funeral expenditures, legal costs, medical bills, and so forth. A study carried out in Cote d'Ivoire found that the proportion of the household budget spent on medical expenses in households affected by HIV/AIDS was twice as much as in unaffected households.¹⁷ A household study in Uganda detected similar trends.¹⁸ In these ways, HIV/AIDS has important indirect effects that threaten the ability of individuals and households to provide the minimal material levels of income required for their survival, or for the survival of their dependents.

Food Security

HIV/AIDS also has an impact on food security, defined as requiring “that all people at all times have both physical and economic access to basic food. This requires not just enough food to go round. It requires that people have ready access to food.”¹⁹ The crucial point here is that the physical availability of food is only part of the equation when it comes to food insecurity. Even when such food is physically available, people may still starve if they do not have access or entitlement to this food. During many famines, the problem is the lack of purchasing power and the poor distribution of food, rather than the absence of food itself. This distinction is crucial because HIV/AIDS can generate food insecurities not only by affecting the production of agricultural goods, but it can also further skew the access of certain individuals and groups to food.

The negative impact of HIV/AIDS on food security has prompted the famine researcher Alex de Waal to advance a “new-variant famine” thesis because

*AIDS attacks exactly those capacities that enable people to resist famine. AIDS kills young adults, especially women—the people whose labor is most needed. When the rains come, people must work 16 hours a day planting and weeding the crop. If that critical period is missed, the family will go hungry.*²⁰

The Food and Agriculture Organization has detected similar trends. A case study of 610 households in the Lake Victoria Crescent agro-ecological zone found that households affected by HIV/AIDS, particularly if they are headed by women, are finding it increasingly difficult to ensure their food security.²¹ According to the System-Wide Initiative for HIV/AIDS and Agriculture, countries such as Kenya, Malawi, Rwanda, and Burkina Faso have all experienced immense AIDS-related decreases in the amount of cultivated land, cash crops, and the available agricultural labor force.²²

Personal Security

Even when people can survive for several years with HIV before succumbing to AIDS-related illnesses, they may not survive the stigma and violence inflicted upon them by fellow human beings. One particularly tragic episode that caught the world's media attention occurred in December of 1998, when Gugu Dlamini died at the age of 36 as the result of a beating inflicted by her neighbors in the outskirts of Durban,

South Africa, after she revealed her HIV-positive status—on World AIDS Day. Every day such violent attacks occur in many countries, especially where there is still a strong stigma attached to the illness. Around the globe people living with HIV/AIDS face severe abuse, some of which turns violent.²³ In the worst-case scenario, such insecurity can even lead to the premature death of persons who are infected, or who are erroneously thought to be HIV-positive. Human Rights Watch is documenting how domestic violence frequently erupts in families following an HIV infection; in some cases, wives are simply strangled to death after revealing their status.²⁴

Community Security

Community security was defined by the *Human Development Report* as threats to the groups—such as family and wider social communities—to which individuals belong and on which they rely for survival.²⁵ In the case of HIV/AIDS, these threats are reflected particularly clearly with regard to orphans, many of whom must fend for themselves without family support. It is estimated that the pandemic will generate up to 40 million orphans in the years ahead.²⁶ The epidemic is already thought to have orphaned some 14 million children, 11 million of whom are in sub-Saharan Africa.²⁷ These children are also exposed to the stigma of the illness and are more vulnerable to malnutrition, illness, abuse, and sexual exploitation. In order to ensure their survival in the absence of family support, they are often left to exchange sexual services in return for vital goods such as shelter, food, physical protection, and money.²⁸ HIV/AIDS does not only destroy families, however; it can also lead to people being removed from their communities in other ways. In 2001, Colombian left-wing guerrillas of the Revolutionary Armed Forces of Colombia took it upon themselves to order 30,000 inhabitants of Vistahermosa to take HIV tests, subsequently forcing those who tested positive out of their homes. The inhabitants of the region have since been forced to carry an identity card that contains the result of the test.²⁹ Although not necessarily lethal, the banning and displacement of persons living with HIV/AIDS can have a detrimental impact for these persons as they become isolated from their social support networks and places of employment.

Political Security

HIV/AIDS is placing additional stresses on political communities because it affects political elites, as well as the police force, representatives of the justice system, and government bureaucrats at a time when their skills are needed most. UNAIDS notes that “attrition rates among staff serving in justice institutions in high-prevalence countries appear to be on par with those in other sectors. This sector also includes judges, prosecutors, court clerks, and lawyers—some of the key players in maintaining the rule of law and socio-political stability.”³⁰ In this way, HIV/AIDS also undermines the political institutions of communities. There are further concerns that political divisions could emerge in developing countries around the question of access to life-prolonging medicines. Randy Cheek argues that the uneven

distribution of life-prolonging medicines could lead to serious political schisms as decisions are made about who will have access to such medicines and who will not, putting potentially “unmanageable pressures on social and political structures, threatening the stability of regimes throughout Southern Africa.”³¹

Health Security

Finally, HIV/AIDS naturally also has ramifications for health security, where in addition to the AIDS-related mortality already mentioned, the wider impact is again twofold. First, HIV/AIDS increases the number of people seeking health services. In Cote d’Ivoire, Zambia, and Zimbabwe, HIV-infected patients reportedly already occupy 50 to 80 percent of all beds in urban hospitals.³² The impact of such an overstretching of resources means that many AIDS patients are only admitted to hospital very late in their illness cycle, if at all. It also means that other patients—with curable illnesses—can be denied access to hospitals. Costs for providing medical care are rising and difficult choices consequently have to be made about the allocation of scarce resources. In addition to generating an increased demand for health care services, HIV/AIDS is simultaneously having a negative impact on the supply of medical services. Many hospitals are struggling because they are losing doctors and nurses to the illness, and absenteeism due to illness is on the rise. Furthermore, in an age of globalization, many of these hospitals are also losing doctors and nurses who choose to migrate to developed countries and work where conditions are much better and they have access to medicines that allow them to save people’s lives. These indirect effects of the pandemic, in conjunction with the large number of people dying annually as a direct result of the illness, make the global AIDS pandemic one of the world’s most pressing contemporary human security issues.

HIV/AIDS AND THE CONCEPT OF HUMAN SECURITY

What, then, does the case of HIV/AIDS tell us about the usefulness of human security as an alternative approach to international security? In recent years, the concept of human security has been subjected to a variety of criticisms. Most of these revolve around the immense breadth of the concept, which those continuing to work within the framework of national security find problematic on at least two grounds. First, it is often argued that the breadth of the concept renders the concept analytically and academically useless. If any social problem or danger can be construed as a human security threat, then the concept becomes literally meaningless in the sense of no longer capturing anything analytically distinctive.³³ Second, this breadth is also deemed to be problematic on policy grounds in that, critics charge, it culminates in a failure to prioritize between a vast number of diverse human security threats.³⁴ Given that part of the purpose of the security label is to prioritize between competing issues, this concept of human security allegedly ends up prioritizing everything and therefore nothing.³⁵

The case of HIV/AIDS shows that such criticisms, although widespread, are

mostly misplaced. Indeed, when viewed from the perspective of the global AIDS pandemic, this analytical breadth of the human security concept emerges not so much as a liability, but on the contrary, as a distinct asset and advantage over the narrower conception of national security. It is only through using a broad concept of security that the multidimensional nature of the individual and social insecurities produced by the AIDS pandemic emerges. While those working with the narrower, realist conception of national security have largely minimized or dismissed the security implications of HIV/AIDS, those working with a human security approach have been able to understand the manifold nature of the threat in a more comprehensive manner. This is not to deny that, as the case of HIV/AIDS shows clearly, such breadth may considerably complicate the task of the security analyst, especially because there are also complex interactions that take place between the various aspects of human security (for example, the disease-incurred costs of medical care in the health sector will also have implications for economic security, while rising crime rates will have further ramifications for personal security and community security); but then perhaps a raising of the bar for analysts is what developments in contemporary world politics unavoidably demand. The fact that this task is difficult, complex, or wide-reaching is in itself not a sufficient reason to reject such a concept, for in the end, grappling with the problems of contemporary world politics is surely a more pressing concern than policing the traditional boundaries of security studies in the name of parsimony, focus, tradition, and possibly convenience.

The charge that the human security concept does not capture anything analytically distinctive is not convincing either. The case of HIV/AIDS shows that the concept can be usefully deployed to analytically capture those issues that adversely affect the ability of people to ensure their survival. Indeed, those who think erroneously that human security is simply synonymous with development would do well to go back to the original 1994 *Human Development Report* which stated very clearly that

*human security [should] not be equated with human development. Human development is a broader concept—defined... as a process of widening the range of people's choices. Human security means that people can exercise these choices safely and freely.*³⁶

So the human security concept does tend to prioritize those issues that directly and indirectly threaten the survival of individuals; in order to exercise choice, people's survival must first be ensured. Trying to assure such minimum guarantees of survival and security also provides some continuity with the traditional focus of security studies on survival (of states), albeit changing the referent object to the individual and opening up the agenda to include not just military, but also nonmilitary threats to the self-preservation of human beings. As the case of HIV/AIDS shows, in many countries these threats actually far outnumber the threats posed to individuals by armed conflict. Although the human security approach thus broadens the agenda considerably, this is still a far step from the charge that any issue can be made into a human security issue; clearly, only issues that threaten the survival of individuals

would qualify.

As for the policy problems of not being able to prioritize between competing human insecurities, the case of HIV/AIDS raises doubts about the potency of this objection too—pointing to some ways in which issues could be assessed and compared as to their magnitude. The case of HIV/AIDS, for example, points to the possibility of ranking human security threats quantitatively in terms of the number of lives that are being put at risk. As this article has shown, HIV/AIDS already threatens the survival of three million people annually. On this basis one could then also point out, for example, that on average, around three times as many people continue to die every day from AIDS related illnesses than died during the terrorist attacks of September 11, 2001—requiring a second look at the current ranking of threats on the international agenda. Using a much wider conception of human security, Murray and King have also demonstrated how it is possible to evaluate competing human security issues in other ways, such as calculating the number of years of future life spent outside a state of “generalized poverty.”³⁷ Other scholars have similarly explored a variety of ways in which the concept could be narrowed in a way that would increase its analytical usefulness.³⁸

None of these attempts to operationalize the idea of human security are perfect, to be sure, but then again this difficulty is not confined to the concept of human security. Those working within the framework of national security too have to deal with a wide array of threats, actors, and competing pressures when drawing up their priorities among, for example, the proliferation of weapons of mass destruction, regional power rivalries, emerging great powers, terrorist threats, etc. Only the most rudimentary nuclear strategist would find prioritizing security threats in contemporary world politics an easy and straightforward task. As Arnold Wolfers already argued decades ago, the conception of national security ultimately remains ambiguous too.³⁹

The case of HIV/AIDS also underscores two of the advantages that human security scholars and practitioners frequently ascribe to the concept. First, in the case of HIV/AIDS, the breadth of the concept has proved politically useful in the sense of assembling an influential and wide-ranging network of diverse actors, including international organizations, nongovernmental organizations, scholars, activists, and the media around the issue. Second, by using a new language of security, the human security approach has also helped place the issue of HIV/AIDS onto the international security agenda and has thus helped to draw attention to, and mobilize resources for, combating the spread of the pandemic. In these two ways, the case of HIV/AIDS not only casts doubt on many of the criticisms so often leveled against the concept; it also reaffirms the central tenet of human security, namely that there are important nonmilitary threats to the survival of human beings throughout the world that are frequently ignored by states and elites in undemocratic countries. An analysis of the ramifications of HIV/AIDS thus counsels against any premature dismissal of the concept.

That said, the case of HIV/AIDS also highlights two important drawbacks

associated with the idea of human security that will need to be explored in greater detail. First, despite some of the aforementioned political gains, the human security agenda has not actually been particularly successful at challenging or displacing the traditional approach of national security. In the end, those insisting on national security still tend to have greater influence over the international security agenda as well as over resources (and this seems to always force the agenda back onto the ground of national security). In the case of HIV/AIDS, the concept of human security certainly helped, initially, to make important inroads into the international security agenda, but there was, and continues to be, immense pressure to also prove that HIV/AIDS is additionally a threat to national security, because it is only then that proper leadership and sustained resources will flow. This, in turn, has led to a greater focus not on the ways in which HIV/AIDS affects the lives of ordinary civilians, but more narrowly on the ways in which state stability and the armed forces (including peacekeepers) are undermined by HIV/AIDS.⁴⁰ In the debate on HIV/AIDS and security, there has consequently been a kind of “boomerang effect”⁴¹—one in which human security activists end up being dragged back onto the terrain of national security in order to achieve their political aims—giving rise to some deep questions about whether the development and deployment of a new concept alone is sufficient to challenge and shift the architecture of international security.

The case of HIV/AIDS also shows that a profound tension remains between human security and the idea of political sovereignty.

Second, the case of HIV/AIDS also shows that a profound tension remains not so much between human security and the state, but between human security and the idea of political sovereignty on the basis of which the international order was legally constructed following the World War II. Where human security is successful in mobilizing a wide array of international institutions and nongovernmental networks, the politics of human security quickly begin to rub up against the question of sovereignty and nonintervention in internal politics. In those instances where governments are deliberately abusing their citizens, this may not cause much offense (except to those abusive elites). But where weak states are struggling with difficult structural and historical conditions, or are in positions of severe economic dependency on outside sources of funding, this focus on human security can allow international agencies and nongovernmental organizations to bypass the issue of sovereignty, not least by applying considerable conditions on aid that is delivered for human security objectives. This is potentially problematic because the human security agenda, despite its normative and charitable ambitions, contains very strong (and often robustly liberal) Western assumptions about: (i) how societies ought to deal with the issue of disease; (ii) how political power should be exercised more generally; and (iii) ultimately even about what it means to be human.

If the human security agenda were to be successfully implemented in world politics, it would effectively wrest sovereignty away from all those states who do not share these implicit assumptions. So perhaps the most important lesson of the case of HIV/AIDS for human security is that the relationship between human security and sovereignty needs to be further clarified, lest the human security agenda simply ends up universalizing a particular understanding of what it means to be human in the name of “saving lives”—which would, in the end, also render it decidedly biopolitical.⁴² All of this, in turn, raises the even deeper question of whether the world is ultimately more secure on the basis of an international order which allows for a diversity of perspectives on these questions (even when some of these perspectives offend our liberal sensibilities), or on the basis of a liberal order that permits only one set of answers to these questions.

Notes

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² Ramesh Thakur, “A Political Worldview,” *Security Dialogue* 35, no. 3 (September 2004): 347.

³ UNDP, *Human Development Report 1994*, 22.

⁴ *Ibid.*, 24-25.

⁵ *Human Security Now*, Final Report of the Commission on Human Security, New York: 2003.

⁶ Richard Ullman, “Redefining Security,” *International Security* 8, no. 1 (Summer 1983): 133.

⁷ Emma Rothschild, “What is Security?” *Daedalus* 124, no. 3 (Summer 1995): 53-98.

⁸ On this point see Ole Wæver, “Security: A Conceptual History for International Relations,” paper presented at the annual meeting of the British International Studies Association, London (December 16-18, 2002), 28.

⁹ Jan Patocka, “Wars of the Twentieth Century and the Twentieth Century as War,” in *Heretical Essays in the Philosophy of History*, ed. James Dodd, trans. Erazim Kohak (Chicago: Open Court, 1996), 120.

¹⁰ See, for example, Lincoln Chen et. al., *Global Health Challenges for Human Security* (Cambridge, Massachusetts: Harvard University Press, 2003).

¹¹ Lincoln Chen and Vasant Narasimhan, “A Human Security Agenda for Global Health,” in Lincoln Chen et. al., *Global Health Challenges for Human Security* (Cambridge, Massachusetts: Harvard University Press, 2003), 5.

¹² UNAIDS, *AIDS Epidemic Update* (Geneva: December 2004), 3.

¹³ World Health Organization, *World Health Report 2004* (Geneva: 2004), xi.

¹⁴ UNDP, *Human Development Report 1994*, 25.

¹⁵ John Cuddington and John Hancock, “The Macroeconomic Impact of AIDS in Malawi: A Dualistic, Labour Surplus Economy,” *Journal of African Economies* 4, no. 1 (1995): 1-28.

¹⁶ Bureau for Economic Research, *The Macro-Economic Impact of HIV/AIDS*, *Economic Research Note*, no. 10, (South Africa, 2001), 4. Available online at http://www.ber.sun.ac.za/downloads/2003/aids/aidsmacro_sep2001.pdf (Accessed September 7, 2005).

¹⁷ Nathalie Bechu, “The Impact of AIDS on the Economy of Families in Cote d’Ivoire: Changes in Consumption among AIDS-Affected Households” in *Confronting AIDS: Evidence from the Developing World*, ed. M. Ainsworth, L. Fransen, and M. Over (Brussels, The European Commission and Washington D.C.: The World Bank, 1998), 341-348.

¹⁸ Rekha Menon et. al., “The Economic Impact of Adult Mortality on Households in Rakai District, Uganda” in Ainsworth et. al., *Confronting AIDS*, 325-340.

¹⁹ UNDP, *Human Development Report 1994*, 27.

²⁰ Alex De Waal, “‘New-Variant’ Famine: How Aids Has Changed the Hunger Equation,” November 20, 2002, available at <http://allafrica.com/stories/200211200471.html> (Accessed September 7, 2005).

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Editor: James Kurth

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