

**Presentation of Kingsley Moghalu, Speaker, 56<sup>th</sup> Annual DPI/NGO Conference,  
*Human Security and Dignity: Fulfilling the Promise of the United Nations*  
Wednesday, 10 September 2003, United Nations Headquarters, New York**

## **Global Pandemics and Human Security: Strategies for Today and Tomorrow**

Discussion Points by Kingsley Chiedu Moghalu<sup>1</sup>, Panellist, "Conversation with Eminent Persons on Global Trends and Strategies", 56<sup>th</sup> Annual DPI/NGO Conference, New York, 8-10 September 2003

Conference Theme: Human Security and Dignity: Fulfilling the Promise of the United Nations

---

<sup>1</sup> Head of Resource Mobilization & Global Partnerships, The Global Fund to Fight AIDS, Tuberculosis and Malaria

## Civil Society and the Human Security Challenge of Public Health Epidemics

- It is one of the defining trends of contemporary international affairs that civil society movements have moved from the periphery to the centre-stage of the quest for universal human security. Civil society – loosely defined, citizens that organize themselves outside the formal structures of state power to advance specific causes of the public interest – is perhaps best known for its role in the defense of human rights. They have become more broadly involved in issues of peace and security and can even address that most exclusive club of governments, the United Nations Security Council, through the so-called Arria Formula.
- Now, civil society is in the vanguard of the expansion of the security envelope through a definition of security at a very individual level – human security. And there is no greater threat to human security and society than the global epidemics of deadly, infectious diseases, in particular HIV/AIDS, tuberculosis and malaria. These diseases kill six million people each year – and the numbers are rising rapidly.
- I work for an organization that is leading the fight against these pandemics, an organization and a cause that has civil society at its core – The Global Fund to Fight AIDS, Tuberculosis and Malaria.
- One can think of no multilateral organization in which civil society plays such a critical role in its effectiveness and progress – one that points to the most effective future strategies for confronting the challenges of human security.
- The Global Fund is a public-private partnership of governments, private sector, and civil society, including communities of persons living with AIDS, TB and malaria. In its governance, representatives of non-governmental organizations from the global North and the global South, and communities of persons living with the diseases, sit side by side with the governments of the wealthy industrialized world and the developing nations, for-profit multinational corporations, and non-profit foundations in the Global Fund's Board of Directors.
- At the national and operational level, civil society organizations make up roughly half of the national Country Coordination Mechanisms (CCMs) of the Global Fund in more than 100 countries. These are multi-sector stakeholder groups that prepare and submit proposals to the Fund for financing. They oversee the implementation of approved programs for the prevention, treatment and care of HIV/AIDS, TB and malaria. About 50% of Global Fund grants go to civil society organizations as Principal Recipients, while the other half goes to government institutions.
- The United Nations, civil society and national governments intersected at the very creation of the Global Fund as a mechanism to finance a dramatic turnaround in the worldwide fight

against the three devastating diseases: Secretary-General Kofi Annan issued his Call to Action for the creation of a global fund in 2001, NGOs mobilized grassroots support for such a mechanism, and governments endorsed the establishment of the Global Fund at the UN General Assembly Special Session on AIDS in June 2001 and issued a powerful Declaration of Commitment to fight HIV/AIDS.

### Global Trends in HIV/AIDS, TB and Malaria

- Since the virus was first discovered in the early 1980s, HIV/AIDS has infected 65 million people. Slightly over 20 million of these people have died – the greatest humanitarian catastrophe in world history -- and it is estimated that 42 million people currently live with the virus. 28 million of these individuals live in Africa, while 8 million are in Asia.
- Experts project that another 45 million people could be infected by the end of this decade.
- Each year, 2 million people die of TB. Malaria kills 1 million people annually, with 90% of deaths occurring in Africa, mostly children under the age of five.
- If these infectious diseases remain unchecked, they will continue to tear apart the social fabric, food and military security, economies, and overall development in the developing world. Ultimately, in the age of globalization, the mobile “problems without passports” will have a heavy negative impact on the world at large, including the rich nations.
- The impact of these diseases in Africa is already well known. They present the most fundamental obstacle to the continent’s development because they progressively destroy the human capital and productivity on which development must be predicated. A recent World Bank sponsored report concluded that the economy of South Africa would experience complete collapse within three generations if the impact of AIDS in that country is not halted and reversed.
- One of several horrifying dimensions of the AIDS pandemic is that it has spawned 14 million AIDS orphans, 12 million of these in Africa alone. These children are potential child soldiers in the hands of warlords and potential recruits to terrorism in various part of the world.
- The United Nations has identified HIV/AIDS as the greatest threat to the wellbeing of future generations. United States Secretary of State Colin Powell has consistently defined the pandemic as the greatest global strategic threat, ahead of terrorism and weapons of mass destruction.

*Asia and Russia: The Next Wave*

- If Africa is the dominant face of the pandemic today, its future explosion may well be in Asia. The HIV/AIDS virus is spreading at an alarming rate in Asia, and some countries are on an African trajectory. Official estimates are that 4 million people in India are living with the virus – nearly 10% of the current global burden of the disease. At current trends, some experts project that the figure could hit 25 million by the end of this decade if prevention and treatment are not effectively and aggressively put in place. China has one million people living with aids. Again this figure could rise dramatically unless urgent action is taken. Russia is experiencing the fastest rise in the epidemic, fueled by injecting drug use.
- Prevention in Asia – and in the rest of the world -- is critical. Large populations and Asia's economic power mean that an expansion of the epidemic in Asia will have catastrophic consequences for the stability of the region and the global economy.
- There is no room for denial: "what is happening in Africa can't happen here is an illusion". AIDS, TB and malaria are part of the phenomenon of globalization. No country or region is immune from the scourge.
- Asia will benefit from stronger political leadership across the continent in the fight against AIDS. Rather late in the day, we are now seeing this kind of leadership in several African countries, after years of denial.
- The Global Fund is paying close attention to these "next-wave countries" and is financing several prevention programs in Asia – in India, Pakistan, Thailand and other countries in the region. USD 300 million will finance programs in more than 20 countries in the region.
- A recent expert report<sup>2</sup> has recommended that with adequate funding and programmatic activities, 29 million of the 45 million new HIV infections projected between 2002 and 2010 could be averted. Absent the marshaling of sufficient resources, the epidemic will continue to expand.

*The Global Fund and the possible futures for human security*

- The Global Fund, vaccine research (undertaken by other organizations such as the International AIDS Vaccine Initiative and which, admittedly, has a long term prospect of success at this time) and national initiatives are perhaps the most important components of the future of the global response.
- In just 18 months of existence, the Global Fund has changed the face and nature of the global response to AIDS, TB and malaria. It represents hope for possibilities where, prior to its creation, there was despair. The conclusion of the Global Prevention Working Group is an implicit indication that the success or failure of the Global Fund – which depends largely on whether or not the Fund is adequately financed with contributions – will impact heavily on the outcome of the war on the HIV/AIDS epidemic.

---

<sup>2</sup> Global HIV Prevention Working Group, "Access to HIV Prevention: Closing the Gap", May 2003.

- The Global Fund has achieved much already, and is set to have unprecedented impact. Lives are already being saved as a result of resources provided to national programs by the Fund.
- USD 4.7 billion have been pledged and contributed to the Global Fund to date, three times the level of funding it had 18 months ago.
- The Fund has committed USD 1.5 billion for 154 programs in 93 countries worldwide.
- Over the next five years, these grants will finance: antiretroviral medicines for 500,000 people, tripling coverage in developing countries; Voluntary Counseling and Testing services for 30 million people, counseling care and educational support for 500,000 AIDS orphans; detection and treatment of 2 million cases of TB; 40 million insecticide treated bed nets that prevent malaria transmission (90% destined for Africa), and 3 million courses of treatment annually for drug-resistant malaria in 8 African countries (up from 15,000 per year in one country). Moreover, the large volume of purchases of medicines for treatment financed by the Global Fund have already motivated deep price cuts in AIDS and malaria medicines by pharmaceutical companies.

## Mobilizing for Human Security

### *Resource Mobilization*

- As an international financing mechanism for global public goods for health and development, the Global Fund has benefited from an intersection of strong support from both civil society and the United Nations in the mobilization of financial resources – the *raison d'être* of the Fund. Civil society campaigns, including the Fund the Fund campaign involving more than 100 groups from several countries, and It Starts With Us, a campaign of individual financial contributions to the Global Fund by communities of persons living with the three diseases, have served as a strong mobilizing force and pressure on donors. UN Secretary-General Kofi Annan, Patron of the Global Fund, is a tireless campaigner for increased contributions to the Fund.
- The Fund needs to be refinanced if it is to maintain momentum, including refinancing well-performing programs beyond the initial two-year commitments.
- The Fund relies on voluntary contributions rather than a pre-fixed assessment.
- The Fund needs USD 3 billion in 2004.
- Because the Fund was created to raise and channel large scale resources, most of its financial resources will necessarily be pledged and contributed by governments, though efforts are in train to mobilize more private sector resources.

- G8 and other OECD countries have so far borne much of the weight of financing the Global Fund. Just as increased levels of resources are needed from these and other donors, the donor base of the Fund needs to expand significantly.
- We must bear in mind that the USD 3 billion needed in 2004 is only part a progressive ramping-up of global annual spending to a level of USD 15 billion on AIDS, TB and malaria if the tide of the pandemics is to be turned by 2015 as projected by the Millennium Development Goals. The Global Fund should raise and channel roughly half of this sum.
- The Global Fund hopes to attain a financial "cruising altitude" of USD 6-7 billion by 2007. Financing the Global Fund increasingly from outside the limited Official Development Assistance (ODA) budgets of developed countries would make this goal more easily achievable. One future possibility that will almost certainly turn this projection into reality is the International Finance Facility (IFF) that has been proposed by the United Kingdom and is currently under discussion among the Group of Eight (G8) industrialized countries. The IFF aims to double financial aid flows to developing countries from the current USD 50 billion annually to USD 100 billion in order to stimulate the attainment of the targets set out in the Millennium Development Goals by 2015. The Facility would provide a much-needed front-loading of significant development assistance to countries with enabling environments, and would be drawn from borrowing by industrialized countries on the international bond market.

### *Political will*

- Political will and leadership is an essential determinant of the scale at which resources desperately needed yesterday and grossly under-provided today can be realized. In a world of multiple needs and crises, the greatest challenge facing the Global Fund is that good intentions have not been taken to translated into pledges and contributions at realistic levels needed to effectively beat back the epidemics. Could this be because the epidemics are, in the words of one analyst, "a corrosive, not explosive, threat"<sup>3</sup>? If so, the future will prove such complacency to be a monumental mistake.
- Political mobilization has also been identified as key to an effective response within countries that are highly burdened by the diseases or face serious risks. In Africa, success stories like Uganda and Senegal show the difference that political engagement by the national leadership can make to prevalence and incidence rates. Just as important to national leadership is the decentralization of political mobilization to grassroots and district levels. This is also now happening in several African countries such as Tanzania and Nigeria.
- Another aspect of political will in affected or threatened countries is linked to resource mobilization – the need to increase national resources committed to fighting the epidemics

---

<sup>3</sup> David Gordon, "A Corrosive, Not Explosive, Threat: HIV/AIDS, Demographic Change, and Stability in Sub-Saharan Africa", *Georgetown Journal of International Affairs*, Summer/Fall 2003, 7-15.

and to strengthening public health systems in general. African leaders committed at their Abuja Summit in April 2001 to dedicating 15% of national budgets to public health. Few, if any, have met this goal. Affected countries also need to make contributions to the Global Fund. This is an important symbolic demonstration of political will to fight the epidemic and international solidarity with the concept of human security. That it will have the practical benefit of encouraging larger contributions from wealthy industrialized countries - - resources that will be spent predominantly in poor developing countries - - is an important strategic point.

### Linking Human and Traditional Concepts of Security

- Some analysts have discussed human security and traditional concepts of security as if they were mutually exclusive, arguing that entrenching the former in a normative sense requires a shift in hegemonic thinking that will be difficult. I believe that the two concepts are, in fact, intrinsically linked.
- If that is the case, the link should be firmly established at intellectual, policy and practical levels that facilitate the meshing of concerns expressed by the world's political leaders and policy makers into action and resources to fight the epidemics of AIDS, TB and malaria. The UN General Assembly High-Level Meeting on HIV/AIDS scheduled for 22 September 2003 is the opportunity to act.
- It is time for the Secretary-General of the United Nations to evoke Article 99 of the UN Charter in the context of HIV/AIDS and present the epidemic to the Security Council as the primary threat to international peace and security it has been acknowledged to be. He should urge commensurate action, including real resources -- an appropriate portion of it through the Global Fund -- to the fight the scourge of AIDS. Financing the Global Fund is not charity. It is an investment in the world's collective future, one that will prevent the future costs of inaction or palliative action today in the nature of a much wider epidemic. In a world in which traditional concepts of security are still dominant, this is a realistic and sustainable strategy for the future.