HIV/AIDS and Security in the UN System: Dominant Discourse or Passing Fad?

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Introduction

Only in the last decade have health issues really begun to attract serious attention within International Relations, and only in the last five years has there started to be anything approaching a critical mass of scholars working in this area. In recent years HIV/AIDS has increasingly started to crop up within the pages of journals such as *International Affairs*, *ISQ* and even *Survival.* The subject area in some ways is still in its infancy, but it is clearly becoming a more mainstream topic. The securitization of disease, and in particular HIV/AIDS, has been one of the central concerns of IR's engagement with global health to date. One of the things which this paper aims to do is to shine a light upon this convergence around a particular aspect of the international response to HIV/AIDS, and to raise the question of whether IR has so far told the whole story.

The paper begins by briefly examining the IR literature which has developed around HIV/AIDS and argues that the transformation of the pandemic into an international security issue has been at the centre of debate within the discipline. The general assumption within the literature appears to be that the pandemic has now been successfully securitized. This paper scrutinizes that assumption, arguing that the international response to HIV is more nuanced, multifaceted and contested than much of the literature suggests. Whilst there have been some instances of a security-based discourse of HIV/AIDS being forwarded, the extent to which the disease has in fact been successfully securitized is questionable. Certainly it is clear that security has not (yet?) become the dominant way in which the disease is addressed within UN System discourse. The paper proceeds in three stages.

Firstly, it questions whether Security Council Resolution 1308, widely identified by scholars as *the* defining moment of the securitization process, should in fact be taken as such a strong indicator of a successful securitization process. Whilst it is certainly the case that the Security Council's statement that HIV/AIDS represents 'a threat to international peace and security' was a powerful and persuasive one, in several respects the Council's action was more subtle than the bald headline suggests. Whether or not

HIV/AIDS should be treated as a security issue was a source of debate, and there is evidence that there was scepticism within the Council over some of the major claims supporting the attempted securitization of the issue. Over time this scepticism has, if anything, increased. So even within the Council context, HIV/AIDS' status as a bona fide security issue is not entirely secure.

Secondly, the paper argues that the security discourse of HIV/AIDS has only been adopted to a limited extent by other UN system actors. Although the framing of the disease in security terms remains a feature of UN discourse it is in fact far less common than other ways of framing the pandemic. The paper examines the security discourse alongside some of the other contemporary discourses of global health in two other UN system settings. In the first – UNAIDS - it finds that security has recurred as a theme over time, but that it has been deployed alongside other (more prevalent) framings of HIV as an international issue. In the second case - the General Assembly's Special Session on HIV/AIDS in 2001 which took place only a year after the adoption of Resolution 1308 – it is striking how limited the level of security talk was.

In the light of this, the paper raises the question of why IR's treatment of HIV/AIDS has been centred on only one of the contemporary discourses which define the UN System's (and, by extension, the global) response to the pandemic, and perhaps not the most significant. Is it because security claims genuinely have a power which enables them to dominate alternative framings? Or is it that IR has been led down certain investigative pathways by the conceptual tools at its disposal?

Securitization and the divided discourse of security

It is important to be absolutely clear from the outset about four features of the argument which could otherwise lead to unnecessary confusion.

Firstly, the intention is not to argue against the model of securitization proposed by the so-called 'Copenhagen School', upon which much of the literature around HIV/AIDS and security has been based.[2] In fact this paper locates itself within that approach to understanding and explaining the social construction of security issues and highlights some aspects of the model of securitization which have been generally underplayed by the AIDS literature. Securitization is not a binary either/or state. There are degrees of securitization, and of course a reverse process of desecuritization.[3] Ole Waever himself has called for more attention to be paid to failed and partial acts of securitization.[4] It is the empirics of the HIV case rather than the theory that are in question here: not 'is the securitization of HIV/AIDS possible?', but 'has HIV/AIDS really been transformed into an international security issue?'

Secondly, it is important to be clear what is being meant by 'security'. Barry Buzan has argued that security is an 'essentially contested concept'[5], and in the post-Cold War era the boundaries of 'security' have expanded to incorporate a range of new issues and challenges. The focus here, though - as it was in the Security Council - is explicitly on *international* security. This paper, therefore, concerns itself with the attempted construction of HIV/AIDS as a potential threat to international peace and security (and, by extension, regional and national security). In practice this means that HIV is presented as a threat to the stability of (or attempts to bring stability to) particular states or regions. As we will see, the types of claims commonly associated with HIV/AIDS relate to the 'existential threat' posed to those states with high prevalence levels through various mechanisms including: the 'hollowing out' of state institutions through illness and premature death; fostering alienation from the state; bringing about a generation of AIDS

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[2] The key text here being Barry Buzan, Ole Wæver & Jaap de Wilde, *Security: A New Framework for Analysis* (London: Lynne Rienner, 1998).

[3] For example, Ole Waever, 'Securitization and Desecuritization' in Ronnie D. Lipschultz (ed.), *On Security* (New York: Columbia University Press, 1995).

[4] Ole Waever, 'Securitisation: Taking stock of a research programme in Security Studies'. Unpublished manuscript, February 2003. Available at http://media.fpn.bg.ac.yu/nacionalnaiglobalnabezbednost/03%20Socio%20konstruktivisticke%20teorije/03%20Literatura/Waever_2003__Securitisation_Taking_stock_of_a_research_programme_in_Security_Studies.doc , p.26.

[5] Barry Buzan, *People, States and Fear: An Agenda for International Security Studies in the Post-Cold War Era* (Boulder, CO, 1991).

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orphans; and having a detrimental impact upon the effectiveness of the military and security services charged with maintaining order. A further set of claims, particularly significant in the Security Council context, relates to the impact of HIV/AIDS on international peacekeeping forces in those areas of the world where stability has already broken down. Finally, it is commonly noted that there are feedback effects in the HIV-security relationship: not only can HIV destabilise states, but conflict and instability can have the effect of increasing the spread of the virus. The 'grammar of security' associated with the securitization of AIDS consequently reflects that of traditional international security concerns: instability, violence, military effectiveness and so on. It may be argued (although it is debateable) that alternative conceptions of security such as 'human security' have had a more widespread policy impact. Whether or not this is the case, they lie outside the scope of this paper.

Thirdly, the analytical focus here is confined to institutions within the UN System. As such it does not fully capture the broader range of actors which play a role in the global governance of HIV/AIDS. To some extent this is an analytical convenience, a means of narrowing the focus to a manageable set of institutional settings. Yet the UN is a large and multifaceted collection of organs, agencies and funds (including many of the most significant agencies engaged in the 'global governance' of HIV) as well as incorporating virtually all states. As such it plays host to a diversity of approaches and worldviews. In short, many of the features of discursive contestation which are evident in the broader landscape of Global Health Governance are replicated at the UN level. But given the widespread identification of the Security Council as crucial to the securitization of HIV, if the security discourse was to 'catch on' anywhere, it is within the UN System that we could most expect to see it.

Fourthly, and finally, the intention is not to say that the security discourse is unimportant, nor that securitization can be safely ignored. On the contrary, I have argued elsewhere that there is a need for increased vigilance over the potential impact of a security-based logic on international responses to global health problems.[6] What I am arguing is that we

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[6] Alan Ingram & Simon Rushton, 'Health and security' in *Global Health Watch 2* (London: Zed, 2008).

need to view attempts to securitize health in the context of the alternative discourses of global health which are also at large. What really matters is how these discourses combine, how particular actors/institutions (especially powerful ones) come to favour one framing over another, and how particular constructions of the problem influence where and how money is spent. Security might indeed be the primary driver of HIV/AIDS policy within certain policy settings. Although empirical work in this area is at an early stage, there has been some research which suggests that security-based framings of HIV/AIDS have had concrete policy consequences, most notably in relation to the policies of the Bush administration.[7] Yet other discourses of global health matter too, and they need to be reflected to a greater extent within the IR literature.

IR's preoccupation with the securitization of HIV/AIDS

IR's engagement with HIV/AIDS has overwhelmingly focussed upon the linkages between HIV and security. In doing so it has developed in tandem with the security policy community's developing response to the pandemic. For the most part academic IR scholars have been reactive to developments in the policy world. The US Institute of Medicine's 1992 report on *Emerging Infections: Microbial Threats to Health in the United States* was one of the earliest high-profile reports to make the claim that HIV/AIDS represented a national security threat.[8] The National Intelligence Council's National Intelligence Estimate, declassified in 2000, was perhaps even more influential in policy terms.[9]

This was followed by a gradual ramping up of academic interest in the links between health and security. A first wave of research sought to highlight the ways in which

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[7] For example, Alan Ingram, 'HIV/AIDS, security and the geopolitics of US-Nigerian relations', *Review of International Political Economy* vol.14(3) (August 2007), pp.510-534.

[8] Joshua Lederberg, Robert E. Shope & Stanley C. Oaks, Jr. (eds.), *Emerging Infections: Microbial Threats to Health in the United States* (Washington, DC: Institute of Medicine/National Academy Press). Laurie Garrett's *The Coming Plague* was a notably early exception here. Laurie Garrett, *The Coming Plague: Newly Emergent Diseases in a World Out of Balance* (New York: Farrar, Straus & Giroux, 1994).

[9] National Intelligence Council, *The Global Infectious Disease Threat and its Implications for the United States* (NIE 99-17D), 2000.

HIV/AIDS represented an international security threat. The types of arguments commonly put forward by this work included claims about the effects of the disease on the military, that high prevalence levels brought a risk of state failure, and ultimately that regional stability could be under threat, particularly in sub-Saharan Africa. As Singer put it, "Militaries could crumble, states could fall, wars could be more deadly, more frequent and harder to contain – all because of a tiny virus that targets the human immune system."[10] Much of this work was, laudably, explicitly concerned with demonstrating the security dimensions of the disease as a means of moving it up the international political agenda. Dennis Altman noted that "Defining AIDS as a health issue limits it to the province of one ministry, often without much political clout. Redefining it to encompass security issues almost inevitably pushes it far higher up governmental agendas, making it a first-order concern."[11]

The second wave of literature was in many ways a reaction to the first, and also to the developing policy context. Characteristic of much of this work was the attempt to take a step back and to critically examine the common claims made for securitization. There were two strands to this: one in which the evidential basis of the securitization claims were subjected to greater scrutiny (and, in many cases, found wanting);[12] and one in which the potentially consequences of framing the pandemic as a security issue were raised.[13] A separate, although related, body of work has broadened the focus beyond the

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[10] P.W. Singer, 'AIDS and International Security', *Survival* vol.44(10) (2002), pp.145-158.

[11] Dennis Altman, 'AIDS and Security', *International Relations* vol.17(4) (2003), pp.417-427.

[12] See, for example, Colin McInnes, 'HIV/AIDS and security', *International Affairs* vol.82(2) (March 2006); Alan Whiteside, Alex de Waal & Tsadkan Gebre-Tensae, 'AIDS, Security and the Military in Africa: A Sober Appraisal', *African Affairs* vol.105/419 (2006), pp.201-218; Pieter Fourie, 'The relationship between the AIDS pandemic and state fragility', *Global Change, Peace &* Security vol.19(3) (2007), pp.281-300; Tony Barnett & Gwyn Prins, 'HIV/AIDS and Security: Fact, Fiction and Evidence – A Report to UNAIDS'. *A Report to UNAIDS.* (London: LSEAIDS, 2005). Available from http://www.lse.ac.uk/collections/DESTIN/publink/barnett/Barnett%20and%20Prins%20Fact%20Fiction%20and%20Evidence%20REPORT.pdf

[13] e.g. Stefan Elbe, 'Should AIDS be securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security', *International Studies Quarterly* vol.50 (2006), pp.119-144.

international security implications, examining HIV/AIDS as a threat to human security[14] or seeing international responses as a feature of the biopolitical economy of power.[15]

These debates have added much to our understanding of the international dimensions of the HIV/AIDS pandemic, and have also perhaps contributed to our understanding of securitization. What has not been fully reflected in the IR literature, however, are the other ways in which the HIV/AIDS pandemic is framed as an international issue. Other disciplines (Development Studies, for example) have engaged with HIV/AIDS on a far wider basis, examining the links with poverty, with food security and a whole host of other dimensions of the current crisis. IR has much to contribute to these wider discussions, involving as they do key concepts and actors in the discipline. The global governance of HIV is inextricably bound up in power (both material and ideational), global institutions, state interests, political economy, human rights and many other things. Yet it is the security angle which has, to date, dominated discussion. As will be argued below, this neglects other important discourses in the contemporary global governance of HIV/AIDS.

AIDS in the Security Council

Security Council Resolution 1308 has been widely portrayed as a defining moment in the securitization of the pandemic.[16] Although it is a common feature of the literature, this claim is not confined to academia - it is one which has also been widely repeated in policy circles. As Peter Piot, the Executive Director of UNAIDS (and himself as key figure in the Council's discussions of HIV), said in 2005:

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[14] Pieter Fourie & Martin Schönteich, 'Africa's New Security Threat: HIV/AIDS and human security in Southern Africa', *African Security Review* Vol.10(4) (2001).

[15] Stefan Elbe, 'AIDS, Security, Biopolitics', *International Relations* vol.19(4) (December 2005), pp.403-419.

[16] See, for example, Gwyn Prins, 'AIDS and global security', *International Affairs* 80(5) (2004), pp.931-52; Colin McInnes, 'HIV/AIDS and security'; Stefan Elbe, 'AIDS, Security, Biopolitics'.

When we look at the history of the fight against AIDS, there is no doubt that resolution 1308 (2000) is a milestone in the response to the epidemic. By underscoring the fact that the spread of HIV/AIDS, if unchecked, may pose a risk to stability and security, the Security Council … has transformed how the world views AIDS. I say "transformed" because many now view AIDS as a threat to national security and stability, in addition to being a threat to development and public health alone.[17]

There is indeed a convincing case to be made that the Security Council is in a pre-eminent position when it comes to determining what does or does not constitute a threat to international peace and security. It is difficult to think of a body more qualified to make such a judgement. Yet there is room for some doubt over whether 1308 was as much of a culmination of a securitization process as is often suggested. There are three issues which call into question the view that 1308 represented the emergence of HIV/AIDS as a fully-fledged security issue. Firstly, there are question marks over whether the Council's adoption of 1308 in fact constituted the crossing of the 'securitization threshold'. Secondly, the Resolution itself is limited in scope, treating HIV/AIDS as an international peace and security issue only in an extremely narrow sense.[18] Thirdly, the Council's subsequent treatment of HIV/AIDS show signs of a retreat from the high watermark of 1308. I will briefly sketch out these three challenges before moving on to discuss the degree of traction which the HIV-security discourse has achieved across the wider UN System.

Was the securitization threshold crossed?

In *Security: A New Framework for Analysis,* Buzan, Waever and de Wilde are at pains to stress the distinction between a 'securitizing move' and 'successful securitization'. Only when a threshold has been crossed can we say that an issue has been securitized. Identifying the moment at which the threshold is breached is no easy task, but there are some clues in this case which aid the making of a judgement.

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[17] S/PV.5228 (18 July 2005), p.5.
[18] For a fuller discussion of these two points see Simon Rushton, 'Securitizing HIV/AIDS: Pandemics, Politics and SCR 1308'. Paper presented at the International Studies Association Convention 2007, Chicago, IL.

One of the key distinctions between a securitizing move and a successful securitization is the requirement that the audience is persuaded.

> A discourse that takes the form of presenting something as an existential threat to a referent object does not by itself create securitization – this is a *securitizing move*, but the issue is securitized only if and when the audience accepts it as such.[19]

That a securitizing move was made is absolutely clear. That the audience – in this case the members of the Security Council – were persuaded by the case put forward is less clear. Richard Holbrooke, at the time the Clinton Administration's Ambassador to the UN, was the driving force behind the process which led to Resolution 1308, placing the issue on the Council's agenda; convincing key colleagues in the Clinton Administration – not least Vice-President Gore – to actively support the Council's discussions of the issue;[20] and persuading his fellow Council members to adopt the resolution. Yet the degree to which the passing of the resolution was a contested process has largely been ignored, partly no doubt due to the fact that the debate which did occur was largely kept discretely behind the scenes. Nevertheless, there is ample evidence available to suggest that the issue was a controversial one both within the Security Council and amongst the wider UN membership.

There was a good deal of initial opposition within the Council to HIV being placed on its agenda. In discussing the Council's first meeting on HIV/AIDS in January 2000, Sternberg reports that "Holbrooke had to overcome opposition from Russia and China, whose representatives ultimately caved in and sat out the meeting in stony silence."[21] The transcripts of that meeting show that that indeed was the case (at least the second part of what Sternberg says. We can perhaps infer the first). Although Mr. Qin Huasum (China) and Mr. Gatilov (Russian Federation) were present at both the morning and afternoon

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[19] Buzan, Waever and de Wilde, *Security*, p.25.
[20] Gore personally presided over the Council's first discussion of the subject on 10 January 2000. S/PV.4087.
[21] Sternberg, 'Former diplomat Holbrooke takes on global AIDS', *USA Today* 10 June 2002.

sessions on January 10, neither spoke.[22] Neither did either representative speak at the meeting on July 17 at which Resolution 1308 was finally adopted, although both ultimately participated in a unanimous affirmative vote.[23] Gwyn Prins adds that in addition to Russia and China, France was also initially opposed to the idea that AIDS fell within the remit of the Security Council, although it was also ultimately persuaded to support the resolution.[24] Significantly, many of the countries who are the biggest contributors of troops to UN operations were also apparently opposed to the resolution. The UK Mission's report on the July 17 meeting at which 1308 was adopted notes that "Only four non-Council members spoke, perhaps reflecting the opposition of many troop contributors to the resolution."[25]

Even those countries that strongly backed the resolution in public had private qualms to some degree. In the final days of private negotiation over the wording of the resolution even the United Kingdom's Foreign & Commonwealth Office (FCO) was concerned about the danger of exceeding the Security Council's remit. A telegram from the FCO to the Mission in New York on July 13 noted that "[w]e remain concerned that the text as it stands does not obviously fall within the Security Council's competence. [text removed]. …. Nevertheless you should continue to support the US by shortening and amending the text."[26] A similar message was included in the following day's telegram.[27] This is not to say that the UK was opposed to the very idea of HIV/AIDS being treated as an international security issue, but it does demonstrate that the US – by common acknowledgement the driving force behind the proposal – had work to do in order to retain the support of even its staunchest allies.

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[22] S/PV.4087 (10 January 2000); S/PV.4087 (Resumption 1) (10 January 2000).
[23] S/PV.4172 (17 July 2000).
[24] Prins, 'AIDS and global security', p.941.
[25] Telegram from the UK Mission to the UN in New York to the Foreign & Commonwealth Office, 17 July 2000. Released to the author under the Freedom of Information Act 2000.
[26] Telegram from the FCO to the UK Mission to the UN in New York, 13 July 2000. Released to the author under the Freedom of Information Act 2000.
[27] "We remain concerned that the resolution does not obviously fall within the Security Council's competence. We agree, therefore, that the statement [in the Security Council session] should be as short as possible." Telegram from the FCO to the UK Mission to the UN in New York, 14 July 2000. Released to the author under the Freedom of Information Act 2000.

Ultimately, as we know, Holbrooke was successful in steering the resolution through the Council unanimously, despite these various sources of opposition. However, being persuaded to support the resolution is not necessarily the same as being persuaded by the securitization claims. Council members are required to weigh up a wide range of ideas and interests in deciding whether or not to vote in favour of a resolution. The political context in the Council at the time can have a major impact on this decision. Vetoes are exercised relatively rarely, and it seems almost inconceivable that a member of the P5 would have been prepared to bear the political and reputational costs of vetoing a resolution addressing such a major human tragedy. Added to this, of course, the US has a large degree of influence over the Council, and indeed over the UN as a whole. Its use of this influence need not rule out successful securitization. To return to Buzan, Waever and de Wilde:

> Accept does not necessarily mean in civilized, dominance-free discussion; it only means that an order always rests on coercion as well as on consent. Since securitization can never be only imposed, there is some need to argue one's case.[28]

So US dominance of the Council does not in and of itself rule out successful securitization, but it does at least raise a question mark over whether the securitization threshold was crossed (i.e. over whether the audience had accepted the securitization claims).

Further doubt is introduced when we examine the text of Resolution 1308 and see that it is in fact relatively limited in both scope and form – it largely conforms to what Prins and Barnett refer to as the 'narrow' construction of HIV/AIDS as an international peace and security issue.[29] The limitations of the resolution are apparent in two respects.

Firstly, the focus of the operative paragraphs is extremely narrow, addressing only the impact of HIV/AIDS on peacekeeping personnel (an important subject, no doubt, but a very specific one). Most of the literature which identifies 1308 as a key moment in the

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[28] Buzan, Waever and de Wilde, *Security*, p.25.
[29] Tony Barnett & Gwyn Prins, *HIV/AIDS and Security: Fact Fiction and Evidence*, p.11.

securitization process in fact bases this judgement on the statements made in the preamble to the resolution rather than the operative paragraphs. The preamble does indeed rehearse many of the familiar claims associated with the broader construction of HIV as a security issue (that it has a "possible growing impact on social instability and emergency situations"; that it is "exacerbated by conditions of violence and instability"; and that "the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security").[30] These declaratory paragraphs may indeed be evidence of a concerted securitizing move. Treating them as a definitive indicator that the Council members have universally accepted these broader HIV-security linkages, however, is problematic. As Michael C. Wood (a former FCO legal adviser) states, the preambles to Council resolutions "need to be treated with caution since they tend to be used as a dumping ground for proposals that are not acceptable in the operative paragraphs."[31] So, far from indicating a unanimous acceptance of these broader claims, the fact that they appear only in the preamble and not in the operative clauses may in fact show precisely the opposite.

Secondly, the precise language used in the resolution also includes revealing elements of 'code'. Binding resolutions (under Chapter VII) tend to be couched in terms of things which the Council *Decides*, or *Demands*. In the case of 1308 we see a far more tentative and consensual phraseology. The Council *Expresses concern*; *Recognizes*; *Requests*; *Encourages*; *Encourages*; *Expresses keen interest*. The sole paragraph which does make a specific call for action to be taken is directed at the Secretary-General, not at the member states (who, throughout the resolution, are only ever 'Encouraged'). Intriguingly, it seems that a "*Decides*" was taken out of the resolution at a very late stage in the negotiation of the text.[32] Such close interpretation of the text is not an exact

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[30] S/RES/1308 (17 July 2000). McInnes provides a full analysis of the claims made in Resolution 1308. See McInnes, 'HIV/AIDS and security'.

[31] Michael C. Wood, 'The Interpretation of Security Council Resolutions', *Max Planck Yearbook of United Nations Law* vol.2 (1998), pp.86-7.

[32] As the draft text stood on 15 July it included the following clause: "6. *Decides* to remain actively seized of the matter."[32] By the time it was adopted two days later this had been considerably watered-down to read: "6. *Expresses* keen interest in additional discussion among relevant United Nations bodies, Member States, industry and other relevant organizations to make progress, *inter alia*, on the question of access to treatment and care, and on prevention." Telegram from the UK mission to the UN in New York to the Foreign and Commonwealth Office, 15 July 2000. Released to the author under the Freedom of Information Act 2000.

science, but it may be taken as an indication that the Council was somewhat reticent to place too heavy a burden on itself or on member states in 1308, no doubt a reflection of the opposition to the resolution amongst those states who would be most directly affected (the troop contributors) and the less than wholehearted commitment of several key Council members. As such, these niceties of interpretation, which may on the surface seem trivial, add further doubt over the question of whether the securitization threshold was crossed, at least in relation to the broader construction of HIV/AIDS as a security issue.

The Council's subsequent actions

The crossing of the securitization threshold is a key distinction between a securitizing move and successful securitization. A further element of the Copenhagen School criteria which has not always been fully examined by the literature on HIV/AIDS is that the threat has to be seen as sufficient basis to legitimize the taking of emergency measures. To return once again to Buzan, Waever and de Wilde:

> We do not push the demand so high as to say that an emergency measure has to be adopted, only that the existential threat has to be argued and just gain enough resonance for a platform to be made from which it is possible to legitimize emergency measures or other steps that would not have been possible had the discourse not taken the form of existential threats, point of no return, and necessity. If no signs of such an acceptance exist, *we can talk only of a securitizing move, not of an object actually being securitized*.[33]

Evaluating whether or not this requirement has been passed within the Council context is a two stage process. Firstly we need to examine whether "emergency measures" have been taken. If not – and much more difficult – is the task of coming to a conclusion as to whether the basis might exist for such measures to be hypothetically legitimized.

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[33] Buzan, Waever and de Wilde, *Security*, p.25. Emphasis added.

Resolution 1308 was not an isolated example of Security Council engagement with HIV/AIDS. It was followed up by further meetings in June 2001, November 2003 and July 2005. In these meetings the Council has both returned to the issue and repeated some of the key securitizing claims. Furthermore, concrete actions have been taken in implementing the resolution. The 2001 Council meeting resulted in a Presidential Statement[34] which recalled its earlier resolution and "recognized that the HIV/AIDS pandemic is also exacerbated by conditions of violence and instability, and stressed that the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security." The 2003 meeting consisted primarily of briefings by Under-Secretary-General for Peacekeeping Jean-Marie Guéhenno and UNAIDS Executive Director Peter Piot on progress made in implementing 1308. The statements focussed overwhelmingly on the programmes that had been put in place by DPKO in relation to peacekeeping personnel, and UNAIDS' work with national governments in relation to their military forces. In his statement Piot, who had been a key proponent of the securitizing move since the beginning, referred explicitly to the broader construction of HIV/AIDS as a security threat. He argued that

> In the worst-affected regions, AIDS now constitutes a full-blown crisis of human capacity. It is profoundly exacerbating economic instability and food insecurity, and may even affect governance and lead to State failure. The coming generation of orphans will require unprecedented levels of support.[35]

Many of the other representatives also put forward similar claims in their statements to the Council. Interestingly many of them also referred to the initial hostility of some Council members but noted that there was now a far greater willingness to accept HIV as a proper part of the Council's agenda.[36]

The most recent Council meeting on HIV/AIDS was in July of 2005 – the 5-year anniversary of 1308 – at which a number of similar statements were made. A further

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[34] S/PRST/16 (2001)
[35] S/PV.4859, p.7.
[36] e.g Mr. Cunningham (United States), p.10, Peter Piot (UNAIDS), p.26.

Presidential Statement was issued following that meeting which solely addressed the implementation of 1308 in relation to uniformed services and peacekeepers.[37]

In the years since resolution 1308 there has been considerable practical progress made on a number of fronts. From a situation in which HIV/AIDS scarcely registered at all as a peacekeeping issue prior to 2000 there are now a raft of policies and procedures in place. Most of the major peacekeeping missions now have full-time AIDS advisers. All peacekeeping troops receive AIDS awareness information – including 'AIDS Awareness Cards' - during pre-deployment training as well as ongoing training in-mission. Measures have also been put in place to ensure the availability of male and female condoms and post-exposure prevention kits. In addition missions are required to make voluntary HIV counselling and testing available to all UN personnel, at no cost to the individual.[38] In several cases peacekeepers have been involved in programmes to raise awareness and spread prevention information amongst the local population.[39] Security Council Resolutions which give peacekeeping mandates now commonly include a paragraph referring to HIV/AIDS.

It seems doubtful, however, that these actions – worthy though they are – can be seen as the 'emergency measures' which the Copenhagen School might lead us to expect as a result of successful securitization. Progress has been made on the issues identified in the operative paragraphs of the resolution (the programmes with DPKO and UNAIDS' work with national militaries being the prime examples) but aside from this there has not been a major marshalling of funds or effort from the Council to address the broader security challenges. Where major initiatives have been taken they have not been as a direct result of the Council's action. The foremost example is the US President's Emergency Plan for AIDS Relief (PEPFAR) which, despite many valid criticisms, has brought massive resources to bear, and has at least in part sought to respond to the security agenda. But

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[37] S/PRST/2005/33

[38] See UNAIDS, *On The Front Line: A review of policies and programmes to address AIDS among peacekeepers and uniformed services* (New York: UNAIDS, 2005). See also UN DPKO, 'HIV Testing Policy for Uniformed Peacekeepers', available from http://pbpu.unlb.org/pbpu/library/DPKO_HIV%20testing%20policy%20for%20uniformed%20peacekeepers%20(01-2004).pdf.

[39] UNAIDS, *On The Front Line*; S/PV.5228, p.4-5.

this doesn't tell us anything about feelings within the UN: the US was, after all, already persuaded by the HIV-security linkage and was responsible for putting it on the UN agenda.

Where the UN has been involved in major new initiatives these have come from outside the Council and, importantly, have not been a product of the securitization agenda. The Global Fund is perhaps the foremost example. Although not strictly a part of the UN System, the Global Fund was formed following states' commitment made at the 2001 UN General Assembly Special Session. Whilst a case could be made that the Security Council's action played a contributory part in these developments by moving HIV/AIDS up the agenda, it could not be said that it flowed directly from its intervention, nor that they were created primarily as an 'emergency response' to the security issues which they identified. In short, the Council's adoption of Resolution 1308 has not led to an emergency response. Whether the basis exists for exceptional measures to be legitimized in future is by its nature a more complicated question. In some ways, of course, 1308 sets a precedent to which the Council could later refer back. For the time being, however, it seems that there is no strong political will within the Council to undertake major initiatives to tackle the HIV/AIDS pandemic. If anything, the tide appears to be flowing in the opposite direction.

Within the Council there appears to have been a retreat from the issue in recent years. The biannual pattern established by the 2001, 2003 and 2005 meetings has not continued, and there was no Council discussion of HIV in 2007. Perhaps even more tellingly, the Council's meeting on 'Peace and security in Africa' (25 September 2007) at which a number of Heads of State and Government addressed the Council, included not a single reference to the pandemic.[40] Even earlier than this there were signs of retreat. At the 2003 Council meeting, in an isolated moment of criticism of the Council, Piot expressed regret "that the Security Council has not taken the opportunity to expressly address AIDS in a number of recent resolutions establishing and extending United Nations missions,

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[40] S/PV.5749

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especially given that some of these missions are operating in regions which already have major HIV epidemics."[41]

In September 2005 Tony Barnett and Gwyn Prins of the LSE produced a report on behalf of UNAIDS entitled *HIV/AIDS and Security: Fact Fiction and Evidence. A Report to UNAIDS.*[42] Peter Piot, who had been one of the prime movers behind the Council's seizure of HIV/AIDS, wrote in his foreword to the report that it represented "part of UNAIDS' effort to provide the Security Council with an evidence base about the AIDS-security nexus."[43] Yet Barnett & Prins' report was scathing about the quality of evidence upon which many of the claims about the military and HIVAIDS were based. They noted that "asserted statistics about high prevalence rates tended to be recycled from one secondary source to another", and that much of the literature is based upon "Factoids' – "soft opinions that have hardened into facts" – that are "the intellectual viruses of quick and dirty synthetic studies." They bemoaned "the failure to recognise the gaps [in the evidence] and therefore a willingness to engage in extrapolations with weak anchorage."[44] Whilst the report did not deny the potential impact of HIV/AIDS on peacekeepers and other uniformed services the overall tone was one which was hardly likely to enthuse the Council members to devote further time to the issue. Indeed it seems that the report contributed directly to HIV/AIDS dropping off the Council's agenda.[45] There are a number of possible explanations for this. It may well be that the Barnett & Prins report bolstered the resolve of those who were opposed to it being on the Council agenda in the first place. It may be that the Council felt that it had already achieved it goal of highlighting the scale of the problem and addressing the specific issue relating to UN peacekeeping personnel. Yet the jettisoning of HIV from the Council agenda, coupled with a context in which the pandemic in Africa is getting worse not better, sends out some very awkward signals for proponents of the security discourse.

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[41] S/PV.4859, p.6.
[42] Barnett & Prins, *HIV/AIDS and Security: Fact Fiction and Evidence.*
[43] Peter Piot in [43] Barnett & Prins, *HIV/AIDS and Security: Fact Fiction and Evidence*, p.5.
[44] Barnett & Prins, *HIV/AIDS and Security: Fact Fiction and Evidence*, p.7.
[45] I am grateful to Colin McInnes for this insight.

In sum, the existing literature perhaps makes too much of the Resolution 1308 as a major moment in the history of the international response to HIV/AIDS. There is room for doubt over whether the securitization threshold was ever actually crossed, in particular over whether the Council members ever genuinely accepted the argument that HIV is a security issues, and also over whether emergency measures have been legitimated as a result. Indeed, as this paper will now go on to argue, far from being a dominant feature of UN discourse on HIV/AIDS, the security-based framing has in fact remained subservient to other powerful motivations for action.

Alternative discourses of HIV/AIDS

Whilst, for the reasons set out by the Copenhagen School, security-based discourses wield a particular power, they are certainly not the only significant ideas impacting upon international responses to the HIV/AIDS pandemic. The global governance of health more widely can perhaps be best understood as a process of contestation between competing discourses.[46] This is certainly the case in relation to HIV/AIDS, and it is possible to read the history of domestic and international policy responses through a shifting of these discourses over time.

In the early stages of the pandemic, during the 1980s, HIV was largely a domestic health problem, with the response driven largely by biomedical approaches (in particular an emphasis on research to establish the causes of HIV and AIDS, and to find a vaccine or cure) and Public Health-based prevention strategies. Yet even in the early days other discourses of health were in evidence. The social profile of those initially most affected by the virus (in particular men who have sex with men and drug users) engendered a moral and religious-based response, with terms such as "gay plague" became a common feature of public debate. Such discourses were in turn confronted by activists who sought

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[46] For a fuller discussion of this point see Owain Williams & Simon Rushton, 'Global Health Governance as a contested space: competing discourses, interests and actors'. Paper presented at 50th International Studies Association Annual Convention, New York, NY, February 15-18 2009.

to destigmatize sufferers of the disease, legitimizing their arguments with rights-based discourses.

During the 1990s the international dimensions of the looming crisis began to come to the fore. As the scale of the pandemic in sub-Saharan Africa grew – and as the links with poverty became more well-established – the pandemic began to be viewed as an international development issue as well as a Public Health one. As ARV treatments began to be developed and improved there was increasingly a debate between economistic and human right-based discourses focussed around the issue of access to medicines, and in particular the global supply of patented ARV treatments at prices beyond the poor and particular national markets where the disease is most acute.[47]

Attempts to securitize HIV/AIDS were, therefore, made in the context of an already crowded and contested policy space. In addition, as can be seen from its inclusion in the Millennium Development Goals, HIV/AIDS was already established as an issue on the international political agenda prior to July 2000, albeit one for which international responses had largely failed to have any meaningful success in reversing the tide of infection. It would have been surprising, therefore, if the HIV-security link had become so widely accepted as to entirely displace other framings of the disease as an international issue. Security was always likely to exist alongside the other existing discourses. The issue, therefore, is one of gauging the strength of the security discourse and judging what effect it has really had.

In examining the discourse of some of the other major UN System actors which have engaged with the pandemic it becomes clear that, although security appears from time to time, some of the other major discourses of global health are far more prevalent. This paper will now go on to examine two illustrative cases which bear this out: the UNAIDS/WHO Global Epidemic Reports, and the statements made by member states at

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[47] Caroline Thomas, 'Trade policy and the politics of access to drugs', *Third World Quarterly* vol.23(2) (2002), pp. 251-264.

the General Assembly's Special Session on HIV/AIDS in 2001. In each case the aim is to assess the 'strength' of the security discourse.

UNAIDS/WHO Global AIDS epidemic reports

Although not a scientific test, some interesting indications as to the frequency of the security framing of HIV/AIDS within UN system discourse can be found in the biannual UNAIDS/WHO *Report on the global AIDS epidemic*. The first of these reports was published in 1998, before Resolution 1308.[48] Subsequent editions were released in 2000,[49] 2002, 2004, 2006 and 2008.[50] The scope of these reports is wide, incorporating global, regional and country-level data, details on the work of UNAIDS and its constituent organisations, and thematic chapters on various aspects of the epidemic.

It is important to stress again that the figures given below are not intended to be a quantitative proof of the prevalence or otherwise of the HIV-security discourse. Indeed I would argue that quantitative measures are incapable of capturing the complexity of the competing discourses of HIV/AIDS. Yet, in line with the general argument put forward in this paper, discussions of HIV/AIDS as a national/international security issue within the global reports have been in evidence, but have not been presented as a primary frame. Interestingly, and in line with the Council's engagement with HIV/AIDS, the references to security reached their peak in the early 2000s, and have since generally tailed off.

Occurrences of the terms 'security' and 'insecurity' within each of the six editions of the report to date were recorded and analysed. As the focus of this paper is on the linking of HIV/AIDS with national and international security, other 'securities' occurring in the report were discarded from the figures given below. The most common of these were 'food security', 'human security', 'social security'; 'employment security'; 'income

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[48] UNAIDS/WHO, *Report on the global HIV/AIDS epidemic, June 1998* (Geneva: UNAIDS, 1998). Available at http://data.unaids.org/pub/Report/1998/19981125_global_epidemic_report_en.pdf
[49] Available at http://www.aegis.com/files/unaids/WADJune2000_epidemic_report.pdf
[50] The 2002, 2004, 2006 and 2008 reports are available at http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/Archive.asp

security' and 'economic security.' Instances of 'security' appearing in the bibliographies and references were not included in the figures, although below I put forward some thoughts on the academic literature on which the UNAIDS reports' assertions about the security implications of HIV/AIDS have tended to draw.

Year of report	No. occurrences of the terms 'security' and 'insecurity' (in the limited sense of national/international security)
1998	0
2000	4
2002	10
2004	3
2006	5
2008	4

The process was then repeated for two related terms: military; and peacekeeping/peacekeepers.

Year of report	No. occurrences of the term 'military'
1998	3
2000	7
2002	17
2004	9
2006	4
2008	7

Year of report	No. occurrences of the term 'peacekeepers/peacekeeping'
1998	0
2000	0
2002	12
2004	14
2006	4
2008	4

The consolidated figures shown in chart form below show a clear trend towards a greater degree of discussion of national/international security and related issues during the early 2000s. Indeed the term 'security' did not appear at all until after Resolution 1308. The security discourse contained within the reports has tailed-off since the high-watermark of 2002, although it remains on the agenda to some extent.
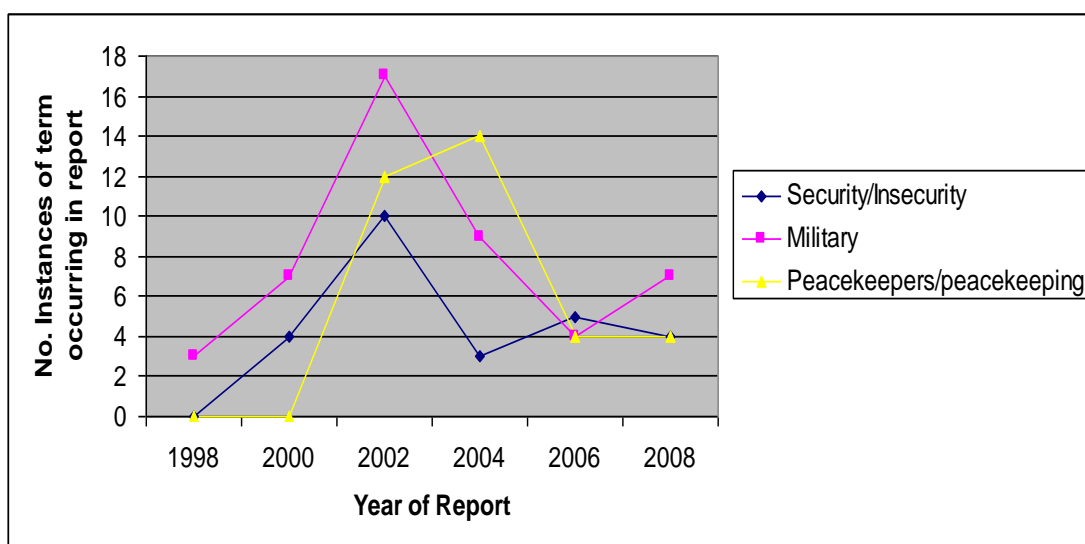
One factor which distorts the figures is in the inclusion in some of the reports of thematic sections on security issues. Yet rather than detracting from the validity of the figures the

very existence of these sections actually adds further weight to the claim that the security-HIV linkage was particularly prevalent at certain points in recent history. They also help to demonstrate that the types of linkage being made within the reports was generally aligned with the discussions within the Security Council and elsewhere.

For example, the 2000 report – which was issued in June of that year, after the Council's first meeting on HIV/AIDS, but before Resolution 1308 - includes a text box on 'Rape in war' which makes the case that "The military can have a powerful impact on the general population's exposure to HIV, whether through commercial sex with civilians or through rape in times of conflict."[51] The 2002 report – the first post-1308 report – includes a substantial section entitled 'Security at Risk' which runs through a familiar list of proposed HIV-security linkages, including: that HIV/AIDS can weaken already fragile states; that the epidemic undermines social cohesion; that it compromises the state's ability to provide human security for its citizens; that HIV/AIDS dramatically reduces the availability of the educated personnel required to staff key institutions, including the state bureaucracy and the police force; that AIDS orphans can be lured into military/paramilitary activities[52] In addition, the 2002 report included a section on the 'The military environment' which made the case that the military is particularly at risk from HIV infection; that HIV in the military can decrease the effectiveness of military forces; and that upon demobilization there is an increased risk to the families and communities of military personnel.

The sources of the statements on security made in the UNAIDS reports are important and interesting. Where did the data come from to support the claims that the pandemic was a security threat? In the case of the 2000 report the primary source is the Security Council: in essence, then, a self-referential form of evidence. An examination of the bibliographies and (scattered) references provided in the subsequent reports indicates that the primary sources used to substantiate the claims made about the threat posed to security in the 2000 and 2002 reports are the Council itself (both through the debates and in Resolution

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[51] p.50
[52] pp.57-9

1308), UN agency reports (especially UNDP and UNAIDS), ICG's influential paper on HIV/AIDS as a security issue,[53] and the similarly influential US National Intelligence Estimate.[54] The 2006 report makes use of a somewhat broader selection of the academic literature, including work by Alex de Waal and Laurie Garrett.[55] The 2008 report includes a box on 'The effect of HIV on national militaries and global security', but makes explicit reference only to Laurie Garrett and UNGASS country progress reports.

In terms of academic engagement with the policy world it is interesting to track what kinds of research work get picked up in the writing of such reports. More significantly, however, there is little sense in the reports that the academic literature has developed over time. There is certainly no explicit recognition that there has been a questioning of the evidential basis for some of the claims which have been made about military prevalence rates and the impact of HIV on state stability, claims which were repeated in the 2008 report.[56]

Peter Piot, who left his post as Executive Director of UNAIDS at the end of 2008, played a central role in the securitization of HIV. It is clear that the passing of the resolution also had an effect on his own work, as shown in this exchange taken from a PBS interview with Richard Holbrooke:

> *[Interviewer]*: Peter Piot said the days he spent with you in the Security Council changed his life and rededicated him. Can you tell us about that?
>
> *[Holbrooke]*: Well, I didn't know Peter Piot very well until the Security Council session, but he was excited by it. He realized that the world was going to pay more attention. We were breaking the issue out of the field of health specialists

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[53] International Crisis Group, *HIV/AIDS as a Security Issue* (working paper). (Brussels: International Crisis Group, 2001). Available at: http://www.crisisweb.org/projects/showreport.cfm?reportid=321.

[54] US National Intelligence Council, *The Global Infectious Disease Threat and its Implications for the United States (National Intelligence Estimate)*. (Washington: US National Intelligence Council, 2000). Available at: http://www.odci.gov/nic/pubs/index.htm

[55] Alex de Waal, *HIV/AIDS and democratic governance (issue paper 2).* AIDS, security and democracy: expert seminar and policy conference. The Hague, Clingendael Institute, 2005. Available at http://www.ssrc.org/programs/HIV/publications/hague2005/issue_paper2.pdf ; Laurie Garrett, *HIV and national security: where are the links?* (Washington: Council on Foreign Relations, 2005). Available at http://www.cfr.org/publication/8256/hiv_and_national_security.html

[56] p.176.

and into the international consciousness as a security issue. Peter told me later that it was the best day of his first four years as head of the UNAIDS.[57]

Piot has spoken openly and regularly about the benefits which he sees accruing from the securitization of HIV/AIDS.[58] It will be interesting, then, to see the approach of his successor in this regard.

Overall, what is clear from these reports is that the claims about the linkages between HIV and international security have reduced in frequency since the early 2000s, but that they have not gone away. The same claims that were made at the time of 1308 still crop up in the report with no recognition that some of them have begun to be called into question (or, at least, that the picture seems more complex than it did in 2000). However, even within these Piot-era UNAIDS reports, this security strand is small compared to other ways of framing the pandemic.

Examining the frequency of other discourses of global health in the UNAIDS reports brings this point home. The table below gives the number of instances of the terms 'development' (in the sense of international/economic development, excluding other senses such as 'research and development) and human rights. The figures for 'security' are repeated for the purpose of comparison. The disparity is striking.

Year of report	No. occurrences of the term 'development' (in the sense of international/economic development)	No. occurrences of the term 'human rights'	Security
1998	5	0	0
2000	31	9	4
2002	66	61	10
2004	103	57	3
2006	132	46	5

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[57] Available at http://www.pbs.org/wgbh/pages/frontline/aids/interviews/holbrooke.html
[58] e.g. Transcript of meeting on 'HIV & Security', Council on Foreign Relations, July 18 2005. Available at http://www.cfr.org/publication/8428/hiv_and_national_security.html

| 2008 | 80 | 44 | 4 |

The health, development and human rights aspects of HIV/AIDS dominate the reports, dwarfing the number of references to security. As working with national militaries is one concern of UNAIDS it is natural that this would appear in the reports, and the drafters of the reports clearly felt that it was worthwhile highlighting the security aspects of the pandemic from time to time. However, it would be impossible to conclude that security is the primary motivation for action, or that it is the dominant discourse within the reports.

The 2001 General Assembly Special Session: "HIV in all its aspects"

The General Assembly, which includes all UN member states, perhaps gives us a more accurate assessment of the views of the wider membership than either the workings of the Council or UNAIDS reports. The foremost example of the Assembly's engagement with HIV/AIDS was the holding of a three-day 'special session' addressing the pandemic in June 2001. These special sessions are used relatively sparingly: the UNGASS on HIV/AIDS was the 26th in the UN's first 55 years of existence. The culmination of the UNGASS was the Declaration of Commitment on HIV/AIDS.[59]

Many of those representing their countries at the UNGASS were heads of state or government, or in some cases Health Ministers or Development Ministers. As is characteristic of such UN events, most countries were keen to take the opportunity to address the session, and to highlight the scale of the HIV/AIDS problem they faced, the need for greater international commitment, and the enormous efforts being taken by their own government to combat the epidemic. 182 state representatives made speeches over the three days, along with Secretary-General Annan, Peter Piot, and representatives of some 20 IOs, civil society groups, regional organizations and UN agencies.

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[59] Resolution S-26/2

What is striking when one examines these state speeches *en masse* is the fact that the prevalence of the security discourse is surprisingly low. Of the 182 states that made statements only 32 (just over 1 in 6) referred to the disease in terms of national or international security.[60] Where they did, those references tended to be brief and bland statements noting that, amongst other things, HIV/AIDS represents a potential threat to state stability. This example, taken from the statement of Thailand, is typical of the genre:

> HIV/AIDS is a silent global menace which threatens not only development and human security, but also international security, to the extent that the global nature of the threat has already been acknowledged by the Security Council.[61]

In addition to these 32 states which mentioned the international security dimensions of the pandemic, a further 5 noted that war can be a vector for HIV, although they did not present the disease as a cause of instability in and of itself.[62]

One state made explicit reference to the fact that the securitization of HIV/AIDS had played a role in moving the issue up the international agenda. This came from Villa Schmidt, German Minister of Health, who stated that

> In the battle against HIV/AIDS, the world is today embarking upon a qualitatively new partnership in terms of international policy. This became possible only when it was generally recognised that HIV/AIDS was not only a public health problem, but one which spanned development, economic and even security policy.[63]

Yet in other cases where, following the logic of securitization, it might be expected that military and security services would be mentioned they were not. This quote from Ethiopia is a case in point:

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[60] Those that did so were (in the order in which the addressed the Assembly): Botswana, Mozambique, Nigeria, Portugal, Rwanda, Norway, USA, Pakistan, Algeria, Thailand, Barbados, France, Mexico, Germany, Panama, Monaco, Brunei, Bolivia, Yemen, Nepal, Congo, Antigua & Barbuda, United Arab Emirates, Swaziland, Belize, Saint Lucia, Cyprus, Bangladesh, Fiji, Lebanon, Sierra Leone, D.R. Congo.
[61] A/S-26/PV.2, p.7.
[62] Uganda, Mali, Burundi, Colombia and Yugoslavia.
[63] A/S-26/PV.3 p.15

> [HIV/AIDS] is striking down huge numbers in crucial occupations, including teachers, civil servants, business people and medical professionals in the prime of their life.[64]

The omission of military forces from Ethiopia's list – given the fact that this is one of the key securitizing claims – is notable.

Despite the UNGASS occurring less than a year after 1308, virtually none of those who addressed the Assembly made any reference to military forces or to peacekeeping, which had been the focus of the Council's consideration of HIV/AIDS. The exceptions to this were Norway (whose representative reported on her first hand experience in distributing HIV awareness cards to peacekeeping troops)[65] and Bangladesh (which congratulated itself on its military HIV prevention programme and the low prevalence rate which had been found among the troops which it contributed to peacekeeping operations).[66]

These references to security – whether the broad or narrow construction - were dwarfed by alternative discursive framings of the pandemic. In short, of the range of global health discourses discussed above, the security discourse was the least in evidence at the UNGASS on HIV/AIDS.

Whilst it was universally recognised that HIV/AIDS is a Public Health problem, the overwhelmingly dominant alternative framing was as a threat to economic development. This was referred to by almost every speaker, and several countries called for debt cancellation as an important means of freeing up the funding to allow for more effective HIV programmes.[67] In part this is a reflection of the fact that HIV/AIDS has become almost universally accepted as a development challenge. The link between HIV prevalence and poverty is strong, the economic loss caused by HIV infection is well documented, and there are clear fiscal and infrastructural difficulties facing developing states in putting in place the measures necessary to successfully combat the pandemic. On

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[64] Mr. Hussein (Ethiopia), A/S-26/PV.8, p.9.
[65] A/S-26/PV.1, p.23.
[66] A/S-26/PV.7, p.15
[67] For example, Mrs. Njie-Saidy of Gambia, A/S-26/PV.4, p.7; Mr. Malewezi of Malawi, A/S-26/PV.5, p.4.

top of that there are clear links with food security, household/community productivity and health service resources. Thus high prevalence levels are both a product of underdevelopment and an obstacle to development. It is no accident that HIV/AIDS has become a central focus of international development policies. Perhaps even more significantly in this context, the combating of HIV/AIDS is enshrined in the Millennium Development Goals, adopted by the General Assembly's 'Millennium Assembly'.

Naturally there was a great degree of prominence given to biomedical developments in the fields of vaccine, microbicide and antiretroviral development, and on the importance of health education and the need to strengthen health systems in the developing world.

Many statements also focussed on issues of human rights, and in particular the right to health, protecting the rights of people living with HIV/AIDS and working against the stigma which often attaches to sufferers. There was also a strong thread of argument in favour of improving access to medicines which drew upon human rights, economistic and anti-neoliberal streams of thought. Dominica's statement on this issue was one of the most stridently expressed:

> The prospect of the poor receiving the full benefits of the [Global] fund are dimmed by the call to respect intellectual property rights and adherence to the World Trade Organization rules. The affordability of drugs for victims of HIV/AIDS in poor countries like Dominica must be one of the objectives of the fund. Therefore, producers of generic anti-AIDS drugs are essential to the success of the fund's programmes. We cannot continue to elevate the excessive profits of the major pharmaceutical companies above the suffering of millions.[68]

Perhaps the fact that certain countries did not choose to present HIV/AIDS in terms of security should not be as surprising as it is. Clearly certain actors had an interest in pursuing securitization for whatever reasons (genuine humanitarian concerns, foreign and security policy priorities and so on). But the interests of actors are complex and at times contradictory. Those states most severely affected by the pandemic have the most to gain from serious international efforts to deal with the problem, from the creation of new

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[68] A/S-26/PV.6

funding mechanisms such as the Global Fund, and from initiatives designed to improve access to medicines, reduce foreign debt and so on. Yet, other than in the most dire circumstances, government representatives are seldom keen to promote the idea that their authority is under threat by external forces out of their control. Almost every developing world representative made reference to the development challenges posed by the pandemic. A number of them made statements to the effect that HIV/AIDS is a security problem in abstract terms. None, however, went so far as to say that the pandemic threatened the stability of their own state. Securitization is not, then, a one-way street even for those states in desperate need of aid. Just as it suits some to pursue a securitization agenda, others have equally valid reasons for not wanting HIV/AIDS to be seen as a security threat. The second wave of literature on the securitization of HIV/AIDS does address some of the downsides of securitization, but rarely is a sense given that securitization is actively contested (whether that be through the behind-the scenes dissent within the Council, or the alternative framings put forward in the Assembly).

Conclusions

There would seem to be strong grounds for scepticism over the impact of the purported securitization of HIV/AIDS within the UN System. In the Council – the prime mover in terms of framing the disease as a security threat – it has been shown that there were doubts from the beginning over whether HIV is really an issue of international peace and security; that the kind of exceptional response which would be expected to flow from a successful securitization has not really been in evidence; and finally that in more recent years the issue seems to have dropped off the Council agenda altogether.

Looking across the UN System more broadly the security discourse appears to have had even less impact, although it does occasionally occur. UNAIDS, the body charged with coordinating the UN's response to the pandemic, has referred to the security implications of the disease, and has undertaken security-related work with military forces, but other discourses still predominate. This was even more true of the General Assembly which

focussed overwhelmingly on development issues, with very little attention being given to the security aspects of the disease.

If this is indeed representative of the international response to HIV/AIDS, why has the IR literature been so narrowly focussed upon the security implications of the disease, and why does it so often implicitly give the impression that securitization has led to the situation where security now dominates other discourses in relation to HIV?

There is a need for caution within the IR community to ensure that our work on HIV/AIDS – and, for that matter, other global health issues – is informed by, but not led by, the disciplinary tools that we have at our disposal. The Copenhagen School approach to securitization is well established as an approach, particularly within European IR. It has much to recommend it as a framework for understanding the ways in which security issues are constructed. To be clear: I am categorically not putting forward the argument that the securitization of HIV/AIDS is a red herring, nor that it is insignificant in contemporary Global Health Governance. There have indeed been clear and deliberate attempts to securitize the pandemic. Naturally this has gained more traction in some settings that others – the UN Security and the US foreign policy establishment appear to have been particularly receptive to such framings of the problem. But there are real questions over whether the transition has been made from a 'securitizing move' to 'successful securitization'.

More generally, in terms of its treatment of the UN System, IR as a discipline is too often guilty of focussing on the Council to the virtual exclusion of other UN system actors. As a result, analysis of the UN's security functions (not only the work of the Council, but the related activities of peacekeeping, peace building and so on) are privileged over its activities in other areas. There are both historical and contemporary exceptions to this: witness the extensive work done on voting patterns in the General Assembly in the 1960s, for example; or the rapidly expanding contemporary literature dealing with the role of the Secretary-General and the Secretariat. The Specialized Agencies and funds, and coordinating mechanisms such as UNAIDS, however have been subject to only

limited attention within mainstream IR. Again there have been exceptions: IPE has engaged extensively with the World Bank, to take one example. The point remains valid, though: the result of IR's preoccupation with security (and in some quarters with securitization), and its almost exclusive focus on the security functions of the UN leads to an almost inevitable conclusion that the UN treats HIV/AIDS as a security problem. Yet it is important to recognise that the securitization discourse is only one of several which compete within the landscape of Global Health Governance and which, in a microcosm of this, characterise language and policy within the wider UN system.