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Disease Diplomacy: The Inherent Paradox of Globalization and AIDS

Laura Roberts

Abstract

This paper seeks to understand a remarkable paradox linked to the processes of globalization and the increasingly notorious AIDS pandemic. Commonly dubbed the next Black Death, AIDS is crippling not only the public health system in a myriad of countries, but it is becoming increasingly infamous as a development, security, trade, economic, and social issue that must be dealt with multilaterally. The aspects of globalization such as transportation, social and cultural marginalization, and economic integration seem to be intensifying the international AIDS crisis to emergency levels never seen before in our history. However, at the same token, progressions like global governance and cooperation, and the technology revolution are providing us with realistic and promising solutions to this deadly outbreak. Case studies from countries around the world will be used to demonstrate this paradox in a practical setting.

> "We can no longer push the afflicted into plague hospitals and retreat like medieval burghers behind the high walls of our city's defences. We must begin by recognizing that welfare is a global common good. AIDS is the first epidemic of globalization. It has spread rapidly because of the massive acceleration of communication, the rapidity with which desire is reconstructed and marketed globally, and the flagrant inequality that exists within and between societies."
> -Tony Barnett and Alan Whiteside, *AIDS in the Twenty-First Century; Disease and Globalization* New York: Palgrave MacMillan, 2002:4.

Acquired Immune Deficiency Syndrome (AIDS) is an infectious disease caused by the Human Immunodeficiency Virus (HIV). AIDS is the advanced form of HIV which may not cause disease for a long period of time after the initial exposure.[1] It is transmitted primarily through contact of contaminated body fluids, especially blood and semen. Commonly dubbed the next Black Death, AIDS is crippling not only to the public health system in many countries,[2] but it is becoming increasingly notorious as a development, security, trade, economic, and social issue that must be dealt with multilaterally. With thousands of new infections and deaths every day, questions must be answered. Firstly, how and why is AIDS getting distinctly worse? And secondly, what can be done to begin combating this deadly disease? These answers lie with the phenomenon that has swept the world by storm: Globalization.

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Globalization is a dynamic, continuous process encompassing various vehicles of change. It includes interdependence and interconnectedness that see no boundaries

[1] Donna Olendorf, Christine Jeryan, Karen Boyden, et al.1999. The Gale Encyclopedia of Medicine, Vol.1, A-B.
[2] Please see avert.org. *World HIV and AIDS Statistics*, [on-line]available from:
http://www.avert.org/worldstats.htm for Global Estimates of the HIV/AIDS epidemic, at the of end 2002.

or borders. Some of the most predominant processes include, but are not limited to, transportation (the facilitated movement of people and objects), social and cultural marginalization, economic integration, global governance and cooperation, and the technology/information revolution. As the processes of globalization become increasingly significant on the global stage, various consequences are bound to ensue. How then, are the processes of globalization linked, negatively or positively, to the AIDS pandemic? There seems to be an inherent paradox: the processes of globalization have intensified the international AIDS crisis to emergency levels never seen before in our history. At the same time, as the forces and institutions of globalization continue to grow, so too does the ability to respond and provide a practical resolution to this epidemic.

Malcolm Waters suggests that there are some observable aspects of globalization, notably increasing speed and volume. The speed of movement is discerned in two ways: First, as something tangible (i.e. people), and second, as something intangible (i.e. cyber messages). Both types of speed have increased massively and at unprecedented levels. Coupled with that is another factor: shrinking space. With space being increasingly expressed in terms of time of travel or communications, it appears to shrink as travel and communicational time decrease. Waters speaks of the "phenomenological elimination of space and the generalization of time." A third aspect of globalization is permeable borders, which relates back to the idea of increased interconnectedness and interconnectivity. The relationship of these two factors, between nation states and the wider world, is increasing. Waters goes on to tell us that economic, political and cultural change is now beyond the control of any national government, which has led to the debates regarding the demise of the nation state.[3] The fourth inherent aspect of globalization is reflexivity. Local communities everywhere have the chance to interact with the world, as the feeling of isolation becomes less of an option. Waters cites Giddens as saying that globalization is the *sine qua none* of what he terms 'reflexive modernity', characterized by an increasing flow of information, images, symbols and purchasable lifestyle identities.[4] It is important to note that globalization offers risks and opportunities, a facet central to the understanding of our paradox. It has winners and losers within all societies and regions of the world. While it threatens to marginalize entire regions in economic and political terms, it also benefits the technologically advanced, while providing opportunities to newly industrialized countries.[5] The 1999 Human Development Report provides data that supports this inclination, which consists of an unequal and therefore conflict-laden distribution of the costs and benefits of globalization.[6]

We will examine our paradox through the five main processes identified above: transportation, social marginalization, economic integration, global governance and

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[3] See Susan Strange, "The Defective State," Daedulus, (Spring 1995): 55-74., Kenichi Ohmae, "The End of the Nation-State: The Rise of Regional Economies," (1995), Saskia Sassen, Losing Control? Sovereignty in an Age of Globalization (New York: Columbia University Press, 1996): 1-30.

[4] All observations/characteristics taken from Malcolm Waters, as expressed in John Beynon, David Dunkerley, eds., *Globalization: The Reader (* New York: Routledge, 2000): 6-7.

[5] Paul Kennedy, Dirk Messner, Franz Nuscheler, eds., *Global Trends and Global Governance* (Sterling: Pluto Press, 2002): 157-158.

[6] United Nations, Globalization with a Human Face: United Nations Human Development Report, [on-line] (accessed 15 March, 2003); available from http://hdr.undp.org/reports/global/1999/en/; Internet.

cooperation, and the technology/information revolution. It is the first three that seem to be exacerbating the international AIDS crisis and thereby causing constraints against the development of a viable global resolution. The latter two, seem to be the most predominant processes of globalization that can assist in combating the AIDS pandemic.

Transportation

This exploration of transportation has two case-specific categories: the international sex trade and global tourism. In recent years, the international sex trade has grown exponentially. With the emergence of this booming industry, there is an inherent and vicious rise in the number of HIV/AIDS cases.

We will analyze a situation regarding Thailand sex workers working out of Denmark to assess just one example of the severity and intensity of the international sex trade. This extensive study was provided by the fieldwork of Anders Lisborg, who is affiliated with the Centre for Development Research in Copenhagen. Globalization has facilitated prostitution through increases in transnational migration, a problem that has accentuated the AIDS crisis in past decades. There are three main types of prostitution migration patterns: "returning with a tourist" (Type A), "migration through transnational social networks" (Type B), and "migration through agents and commercial networks" (Type C).

Type A would involve a "typical" woman who is already working in the sex industry out of the major urban centers of Thailand such a Bangkok, Koh Samui and Pattaya. While meeting a Danish tourist or expatriate in Thailand, they would return with him to Denmark. Typically the men will pay all the expenses for the Thai prostitute to come to Denmark, on the condition that a marriage follows and the women commits to being the man's servant. A common characteristic of this type of prostitution migration is that the prostitutes have not planned their migration in advance, and if a *pro forma* marriage is not legally provided, they remain in Denmark to work in brothels and massage parlours. During the late 1980's and 1990's, HIV infection rates among commercial sex workers saw a dramatic increase. HIV positive rates reached epic proportions of 41-54 percent among commercial sex workers in brothels in the northern Thai provinces in the early 1990's.[7] When sex workers would migrate to Denmark and other European countries, they would bring infections and sexually transmitted diseases across the border with them.

Type B's "migration through transnational social networks" involves women, who have friends and relatives in Denmark who can inform them about opportunities abroad and eventually assist in their migration processes. The transnational networks serve as vehicles to facilitate, motivate, and encourage migration. One woman in Thailand, Pikhun, had stopped in Copenhagen once on a trip back to Thailand. She knew she wanted to return if the opportunity was granted. When a close friend of her mother opened a massage parlour in Denmark, the woman asked Pikhun if she would come and join her. She migrated from Denmark back to Thailand a myriad of times before finally settling back in Thailand. Her experience, however, demonstrates two examples of migration through transnational social

[7] Leslie Ann Jeffrey, *Sex and Borders: Gender, National Identity, and Prostitution Policy in Thailand* (Vancouver: University of British Columbia, 2002): 109-110.

networks. Her case was an example of the "migration snowball effect," or the so-called "chain migration," whereby women who have already experienced western migration, spread rumours about the possibilities which lie in West. This only encourages the spread of more migration, and thus disease. This migration can be viewed as an inevitable outcome of globalization as the latter has served to facilitate the former. With the rise of global traffic, there could be inevitable increases in HIV/AIDS infection rates.

The final type is migration through agents and commercial networks. The prostitutes in this category are usually the ones who experience the most hardship. They use agents globally who do the work for financial gain. These representatives can vary from individuals who have received profit on a one-time basis, to criminal organizations established for the purpose of prostitution through migration. The agents are seen as charity workers and experienced business dealers who can provide new lives to displaced, unhappy sex workers in Thailand. Because of their influence in both the sending and receiving countries, these agents are becoming increasingly successful in influencing global migration patterns. Anders Lisborg's research suggests that Type C prostitution and its ensuing migration is an inherent offspring of globalization. Globalization has facilitated international prostitution through the processes of migration, thereby giving life to increasing HIV/AIDS statistics over the past decade.

The tourism industry, facilitated by globalization, has also been a factor in the rapid spread of AIDS. Jeremy Seabrook identified the irony with sex tourism being a symptom of globalization: the 'integration' of the whole world into a single economy, when both the workers in the industry and the clients from abroad are themselves the product of global disintegration

the destruction of local communities, the dissolution of rootedness and belonging, and the breaking of old patterns of labour and traditional livelihoods and the psychological confusion of so many people caught up in something of which they have little understanding and over which they have less control.[8] Global tourism is a booming industry, and a significant factor of globalization. In cases such as Thailand, the sex industry is one of the primary lures for tourists. International prostitution appears to be rapidly increasing due to the spread of travel, migration, and liberal economic "development" across the globe:

> Never underestimate the impact of the 747 on rapid population movements; European tourists who once saw the Mediterranean as a distant luxury now holiday in the Seychelles and Phuket, while women and men from Nigeria and Brazil sell themselves on the streets of Rome and Dusseldorf, and many migrants find their jobs as entertainers, maids and nannies carry with them the expectation of sexual services.[9]

Thailand seems to be the best study for global sex tourism as it has one of the most bustling industries in the world with it bringing more than $4 billion a year to the national economy. Millions of travelers, 70% of them men traveling alone, arrive in Thailand annually to purchase the sexual services of teenage workers at bargain rates. The Internet is feeding this tourism as

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[8] Jeremy Seabrook, *Travels in the Skin Trade* (London: Pluto, 1996): 169-170.

[9] Denis Altman, *Global Sex* (Chicago: University of Chicago Press, 2001): 106-107.

well, not only in Thailand but also globally. Global sex guides posted on the World Wide Web highlight the "best" countries and their regions to find prostitutes, facilitating international sexual behaviour.[10]

Social Marginalization

There is an unremitting, fierce cycle when it comes to globalization, poverty and AIDS. The World Health Organization defines poverty, in its strictest definition, as a lack of money or material possessions. In broader terms, poverty can be understood as the state of having insufficient means, which may include the lack of social or educational resources. Poverty is associated with other conditions such as unemployment, low education, deprivation, and homelessness.[11] Louis Pasteur once said that epidemics are never merely biological. They are shaped and amplified by social forces, which are in turn set in motion by economic change. "Just as the bubonic plague thrived in the crowded, pestilential European cities which provided the breeding grounds for the rats which spread the disease, so too is AIDS spreading along the fault lines of poverty, gender and class inequality."[12] As globalization can be seen as breeding poverty, especially in the developing world, poverty is also one of the most quoted rationales for explaining the rapid spread of AIDS, as it expands among those most susceptible to poverty, inequality, and disparity.

Sandra Thurman, director of the Office of the National AIDS Policy for the United States of America informs us that we cannot begin to win the battle against AIDS unless we, as global citizens, deal with the basic vulnerabilities brought on by poverty and inequity. "Girls' access to education, women's access to micro credit loans and opportunities, fighting racism, homophobia, long-standing gender inequality, and the exploitation of children are all, indeed AIDS issues. Protecting the dignity and human rights of people living with HIV and AIDS and all people with disabilities is, in fact, an AIDS issue."[13]

On top of this, the impact of HIV and AIDS has worsened poverty conditions at all levels, but specifically among the poorest sectors. Families are losing their primary breadwinner and care-giver, and the numbers of child orphans as a result of losing a parent to AIDS is skyrocketing. In turn, those children usually drop out of school, which leads to a generation of unskilled workers. Household expenditures are being spent on health care, funerals, and care related travel. The money that goes to AIDS care is rerouted from funds, which could have sent children to school. Because families need money to deal with these problems, it forces young girls and women into prostitution, seeking money to pay for their loved ones' medical attention. As a result of their heightened sexual activity, their risk of contracting HIV is automatically heightened.[14]

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[10] For example; www.worldsexguide.com

[11] World Health Organization, World Health Report 2001, *Mental Health; New Understanding, New Hope* [online] (accessed 29 March, 2003); available from http://www.who.int/whr2001/2001/main/en/chapter1/001c3.htm; Internet.

[12] "We all have AIDS," *New Internationalist,* No. 346 (June 2002): 10.

[13] Sandra L. Thurman, "Joining Forces to Fight HIV and AIDS," *Washington Quarterly,* Vol. 24, No.1. (Winter 2001): 102.

[14] Karen McElrath, ed., *HIV and AIDS: A Global View* (Westport, CN: Greenwood Press, 2002): 209-210.

Poverty is a key factor that increases personal and social vulnerability to AIDS.[15] There are many reasons for why this vulnerability exists: First and foremost, poor communities have little or no access to health care. Sexually transmitted diseases are widespread in many developing countries because people simply cannot afford treatment while health authorities and governments cannot provide clinics or the medical staff to help prevention. In addition, people living in poor communities tend to receive less education, resulting in a multitude of illiterate people. This limits their access to information about the disease and skyrockets their risk of contracting a STD. Living in poverty also forces many breadwinners to leave their families in search of work, which has grave consequences on family structures, and the family as a whole.

AIDS is also having drastic impacts on the underdevelopment of many states. The disease lowers household incomes, sometimes affecting more than one working resident, and

From one employee with HIV/AIDS (individual costs)	Medical Care Benefits payments Recruitment and training of replacement worker	Reduced job productivity Reduced productivity due to employee's absences Supervisors time in dealing with productivity losses Vacancy rate until replacement is hired Reduced productivity while replacement worker learns the job
From many employees with HIV/AIDS (organizational costs)	Insurance premiums Accidents due to ill workers and inexperienced replacement workers Costs of litigation over benefits and other issues	Senior management time Production disruptions Depressed morale Loss of experienced workers Deterioration of labour relations

Table 1 The Costs of AIDS to an Employer

Source: Sydney Robson, Jonathon Simon, Jeffrey R. Vincent *et al.*, "AIDS is Your Business," *Harvard Business Review*, (February 2003): 84.

families are finding it increasingly difficult to fund the treatment required for their health.[16] The disease is also increasing the cost of doing business in terms of health care, death benefits, pensions, recruitment, training and other costs. Table 1 shows a breakdown of the total costs of AIDS to an employer. The Harvard Business Review declared (with a surprising lack of sensitivity) that "AIDS is destroying the twin rationales of globalization; cheap labour and fast

[15] Please see Figure1 for a classification of risk of people susceptible to HIV/AIDS.

[16] Canadian HIV/AIDS Legal Network, AIDS as a Development Issue. *Canadian HIV/AIDS Policy and Law Newsletter*, Vol.2, No.4. (July 1996): 1-3.

growing markets." Workers are becoming increasingly unproductive, mostly as a result of their illness-related absences and time away from work to care for their sick relatives.

Many corporations derive a competitive advantage from the low costs of performing business in the developing world. AIDS is destroying that benefit and handing the tab of medical care over to the multinational firms. For example, the average executive in a corporation with operations in South Africa encounters the probability that anywhere from 10% to 40% of its employees are HIV positive. If there is an absence of effective treatment, almost all of them will die over the course of the next decade. The corporations affected by the pandemic, however, can serve as resourceful collaborators in halting the spread of AIDS as well. This could be viewed as a benefit of globalization: multinational corporations willing to invest financially to avoid the costs of an unhealthy workforce and population. Prevention and treatment campaigns implemented by businesses in the developing world will benefit them in the long run as workforces will become more productive and less expensive. AIDS could reduce GDP growth by rates of 0.5% to 2.6% a year in several African countries. With statistics such as these plaguing the corporations, it only makes sense for them to develop strategic goals, which incorporate preventive treatments for their workers.[17]

Economic Integration

Kofi Annan, United Nations Secretary-General, has established a global AIDS Fund, with an initial target of $10 billion. As of June 2002, the fund had established about $2.0 billion in pledges. The United States has committed a meager $200 million, compared with the $50 billion it donated to fight global terrorism after the September 11 terrorist attacks. The developing countries, usually the hardest hit by the AIDS pandemic, cannot fight this on their own; especially in an era where it appears that global economic conditions are conspiring against them. With healthcare systems in a weak position, debt payments draining national budgets, and the diversion of aid being spent elsewhere (i.e. terrorism), the prospect of more resources to fight AIDS appears slim.[18]

One of the most contentious issues surrounding the globalization and AIDS debate encircles a larger debate surrounding international trade rules on drugs. Sandra Thurman tells us that the G7, the World Trade Organization (WTO), the World Health Organization (WHO) and the United Nations (UN) must work in concert to refine policy regarding pharmaceuticals and medical technology, especially with regards to parallel importation and compulsory licensing. There is a hard equilibrium to maintain. It involves guarding international property rights and ensuring adequate future investment and interest in research and development, versus ensuring affordable access for emerging humanitarian emergencies and keeping the needs of the most affected people at heart.[19] One in four Africans is expected to die from the disease. Even with these shocking statistics, the globalization of economic integration is continuously putting the continent at greater risk. 90% of AIDS research and investment is spent

[17] All statistics taken from: Sydney Robson, Jonathon Simon, Jeffrey R. Vincent *et al*, "AIDS if Your Business," *Harvard Business Review*, (February 2003): 81-87.

[18] *New Internationalist, 12.*

[19] Thurman. *Joining Forces to fight HIV and AIDS*, 208-209.

on the development of expensive drugs for the treatment of the 8% of people who have contracted the disease in developed countries, thereby drying up the funds and the research agendas for more affordable vaccines to prevent its further spread in the third world.[20] But as Thurman identified, there is a fine line between affected citizens who desperately need treatment and multinational corporations seeking incentives to continue research and development on drugs. From the point of view of pharmaceutical companies, patents are the significant motivation for innovation.

The Trade Related Aspects of Intellectual Property Rights (TRIPS) Agreement is annex 1C of the Marrakesh Agreement, which established the World Trade Organization. The United States, who in 1994 was especially interested in addressing services regarding trade and intellectual property privileges, were under the impression that they had not been well protected. Based on these concerns, the eighth set of negotiations (Uruguay Round) began in 1986 in Punta del Este, Uruguay and finally concluded in 1994. The TRIPS agreement established substantially higher standards of protection for a full range of intellectual property rights such as patents, copyrights, trade secrets and trademarks that are embodied in current international agreements as well as providing for the valuable enforcement of those standards both nationally and internationally.[21] The strengthening of the intellectual property rights regime is the subject of intense scrutiny and debates in most countries of the world. By enforcing the protection of intellectual property rights, TRIPS embodies a significant challenge to a number of developing countries, which have to make considerable changes to their legislation to be in compliance. "TRIPS has the greatest impact on medicines as it deals with patent law and sets some minimum standards such as 20-year patent protection for pharmaceuticals."[22] If we step back to look at the grand picture, we immediately observe how globalization has had negative consequences on the AIDS pandemic. Through globalization and the process of economic integration, international trade agreements such as TRIPS, became possible and thus limit access to drugs for the most needy in the developing world.

Vandana Shiva provides us with an interesting perspective regarding TRIPS. She asserts that it is essentially the globalization of western patent laws that have been used historically as instruments of conquest. The word "patents" has its historical significance in "letters patent" the open letters granted by European sovereigns to conquer foreign lands or obtain import monopolies. Christopher Columbus derived his right to conquest the Americas through the letter patent granted to him by Queen Isabel and King Ferdinand.[23]

"TRIPS allows for the production of medicines by companies other than the patent holder (compulsory licensing). TRIPS also allows for the importing of medicines from countries

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[20] Ankie Hoogvelt. 2001. *Globalization and the Post Colonial World; The New Political Economy of Development.* (Baltimore: Johns Hopkins University Press, 2001): 196.

[21] Philip R. Cateora, John L. Graham, *International Marketing.* (New York: Irwin McGraw Hill, 1996): 46-47.

[22] David Wilson, Paul Crawthorne, Nathan Ford, Saree Aongsonwang, "Global trade and access to medicines: AIDS treatments in Thailand," *The Lancet* (November 27, 1999): 1-2.

[23] Vandana Shiva, "War against nature and the people of the South," in Sarah Anderson, ed., *Views From the South: The Effects of Globalization and the WTO on Third World Countries* (Oakland, CA: Food First/The International Forum on Globalization): 114.

other than the country of manufacture (parallel importing)."[24] Compulsory licensing and parallel importing are both widely practiced by western countries. Some less developed countries have been pressured by western governments to ban compulsory licensing and parallel imports to make it more difficult for them to gain access to drugs in the interest of profit. In 1999, there was mounting pressure on Thailand where the United States sought to limit access to affordable treatment for HIV/AIDS patients. This was the case in South Africa as well. Thailand is capable of producing good quality cheap generic drugs, but local production has been limited by trade pressure from the US government. The US views TRIPS as a minimum standard and, in discussions with other countries, usually asks for more commitments by threatening trade sanctions if they are not met. Pressure from the US to force Thailand to limit compulsory licensing and parallel importing is not a new phenomenon. It was these issues that motivated the Doha Declaration.

In November 2001, the Doha Declaration came to life and was viewed by many as a saving grace to the negative impacts of TRIPS by adding flexibility to legislation regarding compulsory licensing and parallel importing. Within such a debate, our paradox becomes visible once again. While the forces of economic integration came to impede access to drugs via the TRIPS agreement, it was the Doha Declaration, another example of a global economic input, which was designed to respond to concerns about the possible implications of the TRIPS agreement for access to medicines. With the advent of Doha, the TRIPS council is mandated to find a solution to the problems countries may deal with in making use of compulsory licensing if they have too little or no pharmaceutical manufacturing capacity, reporting to the General Council by the end of 2002. The declaration also extended the deadline for the least developed countries to apply provisions on pharmaceutical patents until January 1st, 2016.[25]

International Cooperation

"Global governance rests on different forms and levels of international coordination, cooperation, and collective decision making, with international organizations taking on these coordination functions and contributing to the development of global modes of perception." Global governance is not a project involving only governments or international organizations as instruments of world states. What makes the concept of global governance so unique is that it calls not only on state organized multilateralism but also for 'cooperation of governmental and nongovernmental actors from the local to the global level.'[26]

Uganda

Uganda is a prime example of how globalization, through the vehicle of international cooperation can assist in combating the AIDS pandemic. While Uganda has fallen victim to the

[24] David Wilson *et al.*: 1-3.

[25] World Trade Organization, *The Doha Declaration Explained,* [on-line] (accessed March 9, 2003); available at: http://www.wto.int/english/tratop_e/dda_e/dohaexplained_e.htm#trips; Internet.

[26] Definitions all derived from; Paul Kennedy, Dirk Messner, Franz Nuscheler, eds. *Global Trends and Global Governance* (Sterling: Pluto Press, 2002):160, 161.

common themes that are undermining all aspects of African development (i.e. food industry, orphaned children, and decreased economic growth), it is one of the few African countries that are implementing a system of intervention, and seeing the results. The Uganda Aids Corporation (UAC) was established in 1992 to replace the National AIDS Prevention and Control Committee, and assists in developing a national strategy to fight AIDS. The UAC's response was to implement a multi-sectored approach to the spread of AIDS (MACA), recognizing first, that the disease affects peoples from all walks of life in their country, and second, that assistance is needed from foreign powers. Uganda's success may also be attributed to the government's initial frankness in dealing with such a huge epidemic. President Museveni's strategy included announcing HIV/AIDS as one of the areas needing the most foreign assistance and discussing the legitimacy of the illness with his citizens. Some of the actors involved included non-governmental organizations (NGO's), religious groups, community associations, and international lawyers. The UNAIDS report in December 2002 demonstrated that the epidemic does react to human intervention, there was a steady drop in HIV prevalence among 15-19 year old pregnant women, coupled with almost doubling increase in condom use by women aged 15-24 between 1995 and 2000/2001.[27]

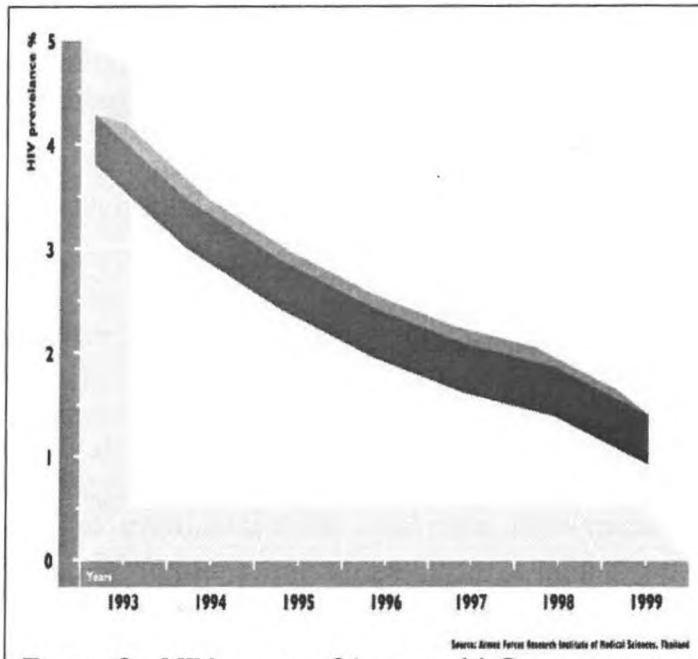

Figure 2 HIV among 21-year-old Conscripts in Thailand.
Source: The World Health Organization, *Health – A Key Priority; Success Stories in Developing Countries*;

Thailand

The paradox we have identified regarding the globalization of AIDS is no more apparent than in Thailand. As mentioned before, with globalization encouraging one of the most bustling sex tourism industries in the world, it has also espoused one of the most successful treatment programs the global community has ever witnessed. Figures 2 and 3 show the decline in HIV/AIDS infection rates in Thailand among military conscripts and commercial sex workers respectively. In 1988/89, the country saw the first wave of the epidemic. HIV infection rates sharply increased among injecting drug users, rising from almost zero to 40% in a single year. Almost concurrently, a second wave of infection spread amongst sex workers. "In

[27] United Nations, *AIDS epidemic update*, [on-line] (accessed March 26, 2003); available from: www.unaids.org/worldaidsday/2002/press/Epiupdate.html; Internet.

1989, it was found that 44% of sex workers in Chiang Mai, in the north, were infected with HIV. The rising infection levels among sex workers, which reached 31% nationally by 1994, launched subsequent waves of the epidemic in the male clients of the sex industry. As a result, infections occurred in their wives, partners and their children."[28] The national response to this frightening situation involved international cooperation and collaboration which was facilitated by globalization. The government was, and is still, aware that they must strategically plan so that their approach involves many members of society, including local partners and sectors of the government. Prime Minister Anand Panyarachun, in 1991/92, placed AIDS policy under the coordination of the Office of the Prime Minister with a multi-sectoral prevention committee under his jurisdiction. NGO's began to be involved as health became an increasing priority. In addition, the government launched a nation-wide campaign to reduce HIV/AIDS transmission. A vigorous 100% condom campaign was launched to encourage safe behaviour. With 17% of brothel-based workers already infected, any lapse in condom use could have an explosive impact on the epidemic. Sex workers were screened weekly/biweekly at government STD clinics and issued free condoms.[29]

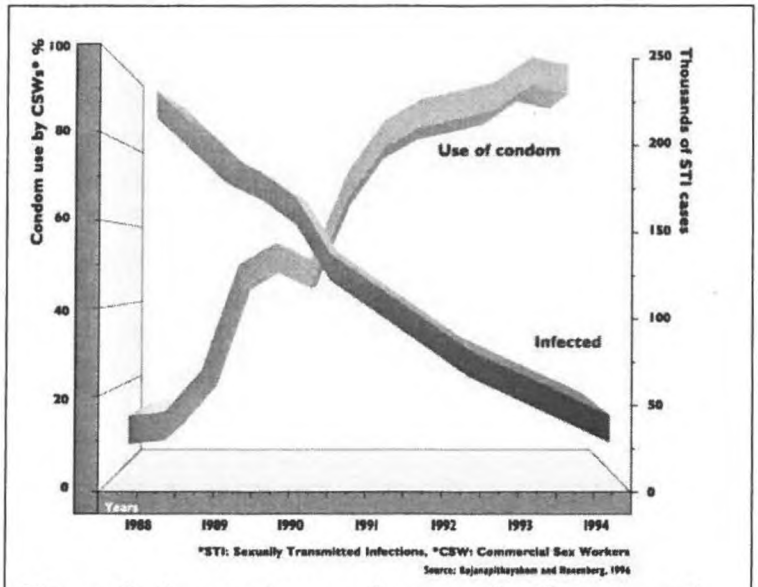

Figure 3 Increas ing condom use by Commercial Sex Workers and decline in Sexually Transmitted Infections in Thailand

Source: The World Health Organization, *Health – A Key Priority; Success Stories in Developing Countries,* http://www.who.int/inf-new/aids1.htm

Information Revolution

The cyber-age has ushered in a new era of communication and information accessibility. As a result, those most susceptible to the AIDS pandemic now have access to pertinent information regarding its causes, transmission, and outcomes. When citizens of the world become more educated about the disease, the awareness grows exponentially as people inform their friends, families and relatives. Unfortunately, the paradox we have identified is also present even in regards to this process of globalization. The reality of regional disparities plagues the world, and there are an astonishing number of people left unaware of any revolution in technology. As Ken

[28] Avert.Org (International HIV and AIDS Charity), *HIV and AIDS in Thailand*, [on-line] (accessed 15 February, 2003); available from www.avert.org/aidsthai.htm; Internet.

[29] Tony Barnett, Alan Whiteside, 334-335

Wiwa stated at Mount Allison University on March 13, 2003, there are over four billion people in this world who have yet to experience the advantages of being connected via the World Wide Web to the global village.[30] This produces a major and obvious problem: there are currently 29.4 million people living with HIV/AIDS in sub-Saharan Africa, one of the highest infection rates in the world, yet it is African citizens who have the least amount of access to the Internet and its educational benefits.[31]

Fortunately, the cyber-era is making inroads and continues to educate people about AIDS, even in the developing world. For example, last December, a new resource center, which provides current and accurate information on HIV/AIDS opened up in Addis Ababa, Ethiopia. This centre will serve as Ethiopia's main source of information on the pandemic, where the country is now reported to have 7.3% of adults infected with HIV in a country of 67 million people. The resource center is home to a multimedia collection, high-speed computer terminals with access to the Internet, and databases of local and international HIV/AIDS organizations and funding opportunities. An important function of the centre will be to work with the Ethiopian journalists to ensure that news coverage regarding AIDS is sensitive and factual. Dr. Tadese Wuhib, director of the Centres for Disease Control and Prevention (CDC), believed that "having access to accurate and current information is key to halting the spread of this virus young people and adults need to be educated and informed about HIV/AIDS so they can protect themselves and care for those who are infected or affected."[32]

The future of HIV/AIDS

There are staunch believers that predict the center of the HIV/AIDS crisis will shift from Africa to Eurasia over the coming generation. It is predicted to sweep through Russia, India and China first, and anticipated to have a staggering death toll, far exceeding the numbers Africa has seen.[33] This will have severe consequences for the rest of the world, projecting to offset the balance of power in Eurasia, and thus the relationship between those states, and the states of the world. Russia seems to fall victim to all the processes of globalization that are making the pandemic worse: economic and social dislocation which have left the country in an upheaval, increased poverty, new freedoms which were made available with the demise of the Soviet state have led to greater opportunities for geographic mobility, extramarital sex, prostitution, and drug use. All these factors, direct and indirect products of globalization, are transforming the country into a veritable breeding ground for the virus. The disease is sweeping through India as well. Most of the Indian HIV/AIDS epidemic is transmitted by commercial sex workers (as is the case in Thailand) and commercial truckers crossing borders on a daily basis. Prostitution in the country seems to be widespread as well. Social scientists claim that in the early 1990's there

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[30] Ken Wiwa, Mount Allison University, March 13, 2003

[31] UNAIDS, AIDS Epidemic Update 2002, p.12.

[32] British Broadcasting Corporation. BBC Monitoring Africa. *Ethiopia: HIV/AIDS Resource Center opens in Addis Ababa* (Addis Ababa, Ethiopia: Walta Information web site, 11 December, 2002).

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