Introduction

This fact sheet offers a comprehensive list of important Canadian and international sources on globalization and HIV and AIDS. It is divided into two subsections. The first section contains informative articles and books examining the concept of globalization itself. The second section explores globalization and HIV/AIDS and globalization and global health.

Globalization


This community forum was organized by members of ACCHO for the purpose of receiving feedback on their strategy. Key leaders within the African and Caribbean communities in Ottawa were invited to the forum. Presentations included information on ACCHO’s HIV/AIDS strategy for African and Caribbean communities, local epidemiological data on the HIV epidemic in African and Caribbean communities, and HIV/AIDS prevention initiatives in Ottawa. The forum concluded with a community feedback session on specific projects that can be implemented to combat HIV in their communities.


“Bruno Amoroso illustrates results of his ongoing research on globalization and poverty. He shows how, notwithstanding disagreements on the causes and geographical shifts, poverty is increasing globally as even welfare states are experiencing new forms of social exclusion and marginalization. He examines the overall trends through a theoretical lens looking at internationalization and globalization.”


“Since the early 1990s, “globalization” has meant a new phase in the integration of global financial, environmental and cultural phenomena. A close examination shows that this phenomenon is neither linear nor irreversible.” Sylvie Brunel provides a brief history of globalization in general and of its current incarnation in particular. Most importantly, Brunel argues that the growing need (and demand) for the regulation of globalization necessitates the revival of the State as only States can
create and enforce that regulation and only the general public can hold governments accountable and demand those changes. In addition, she demonstrates how globalization creates a sense of unity within local communities through their struggles against it. According to Brunel, globalization is on the decline.


“Migration policies are a form of population control: the issue is who is controlled, how, and by whom. Alison Crosby examines the categories that define and contain people who move and the possibilities they have, and argues for a common standard of dignity, rights and security for all who are on the move, regardless of status or category.”

**De Belder, Bert.** *Globalization: A Fate that can Be Fought!* Available online via http://www.phmovement.org/pubs/issuepapers/belder.html.

This short paper offers a concise definition and explanation of globalization as an extension of a century-long capitalist imperialist project. Specifically, the author argues that globalization is directed by transnational corporations, banks and stock markets that strictly adhere to principles of market capitalism. These actors are supported by the G8 (Canada, England, the European Union, France, Germany, Italy, Japan, Russia, and the United States) and the “Gang of Four” (the IMF, the World Bank, the WTO and NATO). However, this does not mean that globalization is inevitable: powerful Northern countries are increasingly fighting amongst themselves and grassroots activism and the struggle against globalization grow day by day.


“Susan George in her critique of the Washington Consensus argues that leaving a nation’s economy and people to the mercies of the ‘free market’, in other words to the dominant international financial players interested only in short-term profits, is the equivalent of leaving the free fox to guard the free henhouse.”


“The authors examine the destructive role the World Bank has played in African agriculture and food production.” While the World Bank has made some important concessions concerning the lived experiences and material conditions of rural African farmers, it still promotes an unfair, free market global economy that leaves African farmers and food producers at a disadvantage. The authors argue that the ‘solutions’ put forward by the World Bank are not solutions at all and will do nothing to improve agriculture and food production, whereas those proposed by African governments themselves are much more promising.

This article offers a clear definition of the term ‘globalization’, a brief history of the trend, and a more specific history of its current incarnation (i.e. state and industrial involvement and interference, the effects of technological innovations, etc). Finally, it very basically introduces readers to the two different sides of globalization debate.


“Jens Martens argues for global tax justice and eco-social fiscal reforms in order to reverse the lives of poverty of many millions of people whose living standards would improve noticeably through increased government expenditure on public education and health care, active social policies, and additional state investments in public infrastructure. He calls for more pressure exerted by civil society groups to combat the powerful lobbyists acting on behalf of the wealthy and the transnational corporations.”


“The author argues that the sex industry, previously considered marginal, has come to occupy a strategic and central position in the development of international capitalism. For this reason the sex trade is increasingly taking on the guise of an ordinary sector of the economy. This particular aspect of globalization involves an entire range of issues crucial to understanding the world we live in. These include such processes as economic exploitation, sexual oppression, capital accumulation, international migration, and unequal development and such related conditions as racism and poverty. This article examines industrialization of the sex trade which has resulted in the commodification of women and children.”

**Globalization and Health**


This fact sheet defines and critiques The Global Fund to Fight AIDS, Tuberculosis and Malaria. It specifically describes the inception and administration of the Fund. Importantly, this fact sheet describes how transnational corporations and all supplemental policies are severely impeding global health. *The G8 and Global Health* includes multiple statistics on the diseases and on pharmaceutical manufacturing, as well as important critiques and suggestions.

“The last two decades have witnessed the emergence and consolidation of an economic paradigm which emphasizes domestic deregulation and the removal of barriers to international trade and finance. If properly managed, such an approach can lead to perceptible gains in health status. Where markets are non-exclusionary, regulatory institutions strong and safety nets in place, globalization enhances the performance of countries with good human and physical infrastructure but narrow domestic markets. However, for most remaining countries, globalization has not lived up to its promises due to a combination of poor domestic conditions, an unequal distribution of foreign investments and the imposition of new conditions further limiting access to of their exports to the OECD markets. In these developing countries, the last twenty years have brought about a slow, unstable and unequal pattern of growth and stagnation in health indicators. A gradual and selective integration into the world economy linked to the removal of asymmetries in global markets and to the creation of democratic institutions of global governance is preferable to instant globalization in developing countries.”


“First published in 2002, *AIDS in the Twenty-First Century* met with widespread praise from researchers and policy makers. This edition is fully revised to take account of the latest facts and developments in the field. All statistics and evidence have been updated and their meaning reconsidered. Latest developments in vaccines, anti-retroviral treatments and microbicides are discussed along with information about the President’s Emergency Plan for AIDS Relief and The Global Fund to Fight AIDS, Tuberculosis and Malaria. A revised and extended bibliography is an important resource for students and researchers, and each chapter contains key readings and websites for further research and discussion. Carefully written to be accessible, this book is theoretically informed, practical and remains the leading text in its field.” (from [http://www.palgrave.com/sociology/aids21/](http://www.palgrave.com/sociology/aids21/))


“This paper evaluates the potential impact of adjustment policies of the International Monetary Fund and the World Bank on the vulnerability of women and children to HIV/AIDS in sub-Saharan Africa. The authors use a conceptual framework composed of five different pathways of causation. These five pathways connect changes at the macro level with effects at the meso and micro levels that influence the vulnerability of women and children to HIV/AIDS. The authors reviewed published literature on adjustment policies and socioeconomic determinants of HIV/AIDS among women and children in sub-Saharan Africa to explore the cause-effect relationships included in the theoretical framework. Evidence suggests that adjustment policies may inadvertently produce conditions facilitating the exposure of women and children to HIV/AIDS. The authors suggest a shift in emphasis from an individual approach to a socioeconomic approach in the study of HIV infection among women and children.”
Paul Farmer responds to an article by Laurie Garrett ("The Challenge of Global Health," January/February 2007), in which she proceeded to lay out, he says, the perils associated with the new momentum for building global public health – chief among them an influx of AIDS money that would have drawn attention away from and even worsen other health problems of the poor. In his article, Paul Farmer, a physician with a much celebrated experience in Haiti, argues that the influx of AIDS money into global health carries risks, but that well-designed programs can improve health care overall. Garrett also responds to him but fails to demonstrate the scientific validity of her figures on HIV and health in Haiti. Farmer is an attending physician in infectious diseases at Brigham and Women’s Hospital and Presley Professor of Medical Anthropology at Harvard Medical School. He is a Founding Director of Partners in Health, an NGO providing health care to, and research and advocacy for the sick and poor.

Thanks to a recent extraordinary rise in public and private giving, today more money is being directed toward the world's poor and sick than ever before. But unless these efforts start tackling public health in general instead of narrow, disease-specific problems (the author targets AIDS specifically) – and unless the brain drain from the developing world can be stopped – poor countries could be pushed even further into trouble, in yet another tale of well-intended foreign meddling gone awry. Laurie Garrett is Senior Fellow for Global Health at the Council on Foreign Relations and the author of Betrayal of Trust: The Collapse of Global Public Health.

The approach taken by the Globalisation Knowledge Network (GKN) to assist this WHO Commission emphasized the economic aspects of globalisation since the 1970s on the basis that the policies driving global market integration are the most important with respect to Social Determinants of Health. Efforts to tackle the HIV/AIDS pandemic, as one example, have broadened from an initial biomedical focus to issues concerning human rights, poverty and gender. Yet much more needs to done to manage the multiple ways in which globalisation affects SDH. Globalisation affects health and SDH through changes in social stratification, differential exposure or vulnerability, health system characteristics and differential consequences. These changes arise through globalisation’s effects on power, resources, labour markets, policy space, trade, financial
flows (including aid and debt servicing/cancellation), health systems (including health human resources and health services), water and sanitation, food security and access to essential medicines. While not exhaustive, this list covers the principal pathways linking globalisation to health that were examined by the GKN.


Current global health activism is far too apolitical. Consequently, it does not address the underlying structural inequalities (which are exacerbated and strengthened by globalization) that contribute to global ill health, inequalities that can only be truly addressed through the mechanisms of the nation state. In fact, the focus on individual, international work (what some might call “charity”) only serves to delay any action for accountability and change aimed at the nation state. Heywood argues that the new model of global health begun by said international work must begin in disadvantaged communities and must target the nation state. Any new model must link struggles for secure global health systems with larger, more general struggles for human rights and genuine democracy.


This is one of the first truly comprehensive and in-depth examinations of globalization and public health. Hong, in her examination of the world’s most disadvantaged geographical locations, moves from a detailed history of colonialism, slavery and general oppression to a detailed explanation of current global systems of oppression (World Bank, IMF, national superpowers, etc). Hong succinctly links history with current events, demonstrating that globalization’s current incarnation is directly influenced by and still upholds the values of its earlier manifestations.


This piece is short but informative. It offers a very general introduction to the relation between debt and HIV/AIDS infection. KAIROS argues that “over that last 25 years, countries that have implemented policies of strict fiscal austerity high interest rates, unilateral trade liberalization and privatization of essential services have had lower growth rates and fewer improvements in social indicators than occurred over the previous two decades.”


“Tracking donor funding for health is important for assessing their priorities and the availability of funding over time. This paper provides an analysis of donor funding commitments for health between 2001 and 2005.” It includes a short list of the most important or pressing findings, as well as multiple pages of tables, graphs and pie charts.

Leading researchers submit key findings relevant to the links between globalization, health and HIV/AIDS in nearly each of their reports, focused on Early Child Development, Employment Conditions, Globalization, Health Systems, Social Exclusion (and Aboriginal Peoples), Urban Settings, Women and Gender Equity.


“Poverty is dynamic in nature: even as some people move out of poverty, other people simultaneously fall into poverty. The poverty pool is being simultaneously both depleted and refilled. Anirudh Krishna argues that efforts for poverty reduction tend to focus exclusively on raising people out of poverty, and therefore will not be very successful unless poverty creation is also addressed. Ill health and high healthcare expenses are the principal reasons associated with falling into poverty; therefore, reducing poverty requires investment in better healthcare.”


“The G8 (Canada, England, the European Union, France, Germany, Italy, Japan, Russia, and the United States) represents the major political driver of contemporary globalization. It is also the most powerful political force behind the multilateral institutions that are shaping global economic practice and governance. The aid, trade, and investment policies and practices of the G8 member nations largely shape the development possibilities of poorer countries around the world. This book provides a “report card” of commitments over the past three G8 summits (1999, 2000, and 2001) with a preliminary assessment of the most recent G8 summit in Kananaskis, Canada. It presents findings from the G8 Research Centre at the University of Toronto (Canada), which has been tracking compliance on G8 commitments for a number of years. Based on research funded by the International Development Research Centre, the book extends these assessments of compliance to an examination of how adequate G8 commitments are to global development needs.” (from [http://www.idrc.ca/en/ev-45682-201-1-DO_TOPIC.html](http://www.idrc.ca/en/ev-45682-201-1-DO_TOPIC.html))


The authors argue that HIV/AIDS is not so much a disease of poverty as it is a disease of inequality; it is primarily transmitted through sexual behaviours and not the inadequate living conditions associated with material poverty. Poverty itself is not the main issue as greater economic and gender inequality lead to higher HIV/AIDS prevalence than poverty alone. In addition, HIV/AIDS impedes efforts to eradicate poverty because it increases both poverty and income inequalities as it drains more resources from already resource poor households. The article finishes with a list of strategies with which to respond to the interactions between HIV/AIDS and poverty.
“The authors argue from the Nigerian case that international migration is economically induced. Specifically, the introduction of structural adjustment programmes in the mid-1980s in Nigeria and much of Sub-Saharan Africa, with its severe negative consequences for livelihood, is the major stimulant for migration away from Sub-Saharan Africa and into the more developed and economically stable economies of the OECD. They discuss the public health implications of migration, as well as some unintended negative consequences for family life and stability.”


Walt offers a definition of globalization followed by five different characteristics of the issue: economic transformations; changes in trade regimes; the growing poverty gap; the electronic revolution; and new and emerging forms of governance. Walt examines how each characteristic relates to global health, weighing the pros and cons (or as he calls them – the threats and opportunities). The author concludes that globalization includes both positive and negative possibilities and that it is the responsibility of the global public health community to identify and act on each.


This fact sheet examines the World Health Organization’s initiative “Treat, Train, Retain,” an effort to address the global shortage of health workers, especially in low- and middle-income countries, which is impeding HIV/AIDS prevention and treatment projects. It contains comprehensive statistics and explanations of the causes of the shortage. This fact sheet explains each part of the WHO’s initiative and offers concrete examples and approaches.