

# Globalization and HIV/AIDS

July 2008



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*Globalization is a process of interaction and integration among the people, companies and governments of different nations, a process driven by international trade and investment and aided by information technology. This process has effects on the environment, on culture, on political systems, on economic development and prosperity, and on human physical well being in societies around the world.*

*(Levin Institute)*

## Introduction

In September 2007, ICAD held its Annual General Meeting and Skills Building Workshop. One of the specific recommendations of both this meeting and our Annual Membership Survey (undertaken in February 2007) was that ICAD should support its membership in developing a deeper understanding of the economic determinants of the pandemic, including the effects of globalization and macroeconomics on global poverty, HIV and AIDS. Our members believe that a greater awareness of these issues and their links to the pandemic will contribute to, and enhance, their understanding and programmatic responses to HIV/AIDS.

This fact sheet deals with how globalization affects the ability of countries to mount effective and sustainable responses to HIV and investigates how various dimensions of economic globalization (such as migrant labour, free trade, intellectual property rights, debt and global financing) act as drivers of social determinants of health in general and of HIV in particular. It also examines how globalization, as a new political framework for governance and funding, influences the ability and will of governments and communities to reduce prevalence rates and mitigate the impact of the epidemic.

This factsheet forms a component of a training package which also provides an annotated bibliography and references for follow-up action by Canadian ASOs and NGOs for use in ICAD's web conference-based training events, to be held in 2008.

## What is Globalization?

According to most economists and historians, the word 'globalization' was created in the early 1980s to reflect the new form of an old reality. Earlier forms of international expansion of the economy include the British, Turkish and Roman empires. The contemporary form of 'internationalization of the economy' – what we now call 'globalization' – appeared in the late 1800s but was interrupted by the two World Wars then stalled again during the Cold War. Under a new imperial leadership (the 'Triad' made up of the USA, the EU, and Japan), globalization resumed during the post-war period, benefited from the global recession and debt crisis in the 1970s, and really took off in the 1980s.

Today, globalization has truly become global. Following the collapse of communism and the recent Chinese integration into the world economic order, its accompanying ideology (neoliberalism) is progressively taking hold and dominating all societies, cultures, values and governments. New transport, communication and information technology, combined with new financial institutions and treaties, have helped corporations reduce their costs and expand their activity on a global scale (offshores and outsourcing). As a result, local communities have been transformed into components of a new global labour force that has to be flexible and mobile.

Leading international researchers have recently published a series of papers, commissioned by the World Health Organization, on globalization and its impact on health equity.

They observed that globalization magnifies existing asymmetries within and between countries. In their *Final Report to the Commission on Social Determinants of Health* (WHO 2008), the Globalization Knowledge Network researchers have shown that:

- the economic benefits of recent globalization have been largely asymmetrical, creating winners and losers, and growing inequalities between the two;
- globalization rewards countries that already have productive assets (financial, land, physical, institutional, and human capital) than it does countries that are less 'equipped' (typically low- and some middle-income nations);
- globalization's rules favour the rich (both countries and people within them) because they have greater resources and power to influence the design of those rules;
- there is sufficient empirical evidence to criticize the oft-cited World Bank studies concluding that 'globalizing' countries grew faster than 'non-globalizing' ones;
- even if a straightforward connection could be shown between trade liberalization and growth – potentially expanding resources for health and social development – such a connection cannot be established between growth and poverty reduction;
- redistribution of income through progressive taxation and targeted social programs would go farther and faster in poverty reduction than many years of solid economic growth.

## THE ALPHABET SOUP of International Institutions

**GATS** General Agreement on Trade in Services (signed in 1995, it expanded the GATT - General Agreement on Tariffs and Trade signed in 1948)

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**G-8** Group of Eight: Canada, France, Germany, Italy, Japan, Russia, UK, USA (1975)

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**IMF** International Monetary Fund (saving club created by member countries in 1945 to help rebuild and to provide foreign currency loans to nations with trade deficits)

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**NATO** North Atlantic Treaty Organization (alliance created in 1949 by 12 Atlantic countries against the USSR, now has 25 member countries – transformed itself into the major global military force in 1999)

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**UN** United Nations (global political body representing all 192 independent states and acting through numerous bodies and agencies, including IMF, WB, WHO, UNDP, UNAIDS, etc.)

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**WB** World Bank (fund for stabilization of domestic economies created in 1944, now provides low-interest loans, interest-free credit and grants to developing countries, membership of 185 countries)

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**WTO** World Trade Organization (global trade regulatory body, entirely independent from UN, created in 1995 to help accelerate free trade flow and remove trade barriers; membership of 152 countries)

## How does it work?

Global corporations use government delegations at international institutions to promote a new model to govern the world and manage the economy.

New policies, conventions and agreements are crafted by these international institutions and adopted at global, national and provincial levels to 'harmonize' legal rules throughout the world. In several cases, rules set out in WTO agreements, IMF loans or World Bank programs have an impact on the way governments will manage their local or national public services and programs.

WTO RULES AND THEIR HEALTH IMPLICATIONS				
	SPS	TBT	TRIPS	GATS
Infectious disease control	☐	☐	☐	☐
Access to drugs			☐	
Health services				☐
Food security	☐		☐	
Food safety	☐			
Tobacco control		☐	☐	☐
Environment	☐	☐		
Biotechnology	☐	☐	☐	
Information technology			☐	☐
Traditional knowledge			☐	

For instance, there are four main WTO multilateral trade agreements that have implications for public health and for the prevention and mitigation of HIV/AIDS – namely the Agreements on Technical Barriers to Trade (TBT), Sanitary and Phytosanitary

Measures (SPS), Trade-Related Intellectual Property Rights (TRIPS), and General Agreement on Trade in Services (GATS). The health issues most relevant to these agreements are listed in the preceding table, taken from a World Health Organization's internal document on Globalization, Trade and Health (2005).

As a result of these international agreements and others, most national economies are increasingly ruled by an emerging global governing system to which national government leaders have agreed to hand over legislative and regulatory powers.

*The limitations of governmental power means the enslavement of the people by the great corporations.*

— Theodore Roosevelt  
US President (1900-1908)

For signatory countries, the hope is that global institutions will help them achieve economic growth, or at least attract foreign investment, access development funding and cancel or reschedule their foreign debts. In exchange, national governments agree to implement a set of growth policies which industrialized countries had already adopted voluntarily.

The main growth or 'development' policies include:

- trade liberalization (free trade)
- flexibility or reform of labour laws
- deregulation and rules 'harmonization'
- re-engineering of the state (fiscal reforms and 'good governance')
- budgetary restraint and debt service discipline
- privatization of public assets and services

## Economic growth and increasing disparity

In the global economy, activities in the service, financial, and virtual trade sectors are growing continuously. While profits in these areas grow, productive investment and production itself are declining, resulting in a 'financialization' of the

economy. This explains the successive 'bubbles' created by stock market speculators in information technology, housing mortgages, oil, and – more recently – food reserves (wheat, rice, corn). Expansion of credit (people and corporations taking on more debt) is required to feed these asset price bubbles. Heavy borrowing is used to purchase assets on the assumption that prices will increase (hyper speculation) and that high risk is justified. But sooner or later, the bubble explodes when some external event triggers distress and panic. Most lose out but some get very rich. (John Bellamy Foster, April 2008 and Gérald Fillion, Radio Canada 2008).

Meanwhile, the situation deteriorates for wage workers and small farmers. Global trade and reforms – implemented through national policies and programs – allow all sectors of production, trade, public services, and finance to reduce the number of workers they employ and/or to delocalize their activities to countries where labour is cheaper and where profits are either not taxed or taxed at minimal rates.

Global agricultural trade reforms have made it extremely difficult for rural communities to continue living off traditional farming activities. This has increased the number of migrant people looking for work in cities. Once they compete for work, workers' wages and working conditions can more easily be downgraded. This is why poverty and unemployment have become the norm for most working families around the world while company profits grow at an enormous rate.

*In 2007, over a billion people had almost no income (the equivalent of a dollar a day or less for each). They typically spent more than half of what they did earn on food for their families, leaving even less for shelter, water, education and health care. Most of these people pooled their incomes through work that was insecure, underpaid and unsafe.*

— UNDP 2007 Report

The consequence of global speculation is hunger. Proper food intake is vital to the immune system. In today's world, there is no shortage of food but people

are either too poor to buy it or unable to make a living from its production. The food crisis could severely affect 37 countries, and push 100 million people into extreme poverty, erasing seven years of global efforts to reduce poverty. According to the SRC website (CBC French network), global food price increases from March 2007 to March 2008 reached 31% for corn, 74% for rice, 87% for soy, and 130% for wheat.

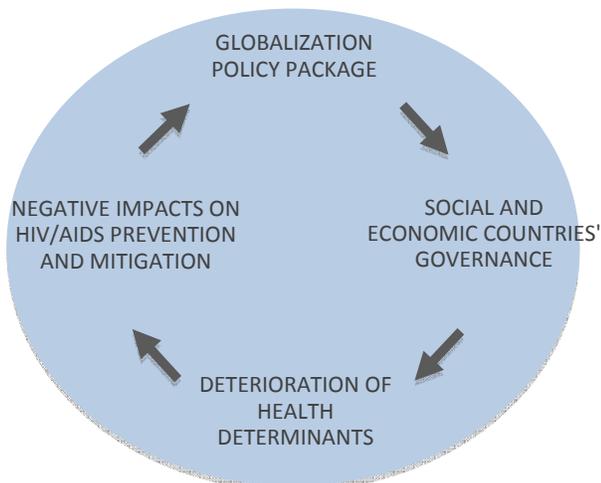
To allow goods to circulate freely and to accelerate the integration of poor countries into the globalized economic system, international institutions have adopted policies that do not promote national food sovereignty. Agricultural policies were destroyed by IMF and World Bank structural adjustment plans in the 1970s and 1980s and by aid reduction policies in the 1990's.

#### TOP 10 NEGATIVE EFFECTS OF GLOBALIZATION

1. Endangered human and animal health and well-being
2. Growing exploitation of women and children, alienation of men, broken families
3. Destruction of the world environment, biodiversity, and genetic heritage
4. State repression of migrants and citizens; global militarization and armed conflicts
5. Domination of public space, media, and cultural expression by disinformation think-thanks
6. Concentration of wealth and power among very few
7. Loss of employment, traditional livelihoods, and family income, leading to misery and migration
8. Growing inequalities and conflicts among and within nations and world regions
9. Democratic deficit, lack of accountability, tax evasion, and corruption in spite of 'good governance' rhetoric
10. Loss of public assets, social equity instruments, and 'common good' values.

## How globalization and HIV relate

Globalization and HIV/AIDS are intimately connected through various paths. The main connection is explained by population health specialists through the lens of what they call 'social determinants of health'. In plain language, HIV/AIDS is connected to globalization through health factors that are not purely biological.



Like many other diseases, HIV/AIDS is dependent on several biological and social determinants, making people more or less vulnerable to HIV infection and influencing their ability to live positively with the virus. According to the Public Health Agency of Canada (PHAC), biology and genetic predisposition constitute only one set of determinants of health. Most other determinants are economic, political, societal, or cultural in nature. Together, these are called 'social determinants of health'.

### KEY DETERMINANTS OF HEALTH (PHAC)

- income and social status
- social support networks
- education and literacy
- employment/working conditions
- social environments
- physical environments
- personal health practices and coping skills
- healthy child development
- biology and genetic endowment
- health services
- gender
- culture
- governance [our addition]

One social determinant that is often overlooked is governance – how power is exercised, how decisions are taken, how citizens participate in their health system. For example, the national response to a particular health issue may depend, in part, on whether or not there is political leadership and democratic participation in the governance of health issues in general, and of HIV in particular; whether the national government is sufficiently committed or equipped to play its role; whether global agreements or rules are restraining the action of health authorities.

*A special aspect of governance and HIV/AIDS is how to balance market imperatives with government management of policies and service delivery. There are cases where the two institutions of market and government have created negative synergy. Key programs have been discontinued and macroeconomic policies have limited necessary social programs, which may have contributed to the spread of the virus. [...] Market forces are behind the pull effect, which particularly drains the health sector of resources. Additionally, the provision of low-cost generic drugs for AIDS treatment has been limited due to patent rights and other restrictions originating from the global market economy. This has severely limited access to treatment for those most in need.*

- *Hoping and Coping, A Call for Action*, UNDP(2005)

## HIV/AIDS determinants

With HIV/AIDS, the relative importance of each health determinant is not the same everywhere in the world. However, evidence shows that in various settings, some determinants are central to the prevention and mitigation of the pandemic.

HIV/AIDS is highly sensitive to certain health determinants (income, status, access to quality health services, gender equality and social protection from poverty, disease and violence). All are negatively influenced by neo-liberal globalization.

National governments that adopted neo-liberal policies have a weaker capacity to respond effectively to HIV/AIDS because of the negative impact of these global policies on the 'drivers' of the social determinants of health. Some examples of these drivers include privatization and underfunding of public services (including health), free trade and intellectual property rules, labour market reforms, peace and political stability. Some of the effects and impacts of these drivers are outlined in the chart that follows.

GLOBALIZATION POLICIES 'DRIVERS'	AFFECTED HEALTH DETERMINANTS	CHAIN OF IMPACTS ON HIV/AIDS
Under-funding / privatization of national health services	<ul style="list-style-type: none"> <li>• Health services</li> <li>• Biological and genetic endowment</li> <li>• Gender (reproductive health, women's burden of care)</li> <li>• Health child development</li> <li>• Culture (Cultural values)</li> </ul>	Poor control of reused needles for vaccinations, increased user costs, distortion in resource allocation, increased health inequality, limited access to expensive private care and insurance, limited access to safe injection and other prevention services, reduced access to treatment and care of sexually transmitted infections and other diseases = increased risk of HIV infection and poor AIDS treatment and care.
Free trade agreements, intellectual property, patent protection	<ul style="list-style-type: none"> <li>• Health services and systems</li> <li>• Biological and genetic endowment (immunity, agriculture)</li> <li>• Culture (collective values)</li> </ul>	Adoption or restriction of intellectual property laws, limited access to affordable medicines (vaccines, drugs) and medical technologies for AIDS and other diseases = poor AIDS prevention, diagnostics and treatment.
Underfunding of human resources for health systems	<ul style="list-style-type: none"> <li>• Health services and systems</li> <li>• Income and social status</li> <li>• Employment and working conditions</li> <li>• Gender (feminization of poverty, reproductive health, gender equality at home and in employment)</li> <li>• Health child development</li> </ul>	Retrenchments, low salaries and unsafe working conditions, staff fatigue, poor quality of care, staff departure, lack of schooling and continued education to train health workers, home-based care relying on unpaid and unskilled labour of women and girls, less health access in rural and poor communities = increased risk of HIV infection and poor AIDS treatment and care.
Underfunding / privatization of various other public services and assets	<ul style="list-style-type: none"> <li>• Education and literacy</li> <li>• Physical environment</li> <li>• Personal health practices</li> <li>• Health child development</li> <li>• Biological and genetic endowment (immunity)</li> </ul>	Limited access to education, water and sanitation, and transport, increased user costs, poor personal hygiene, difficulties in caring for the sick with HIV-related diseases = increased vulnerability to HIV and poor AIDS treatment and care.
Flexibility of labour laws, retrenchments, job re-localizations, agricultural reforms, food speculation	<ul style="list-style-type: none"> <li>• Income and social status</li> <li>• Employment and working conditions</li> <li>• Social environment (migration, families)</li> <li>• Health child development</li> <li>• Social support /protection</li> <li>• Gender (gender relations, feminization of poverty)</li> </ul>	Pressure on wages, loss of jobs and livelihoods, reduced family income, food insecurity, increased immune system deficiencies, chronic poverty, domestic violence, unwanted and violent sex, migrant labour, precarious work, exploitation, transactional sex = overall increased vulnerability to HIV infection and poor AIDS treatment and care.
Downsizing of Governments' role in public policy and social protection	<ul style="list-style-type: none"> <li>• Health services and systems</li> <li>• Social environment (job creation, migration, trade)</li> <li>• Social support /protection</li> <li>• Culture (collective values, 'public goods', democracy)</li> </ul>	Poor economic and social planning capacities and will; vulnerability to external pressures, poor legislative agenda, reduced public social programs, diversion of resources to repay debt, weakening of democratic and participatory governance = poor national response to HIV and AIDS.
Deregulation, liberalization, open markets and free circulation of goods and people	<ul style="list-style-type: none"> <li>• Income and social status</li> <li>• Social environment (violence, migration, families)</li> <li>• Gender (gender relations, feminization of poverty)</li> <li>• Culture (collective values)</li> </ul>	Globalized crime, growing clandestine immigration networks, tax evasion, arms circulation, injection drug trafficking and sex industry (includes escalating trafficking in HIV-vulnerable women & children) = increased vulnerability to HIV infection and poor AIDS treatment and care, especially for 'illegal aliens'.
Wars and conflicts over strategic natural resources (oil, minerals, land, natural gas, water)	<ul style="list-style-type: none"> <li>• Income and social status</li> <li>• Social &amp; physical environments</li> <li>• Social support /protection</li> <li>• Health services &amp; systems</li> <li>• Gender</li> <li>• Culture</li> </ul>	Refugees, family breakdowns, casual and transactional sex, rape as a weapon, destabilization and collapse of public health services, 'failed states', high donor dependency, corruption and diversion of aid = increased risks of HIV infection and poor AIDS treatment and care.

## Addressing Globalization's impact on HIV/AIDS

The most effective ways to counter the negative effects of globalization on HIV/AIDS are through governance and financing of health systems.

### *Governance of Health and HIV*

HIV/AIDS requires proper national governance. This includes: a participatory and open political space, favourable law, good leadership skills, and adequate planning, implementing and monitoring competencies. Capacities for preventive health and education, care, treatment and mitigation require sufficient human resources and skills, finances, medical facilities and supplies.

Globalization processes have encouraged the development of global governance, trade rules, treaties, models, institutions, expertise, financial systems and funding mechanisms, to the detriment of democratic, accountable, and capable national institutions. This must and can be reversed.

There is a growing realization that HIV/AIDS is worsened by several trends in globalization and that it cannot be addressed by an externally designed global response. For example, there are expenditure ceilings imposed by the IMF on health and public sector wages. These have resulted in a tendency by some recipient countries to hold or divert to other programs the funds received from donors, rather than spending the money on needed HIV/AIDS programs.

Local and national capacity is needed to resist and respond to the many severe impacts of globalization on HIV and other health issues. Capacity building in favour of democratic, participatory, transparent and accountable governance – at local, national and global levels – is essential to counter the negative effects of globalization and to create alternative policy and action responses.

### *Financing of Health and HIV*

Governments have a central role to play in strengthening national health systems and

incorporating the participation of health workers and communities in the process. Resources must be made available for coordinated HIV and health planning and management, and for health workers' training and retention (salaries, working conditions and social benefits).

Community mobilization, democratic participation, local and international solidarity, monitoring and accountability have shown they can bring change. Developing countries must adopt socially responsible policies and actions on foreign aid, taxation, expenditure and social justice. Rich nations must help through debt cancellation, favourable trade policies, taxation of transnational corporations and health development assistance.

To meet the Millennium Development Goal of universal access to HIV and AIDS prevention, treatment, care and support, overall financial resources (standing at slightly more than US \$10 billion per year in 2007) need to increase considerably. It should be noted that a number of developed countries – including Canada – have not met their commitment to allocate 0.7% of their Gross National Income to Official Development Aid (ODA), nor have they established timelines to do so.

In addition to the provision of formal ODA support, there are a number of new financing options – but these are meant to complement ordinary ODA budgetary allocations and not replace them. For example:

- Canada and other countries support Advance Market Commitment (AMC) – a binding contract, typically between donors and a pharmaceutical company, in which the donor government(s) agrees to pay a predetermined price for a new vaccine if it is developed by the company. Drugs for Neglected Diseases initiative (DNDi) argues that neglected disease research and development is better conducted through collaborative and more cost-effective public and private ventures than by industry alone.

- The Tax Justice Network has elaborated a list of steps to tackle problems that lead to the loss of tax revenues (such as corruption, capital flight, tax evasion and lack of transparency). The proposals include changes at domestic and international levels and changes within the development agenda, including technical aid to build national administrative capacity.
- Debt conversion provides partial debt relief to countries while guaranteeing an investment in a particular sector. In the Global Fund Debt Conversion (GFDC) mechanism, creditors agree to forgo future debt repayments on the condition that the debtor country invests an agreed amount into a program approved by the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria.
- Global taxation: At present, 34 countries raise an innovative solidarity levy on airline tickets. The International Drug Purchase Facility was created to use the levies to provide long-term access to quality drug treatment for diseases such as malaria, tuberculosis and HIV/AIDS at the lowest price possible. The Currency Transaction Development Levy (CTDL) is a proposal to redistribute global wealth. All foreign exchange transactions would be subject to a levy of 0.005 per cent to fund global public goods. The Tobin Tax is a different proposal, aiming to introduce a 0.1 to 0.25 percent tax on cross-border currency trades to discourage speculative activity and restore national economic autonomy.

More recently, there has been a call for integrated health and HIV financing. In April 2007, the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria agreed to consider granting funds to comprehensive country health programs, potentially allowing for the expansion of the health workforce and the enhancement of supply, laboratory and management systems.

The International Health Partnership Plus, launched in September 2007, will help low-income countries to develop such programmes. The creation of IHP+ could

lead the Global Fund to fight AIDS, Tuberculosis and Malaria to a much broader financing scope.

#### DIAGONAL FINANCING?

For some time, there have been polarizing and destructive arguments opposing the Global Fund and other AIDS funds (so-called 'vertical' disease-specific financing) to broader health systems and primary health care funding (so-called 'horizontal' financing).

The opportunity offered by new developments at the Global Fund could lead to its transformation into a Global Fund for Health that would provide a new funding mechanism, corresponding to the long held views of AIDS activists that funding for AIDS prevention, treatment and care is the driving wedge for urgently needed increases in the overall resources available for health.

*Diagonal financing would help finance the disease-specific AIDS, tuberculosis and malaria programming that is required, it would help fund increased programme integration and coordination, and it would contribute to strengthening underlying health systems.*

- Ooms, Van Damne, Baker, Zeits and Schrecker  
(2008).

This exciting prospect is not without challenges, however. For a successful transformation of the Global Fund into a 'diagonal' funding mechanism, change should be carefully planned, slowly introduced and involve:

- a ten-fold increase in donors' commitment;
- a way out of the IMF box in terms of its policies, including expenditure ceilings on health and public wages;
- an allocation by governments, of 15% of their revenue (or 3% of GDP) to public health expenditure;
- the preservation of the Global Fund's most innovative features such as its approach to 'sustainability' of health services in low-income countries and to participation of civil society in program design, implementation and governance.

## Tackling global drivers of HIV/AIDS determinants

Even with new funding and good governance mechanisms, a number of other social determinants of health will remain untouched. Other initiatives will be required to address globalization's negative impacts on migration, gender equality, access to public services and health, and conditions of peace and security.

### *Globalization, Migration and HIV*

Every effort to end poverty and war will help prevent mass migration and the brain drain in particular. It is clear that health system strengthening cannot rely on the importation of migrant health workers from other, often poorer, countries. To mitigate the impact of migration on HIV, HIV/AIDS programs must be integrated into other services for migrants; health service provision must protect all migrants' human rights; national and regional strategies must foster collaboration between countries; and migrant communities must be involved in advocacy and policy making.

### *Globalization, Gender and HIV*

Evidence from existing programs, especially in the developing world, has made it clear that men must accept the vital role they play in the pandemic as a result of traditional gender roles and the inherent power imbalances. Women need to be encouraged to protect themselves, and to speak and to live as autonomous sexual beings. They must be supported in standing up to male domination. Women's participation must be promoted at all levels – not only by their physical presence, but also their decision-making power at home, at work, in the community, and at national and global levels.

Globalization contributes to the feminization of poverty, as women have less access to education, employment, decent work, union and social protection, and are more affected by reduced incomes from agricultural production. In short, the growing poverty among women, combined with widespread sexual domination and exploitation, illustrates the impact of globalization on women's vulnerability to HIV infection. Governments

must be held accountable. Citizens can use existing international commitments to advocate for action that will empower women, raise their financial autonomy and reduce their vulnerability to violence.

### *Globalization, Food Security and HIV*

Recent increases in food prices and the ensuing crises in many countries have demonstrated the need for rapid global interventions to stabilize food security. Governments must respond to the calls for a ban on food speculation and an end to subsidies for the production of ethanol. Measures must also be adopted to establish minimum wages, interest rates and prices for agricultural goods that will contribute to a decent income for poor families.

Development agencies and governments must improve access for women, child-headed homes and grandparents to programs which support agricultural extension and income-generation. Development programs must also consider conservation approaches and alternative technologies to reduce work loads and rural households' financial burdens. Improvements to national legislations regarding woman and child property and inheritance rights are equally important to increase food sustainability.

Institutional strengthening of government and civil society must be supported to ensure democratic and participatory decision-making as well as practical responses to issues of land, poverty, inequality and HIV. It is critical that HIV/AIDS and nutrition be integrated into commercial farming, traditional family farming, or other innovative forms of farming such as urban and rooftop collective farming.

### *Globalization, Water and HIV*

Providing equitable access to public services such as clean water, sanitation, electricity and transport is a core responsibility of governments and an essential part of the response to HIV/AIDS. Governments must be reminded of their legal and moral duties to adopt national and global measures that will realize their commitment to deliver universal access to health services, clean water and other essential public

services. Citizens' democratic duties include monitoring public services and holding governments' accountable for their actions, at municipal, national and global levels. Sufficient resources for all countries' water and sanitation needs exist. Global resource allocation can be negotiated but not denied.

### **Globalization, Militarization and HIV**

Funding for HIV/AIDS and health determinants (including, health services, food security, water and sanitation, gender equality and employment) at home and abroad are a priority for Canadians. Canada's trade policy, development aid budget and military expenditure must reflect Canadian, rather than American, values towards health equity.

*The US Department of Defense's planned expenditures for the fiscal year 2008 are larger than all other nations' military budgets combined. The supplementary budget to pay for current wars in Iraq and Afghanistan, not part of the official defense budget, is itself larger than the combined military budgets of Russia and China.*

*Defense-related spending for fiscal 2008 will exceed \$1 trillion for the first time in history... even without President Bush's two on-going wars, defense spending has doubled since the mid-1990s. The defense budget for fiscal 2008 is the largest since the second world war.*

— Chalmers Johnson, *Le Monde diplomatique*, English edition (February 2008)

### **Globalization, HIV and Health in Canada**

60,000 Canadians living with HIV need an accessible health system. Yet our access is limited by most private insurance schemes and the ever-expanding threats to public health care. These are part of a globalization agenda that is not based on our values. Meanwhile, many of Canada's First Nations communities have no access to safe water – a collective shame that must not be ignored.

*Canada's health care system is an economic asset, not a burden ... one that today more than ever our country dare not lose. In an era of globalization, we need every competitive and comparative advantage we have. And the fundamentals of our health care system are one of those advantages.*

— Charles Baillie, former CEO, TD Bank Financial Group, *La Presse* (2008)

*Some countries have seen a sharp drop in life expectancy, in many cases as a result of HIV and AIDS. The gap between rich and poor citizens, within both developed and developing nations, is also growing...the gains from global growth are being highly unequally distributed.*

— UNDP, 2007 Annual Report

For many years, globalization has been portrayed as an inevitable stage in the world's economic development. However, many recent crises have shown the inhumane and unsustainable foundations of the global economic order. The lack of basic means for the prevention, treatment, and care of AIDS in poor regions of the world is a patent example of this.

*... in this inter-dependent and globalized world we have indeed again become the keepers of our brother and sister. That cannot be more graphically the case than in the common fight against HIV/AIDS.*

— Nelson Mandela

In response to the ravaging impacts of global inequality and limitless greed, an ever-increasing number of citizens and governments around the world have decided to take action to preserve our planet's biodiversity, its natural resources, and the global health and safety of its inhabitants. Changing the world through individual and collective action is therefore an urgent and vital responsibility.

#### Related ICAD Resources

Annotated Bibliography: Globalization and HIV/AIDS <http://www.icad-cisd.com/pdf/publications/Globalization%20Bibliography.pdf>

Innovative Financing Mechanisms [http://www.icad-cisd.com/pdf/publications/Innovative\\_Financing\\_Mechanisms\\_FINAL.pdf](http://www.icad-cisd.com/pdf/publications/Innovative_Financing_Mechanisms_FINAL.pdf)

Resources Needed to Address HIV/AIDS <http://www.icad-cisd.com/pdf/publications/Resources%20fact%20sheet%20FINAL.pdf>

The Emigration of Healthcare Professionals to High-income Countries [http://www.icad-cisd.com/pdf/publications/Emigration\\_fact\\_sheet\\_EN.pdf](http://www.icad-cisd.com/pdf/publications/Emigration_fact_sheet_EN.pdf)

International Migration and HIV/AIDS [http://www.icad-cisd.com/pdf/publications/e\\_Migration\\_FINAL.pdf](http://www.icad-cisd.com/pdf/publications/e_Migration_FINAL.pdf)