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Evolving Norms of North-South Assistance: Will They be Applied to HIV/AIDS?

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Abstract

The world is in the early stages of what will be the greatest health crisis in modern times. Millions of people—most of them in the world's poor countries—are infected with HIV. The vast majority of these people will suffer and die from AIDS. The extent of this problem presents profound moral and ethical questions for the world's wealthy people and countries, for it is they who are most able to assist the poor in addressing this tragedy. What is more, the spread of HIV and AIDS poses major threats to the interests of the developed countries. In short, HIV/AIDS presents the world with some of the most profound moral and practical challenges it has ever faced during peacetime. Nevertheless, developed countries have been very slow in responding to the international dimensions of this problem. They have instead focused on the relatively few people within their own borders at risk for HIV or suffering from AIDS, seemingly unwilling to recognize the greater challenges posed by the global spread of HIV. The rhetoric has started to change, but the developed countries have not backed this rhetoric with the substantial new and additional funds to assist the poor countries in coping with and reversing the HIV/AIDS epidemic. This essay examines this moral and practical problem in the context of North-South relations. It serves to highlight the need for much more international assistance to combat HIV/AIDS in the developing world.

1. Introduction

The world is in the early stages of what will be the greatest health crisis since the advent of modern medical technologies. Millions of people—particularly people in many of the world's poor countries—are infected with HIV. The vast majority of these people will go

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1 The authors wish to thank the international joint research programme of the Centre for Public Policy, Lingnan University, for assistance in facilitating research for this essay.
without modern medical intervention or substantial treatment, leading rapidly to AIDS. The extent of this problem presents profound moral and ethical questions for the world's wealthy people and countries, for it is they who are most able to assist the poor in managing and reversing this human tragedy. What is more, the spread of HIV and AIDS poses major threats to the national interests of the world's economically developed countries. In short, HIV/AIDS presents the world with much more than a seemingly insurmountable crisis in health; it also presents it with some of the most profound moral and practical challenges it has ever faced during peacetime.

Over the last century or more, there has been a gradual shift in global attitudes toward interstate obligation. Governments have come to regard many forms of international assistance as obligatory. For example, when famine strikes, it is generally recognized that the developed countries have an obligation to respond because they have a surplus of food and the means to deliver it to those who are starving. The degree to which this obligation is fulfilled varies, of course, but few now argue that no such obligation exists. Similar obligations arise in other issue areas, for example with regard to natural disasters and adverse environmental changes, and governments of the rich countries (and indeed many of their private citizens and nongovernmental groups) respond accordingly with increasing frequency, robustness, and speed. HIV/AIDS presents the world with such a problem requiring assistance from the world's wealthy.

Nevertheless, developed countries have been very slow in responding to the international dimensions of the HIV/AIDS problem. They have instead focused on the relatively few people within their own borders at risk for HIV or suffering from AIDS, seemingly unwilling to recognize the greater challenges posed by the global spread of HIV. The rhetoric has started to change—the United States, for example, has identified this problem as a potential threat to U.S. national interests and has pledged some funds in recent years—but the developed countries have not backed this rhetoric with substantial new and additional funds to assist the poor countries in coping with and reversing the HIV/AIDS epidemic. That is, while accepting a responsibility to respond to other crises that are

\[\text{2 It is not at all clear whether these funds will be new and additional or, as seems more likely, mostly taken from other assistance programs.}\]
insurmountable by those countries experiencing them, the developed world has done relatively little to help the poor countries address the problem of HIV/AIDS. This not only runs counter to established obligations between North and South, but defies many commonly accepted moral principles crying out for greater international distributive justice, contributes to tremendous human suffering, and harms the national interests of poor and rich countries alike.

Thus, the developed countries ought to act much more robustly to assist the poor countries of the world in their fight against AIDS because doing so would comply with now accepted standards of international obligation, promote many ethical principles shared by civilized peoples, and promote the national interests of those aided and (importantly, from a political perspective) those providing the aid.

In this essay we address these issues. The next section of the essay looks more closely at the HIV/AIDS problem for the developing world. Explicit in this discussion is the clear need and demand for aid from the world's wealthy countries to address the problem, and implicit is the moral obligation of the world's wealthy to aid the world's poor in doing so. The third section examines the historical evolution of developed countries' obligations of international distributive justice toward the world's poor countries. We argue that such obligation has increased over time, and suggest that it ought to continue in the context of HIV/AIDS. In the fourth section of the essay we undertake an analysis of the HIV/AIDS in light of historical obligations between the world's rich and poor, bearing in mind the very important prudential reasons for actualizing international distributive justice in this context. We conclude with some thoughts on this difficult topic.

2. HIV/AIDS: A Problem Demanding Global Justice
It is hard to overstate the dimensions of the problem of HIV/AIDS in the developing world, particularly in sub-Saharan Africa. World wide, AIDS has already killed more than 22 million people and left more than 13 million children orphaned, according to the Joint United Nations Program on HIV/AIDS, more commonly referred to as UNAIDS.³ Approximately 36 million people are currently

infected with HIV, and an average of 16,000 new infections is believed to occur daily.\(^4\)

In looking at the demographics of HIV infection, much emphasis has been placed (appropriately) on geography. Although comprising only about 10% of the world's population, sub-Saharan Africa has borne a hugely disproportionate share of the world's HIV/AIDS epidemic. Approximately 70% of the world's HIV-positive adults and 80% of the world's HIV-positive children live in this region and the adult prevalence rate of HIV is eight times that of the rest of the world (8.8% compared to the 1.1% average worldwide).\(^5\) And the situation is not improving. Of the world's estimated 5.3 million new infections in 2000, 3.8 million, or 71%, occurred in sub-Saharan Africa, compared, for example, to the 45,000 new infections (less than 1% of the world-wide new infections) in North America.\(^6\) Other developing and transition states also have huge numbers of infected individuals. As UN Secretary General Kofi Anan pointed out, India will soon have the highest number of HIV-positive people of any country in the world, and by 2005 China and India together are expected to have more than 10 million HIV-positive citizens.\(^7\)

Although geography is a tremendously important way of viewing the world's AIDS pandemic, an equally important, and complementary, vantage is provided through the lens of poverty. A stunning 95 percent of the world's HIV-positive people live in low-income countries.\(^8\) In fact, poverty is currently the single most powerful risk factor in determining who among the world's people are most vulnerable to HIV.\(^9\) It is also therefore not surprising that Africa, with its average GDP of $560 per person, compared to Asia's meager $730 and Latin America's $4,230, has suffered so disproportionately (though these numbers also add urgency to the warnings that Asia is seriously at risk as well).\(^10\)

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4 Individual Members of the Faculty of Harvard University, "Consensus Statement on Antiretroviral Treatment for AIDS in Poor Countries," 4 April 2001, p. 3.
8 Individual Members of the Faculty of Harvard University, p. 3.
The combination of poverty and HIV creates a terrible downward spiral in poor countries whereby poverty provides many of the conditions that facilitate the spread of HIV. Poverty leads to poor health conditions generally, including the lack of treatment of conditions, such as sexually transmitted diseases, that make individuals more susceptible to HIV infection. Poverty also creates exploitative working conditions that have been shown to foster the spread of HIV infection both in women—who are forced through the lack of other economic opportunities into formal and informal prostitution—and men—who leave their families to find work thereby incurring increased documented risks generally through factors inherent in migratory work and specifically through trades including trucking and mining.\(^{11}\)

As illness and death due to HIV infection spread through communities, poverty creates a situation where every aspect of the disease—from treatment of the ill to the creation of orphans through the death of parents and guardians to the challenges of implementing prevention programs—create strains on already overtaxed social systems. When people become sick, families are forced to spend precious resources on any treatment options they can find. Sickness in adult family members means they cannot earn an income, grow or provide food, or care for their children. The eventual death of adults leaves children, many of whom have already been pulled from school because of the inability to pay school fees, with no one to care for them. They, and adult women survivors, may be forced into sex work to provide for themselves and their families, thereby multiplying not only their own suffering, but also the transmission of HIV.\(^{12}\)

The devastation experienced within and among families is mirrored in the communities within which they live. In poor countries that already suffer from a lack of formally educated professionals in education, health care, the military, and the government bureaucracy, AIDS has been devastating. For instance,


it has been estimated that a country with an HIV prevalence rate of 30% would lose between 3 and 7 percent of its health care workers annually to AIDS. The ranks of teachers are similarly being depleted. In Zambia, in one year (1998) 1,300 teachers died—two thirds of the amount that are trained annually. UNAIDS Director Peter Piot has commented that "HIV does to society what it does to the human body. It undermines the very institutions that are meant to defend society—its doctors, its teachers."

A further aggravating factor to the poverty of the world's poorer countries is the staggering external debt they owe to wealthier countries and to the World Bank. Again, sub-Saharan Africa serves as a striking, though by no means isolated example. According to a report by the debt relief NGO Jubilee 2000, sub-Saharan Africa owes $231 billion to its creditors, which breaks down to $406 per African. Foreign aid cannot keep pace with the debt: for every dollar received in foreign aid in 1999, the region paid back $1.51 in debt. And the opportunity cost of this debt servicing is equally great. Sub-Saharan Africa spends twice as much on debt servicing as it does on health care.

The relationship of the developed world to the devastating poverty and aggravating circumstances of the developing world is complex. At the very least, we may easily argue that the developed world has stood in the way of the developing world's efforts to solve AIDS and other health-related problems in the most cost-effective ways possible. The developed world has, for example, repeatedly taken positions elevating patent protections (sometimes at levels even stronger than those prescribed by international treaties) above public health in developing countries. Brazil, South Africa and Thailand are among the countries that have been overtly pressured by the United States government not to take measures to bolster their abilities to obtain or produce cheaper generic drugs or even, in the

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case of Thailand, to monitor drug prices. Various other international leaders have also publicly and privately shown their support for patent regimes, regardless of the devastating effect they may have for people unable to afford the prices set by the branded (as opposed to generic) pharmaceutical industry. In the case of South Africa, for example, although the United States took a more vocal position in opposing the 1997 amendment to the Medicines and Related Substances Control Act that would make it easier to purchase affordable drugs, European countries also exerted pressure on behalf of the branded pharmaceutical industry.

Some would argue that the relationship goes deeper, and that the world's wealthy countries' culpability goes even further. According to this line of argument it is the neo-liberal policies of the world's richest countries that are at least partially responsible for the problems of the world's poorest countries. These policies include: the maintenance of exploitative colonial patterns of ownership; the destructive re-orientation of economies to produce low-cost exports at the expense of the environment and human and labor rights; liberalizing currency exchanges and financial markets resulting in currency devaluations, market volatility and outflow of capital; and the imposition of harmful structural adjustment programs that are disproportionately borne by the poorest in society. Taken together, these policies may be responsible for, and almost certainly at least contribute to, the inability of developing countries to solve their own economic and social problems.

Whatever level of culpability one assigns to the developed countries, it is clear that the developing countries will need outside resources to help solve the growing AIDS crises they face. There have been a number of promising recent developments. Uganda, Senegal and Thailand have been held up as international examples of countries that have successfully lowered or held low transmission rates, and in April 2001, African leaders held a summit in Abuja, Nigeria, where they pledged to spend a significant proportion of

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19 All of these conditions (and several more) are developed in the context of the case of South Africa in Baker, "South African AIDS."
their national budgets on AIDS. Yet, it is important to remember that these budgets themselves are tiny compared to those of developed countries. And even in Uganda, where infection rates have been cut in half over ten years—an extremely impressive achievement—they still remain at least ten times higher than worldwide average prevalence rates. Political commitment on the part of developing countries is clearly a necessary but not sufficient condition for ending the AIDS pandemic in the developing world.

3. A History of International Obligation:
When Need Arises, the Wealthy Ought to Act
Obligations between rich and poor within societies, particularly wealthy ones, have been established and institutionalized over the last century or more. Social welfare systems, whereby resources are redistributed from the more affluent in society to those who are poor, are now commonplace in almost all economically developed societies. In recent decades—especially since the mid-twentieth century—these obligations have extended to international relations.

The world's wealthy countries now give substantial amounts of money to the poorer countries, often for self-interested reasons, but also because it is now viewed as the right thing to do.

International Obligation and Distributive Justice
There are many philosophical-ethical arguments for the rich countries of the world to adopt a greater obligation toward the world's poor, and specifically for them to provide emergency assistance, development aid, and additional money and technology to help them deal with many problems they face. These arguments fall under the rubric of international distributive justice, fairness and equity. Among these conceptions, at least six are germane and useful in helping us better think about obligations between countries,

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21 For a description of Uganda's success, see Alex Duval Smith, "Faith, Hope and Charity," The Independent (London), 2 December 2000.
particularly between richer and poorer ones. These conceptions are premised on rights, causality and responsibility, utilitarianism, Kantian ethics, Rawlsian justice, and impartiality.

From a human rights perspective, individuals have inherent rights, such as minimum nutrition, freedom from torture, and so forth, simply because they are human beings. Henry Shue argues that individuals have at least the right to subsistence, for without it no other rights can be exercised. HIV and of course AIDS, without the treatments that are now far more expensive than the vast majority of sufferers can afford, certainly deny people this most basic right. If the developed countries care about the "basic" rights that Shue and others argue for, they ought to be much more forthcoming with aid and technology (i.e., pharmaceuticals and treatment strategies) necessary for survival in this context.

Conceptions of international obligation, fairness and equity based on causality or responsibility assert, simply, that those responsible for causing harm are responsible for ending and ultimately righting that wrong. According to Shue, "the obligation to restore those whom one has harmed is acknowledged even by those who reject any general obligation to help strangers. [T]his is because one ought even more fundamentally to do no harm in the first place." To be sure, acquiring HIV is often the responsibility of those who have it, but even here the North bears some responsibility. Developed countries are not doing enough to finance education campaigns and the promotion of women's rights, for example, which could reduce the spread of HIV. More obviously, they have some responsibility with regard to AIDS. There funding for treatment is miniscule relative to the scale of the problem and

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24 This typology mirrors Paterson's framework. See also, for example, Chris Brown, International Relations Theory (Oxford: Columbia University Press, 1992).
27 And often it is not. Hemophiliacs and persons who have been forced to have unprotected sex are among those who are clearly in no way responsible for their misfortune.
relative to their ability to help, and they are often obstacles to the lowering of drug prices essential to widespread treatment and prolongation of life for AIDS sufferers.

Alternatively, utilitarians might argue that global benefits and burdens should be distributed in such a way as to achieve the greatest good—or reduce the largest amount of suffering—for the greatest number of individuals. Thus, the almost total emphasis by the rich countries of the world on HIV/AIDS among their own citizens, while commendable as far as it goes, does not go nearly far enough. The vast majority of suffering is in the world’s poor countries; the utilitarian perspective would require that this suffering be addressed in a much more concerted fashion.

From the Kantian perspective, people should be treated as ends in themselves, and certainly not as means to one’s own ends. It is unfair to exploit other people because they would not freely choose to be exploited. Thus if the burdens of the free market global economic system and international patent rules are imposed on countries against their free will, those systems are not fair and equitable. If the global trading system as it exists now and as it is promoted by most of the world’s developed countries exacerbates conditions leading to suffering from AIDS, it is exploitative and unjust.

A Rawlsian conception of what is a fair and equitable distribution of international burdens might derive from conceptions of self-interest decided in an "original position" behind a "veil of ignorance." It is doubtful that the people of the wealthy countries, let alone others, would choose the existing state of affairs regarding HIV/AIDS if they were unsure where they would be born, into what economic circumstances, and with or without HIV/AIDS (i.e., whether they would begin life as an "AIDS baby"). Also from a

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25 Of course, if one thinks that the well being and lives of people in the rich countries is vastly more important—that is, if the utility experienced by one person in, say, the United States is greater than that of many people in, say, South Africa—this argument is not very strong. We doubt, and certainly hope, that many people would want to support this view very strongly, however, at least from an ethical perspective (as opposed to a political one).


Rawlsian-like perspective, inequalities in distribution are acceptable insofar as they benefit the least advantaged in society, because that is what those in the original position would choose. Hence, for example, it is perfectly acceptable that pharmaceutical companies make profits (which are, after all, an incentive to create the drugs necessary for treating AIDS and its related maladies), but not if this comes on the back of the least advantaged in the world. This suggests, to extend the example, that drug makers should not make their large profits at the expense of the millions suffering from HIV/AIDS in the developing world, and it further implies that wealthy governments ought to at least do more to help those sufferers pay for the drugs.

A final philosophical-ethical perspective (there many more) on international obligation and distributive justice is premised on impartiality.\(^{32}\) It requires that we assess what is fair based on what is reasonable. It is not reasonable to expect an equal relationship between the United States and, say, Nigeria (nor, which is apt in this case, between Pfizer and South Africa). The United States should aid the poorest countries to cope with HIV and AIDS, using the words of Chris Brown in a different context, "not because it is in the United States' interest to do so but because justice as impartiality suggests that the case for such aid cannot be reasonably denied."\(^{33}\)

It seems to us that these arguments for greater North-South obligation are persuasive, particularly when combined. That is, there are many ethical arguments favoring greater action on HIV/AIDS in poor countries by the world's wealthy countries; the weight of moral argument is really quite profound. This is especially the case with regard to causality and responsibility. Thus, insofar as the developed countries are complicit in suffering experienced in the developing world, the obligation to act is much stronger. If there is an accepted obligation to help those suffering from adverse natural events (earthquakes, famine), it seems self evident that, where there is some responsibility for harm, the obligation is even stronger. Hence, insofar as the rich countries contribute to, say, global environmental changes that harm others (see the discussion below), they must act to end that harm and provide comfort to those who have suffered from it. Extending this argument, insofar as the developed world has contributed to suffering associated with HIV and AIDS—as it has,


\(^{33}\) Brown, p. 181.
we think, through its influence on the global economic system, for example—it is obliged to provide aid to mitigate and hopefully end that suffering.

Obligations of International Aid: A History of Evolving Norms
Past and contemporary international history provides us with examples of greater acceptance by the world's wealthier countries of obligation to aid the world's poorer countries. There has been an historical trend toward greater international obligation (justice, fairness, equity) in international law and international relations between the world's rich and poor countries and peoples. The logic of this obligation is quite simple: A problem requiring action arises in which human beings are experiencing great suffering. The problem is sufficiently immense that those suffering from it cannot implement solutions or mitigation measures without help. Solutions to the problem or measures to mitigate the resulting human suffering exist, and those solutions and measures—money, expertise, technology, etc.—are readily available in countries with the ability to supply them (most often the world's wealthy countries). Therefore, those with the ability to provide the necessary aid have an obligation to administer it, even if they are not directly complicit in causing the problem—but much more profoundly if they are.

Before looking more directly at the situation with regard to HIV/AIDS, here we look at three areas where international obligation between the world's rich and poor has grown. This illustrates the contemporary international context of obligation and aid.\(^{34}\) We believe that the trend that is illustrated is indicative of what ought to happen in the case of HIV/AIDS. Indeed, there are some indications that movement in this direction has started.

Disaster Relief: Obligation to Respond to Natural Disasters
Many of the world's people live in places that are prone to natural disasters from events ranging from hurricanes and cyclones to earthquakes and volcanic eruptions. These disasters can be severe, leading to many lost lives, extensive damage to infrastructure

\(^{34}\) These are some of the major examples. Others can be found, such as the obligation to provide humanitarian relief—and at times to even intervene militarily—in times of civic, ethnic and interstate conflict. See, for example, Thomas G. Weiss and Cindy Collins, *Humanitarian Challenges and Intervention* (Boulder: Westview Press, 1996) and Michael J. Smith, "Humanitarian Intervention: An Overview of the Ethical Issues," in Joel H. Rosenthal, ed., *Ethics and International Affairs* (Washington: Georgetown University Press, 1999).
necessary for economic vitality, and widespread human suffering. Most of these events are very difficult to prepare for, especially in the cases of poor countries experiencing poverty on a daily basis. That obligation to aid those countries and peoples exists seems self-evident at this point in history. Thus, when Turkey experiences a major earthquake, or when Honduras is hit by a hurricane, or when a volcano erupts in the Philippines, governments act by providing direct assistance or money necessary to cope with the resulting destruction and suffering. While reactions vary in magnitude and form, they are usually almost immediate. And, while the wealthy countries act upon the obligation most robustly because they have the resources to do so, the feeling of obligation is often also felt acutely even among the poorer countries. Indeed, while we read editorials in the developed countries calling for faster and more robust responses following natural disasters, it would be a rare editorial arguing that we have no obligation to act. Doing so is so beyond the pale as to be unthinkable—or at least un-sayable. The international obligation for the wealthy to provide aid to the poor—and often the not so poor—in times of natural disaster, while not a requirement in international law, is almost unassailable in the international norms of the modern world.

While the intent here is to show the evolution of obligations of international distributive justice over time, and to suggest that this evolution ought to obtain in the case of HIV/AIDS, we can find direct parallels to the HIV/AIDS problem in each case. For example, what does obligation to provide relief following natural disaster have to do with HIV/AIDS? Some argue that HIV/AIDS is much like a natural disaster. HIV probably began in the apes and was transmitted to humans who lived among them. It was, according to this conception, nobody's fault. But, as the case of disaster relief shows, even if the wealthy countries are not at fault, obligation to aid exists.

_Famine Relief: Obligation to Feed the Starving_  
Before the last century, when countries suffered from famine, people in the rich countries were no doubt saddened and perhaps prayed for the starving, but there was little they were willing to do (famine was sometimes not far from their own doorsteps) and even less they could do (by the time aid reached those in need by sailing ship, it would probably be too late). However, as the developed countries began to experience food surpluses, and as technologies improved
for moving goods around the world, a new international obligation developed. Those countries with a food surplus have an obligation to aid those suffering from famine. The details and degree of this obligation were and remain subject to some debate, but the basic obligation is now almost sacrosanct. The rich countries cannot ignore famine and starvation, and they must act to feed those suffering from them. (The practical solution is of course to aid them in the long term to prevent future famines, but this obligation is not yet highly developed.)

This new obligation to distribute food to those suffering from famine is today visible by airlifts of food to those experiencing famine in the developing world. But this international obligation is so great that governments have felt obliged to act upon it even when their national interests would clearly suffer from doing so. For example, during widespread famine in the Soviet Union during the early 1920s, the United States spent massive amounts of money and expended other aid to feed the starving millions there. This aid was sent despite extant hatred of the new Bolshevik regime, and even despite Lenin's acknowledgement that, without aid, the revolution would fail. Failure of the revolution was precisely what the United States wanted, of course, and some Americans argued that the famine ought to be allowed to continue in order to bring down the communist regime. But the United States acted nevertheless. Robert McElroy has shown that U.S. justifications for providing famine relief to Russia were not based on benefits for U.S. farmers or for other self-interested reasons, but instead because the new obligation to provide aid to those suffering from famine was already too strong to ignore.

Similar arguments are being made today with regard to severe food shortages in North Korea. The largest amount of famine aid to North Korea—headed by a regime that the United States hardly wishes to see remain in power—comes from the United States. Indeed, it would not be far fetched to argue that the United States is largely responsible for keeping the country alive with its aid. There are of course practical reasons for providing the aid—a sudden

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A breakdown in North Korean society and government could spill over into conflict on the Korean peninsula—but it is in any case extraordinarily difficult to argue that the people of North Korea should be allowed to starve to death as a means for bringing about political change there, just as they did in the 1920s. 37 Such arguments run up against the established international norm of famine relief. Hence the continuing efforts to bring down the regime in a more humane fashion. Similarly, in Afghanistan, where the Taliban is brutalizing the Afghan people, the United States and others have chosen to continue food aid, and the United States now even provides food aid to government-held parts of Sudan, despite the government's war on its own people. Indeed, recent efforts to end UN sanctions against Iraq are often about the suffering of the Iraqi people. The Iraqi government is to blame, to be sure, but the practical effects are hunger and disease in Iraq. Hence, things cannot remain as they are, despite all arguments to the contrary. Even the powerful advocates of keeping the sanctions on Iraq as they have been for the last decade, despite having some very good arguments, are looking for new ways of punishing and containing the brutal Iraqi regime without causing suffering among its people.

To be sure, much famine and starvation is the consequence of government action (or intentional inaction), as demonstrated strongly by widespread famine from Mao's so-called Great Leap Forward and, more intentionally, Pol Pot's despicable policies toward the Cambodian people, or the policy of the current Sudanese government toward its rebellious South. 38 And many famines are at least an indirect consequence of governments' failures to prepare for them. In the case of HIV/AIDS, many argue that it is the fault of their governments. They are the ones to blame, so the rich need not feel an obligation to provide aid. But the case of famine relief shows that even where national governments are to blame for famine and starvation, an international obligation to aid those suffering exists if that is practicable.

37 When asked why he thought the United States was providing food aid to North Korea, that country's consul-general to Hong Kong, Ri To Som, told me on 11 June 2001, "It's humanitarian" and "Because we are human beings." This is a profound assessment, given his country's animosity toward the United States government.
38 The cases just cited are of course examples where providing aid was and is decidedly difficult for practical reasons or because it ran up against other interests dear to those who could potentially provide aid.
Environmental Change: Common but Differentiated Responsibility

The world is experiencing many environmental problems, with the most acute effects being felt in the poorest countries. Indeed, environmental changes—ranging from water pollution and shortages to desertification, air pollution and climate change—are placing increasing strain on developing economies, and leading to tremendous human suffering. In recent decades, and particularly in the last one, the world’s governments have come to recognize their responsibilities toward the environment. More to the point, the developed countries have increasingly been willing to aid the poorer countries in their efforts to combat adverse environmental changes, and the wealthy of the world have started to acknowledge—and act upon—their responsibility for many of these problems.39

Global warming, and resulting climatic changes, is a particularly salient case in point. Among the key principles of the 1992 UN Framework Convention on Climate Change (FCCC) was the notion of "common but differentiated responsibility," whereby the economically developed countries would take the lead in addressing the problem of climate change, specifically excluding developing countries from binding limitations on emissions of the greenhouse gases that lead to global warming.40 The developed countries are disproportionately responsible for historical greenhouse gas emissions, and they have the greatest capacity to act.41 Thus the Convention makes few demands on the much less responsible and usually much less capable developing countries.

As a principle of international environmental law, common but differentiated responsibility evolved from the notion of "common heritage of mankind" in the UN Convention on the Law of the Sea,42

39 See Harris, International Equity and Global Environmental Politics.
41 See FCCC, Preamble, where the Convention notes, inter alia, that "the largest share of historical and current global emissions of greenhouse gases has originated in developed countries."
as well as the international designation of certain areas (Antarctica and the deep seabed) and resources (e.g., whales) as "common interests" of humankind. The UN General Assembly went further by recognizing the earth's climate system as a "common concern" of humankind, indicating a "certain higher status inasmuch as it emphasizes the potential dangers underlying the problem of global warming and ozone depletion [and implying] that international governance regarding those 'concerns' is not only necessary or desired but rather essential for the survival of humankind."44

Bearing in mind that the climate is of such crucial "common concern" to humankind, it follows that there is a responsibility on the part of countries to protect it. This begs the question of who is responsible. The answer derives from each country's historical responsibility for atmospheric pollution, its level of economic development, and its capability to act. This was suggested by Principle 23 of the 1972 Stockholm Declaration, which stated that it is essential to consider "the extent of the applicability of standards which are valid for the most advanced countries but which may be inappropriate and of unwarranted social cost for developing countries."45 The principle of common but differentiated responsibility is described succinctly in Principle 7 of the 1992 Rio Declaration on Environment and Development:

States shall cooperate in a spirit of global partnership to conserve, protect and restore the health and integrity of the Earth's ecosystem. In view of the different contributions to global environmental degradation, States have common but differentiated responsibilities. The developed countries acknowledge the responsibility that they bear in the international pursuit of sustainable development in view of the

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44 Biermann, p. 431 (note 9).

pressures their societies place on the global environment and of the technologies and financial resources they command.\textsuperscript{46}

In addition to the FCCC, this principle was implicit in the 1987 Montreal Protocol on Substances that Deplete the Ozone Layer,\textsuperscript{47} and it was recognized in other important international undertakings.\textsuperscript{48}

All countries could suffer from climate change, although the poor countries of the world will suffer most due to their vulnerable geographies and economies.\textsuperscript{49} What is more, it is the economically developed countries of the global North that have generated the most greenhouse gases since the advent of the Industrial Revolution, and they have thereby benefited from using the global atmosphere as a sink for the harmful byproducts of their economic development.\textsuperscript{50} During the negotiations for the FCCC, developing countries were unified in emphasizing the historical responsibility of developed countries for climate change. They agreed to participate in the climate negotiations only on the condition that they not be required to accept any substantial commitments of their own.\textsuperscript{51}

The first basic principle of the FCCC states that "The Parties should protect the climate system for the benefit of present and


\textsuperscript{47} Montreal Protocol on Substances that Deplete the Ozone Layer, 16 September 1997, 26 ILM 1550 (1987).

\textsuperscript{48} The principle of common but differentiated responsibility was acknowledged by, inter alia, the UN General Assembly (see GA Resolution 44/228 [1989]), and several climate related meetings, including: the Second World Climate Conference, meetings of the Preparatory Committee of the United Nations Conference on Environment and Development, the Toronto Conference Statement, the Hague Declaration, and the Noordwijk Declaration. See Philippe Sands, "The 'Greening' of International Law: Emerging Principles and Rules," Global Legal Studies Journal 1, 2 (Spring 1994).


future generations of humankind, on the basis of equity and in accordance with their common but differentiated responsibilities and respective capabilities. Accordingly, the developed country Parties should take the lead in combating climate change and the adverse effects thereof. Thus the FCCC recognizes that all countries are responsible for climate change, and all should endeavor to limit the pollution that causes it. However, following the common but differentiated responsibility principle, the treaty does not require developing countries to reduce their greenhouse gases. It would be unfair to expect poor countries to limit their economic development when the wealthy countries of the world are most responsible for present concentrations of atmospheric greenhouse gases—and the expected consequences of this pollution for the global climate in the next century. The common but differentiated responsibility principle was reaffirmed in 1995 in the "Berlin Mandate," whereby developed countries pledged to act first to reduce their greenhouse gas emissions before requiring developing countries to do so. Subsequent negotiations regarding climate change, such as those leading to the 1997 Kyoto Protocol, have been premised on the common but differentiated responsibility principle. The United States and other developed country parties to the FCCC accepted this standard (the new Bush administration's disturbing policies notwithstanding) because they knew developing countries would not—and in many cases could not—limit their greenhouse gas emissions and cope with climate change otherwise.

The climate change regime is perhaps the most visible manifestation that the principle of common but differentiated responsibility has been established in international environmental instruments negotiated over the last few decades. It is recognition that all countries are responsible for limiting damage to common

52 FCCC, Art. 3(1).
54 Berlin Mandate, 6 June 1995, UN Doc. FCCC/CP/1995/7/Add 1.
55 Cf. Group of Seven Industrialized Countries (G-7) and Russia, "Final Communiqué of the Denver Summit of the Eight," Denver, 22 July 1997, paras. 14-17.
global environmental areas, with the important qualification that the developed industrialized countries should take on much greater responsibility in preventing and mitigating global pollution, and indeed in helping developing countries in their own efforts to protect the global commons.\textsuperscript{56} Common but differentiated responsibility has moved from being a "soft" international legal principle to a nascent but increasingly robust component of international law and practice.

To be sure, environmental cases differ from those of disaster and famine for many reasons, but they are particularly different because, in many cases, the wealthy countries clearly contribute to the problems and therefore share blame for them. This increases the level of international obligation to distribute the means to address adverse environmental changes and their consequences. As such, the case for aid in many environmental issue areas is even stronger than that for disaster and famine relief. What comes from this is that common problems require common action, but those countries with the most responsibility for the problems and those with the greatest capacity to address them have an obligation to aid those less responsible and/or less able to act.

**HIV and AIDS: Will the Moral Progress Continue?**

The historical evolution of obligation toward actualizing international distributive justice shows that in a civilized world, the wealthy have an obligation to help those in need. This argument gains strength as the responsibility for problems grows—although, importantly, responsibility is clearly not a requirement before obligation exists. Thus a strong case for aid from the global rich to the global poor has a solid foundation not only in the corpus of ethical reasoning, but also in international practice, as shown by, among other issues, the cases of disaster relief, famine aid, and environmental change.

Will the response of the world's wealthy countries toward HIV/AIDS in the developing world follow the historical trend of increasing obligation of rich to poor? There are indications that it is moving in this direction, and there are many arguments, both practical and ethical, for why it ought to. It seems to us that the publics of all countries, including those in the rich countries, are pushing this historical trend forward. As UN Secretary General Kofi

\textsuperscript{56} Cf. Biermann, pp. 432-65.
Anan has argued, global public opinion has pushed the developed country governments to start opening their wallets to assist those suffering from HIV/AIDS in the developing world: "there has been a world-wide revolt of public opinion. People no longer accept that the sick and dying, simply because they are poor, should be denied drugs which have transformed the lives of others who are better off." It is simply becoming too difficult for the wealthy countries to resist the tide of public opinion, because the arguments for resisting are seldom persuasive and run counter to so many good ethical arguments, and historical precedents, for helping those worst affected and least able to help themselves.

The (welcome) difficulty that policymakers have in resisting this apparent tide of public opinion may come from the basic logic of the norms of international obligation. An immense crisis exists, and those suffering from it lack the means to deal with it to any satisfactory degree. Solutions to this crisis also exist, but many of them (e.g., drugs for treating AIDS, money to acquire and administer treatment, resources for prevention programs) are possessed by the world's wealthier countries. Hence, according to the logic of the historical trend toward greater international obligation between rich and poor, those countries with the means to provide solutions to the HIV/AIDS crisis, and give succor to those now suffering from it, have a moral obligation to act. What is more, people in the developed countries may believe what some officials have been saying (as happened during Clinton's tenure) about the economic and security implications of HIV/AIDS in the poor countries for the developed countries. As U.S. Secretary of State Colin Powell argued in a visit to plagued countries of Africa, AIDS "is more than a health issue. This is a social issue. This is a political issue. This is an issue of poverty." Having said this, it is a curious characteristic of international affairs that when states are partly or largely to blame for human suffering beyond their borders, they are sometimes less willing to provide aid. When natural disasters strike, aid is often immediate. But when human-induced problems arise, such as those associated with global environmental changes, action is often slow in coming.


and many countries (especially the United States) make clear that their aid is charitable and does not set any precedents. Oddly, we seem much more willing to alleviate suffering caused by the gods than that caused by our own indifference, incompetence or malfeasance.59

4. HIV/AIDS and International Obligation: An Analysis
Currently, the existence of rhetoric about the need to help poor countries cope with the AIDS pandemic is as plentiful as the resources in the developed world that could eventually be tapped. During a speech pledging $200 million (as opposed to the $1 billion requested) to the new global AIDS fund called for by UN Secretary General Anan, President George W. Bush called the global AIDS crisis "almost beyond comprehension."60 A few weeks later, his Secretary of State, during his highly publicized tour of Africa, proclaimed on a visit to a Nairobi slum that it was entirely appropriate for him to be addressing AIDS because of its extreme impact on human society.61 This certainly marks an important turnaround from a time in the recent past when the pandemic was given scant attention by the developed world. Yet, ironically, developed countries have not only been reticent to make meaningful financial contributions to the problem, they have also actively blocked efforts by developing country governments and activists around the globe to provide affordable treatment options for people in low-income countries.

As we have pointed out above, an ethical viewpoint is emerging that developed countries have an obligation to assist poorer countries when certain conditions prevail. First, a crisis exists that is causing considerable human suffering. Additionally, the crisis must not be solvable by the country(s) experiencing it and finally, the assisting country(s) must be able to provide useful and substantial resources to aid the resolution of the crisis. Generally speaking, the dynamic of AIDS-related aid from rich countries, and particularly the United States, has taken a course of attempting to deny each of these three

59 This comes as no surprise to psychologists, who know that people do not like to admit blame for their actions, even to themselves—and acting to aid those who one has harmed can be viewed as a self-admission of blame and responsibility.
conditions, in three overlapping stages of policy development. First came a period of non-recognition of the devastating impact of the AIDS pandemic—in essence, the denial of the need for a response through the denial of a problem in the first place. Second, there was a phase of attempting to shift responsibility to the developing countries themselves, through a set of proposals that would place heavier financial responsibilities on the global South and less on the global North. Finally, there has been a set of responses attempting to abrogate responsibility through various manifestations of the argument that the pandemic cannot be solved with aid from wealthy countries because of cultural barriers, lack of health care infrastructure and the enormous (albeit highly inflated) costs of antiretroviral medications.

Denial has been, and continues to be, a characteristic response of individuals, communities and countries whenever and wherever AIDS strikes. A current extreme example of such denial is going on in China. There officials have dealt with infection rates as high as 65% in areas of the Henan province by first ignoring the problem and then denying travel privileges to Dr. Gao Yaojie, who has been internationally recognized for her efforts on behalf of those infected.62 Similarly, only very recently have many African leaders openly acknowledged the devastating impact of HIV in their own countries, and in some countries, including South Africa and Zimbabwe, critics charge that the leadership is still in denial. Thus, it is perhaps not surprising that developed countries, which also initially responded with denial even within their own borders, should react similarly to the AIDS-related problems of poor countries.

What is more remarkable is the extent to which this is true. In the United States officials of the CIA lobbied internally for three years, from 1987 to 1990, just to get permission to produce a report that was ultimately released in 1991. The classified document, entitled "The Global AIDS Disaster", predicted 45 million worldwide infections by 2000 and yet there was no government response, even after portions were unclassified and released as a State Department white paper in 1992.63 Apathy continued during the mid-1990s among U.S. government bureaucracies like the Center for Disease

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Control (CDC) and Agency for International Development (USAID). Fear of creating unrealistic expectations and of losing budget autonomy, as well as the conviction that development money would be better spent on less expensive projects with proven results, contributed to the lack of activity. The governments of Western Europe were similarly unresponsive.\footnote{One indicator of this lack of responsiveness is the absolute numbers in foreign aid devoted to this problem by developed countries. An excellent analysis is provided by Amir Attaran and Jeffrey Sachs, "Defining and Refining International Donor Support for Combating the AIDS Pandemic," \textit{Lancet} 357, 9249 (6 January 2001), pp. 57-61.} This denial was mirrored in two other sectors of society within and among developed countries—domestic AIDS NGOs and multinational corporations, specifically those within the pharmaceutical industry. In the latter case, the drug companies met sporadically from 1991 to 1993 but appeared to reach consensus only on the idea that price discounts in the developing world would be a bad idea. Concluding that governments had the responsibility to worry about accessibility and distribution, that AIDS drug regimens were too complicated to be adapted to developing country conditions, and that other barriers to treatment exist in developing countries, they suspended their talks.\footnote{Barton Gellman, "An Unequal Calculus of Life and Death," \textit{Washington Post}, 27 December 2000.} AIDS NGOs meanwhile, spent much of their time in the 1990s focusing on how to get combination drug therapies to their own clients. Until full accessibility existed at home, they believed, money sent to developing countries was money that deserved to be spend domestically.

As it became more and more difficult to deny the level of catastrophe wrought by AIDS in developing countries, the developed world began to move away from denial of the problem to a position (sometimes explicit, sometimes implied) that it was up to the developing world to bear the responsibility of its emerging health crisis. This position has taken many forms. One form consisted of emphasizing individual behavior. Again, this approach had been seen within developed countries during the early years of struggling with AIDS, when governments often made the argument that it was the responsibility of individuals to change behavior (that is, to quit engaging in risk behaviors). More recently, the approach has been used by governments in developed countries to argue that it is, again, individual behavior or cultural norms (such as the treatment of vulnerable women in developing countries) that results in the spread...
of AIDS, and that aid from developed countries cannot change these factors. A second approach emphasizes the role of national leaders. This line of argument has been particularly useful as a responsibility evasion tool by rich countries because it works in cases of both strong and weak national leadership on AIDS. Thus, when Ugandan President Museveni provided strong and widely documented attention to his country's AIDS crisis (and Ugandan transmission levels plummeted), rich countries could argue that their help was not needed—a country could tackle AIDS on its own. But with Zimbabwe under Mugabe or, as is more widely covered, South Africa under Mbeki, the argument is that it is the government, not lack of outside aid, that is keeping the developing country in question from coping with HIV/AIDS.

Finally, and most directly, at the international level "solutions" have been offered that, while ostensibly aiding developing countries, actually place most of the costs squarely back upon them. This line of reasoning lies behind both World Bank and U.S. Export-Import Bank offers of loans (not grants) to sub-Saharan African countries. In both cases, the would-be loan agents expressed dismay at the negative response from developing countries. Yet they failed to address, or even acknowledge, the reasons behind the negative reaction from developing countries. The objects of the loan offers had turned them down for two reasons. First, the loans seemed an inappropriate vehicle for aid, given the fact that these same countries were actively campaigning for debt relief already, and that AIDS is predicted to set back the economies of these countries even further in the years ahead. Thus, if recipient countries cannot pay back loans now, why should they expect to be able to pay them back in a future that offers even worse economic conditions? A second weakness of the loan scheme is that developing countries correctly realized that they were not the only, or possibly even primary, beneficiaries of the loans. Rather than being able to buy drugs at steeply reduced prices, as many developing countries have been aspiring to do, the loans were designed as a means to provide AIDS treatments at retail prices—a policy that would have pleased multinational pharmaceutical companies but drastically set back the policy goals of developing countries.

Finally, we are currently experiencing the third phase (although aspects of the first two remain evident). Generally speaking, the developed world no longer argues that the problem is insignificant,
nor that developing countries could possibly solve these problems on
their own. Yet, rather than resulting in an acknowledgment of the
responsibilities of the first world, a third (again multifaceted)
defense has been raised—that the problem is, in fact, insoluble. The
current argument is being voiced at a time when the context of the
debate has changed significantly since the late 1990s. Owing in very
large part to the strenuous efforts of AIDS activists and NGOs
working in both the global North and South (and, in many cases, in
coordinated campaigns), AIDS, and the demands of activists, have
achieved a high level of prominence in the mainstream media. The
Thirteenth International AIDS Conference held in Durban, South
Africa, during June 2000 made more headlines as a forum for the
demands of passionate and well-organized activists than as a
showcase of international research. UN Secretary General Kofi
Anan has pledged to address AIDS as his "personal fight." And, in
April 2001, 39 of world's largest drug companies were forced to
drop a suit against the South African government because of the
terrible international press, activists were generating against them.
The central theme of these demands has been that not only must
future cases be averted through prevention, but that current cases
must be ameliorated through treatment.

This demand is no longer even questioned within developed
countries, where sophisticated antiretroviral treatment has been the
standard of care since the late 1990s. Yet it is seen as widely radical
in the context of developing countries. The first and most severe
obstacle is cost. In the developed world, the combination of drugs
(referred to as combination therapy, the "cocktail" or antiretrovirals
[ARVs]) used to directly attack HIV replication (as opposed to
treating the opportunistic infections it causes) retails at around
$10,000 to $12,000 per year. And the developed world has
consistently argued that such costs are utterly impractical for
countries in the developing world where per capita incomes are
many times lower than these prices. Activists have successfully
argued, however, that the retail cost of ARVs bears little
resemblance to their actual cost of manufacture. The manufacturing
costs are many times less, an assertion that was given great
credibility when generic manufacturers, beginning with the Indian
company Cipla, offered a version of the cocktail for $500 per year.
Anticipating the competition of generic companies and the protests
that were forthcoming in Durban the five major branded
manufacturers of ARVs made a major announcement in May 2000 that they would offer steep price cuts to the developing countries hardest hit by AIDS. Although the announcements have not been followed with commensurate action, they actually helped to support the argument put forth by activists that the branded pharmaceuticals could, in fact, offer their products at far less cost in developing countries. Basing their figures on the availability of much more affordable generic drugs and/or deeply discounted (tiered) price structures, activists began to argue that funding treatment, both for opportunistic infections and HIV, was possible and desirable.

It was at this point, when documented arguments had been widely distributed claiming that the largest obstacle to treatment is not actual cost but political will (both from governments who do not feel like offering aid and pharmaceuticals who are worried about intellectual property rights) that a new set of arguments on the impossibility of treatment were launched by both the pharmaceutical industry and the governments of the wealthy countries. This argument is that spending money on treatment would be futile.

The futility argument is based on four premises. First, opponents claim that ARVs could not be distributed because developing countries lack the health care infrastructure (hospitals, clinics, trained personnel, etc.) to do so. Second, they claim that the requirements for taking the drugs (rigorous dosing schedules, different combinations of drugs, with and without food or water, etc.) would be too onerous for people in developing countries. A third and related claim is that people in developing countries would be unable to adhere to these requirements and that drug-resistant strains would consequently develop. And, finally, they argue that treatment will be substituted for prevention, resulting in inefficient uses of resources and further spread of HIV. The comments of University of Pennsylvania bioethicist Arthur Kaplan are typical:

While drugs are an answer to the AIDS plague in North America and Western Europe, they are not the solution for Africa and many other extremely poor nations. The reasons are simple. Drugs designed for people in more


\[67\] The estimates provided later in this essay on the cost of financial assistance are predicated on these new developments in decreased drug pricing.
developed countries do not work as well for people living in countries that have no hospitals, clinics, clean water, sewers, roads or doctors.  

But advocates of treatment provision argue that these claims are highly exaggerated. While no one disputes that health care infrastructure is seriously lacking in many developing countries, they suggest a number of counter points. First, they point to NGOs including Medicins Sans Frontieres and Oxfam with outstanding credentials regarding delivery of services in developing countries that have gone on record in high profile campaigns promoting treatment and claiming that there are many lives that could be saved immediately if drugs were available. They also argue that the experience of Brazil suggests that the provision of treatment fuels the development of an infrastructure to deliver it.

On the issues of pill burden and dosing requirements, they argue that opponents are working with outdated assumptions. To, for example, Jesse Jackson's claims that "AIDS treatment requires 20, 30 or 40 pills a day" they respond that a typical current effective combination requires only three pills twice a day and that none require more than 15 pills a day. On the related issue of drug adherence, both the U.S. Treasury Department and USAID head Andrew Nastios have recently argued that Africans cannot be expected to take AIDS drugs because they do not have a western view of time. These assertions are countered with evidence of programs in the Ivory Coast, Brazil and Haiti. While these programs do not suggest that their clients are 100% compliant, neither do programs that exist in the developed countries, and proponents note, that it is hardly justifiable to argue that only rich countries have the right to risk drug resistance. Furthermore, these

70 Health GAP Coalition, "Myths vs. Reality: Distortions About AIDS Drugs and the Developing World."
71 This position has prompted strong negative reactions on the part of AIDS activists in both the developed and developing world. It has also been suggested that the idea originally came from an episode of the popular American television program "West Wing" that portrayed the fictional U.S. president attempting to broker a deal between drug companies and a fictional African leader. For more on this hypothesis see John Donnelly, "Some Wonder If Life Imitates Art in AIDS Policy," Boston Globe, 15 June 2001.
72 Individual Members of the Harvard Faculty, p. 8.
proponents argue, the virus has shown itself able and likely to mutate absent treatment. Given that successfully administered ARVs decrease the amount of virus within individuals, they also decrease the opportunity for mutations within those individuals.

Finally, treatment advocates find the claims regarding the substitution of treatment for prevention as perhaps the most specious of all. To the contrary, they argue, treatment complements prevention. Not only does treatment offer an incentive for people to undergo voluntary testing (an extremely important consideration given that the vast majority of the world’s HIV-positive people are not aware of their status), successful treatment lowers viral loads, making people less infective and less likely to pass the virus to their unborn and breast-fed children. Importantly, treatment advocates are arguing for both medicines and services to address the virus itself and associated communicable diseases, including tuberculosis and sexually transmitted diseases, which both make individuals more vulnerable to becoming infected with HIV and to progressing to AIDS. Thus, treatment can prevent other illnesses as well. Finally, treatment, by prolonging the lives of adults, prevents the creation of yet more orphans, an enormous consideration for countries already reeling with the additional burden of thousands (and on the global scale millions) of children with no source of support or care.

A vast increase in aid to developing countries to deal with their AIDS crises would go a long way toward providing treatment and prevention, and toward ameliorating some of the worst effects of the crisis. It would also be easily affordable for the developed world. The estimates of what would be required vary. UNAIDS Director Peter Piot originally suggested $3 billion annually as a minimal response to "turn the tide of the epidemic." That estimate specifically excluded the possibility of antiretroviral treatments, but some future estimates include them in their numbers. Secretary General Kofi Anan has called for a global fund (to also include treatment for malaria and tuberculosis) of $7 to $10 billion; the Harvard Consensus statement estimates a need for $1.4 billion initially, moving to $4.2 billion in five years; and the Global AIDS

Alliance calls for $15 billion. Each of these estimates usually assume that the United States should contribute approximately 25% of the total, with the rest coming from other developed countries, and in some cases, private corporations. Although all but the smallest of these estimates would require at least a tenfold increase in the level of assistance from developed countries, such an increase is easily affordable. In calling for the original $3 billion, for instance, UNAIDS Director Piot compared that figure to the $52 billion that U.S. citizens spend annually fighting obesity. Harvard's Jeffrey Sachs often points out that for the United States to pay its portion of the Harvard estimates it would only cost $8 per person, or less than the cost of one movie with popcorn per year.

Although the costs for the developed world would be small, the costs of not acting for both the developing and the developed world are potentially enormous. Despite this protracted pattern of dodging its obligations regarding HIV/AIDS in developing countries, the developed world has conceded rhetorically that there are strong practical reasons for helping to turn the tide of this global catastrophe. In the United States, for instance, the Clinton administration officially pronounced the global pandemic a national security threat. More broadly, AIDS in developing countries is not only destroying individual lives, it is destroying whole societies. Thinking, for example, about the explosive growth in the orphan population should give the world cause for alarm. There are currently estimated to be 12 million children orphaned by AIDS in sub-Saharan Africa, and absent significant intervention, that number is expected to grow to 40 million by 2010. Most of these children will reach adulthood without formal education, parental role modeling or significant skills development. Lacking these abilities and attributes, how will they be able to take on the work and family responsibilities necessary for national stability? This is only one of many ways in which AIDS is undermining the economies and civil societies of African countries. In a forum sponsored by the Institute for Peace, international researchers and intelligence experts warned

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of dire consequences, including a decrease in the GDP of sub-Saharan countries of as much as 20% over the next two decades, and the potential for extreme political instability and ethnic tension. Equally worrying, they also suggested that some of these problems could occur in India as well.\textsuperscript{77} As economies plunge and governments fail, the developed world will be forced to expend resources on peacekeeping and stabilization efforts that could have been staved off with far fewer resources, and certainly much less human suffering, by providing assistance for the root problem of AIDS.

5. Conclusion

The HIV/AIDS crisis presents the world with profound moral and practical challenges. It is also one of greatest manifestations of human suffering ever witnessed, largely because the vast majority of those suffering directly and indirectly from HIV/AIDS live (and die) in the world's poorest countries. Yet the response to this crisis by the world's wealthy countries has been altogether lacking. They have at least now acknowledged the problem, and they have started to provide some help. However, their response remains weak and miniscule relative to the scale of the problem, and some governments and businesses continue to resist doing much at all. We have argued that this needs to—and ought to—change. Indeed, there are many ethical, practical and historical justifications for developed countries to provide far more help in preventing HIV transmission and caring for those suffering from AIDS throughout the world, not just at home. For many ethical reasons, it is unfair and inequitable to deny further aid. For practical reasons, it is in the interests of developed countries to provide greater assistance. And history shows that our modern, civilized international society requires the world's wealthy to aid the world's poor when they are in need and when help can be provided. That the world's poor are in need in this case is undeniable, and we have shown that provision of aid is possible. Hence, we must conclude that further delay not only runs counter to the interests of all those who suffer from HIV/AIDS, as well as those indirectly affected all over the world, but that it is immoral and contradicts historical trends and well-established norms of

international obligation. The case for denying aid is now very hard

to make; the case for doing much more is overwhelming.
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<table>
<thead>
<tr>
<th>No.</th>
<th>Topic</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 (16/97) CPPS</td>
<td>Filial Piety and Caregiving Burden in Shanghai, People’s Republic of China</td>
<td>Professor William T. Liu, Professor Elena S. H. Yu, Professor Shang-Gong Sun and Professor Yin Kean</td>
</tr>
<tr>
<td>61 (17/97) CPPS</td>
<td>How to Help the Rehabilitated Drug Abusers Not to Relapse to Drugs Again? A Successful Case - Hong Kong</td>
<td>Dr. Wai-kin Che</td>
</tr>
<tr>
<td>62 (18/97) CPPS</td>
<td>The Value of Time and the Interaction of the Quantity &amp; the Quality of Children</td>
<td>Dr. Chengze Simon Fan</td>
</tr>
<tr>
<td>63 (19/97) CPPS</td>
<td>Generational Dependency and Elderly Care: A Psychological Interpretation of Cultural Norms and Exchange</td>
<td>Dr. Ying-yi Hong and Professor William T. Liu</td>
</tr>
<tr>
<td>64 (20/97) CPPS</td>
<td>Living Arrangements and Elderly Care: The Case of Hong Kong</td>
<td>Professor Rance P. L. Lee, Dr. Jik-Joan Lee, Professor Elena S. H. Yu, Professor Shang-Gong Sun and Professor William T. Liu</td>
</tr>
<tr>
<td>65 (21/97) CPPS</td>
<td>The Social Origin of Alzheimer’s Disease: A Path Analysis</td>
<td>Professor William T. Liu and Professor Shang-Gong Sun</td>
</tr>
<tr>
<td>66 (22/97) CAPS</td>
<td>Country of Origin Rules: Its Origin, Nature and Directions for Reform</td>
<td>Professor Lok-sang Ho</td>
</tr>
<tr>
<td>67 (23/97) CAPS</td>
<td>A Long Term Monetary Strategy for Hong Kong and China</td>
<td>Professor Lok-sang Ho</td>
</tr>
<tr>
<td>68 (24/97) CPPS</td>
<td>Are Union Jobs Worse? Are Government Jobs Better?</td>
<td>Professor John S. Heywood, Professor W. S. Siebert and Dr. Xiangdong Wei</td>
</tr>
<tr>
<td>69 (25/97) CPPS</td>
<td>Restructuring the Party/state Relations: China’s Political Structural Reform in the 1980s</td>
<td>Dr. Yiu-chung Wong</td>
</tr>
<tr>
<td>70 (26/97) CPPS</td>
<td>Estimating British Workers’ Demand for Safety</td>
<td>Dr. Xiangdong Wei</td>
</tr>
<tr>
<td>71 (27/97) CPPS</td>
<td>Managerial Stress in Hong Kong and Taiwan: A Comparative Study</td>
<td>Ms. Oi-ling Siu, Dr. Luo Lu and Professor Cary L. Cooper</td>
</tr>
<tr>
<td>72 (28/97) CPPS</td>
<td>Teaching Social Science in the East Asian Context</td>
<td>Professor William T. Liu</td>
</tr>
<tr>
<td>73 (1/98) CPPS</td>
<td>Interpreting the Basic Law with Chinese Characteristics</td>
<td>Professor James C. Hsiung</td>
</tr>
<tr>
<td>No.</td>
<td>Issue Date</td>
<td>Topic</td>
</tr>
<tr>
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</tr>
<tr>
<td>74</td>
<td>2/98 CPPS</td>
<td>Worker Participation and Firm Performance: Evidence from Germany and Britain</td>
</tr>
<tr>
<td>75</td>
<td>3/98 CPPS</td>
<td>The Nature of Optimal Public Policy</td>
</tr>
<tr>
<td>76</td>
<td>4/98 CPPS</td>
<td>Symbolic Boundaries and Middle Class Formation in Hong Kong</td>
</tr>
<tr>
<td>77</td>
<td>5/98 CPPS</td>
<td>Urbanization in Sha Tin and Tuen Mun - Problems and Coping Strategies</td>
</tr>
<tr>
<td>78</td>
<td>6/98 CAPS</td>
<td>Coping with Contagion: Europe and the Asian Economic Crisis</td>
</tr>
<tr>
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<td>7/98 CAPS</td>
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</tr>
<tr>
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<td>8/98 CPPS</td>
<td>Poverty Policy in Hong Kong: Western Models and Cultural Divergence</td>
</tr>
<tr>
<td>81</td>
<td>9/98 CAPS</td>
<td>The Paradox of Hong Kong as a Non-Sovereign International Actor</td>
</tr>
<tr>
<td>82</td>
<td>10/98 CAPS</td>
<td>Political Impacts of Catholic Education in Decolonization: Hong Kong and Macau</td>
</tr>
<tr>
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<td>11/98 CAPS</td>
<td>The Rise and Fall of the HK Economy</td>
</tr>
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<td>12/98 CAPS</td>
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</tr>
<tr>
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<td>13/98 CAPS</td>
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</tr>
<tr>
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<td>14/98 CAPS</td>
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</tr>
<tr>
<td>87</td>
<td>15/98 CPPS</td>
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</tr>
<tr>
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<td>16/98 CPPS</td>
<td>A Theory of Health and Health Policy</td>
</tr>
<tr>
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<td>1/99 CPPS</td>
<td>Towards a New International Monetary Order: The World Currency Unit and the Global Indexed Bond</td>
</tr>
<tr>
<td>90</td>
<td>2/99 CPPS</td>
<td>Age Differences in Work Adjustment: A Study of Male and Female Managerial Stress, Coping Strategies and Locus of Control in Hong Kong</td>
</tr>
<tr>
<td>No.</td>
<td>Topic</td>
<td>Author</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>91</td>
<td>A Comparative Study of Managerial Stress in Greater China: The Direct and Indirect Effects of Coping Strategies and Work Locus of Control</td>
<td>Dr. Oi-ling Siu, Professor Paul E. Spector, Professor Cary L. Cooper, Dr. Luo Lu and Dr. Shanfa Yu</td>
</tr>
<tr>
<td>92</td>
<td>Implementing Efficient Allocations in a Model of Financial Intermediation</td>
<td>Professor Edward J. Green and Dr. Ping Lin</td>
</tr>
<tr>
<td>93</td>
<td>R &amp; D Incentives in Vertically Related Industries</td>
<td>Dr. Samiran Banerjee and Dr. Ping Lin</td>
</tr>
<tr>
<td>94</td>
<td>Testing for a Nonlinear Relationship among Fundamentals and Exchange Rates in the ERM</td>
<td>Dr. Yue Ma and Dr. Angelos Kanas</td>
</tr>
<tr>
<td>95</td>
<td>Health Care Delivery and Financing: in Search of an Ideal Model - Reflections on the Harvard Report</td>
<td>Professor Lok-sang Ho</td>
</tr>
<tr>
<td>96</td>
<td>A Structural Equation Model of Environmental Attitude and Behaviour: The Hong Kong Experience</td>
<td>Dr. Oi-ling Siu and Dr. Kui-yin Cheung</td>
</tr>
<tr>
<td>97</td>
<td>Hong Kong’s Inflation under the U.S. Dollar Peg: The Balassa-Samuelson Effect or the Dutch Disease?</td>
<td>Dr. Hiroyuki Imai</td>
</tr>
<tr>
<td>98</td>
<td>Structural Transformation and Economic Growth in Hong Kong: Another Look at Young’s “A Tale of Two Cities”</td>
<td>Dr. Hiroyuki Imai</td>
</tr>
<tr>
<td>99</td>
<td>Corporatism and Civil Society in the People’s Republic of China: Empirical Evidence and Theoretical Implications</td>
<td>Dr. Wong Yiu-chung and Dr. Chan Che-po</td>
</tr>
<tr>
<td>100</td>
<td>Globalization and Sino-American Economic Relations</td>
<td>Professor C. Fred Bergsten</td>
</tr>
<tr>
<td>101</td>
<td>Government Expenditures and Equilibrium Real Exchange Rates</td>
<td>Professor Ronald J. Balvers and Dr. Jeffrey H. Bergstrand</td>
</tr>
<tr>
<td>102</td>
<td>A Case Study of Economic Ecology: The Hong Kong Economy’s Plunge into a Deep Recession in 1998</td>
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<tr>
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<td>104</td>
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</tr>
<tr>
<td>105</td>
<td>The Political Economy of Hong Kong SAR’s Fiscal Policy</td>
<td>Professor Lok-sang Ho</td>
</tr>
<tr>
<td>No.</td>
<td>Topic</td>
<td>Author</td>
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</tr>
<tr>
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</tr>
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</tr>
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</tr>
<tr>
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<td>Dr. Paul G. Harris and Dr. Patricia Siplon</td>
</tr>
</tbody>
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