

POPULATION AND

Introduction. The AIDS epidemic is one of the greatest challenges confronting the international community. The magnitude of the AIDS epidemic has spawned an unprecedented array of global, regional and national responses. The urgency of a concerted response was recognized in the United Nations Millennium Declaration, which noted the resolve of Governments to halt and reverse the spread of the epidemic by 2015. This determination was relierated in the Declaration of Commitment on HIV/AIDS adopted by the United Nations special session on HIV/AIDS in 2001, which acknowledged that prevention of HIV/AIDS must be the mainstay of responses to the epidemic and that care, surport and treatment are fundamental elements of an effective response MIV/AIDS is that that care, support and treatment are fundamental elements of an effective response. HIV/AIDS is the most significant demographic concern among Governments.

Total population. The twentieth century witnessed an extraordinary growth of world population from 1.6 billion in 1900 to 6.5 billion in 2005, with almost 80 per cent of that increase having occurred since 1950. It took 12 years (1987-1999) for the world to add the most recent billion people. The current annual increase for the world is 76 million, of which 95 per cent is taking place in less developed regions.

Adults and children living with HIV. The number of people living with HIV continues to increase in all parts of the world. In 2003, 38 million people were living with HIV. This includes nearly 36 million adults (aged 15 to 49 years), of whom 17 million are women. Children aged under 15 years account for over 2 million of those with HIV in 2003, 4.8 million individuals became infected, more than in any previous year. Those aged 15 to 24 years accounted for nearly half of all new HIV infections. As a result of women's greater risk of HIV, the proportion of females among adults living with HIV

population, but almost two thirds of all adults living with HIM. The epidemic is also spreading rapidly in Asia (7.4 million people) and Eastern Europe (1.3 million people). Over 2 million people are living with HIV in Latin America and the Caribbean.

Adult HIV prevalence. There is a wide diversity in prevalence among regions and countries. In Southern Africa, the worst-affected region in the world, the prevalence is 29 per cent of the adult population. Outside of Africa, the highest HIV prevalence is in the Caribbean, 2.3 per cent. Steep increases in HIV prevalence have been observed in some countries of Asia and Eastern Europe. In the more developed regions prevalence is 0.5 per cent. more developed regions, prevalence is 0.5 per cent. AIDS deaths. The number of deaths caused by AIDS has risen steadily over the years. More than 20

million people have died from AIDS since the disease was first diagnosed in 1981. Of the 3 million deaths due to AIDS in 2003, more than 2 million deaths occurred in Africa, 0.5 million in Asia, 84,000 in Latin America and the Caribbean and 70,000 in the more developed regions. AIDS orphans. The number of children (0-17 years) orphaned by AIDS is estimated at 15 million. Africa has the most AIDS orphans; 12 million children have lost one or both parents to AIDS. There

are an additional 3 million orphans in other world regions. Orphans face increased risk of violence, exploitation and abuse, with many growing up in poverty. By 2010, the number of AIDS orphans could climb to more than 18 million.

Life expectancy at birth. Those countries that are highly affected by the HIV/AIDS epidemic home of the lowest life expectance and in the life expectance and i

Government measures. Prevention is the mainstay in responding to HIV/AIDS, and many countries have introduced comprehensive prevention strategies, as well as care, support and treatment programmes. Blood screening: Reducing transmission of HIV and other infectious diseases from blood translusion poses a serious public health challenge for many countries. Efforts to ensure blood safety have considerably improved, with countries expanding screening to cover a larger share of the blood supply. National blood policies vary in coverage and comprehensiveness. Information and education campaigns: Better individual knowledge of MIV/AIDS and the secretaristic search. completiers veries. Information and aducation campanges: better information and information and information and information and programmes. Poorly educated persons know less about HIV/AIDS; they are less likely to use condoms and thus more vulnerable to infection. Governments are raising public awareness to condoms and thus more vulnerable to infection. Governments are raising public awareness by promoting information, education and communication (EC) programmes through print media, theatre, radio, direct mailings and other public service messages. The participation of non-governmental organizations, people living with AIDS, religious institutions and international bilateral donors is important for ensuring the success of IEC activities. Access to antiretroviral treatment: Although antiretroviral treatment has significantly prolonged life and reduced the suffering of AIDS victims, access remains extremely low. While concerted international and national efforts have slashed the price of these medicines, only 700,000 of the 6 million people needing treatment received antiretroviral drugs in 2004. Non-discriminatory policies: About one half of countries have legal measures to prohibit AIDS-related discrimination. Discrimination and stigma significantly hamper the effectiveness of AIDS responses. Promoting condom use: Programmes to promote condom use are widespread. While most countries promote condom use, many acknowledge difficulties in reaching the target population. Despite major

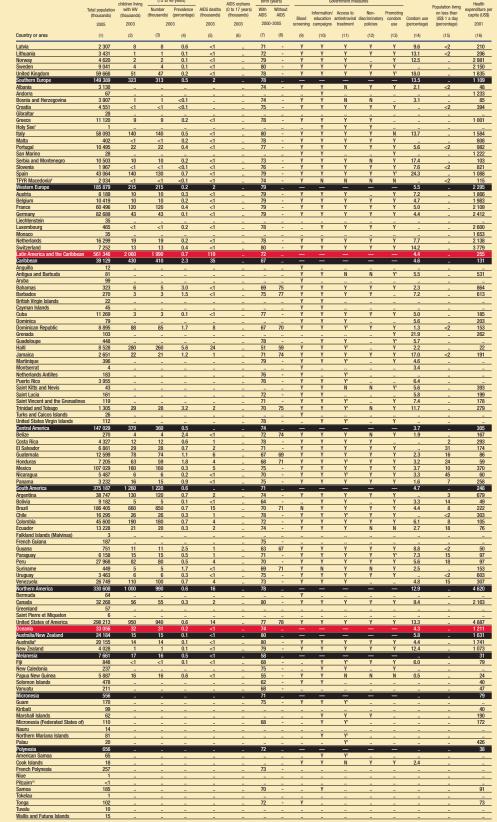
improvements in condom provision, supply shortages and poor quality persist. Condom supplies in less developed regions are estimated to be $40~\rm per$ cent below the number required.

Condom use. Condom use worldwide is estimated at 5 per cent of couples where the woman is aged 15 to 49 years. Condom use varies significantly across regions and countries. Some 13 per cent of women in more developed countries use condoms, in contrast to 3 per cent in less developed. regions and 1 per cent in Africa. Fear of contracting HIV has contributed to an increase in condom use. When used consistently and properly, condoms can significantly reduce the risk of infection.

Population living on less than US\$ 1 a day. The percentage of the world's population living in absolute poverty (that is, living on less than US\$ 1 per day) has declined since 1990, and the absolute poverty (that is, living on less than USS*) per day) has declined since 1990, and the Milliennium Development Goal of reducing the number of people living in extreme poverty by one half by 2015 may be achieved. Almost one fourth of the population of less developed regions—1, 2 billion people—continue to live in absolute poverty. Poverty is most pervasive in sub-Saharan Africa and Western Asia and is related to a host of factors, including health, education and gender. By placing a severe burden on individuals, families, households and Governments, AIDS has increased poverty.

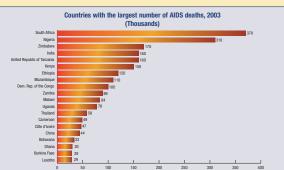
Health expenditure per capita. Low levels of per capita health expenditure are a major factor in the lack of basic health services in developing countries. Per capita health expenditure is USS 75 in less developed regions and USS 25 in the least developed countries in 2001. In many developing countries, the capability of mountring an effective response to AIDS has been hindered by the lack of resources and lack of ability to absorb additional resources efficiently.

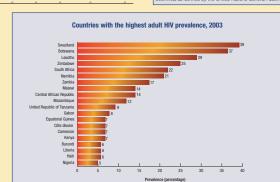
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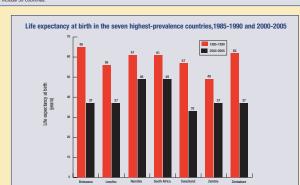


country or area in the development process. refers, as appropriate, to territories or areas

Two dots () indicate that data are either not available, insignificant or zero A hyphen (-) indicates that the difference between the life expectancy without AIDS and with AIDS is







AIDS deaths: The number of adults and children who died from AIDS during 2003. Source: UNAIDS, 2004 Report on the Global IBV-AIDS Epidemic (Sales No. UNAIDS-01-(eff), Data available online at http://www.numids.org/ banglods/2004/report.html.

AIDS oraphans: The estimated number of children who had lost once o both parents to AIDS and who were alive and under the age of 13 years at the and of 2005. Source: UNAIDS, 2004 Report on the Global IBV-AIDS Epidemic (Sales No. UNAIDS-01-(eff), Data available online at http://www.numids.org/banglods/ibseport.html.

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Life espectancy at birth with AIDs: The average number of years a person would have been espected to live at current levels of mortality. Source: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2004 Revision. Highlights, New York: United Nations, Data available online at Hardy-lows-unspapulation ong.

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The international response

The HIV/AIDS epidemic has prompted an unprecedented array of global, regional national and local responses. Beginning in 1994, the Economic and Social Council of the United Nations established the Joint United Nations Programme on HIV/AIDS (UNAIDS) to mount and support a coordinated response from the United Nations system. The urgency of a concerted response was recognized by the United Nations Millennium Declaration (General Assembly resolution 55/2, paragraph 19), which noted the resolve of Governments to halt and reverse the spread of the epidemic by 2015. This resolve was reiterated in the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly special session on HIV/AIDS in 2001, which acknowledged that prevention of HIV/AIDS must be the mainstay of responses to the epidemic. Additional resources are being brought to bear by the Global Fund to Fight AIDS, Tuberculosis and Malaria, created by the General Assembly in 2002.

Noting the devastating toll of the HIV/AIDS epidemic in Africa, the Secretary-General of the United Nations established the Commission on HIV/AIDS and Governace in Africa in 2003 to make recommendations for combating the disease. Most recently, the high-level meeting to review the achievement of the commitments set out in the Declaration of Commitment on HIV/AIDS (2 June 2005) afforded an opportunity for the international community to take stock of its efforts to fight the HIV/AIDS epidemic. Although there have been many examples of progress, the global response to HIV/AIDS still falls short of what is required to successfully tackle the epidemic.

The Population Division of the Department of Economic and Social Affairs is responsible for providing the international community with up-to-date, accurate and scientifically objective information on population and development. The Population Division monitors and analyses population policies and population trends for all countries and areas of the world, including trends and policies related to HIV/AIDS. This wallchart attempts to provide the most recent data available on population policies and trends related to HIV/AIDS.

The national response

Although Governments began formulating policies concerning HIV/AIDS by the mid-1980s, these policies were frequently fragmented and had a narrow health sector focus. This contrasts sharply with the current situation which is characterized by comprehensive policies and programmes in many countries. Forthright national leadership, combined with public awareness and intensive prevention efforts, has resulted in some notable success. Concern over HIV/AIDS ranks high on the population policy agenda of the large majority of countries. Some 80 per cent of countries report that HIV/AIDS is a major concern.

Governments are pursuing a multipronged strategy to combat HIV/AIDS by focusing on (a) prevention; (b) care and treatment; (c) support in the form of protection from discrimination and stigmatization; (d) development of multisectoral strategies; (e) creation of HIV/AIDS coordination bodies; and (f) establishment of partnerships with civil society, people living with HIV/AIDS, community-based groups, non-governmental organizations and the private sector.

Most Governments have implemented programmes that focus on HIV/AIDS prevention. Comprehensive prevention programmes include a range of strategies, such as information, education and communication (IEC) campaigns; programmes to modify sexual behaviour, condom promotion; voluntary counselling and testing; blood safety; and targeting high-risk groups (sex workers and injecting drug users) and vulnerable groups (young people and pregnant women).

While antiretroviral treatment has significantly prolonged life and reduced the suffering of AIDS victims, access to antiretroviral treatment remains low. Concerted international and national efforts have slashed the price of these medicines, but treatment remains beyond the reach of most victims in low-income countries.

Enquiries and comments should be addressed to the office of Ms. Hania Zlotnik, Director, Population Division, Department of Economic and Social Affairs, United Nations, New York, NY 10017, USA Fax number: 1-212-963-2147.

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