SUMMARY OF PART I OF THE WORKSHOP
By the Rapporteur: Anatoly Zoubanov

First of all, I think that all the participants share the view that the Workshop has been very useful. For the first time, the Population Division has combined an expert meeting with a workshop for country practitioners on issues of critical importance, the HIV/AIDS epidemic and adult mortality. The dialogue and exchanges between technical experts and Government officials, most of whom occupy posts of high responsibility in their countries, have been very valuable. I am sure that each group has learned from the other, as we have all been grappling with how best to address the challenges posed by AIDS and high mortality. As we have heard, in the absence of effective vaccine, behavioural change is likely to be key in controlling the spread of the epidemic.

As is evidently clear, the HIV/AIDS epidemic is taking a devastating toll on human lives. Life expectancy has already fallen by more than 20 years in the six most affected countries. AIDS is altering the distribution of deaths by age, dramatically swelling the number of deaths among adults in the reproductive age groups, in which mortality is normally low. AIDS deaths may lead directly to a reduction in the number of available workers, since the deaths occur predominantly among persons aged 15 to 55.

The Workshop has also clearly shown that Africa is the region most affected by the HIV/AIDS epidemic. The epidemic has already killed millions of working-age adults in their most productive years and is projected to cause even more deaths over the next decade or so. HIV/AIDS is already slowing down the development of the most affected countries**,** and its detrimental effects on development will only increase in the future.

The impacts of the disease are felt at many levels: among the individuals and families affected, in the communities where they live, as well as at the regional and national levels. Beyond the health and demographic implications, the epidemic is threatening the very fabric of societies in the most affected countries and it is eroding social and economic safety nets.

Several participants expressed a view that poverty exacerbates the problem created by AIDS and AIDS exacerbates poverty. Households are feeling the impact of AIDS in terms of loss of earnings and increased expenditure for medical care. The numbers of single-parent families and of orphans are growing**.** The impact of the disease is different for men and women, as women are more vulnerable to infection. Hence, as many participants noted, there is a need for gender-sensitive approaches to prevent, treat and address the consequences of the disease.

However, to plan effective interventions, adequate information is necessary. Participants have emphasised that the data on adult mortality in Africa are very weak and in many countries simply do not exist. This lack of data poses major problems to assess the impact of HIV/AIDS. There is broad agreement that efforts should be made to improve the availability of data on adult mortality in the more affected countries. In addition, most of the information on HIV prevalence refers to women, and several participants have noted the need to get more information for men. The inclusion of sero-prevalence testing in the DHS is a welcome development in this regard. There was agreement that, within a context of scarce resources and competing priorities, providing solid data on the macro-economic, demographic, and security impact of HIV/AIDS can be an important step in influencing public spending in all countries.

It was noted that, in regions of the world where independent data on adult mortality are available, the estimates produced, using models of the impact of HIV/AIDS, do not always agree with the

empirical data. More work is needed to ascertain whether the model, its inputs or the empirical data themselves are deficient.

This Workshop has shown that there are serious limitations to all models trying to measure adult mortality and maternal mortality, as well as child mortality in the context of AIDS. There is an urgent need to have usable real data from vital registration, although it will take a long time to come. In the interim, having appropriate questions in censuses could help to fill part of the vacuum.

In that context**,** the participants recommended:
(First), to review the United Nations Principles and Recommendations for Population and Housing Censuses and strongly recommend to collect mortality data by including a question on household deaths by age and sex in the 12 months preceding the census (or other clearly defined reference period);
(Second), in addition to that question, to include two questions; one on whether the deaths reported were related to pregnancy and another on whether they were due to external causes (accidents or homicide or suicide), so as to be able to get some indication of the deaths related to AIDS by subtraction;
(Third), to produce an expanded standard tabulation of census data, especially on deaths by age and sex in the previous year, as a relatively inexpensive way of improving the empirical basis for mortality estimation;
(Fourth), to provide all mortality data for publication in the United Nations Demographic Yearbook;
(Fifth), in high-HIV-prevalence settings, to explore alternative reference frames beyond the household in posing retrospective questions about deaths, and to conduct additional research on adequacy of reporting of deaths;
(Sixth), to organize workshops in order to keep national experts abreast of estimation methodologies for the improved use of national data.

I think I also express a common view that, after this Workshop, it will be important to maintain contact, exchange information and together work toward improving the situation with respect to data on HIV/AIDS and mortality. We should make a stronger effort to share data, publish them and to share estimation and projection methodology.

The participants discussed the methodologies for projecting populations with HIV/AIDS that were presented by the Population Division and the US Census Bureau. They took note that existing United Nations population projections may be somewhat optimistic regarding the future impact of AIDS on mortality, as the projections, prepared in the past by the Population Division, produced prevalence levels that are lower than those observed recently. That is, for many countries it was assumed that the epidemic had already peaked and that prevalence levels would be lower in the future, while, as more recent data became available, it was clear that prevalence has not declined as projected. Since the early 1990s, when the Population Division began incorporating explicitly the impact of HIV/AIDS in the projections of highly affected countries, the number of such countries has more than tripled, rising from 16 in 1990 to 53 in the 2002 Revision. Eastern Europe and Central Asia currently have the fastest growing HIV epidemics in the world. The continued expansion of the AIDS epidemic in countries of these regions, especially in the Russian Federation and Ukraine, would lead to even further setbacks in their already moderately high mortality.

Only two decades ago, we expected that mortality in the world would decline continuously everywhere. Today, we know that, even during peacetime, large populations such as those of certain countries of Eastern Europe and the former USSR experienced increases in mortality. In addition, the AIDS epidemic, which is already affecting all world regions, is reducing the life span of many populations. As a result, Southern Africa, Eastern Africa and Eastern Europe have been experiencing

a mortality crisis which is reflected in a reduction in life expectancy at birth between 1985-1990 and 1995-2000. Latin America as a whole has today a higher life expectancy at birth than Eastern Europe. So, our expectations for the future have changed, and we have more uncertainty regarding future mortality trends than before.

After the presentations on development and policy dimensions of AIDS, the participants agreed that HIV/AIDS creates grave development problems for countries with high prevalence, requiring policies to stop the spread of the epidemic. However, governments do not always translate their commitments into actions, often because of a lack of financial resources in the face of other pressing problems. Some participants noted that cultural conditions might play a big role in the non-adoption of protective behaviour in the face of AIDS.

Clearly, the course of the HIV/AIDS epidemic depends on how individuals, nations and the world respond to the HIV/AIDS threat today and tomorrow. As this Workshop has shown, part of that response involves better dissemination of the facts regarding the HIV/AIDS epidemic. Governments can use the power of the Internet to disseminate and exchange information related to the disease, its demographic impact, and the interventions that are being used to prevent infection or to treat and assist those affected by the disease. The discussion of the contents of selected AIDS web sites, developed in Africa, has helped to identify best practices and models of web communication and will aid the participants in developing their own sites.

In conclusion, I would like to note that, although this Workshop has focused mostly on the situation in Africa, it is clear that a similar type of activity would be useful for other regions, especially those in which HIV/AIDS is not yet as widespread as in Africa, so as to raise awareness about the importance of stopping the further spread of the disease.

I expect that one of the most useful aspects of this Workshop will be the exchange of information about the specific situation of each of the countries that the country participants represent and about the programmes and policy responses that have been adopted in each of those countries. This exchange, which has only started over these four days, will continue during the next two days when our African colleagues will continue their discussions.