

## IX. CONCLUSIONS

HIV/AIDS is the deadliest epidemic of our time. Over 22 million people have already lost their lives, and more than 42 million are currently living with HIV/AIDS. Even if a vaccine for HIV were discovered today, over 40 million people would still die prematurely as a result of AIDS. In many countries, especially in Africa and the hardest-hit countries such as Botswana, Swaziland and Zimbabwe, the AIDS epidemic has spread rapidly, leaving illness, death, poverty and misery in its wake. In other countries, the disease is still in its early stages. Notably, HIV/AIDS has now taken hold in the largest countries of the world: the number of people infected with HIV has reached one million in China and six million in India, and the destructive effects of the epidemic are already being felt in those countries.

The epidemic affects every aspect of human life, with devastating consequences. It has imposed heavy burdens on individuals, families, communities and nations. In many countries, the epidemic is undermining personal aspirations, family well-being and national development. The epidemic is threatening the achievement of the Millennium Development Goals.

The impact of AIDS is already strikingly apparent in the countries with the highest prevalence rates. In those countries, the impact on mortality and on population size and growth is already substantial. In the most severe case, Botswana, where currently more than one in three adults is HIV positive, life expectancy is expected to drop from 65 years in 1990-1995 to just under 40 years in 2000-2005. As a result of the high death rate, Botswana's population is expected to decline within the next few years.

HIV/AIDS is not just a demographic disaster; the epidemic has consequences for every sector of society. The present report reveals the wide-ranging societal impacts of HIV/AIDS: on individuals, families and households; on agricultural sustainability; on business; on the health sector; on education; and on national economic growth.

The burdens of the disease on families and households are staggering. Typically, a family where the disease is present loses an adult in the prime of life, leaving behind not only a bereft family, but also an HIV-infected spouse and orphaned children. During the long period of illness, the loss of income and the cost of caring for family members may bring ruin to the household. The stigma of the disease will be endured not only by those who are ill but also by family members, and, even after death, the stigma will be felt by the survivors. Adult deaths, especially of parents, often cause households to be dissolved and children sent to live with relatives or even abandoned to the streets.

In the agricultural sector, the loss of farm workers to HIV/AIDS has ramifications for food security. A survey in Zimbabwe found that agricultural output declined by nearly 50 per cent among households affected by AIDS. The Food and Agriculture Organization of the United Nations has estimated that the ten most severely affected African countries will lose between 10 and 26 per cent of their agricultural labour force by 2020.

Business enterprises in both the agricultural and non-agricultural sectors are also affected by the disease, as the most productive workers in the labour force become too ill to work and eventually die. Ill workers are less productive, as are those workers who must care for ill family members. The costs of health and death benefits and replacing experienced workers have serious financial implications for businesses and may cause them to become less competitive and eventually close down.

In countries with high HIV prevalence, output in the agricultural, industrial and service sectors is expected to suffer as more workers are afflicted and the labour force weakens and shrinks. Funds for investment and savings are often diverted to pay for health care and social welfare benefits for afflicted families. As a result, economic development will likely stall or lose ground.

AIDS reduces the means and the incentives to invest in human capital. The next generation will be less healthy and less well educated than the previous one. In particular, HIV/AIDS seriously threatens the education of the next generation. In households affected by HIV/AIDS, children are often taken out of school to help at home with caregiving or income-generating activities. AIDS orphans suffer long-term disadvantages when their education is interrupted. Experienced teachers are also dying of AIDS, eroding the quality of education.

Health-care systems were already inadequate in many of the countries even before HIV/AIDS struck. The additional demand for treatment of AIDS and the opportunistic infections that are common in people with compromised immune systems have strained resources, burdened programmes and threatened the viability of the entire health-care system in a growing number of countries.

Development involves more than the pursuit of economic growth. A long and healthy life is one of the most highly coveted components of human existence. Health and longevity are not merely intermediate goals on the path to socio-economic development, but rather are among the fundamental pillars of development. At the Millennium Summit in September 2000, world leaders adopted the United Nations Millennium Declaration, which contained a set of time-bound and measurable goals and targets.

One of the eight Millennium Development Goals refers directly to the need to fight against HIV/AIDS:

- **By 2015, halt, and begin to reverse the spread of HIV/AIDS, malaria and other major diseases**

HIV/AIDS is also seriously threatening the achievement of the other seven Millennium Development Goals, namely:

- **Eradicate extreme poverty and hunger**  
AIDS is contributing to the impoverishment and malnutrition of households and communities that are affected by the epidemic.

- **Achieve universal primary education**  
With the increasing number of children leaving school to care for ill relatives or to replace them on the farms and in the workplace, the AIDS epidemic has made the goal of universal primary education much more difficult to achieve, especially in the hardest-hit countries.

- **Promote gender equality and empower women**  
HIV/AIDS affects both men and women, but at different ages and stages of the lifecycle. Women are particularly vulnerable to HIV/AIDS, and the burden of caring for AIDS victims in households falls heavily on girls and women.

- **Reduce child mortality**  
One of the direct impacts of the HIV/AIDS epidemic is the increase in the mortality of children under five. Children die young from HIV owing to mother-to-child transmission and to the weakened ability of infected mothers to care for their infants and young children.

- **Improve maternal health**  
HIV/AIDS impairs the maternal health of infected women. In countries of sub-Saharan Africa where women are more affected by HIV/AIDS than men, the impact on maternal mortality is more severe than in other regions.

- **Ensure environmental sustainability**  
HIV/AIDS is reducing the ability of nations and communities to integrate principles of sustainable development into their policies and programmes, in particular the provision of safe drinking water and adequate housing.

- **Develop a global partnership for development**

The HIV/AIDS epidemic is undermining national economies and development efforts and places heavy burdens on nations to deal with the consequences of the epidemic.

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By its resolution 26-S/2 (annex), the General Assembly, at its twenty-sixth special session in June, 2001, adopted the Declaration of Commitment on HIV/AIDS. The Declaration states that “the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society—national, community, family and individual”.

Since the adoption of the Declaration of Commitment, the HIV/AIDS epidemic has worsened and become more widespread. The report of

the Secretary-General to the fifty-eighth session of the General Assembly on progress towards implementation of the Declaration of Commitment on HIV/AIDS (United Nations, 2003e) emphasizes that assertive political leadership and effective action are required to prevent a major expansion of HIV/AIDS. The report recommends that all countries develop and implement national strategies to promote the delivery of comprehensive prevention, treatment, care and support to those people living with or affected by HIV/AIDS.

In order to conquer HIV/AIDS, considerably greater efforts and resources will be required. As the Secretary-General concludes in his report, “to finance the global response, ...annual funding for HIV/AIDS programmes must increase threefold over current levels by 2005, and fivefold by 2007” (United Nations, 2003e).

The course of the HIV/AIDS epidemic is by no means predetermined. The eventual course of the disease depends on how individuals, communities, nations and the world respond to the HIV/AIDS threat, today and tomorrow.