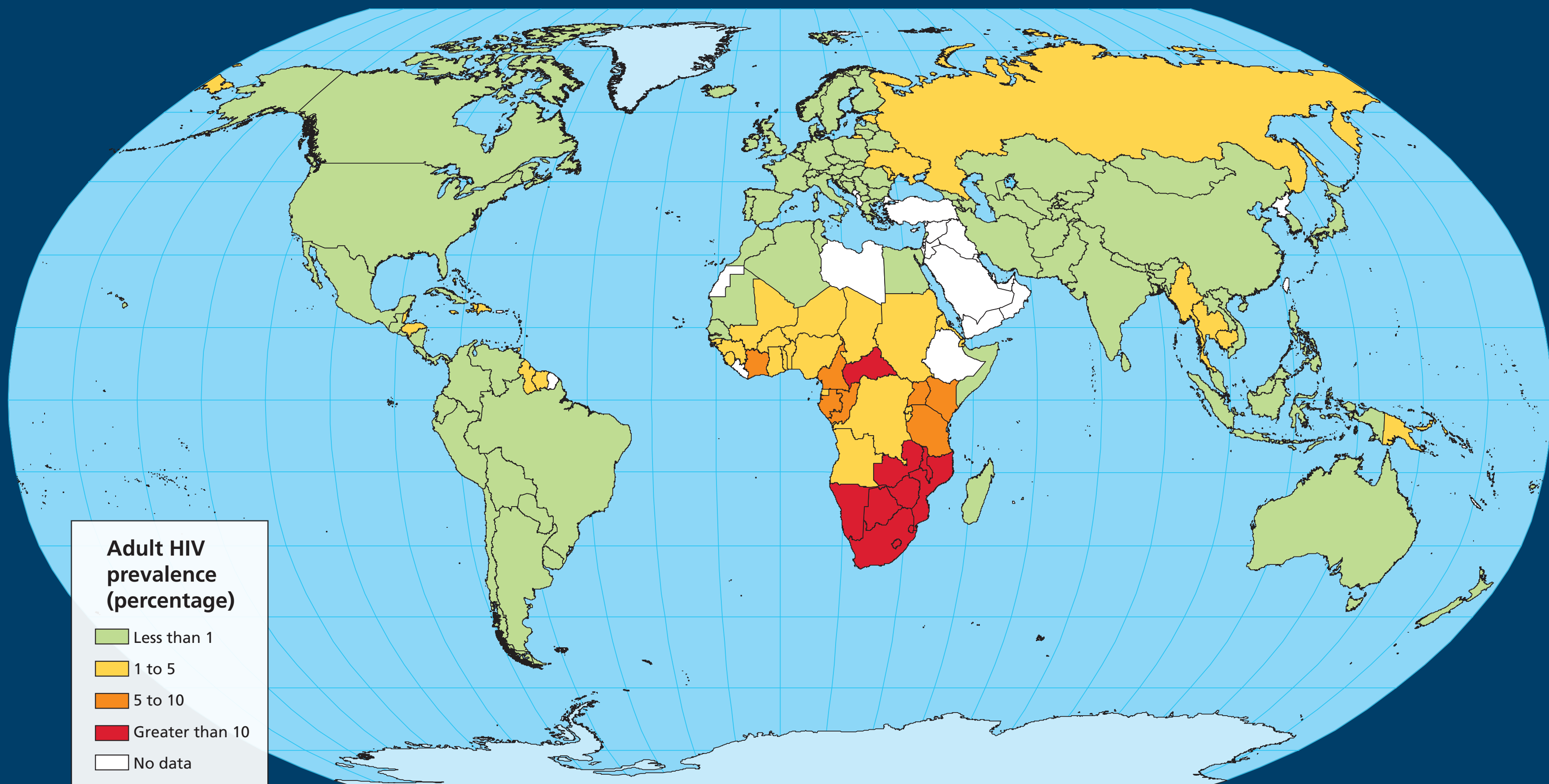




Population and HIV/AIDS 2007

Region and country	HIV/AIDS estimates					Life expectancy at birth (years)		Total population (thousands)	Government measures implemented in response to the HIV/AIDS epidemic						Health expenditure per capita (US\$ 2004)		
	Total population (thousands)	Adult HIV prevalence (percentage)	AIDS deaths (thousands)	Orphans (thousands)	With AIDS (thousands)	Without AIDS (years)	With AIDS (years)		Blood screening (0-1)	Information and education campaigns (0-1)	Provision of retroviral treatment (0-1)	Non-discriminatory policies (0-1)	Distribution of condoms (0-1)	Condom use* (percentage)		ART coverage (percentage)	
World^d	6 671 226	33 200	0.8	2 100	15 200	67	74	2 295 135									657
More developed regions	1 223 004	3 430	0.6	55	..	76	74	1 245 221									3 016
Less developed regions ^e	5 448 223	31 970	1.1	2 540	..	65	74	6 050 114									909
Least developed countries	804 450	11 420	2.9	1 044	..	54	74	966 117									15
Africa	964 973	24 902	5.2	2 036	12 000	53	74	1 149 117									51
Eastern Africa	307 860	10 500	7.1	1 005	6 958	51	74	374 956									15
Burundi	8 508	150	3.3	13	120	49	52	11 223	11 705	X	X	X	X	0.2	14/26	3	3
Comoros ^h	839	<0.5	<0.1	<0.1	..	65	..	1 007	..	X	X	X	X	0.7	..	13	13
Djibouti	833	15	3.1	1	6	55	57	951	973	X	X	X	X	0.2	16/20	53	53
Eritrea	4 851	59	2.4	6	36	58	61	6 165	6 316	X	X	X	X	0.6	5/8	10	10
Ethiopia ^h	83 099	..	..	..	..	53	55	100 967	103 405	X	X	X	X	0.2	7/..	6	6
Kenya	37 538	1 300	6.1	140	1 100	53	61	46 167	49 419	X	X	X	X	1.2	24/44	20	20
Madagascar	19 683	49	0.5	3	13	59	60	24 107	24 276	X	X	X	X	1.0	0/1	7	7
Malawi	13 925	940	14.1	78	550	48	64	17 020	19 546	X	X	X	X	1.6	20/43	19	19
Mauritius ^h	1 262	4	0.6	<0.1	..	73	..	1 335	..	X	X	X	X	9.1	24/39	222	222
Mozambique	21 297	1 800	16.1	140	510	42	55	24 698	27 749	X	X	X	X	3.2	..	12	12
Réunion	807	..	..	..	..	76	..	883	..	X	X	X	X	..	..	..	..
Rwanda	9 725	190	3.1	21	210	46	49	12 147	13 133	X	X	X	X	0.9	39/72	16	16
Seychelles	87	..	..	..	..	72	..	89	..	X	X	X	X	..	..	..	534
Somalia	8 699	44	0.9	4	23	48	..	10 881	..	X	X	X	X	1/..	<1	..	..
Uganda	30 884	1 000	6.7	91	1 000	51	58	39 966	43 491	X	X	X	X	1.7	51/49	19	19
United Republic of Tanzania	40 454	1 400	6.5	140	1 100	52	60	48 999	52 768	X	X	X	X	2.0	7/18	12	12
Zambia	11 922	1 100	17.0	98	710	42	56	13 842	16 519	X	X	X	X	3.8	27/35	30	30
Zimbabwe	13 349	1 700	20.1	180	1 100	43	66	14 508	18 326	X	X	X	X	1.4	8/15	27	27
Middle Africa	119 096	2 500	4.5	217	1 412	47	74	148 522									21
Angola	17 024	320	3.7	30	160	42	45	21 231	21 950	X	X	X	X	0.3	6/10	26	26
Cameroon	18 549	510	5.4	46	240	50	56	21 525	22 607	X	X	X	X	7.6	22/25	51	51
Central African Republic	4 343	250	10.7	24	140	48	65	5 021	5 567	X	X	X	X	0.9	3/16	13	13
Chad	10 781	180	3.5	11	57	51	54	13 429	13 770	X	X	X	X	0.4	17/14	20	20
Congo	3 768	120	5.3	11	110	55	61	4 459	4 762	X	X	X	X	8.9	17/17	28	28
Dem. Republic of the Congo	62 636	1 000	3.2	90	680	46	49	80 569	83 591	X	X	X	X	2.3	4/11	5	5
Equatorial Guinea	507	9	3.2	<1	5	51	54	616	632	X	X	X	X	..	0/24	168	168
Gabon	1 331	60	7.9	5	20	57	65	1 494	1 579	X	X	X	X	5.1	23/35	231	231
Sao Tome and Principe	158	..	..	..	..	69	..	180	..	X	X	X	X	0.1	..	..	48
Northern Africa	196 108	402	0.4	36	..	65	74	223 208									69
Algeria	33 858	19	0.1	<0.5	..	72	..	38 088	..	X	X	X	X	2.3	39/25	94	94
Egypt	75 478	5	<0.1	<0.5	..	71	..	86 219	..	X	X	X	X	1.1	12/22	64	64
Libyan Arab Jamahiriya	5 460	85	1.5	7	28	56	58	11 469	11 659	X	X	X	X	3.5	0/..	195	195
Morocco	31 224	19	0.1	1	..	71	..	34 330	..	X	X	X	X	1.5	48/41	82	82
Sudan	38 560	350	1.6	34	..	58	60	45 613	46 477	X	X	X	X	..	1/1	25	25
Tunisia	10 327	9	0.1	<0.1	..	74	..	11 204	..	X	X	X	X	1.6	34/..	..	..
Western Sahara	480	..	..	..	..	66	..	625	..	X	X	X	X	..	..	..	..
Southern Africa	55 882	6 500	22.1	394	1 565	49	74	57 906									364
Botswana	1 882	270	24.1	18	120	50	68	2 062	2 454	X	X	X	X	11.2	85/95	329	329
Lesotho	2 008	270	23.2	23	97	42	65	2 107	2 536	X	X	X	X	4.8	14/31	49	49
Namibia	2 074	230	19.6	17	85	52	70	2 288	2 625	X	X	X	X	5.2	71/71	190	190
South Africa	48 577	5 500	18.8	320	1 200	50	67	50 260	58 350	X	X	X	X	4.7	21/33	390	390
Swaziland	1 141	220	33.4	16	63	40	65	1 189	1 497	X	X	X	X	15.0	31/42	146	146
Western Africa	286 227	5 000	3.6	384	2 066	50	74	344 525									23
Benin	9 033	87	1.8	10	62	56	59	11 331	11 532	X	X	X	X	1.3	33/38	24	24
Cape Verde	14 784	150	2.0	12	120	52	54	18 475	18 896	X	X	X	X	2.1	24/39	24	24
Cote d'Ivoire	4 300	..	..	..	..	62	..	628	..	X	X	X	X	..	..	..	..
Eti	19 262	750	7.1	65	450	48	55	22 343	24 109	X	X	X	X	1.8	17/28	33	33
Gambia	1 709	20	2.4	1	4	59	62	2 072	2 108	X	X	X	X	0.1	10/12	19	19
Ghana	23 478	320	2.3	29	170	60	63	27 294	27 992	X	X	X	X	1.5	7/16	27	27
Guinea	5 170	85	1.5	7	28	56	58	11 449	11 659	X	X	X	X	1.1	9/10	22	22
Guinea-Bissau	1 695	32	3.8	3	11	46	49	2 160	2 219	X	X	X	X	0.1	1/6	9	9
Liberia	3 750	..	..	..	..	45	48	5 032	5 201	X	X	X	X	..	3/..	9	9
Mali	12 337	130	1.7	11	94	54	56	15 655	15 984	X	X	X	X	0.3	32/37	24	24
Mauritania	3 124	12	0.7	<1	7	64	..	3 757	..	X	X	X	X	0.8	40/17	15	15
Niger	14 226	79	0.2	9	88	58	62	16 754	19 002	X	X	X	X	1.1	1/..	..	..
Nigeria	148 093	2 900	3.9	220	930	47	50	175 715	181 367	X	X	X	X	1.9	7/15	23	23
Saint Helena ^h	7	..	..	..	..	79	..	7	..	X	X	X	X	..	..	..	..
Senegal	12 379	61	0.9	5	25	63	..	14 878	..	X	X	X	X	1.5	47/34	39	39
Sierra Leone	5 866	48	1.6	5	31	42	44	6 929	7 051	X	X	X	X	0.1	2/14	7	7
Togo	6 585	110	3.2	9	88	58	62	8 045	8 245	X	X	X	X	1.6	27/24	18	18
Asia^d	4 029 665	5 095	0.2	414	..	69	74	4 389 000									167
Eastern Asia	1 538 927	680	0.1	33	..	74	74	1 599 849									333
China ^h	1 328 630	650	0.1	31	..	73	73	1 388 600	1 390 757	X	X	X	X	5.2	25/27	71	71
China, Hong Kong SAR ^h	7 206	..	..	..	..	82	..	7 744	..	X	X	X	X	4.3	0/..	..	..
China, Macao SAR ^h	4 481	..	..	..	..	81	..	5 007	..	X	X	X	X	..	..	..	..
Dem. People's Rep. of Korea	23 790	..	..	..	..	67	..	24 416	..	X	X	X	X	..	..	..	..
Japan	127 967	17	<0.1	1	..	83	..	126 607	..	X	X	X	X	42.1	..	2 831	2 831
Mongolia	2 629	<0.5	<0.1	<0.1	..	77	..	2 858	..	X	X	X	X	4.3	0/..	..	..
Republic of Korea	48 224	13	<0.1	<0.1	..	79	..	49 117	..								

Adult HIV prevalence



Adult HIV prevalence (percentage)

- Less than 1
- 1 to 5
- 5 to 10
- Greater than 10
- No data

Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations.

Population and HIV/AIDS 2007

Introduction. The AIDS epidemic remains one of the greatest challenges confronting the international community. In countries with a large number of people living with HIV, all population and development indicators are affected by the epidemic. Governments often cite HIV/AIDS as their most significant demographic concern. For more than two decades, the rapidly expanding HIV/AIDS epidemic has triggered a wide array of responses at the national, regional and global levels. The goals established by the United Nations General Assembly in the 2000 Millennium Declaration and through the adoption of the 2001 Declaration of Commitment on HIV/AIDS reflect widely-held concerns about the impact of the epidemic on development and human well-being. More recently, at the 2006 High Level Meeting on AIDS, Member States adopted a Political Declaration focusing on how to attain universal access to comprehensive HIV/AIDS prevention programmes, treatment, care and support by 2010.

People living with HIV. Despite the recent downward revision of the HIV prevalence estimates in a number of countries, including India, the number of people living with HIV continues to increase in all regions of the world. In 2007, over 33 million people were living with HIV, including nearly 31 million people aged 15 years or over and more than two million children under age 15. Women made up just over half of all adults living with HIV in 2007, and 61 per cent of adults living with HIV in sub-Saharan Africa. Almost two-thirds of all HIV positive adults and children lived in Africa, although this region was

home to just 14 per cent of the world population. The epidemic has also affected several countries in Asia, which was home to 5.1 million people living with HIV in 2005, Eastern Europe, where the population living with HIV amounted to 1.4 million in 2005, and Latin America and the Caribbean, where HIV positive people numbered nearly 2 million.

Adult HIV prevalence. Adult HIV prevalence, measured as the percentage of HIV-positive persons among those aged 15 to 49, varies considerably among countries and regions. At the end of 2005, adult HIV prevalence was one per cent or higher in 57 countries, all having generalized epidemics. In Southern Africa, the worst-affected region in the world, adult HIV prevalence stands at 22 per cent. Outside of Africa, the Caribbean has the highest adult HIV prevalence, at 1.6 per cent. HIV prevalence has been on the rise in several countries in Asia and Eastern Europe, which are still experiencing low-level epidemics. In the more developed regions as a whole, adult HIV prevalence is 0.6 per cent.

AIDS deaths. The annual number of deaths caused by AIDS increased steadily throughout the 1990s and until 2005. Since the disease was first diagnosed in 1981, over 25 million people have died from AIDS. Among the 2.1 million deaths caused by AIDS in 2007, more than three-quarters occurred in Africa. Globally, children under age 15 account for one in every seven deaths caused by AIDS, hence the importance of strengthening programmes that specifically address paediatric AIDS.

AIDS orphans. At the world level, an estimated 15.2 million children under age 18 have been orphaned by AIDS. Africa is home to the majority of AIDS orphans. At the end of 2005, an estimated 12 million children under age 18 in Africa had lost one or both parents to AIDS. Orphans face increased risk of death, violence, exploitation or abuse, and many are growing up in poverty. Caring for increasing numbers of orphans poses a major social problem, which is expected to worsen as more parents die of AIDS. By 2010, the number of AIDS orphans worldwide may exceed 18 million.

Life expectancy at birth. Life expectancy has plummeted in several of the countries most affected by the HIV/AIDS epidemic. While the average life expectancy at birth for the world's population in 2007 was 67 years, life expectancy for Africa was a low 53 years. In several of the most affected countries, AIDS has produced life expectancies that are more than 20 years lower than what would have been expected in the absence of AIDS.

Total population in 2015. The size of the projected population for the 62 countries considered as significantly affected by the HIV/AIDS epidemic will depend in part on the success of efforts to reduce high-risk behaviours and to increase the percentage of AIDS patients who receive life-prolonging antiretroviral treatment (ART). **2015 population with AIDS:** In projecting the impact of the epidemic, it is assumed that by 2015, 31 of the most affected countries will succeed in providing ART to at least 70 per cent of the persons in need of treatment. In the remaining 31 affected countries, ART coverage is expected to be lower, reaching between 40 per cent

and 50 per cent in 2015. The projected population also rests on the assumption that persons receiving ART survive, on average, 17.5 years following initial infection with HIV, instead of the 10 years of average survival expected in the absence of treatment. **2015 population without AIDS:** The epidemic affects population growth directly in terms of increased mortality related to AIDS and indirectly through the reduction in the number of births caused by the sickness or premature death of potential parents. Among the 62 countries significantly affected by the epidemic, the population in 2015 is 2 per cent smaller when projected taking account of the impact of HIV/AIDS than it is when projected in the absence of the disease. In Southern Africa, the most affected region, the reduction in the population projected to 2015 caused by the epidemic is 14 per cent.

Government measures implemented in response to the HIV/AIDS epidemic. The search for effective strategies to halt the spread of the HIV/AIDS epidemic remains at the top of the international agenda. Most countries have introduced policies that include comprehensive prevention strategies, care, support or treatment among their major components. **Blood screening:** Transmission of HIV and other infectious diseases via blood transfusions poses a serious public health challenge for many countries. Efforts to ensure blood safety have improved considerably, with many countries expanding screening to cover a larger share of the blood supply. Nevertheless, national policies ensuring the safety of blood products vary in coverage and comprehensiveness. **Information and education campaigns:** Achieving a better understanding of HIV and AIDS among the population and familiarity with prevention methods

is a necessary step in combating the spread of HIV. Poorly-educated persons know less about HIV/AIDS than their better educated peers; they are less likely to use condoms consistently and are therefore more vulnerable to infection. Governments are raising public awareness of the risks of infection using information, education and communication (IEC) programmes through primary and secondary education, print media, theatre, radio, television, direct mailings and other public service means of communication. The participation and support of non-governmental organizations, people living with HIV/AIDS, religious institutions, and international and bilateral donors are important to ensure the effectiveness of IEC activities. **Provision of antiretroviral treatment (ART):** Although ART can significantly prolong life and reduce the suffering of AIDS patients, access to it remains low. Three-quarters of countries have instituted programmes to provide ART to persons with AIDS, including 95 per cent of countries with adult HIV prevalence above one per cent. However, these programmes are currently reaching less than a third of the population in need of ART. **Non-discriminatory policies:** By 2007, 63 per cent of countries had adopted legal measures to prohibit AIDS-related discrimination, up from 59 per cent in 2005. Discrimination and stigma significantly hamper the effectiveness of efforts to control the epidemic and hinder the achievement of universal access to therapy. **Distribution of condoms:** Programmes to promote condom use are widespread. While free distribution of condoms exists in most countries, many Governments acknowledge difficulties in reaching the target population. Furthermore, despite major improvements in condom provision, supply shortages and poor quality persist.

Condom use. Although programmes that distribute condoms to protect against HIV infection are common, condom use remains rare in most regions of the world. Data on use of condoms for contraceptive purposes indicate that, in 50 countries, at least 5 per cent of women who are married or in union use condoms. Among these countries, condom use exceeds 10 per cent in only 24. When used consistently and properly, condoms significantly reduce the risk of infection.

ART coverage. As of December 2006, an estimated 2 million people were receiving antiretroviral treatment in developing countries, representing 28 per cent of the estimated 7.1 million people in need of treatment. While this figure is 700,000 higher than that estimated for December 2005, the increasing need for ART continues to outpace the expansion of treatment programmes. It is reckoned that, for every person that begins ART, six others become newly infected with HIV. Coverage for children requiring antiretroviral treatment is especially low. In low and middle-income countries, only 8 per cent of the HIV positive children requiring treatment have access to ART.

Health expenditure per capita. Low levels of health expenditure per capita are a major cause of the inadequate coverage of basic health services in developing countries. In 2004, health expenditure per capita was US \$91 in all developing countries and US \$15 in the least developed countries. In many developing countries, the capability of mounting an effective response to HIV and AIDS has been hindered by insufficient resources and the inability to absorb additional resources efficiently.

The national response

"We, Heads of State and Government and representatives of States and Governments ... commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010"

— Political Declaration on HIV/AIDS¹

Important groundwork has been laid for a long-term effort towards universal access to comprehensive HIV/AIDS prevention programmes, treatment, care and support. By the end of 2006, 30 lower-income and middle-income countries had set national targets toward universal access, and 25 countries had incorporated those targets into an updated, costed and prioritized national plan.

Of the 90 countries that had set targets by the end of 2006, 81 had established treatment-related targets, 51 had set targets on care for orphans and vulnerable children, and 84 had established at least one prevention-related target, though less consistency is apparent across the broad range of prevention interventions. Two-thirds of countries with prevention-related targets had set goals for condom distribution and

for prevention of mother-to-child transmission, while only about half had targets for HIV testing, behavioural change and appropriate knowledge among young people.

As of December 2006, an estimated 2 million people were receiving antiretroviral treatment in low-income and middle-income countries, an increase of 700,000 over the number estimated to be on antiretroviral treatment a year earlier. In spite of this progress, only 28 per cent of the estimated 7.1 million people in need of treatment had access to antiretrovirals at the end of 2006 and access to treatment will need to be expanded markedly in order to achieve the goal of universal access by 2010.

¹ General Assembly resolution 60/262, annex, 2 June 2006

The international response

The need to halt the spread of the HIV/AIDS epidemic has prompted an impressive array of responses at the local, national, regional and global levels. At the High-Level Meeting on AIDS, convened by the United Nations General Assembly on 2 June 2006, a new global objective was proclaimed: achieving universal access to HIV prevention programmes, treatment, care and support by 2010. The commitment to universal access established a major milestone on the road towards the realization of the Millennium Development Goals (MDGs) in 2015 and especially of goal 6 (to have halted and begun to reverse the spread of HIV/AIDS). Lack of universal access to prevention programmes and treatment for those infected is hindering the achievement of the MDGs on poverty reduction, expansion of education, the promotion of gender equality, and the improvement of child and maternal health. This most recent commitment strengthens those made by Governments in the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly at its twenty-sixth special session in 2001.

Bilateral and multilateral efforts to support the efforts to combat the spread of HIV and to address its consequences in low-income and middle-income countries have often given priority to strategies that emphasize immediate results over those whose impact is felt over the longer-term. More than two decades into the

epidemic, the need to focus on longer-term strategies that establish a solid foundation for continued and sustainable progress is paramount. An important condition for long-term sustainability is to integrate HIV programmes with other relevant services to combat the spread of HIV and to address the consequences of the epidemic.

In 2004, guiding principles to improve coordination of national responses to the HIV/AIDS epidemic, known as the "Three Ones", were developed. They call on international and national partners to align their efforts around one agreed AIDS action framework, coordinated by one national AIDS coordination authority with a broad-based multisectoral mandate and monitored through one agreed national monitoring and evaluation system. In the 2005 World Summit Outcome, Heads of State and Government committed themselves to work actively to implement the "Three Ones" and the General Assembly endorsed them again in the 2006 Political Declaration on HIV/AIDS.

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 wall chart provides a current picture of the HIV/AIDS epidemic and the major responses to it.

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