

**STATEMENT TO THE THIRTY-EIGHTH SESSION OF THE
COMMISSION ON POPULATION AND DEVELOPMENT**

**REPORT OF THE SECRETARY-GENERAL ON POPULATION, DEVELOPMENT AND
HIV/AIDS, WITH PARTICULAR EMPHASIS ON POVERTY**

**AGENDA ITEM 3. FOLLOW-UP ACTIONS TO THE RECOMMENDATIONS OF THE
INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT**

**MR. L. HELIGMAN
CHIEF, POPULATION STUDIES BRANCH
POPULATION DIVISION, DESA
UNITED NATIONS**

Thank you very much, Mr. Chairman, for this opportunity to introduce the Report of the Secretary-General on population, development and HIV/AIDS, with particular emphasis on poverty. The HIV/AIDS epidemic has been a tragic force for nearly a quarter century, and it continues to be a major global challenge. AIDS finds its victims in both rich and poor countries. No region of the world is immune from the serious threat of HIV/AIDS.

Sub-Saharan Africa has so far borne the brunt of the AIDS devastation, and the region continues to experience high rates of infection. About 3 million people in the region were newly infected with the virus in 2004. However, countries in Eastern Europe and Asia now have the fastest-growing rates of HIV infection in the world. And in some developed countries, there are signs of resurgence.

HIV/AIDS was already a global threat to health and development in 1994, when the Programme of Action of the International Conference on Population and Development was adopted. The ICPD Programme of Action recommended a range of actions aimed at preventing HIV infection and providing treatment and support for individuals and families coping with the disease. Five years later, in 1999, with the HIV/AIDS epidemic continuing to worsen, the key actions for the further implementation of the ICPD Programme of Action, adopted at the twenty-first special session of the General Assembly, included additional recommendations for combating the epidemic.

Overcoming the AIDS epidemic has proved to be a challenge for fulfilling the Millennium Declaration signed by more than 100 Heads of State and government at the United Nations in 2000. Halting the spread of HIV/AIDS is not only one of the Millennium Development Goals, but success or failure in meeting this goal will profoundly affect the ability to reach most of the other goals.

Mr. Chairman. Although HIV affects both rich and poor countries, the highest HIV prevalence rates are found in poor countries. The prevalence of HIV in the least developed countries is nine times that of the more developed regions. Poverty increases vulnerability to HIV/AIDS and exacerbates the devastation of the epidemic. The poor often lack the knowledge and awareness that would enable them to protect themselves from the virus, and, once infected, they are less able to gain access to care and life-prolonging treatment.

At the end of 2004, nearly 40 million people worldwide had been infected. HIV/AIDS has already erased a half-century of gains in life expectancy in highly-affected countries. Even if there were no new infections after mid-2005, the number of AIDS-related deaths would continue to increase because of the large number of people already infected.

In addition, the rising number of deaths due to AIDS is expected to result in a reduction of population growth and, in some instances, even in a decrease of population size. The burden of AIDS, however, is not just measured by the devastating number of deaths. AIDS impacts all sectors of society: families and households; agricultural sustainability; business; the health sector; education, and economic growth. AIDS broadens poverty which, in turn, hinders effective responses to the epidemic by individuals, families, communities and States.

Households and families bear most of the burden of HIV/AIDS since they are the primary units for coping with the disease and its consequences. Fifteen million children have lost one or both parents to HIV/AIDS. Though it is common in many societies for relatives to take these orphans into their homes, the rapid rise in the number of orphans overwhelms traditional support systems.

Mr. Chairman. Prevention is the central pillar for action against HIV/AIDS. Most Governments report having implemented HIV/AIDS prevention programmes. However, in many of these countries those most in need still lack access to basic prevention services. Awareness and education are critical to changing risky behaviour and preventing transmission of the virus.

However, when prevention efforts fail, the next line of action is treatment. Advances in treatment with antiretroviral drugs can mitigate the effects of the disease and prolong life. However, despite drastic reductions in the prices of these drugs, only about one in ten of those needing treatment currently have access to the necessary drugs.

It is encouraging that the international community has responded to the challenge of AIDS with an unprecedented level of financial resources. Funding alone, however, will not stop the epidemic from infecting new victims. Preventing new cases of HIV/AIDS depends on changing the behaviour of those at risk of contracting the disease, preventing mother-to-child transmission and protecting the blood supply.

And finally, Mr.Chairman. The eventual course of HIV/AIDS depends on how individuals, families, communities, nations and the world respond today and tomorrow. Treatment, support and care for those with HIV/AIDS are certainly needed. However, the most critical pillar for action against HIV/AIDS remains prevention. Preventive efforts must address all modes of HIV transmission. The most effective approach to thwart the HIV/AIDS epidemic is to implement a combination of strategies that reduces risks, diminishes vulnerability and mitigates impact.

Thank you, Mr. Chairman.