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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.