

THE BENCHMARK

What the world thinks about the AIDS response

UNAIDS

in partnership with Zogby International

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METHODOLOGY

Zogby International was commissioned by UNAIDS to conduct an online survey of adults with Internet access in 25 countries. The survey was conducted between 30 March 2010 and 27 April 2010.

A sampling of Zogby International's online panel, which is representative of the adult population of the United States, was invited to participate. For all other nations, partner panel members were invited to participate.

Region	Size	MOE	Weights	Comprised of:
Africa (no Senegal)	756	±3.6	–	South Africa, Uganda
Australia	806	±3.5	–	
Brazil	804	±3.5	–	
Caribbean	601	±4.1	gender	Dominican Republic, Jamaica
China	1007	±3.2	–	
East Asia	1408	±2.7	–	China, Japan
Eastern Europe	1323	±2.7	–	Belarus, Kazakhstan, Latvia, Russian Federation, Ukraine
Egypt	804	±3.5	gender	
India	1007	±3.2	gender	
Latin America	1313	±2.8	gender	Brazil, Mexico
Russian Federation	817	±3.5	–	
South Africa	606	±4.1	–	
Southeast Asia	1623	±2.5	gender	India, Indonesia, Thailand
US	2000	±2.2	gender, age, region, education, race, religion, party	
Western Europe	1036	±3.1	–	France, Netherlands, Spain, Sweden

FINDINGS

1. How important would you say the global AIDS epidemic is?

Table 1. Level of importance global AIDS epidemic

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Very important	42	87	61	59	79	86	88	84	52	71
Somewhat important	40	11	28	30	17	13	10	11	37	28
Overall important	82	98	89	89	96	99	98	95	89	99
Not very important	12	1	5	8	1	1	1	2	3	1
Not at all important	4	<1	2	2	<1	0	0	2	3	1
Overall not important	15	1	6	10	1	1	1	4	6	1
Not sure	3	<1	5	2	2	1	1	1	5	–

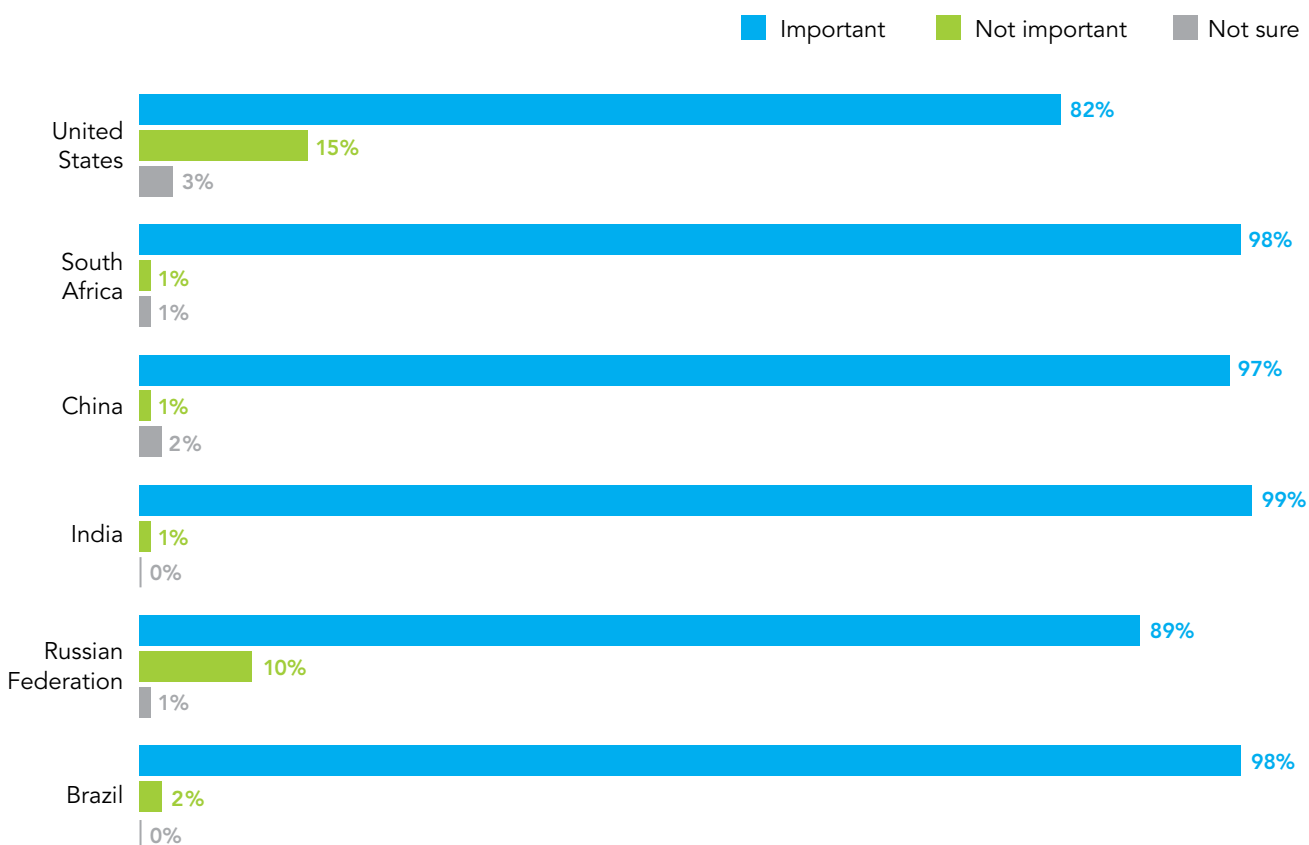
Nearly all in the Caribbean (99%), South/South-East Asia (99%), North Africa/Middle East (Egypt) (98%), Latin America (98%), and East Asia regions (96%) say the global AIDS epidemic is important, with the large majority in most demographic subgroups in each region saying the same.

In the sub-Saharan Africa region, nearly all (95%) say the global AIDS epidemic is important, with large majorities across most demographic subgroups saying it is important. Just 4% overall in the sub-Saharan Africa region say the global AIDS epidemic is not important.

The global AIDS epidemic is important, according to nine in ten in the western/central Europe (89%), eastern Europe/central Asia (89%), and Oceania (Australia) (89%) regions. The large majority across most demographic subgroups in each region say the global AIDS epidemic is important.

Eight in ten (82%) in the North America (the United States) region say the global AIDS epidemic is important, while 15% say it is not. Parents of children under age 17 (22%) and men (21%) are more likely than those who do not have children under age 17 (13%) and women (10%) to say that the global AIDS epidemic is not important.

Figure 1. Select countries: level of importance global AIDS epidemic



Nearly all in India (99%), South Africa (98%), Brazil (98%), and China (97%) say the global AIDS epidemic is important, with nearly all across the demographic subgroups of all four countries saying the same.

Nine in ten (89%) in the Russian Federation report that the global AIDS epidemic is important, and 10% say it is not. Women (94%) and parents of children under age 17 (93%) are more likely than those who are not parents of children under age 17 (86%) and men (84%) to say the global AIDS epidemic is important.

In the United States, eight in ten (82%) say the global AIDS epidemic is important, while 15% say it is not. Women (86%), those age 65 and older (85%), those who are not parents of children under age 17 (85%), those aged 50–64 (84%), and those aged 30–49 (82%) are more likely than men (77%), parents of children under age 17 (77%), and those aged 18–29 (76%) to say that the global AIDS epidemic is important.

2. *Would you say the AIDS epidemic is more or less important than other issues the world currently faces, or would you say it is just as important as other issues?*

Table 2. How important is the AIDS epidemic compared to other issues?

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
More important	5	23	21	18	49	49	27	28	14	66
Less important	41	7	14	19	9	7	15	8	19	10
Just as important	49	70	61	62	38	43	56	63	63	24
Not sure	5	<1	5	2	5	1	3	1	4	0

About two thirds (66%) in the Caribbean region say the AIDS epidemic is more important than other issues the world currently faces, while a quarter (24%) say it is just as important. Ten per cent report that the AIDS epidemic is less important than other issues the world currently faces. Respondents in Jamaica (75%) are more likely than those in the Dominican Republic (57%) to say the AIDS epidemic is more important than other issues the world currently faces.

In the East Asia region, half (49%) report that the AIDS epidemic is more important than other issues the world currently faces, while two fifths (38%) say it is just as important. Nine per cent say the AIDS epidemic is less important than other issues the world currently faces. Those aged 18–29 (84%) and parents of children under the age of 17 (83%) in the region are more likely than those who are not parents of children under age 17 (77%), aged 30–49 (75%), and those aged 50–64 (66%) in the region to say the AIDS epidemic is more important than other issues the world currently faces. Respondents in China (86%) are more likely than those in Japan (61%) to say the AIDS epidemic is more important than other issues the world currently faces.

Half (49%) in the South/South-East Asia region say the AIDS epidemic is more important than other issues the world currently faces, while more than two fifths (38%) say it is just as important. Seven per cent report the AIDS epidemic is less important than other issues the world currently faces. Parents of children under age 17 (53%) and men (51%) within the region are more likely than those who are not parents of children under the age of 17 (46%) and women (46%) within the region to say the AIDS epidemic is more important than other issues the world currently faces. Respondents in India (65%) are much more likely than those in Thailand (30%) or Indonesia (17%) to say the same.

Six in ten (63%) in the sub-Saharan Africa region say the AIDS epidemic is just as important as other issue the world currently faces, while three in ten (28%) say it is more important. Just 8% say the AIDS epidemic is less important than other issues the world currently faces. Respondents in Uganda (47%) are more likely than those in South Africa (24%) to say the AIDS epidemic is more important than other issues the world currently faces.

In the Oceania region, six in ten (63%) report that the AIDS epidemic is just as important as other issues the world currently faces, with the large majority across most demographic subgroups saying the same. Nineteen per cent say the AIDS epidemic is less important than other issues the world currently faces, while 14% say it is more important.

The AIDS epidemic is just as important as other issues the world currently faces, according to seven in ten (70%) in the Latin America region, with the large majority across most demographic subgroups saying the same. About a quarter (23%) say the AIDS epidemic is more important than other issues the world currently faces, while 7% say it is less important.

Six in ten (62%) in the eastern Europe/central Asia region say the AIDS epidemic is just as important as other issues the world currently faces, with the large majority in most demographic subgroups saying the same. A fifth each report that the AIDS epidemic is less important (19%) or more important (18%) than other issues the world currently faces.

In the western/central Europe region, six in ten (61%) report that the AIDS epidemic is just as important as other issues the world currently faces, and a large majority across most demographic subgroups say the same. A fifth (21%) say the AIDS epidemic is more important than other issues the world currently faces, while 14% say it is less important.

The AIDS epidemic is just as important as other issues the world currently faces, according to more than half (56%) in the North Africa/Middle East region, with the majority across most demographic subgroups saying the same. More than a quarter (27%) say the AIDS epidemic is more important than other issues the world current faces, while 15% say it is less important.

In the North American region, half (49%) say the AIDS epidemic is just as important as other issues the world currently faces, while two fifths (41%) say it is less important. Men (50%) and those age 65 and older (49%) are more likely than those aged 30–49 (40%), those aged 50–64 (39%), those aged 18–29 (38%), and women (32%) to say that the AIDS epidemic is less important than other issues the world currently faces.

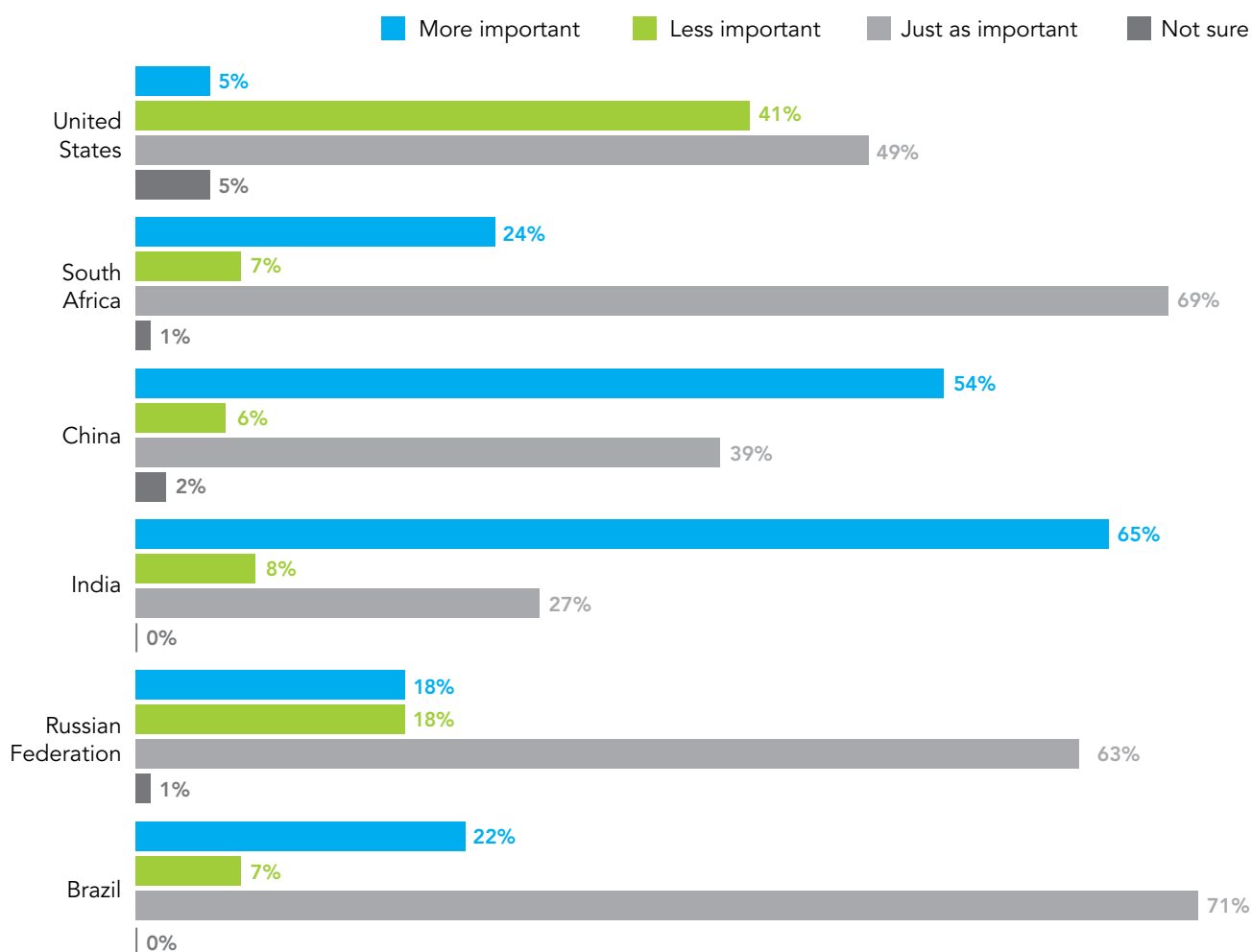
About two thirds (65%) in India report that the AIDS epidemic is more important than other issues the world currently faces, with those who believe AIDS is a problem within their community (73%) being more likely than those who do not believe AIDS is a problem within their community (60%) to say the same. More than a quarter (27%) overall say the AIDS epidemic is just as important as other issues the world currently faces, and 8% say it is less important.

More than half (55%) in China say the AIDS epidemic is more important than other issues the world currently faces, while two fifths (39%) say it is just as important. Six per cent report the AIDS epidemic is less important than other issues the world currently faces.

In China, parents of children under age 17 (61%) and those aged 30–49 (60%) are more likely than those aged 18–29 (51%), those who are not parents of children under the age of 17 (49%), and women (46%) to say the AIDS epidemic is more important than other issues the world currently faces.

Seven in ten (71%) in Brazil say the AIDS epidemic is just as important as other issues the world currently faces, with women (77%) more likely than men (67%) to say the same. A fifth (22%) say the AIDS epidemic is more important than other issues the world currently faces, and 7% report it is less important.

Figure 2. Select countries: how important is the AIDS epidemic compared to other issues?



In South Africa, seven in ten (69%) say the AIDS epidemic is just as important as other issues the world currently faces, with women (74%) and those who do not believe AIDS is a problem within their community (73%) being more likely than men (65%) and those who believe AIDS is a problem within their community (65%) to say the same. About a quarter (24%) say the AIDS epidemic is more important than other issues the world currently faces, and 7% say it is less important.

Six in ten (63%) in the Russian Federation report that the AIDS epidemic is just as important as other issues the world currently faces, with those aged 30–49 (67%), women (67%), and parents of children under age 17 (67%) being more likely than those 18–29 (60%), those who are not parents of children under age 17 (60%), and men (57%) to say the same. About a fifth each say the AIDS epidemic is more (18%) or less (18%) important than the other issues the world currently faces.

In the United States, half (49%) say the AIDS epidemic is just as important as other issues the world currently faces, with those who believe AIDS is a problem within their community (62%), those who think AIDS is a problem within their country (57%), and women (56%) being more likely than men (42%), those who believe AIDS is not a problem within their community (36%), and those who do not think AIDS is a problem within their country (28%) to say the same. Two fifths (41%) report that the AIDS epidemic is less important than other issues the world currently faces, and 5% say it is more important.

3. Of the following healthcare issues, which two do you regard as most important?

Table 3. Two most important healthcare issues

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Ensuring supplies of safe drinking water	52	29	39	14	31	19	36	35	43	18
Malnutrition/starvation	37	27	35	13	10	18	16	22	27	10
Chronic diseases	27	8	12	26	12	5	6	5	14	3
Vaccinating population against serious diseases	25	25	27	21	31	34	29	36	34	14
Preventing the spread of HIV	18	51	37	46	49	60	33	57	26	56
Childhood diseases	10	4	7	13	10	9	15	7	11	2
Getting enough medicine to treat HIV	5	14	12	17	14	15	11	17	7	40
Swine flu/H1N1 pandemic	4	27	5	6	19	25	23	8	14	27
Maternal mortality	4	2	4	11	5	4	2	6	4	10
Motor vehicle/ pedestrian/ bicycle accidents	3	6	3	16	7	3	7	3	4	2
Other	6	1	2	2	2	<1	2	1	1	<1
Not sure	4	1	3	2	3	<1	1	1	5	-

Preventing the spread of HIV (60%) and vaccinating the population against serious diseases, such as polio, etc., (34%) are the top two most important health-care issues according to respondents in the South/South-East Asia region, with nearly identical percentages citing the same in India and Indonesia. Respondents in Thailand cite preventing the spread of HIV (51%) and the swine flu/H1N1 pandemic (41%) as the top two health-care issues.

Preventing the spread of HIV (57%) is one of the most important health-care issues in the sub-Saharan Africa region, with vaccinating the population against serious diseases, such as polio, etc., (36%) and ensuring supplies of safe drinking water (35%) coming in second. Respondents in Uganda (50%) are more likely than those in South Africa (32%) to say vaccinating the population against serious diseases is one of the most important health-care issues. Respondents in South Africa (41%) are more likely than those in Uganda (13%) to say ensuring supplies of safe drinking water is one of the most important health-care issues.

In the Caribbean region, preventing the spread of HIV (56%) and getting enough medicines to treat HIV (40%) are the top two most important health-care issues, with the Dominican Republic and Jamaica reflecting nearly the same percentages for both issues.

Preventing the spread of HIV (51%) is one of the most important health-care issues in the Latin America region, while ensuring supplies of safe drinking water (29%), malnutrition/starvation (27%), the swine flu/H1N1 pandemic (27%), and vaccinating the population against serious diseases, such as polio, etc., (25%) all come in a close second. Similar results are reported among respondents from Brazil and Mexico.

In the East Asia region, preventing the spread of HIV (49%) is the top health-care issue, with ensuring supplies of safe drinking water (31%) and vaccinating the population against serious diseases, such as polio, etc., (31%) tying for second. China exhibits similar results to the entire region, while Japan is divided between preventing the spread of HIV (36%), vaccinating the population against serious diseases (30%), and ensuring supplies of safe drinking water (30%).

Preventing the spread of HIV (46%) and chronic diseases, such as stroke and heart disease (26%), are the top two health-care issues in the eastern Europe/central Asia region, with the Russian Federation reporting similar percentages.

Preventing the spread of HIV (44%) is the top health-care issue in Kazakhstan, while maternal mortality or the death of a woman during or shortly after a pregnancy (21%) and chronic diseases (21%) are tied for second. In Belarus, preventing the spread of HIV (46%) is the most important health-care issue, while chronic diseases (24%) and vaccinating the population against serious diseases, such as polio, etc., (23%) come in a close second. Preventing the spread of HIV (55%) is the top health-care issue in Ukraine, with ensuring supplies of safe drinking water (23%) and getting enough medicines to treat HIV (21%) coming in a close second.

Respondents in Latvia are divided between chronic diseases (30%), vaccinating the population against serious diseases (27%), ensuring supplies of safe drinking water (25%), and childhood diseases, such as polio, measles, mumps, rubella, etc., (24%) as the most important health-care issues.

In the western/central Europe region, respondents are divided between ensuring supplies of safe drinking water (39%), malnutrition/starvation (35%), and preventing the spread of HIV (37%) as the top health-care issues, with France, Spain, and Sweden reporting similar results. In the Netherlands, vaccinating the population against serious diseases (35%), ensuring supplies of safe drinking water (34%), and preventing the spread of HIV (27%) are the top health-care issues. Respondents in the United Kingdom are divided between ensuring supplies of safe drinking water (39%), vaccinating the population (35%), preventing the spread of HIV (34%), and malnutrition/starvation (30%).

Respondents in the North Africa/Middle East region (Egypt) are divided between ensuring supplies of safe drinking water (36%) and preventing the spread of HIV (33%) as the top health-care issue. Vaccinating the population against serious diseases (29%) comes in second.

Ensuring supplies of safe drinking water (43%) and vaccinating the population against serious diseases (34%) are the most important health-care issues in the Oceania region (Australia).

In the North American region (the United States), ensuring supplies of safe drinking water (52%) and malnutrition/starvation (37%) are the most important health-care issues.

Table 4. Two most important healthcare issues in select countries

	United States	South Africa	China	India	Russian Federation	Brazil
Safe drinking water supply	52	41	31	18	10	29
Malnutrition/starvation	37	26	6	13	11	18
Chronic diseases	27	6	13	4	28	8
Vaccinating population	25	32	31	39	21	29
Preventing the spread of HIV	18	56	54	62	50	50
Childhood diseases	10	6	12	10	10	4
Getting enough medicines to treat HIV	5	13	12	19	20	12
Swine flu/H1N1	4	9	20	22	5	32
Maternal mortality	4	1	4	5	10	2
Motor vehicle/pedestrian/bicycle accidents	3	4	7	2	21	9
Other	6	1	2	<1	2	1
Not sure	4	1	2	<1	2	<1

In the United States, the top two most important health-care issues, according to respondents, are ensuring supplies of safe drinking water (52%) and malnutrition or starvation (37%). Those aged 65 and older (41%), those aged 50–64 (39%), and those aged 30–49 (36%) are more likely than those aged 18–29 (33%) to say that ensuring malnutrition/starvation is one of the most important health-care issues.

According to respondents in South Africa, preventing the spread of HIV (56%) and ensuring supplies of safe drinking water (41%) are the top two health-care issues.

Preventing the spread of HIV (54%), ensuring supplies of safe drinking water (31%), and vaccinating the population against serious diseases, such as polio, etc., (31%) are the top health-care issues, according to respondents in China. Those in urban locations (56%) are more likely than those in rural location (43%) to say preventing the spread of HIV is one of the top health-care issues.

In India, preventing the spread of HIV (62%) and vaccinating the population against serious diseases, such as polio, etc., (39%) are the top two most important health-care issues, with most demographic subgroups reflecting the same.

According to respondents in the Russian Federation, preventing the spread of HIV (50%) and chronic diseases, such as stroke and heart disease (28%), are the two most important health-care issues. Women (53%) are more likely than men (45%) to say preventing the spread of HIV is one of the most important health-care issues. Those who are not parents of a child under age 17 (31%) are more likely than those who are parents of a child under age 17 (23%) to cite chronic diseases as an important health-care issue.

In Brazil, preventing the spread of HIV (50%) and the swine flu/H1N1 pandemic (32%) are the two most important health-care issues. Women (54%) and those aged 18–29 (53%) are more likely than men (46%) and those aged 30–49 (46%) to say preventing the spread of HIV is one of the most important health-care issues. Those aged 30–49 (38%) and parents of children under age 17 (36%) are more likely than those aged 18–29 (30%) and those who are not parents of children under age 17 (29%) to say the swine flu/H1N1 pandemic is one of the most important health-care issues.

4. Which of the following do you think has been the greatest achievement in the AIDS response so far? (Choose only one)

Table 5. Greatest achievement in AIDS response

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Development of new antiretroviral drugs	27	17	20	21	16	6	11	18	15	13
HIV awareness programs	23	31	22	30	29	57	46	39	33	35
HIV prevention programs	11	24	21	18	23	18	14	9	15	29
Abstinence educational programs	10	2	2	3	2	1	11	5	2	1
Preventing newborns from being infected with HIV	9	7	7	5	8	5	9	14	8	7
Increased access to treatment	6	11	9	12	5	5	4	8	8	12
Distribution of condoms as part of prevention efforts	4	6	9	5	9	5	2	3	5	3
Distribution of clean needles and syringes to people who inject drugs	1	<1	2	2	2	1	1	1	3	1
Other	1	<1	1	1	1	<1	<1	<1	<1	–
Not sure	9	1	8	3	6	2	4	2	12	–

More than half (57%) in the South/South-East Asia region think HIV awareness programmes are one of the greatest achievements in the AIDS response so far, while a fifth (18%) believe it is HIV prevention programmes.

Respondents in India (64%) are more likely than those in Indonesia (45%) or Thailand (45%) to think HIV awareness programmes are one of the greatest achievements in the AIDS response so far.

In the North Africa/Middle East region (Egypt), about half (46%) think HIV awareness programmes are the greatest achievement in the AIDS response so far, while 14% think it is HIV prevention programmes.

Two fifths (39%) in the sub-Saharan Africa region think HIV awareness programmes have been the greatest achievement in the AIDS response so far, while a fifth (18%) think developments of new antiretroviral drugs is. Respondents in Uganda (49%) are more likely than those in South Africa (37%) to think HIV awareness programmes have been the greatest achievement in the AIDS response so far.

More than a third (35%) in the Caribbean region think HIV awareness programmes are one of the greatest achievements in the AIDS response so far, while three in ten (29%) think it is HIV prevention programmes.

In the Dominican Republic, more than a third (35%) think the greatest achievement in the AIDS response so far are the awareness programmes, while a quarter (25%) think it is the prevention programmes. Respondents in Jamaica are divided between awareness (36%) and prevention (33%) as the greatest achievement.

A third (33%) in the Oceania region (Australia) think HIV awareness programmes are one of the greatest achievements in the AIDS response so far, while 15% each think it is the development of new antiretroviral drugs or HIV prevention programmes. Twelve per cent are not sure.

In Latin America, three in ten (31%) think awareness programmes are one of the greatest achievements in the AIDS response so far, while a quarter (24%) think prevention programmes are. Both Brazil and Mexico report similar percentages for both.

Three in ten (30%) in the eastern Europe/central Asia region think awareness programmes are the greatest achievement in the AIDS response so far, while about a fifth each are divided between the development of new antiretroviral drugs (21%) and prevention programmes (18%). According to respondents in Kazakhstan (37%), the Russian Federation (32%), and Latvia (28%) awareness programmes are one of the greatest achievements in the AIDS response so far. Respondents in Ukraine are divided between the developments of new antiretroviral drugs (23%), prevention programmes (23%), and awareness programmes (20%), while those in Belarus are divided between new drug developments (24%), awareness programmes (22%), and prevention programmes (22%).

Respondents in East Asia are divided between awareness programmes (29%) and prevention programmes (23%) as the greatest achievement in the AIDS response so far, with respondents from China demonstrating a similar division. In Japan, more than a third (35%) think awareness programmes are one of the greatest achievements in the AIDS response, while a fifth (18%) think it is the development of new antiretroviral drugs.

In the North American region (the United States), respondents are divided between the development of new antiretroviral drugs (27%) and awareness programmes (23%) as the greatest achievement in the AIDS response so far.

Respondents in the western/central Europe region are divided between awareness programmes (22%), prevention programmes (21%), and the development of antiretroviral drugs/treatment (20%) as the greatest achievement in the AIDS response so far, with respondents in the Netherlands similarly divided.

The development of new antiretroviral drugs (31%) is the greatest achievement in the AIDS response so far, according to respondents in France, while HIV awareness programmes (31%) are the greatest achievement according to respondents in the United Kingdom. In Sweden, respondents are split between awareness (27%) and prevention (26%) programmes, and in Spain it is prevention programmes (27%) or the development of new antiretroviral drugs (23%).

Table 6. Select countries: greatest achievement in AIDS response

	United States	South Africa	China	India	Russian Federation	Brazil
Development of new antiretroviral drugs	27	18	14	4	20	19
HIV awareness programs	23	37	27	64	32	31
HIV prevention programs	11	7	28	17	18	23
Abstinence educational programs	10	6	1	<1	2	2
Preventing newborns from being infected with HIV	9	16	9	5	5	7
Increased access to treatment	6	9	5	4	13	12
Distribution of condoms as part of prevention efforts	4	4	9	4	5	5
Distribution of clean needles and syringes to injecting drug users	1	1	3	1	2	<1
Other	1	<1	1	<1	1	1
Not sure	9	3	3	1	2	1

In the United States, respondents are divided between the development of new antiretroviral drugs and treatment (27%) and HIV awareness programmes (23%) as the greatest achievement in the HIV response so far. Those aged 30–49 (32%) and women (30%) are more likely than those aged 50–64 (26%), those age 65 and older (25%), men (23%) and those aged 18–29 (20%) to say the development of new antiretroviral drugs is the greatest achievement in the AIDS response so far.

About two fifths (37%) in South Africa think HIV awareness programmes are the greatest achievement in the AIDS response so far, while about a fifth (18%) think it is the development of new antiretroviral drugs.

In China, a plurality is divided between prevention programmes (28%) and awareness programmes (27%) as the greatest achievement in the AIDS response so far, while 14% think it is the development of new antiretroviral drugs/treatments.

About two thirds (64%) in India think awareness programmes are the greatest achievement in the AIDS response so far, while a sixth (17%) think it is prevention programmes. Men (68%) are more likely than women (59%) to think that AIDS awareness programmes are the greatest achievement so far.

A third (32%) in the Russian Federation think the greatest achievement in the AIDS response so far is awareness programmes, while about a fifth each think it is the development of new antiretroviral drugs (20%) or prevention programmes (18%).

In Brazil, a third (31%) thinks awareness programmes are the greatest achievement in the AIDS response so far, while about a fifth each think it is prevention programmes (23%) or the development of new antiretroviral drugs (19%).

5. From the following list, where do you think AIDS resources should focus? (Choose all that apply)

Table 7. Where AIDS resources should focus

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
HIV prevention programs	67	76	58	70	71	84	65	77	69	60
HIV research	53	66	58	72	50	55	61	63	57	27
HIV treatment	44	64	54	62	48	54	49	54	48	68
Support to orphans	28	38	30	36	28	41	23	47	35	35
Other	5	2	4	3	4	3	6	2	2	1
Not sure	7	<1	4	1	4	1	1	1	5	–

In the South/South-East Asia region, the large majority think AIDS resources should focus on prevention programmes (84%), research (55%), or treatment (53%), while two fifths (41%) think it should focus on support to orphans. Respondents in India (59%) are more likely than those in Indonesia (49%) and Thailand (39%) to think resources should focus on HIV treatment.

The large majority in the sub-Saharan Africa region think AIDS resources should focus on HIV prevention programmes (77%), AIDS research (63%), and HIV treatment (54%). Respondents in Uganda are more likely than those in South Africa to think HIV prevention programmes (85% vs. 75%), HIV treatment (69% vs. 50%), or support to orphans (55% vs. 45%) have been the greatest achievement in the AIDS response so far.

The large majority in the Latin America region think AIDS resources should focus on prevention programmes (76%), research (66%), and treatment (64%), while two fifths (38%) think it should focus on support to orphans, with the large majority in both Brazil and Mexico thinking along the same lines.

In the North American region (the United States), the large majority think AIDS resources should focus on prevention programmes (67%) and research (53%), while more than two fifths (44%) think it should focus on treatment. Those aged 18–29 (57%) are more likely than those aged 30–49 (44%), aged 50–64 (41%), and age 65 and older (33%) to think AIDS resources should focus on treatment.

Seven in ten (71%) in the East Asia region think AIDS resources should focus on prevention programmes, while half each think it should focus on research (50%) or treatment (48%). Respondents in China are more likely than those in Japan to think AIDS resources should focus on prevention programmes (75% vs. 62%) or research (54% vs. 40%).

In the eastern Europe/central Asia region, seven in ten each think AIDS resources should focus on research (72%) or prevention programmes (70%), while six in ten (62%) think it should focus on treatment. Respondents in the Russian Federation (77%), Belarus (75%), Ukraine (68%), and Kazakhstan (66%) are more likely than those in Latvia (43%) to think AIDS resources should focus on research.

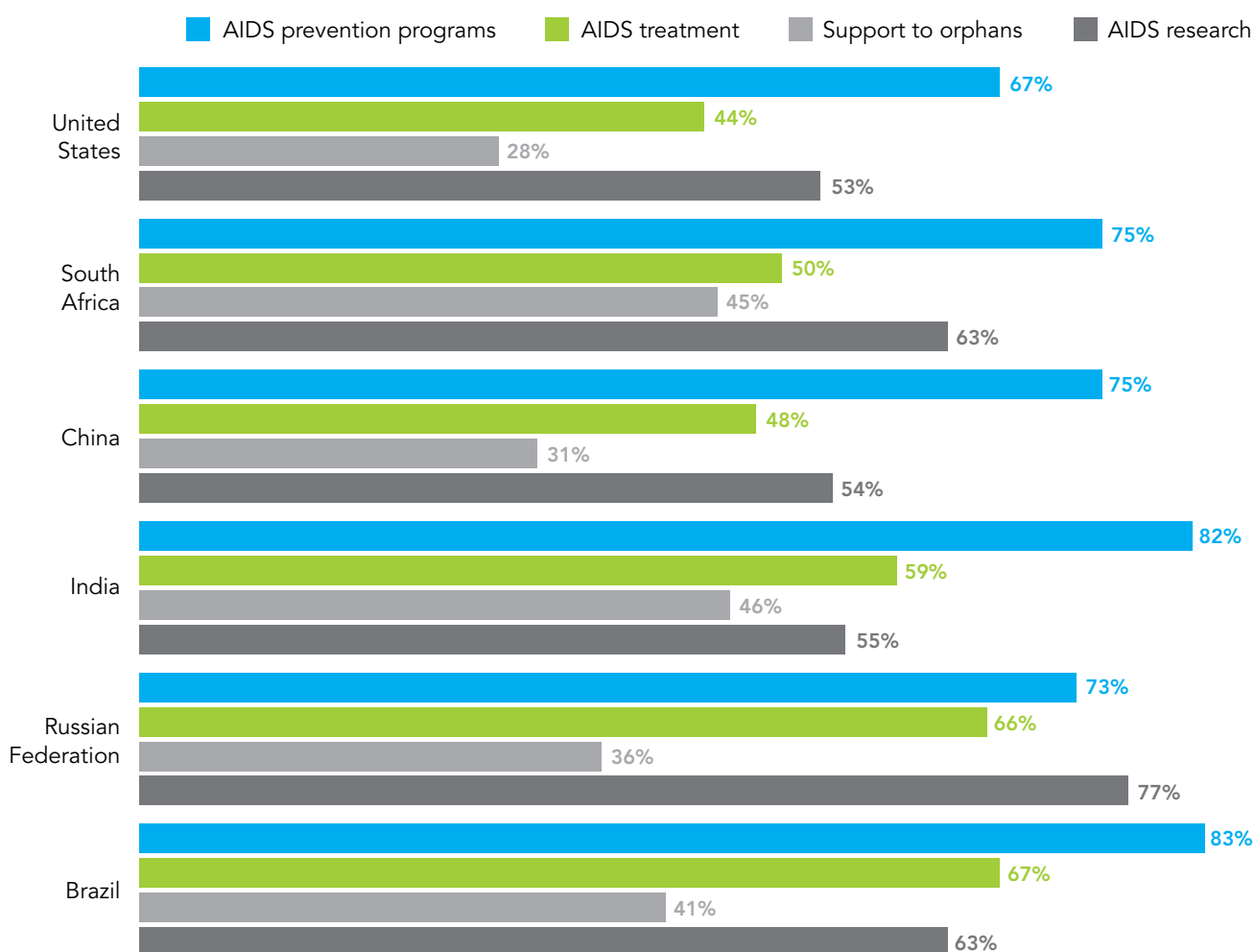
The large majority in the Oceania region (Australia) think AIDS resources should focus on prevention (69%), research (57%), or treatment (48%).

In the North Africa/Middle East region (Egypt), the large majority think AIDS resources should focus on prevention (65%) or research (61%), while more than two fifths (49%) think it should focus on treatment.

AIDS resources should focus on treatment (68%) or prevention programmes (60%), according to the large majority in the Caribbean region. Respondents in Jamaica (65%) are more likely than those in the Dominican Republic (55%) to think resources should focus on HIV prevention programmes.

In the western/central Europe region, the large majority think AIDS resources should focus on prevention programmes (58%), research (58%), or treatment (53%). Respondents from the United Kingdom (70%), Spain (57%), and the Netherlands (54%) are most likely to think AIDS resources should focus on prevention programmes, while respondents in France (72%) are most likely to think resources should focus on HIV treatment. In Sweden, respondents are split between HIV prevention programmes (63%) and research (62%).

Figure 3. Select countries: where AIDS research should focus



The large majority in Brazil think AIDS resources should focus on prevention programmes (83%), treatment (67%), or research (63%), with the large majority across most demographic subgroups thinking the same.

In India, eight in ten (82%) think AIDS resources should focus on prevention programmes, while six in ten (59%) think it should focus on HIV treatment. More than half (55%) think resources should focus on AIDS research. Men (59%) are more likely than women (49%) to think AIDS resources should focus on research.

AIDS resources should focus on research (77%), prevention programmes (73%), or treatment (66%), according to respondents in the Russian Federation. Those aged 18–29 (70%) are more likely than those aged 30–49 (59%) to think resources should focus on HIV treatment.

The large majority in China think AIDS resources should focus on prevention programmes (75%) or research (54%), with very little difference among the demographic subgroups.

HIV prevention programmes (75%) or AIDS research (63%) should be the focus of resources, according to respondents in South Africa, with the same being reflected across the demographic subgroups.

In the United States, two thirds (67%) think AIDS resources should focus on prevention programmes, while more than half (53%) think it should focus on research. Men (57%) are more likely than women (50%) to think resources should focus on AIDS research.

6. Which of the following words best describes the AIDS issue? (Choose only one)

Table 8. Words that describe the AIDS issue best

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Tragic	28	27	30	29	14	16	31	30	33	27
Manageable	25	34	11	12	29	22	34	14	15	21
Hopeful	20	16	25	13	14	30	8	17	20	25
Getting worse	9	16	11	28	25	22	21	31	14	19
Unsuccessful	4	3	7	10	4	4	<1	5	2	4
Successful	2	2	3	1	2	4	3	1	2	4
Other	3	1	2	2	1	<1	1	1	1	<1
Not sure	9	3	10	5	11	2	3	3	13	–

A third (33%) in the Oceania region (Australia) report that the word “tragic” best describes the AIDS issue, while a fifth (20%) say “hopeful.” Those age 65 and older (43%), women (39%), and those aged 50–64 (37%) are more likely than those aged 30–49 (30%), men (26%), and those 18–29 (19%) to say the word “tragic” best describes the AIDS issue.

Three in ten each in the sub-Saharan Africa region would use the phrase “getting worse” (31%) or the word “tragic” (30%) to best describe the AIDS issue, while a sixth (17%) would use the word “hopeful.” Respondents in Uganda are more likely than those in South Africa to use the words “manageable” (29% vs. 10%) or “hopeful” (26% vs. 15%) to best describe the AIDS issue. Respondents in South Africa (35%) are more likely than those in Uganda (17%) to use the phrase “getting worse” to best describe the AIDS issue.

In the western/central Europe region, three in ten (30%) would use the word “tragic” to describe the AIDS issue, while a quarter (25%) would use the word “hopeful.” Respondents in Sweden (39%), Spain (34%), and the Netherlands (34%) are most likely to use the word “tragic” to describe the AIDS issue, while respondents in France (36%) are most likely to use the word “hopeful.”

Respondents in the eastern Europe/central Asia region are split between describing the AIDS issue as “tragic” (29%) and “getting worse” (28%). Those in Latvia are most likely to describe the AIDS issue as “tragic” (33%), while those in Ukraine (39%) would describe it as “getting worse.” Respondents in Belarus are split between describing the AIDS issue as “tragic” (28%) and “hopeful” (26%), while respondents in the Russian Federation are divided between describing it as “getting worse” (30%) and “tragic” (28%).

In the North American region (the United States), respondents are divided between describing the AIDS issue as “tragic” (28%), “manageable” (25%), and “hopeful” (20%).

A third (34%) in the Latin America region would use the word “manageable” to best describe the AIDS issue, while more than a quarter (27%) would use “tragic.” Respondents in Mexico (33%) are more likely than those in Brazil (24%) to use the word “tragic” to describe the AIDS issue, while those in Brazil (36%) are more likely than those in Mexico (30%) to use the word “manageable.”

Respondents in the North Africa/Middle East region (Egypt) are split between describing the AIDS issue as “manageable” (34%) and “tragic” (31%). A fifth (21%) would describe the AIDS issue as “getting worse.” Those aged 30–49 (39%) are more likely than those aged 18–29 (29%) to describe the AIDS issue as “manageable.”

In the Caribbean region, respondents are divided between “tragic” (27%), “hopeful” (25%), and “manageable” (21%) as words to describe the AIDS issue. Those in the Dominican Republic (34%) are more likely than those in Jamaica (21%) to use the word “tragic” to describe the AIDS issue. Three in ten (28%) in Jamaica are likely to use the word “manageable” to describe the AIDS issue, and 13% in the Dominican Republic are likely to use the same word.

Three in ten (29%) in the East Asia region would use the word “manageable” to describe the AIDS issue, while a quarter (25%) would use the phrase “getting worse.” Respondents in China (34%) are about twice as likely as those in Japan (16%) to use the word “manageable” to describe the AIDS issue. A quarter (25%) in Japan are not sure what word best describes the AIDS issue, compared with 6% in China.

“Hopeful” is the word that best describes the AIDS issue, according to three in ten (30%) respondents in the South/South-East Asia region, while “manageable” (22%) and “getting worse” (22%) best describes it for about a fifth each. Respondents in Thailand (38%) and Indonesia (34%) are more likely than those in India (26%) to use the word “hopeful” to describe the AIDS issue. Three in ten (28%) in Indonesia and a quarter (24%) in India are likely to use the phrase “getting worse” to describe the AIDS issue, and 11% in Thailand would also use the same phrase.

Table 9. Select countries: words to describe AIDS issue best

	United States	South Africa	China	India	Russian Federation	Brazil
Tragic	28	32	16	15	28	24
Manageable	25	10	34	24	12	36
Hopeful	20	15	17	26	13	18
Getting worse	9	35	24	24	30	12
Unsuccessful	4	5	2	3	9	3
Successful	2	1	1	5	1	2
Other	3	1	1	<1	2	2
Not sure	9	3	6	2	5	3

Three in ten (28%) in the United States would use the word “tragic” to describe the AIDS issue, while a quarter (25%) would use the word “manageable.” A fifth (20%) would use the word “hopeful” to describe the AIDS issue.

Those aged 30–49 (32%) and men (28%) are most likely to use the word “manageable” to describe the AIDS issue, while women (32%), those aged 18–29 (30%), and those aged 50–64 (28%) are most likely to use “tragic.” Those age 65 and older are divided between “hopeful” (26%), “manageable” (23%), and “tragic” (22%) as best describing the AIDS issue.

In South Africa, respondents are divided between “getting worse” (35%) and “tragic” (32%) as best describing the AIDS issue. Those aged 30–49 (39%) and men (33%) are most likely to use the phrase “getting worse” to describe the AIDS issue, while those aged 50–64 (41%) are most likely to use “tragic.” Women are divided between using “getting worse” (37%) and “tragic” (37%), as are those aged 18–29 (30% vs. 28%).

A third (34%) in China would use the word “manageable” to describe the AIDS issue, while a quarter (24%) would use the phrase “getting worse.” About a third across most demographic subgroups would use the word “manageable” to best describe the AIDS issue.

Respondents in India are divided between the words “hopeful” (26%), “manageable” (24%), and “getting worse” (24%) as best describing the AIDS issue, with about the same reflected across most demographic subgroups.

In the Russian Federation, respondents are split between “getting worse” (30%) and “tragic” (28%) as best describing the AIDS issue, with the same split occurring across most demographic subgroups.

More than a third (36%) in Brazil would use the word “manageable” to best describe the AIDS issue, while a quarter (24%) would use “tragic,” with about the same reflected across most demographic subgroups.

7. Do you believe the world is effectively dealing with the AIDS issue?

Table 10. Is the world effectively dealing with AIDS?

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	21	32	26	18	45	53	32	30	22	75
No	54	58	42	61	23	28	39	56	42	25
Not sure	25	10	32	22	32	19	30	14	36	–

Three quarters (75%) in the Caribbean region believe the world is effectively dealing with the AIDS issue, while a quarter (25%) do not. Respondents in Jamaica (83%) are more likely than those in the Dominican Republic (66%) to believe the world is effectively dealing with AIDS.

In the South/South-East Asia region, more than half (53%) believe the world is effectively dealing with the AIDS issue, while three in ten (28%) do not. Respondents in Thailand (31%) and Indonesia (29%) are more likely than those in India (12%) to be not sure if the world is effectively dealing with the AIDS issue.

More than two fifths (45%) in the East Asia region believe the world is effectively dealing with the AIDS issue, while about a quarter (23%) do not. Respondents in China (51%) are more likely than those in Japan (29%) to believe the world is effectively dealing with AIDS.

In the North Africa/Middle East region (Egypt), those who do not believe the world is effectively dealing with the AIDS issue (39%) edge out those who do believe (32%) the world is effectively dealing with the AIDS issue. Three in ten (30%) are not sure.

A third (32%) in the Latin America region believe the world is effectively dealing with the AIDS issue, while six in ten (58%) do not. Respondents in Mexico (67%) are more likely than respondents in Brazil (53%) to believe the AIDS issue is being effectively dealt with by the world.

Three in ten (30%) in the sub-Saharan Africa region believe the world is effectively dealing with the AIDS issue, while more than half (56%) do not. Respondents in Uganda (70%) are more likely than those in South Africa (21%) to believe the world is effectively dealing with the AIDS issue.

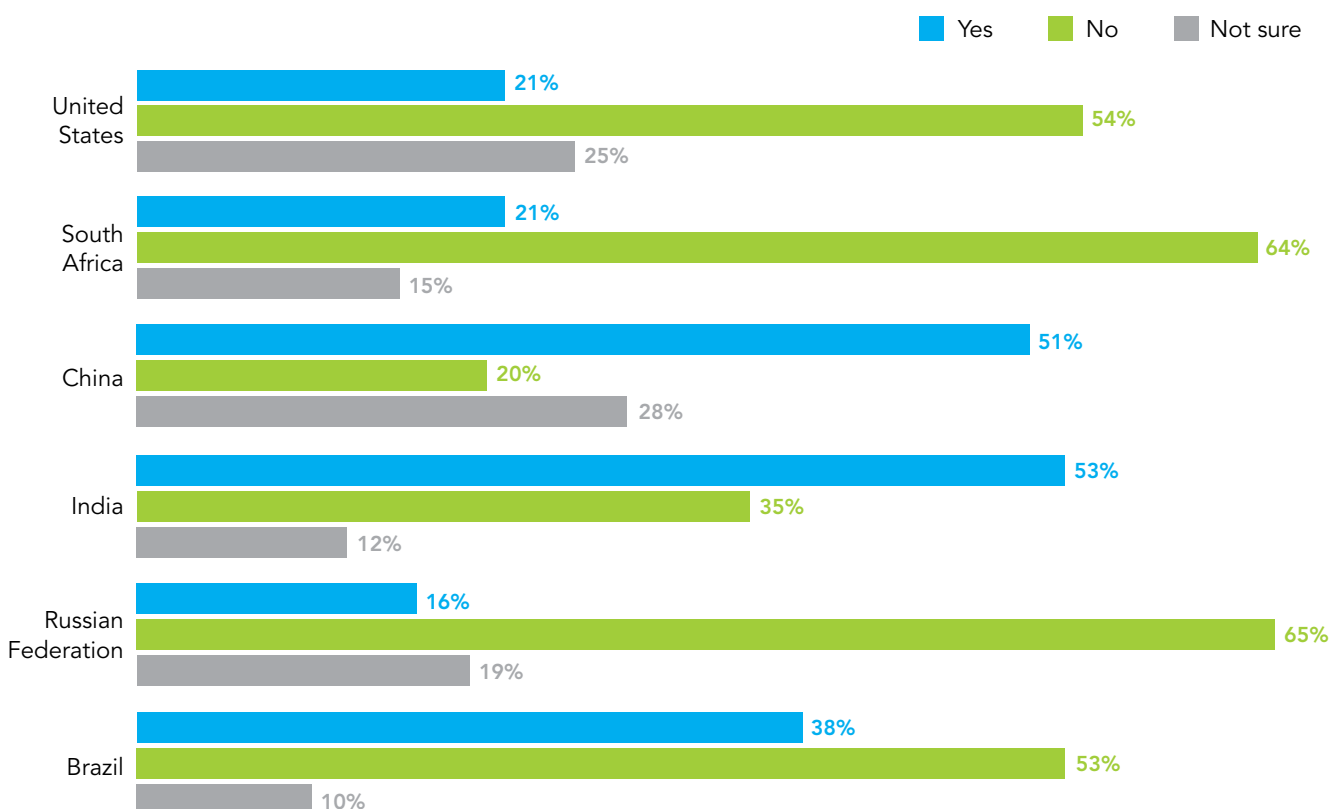
In the western/central Europe region, a quarter (26%) believe the world is effectively dealing with AIDS, while two fifths (42%) do not. Respondents in the Netherlands (39%) are more likely than those in Spain (29%), the United Kingdom (23%), Sweden (21%), and France (18%) to believe the world is effectively dealing with AIDS.

A fifth (22%) in the Oceania region believe the world is effectively dealing with the AIDS issue, while two fifths (42%) do not. Those age 65 and older (52%), those aged 50–64 (50%) and men (47%) are more likely than women (39%), those aged 18–29 (33%) and those aged 30–49 (32%) to believe the world is not effectively dealing with the AIDS issue.

In the North American region (the United States), a fifth (21%) believe the world is effectively dealing with the AIDS issue, while more than half (54%) do not. Respondents aged 50–64 (58%), those aged 30–49 (57%), and those age 65 and older (53%) are more likely than those 18–29 (45%) to believe the world is not effectively dealing with the AIDS issue.

About a fifth (18%) in the eastern Europe/central Asia region believe the world is effectively dealing with the AIDS issue, while six in ten (61%) do not. Respondents in the Russian Federation (65%), Kazakhstan (63%), and Belarus (61%) are more likely than those in Latvia (48%) and Ukraine (41%) to believe the world is not effectively dealing with the AIDS issue.

Figure 4. Select countries: is the world effectively dealing with AIDS?



In India, more than half (53%) believe the world is effectively dealing with the AIDS issue, while more than a third (35%) do not. Most demographic subgroups reflect the same results.

Half (51%) in China believe the world is effectively dealing with the AIDS issue, while a fifth (20%) do not. There is little difference between these results and the demographic subgroups.

Two fifths (38%) in Brazil believe the world is effectively dealing with the AIDS issue, while more than half (53%) do not, with little difference reflected across most demographic subgroups.

In the United States, a fifth (21%) believe the world is effectively dealing with the AIDS issue, while more than half (54%) do not. Those aged 50–64 (58%), those aged 30–49 (57%), and those age 65 and older (53%) are more likely than those aged 18–29 (45%) to believe the world is not effectively dealing with the AIDS issue.

A fifth (21%) in South Africa believe the world is effectively dealing with the AIDS issue, while about two thirds (64%) do not. Respondents aged 50–64 (67%) and those aged 30–49 (66%) are more likely than those aged 18–29 (58%) to believe the world is not effectively dealing with the AIDS issue.

In the Russian Federation, a sixth (16%) believe the world is effectively dealing with the AIDS issue, while about two thirds (65%) do not. The large majority across most demographic subgroups believe the world is not effectively dealing with the AIDS issue.

8. Do you believe your country is effectively dealing with the AIDS issue?

Table 11. Is your country effectively dealing with AIDS?

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	55	39	47	11	44	39	28	26	51	63
No	29	54	26	78	30	40	46	69	20	37
Not sure	16	7	26	12	26	21	26	5	29	<1

Six in ten (63%) in the Caribbean region believe their country is effectively dealing with the AIDS issue, while about two fifths (37%) do not. The same findings are reflected among most demographic subgroups within the region.

In the Oceania region (Australia), half (51%) believe their country is effectively dealing with AIDS, while a fifth (20%) do not. Three in ten (29%) are not sure. Men (56%), those age 65 and older (55%), and those aged 50–64 (54%) are more likely than women (48%), those aged 30–49 (47%), and those aged 18–29 (45%) to believe their country is effectively dealing with the AIDS issue.

About half (47%) in western/central Europe believe their country is effectively dealing with the AIDS issue, while a quarter (26%) do not. Respondents in the Netherlands (58%) and the United Kingdom (52%) are more likely than those in Sweden (47%), Spain (44%), and France (37%) to believe their country is effectively dealing with the AIDS issue.

In the North American region (the United States), more than half (55%) believe their country is effectively dealing with the AIDS issue, while three in ten (29%) do not. The large majority across most demographic subgroups believe their country is effectively dealing with AIDS.

More than two fifths (44%) in East Asia believe their country is effectively dealing with the AIDS issue, while three in ten (30%) do not. Respondents in China (55%) are more likely than those in Japan (17%) to believe their country is effectively dealing with the AIDS issue.

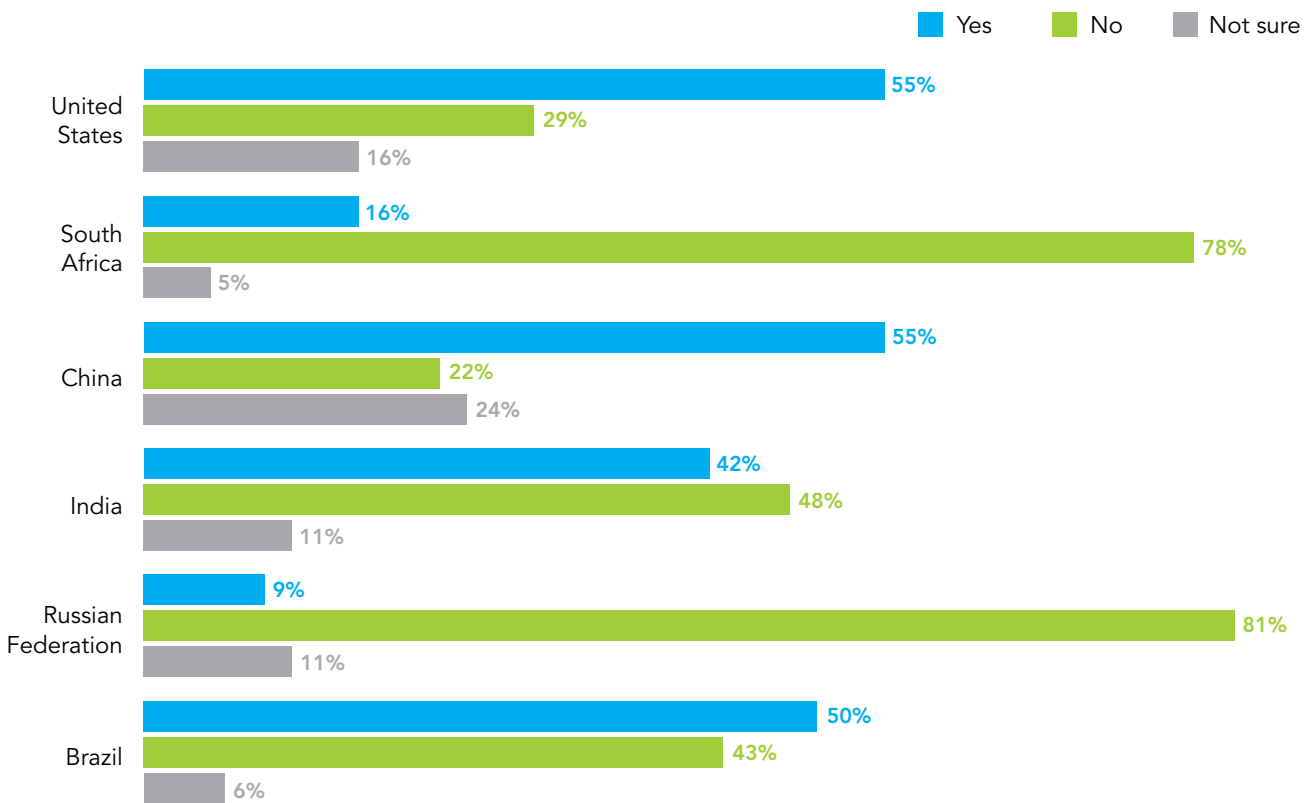
In the Latin America region, two fifths (39%) believe their country is effectively dealing with the AIDS issue, while more than half (54%) do not. Respondents in Brazil (50%) are more likely than those in Mexico (21%) to believe their country is effectively dealing with AIDS.

Respondents in the South/South-East Asia region are divided between believing their country is effectively dealing with the AIDS issue (39%) or not (40%). Respondents in India (48%) and Indonesia (31%) are more likely than those in Thailand (24%) to believe the AIDS issue is not being dealt with effectively by their country.

More than a quarter (28%) in the North Africa/Middle East region (Egypt) believe their country is effectively dealing with the AIDS issue, while about half (46%) do not. There is little difference in these findings among the demographic subgroups.

In the sub-Saharan Africa region, a quarter (26%) believe their country is effectively dealing with the AIDS issue, while seven in ten (69%) do not. Respondents in South Africa (78%) are more likely than those in Uganda (32%) to believe their country is effectively dealing with the AIDS issue.

Figure 5. Select countries: is your country effectively dealing with AIDS?



More than half (55%) in the United States believe their country is effectively dealing with the AIDS issue, while three in ten (29%) do not. Respondents aged 18–29 (63%) and aged 30–49 (58%) are more likely than those age 65 and older (50%) and those aged 50–64 (49%) to believe their country is effectively dealing with the AIDS issue.

In South Africa, eight in ten (78%) believe their country is not effectively dealing with the AIDS issue, while a sixth (16%) believe it is. Respondents aged 50–64 (84%) are more likely than those aged 30–49 (77%) and those aged 18–29 (73%) to believe their country is not effectively dealing with the AIDS issue.

More than half (55%) in China believe their country is effectively dealing with the AIDS issue, while a fifth (22%) do not. A quarter (24%) is not sure. Large majorities across most demographic subgroups believe their country is effectively dealing with the AIDS issue.

Respondents in India are divided between believing their country is effectively dealing with the AIDS issue (42%) or not (48%). Men (51%) are more likely than women (43%) to believe their country is not effectively dealing with the AIDS issue.

Eight in ten (81%) in the Russian Federation believe that their country is not effectively dealing with the AIDS issue, and just 9% believe it is. Large majorities across most demographic subgroups believe their country is not effectively dealing with the AIDS issue.

In Brazil, half (50%) believe their country is effectively dealing with the AIDS issue, while two fifths (43%) do not. Large majorities across most demographic subgroups believe their country is effectively dealing with the AIDS issue.

9. Do you believe your community is effectively dealing with the AIDS issue?

Table 12. Is your community effectively dealing with AIDS?

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	46	29	38	11	26	41	30	23	41	62
No	28	60	29	70	39	34	47	63	25	35
Not sure	26	11	33	20	35	26	23	14	35	4

Six in ten (62%) in the Caribbean region believe their community is effectively dealing with the AIDS issue, while more than a third (35%) do not. Large majorities in both the Dominican Republic and Jamaica believe their community is effectively dealing with the AIDS issue.

In the North American region (the United States), about half (46%) believe their community is effectively dealing with the AIDS issue, while three in ten (28%) do not. Men (50%) are more likely than women (42%) to believe their community is effectively dealing with the AIDS issue.

Two fifths (41%) in the Oceania region believe their community is effectively dealing with the AIDS issue, while a quarter (25%) do not. More than a third (35%) are not sure. Men (46%) are more likely than women (37%) to believe their community is effectively dealing with the AIDS issue.

The AIDS issue is effectively being dealt with in their community, according to two fifths (41%) in the South/South-East Asia region; however, a third (34%) believes it is not. Respondents in India (41%) are more likely than those in Indonesia (24%) and Thailand (20%) to believe their community is not effectively dealing with the AIDS issue.

In the western Europe/central Europe two fifths (38%) believe their community is effectively dealing with the AIDS issue, while three in ten (29%) do not. A third (33%) are not sure. Respondents in the Netherlands (42%), the United Kingdom (40%), Spain (39%), and Sweden (36%) are more likely than those in France (33%) to believe their community is effectively dealing with the AIDS issue.

Two fifths (39%) in the East Asia region do not believe their community is effectively dealing with the AIDS issue, while a quarter (26%) believe it is. More than a third (35%) are not sure. Respondents in Japan (55%) are more likely than those in China (32%) to believe their community is not effectively dealing with the AIDS issue.

About half (47%) in the North Africa/Middle East region (Egypt) do not believe their community is effectively dealing with the AIDS issue, while three in ten (30%) believe it is. About half across most demographic subgroups believe their community is not effectively dealing with the AIDS issue.

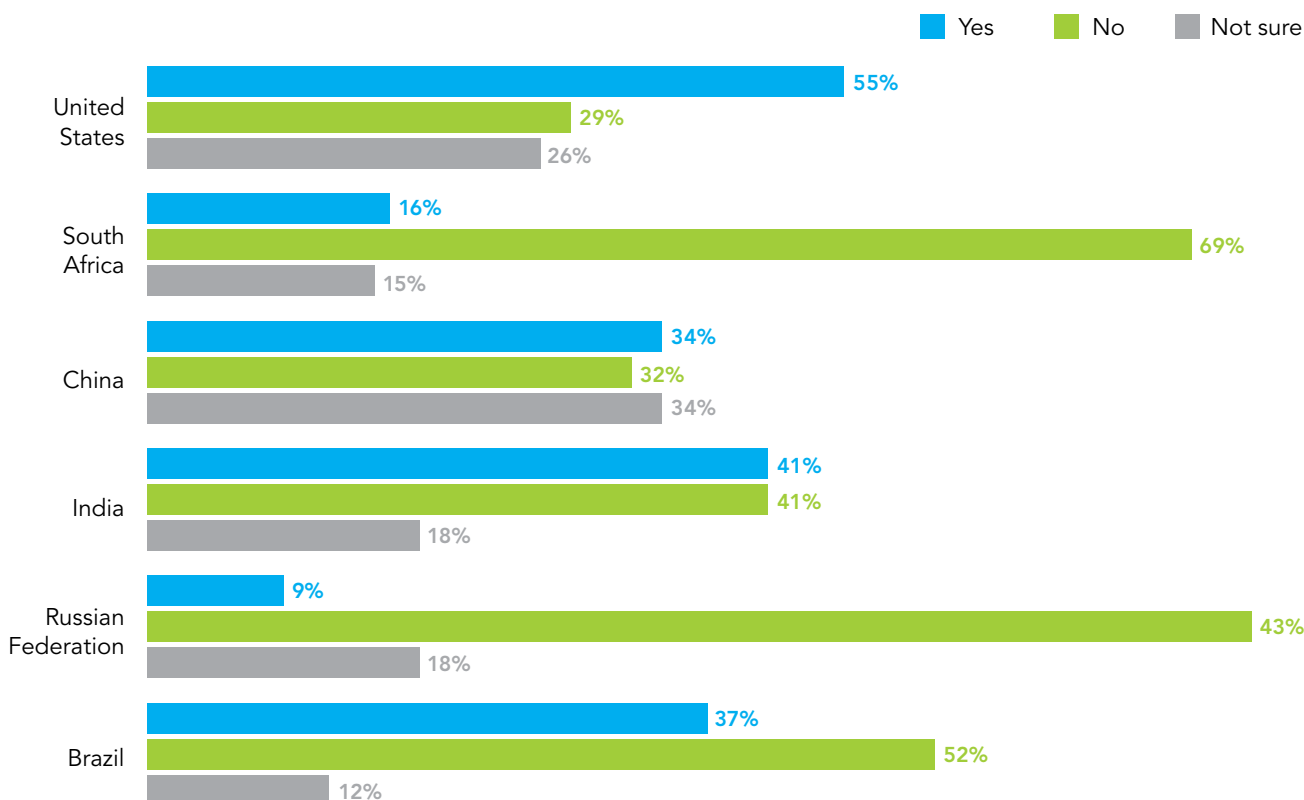
Six in ten (63%) in the sub-Saharan Africa region do not believe their community is effectively dealing with the AIDS issue, and about a quarter (23%) think it is. Respondents in South Africa (69%) are more likely than those in Uganda (36%) to believe their community is not effectively dealing with the AIDS issue.

In the Latin America region, six in ten (60%) do not believe their community is effectively dealing with the AIDS issue, while three in ten (29%) do. Respondents in Mexico (75%) are more likely than those in Brazil (52%) to believe their community is not effectively dealing with the AIDS issue.

About two thirds (63%) in the sub-Saharan Africa region believe their community is not effectively dealing with the AIDS issue, and about a quarter (23%) do. Respondents in South Africa (69%) are more likely than those in Uganda (36%) to believe their country is not effectively dealing with the AIDS issue.

Seven in ten (70%) in the eastern Europe/central Asia region do not believe their community is effectively dealing with the AIDS issue, while 11% believe it is. Respondents in Ukraine (77%), Kazakhstan (73%), and the Russian Federation (73%) are more likely than those in Belarus (59%) and Latvia (45%) to believe their community is not effectively dealing with the AIDS issue.

Figure 6. Select countries: is your community effectively dealing with AIDS?



In the United States, about half (46%) believe that their community is effectively dealing with the AIDS issue, while three in ten (28%) do not. Respondents aged 30–49 (49%) and those aged 18–29 (48%) are more likely than those age 65 and older (44%) and those aged 50–64 (40%) to believe their community is effectively dealing with the AIDS issue.

Seven in ten (69%) in South Africa believe that their community is not effectively dealing with the AIDS issue, while a sixth (16%) do. Large majorities across most demographic subgroups believe their community is not effectively dealing with the AIDS issue.

Respondents in China are divided between believing (34%) their community is effectively dealing with the AIDS issue or not (32%). A third (34%) are not sure. Men (40%) are more likely than women (29%) to believe their community is effectively dealing with the AIDS issue.

In India, respondents are split between believing their community is effectively dealing with the AIDS issue (41%) or not (41%), with most demographic subgroups reflecting this result.

About three quarters (73%) in the Russian Federation believe their community is not effectively dealing with the AIDS issue, while 9% believe it is. The large majority across most demographic subgroups believe their community is not effectively dealing with the AIDS issue.

In Brazil, more than half (52%) believe their community is not effectively dealing with the AIDS issue, while about two fifths (37%) do. About half across most demographic subgroups believe their community is not effectively dealing with the AIDS issue.

10. Which of the following obstacles, if any, do you think is keeping the world from effectively dealing with the AIDS issue? (Choose all that apply)

Table 13. Obstacles keeping the world from effectively dealing with AIDS

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Availability of education/ awareness about prevention measures against HIV	55	53	40	32	57	63	57	57	54	50
Availability of funding/resources	43	59	51	50	48	51	45	65	58	38
Availability of medicines/ pharmaceuticals	42	49	47	58	46	52	47	52	52	28
Discrimination/social stigma towards people living with HIV	40	61	36	39	58	60	44	48	44	50
Availability of affordable healthcare	39	40	46	46	47	54	44	62	56	33
Availability of trained medical professionals in some areas	35	31	33	37	26	45	33	52	46	30
Other	18	4	6	5	6	3	5	8	6	1
None	5	<1	1	2	2	1	3	<1	1	<1
Not sure	5	1	6	3	4	1	2	1	8	–

In the sub-Saharan Africa region, large majorities think the availability of funding/resources (65%), the availability of affordable health care (62%), the availability of education/awareness about prevention measures against HIV (57%), the availability of medicines/pharmaceuticals (52%), and the availability of trained medical professionals in some areas (52%) are the obstacles keeping the world from effectively dealing with the AIDS issue. Respondents in Uganda (79%) are more likely than those in South Africa (61%) to think the availability of funding/resources is keeping the world from effectively dealing with the AIDS issue. Respondents in South Africa are more likely than those in Uganda to think the availability of affordable health care (64% vs. 53%) or the availability of medicines/pharmaceuticals (55% vs. 39%) are obstacles to keeping the world from effectively dealing with AIDS.

Six in ten each in South/South-East Asia think the availability of education/awareness about prevention measures against HIV (63%) and discrimination/social stigma towards people living with HIV (60%) is keeping the world from effectively dealing with the AIDS issue, while more than half (54%) think it is the availability of affordable health care.

Three quarters (75%) in Indonesia think the availability of education/awareness about prevention measures against HIV is keeping the world from effectively dealing with the AIDS issue, while six in ten each think it is discrimination/social stigma towards people living with HIV (63%), the availability of medicines/pharmaceuticals (62%), and the availability of funding/resources (61%). Six in ten (63%) in Thailand think the availability of education/awareness about prevention measures against HIV is keeping the world from effectively dealing with AIDS, and more than half each think it is discrimination/social stigma towards people living with HIV (55%) or the availability of affordable health care (55%). Six in ten each in India think discrimination/social stigma towards people living with HIV (60%) or the availability of education/awareness about prevention measures against HIV (60%) is keeping the world from effectively dealing with the AIDS issue.

About six in ten each in the East Asia region think discrimination/social stigma towards people living with HIV (58%) or the availability of education/awareness about prevention measures against HIV (57%) is keeping the world from effectively dealing with the AIDS issue.

Six in ten in China think discrimination/social stigma towards people living with HIV (62%) is keeping the world from effectively dealing with the AIDS issue, while more than half (56%) think it is the availability of education/awareness about prevention measures against HIV. In Japan, six in ten (59%) think the availability of education/awareness about prevention measures against HIV is what is keeping the world from effectively dealing with the AIDS issue.

In the North Africa/Middle East region (Egypt), more than half (57%) think the availability of education/awareness about prevention measures against HIV is keeping the world from effectively dealing with the AIDS issue, while about half (47%) think it is the availability of medicines/pharmaceuticals. About the same is reflected across most demographic subgroups.

More than half (55%) in the North American region (the United States) think the availability of education/awareness about prevention measures against HIV is keeping the world from effectively dealing with the AIDS issue, and more than two fifths (43%) think it is the availability of funding/resources. The large majority across most demographic subgroups think the world is being kept from effectively dealing with the AIDS issue because of the availability of education/awareness about prevention measures against HIV.

In the Latin America region, six in ten (59%) think the availability of funding/resources is keeping the world from effectively dealing with the AIDS issue, while more than half (53%) think it is the availability of education/awareness about prevention measures against HIV. Respondents in Brazil are divided between discrimination/social stigma towards people living with HIV (59%), the availability of funding/resources (55%), and the availability of education/awareness about prevention measures against HIV (53%) as to what is keeping the world from effectively dealing with the AIDS issue. Respondents in Mexico are split between the availability of funding (65%) and discrimination/social stigma (64%).

Six in ten (58%) in the Oceania region (Australia) think the availability of funding/resources is keeping the world from effectively dealing with the AIDS issue, while more than half think it is the availability of affordable health care (56%) or the availability of education/awareness about prevention measures against HIV (54%). About the same is reflected across most demographic subgroups.

Respondents in the Caribbean region are split between thinking the availability of education/awareness about prevention measures against HIV (50%) or discrimination/social stigma towards people living with HIV (50%) is what is keeping the world from effectively dealing with the AIDS issue. Six in ten (60%) in Jamaica think the discrimination/social stigma towards people living with HIV is what is keeping the world from effectively dealing with the AIDS issue, while six in ten (57%) in the Dominican Republic think it is the availability of education/awareness about prevention measures against HIV.

In the western/central Europe region, respondents are divided between the availability of funding/resources (51%), the availability of AIDS medicines/pharmaceuticals (47%), and the availability of affordable health care (46%) as to what is keeping the world from effectively dealing with the AIDS issue.

Six in ten each in Sweden think the availability of funding/resources (62%) or the availability of affordable health care (58%) is keeping the world from effectively dealing with the AIDS issue, while more than half (55%) think it is the availability of medicines/pharmaceuticals. Six in ten (60%) in the United Kingdom think the world is being kept from efficiently dealing with the AIDS issue by the availability of funding/resources, while more than half (55%) think it is the availability of medicines/pharmaceuticals. In France, six in ten (57%) think the availability of funding/resources is keeping the world from effectively dealing with AIDS, and more than half (53%) think it is the availability of affordable health care. Respondents in Spain are divided between the availability of funding/resources (49%) and the availability of medicines/pharmaceuticals (44%). In the Netherlands, respondents are divided between the availability of affordable health care (44%), the availability of education/awareness about prevention measures against HIV (39%), and the availability of medicines/pharmaceuticals (39%).

In the eastern Europe/central Asia region, six in ten (58%) think the availability of medicines/pharmaceuticals is keeping the world from effectively dealing with the AIDS issue, while half (50%) think it is the availability of funding/resources.

Respondents in Belarus are divided between the availability of AIDS medicines/pharmaceuticals (59%) and the availability of funding/resources (56%) as to what is keeping the world from effectively dealing with the AIDS issue, while six in ten (62%) in the Russian Federation think it is the availability of medicines/pharmaceuticals or the availability of funding (49%). In Ukraine, respondents are divided between the availability of affordable health care (59%) and the availability of funding/resources (58%). More than half (56%) in Kazakhstan think the availability of medicines/pharmaceuticals is keeping the world from effectively dealing with the AIDS issue, while about half (48%) think it is the availability of trained medical professionals in some areas. Respondents in Latvia are divided between the availability of funding/resources (45%) and the availability of education/awareness about prevention measures against HIV (40%).

In the United States, more than half (55%) think the availability of education/awareness about prevention measures against HIV is what is keeping the world from effectively dealing with AIDS, while more than two fifths each think it is the availability of funding/resources (43%) or the availability of medicines/pharmaceuticals (42%). Those aged 18–29 (64%) are more likely than those aged 30–49 (53%), 50–64 (53%), and those age 65 and older (51%) to think the availability of education/awareness is keeping the world from effectively dealing with the AIDS issue.

Table 14. Select countries: obstacles to effectively dealing with AIDS

	United States	South Africa	China	India	Russian Federation	Brazil
Availability of education/awareness about prevention measures against HIV	55	56	56	60	30	53
Availability of funding/resources	43	61	51	50	49	55
Availability of medicines/pharmaceuticals	42	55	48	52	62	47
Discrimination/social stigma towards people living with HIV	40	48	62	60	40	59
Affordability of affordable healthcare	39	64	48	53	48	49
Availability of trained medical professionals in some areas	35	52	26	43	36	29
Other	18	9	6	2	4	6
None	5	<1	3	1	2	1
Not sure	5	2	3	1	3	2

About two thirds (64%) in South Africa think the availability of affordable health care is keeping the world from effectively dealing with the AIDS issue, and six in ten (61%) think it is the availability of funding/resources. Women (71%) are most likely to think the availability of affordable health care is keeping the world from effectively dealing with the AIDS issue, while men are divided between the availability of funding/resources (59%) and the availability of affordable health care (58%).

In China, six in ten (62%) think discrimination/social stigma towards people living with HIV is keeping the world from effectively dealing with the AIDS issue, and more than half (56%) think it is the availability of education/awareness about prevention measures against AIDS. Women (65%) are more likely than men (60%) to think discrimination/social stigma towards those living with HIV is keeping the world from effectively dealing with the AIDS issue.

Respondents in India are split between the availability of education/awareness about prevention measures against HIV (60%) and discrimination/social stigma towards people living with HIV (60%) as to what is keeping the world from effectively dealing with the AIDS issue. Women are divided between the availability of education/awareness about prevention measures (64%) and discrimination/social stigma towards those living with HIV (63%), and men are divided between all responses as to what is keeping the world from effectively dealing with the AIDS issue.

Six in ten (62%) in the Russian Federation think the world is being kept from effectively dealing with the AIDS issue because of the availability of medicines/pharmaceuticals, while half each are divided between the availability of funding/resources (49%) and the availability of affordable health care (48%), with similar results across most demographic subgroups.

Respondents in Brazil are divided between discrimination/social stigma towards people living with HIV (59%), the availability of funding/resources (55%), and the availability of education/awareness about prevention measures against HIV (53%) as to what is keeping the world from effectively dealing with the AIDS issue, with similar results across most demographic subgroups.

11. Which of the following obstacles, if any, do you think is keeping your country from effectively dealing with the AIDS issue? (Choose all that apply)

Table 15. Obstacles keeping your country from effectively dealing with AIDS

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Availability of affordable healthcare	35	44	21	52	42	61	41	70	32	38
Discrimination/social stigma towards people living with HIV	34	52	29	35	55	59	46	49	32	48
Availability of education/awareness about prevention measures against HIV	32	47	23	33	52	58	47	58	31	45
Availability of funding/resources	27	60	38	63	46	61	55	67	37	32
Availability of medicines/ pharmaceuticals	24	43	25	58	36	51	40	59	27	26
Availability of trained medical professionals in some areas	13	36	19	45	31	51	37	62	28	32
Other	16	5	7	5	6	4	7	11	5	1
None	18	2	8	3	2	1	5	1	9	–
Not sure	8	2	13	3	5	2	4	1	17	–

Respondents in the North American region (the United States) are divided between the availability of affordable health care (35%), discrimination/social stigma towards people living with HIV (34%), and the availability of education/awareness about prevention measures against HIV (32%) as to what is keeping their country from effectively dealing with the AIDS issue, with nearly the same reflected across most demographic subgroups.

Six in ten (60%) in the Latin America region think the availability of funding/resources is keeping their country from effectively dealing with the AIDS issue, while half (52%) think it is discrimination/social stigma towards people living with HIV. In Brazil, respondents are divided between the availability of funding/resources (53%) and discrimination/social stigma towards those living with HIV (51%), while respondents in Mexico are most likely to think the availability of funding/resources (73%) is keeping their country from effectively dealing with the AIDS issue.

In the western/central Europe region, two fifths (38%) think the availability of funding/resources is keeping their country from effectively dealing with the AIDS issue, and three in ten (29%) think it is discrimination/social stigma towards people living with HIV.

More than half (54%) of respondents in France think the availability of funding/resources is what is keeping their country from effectively dealing with the AIDS issue, while a third (33%) think it is the availability of affordable health care. In the United Kingdom, more than two fifths (44%) list the availability of funding/resources as the issue keeping their country from effectively dealing with AIDS, and 36% think it is discrimination/social stigma towards people living with HIV. Respondents in Sweden and Spain are divided between the availability of funding/resources (37% vs. 36%), and those in the Netherlands are divided between the availability of trained medical professionals in some areas (22%), the availability of medicines/pharmaceuticals (21%), and the availability of education/awareness about prevention measures against HIV (20%).

In the eastern Europe/central Asia region, six in ten each (63%) think the availability of funding/resources or the availability of medicines/pharmaceuticals (58%) is keeping their country from effectively dealing with the AIDS issue. Eight in ten (79%) in Ukraine think the availability of funding/resources is keeping their country from effectively dealing with the AIDS issue, while seven in ten (68%) think it is the availability of affordable health care. In Belarus, seven in ten (71%) think it is the availability of funding/resources, and six in ten (59%) think it is the availability of medicines/pharmaceuticals. Respondents in the Russian Federation are divided between the availability of funding/resources (61%) and the availability of medicines/pharmaceuticals (61%) as to what is keeping their country from effectively dealing with the AIDS issue, while Kazakhstan is divided between the availability of trained medical professionals in some areas (62%), the availability of medicines/pharmaceuticals (58%), and the availability of funding/resources (56%). In Latvia, six in ten (60%) think the availability of funding/resources is what is keeping their country from effectively dealing with the AIDS issue, while two fifths each are divided between the availability of education/awareness about prevention measures against HIV (39%) and the availability of affordable health care (39%).

Respondents in the East Asia region are divided between discrimination/social stigma towards people living with HIV (55%) and the availability of education/awareness about prevention measures against HIV (52%) as to what is keeping their country from effectively dealing with the AIDS issue. In China, the large majority of respondents think discrimination/social stigma (59%), the availability of funding/resources (53%), and the availability of education/awareness about prevention measures against HIV (50%) is keeping their country from effectively dealing with the AIDS issue, while respondents in Japan think it is the availability of education/awareness (55%) or discrimination/social stigma of those living with HIV (46%).

The large majority of respondents in the South/South-East Asia region, including India, Indonesia, and Thailand, think that the availability of affordable health care (61%), the availability of funding/resources (61%), discrimination/social stigma towards people living with HIV (59%), and the availability of education/awareness about prevention measures against HIV (58%) is what is keeping their country from effectively dealing with the AIDS issue.

In the North Africa/Middle East region (Egypt), more than half (55%) think the availability of funding/resources is what is keeping their country from effectively dealing with the AIDS issue, while about half each think it is the availability of education/awareness about prevention measures against HIV (47%) or discrimination/social stigma towards people living with HIV (46%).

Large majorities in the sub-Saharan Africa region think the availability of affordable health care (70%), the availability of funding/resources (67%), the availability of trained medical professionals in some areas (62%), the availability of medicines/pharmaceuticals (59%), and the availability of education/awareness about prevention measures against HIV (58%) are the obstacles keeping their country from effectively dealing with the AIDS issue. Respondents in Uganda (81%) are more likely than those in South Africa (64%) to say the availability of funding/resources is keeping their country from effectively dealing with the AIDS issue. Respondents in South Africa are more likely than those in Uganda to think the availability of affordable health care (72% vs. 63%) or the availability of medicines/pharmaceuticals (62% vs. 47%) are the obstacles for their country.

Respondents in the Oceania region (Australia) are divided between the availability of funding/resources (37%), the availability of affordable health care (32%), discrimination/social stigma towards people living with HIV (32%), and the availability of education/awareness about prevention measures against HIV (31%) as to what is keeping their country from effectively dealing with the AIDS issue.

In the Caribbean region, respondents are divided between discrimination/social stigma towards people living with HIV (48%) and the availability of education/awareness about prevention measures against HIV (45%) as to what is keeping their country from effectively dealing with the AIDS issue. Respondents in Jamaica (59%) are more likely than those in the Dominican Republic (36%) to think that discrimination/social stigma towards people living with HIV is keeping their country from effectively dealing with the AIDS issue, while those in the Dominican Republic (51%) are more likely than those in Jamaica (39%) to think it is the availability of education/awareness about prevention measures against HIV.

Respondents in the United States are divided between the availability of affordable health care (35%), discrimination/social stigma towards people living with HIV (34%), and the availability of education/awareness about prevention measures against HIV (32%) as to what is keeping their country from effectively dealing with the AIDS issue.

In South Africa, seven in ten (72%) think the availability of affordable health care is what is keeping their country from effectively dealing with the AIDS issue, while six in ten each are divided between the availability of funding/resources (64%), the availability of trained medical professionals in some areas (63%), and the availability of medicines/pharmaceuticals (62%). Women (78%) are more likely than men (66%) to think that the availability of affordable health care is what is keeping their country from effectively dealing with the AIDS issue.

Six in ten (59%) in China think discrimination/social stigma towards people living with HIV is what is keeping their country from effectively dealing with the AIDS issue, while more than half (53%) think it is the availability of funding/resources. Women (62%) are more likely than men (56%) to think discrimination/social stigma is keeping their country from effectively dealing with the AIDS issue.

Table 16. Select countries: obstacles keeping country from dealing with AIDS

	United States	South Africa	China	India	Russian Federation	Brazil
Availability of affordable healthcare	35	72	49	60	54	47
Discrimination/social stigma towards people living with HIV	34	50	59	61	37	51
Availability of education/awareness about prevention measures against HIV	32	57	50	56	32	46
Availability of funding/resources	27	64	53	58	61	53
Availability of medicines/pharmaceuticals	24	62	41	50	61	39
Availability of trained medical professionals in some areas	13	63	34	49	43	35
Other	16	12	6	3	5	6
None	18	1	3	1	3	2
Not sure	8	1	3	1	3	2

Respondents in India are divided between discrimination/social stigma towards people living with HIV (61%), the availability of affordable health care (61%), and the availability of funding/resources (58%) as to what is keeping their country from effectively dealing with the AIDS issue. Men are more likely to think the availability of affordable health care (62%) or discrimination/social stigma towards people living with HIV (61%) are the reasons their country cannot effectively deal with the AIDS issue, while women are more likely to think that discrimination/stigma (62%) or the availability of funding/resources (59%) is the reason.

Six in ten each in the Russian Federation think the availability of funding/resources (61%) and the availability of medicines/pharmaceuticals is keeping their country from effectively dealing with the AIDS issue, while more than half (54%) think it is the availability of affordable health care. Women (43%) are more likely than men (31%) to think discrimination/social stigma towards people living with HIV is keeping their country from effectively dealing with the AIDS issue.

In Brazil, respondents are divided between the availability of funding/resources (53%), discrimination/social stigma towards people living with HIV (51%), and the availability of affordable health care (47%). Respondents aged 18–29 (55%) and women (54%) are more likely than men (49%) and those aged 30–49 (46%) to think discrimination/social stigma is keeping their country from effectively dealing with the AIDS issue, and women (54%) and those aged 30–49 (51%) are more likely than those aged 18–29 (44%) and men (42%) to think the availability of affordable health care is the obstacle.

12. Which of the following obstacles, if any, do you think is keeping your community from effectively dealing with the AIDS issue? (Choose all that apply)

Table 17. Obstacles keeping your community from effectively dealing with AIDS

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Discrimination/social stigma towards people living with HIV	29	56	26	33	50	57	50	53	34	48
Availability of affordable healthcare	27	40	21	51	40	53	40	60	27	38
Availability of funding/resources	27	53	34	57	44	51	46	59	33	34
Availability of education/awareness about prevention measures against HIV	25	47	21	33	48	56	48	53	27	42
Availability of medicines/pharmaceuticals	16	40	22	53	31	44	36	49	22	27
Availability of trained medical professionals in some areas	11	36	19	45	30	47	36	53	25	34
Other	15	4	7	5	6	4	8	9	4	1
None	20	2	9	3	4	1	6	2	11	–
Not sure	14	4	18	7	10	4	3	3	21	–

Respondents in the North American region (the United States) are divided between discrimination/social stigma towards people living with HIV (29%), the availability of affordable health care (27%), the availability of funding/resources (27%), and the availability of education/awareness about prevention measures against HIV (25%).

More than half each in the Latin America region think discrimination/social stigma towards people living with HIV (56%) or the availability of funding/resources (53%) is keeping their community from effectively dealing with the AIDS issue, while about half (47%) think it is the availability of education/awareness about prevention measures against AIDS. Respondents in Mexico are more likely than those in Brazil to think the availability of funding/resources (63% vs. 46%) or discrimination/social stigma towards people living with HIV (61% vs. 53%) is keeping their community from effectively dealing with the AIDS issue.

In the western/central Europe region, a third (34%) think the availability of funding/resources is the obstacle keeping their community from effectively dealing with the AIDS issue, and a quarter (26%) think it is discrimination/social stigma towards people living with HIV.

Respondents in France (53%) are more likely than those in Spain (39%), Sweden (31%), the United Kingdom (28%), and the Netherlands (18%) to think the availability of funding/resources is the obstacle keeping their community from effectively dealing with the AIDS issue. Discrimination/social stigma towards people living with HIV is more likely to be mentioned as a community obstacle by respondents in Spain (32%), France (28%), the United Kingdom (27%), and Sweden (26%) than those in the Netherlands (17%).

More than half each in the eastern Europe/central Asia region think the availability of funding/resources (57%) or the availability of medicines/pharmaceuticals (53%) is the obstacle keeping their community from effectively dealing with the AIDS issue, and half (51%) think it is the availability of affordable health care.

Respondents in Ukraine (75%), Belarus (66%), and Latvia (40%) are most likely to think the availability of funding/resources is the obstacle keeping their community from effectively dealing with the AIDS issue, while those in Kazakhstan (61%) are most likely to think it is the availability of trained medical professionals in some areas. Respondents in the Russian Federation are divided between the availability of funding/resources (56%), the availability of medicines/pharmaceuticals (55%), and the availability of affordable health care (53%).

In the East Asia region, respondents are divided between discrimination/social stigma towards people living with HIV (50%), the availability of education/awareness about prevention measures against AIDS (48%), and the availability of funding/resources (44%).

Discrimination/social stigma towards people living with HIV (54% vs. 39%), the availability of funding/resources (52% vs. 25%), and the availability of education/awareness about prevention measures against HIV (50% vs. 42%) are more likely to be mentioned as obstacles keeping their community from effectively dealing with the AIDS issue by respondents in China than those in Japan.

More than half each in the South/South-East Asia region think discrimination/social stigma towards people living with HIV (57%) or the availability of affordable health care (53%) is keeping their community from effectively dealing with the AIDS issue, while half (51%) think it is the availability of funding/resources.

Respondents in Indonesia (68%) are most likely to think the obstacle keeping their community from effectively dealing with the AIDS issue is the availability of funding/resources, while respondents in India (60%) are most likely to think it is discrimination/social stigma towards people living with HIV. Respondents in Thailand (57%) are most likely to think the availability of education/awareness about prevention measures against HIV is keeping their community from effectively dealing with the AIDS issue.

A third each in the Oceania region (Australia) think discrimination/social stigma towards people living with HIV (34%) or the availability of funding/resources (33%) is the obstacle keeping their community from effectively dealing with the AIDS issue, while more than a quarter each think it is the availability of affordable health care (27%) or the availability of education/awareness about prevention measures against HIV (27%). Respondents age 65 and older (40%) and those aged 50–64 (35%) are more likely than those 30–49 (29%) and those age 18–29 (26%) to think the availability of funding/resources is an obstacle to their community effectively dealing with the AIDS issue.

In the Caribbean region, about half (48%) think discrimination/social stigma towards people living with HIV is keeping their community from effectively dealing with the AIDS issue, while two fifths each think it is the availability of education/awareness about prevention measures against HIV (42%) or the availability of affordable health care (38%).

Respondents in Jamaica (55%) are more likely than those in the Dominican Republic (40%) to think discrimination/social stigma towards people living with HIV is keeping their country from effectively dealing with the AIDS issue. The availability of education/awareness about prevention measures against HIV (47% vs. 38%) and the availability of trained medical professionals in some areas (39% vs. 29%) are more likely to be mentioned as an obstacle by respondents in the Dominican Republic than those in Jamaica.

Table 18. Select countries: obstacles keeping community from dealing with AIDS

	United States	South Africa	China	India	Russian Federation	Brazil
Discrimination/social stigma towards people living with HIV	29	53	54	60	35	53
Availability of funding/resources	27	55	52	47	56	46
Affordability of affordable healthcare	27	62	48	53	53	41
Availability of education/awareness about prevention measures against HIV	25	52	50	55	34	45
Availability of medicines/pharmaceuticals	16	49	38	41	55	37
Availability of trained medical professionals in some areas	11	52	35	45	45	34
Other	15	11	6	3	5	5
None	20	2	4	1	3	3
Not sure	14	4	7	3	7	6

Respondents in the United States are divided between discrimination/social stigma towards people living with HIV (29%), the availability of funding/resources (27%), the availability of affordable health care (27%), and the availability of education/awareness about prevention measures against HIV (25%) as the obstacle keeping their community from dealing with the AIDS issue. Those aged 50–64 (34%) are more likely than those aged 30–49 (29%), those aged 18–29 (27%), and those age 65 and older (26%) to think discrimination/social stigma is an obstacle keeping their community from effectively dealing with the AIDS issue.

Six in ten (62%) in South Africa think the availability of affordable health care is keeping their community from effectively dealing with the AIDS issue, while more than half (55%) think it is the availability of funding/resources. Women (70%) are more likely than men (54%) to think the availability of affordable health care is the obstacle keeping their community from effectively dealing with the AIDS issue.

Respondents in China are divided between discrimination/social stigma towards people living with HIV (54%), the availability of funding/resources (52%), and the availability of education/awareness about prevention measures against HIV (50%) as to what is keeping their community from effectively dealing with the AIDS issue. Discrimination/social stigma towards people living with HIV (58% vs. 51%) and the availability of education/awareness about prevention measures against HIV (53% vs. 47%) are more likely to be listed as an obstacle for their community by women than men.

Six in ten (60%) in India think discrimination/social stigma towards people living with HIV is keeping their community from effectively dealing with the AIDS issue, while more than half each think it is the availability of education/awareness about prevention measures against HIV (55%) or the availability of affordable health care (53%). Most demographic subgroups mirror similar results.

Respondents in the Russian Federation are divided between the availability of funding/resources (56%), the availability of medicines/pharmaceuticals (55%), and the availability of affordable health care (53%) as to what is keeping their community from effectively dealing with the AIDS issue. Discrimination/social stigma towards people living with HIV (40% vs. 30%) and the availability of education/awareness about prevention measures against HIV (38% vs. 30%) are more likely to be thought of as obstacles by women than men.

More than half (53%) in Brazil think that discrimination/social stigma towards people living with HIV is what is keeping their community from effectively dealing with the AIDS issue, while about half each think it is the availability of funding/resources (46%) or the availability of education/awareness about prevention measures against HIV (45%). Women (57%) are more likely than men (50%) to think their community is being kept from effectively dealing with the AIDS issue by discrimination/social stigma towards people living with HIV.

13. How optimistic or pessimistic are you that, with the proper use of resources, the spread of the HIV can be stopped by 2015?

Table 19. Can spread of the HIV be stopped by 2015?

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Very optimistic	5	18	7	9	9	30	14	10	5	38
Somewhat optimistic	23	44	26	25	29	45	44	28	28	52
Overall optimistic	28	63	33	34	38	75	58	38	33	91
Neither optimistic nor pessimistic	24	20	29	20	24	14	28	17	28	8
Somewhat pessimistic	23	12	22	21	25	7	7	21	20	1
Very pessimistic	21	4	10	14	6	2	3	20	11	<1
Overall pessimistic	44	16	32	34	31	10	10	41	31	1
Not sure	5	1	6	12	8	2	4	5	8	–

The Caribbean region is the most positive of all the regions, with nine in ten (91%) optimistic that, with the proper use of resources, the spread of HIV can be stopped by the year 2015. Eight per cent are neither optimistic nor pessimistic. Large majorities in both Jamaica (92%) and the Dominican Republic (89%) are optimistic that the spread of HIV can be stopped by the year 2015, with the proper use of resources.

Three quarters (75%) in the South/South-East Asia region are optimistic that, with the proper uses of resources, the spread of HIV can be stopped by the year 2015, while 10% are pessimistic. Fourteen per cent are neither optimistic nor pessimistic. Respondents in India (80%) and Thailand (75%) are more likely than those in Indonesia (59%) that with the proper use of resources the spread of HIV can be stopped by 2015.

In the Latin America region, six in ten (63%) are optimistic that through the proper use of resources the spread of HIV can be stopped by the year 2015, while a sixth (16%) are pessimistic. A fifth (20%) are neither optimistic nor pessimistic. Large majorities in both Mexico (67%) and Brazil (60%) are optimistic that, with the proper use of resources, the spread of HIV can be stopped by the year 2015.

Six in ten (58%) in the North Africa/Middle East region (Egypt) are optimistic that, with the proper use of resources, the spread of HIV can be stopped, while 10% are pessimistic. Three in ten (28%) are neither optimistic nor pessimistic. Men (62%) are more likely than women (54%) to be optimistic that the spread of HIV can be stopped by 2015 through the proper use of resources.

In the North American region (the United States), more than two fifths (44%) are pessimistic about the spread of HIV being stopped by the year 2015 through the proper use of resources, while three in ten (28%) are optimistic. A quarter (24%) are neither optimistic nor pessimistic.

Respondents in the sub-Saharan Africa region are divided between being pessimistic (41%) or optimistic (38%) that, with the proper use of resources, the spread of HIV can be stopped by 2015. A sixth (17%) are neither optimistic nor pessimistic. Respondents in Uganda (57%) are more likely than those in South Africa (34%) to be optimistic that, with the proper use of resources, the spread of HIV can be stopped by 2015.

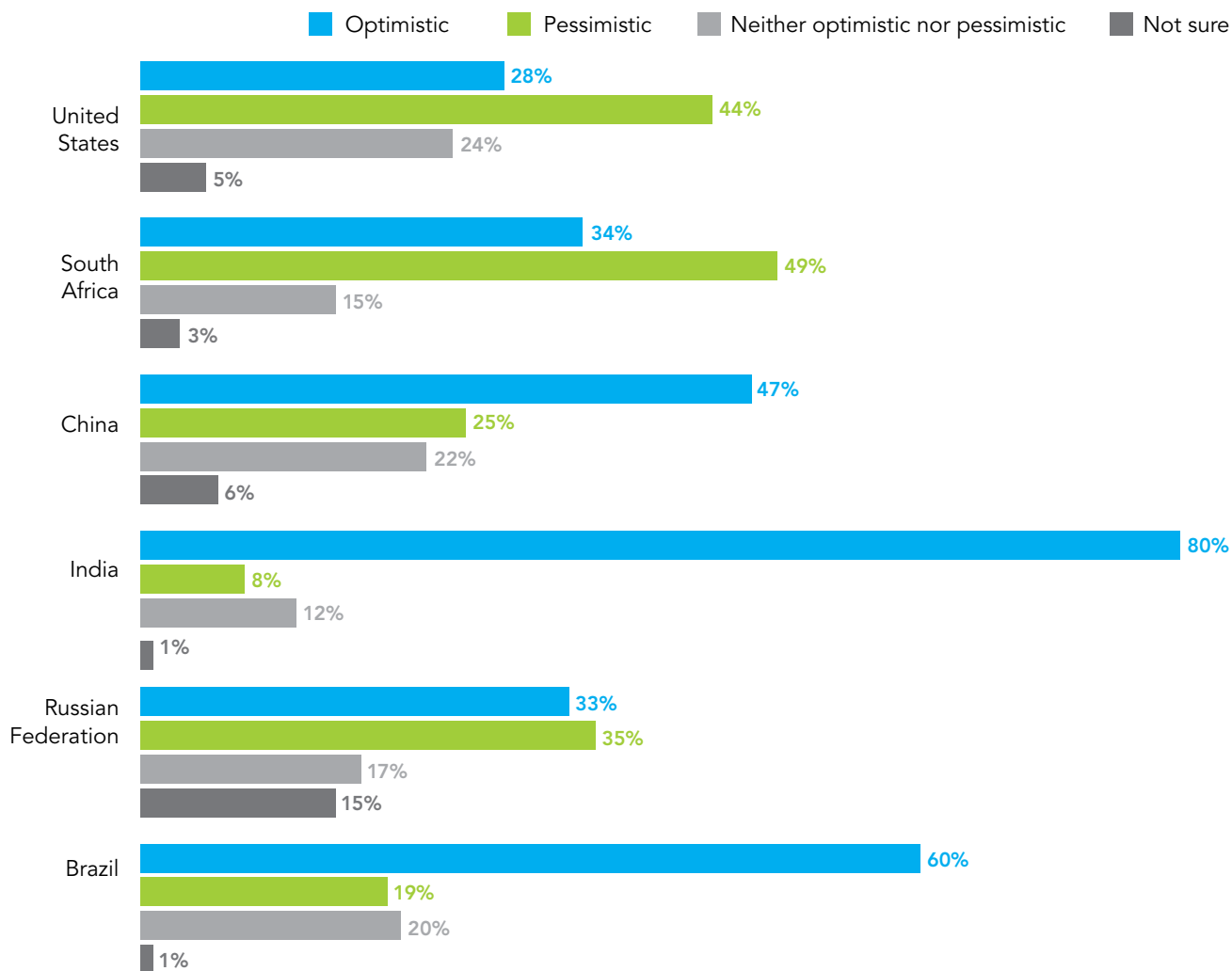
Two fifths (38%) in the East Asia region are optimistic that with the proper use of resources the spread of HIV can be stopped by the year 2015, while three in ten (31%) are pessimistic. A quarter (24%) are neither optimistic nor pessimistic. Respondents in China (47%) are about three times as likely as those in Japan (14%) to be optimistic that through the proper use of resources the spread of HIV can be stopped by 2015.

Respondents in the western/central Europe region are divided, with a third each either optimistic (33%) or pessimistic (32%) and a fifth (20%) neither optimistic nor pessimistic. Respondents in Spain (43%) and the Netherlands (37%) are more likely than Sweden (30%), the United Kingdom (27%), or France (27%) to be optimistic about the spread of HIV being stopped by the year 2015 through the proper use of resources.

In the Oceania region (Australia), respondents are divided between being optimistic (33%) or pessimistic (31%) that with the proper use of resources the spread of HIV can be stopped by the year 2015. Three in ten (28%) are neither optimistic nor pessimistic. Those aged 30–49 (35%), those aged 50–64 (34%), and those age 65 and older (33%) are more likely than those aged 18–29 (28%) to be optimistic about stopping the spread of HIV through the proper use of resources.

Respondents in the eastern Europe/central Asia region are evenly split between being optimistic (34%) or pessimistic (34%) that, with the proper use of resources, the spread of HIV can be stopped by 2015. Three in ten (29%) are neither optimistic nor pessimistic. Respondents in Kazakhstan (45%), Belarus (38%), Latvia (34%), and the Russian Federation (33%) are more likely than Ukraine (21%) to be optimistic about being able to stop the spread of HIV through the proper use of resources by 2015.

Figure 7. Select countries: can the spread of the HIV be stopped by 2015?



In the United States, more than two fifths (44%) are pessimistic that the spread of HIV can be stopped by 2015 through the proper use of resources, and three in ten (28%) are optimistic. A quarter (24%) are neither optimistic nor pessimistic. Respondents aged 50–64 (35%) and those age 65 and older (32%) are more likely than those aged 30–49 (26%) and those aged 18–29 (20%) to be optimistic about stopping the spread of HIV by the year 2015 through the proper use of resources.

Half (49%) in South Africa are pessimistic about stopping the spread of HIV by the year 2015 through the proper use of resources, while a third (34%) are optimistic. Fifteen per cent are neither optimistic nor pessimistic. Respondents aged 50–64 (62%) are more likely than those aged 18–29 (49%) and those aged 30–49 (44%) to be pessimistic about the proper use of resources stopping the spread of HIV by the year 2015.

In China, half (47%) are optimistic about stopping the spread of HIV with the proper use of resources, while a quarter (25%) are pessimistic. A fifth (22%) are neither optimistic nor pessimistic. Nearly the same results are mirrored across most of the demographic subgroups.

Eight in ten (80%) in India are optimistic that, with the proper use of resources, the spread of HIV can be stopped by the year 2015, and 8% are pessimistic. Twelve per cent are neither optimistic nor pessimistic. Large majorities across most demographic subgroups are optimistic that the spread of HIV can be stopped by the year 2015 through the proper use of resources.

Respondents in the Russian Federation are divided between being pessimistic (35%) and optimistic (33%) about stopping the spread of HIV by the year 2015 through the proper use of resources. A sixth (17%) are neither optimistic nor pessimistic. Nearly the same results are mirrored across most demographic subgroups.

In Brazil, six in ten (60%) are optimistic that, with the proper use of resources, the spread of HIV can be stopped by 2015, while a fifth (19%) are pessimistic. Another fifth (20%) are neither optimistic nor pessimistic. Large majorities across most demographic subgroups are optimistic that the spread of HIV can be stopped by 2015 through the proper use of resources.

14. Addressing the AIDS epidemic provides an opportunity to educate the public on other issues as well. From the following list of issues, please choose which, if any, you think have been dealt with more effectively due to the efforts to address the AIDS epidemic? (Choose all that apply)

Table 20. Issues that have been dealt with more effectively due to the AIDS epidemic

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Sex education	46	77	56	63	61	77	50	72	56	51
Drug use	35	45	30	57	26	39	43	32	38	33
Homophobia	29	33	31	16	26	28	29	18	32	23
Lower medicine/ treatment prices	21	27	20	19	22	32	17	30	20	20
Sex work	19	39	27	31	47	65	57	41	37	49
Sexual violence	15	44	24	24	27	39	21	40	20	38
Gender equality	10	30	17	9	15	27	12	26	18	21
Maternal mortality	8	12	13	7	13	24	14	21	12	6
Other	6	3	3	3	4	3	4	2	2	1
None	14	1	4	4	2	1	4	7	5	<1
Not sure	14	1	12	6	9	2	4	4	18	–

In the North America region (the United States), about half (46%) think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, while more than a third (35%) think drug use has been addressed. Women are more likely than men to think sex education (51% vs. 42%) and homophobia (34% vs. 24%) have been dealt with more effectively in the efforts to address the AIDS epidemic.

More than three quarters (77%) in the Latin America region think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, while more than two fifths each think drug use (45%) or sexual violence (44%) has been dealt with more effectively. Respondents in Brazil are more likely than those in Mexico to think the efforts to address the AIDS epidemic have more effectively dealt with drug use (51% vs. 34%) or sexual violence (49% vs. 37%).

In the western/central Europe region, more than half (56%) think sex education has been more effectively addressed due to the efforts to address the AIDS epidemic, while three in ten each think homophobia (31%) or drug use (30%) has been more effectively addressed.

Respondents in France (36%), the United Kingdom (34%), and Sweden (33%) are more likely than those in Spain (27%) to think homophobia has been more effectively dealt with due to the efforts to address the AIDS epidemic. Respondents in Spain (36%) and France (34%) are more likely than those in the United Kingdom (29%), the Netherlands (27%), and Sweden (26%) to think drug use has been more effectively dealt with.

Six in ten each in the eastern Europe/central Asia region think sex education (63%) and drug use (57%) have been dealt with more effectively due to the efforts to address the AIDS epidemic, while three in ten (31%) think sex work has been dealt with more effectively.

Respondents in Belarus (64%) and Kazakhstan (63%) are more likely than those in Ukraine (57%), the Russian Federation (55%), and Latvia (50%) to think drug use has been dealt with more effectively due to the efforts to address the AIDS epidemic. Respondents in Ukraine (51%) are more likely than those in Belarus (38%), Latvia (38%), Kazakhstan (31%), and the Russian Federation (26%) to think sex work has been dealt with more effectively.

In the East Asia region, six in ten (61%) think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, and about half (47%) think sex work has been dealt with more effectively because of these efforts. Respondents in China (50%) are more likely than those in Japan (39%) to think sex work has been more effectively dealt with due to the efforts to address the AIDS epidemic, while those in Japan (32%) are more likely than those in China (24%) to think drug use has been dealt with more effectively.

More than three quarters (77%) in the South/South-East Asia region think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, and about two thirds (65%) think sex work has been dealt with more effectively.

Respondents in Thailand (55%) are more likely than those in Indonesia (40%) and India (34%) to think drug use has been dealt with more effectively due to the efforts to address the AIDS epidemic. Respondents in India (43%) are more likely than those in Thailand (37%) and Indonesia (28%) to think sexual violence has been more effectively addressed.

In the North Africa/Middle East region (Egypt), six in ten (57%) think sex work has been dealt with more effectively due to the efforts to address the AIDS epidemic, while half (50%) think sex education has been addressed. Men (61%) are more likely than women (54%) to think sex work has been dealt with more effectively, while women (56%) are more likely than men (43%) to think that sex education has been more effectively dealt with.

Seven in ten (72%) in the sub-Saharan Africa region think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, while two fifths each think sex work (41%) or sexual violence (40%) have been dealt with more effectively, with both South Africa and Uganda reflecting similar results.

More than half (56%) in the Oceania region (Australia) think that sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, while about two fifths each think drug use (38%) or sex work (37%) has been dealt with more effectively. Men (42%) are more likely than women (33%) to think that sex work has been more effectively dealt with in the efforts to address the AIDS epidemic.

In the Caribbean region, half each think sex education (51%) or sex work (49%) has been dealt with more effectively due to the efforts to address the AIDS epidemic, and about two fifths (38%) think sexual violence has been dealt with more effectively.

Respondents in the Dominican Republic (58%) are more likely than those in Jamaica (45%) to think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic. Respondents in Jamaica (39%) are more likely than those in the Dominican Republic (28%) to think that drug use has been more effectively dealt with in the efforts to address the AIDS epidemic.

Table 21. Select countries: issues that have been dealt with more effectively due to the AIDS epidemic

	United States	South Africa	China	India	Russian Federation	Brazil
Sex education	46	70	62	77	62	77
Drug use	35	36	24	34	55	51
Homophobia	29	21	28	24	17	33
Lower medicine/ treatment prices	21	27	24	30	23	29
Sex work	19	42	50	65	26	41
Sexual violence	15	39	27	43	22	49
Gender equality	10	25	16	29	8	30
Maternal morality	8	18	15	25	6	14
Other	6	3	4	3	2	4
None	14	8	2	1	5	1
Not sure	14	5	5	1	5	2

In the United States, about half (46%) think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, while more than a third (35%) think drug use has been dealt with more effectively. Three in ten (29%) think the efforts to address the AIDS epidemic has more effectively dealt with homophobia.

Seven in ten (70%) in South Africa think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, while two fifths each think sex work (42%) or sexual violence (39%) has been dealt with more effectively. Most demographic subgroups reflect similar results.

In China, six in ten (62%) think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, and half (50%) think sex work has been dealt with more effectively. Respondents in urban locations (63%) are more likely than those in rural locations (56%) to think sex education has been dealt with more effectively through the efforts to address the AIDS epidemic.

More than three quarters (77%) in India think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, while about two thirds (65%) think sex work has been dealt with more effectively. Men (70%) are more likely than women (58%) to think the efforts to address the AIDS epidemic have effectively dealt with sex work.

In the Russian Federation, six in ten (62%) think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic; while more than half (55%) think drug use has been dealt with more effectively. Women (67%) are more likely than men (58%) to think sex education has been more effectively dealt with due to addressing the AIDS epidemic.

More than three quarters (77%) in Brazil think sex education has been dealt with more effectively due to the efforts to address the AIDS epidemic, while half (51%) think drug use has been dealt with more effectively. Women (55%) are more likely than men (48%) to think drug use has been dealt with more effectively in the effort to address the AIDS epidemic.

15. Which of the following statements best describes your opinion about people who inject drugs—Statement A or Statement B? (Choose only one)

Statement A: I believe people who inject drugs should be put in jail.

Statement B: I believe people who inject drugs should receive rehabilitative treatments.

Table 22. Statement that describes people who inject drugs

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Statement B	60	86	68	67	52	68	70	66	60	66
Statement A	22	12	16	22	32	28	23	29	24	33
Neither	12	2	9	10	9	2	6	4	8	1
Not sure	7	1	7	1	7	2	1	2	8	<1

Six in ten (60%) in the North American region (the United States) report Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about illegal drug users, while a fifth (22%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes theirs. Large majorities across most demographic subgroups report that Statement B best describes their opinion about people who inject drugs.

Nearly nine in ten (86%) in the Latin America region say Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while 12% cite Statement A, “I believe people who inject drugs should be put in jail,” best describes their opinion. Large majorities across most demographic subgroups say that Statement B best describes their opinion about people who inject drugs.

In the western/central Europe region, two thirds (68%) report Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while a sixth (16%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes theirs.

Respondents in Spain (80%), Sweden (77%), France (70%), and the United Kingdom (63%) are more likely than those in the Netherlands (47%) to say Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs.

Two thirds (67%) in the eastern Europe/central Asia region report that Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while a fifth (22%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes theirs. Large majorities across most demographic subgroups say that Statement B best describes their opinion about people who inject drugs.

In the East Asia region, half (52%) cite Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, and a third (32%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes their opinion. Respondents in China (56%) are more likely than those in Japan (43%) to say Statement B best describes their opinion about people who inject drugs.

Two thirds (68%) in the South/South-East Asia region say Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while three in ten (28%) report that Statement A, “I believe people who inject drugs should be put in jail,” best describes their opinion. Large majorities across most demographic subgroups say that Statement B best describes their opinion about drug users.

In the North Africa/Middle East region, seven in ten (70%) cite Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, and more than a fifth (23%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes their opinion. Large majorities across most demographic subgroups say that Statement B best describes their opinion.

About two thirds (66%) in the sub-Saharan Africa region report Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while three in ten (29%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes theirs. Respondents in South Africa (73%) are twice as likely as those in Uganda (37%) to say Statement B best describes their opinion about people who inject drugs.

Six in ten (60%) in the Oceania region report Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about drug users, while a quarter (24%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes their opinion. Large majorities across most demographic subgroups report that Statement B best describes their opinion about people who inject drugs.

In the Caribbean region, about two thirds (66%) report Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while a third (33%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes their opinion. Respondents in the Dominican Republic (73%) are more likely than those in Jamaica (58%) to report that Statement B best describes their opinion about people who inject drugs.

Table 23. Select countries: statement that describes people who inject drugs

	United States	South Africa	China	India	Russian Federation	Brazil
Statement A	22	21	27	36	24	15
Statement B	60	73	56	60	64	83
Neither	12	4	10	11	11	1
Not sure	7	2	7	1	1	1

In the United States, six in ten (60%) report Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while a fifth (22%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes their opinion. Women (64%) are more likely than men (56%) to say Statement B best describes their opinion about people who inject drugs.

About three quarters (73%) in South Africa say Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while a fifth (21%) report Statement A, “I believe people who inject drugs should be put in jail,” best describes theirs. Large majorities across most demographic subgroups cite Statement B as best describing their opinion about people who inject drugs.

In China, more than half (56%) report Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while more than a quarter (27%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes theirs. Statement B is cited by large majorities across most demographic subgroups as best describing their opinion about people who inject drugs.

Six in ten (60%) in India say Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, and more than a third (36%) report Statement A, “I believe people who inject drugs should be put in jail,” best describes their opinion. Large majorities across most demographic subgroups say Statement B best describes their opinion about people who inject drugs.

In the Russian Federation, about two thirds (64%) report Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while a quarter (24%) say Statement A, “I believe people who inject drugs should be put in jail,” best describes their opinion. Women (70%) are more likely than men (57%) to say Statement B best describes their opinion about people who inject drugs.

Eight in ten (83%) in Brazil say Statement B, “I believe people who inject drugs should receive rehabilitative treatments,” best describes their opinion about people who inject drugs, while 15% report Statement A, “I believe people who inject drugs should be put in jail,” best describes their opinion. Women (89%) are more likely than men (78%) to say Statement B best describes their opinion about people who inject drugs.

16. Countries should impose travel restrictions against people living with HIV: agree or disagree?

Table 24. Level of agreement – travel restrictions against people living with HIV

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Strongly agree	17	8	12	13	25	19	58	9	20	32
Somewhat agree	22	15	15	32	31	26	25	15	32	28
Overall agree	39	22	27	45	56	45	83	23	52	60
Somewhat disagree	23	16	18	21	26	28	10	20	22	6
Strongly disagree	32	60	46	28	10	24	4	52	14	34
Overall disagree	55	76	64	49	36	52	15	72	36	40
Not sure	6	2	10	6	8	4	3	5	12	<1

Eight in ten (83%) in the North Africa/Middle East region (Egypt) agree countries should impose travel restrictions against people living with HIV, while 15% disagree. Large majorities across most demographic subgroups agree with such travel restrictions being imposed on people living with HIV.

In the Caribbean region, six in ten (60%) agree countries should impose travel restrictions against people living with HIV, and four in ten (40%) disagree. Respondents in Jamaica (71%) are more likely than those in the Dominican Republic (48%) to agree that countries should impose such restrictions against people living with HIV.

More than half (56%) in the East Asia region agree countries should impose travel restrictions against people living with HIV, while more than a third (36%) disagree. Respondents in China (61%) are more likely than those in Japan (44%) to agree that countries should place travel restrictions against those living with HIV.

In the Oceania region (Australia), half (52%) agree countries should impose travel restrictions against people living with HIV, and more than a third (36%) disagree. Men (59%) are more likely than women (46%) to agree with imposing travel restrictions against people living with HIV.

Three quarters (76%) in the Latin America region disagree with countries imposing travel restrictions against people living with HIV, while a fifth (22%) agree with such restrictions. Respondents in Brazil (24%) are more likely than those in Mexico (19%) to agree with countries imposing travel restrictions against people living with HIV.

Seven in ten (72%) in the sub-Saharan Africa region disagree with countries imposing travel restrictions against people living with HIV, while about a quarter (23%) agree with such travel restrictions. Large majorities in both Uganda (74%) and South Africa (71%) disagree with countries imposing travel restrictions against those living with HIV.

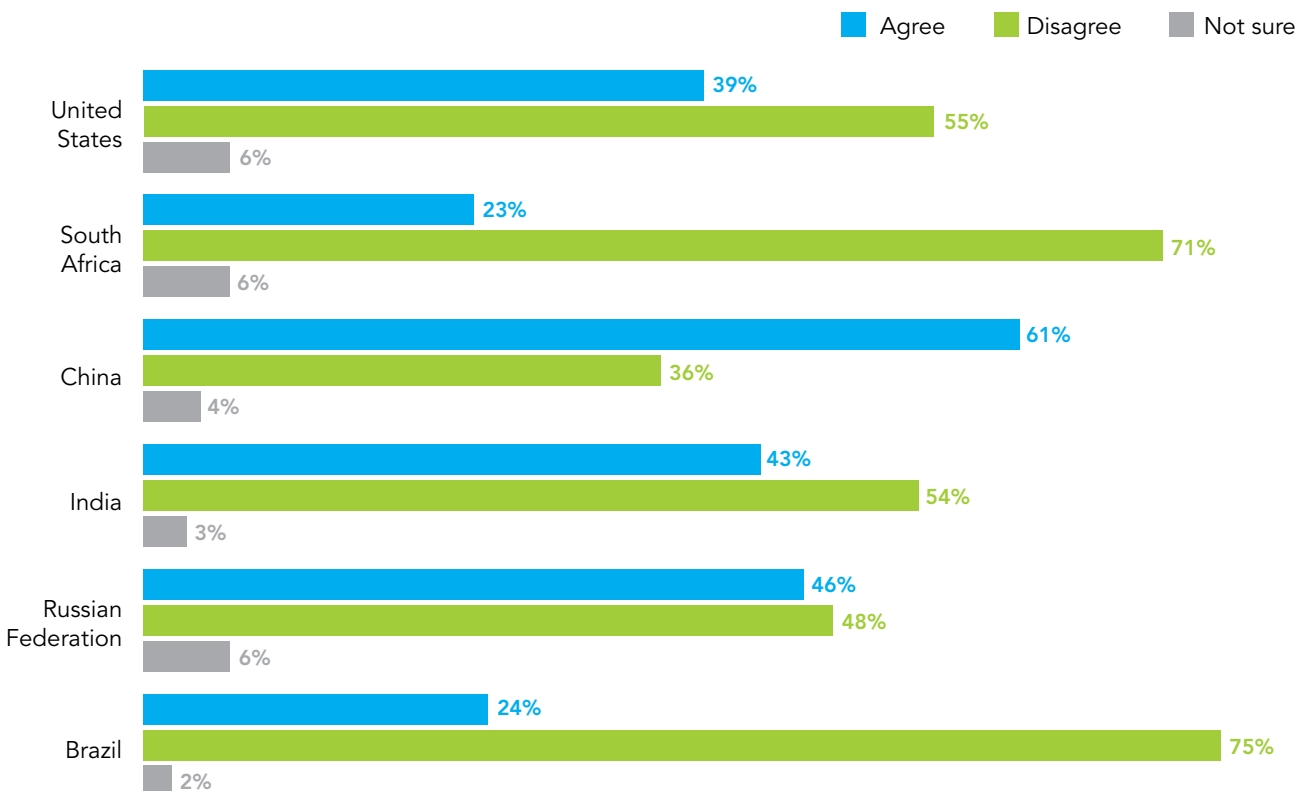
In the western/central Europe region, about two thirds (64%) disagree with countries imposing travel restrictions against people living with HIV, while more than a quarter (27%) agree with such restrictions. Respondents in France (79%) are more likely than those in Sweden (69%), Spain (65%), the Netherlands (55%), and the United Kingdom (49%) to disagree with countries imposing travel restrictions against people living with HIV.

More than half (55%) in the North American region (the United States) disagree with countries imposing travel restrictions against people living with HIV, while two fifths (39%) agree with such restrictions. Men (46%) are more likely than women (33%) to agree with countries imposing travel restrictions against people living with HIV.

In the South/South-East Asia region about half (45%) agree countries should impose travel restrictions against people living with HIV, while half (52%) disagree with imposing such restrictions. Respondents in Indonesia (58%) and India (54%) are more likely than those in Thailand (37%) to disagree with countries imposing travel restrictions against people living with HIV.

Respondents in the eastern Europe/central Asia region are divided between disagreeing (49%) and agreeing (45%) with countries imposing travel restrictions against people living with HIV. Those in Ukraine (55%) and in Belarus (54%) are more likely than those in the Russian Federation (48%), Latvia (48%), and Kazakhstan (44%) to disagree with countries imposing travel restrictions against people living with HIV.

Figure 8. Select countries: travel restrictions against people living with HIV



In the United States, more than half (55%) disagree with countries imposing travel restrictions against people living with HIV, while two fifths (39%) agree with such restrictions. Respondents aged 18–29 (68%) and those aged 30–49 (60%) are more likely than those aged 50–64 (48%) and those age 65 and older (38%) to disagree with countries imposing travel restrictions against people living with HIV.

Seven in ten (71%) in South Africa disagree with countries imposing travel restrictions against people living with HIV, while about a quarter (23%) agree with imposing such restrictions. Respondents aged 30–49 (76%), aged 50–64 (70%), and aged 18–29 (69%) are more likely than those age 65 and older (43%) to disagree with countries imposing travel restrictions against people living with HIV.

In China, six in ten (61%) agree with countries imposing travel restrictions against people living with HIV, while about more than a third (36%) disagree with imposing such restrictions. Men (64%) are more likely than women (58%) to agree with countries imposing travel restrictions against people living with HIV.

More than half (54%) in India disagree with countries imposing travel restrictions against people living with HIV, while two fifths (43%) agree with imposing such travel restrictions. Large majorities across most demographic subgroups disagree with imposing travel restrictions against people living with HIV.

Respondents in the Russian Federation are divided between agreeing (46%) and disagreeing (48%) with countries imposing travel restrictions against people living with HIV. Women (52%) and those aged 18–29 (51%) are more likely than those aged 30–49 (45%) and men (44%) to disagree with countries imposing travel restrictions against people living with HIV.

Three quarters (75%) in Brazil disagree with countries imposing travel restrictions against people living with HIV, while a quarter (24%) agree with imposing such restrictions. Women (79%) are more likely than men (71%) to disagree with countries imposing travel restrictions against people living with HIV.

17. Donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it

Table 25. Level of Agreement – subsidize treatment for people living with HIV

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Strongly agree	10	17	18	19	42	28	33	22	9	37
Somewhat agree	26	36	28	38	34	45	45	23	32	50
Overall agree	36	53	46	57	76	73	78	46	41	87
Somewhat disagree	22	23	23	22	11	16	12	19	26	8
Strongly disagree	33	16	15	14	3	4	4	29	18	5
Overall disagree	56	39	39	36	14	20	16	48	44	13
Not sure	9	8	16	7	9	7	6	7	15	<1

In the Caribbean region, nine in ten (87%) agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, while 13% disagree. Large majorities in both Jamaica (88%) and the Dominican Republic (86%) agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it.

Eight in ten (78%) in the North Africa/Middle East region (Egypt) agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, while a sixth (16%) disagree. Large majorities across most demographic subgroups agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it.

In the East Asia region, three quarters (76%) agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, and a sixth (14%) disagree. Respondents in China (90%) are much more likely than respondents in Japan (42%) to agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it.

About three quarters (73%) in the South/South-East Asia region agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, and a fifth (20%) disagree. Respondents in India (79%) are more likely than those in Thailand (65%) and Indonesia (63%) to agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it.

In the eastern Europe/central Asia region, about six in ten (57%) agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, while more than a third (36%) disagree. Respondents in Kazakhstan (66%) are more likely than those in the Russian Federation (59%), Belarus (54%), Ukraine (59%), and Latvia (47%) to agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it.

More than half (53%) in the Latin America region agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, while two fifths (39%) disagree. Respondents in Brazil (55%) are more likely than those in Mexico (49%) to agree that donors/taxpayers should subsidize treatment for people living with HIV.

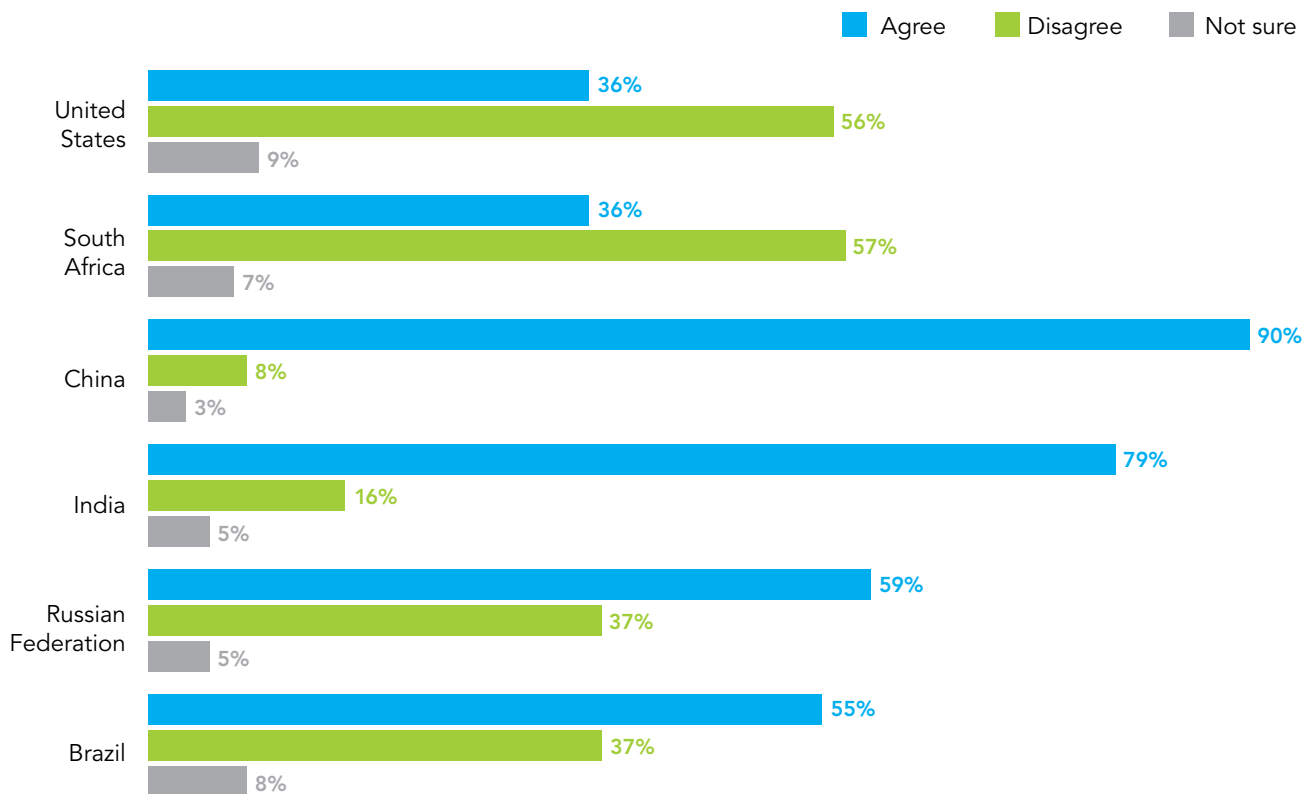
In the western/eastern Europe region, about half (46%) agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, and two fifths (39%) disagree. Respondents in Spain (57%) and Sweden (53%) are more likely than those in the United Kingdom (43%), the Netherlands (40%), and France (36%) to agree that donors/taxpayers should subsidize treatment for people living with HIV.

Respondents in the sub-Saharan Africa region are divided between agreeing (46%) and disagreeing (48%) with donors/taxpayers subsidizing treatment for people living with HIV for as long as they need it. Respondents in South Africa (57%) are more likely than those in Uganda (10%) to disagree that donors/taxpayers should subsidize treatment for those living with HIV for as long as they need it.

Respondents in the Oceania region (Australia) are divided between agreeing (41%) and disagreeing (44%) that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it.

In the North American region (the United States), more than half (56%) disagree with donors/taxpayers subsidizing treatment for people living with HIV for as long as they need it, while more than a third (36%) agree that donors/taxpayers should subsidize it. Men (60%) are more likely than women (52%) to disagree with donors/taxpayers subsidizing treatment for people living with HIV for as long as they need it.

Figure 8. Select countries: travel restrictions against people living with HIV



In the United States, more than half (56%) disagree with donors/taxpayers subsidizing treatment for people living with HIV for as long as they need it, while more than a third (36%) agree that donors/taxpayers should subsidize it. Large majorities across most demographic subgroups disagree with donors/taxpayers subsidizing treatment for people living with HIV for as long as they need it.

More than half (57%) in South Africa disagree with donors/taxpayers subsidizing treatment for people living with HIV for as long as they need it, while more than a third (36%) agree. Large majorities across most demographic subgroups disagree with donors/taxpayers subsidizing treatment for people living with HIV for as long as they need it.

In China, nine in ten (90%) agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, while 8% disagree. Large majorities across most demographic subgroups agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it.

Eight in ten (79%) in India agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, while a sixth (16%) disagree. Large majorities across most demographic subgroups agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it.

In the Russian Federation, six in ten (59%) agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, while more than a third (37%) disagree. Large majorities across most demographic subgroups agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it.

More than half (55%) in Brazil agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it, and more than a third (37%) disagree. Large majorities across most demographic subgroups agree that donors/taxpayers should subsidize treatment for people living with HIV for as long as they need it.

18. In your opinion, which of the following, if any, describes what you think the majority of funding for HIV prevention should focus on? (Choose all that apply)

Table 26. Where the majority of funding for HIV prevention should focus

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
The general public	57	67	48	47	26	52	42	73	54	35
Young people	55	58	49	68	34	55	49	73	55	37
People who inject drugs	37	46	38	50	54	57	63	33	51	46
Men who have sex with men	33	35	26	15	35	32	52	22	41	29
Sex work	24	42	38	29	59	71	63	44	42	44
Other	7	3	4	2	6	4	4	4	4	1
None	3	<1	1	2	2	1	1	1	1	–
Not sure	6	1	9	3	7	2	3	1	9	–

Large majorities in the sub-Saharan Africa region are evenly split between young people (73%) and the general public (73%) as to where the majority of funding for HIV prevention should focus, with large majorities in both South Africa and Uganda also thinking these two areas is where the focus should be.

In the Latin America region, two thirds (67%) think the majority of funding for HIV prevention should focus on the general public, and more than half (58%) think it should focus on young people, with large majorities in both Brazil and Mexico reporting nearly the same.

Respondents in the North American region (the United States) are divided between thinking the majority of funding for HIV prevention should focus on the general public (57%) or young people (55%), with large majorities in most demographic subgroups reporting nearly identical results.

In the Oceania region (Australia), respondents are divided between young people (55%), the general public (54%), or people who inject drugs (51%) as to where the majority of funding for HIV prevention should focus. Those aged 30–49 (63%) and women (61%) are more likely than those aged 50–64 (55%), those age 65 and older (54%), men (46%), and those aged 18–29 (35%) to think the majority of funding for HIV prevention should focus on the general public.

Seven in ten (71%) in the South/South-East Asia region think the majority of funding for HIV prevention should focus on sex work, while more than half each are divided between people who inject drugs (57%), young people (55%), and the general public (52%) as to where the majority of funding for HIV prevention should focus. Respondents in India (75%) are more likely than those in Indonesia (65%) and Thailand (60%) to think the majority of funding for HIV prevention should focus on sex work, and respondents in Thailand (60%) are more likely than those in Indonesia (52%) and India (50%) to think the majority of funding should focus on the general public.

In the western/central Europe region, respondents are split between young people (49%) and the general public (48%) as to where the majority of funding for HIV prevention should focus. Those in France (46%) are more likely than those in Sweden (41%), the United Kingdom (40%), the Netherlands (33%), and Spain (32%) to think people who inject drugs should be the focus for the majority of funding for AIDS prevention.

Two thirds (68%) in the eastern Europe/central Asia region think young people should be where the majority of funding for HIV prevention should focus, while half each think it should be people who inject drugs (50%) or the general public (47%). Respondents in Belarus (71%), Kazakhstan (70%) and the Russian Federation (69%) are most likely to think the majority of funding for HIV prevention should focus on young people, while those in Latvia are split between young people (48%) and sex work (48%).

In the East Asia region, six in ten (59%) think the majority of funding for HIV prevention should focus on sex work, while more than half (54%) think it should focus on drug users who inject drugs. Respondents in China are more likely than those in Japan to think sex work (68% vs. 38%), people who inject drugs (64% vs. 29%), and men who have sex with men (41% vs. 17%) is where the majority of funding for HIV prevention should focus.

Six in ten each in the North Africa/Middle East region (Egypt) think sex work (63%) or people who inject drugs (63%) should be the focus for the majority of funding for AIDS prevention, while half each think it should be men who have sex with men (52%) or young people (49%). Men (70%) are more likely than women (57%) to think sex work should be the focus for the majority of funding for AIDS prevention.

Respondents in the Caribbean region are divided between people who inject drugs (46%) and sex work (44%) as to where the focus for the majority of funding for HIV prevention should be. Those in the Dominican Republic (48%) are more likely than those in Jamaica (40%) to think the focus for the majority of funding for HIV prevention should focus on sex work, while those in Jamaica (50%) are more likely than those in the Dominican Republic (43%) to think it should be people who inject drugs.

In the United States, respondents are divided between the general public (57%) and young people (55%) as to where the majority of funding for HIV prevention should focus. Women are more likely than men to think the majority of funding for HIV prevention should focus on the general public (62% vs. 52%) and young people (61% vs. 49%).

About three quarters each in South Africa think the majority of funding for HIV prevention should focus on young people (74%) or the general public (72%), and two fifths (42%) think it should focus on sex work. Women (76%) are more likely than men (67%) to think the majority of funding for HIV prevention should focus on the general public.

Table 27. Select countries: Focus of majority of funding for HIV prevention

	United States	South Africa	China	India	Russian Federation	Brazil
The general public	57	72	23	50	54	67
Young people	55	74	34	59	69	57
People who inject drugs	37	33	64	60	49	55
Men who have sex with men	33	21	41	32	13	39
Sex work	24	42	68	75	23	45
Other	7	5	6	3	2	4
None	3	1	3	<1	1	<1
Not sure	6	1	3	2	2	1

In China, about two thirds each think sex work (68%) or people who inject drugs (64%) should be the focus for the majority of funding for AIDS prevention, and two fifths (41%) think it should be men who have sex with men. Men (71%) are more likely than women (65%) to think the focus for the majority of funding for HIV prevention should be on sex work.

Three quarters (75%) in India think the majority of funding for HIV prevention should focus on sex work, while six in ten each think it should be on people who inject drugs (60%) or young people (59%). Men (79%) are more likely than women (71%) to think sex work should be the focus for the majority of funding for AIDS prevention.

In the Russian Federation, seven in ten (69%) think young people should be the focus for the majority of funding for AIDS prevention, and more than half (54%) think it should be the general public, with large majorities across most demographic subgroups reporting nearly the same result.

About two thirds (67%) in Brazil think the majority of funding for HIV prevention should focus on the general public, while about six in ten each think it should be young people (57%) or people who inject drugs (55%). Women are more likely than men to think the majority of funding for HIV prevention should focus on the general public (73% vs. 62%) and people who inject drugs (62% vs. 51%).

19. Do you think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth?

Table 28. Importance of HIV services being linked to other health services

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	51	81	64	67	80	78	71	86	58	89
No	27	11	13	15	5	12	17	8	13	10
Not sure	22	9	23	18	14	10	13	6	29	1

Nine in ten (89%) in the Caribbean region think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, and 10% do not. Large majorities in both the Dominican Republic (91%) and Jamaica (88%) think it is important for HIV services to be linked to other health services.

About nine in ten (86%) in the sub-Saharan Africa region think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including pregnancy, childbirth, and after childbirth, while 8% do not. Respondents in Uganda (93%) are more likely than those in South Africa (85%) to think it is important for HIV services to be linked with other health services.

In the Latin America region, eight in ten (81%) think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, and 11% do not. Respondents in Brazil (86%) are more likely than those in Mexico (72%) to think it is important for HIV services to be linked to other health services.

Eight in ten (80%) in the East Asia region think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, while 5% do not. Fourteen per cent are not sure. Respondents in China (85%) are more likely than those in Japan (68%) to think it is important for HIV services to be linked to other health services, including during pregnancy, childbirth, and after childbirth.

It is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, according to eight in ten (78%) in the South/South-East Asia region, with large majorities in Thailand (82%), Indonesia (78%), and India (77%) also thinking it is important. Twelve per cent do not think linking HIV services to other health services is important.

In the North Africa/Middle East region (Egypt), seven in ten think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, with large majorities across most demographic subgroups thinking the same.

Two thirds (67%) in the eastern Europe/central Asia region think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, with respondents in the

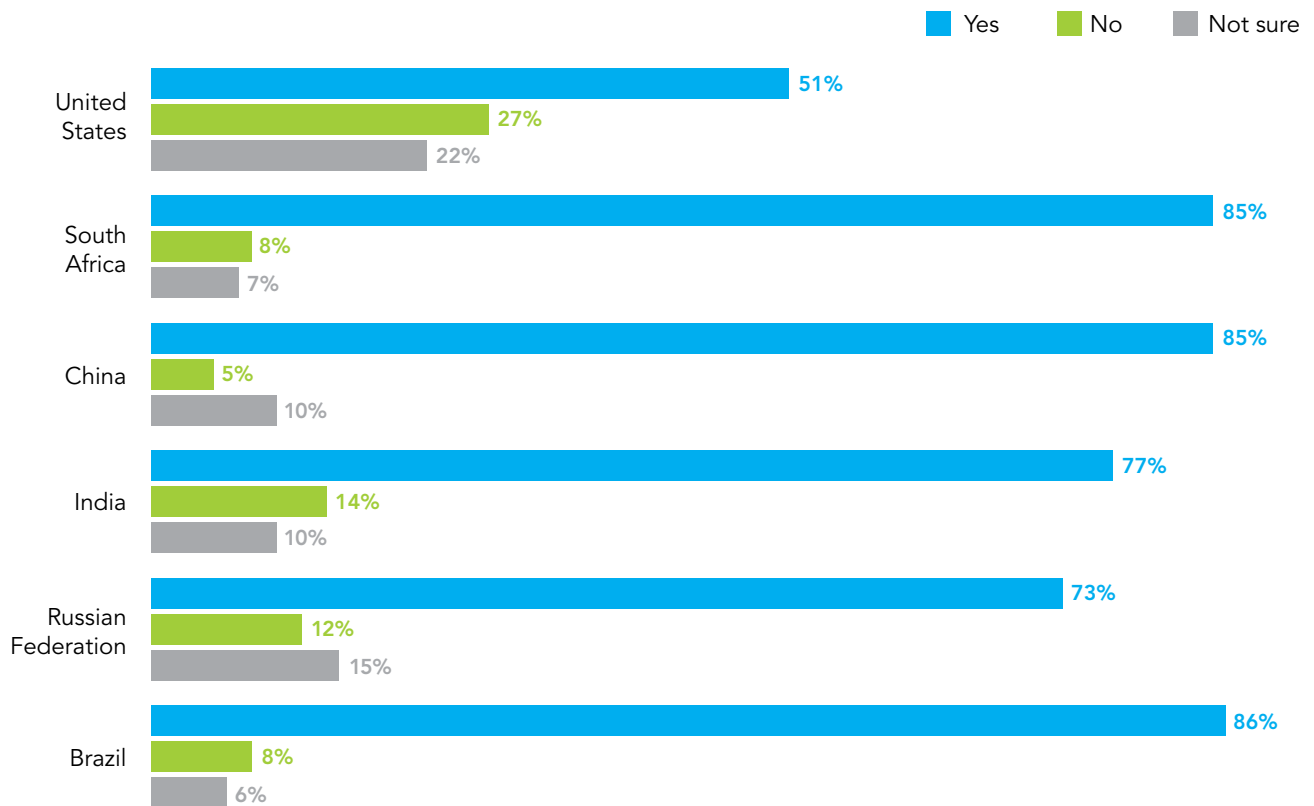
Russian Federation (73%), Kazakhstan (68%), and Belarus (62%) being more likely than Latvia (53%) and Ukraine (52%) to think the same. Fifteen per cent overall do not think linking HIV services to other health services is important.

In the western/central Europe region, about two thirds (64%) think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, with respondents in Sweden (70%), France (68%), Spain (66%), and the United Kingdom (62%) more likely than those in the Netherlands (53%) to think the same. Thirteen per cent overall do not think linking HIV services to other health services is important, while about a quarter (23%) are not sure.

According to six in ten (58%) in the Oceania region, it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, with large majorities across most demographic subgroups also saying it is important. Thirteen per cent overall do not think linking HIV services to other health services is important, and three in ten (29%) are not sure.

In the North American region (the United States), half (51%) think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, while more than a quarter (27%) do not. Women (60%) are more likely than men (43%) to think it is important to link HIV services to other health services.

Figure 10. Select countries: importance of HIV services linked to other services



In the United States, half (51%) think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, and more than a quarter (27%) do not.

Overall, the large majority (85%) in South Africa think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, while 8% do not.

In China, the large majority think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, and 5% do not.

Three quarters (77%) in India think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, and 14% do not. Men (80%) are more likely than women (73%) to think it is important for HIV services to be linked to other health services.

In the Russian Federation, seven in ten (73%) think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, while 12% do not. Large majorities across most demographic subgroups think it is important for HIV services to be linked to other health services.

About nine in ten (86%) in Brazil think it is important for HIV services to be linked to other health services, such as tuberculosis and maternal health, including during pregnancy, childbirth, and after childbirth, and 8% do not. Women (91%) are more likely than men (83%) to think it is important for HIV services to be linked to other health services.

20. Do you personally worry about AIDS?

Table 29. Personal worry about AIDS

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	9	75	27	46	34	56	36	51	17	74
No	88	22	61	40	53	38	54	46	77	25
Not sure	3	3	12	14	13	7	10	3	7	1

Three quarters (75%) in the Latin America region personally worry about AIDS, while more than a fifth (22%) do not. Respondents in Mexico (82%) are more likely than those in Brazil (70%) to personally worry about AIDS.

In the Caribbean region, three quarters (74%) personally worry about AIDS, while a quarter (25%) do not. Respondents in the Dominican Republic (83%) are more likely than those in Jamaica (65%) to personally worry about AIDS.

More than half (56%) in the South/South-East Asia region personally worry about AIDS, and about two fifths (38%) do not. Respondents in Indonesia (74%) are more likely than those in India (55%) and Thailand (38%) to worry about AIDS.

Half (51%) in the sub-Saharan Africa region personally worry about AIDS, while about half (46%) do not. Respondents in Uganda (89%) are more likely than those in South Africa (42%) to personally worry about AIDS.

Respondents in the eastern Europe/central Asia region are divided between personally worrying about AIDS (46%) or not (40%). Respondents in Belarus (53%) and the Russian Federation (49%) are more likely than those in Kazakhstan (42%), Ukraine (39%), and Latvia (33%) to personally worry about AIDS.

More than a half (53%) in the East Asia region do not personally worry about AIDS, while a third (34%) do. Respondents in China (41%) are more likely than those in Japan (18%) to personally worry about AIDS.

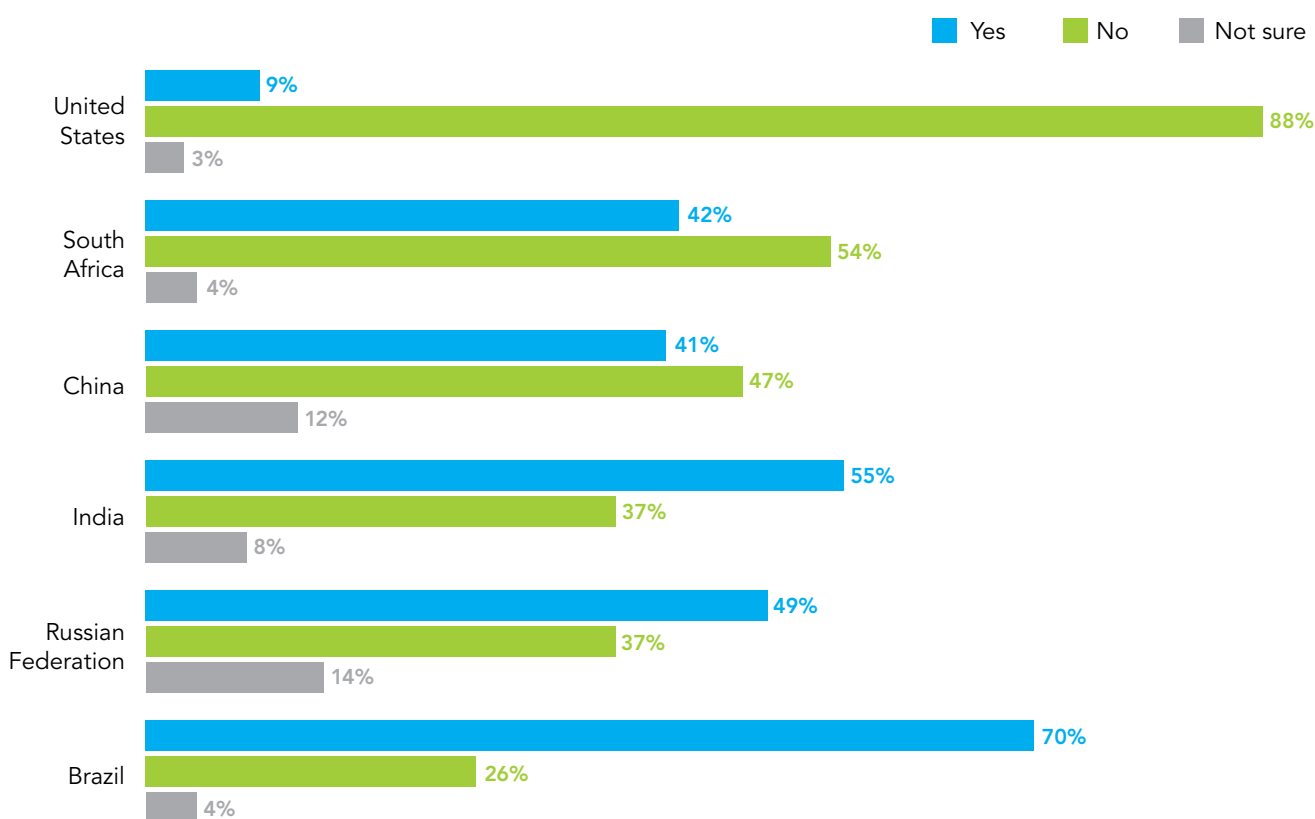
In the North Africa/Middle East region (Egypt), more than half (54%) do not personally worry about AIDS, while more than a third (36%) do. Men (41%) are more likely than women (32%) to personally worry about AIDS.

Six in ten (61%) in the western/central Europe region do not personally worry about AIDS, while more than a quarter (27%) do. Respondents in Spain (48%) and France (41%) are more likely than those in the Netherlands (18%), Sweden (16%), and the United Kingdom (12%) to personally worry about AIDS.

In the Oceania region (Australia), three quarters (77%) do not personally worry about AIDS, while a sixth (17%) do. Large majorities across most demographic subgroups do not personally worry about AIDS.

Overall, in the North American region (the United States), the large majority (88%) do not personally worry about AIDS, while 9% do.

Figure 11. Select countries: personal worry about AIDS



In the United States, about nine in ten (88%) do not personally worry about AIDS, while 9% do. Large majorities across most demographic subgroups do not personally worry about AIDS.

More than half (54%) in South Africa do not personally worry about AIDS, while two fifths (42%) do. Large majorities across most demographic subgroups do not personally worry about AIDS.

Respondents in China are divided between personally worrying about AIDS (41%) or not (47%). Men (48%) are more likely than women (34%) to personally worry about AIDS.

More than half (55%) in India personally worry about AIDS, while about two fifths (37%) do not. Men (59%) are more likely than women (49%) to personally worry about AIDS.

In the Russian Federation, half (49%) personally worry about AIDS, while two fifths (37%) do not. Large majorities across most demographic subgroups personally worry about AIDS.

Seven in ten (70%) in Brazil personally worry about AIDS, while a quarter (26%) do not. Large majorities across most demographic subgroups personally worry about AIDS.

21. Do you feel you are at risk for acquiring HIV?

Table 30. Risk for acquiring HIV

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	5	28	12	25	12	19	27	24	6	62
No	91	60	74	45	72	69	54	67	85	33
Not sure	4	12	15	30	16	12	19	9	9	5

In the Caribbean region, six in ten (62%) feel they are at risk of acquiring HIV, while a third (33%) do not. Respondents in the Dominican Republic (73%) are more likely than those in Jamaica (50%) to feel at risk of acquiring HIV.

More than two fifths (45%) in the eastern Europe/central Asia region feel they are not at risk of acquiring HIV, while a quarter (25%) feel they are. Three in ten (30%) are not sure. Respondents in Ukraine (36%) and Belarus (30%) are more likely than those in the Russian Federation (24%), Kazakhstan (22%), and Latvia (20%) to feel at risk of acquiring HIV.

In the North Africa/Middle East region (Egypt), more than half (54%) feel they are not at risk of acquiring HIV, while more than a quarter (27%) think they are. Large majorities across most demographic subgroups feel they are not at risk of acquiring HIV.

Six in ten (60%) in the Latin America region feel they are not at risk of acquiring HIV, while more than a quarter (28%) feel they are. Respondents in Brazil (64%) are more likely than those in Mexico (53%) to feel they are not at risk of acquiring HIV.

In the sub-Saharan Africa region, two thirds (67%) feel they are not at risk of acquiring HIV, while a quarter (24%) feel they are. Respondents in South Africa (76%) are more likely than those in Uganda (30%) to feel they are not at risk of acquiring HIV.

Seven in ten (69%) in the South/South-East Asia region feel they are not at risk of acquiring HIV, while a fifth (19%) feel they are. Respondents in Indonesia (81%) and Thailand (77%) are more likely than those in India (64%) to feel they are not at risk of acquiring HIV.

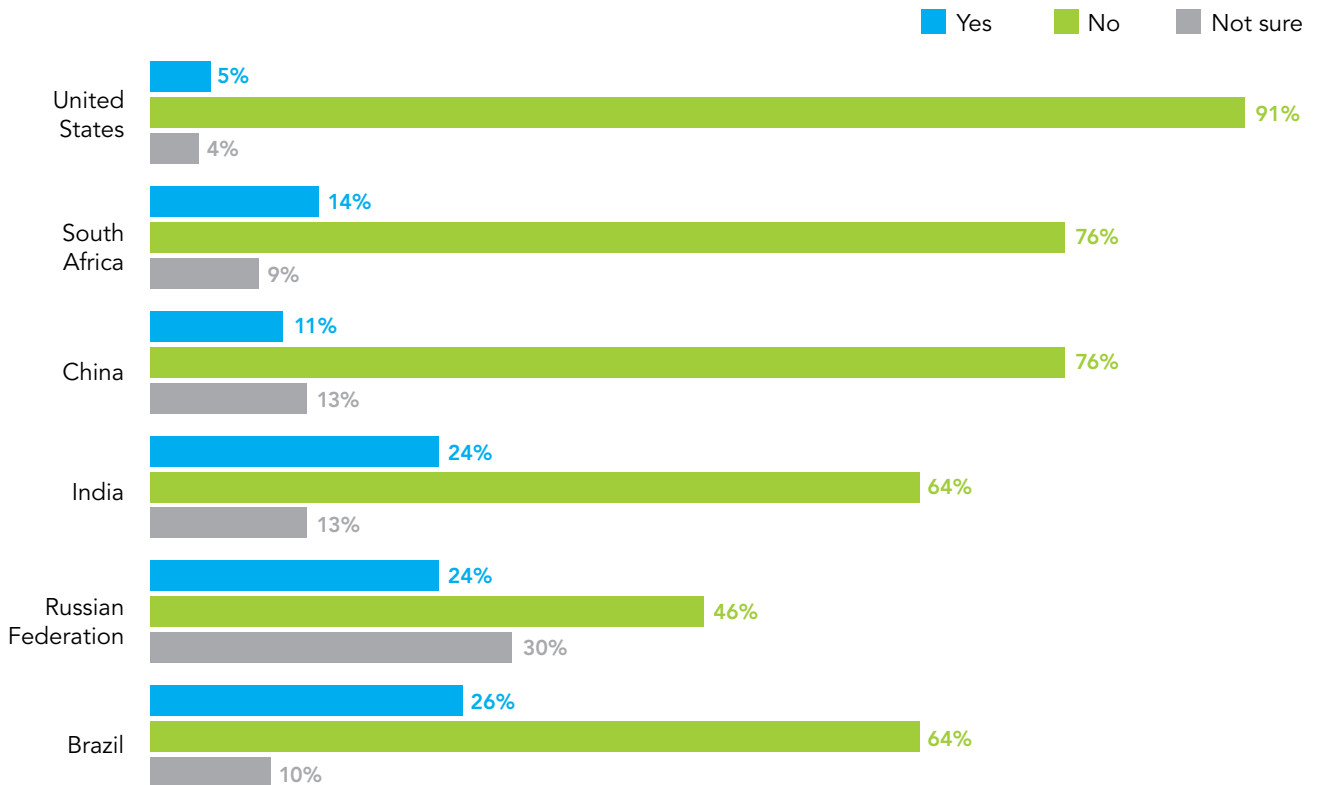
In the East Asia region, about three quarters (72%) feel they are not at risk of acquiring HIV, and 12% feel they are. Respondents in China (76%) are more likely than those in Japan (63%) to feel they are not at risk of acquiring HIV.

Three quarters (74%) in western/eastern Europe feel they are not at risk of acquiring HIV, while 12% think they are. Fifteen per cent are not sure. Respondents in the United Kingdom (84%) and Sweden (81%) are more likely than those in Spain (71%), the Netherlands (68%), and France (63%) to feel they are not at risk of acquiring HIV.

In the Oceania region, the large majority (85%) feel they are not at risk of acquiring HIV, while 6% feel they are.

Nine in ten (91%) in the North America region (the United States) feel they are not at risk of acquiring HIV, and 5% feel they are.

Figure 12. Select countries: risk for acquiring HIV



Overall, the large majority (91%) in the United States feel they are not at risk of acquiring HIV, while 5% feel they are.

Three quarters (76%) in South Africa feel they are not at risk of acquiring HIV, and 14% think they are. Large majorities across most demographic subgroups feel they are not at risk of acquiring HIV.

In China, three quarters (76%) feel they are not at risk of acquiring HIV, while 11% feel they are. Thirteen per cent are not sure. Women (81%) are more likely than men (71%) to feel they are not at risk of acquiring HIV.

About two thirds (64%) in India feel they are not at risk of acquiring HIV, and a quarter (24%) feel they are. Large majorities across most demographic subgroups feel they are not at risk of acquiring HIV.

In the Russian Federation, about half (46%) feel they are not at risk of acquiring HIV, while a quarter (24%) feel they are. Three in ten (30%) are not sure. Pluralities across most demographic subgroups feel they are not at risk of acquiring HIV.

About two thirds (64%) in Brazil feel they are not at risk of acquiring HIV, and a quarter (26%) feel they are. Large majorities across most demographic subgroups feel they are not at risk of acquiring HIV.

22. How confident do you feel about your ability to protect yourself from HIV?

Table 31. Confidence level about protecting themselves from HIV

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Very confident	77	60	49	18	41	59	45	67	63	52
Somewhat confident	21	34	40	59	35	36	40	27	30	42
Overall confident	98	94	89	77	76	95	85	95	93	94
Not very confident	1	5	7	17	15	4	8	4	3	5
Not at all confident	1	<1	1	3	2	1	3	1	1	1
Overall not confident	1	5	9	20	17	5	11	6	4	6
Not sure	1	1	2	3	7	1	4	<1	3	<1

Nearly all (98%) in the North American region (the United States) feel confident about their ability to protect themselves from HIV, with more than three quarters (77%) saying they feel very confident. Just one per cent does not feel confident about their ability to protect themselves from HIV.

In the South/South-East Asia region, nearly all (95%) feel confident about their ability to protect themselves from HIV, with nearly all in India (96%), Indonesia (94%), and Thailand (94%) feeling confident about their abilities. Just 5% overall in the South/South-East Asia region do not feel confident in their ability to protect themselves from HIV.

Nearly all in the sub-Saharan Africa region (95%) feel confident about their ability to protect themselves from HIV, with respondents in South Africa (96%) more likely than those in Uganda (87%) to feel confident in their abilities. Just 6% overall in the sub-Saharan Africa region do not feel confident in their ability to protect themselves from HIV.

In the Latin America region, nearly all (94%) feel confident about their ability to protect themselves from HIV, with nearly all in Brazil (96%) and nine in ten (92%) in Mexico feeling confident in their abilities. Just 5% overall in the Latin American region do not feel confident about their ability to protect themselves against HIV.

Nearly all (94%) in the Caribbean region feel confident about their ability to protect themselves from HIV, with respondents in Jamaica (97%) more likely than those in the Dominican Republic (91%) to feel confident in their abilities. Just 6% overall in the Caribbean region do not feel confident in their ability to protect themselves from HIV.

In the Oceania region (Australia), nine in ten (93%) feel confident about their ability to protect themselves from HIV, while 4% do not. Large majorities across most demographic subgroups feel confident in their ability to protect themselves from HIV.

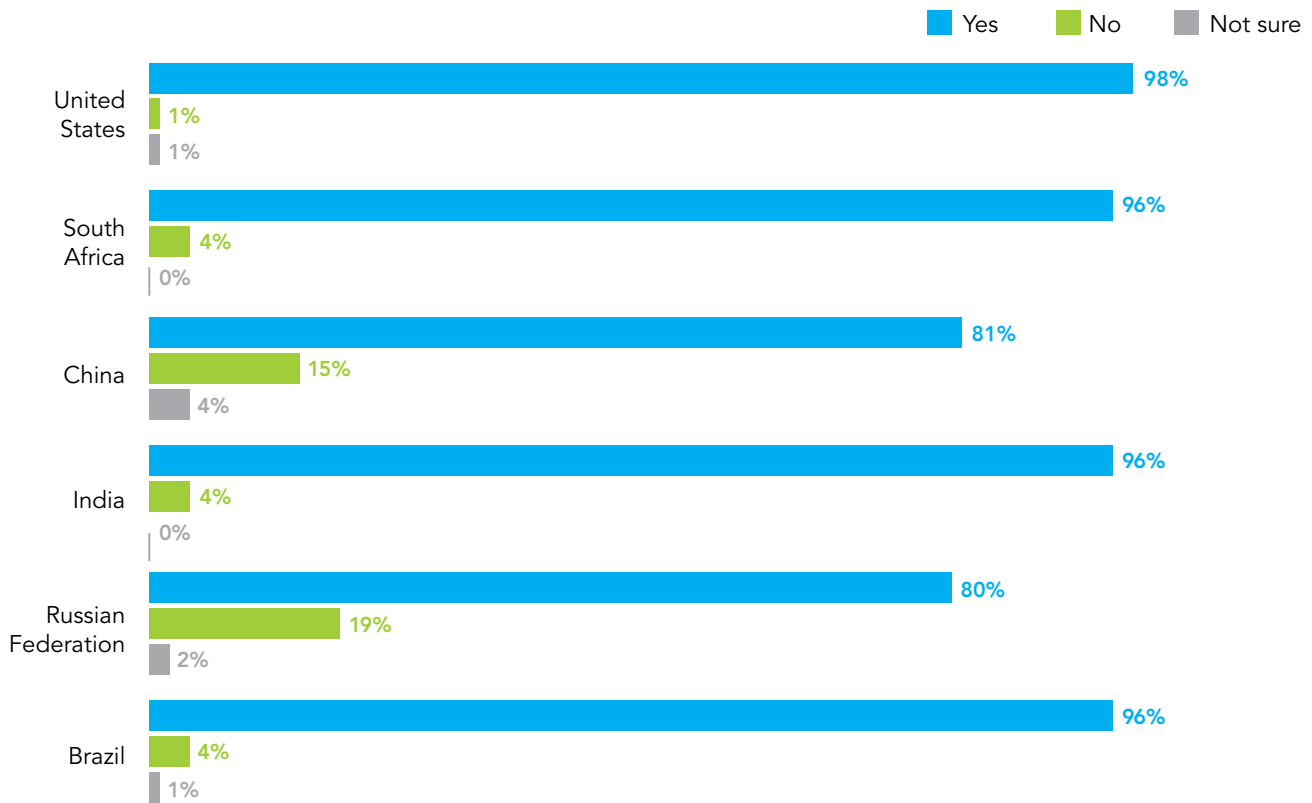
Nine in ten (89%) in the western/eastern Europe region feel confident about their ability to protect themselves from HIV, with respondents in the United Kingdom (94%), Sweden (92%), and Spain (92%) more likely than those in the Netherlands (84%), and France (83%) to feel confident in their abilities. Just 9% overall in the western/eastern Europe region do not feel confident about their ability to protect themselves from HIV.

Overall, the large majority (85%) in the North Africa/Middle East region (Egypt) feel confident about their ability to protect themselves from HIV, while 11% do not.

More than three quarters (77%) in the eastern Europe/central Asia region feel confident about their ability to protect themselves from HIV, while a fifth (20%) do not. Respondents in Kazakhstan (82%) and the Russian Federation (80%) are more likely than those in Belarus (76%), Ukraine (65%), and Latvia (64%) to be confident in their ability to protect themselves from HIV.

In the East Asia region, three quarters (76%) feel confident about their ability to protect themselves from HIV, with respondents in China (81%) more likely than those in Japan (62%) to be confident in their abilities. A sixth (17%) overall in the East Asia region do not feel confident about their ability to protect themselves from HIV.

Figure 13. Select countries: confidence level protecting themselves against HIV



In the United States, nearly all (98%) feel confident about their ability to protect themselves from HIV, and only 1% do not. Large majorities across most demographic subgroups feel confident about their ability to protect themselves from HIV.

Nearly all (96%) in South Africa feel confident in their ability to protect themselves from HIV, while 4% do not. Large majorities across most demographic subgroups feel confident about their ability to protect themselves from HIV.

Eight in ten (81%) in China feel confident about their ability to protect themselves from HIV, while 15% do not. Large majorities across most demographic subgroups feel confident about their ability to protect themselves from HIV.

Nearly all (96%) in India feel confident about their ability to protect themselves from HIV, and 4% do not. Large majorities across most demographic subgroups feel confident about their ability to protect themselves from HIV.

In the Russian Federation, eight in ten (80%) feel confident about their ability to protect themselves from HIV, while a fifth (19%) do not. Respondents aged 18–29 (84%) are more likely than those aged 30–49 (74%) to feel confident about their ability to protect themselves from HIV.

Nearly all (96%) in Brazil feel confident about their ability to protect themselves from HIV, while 4% do not. Large majorities across most demographic subgroups feel confident about their abilities to protect themselves.

23. Would you work with someone who is living with HIV?

Table 32. Work with someone who is living with HIV

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	75	64	72	49	41	54	33	85	64	82
No	14	23	13	20	25	29	40	6	13	14
Not sure	11	13	16	32	35	16	27	9	23	5

About nine in ten (85%) in the sub-Saharan Africa region would work with someone who is living with HIV, while 6% would not. Respondents in Uganda (95%) are more likely than those in South Africa (83%) to say they would work with someone who is living with HIV.

In the Caribbean region, eight in ten (82%) would work with someone who is living with HIV, while 14% would not. Respondents in the Dominican Republic (84%) are more likely than those in Jamaica (79%) to say they would work with someone who is living with HIV.

Three quarters (75%) in the North American region (the United States) would work with someone who is living with HIV, and 14% would not. Large majorities across most demographic subgroups would work with someone who is living with HIV.

In the western/central Europe region, about three quarters (72%) would work with someone who is living with HIV, while 13% would not. Respondents in Sweden (81%), the Netherlands (76%), the United Kingdom (74%), and Spain (73%) are more likely than those in France (54%) to say they would work with someone who is living with HIV.

About two thirds (64%) in the Latin America region would work with someone who is living with HIV, while about a quarter (23%) would not. Respondents in Mexico (77%) are more likely than those in Brazil (55%) to say they would work with someone who is living with HIV.

In the Oceania region (Australia), about two thirds (64%) would work with someone who is living with HIV, while 13% would not. About a quarter (23%) are not sure. Respondents aged 50–64 (69%), those age 65 and older (67%) and those aged 30–49 (63%) are more likely than those aged 18–29 (53%) to say they would work with someone living with HIV.

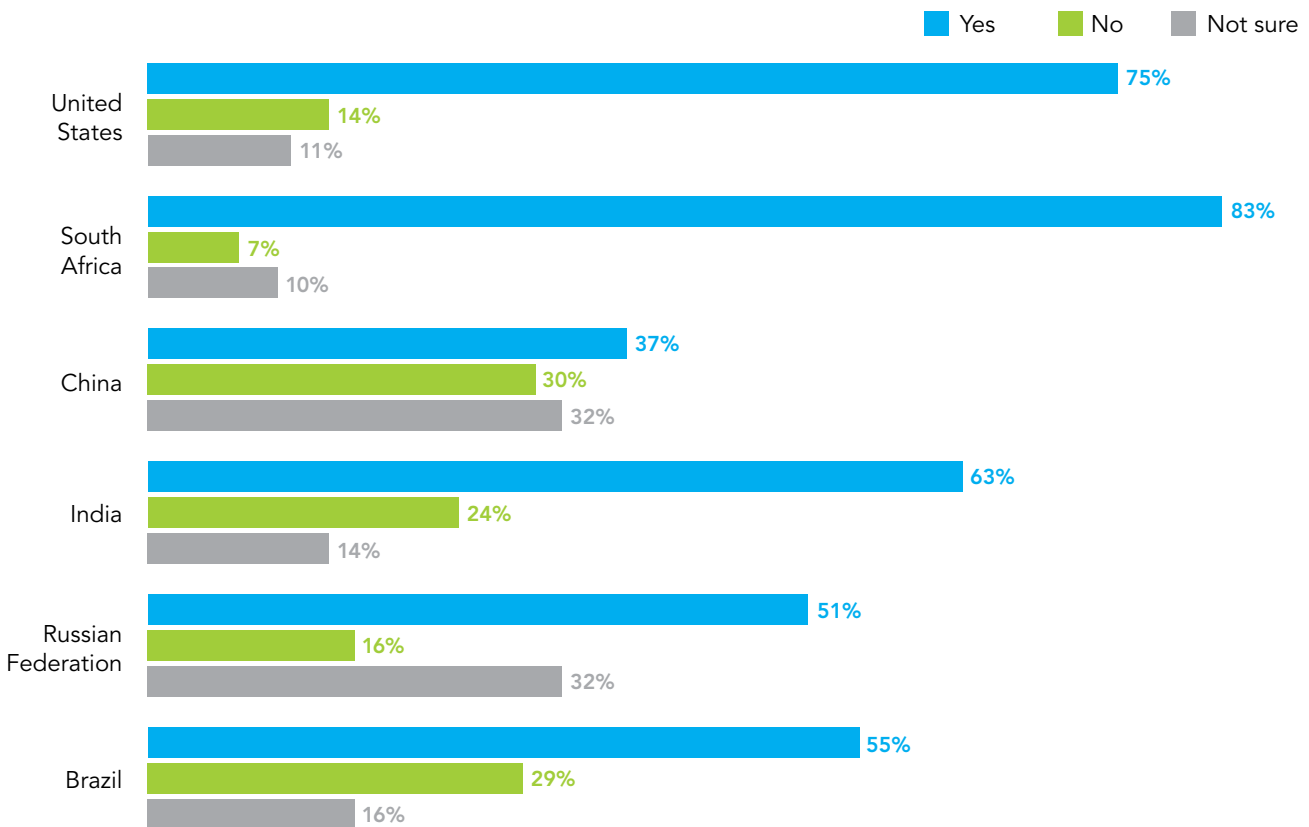
More than half (54%) in the South/South-East Asia region would work with someone who is living with HIV, while three in ten (29%) would not. Respondents in India (63%) and Thailand (56%) are much more likely than those in Indonesia (24%) to say they would work with someone who is living with HIV.

In the eastern Europe/central Asia region, half (49%) would work with someone who is living with HIV, while a fifth (20%) would not. A third (32%) are not sure. Respondents in Belarus (57%), Kazakhstan (54%), and the Russian Federation (51%) are more likely than those in Ukraine (43%) and Latvia (24%) to say they would work with someone who is living with HIV.

Two fifths (41%) in the East Asia region would work with someone who is living with HIV, while a quarter (25%) would not. More than a third (35%) are not sure. Respondents in Japan (49%) are more likely than those in China (37%) to say they would work with someone who is living with HIV.

In the North Africa/Middle East region (Egypt), two fifths (40%) would not work with someone who is living with HIV, while a third (33%) would. More than a quarter (27%) are not sure. Men (37%) are more likely than women (29%) to say they would work with someone who is living with HIV.

Figure 14. Select countries: working with someone who is living with HIV



In the United States, three quarters (75%) would work with someone who is living with HIV, while 14% would not. Large majorities across most demographic subgroups would work with someone who is living with HIV.

Eight in ten (83%) in South Africa would work with someone who is living with HIV, while 7% would not. Large majorities across most demographic subgroups would work with someone who is living with HIV.

Respondents in China are divided between working with someone who is living with HIV (37%) or not (30%). A third (32%) are not sure. Men (43%) are more likely than women (32%) to say they would work with someone who is living with HIV.

About two thirds (63%) in India would work with someone who is living with HIV, while a quarter (24%) would not. Men (67%) are more likely than women (57%) to say they would work with someone who is living with HIV.

In the Russian Federation, half (51%) would work with someone who is living with HIV, and a sixth (16%) would not. A third (32%) are not sure. About half across most demographic subgroups would work with someone who is living with HIV.

More than half (55%) in Brazil would work with someone who is living with HIV, while three in ten (29%) would not. About half across most demographic subgroups would work with someone who is living with HIV.

24. Would you knowingly sit at the same table for a meal with someone who is living with HIV?

Table 33. Sharing a meal with someone who is living with HIV

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	83	89	75	56	40	62	30	90	73	74
No	10	5	13	19	30	20	49	4	8	21
Not sure	8	6	12	25	30	19	20	7	19	5

In the sub-Saharan Africa region, nine in ten (90%) would knowingly sit at the same table for a meal with someone who is living with HIV, while 4% would not. Respondents in Uganda (97%) are more likely than those in South Africa (88%) to say they would knowingly sit at the same table for a meal with someone who is living with HIV.

Nine in ten (89%) in the Latin America region would knowingly sit at the same table for a meal with someone who is living with HIV, with respondents in both Brazil (90%) and Mexico (88%) mirroring the same result. Overall, just 5% in the Latin America region would not knowingly sit at the same table for a meal with someone who is living with HIV.

In the North America region (the United States), eight in ten (83%) would knowingly sit at the same table for a meal with someone who is living with HIV, while 10% would not. Women (86%) are more likely than men (80%) to say they would knowingly sit at the same table for a meal with someone who is living with HIV.

Three quarters (75%) in the western/central Europe region would knowingly sit at the same table for a meal with someone who is living with HIV, while 13% would not. Respondents in Sweden (84%), the United Kingdom (83%), Spain (77%) and the Netherlands (75%) are more likely than those in France (56%) to knowingly sit at the same table for a meal with someone who is living with HIV.

In the Caribbean region, three quarters (74%) would knowingly sit at the same table for a meal with someone who is living with HIV, while a fifth (21%) would not. Respondents in the Dominican Republic (83%) are more likely than those in Jamaica (65%) to knowingly sit at the same table for a meal with someone who is living with HIV.

About three quarters (73%) in the Oceania region (Australia) would knowingly sit at the same table for a meal with someone who is living with HIV, while 8% would not. A fifth (19%) are not sure. Women (77%) are more likely than men (70%) to knowingly sit at the same table for a meal with someone who is living with HIV.

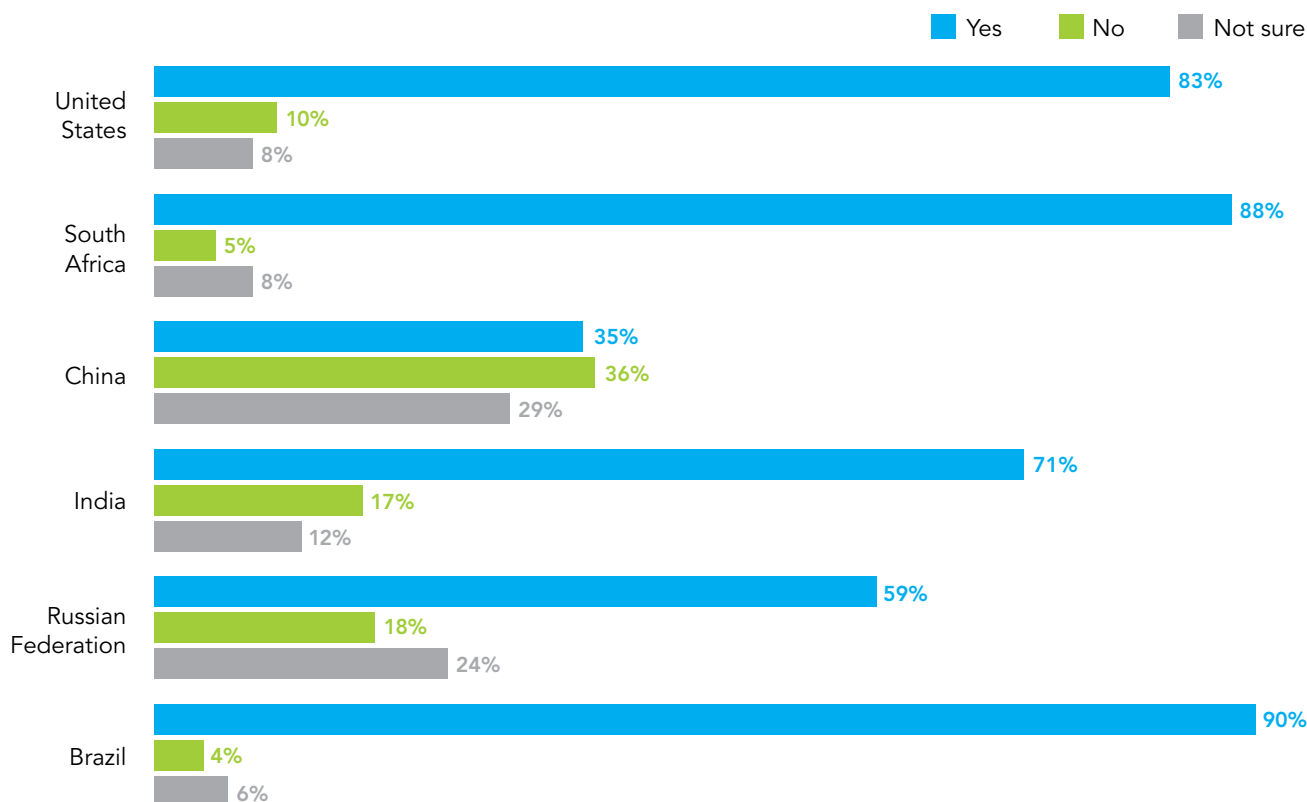
Six in ten (62%) in the South/South-East Asia region would knowingly sit at the same table for a meal with someone who is living with HIV, while a fifth (20%) would not. Respondents in India (71%) are more likely than those in Thailand (52%) and Indonesia (39%) to knowingly sit at the same table for a meal with someone who is living with HIV.

In the eastern Europe/central Asia region, more than half (56%) would knowingly sit at the same table for a meal with someone who is living with HIV, while a fifth (19%) would not. A quarter (25%) are not sure. Respondents in Belarus (66%), the Russian Federation (59%), Kazakhstan (55%), and Ukraine (50%) are more likely than those in Latvia (39%) to knowingly sit at the same table for a meal with someone who is living with HIV.

Two fifths (40%) in the East Asia region would knowingly sit at the same table for a meal with someone who is living with HIV, while three in ten (30%) would not. Another three in ten (30%) are not sure. Respondents in Japan (52%) are more likely than those in China (35%) to knowingly sit at the same table for a meal with someone who is living with HIV.

In the North Africa/Middle East region (Egypt), half (49%) would not knowingly sit at the same table for a meal with someone who is living with HIV, while three in ten (30%) would. A fifth (20%) are not sure. Women (52%) are more likely than men (47%) to be unwilling to sit at the same table for a meal with someone who is living with HIV.

Figure 15. Select countries: sharing a meal with someone who is living with HIV



In the United States, eight in ten (83%) would knowingly sit at the same table for a meal with someone who is living with HIV, while 10% would not. Large majorities across most demographic subgroups would knowingly sit at the same table for a meal with someone who is living with HIV.

About nine in ten (88%) in South Africa would knowingly sit at the same table for a meal with someone who is living with HIV, and just 5% would not. Large majorities across most demographic subgroups would knowingly sit at the same table for a meal with someone who is living with HIV.

Respondents in China are split between knowingly sitting at the same table for a meal with someone who is living with HIV (35%) or not (36%). Three in ten (29%) are not sure. Men (39%) are more likely than women (31%) to knowingly sit at the same table with someone who is living with HIV.

In India, seven in ten (71%) would knowingly sit at the same table for a meal with someone who is living with HIV, and a sixth (17%) would not. Men (74%) are more likely than women (68%) to knowingly sit at the same table for a meal with someone who is living with HIV.

Six in ten (59%) in the Russian Federation would knowingly sit at the same table for a meal with someone who is living with HIV, while about a fifth (18%) would not. A quarter (24%) are not sure. Respondents aged 18–29 (63%) are more likely than those aged 30–49 (54%) to knowingly sit at the same table with someone who is living with HIV.

In Brazil, nine in ten (90%) would knowingly sit at the same table for a meal with someone who is living with HIV, while 4% would not. Women (93%) are more likely than men (88%) to knowingly sit at the same table for a meal with someone who is living with HIV.

25. Do you think AIDS is a problem within your country?

Table 34. AIDS a problem within your country

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	70	77	42	61	55	72	33	98	42	81
No	20	16	34	29	29	19	39	1	33	16
Not sure	10	7	24	11	16	9	28	1	26	3

Nearly all (98%) in the sub-Saharan Africa region, including South Africa and Uganda, think AIDS is a problem within their country, while only 1% do not. Nearly all across most demographic subgroups think AIDS is a problem within their country.

In the Caribbean region, eight in ten (81%) think AIDS is a problem within their country, while a sixth (16%) do not. Respondents in the Dominican Republic (87%) are more likely than those in Jamaica (75%) to think AIDS is a problem within their country.

More than three quarters (77%) in Latin America think AIDS is a problem within their country, while a sixth (16%) do not. Large majorities in both Brazil (78%) and Mexico (76%) think AIDS is a problem within their country.

Seven in ten (72%) in the South/South-East Asia region think AIDS is a problem within their country, with respondents in Indonesia (83%) more likely than those in India (71%) and Thailand (67%) to think so. About a fifth (19%) overall in the South/South-East Asia region do not think AIDS is a problem within their country.

In the United States, seven in ten (70%) think AIDS is a problem within their country, while a fifth (20%) do not. Women (74%) are more likely than men (67%) to think AIDS is a problem within their country.

Six in ten (61%) in the eastern Europe/central Asia region think AIDS is a problem within their country, and three in ten (29%) do not. Respondents in Ukraine (94%) are more likely than those in Belarus (62%), Latvia (60%), the Russian Federation (57%), and Kazakhstan (48%) to think AIDS is a problem within their country.

In the East Asia region, more than half (55%) think AIDS is a problem within their country, while three in ten (29%) do not. Respondents in China (65%) are about twice as likely as those in Japan (30%) to think AIDS is a problem within their country.

Two fifths (42%) in the western/central Europe region think AIDS is a problem within their country, while a third do not. A quarter (24%) is not sure. Respondents in France (69%) are more likely than those in Spain (46%), the United Kingdom (40%), the Netherlands (31%), and Sweden (23%) to think AIDS is a problem within their country.

In the Oceania region (Australia), two fifths (42%) think AIDS is a problem within their country, while a third (33%) do not. A quarter (26%) are not sure. Respondents age 65 and older (47%) are more likely than those aged 50–64 (42%), aged 30–49 (41%) and aged 18–29 (34%) to think AIDS is a problem within their country.

Respondents in the North Africa/Middle East region (Egypt) are divided between thinking AIDS is not a problem within their country (39%) and thinking it is (33%), with nearly the same division evident across most demographic subgroups. Three in ten (28%) are not sure.

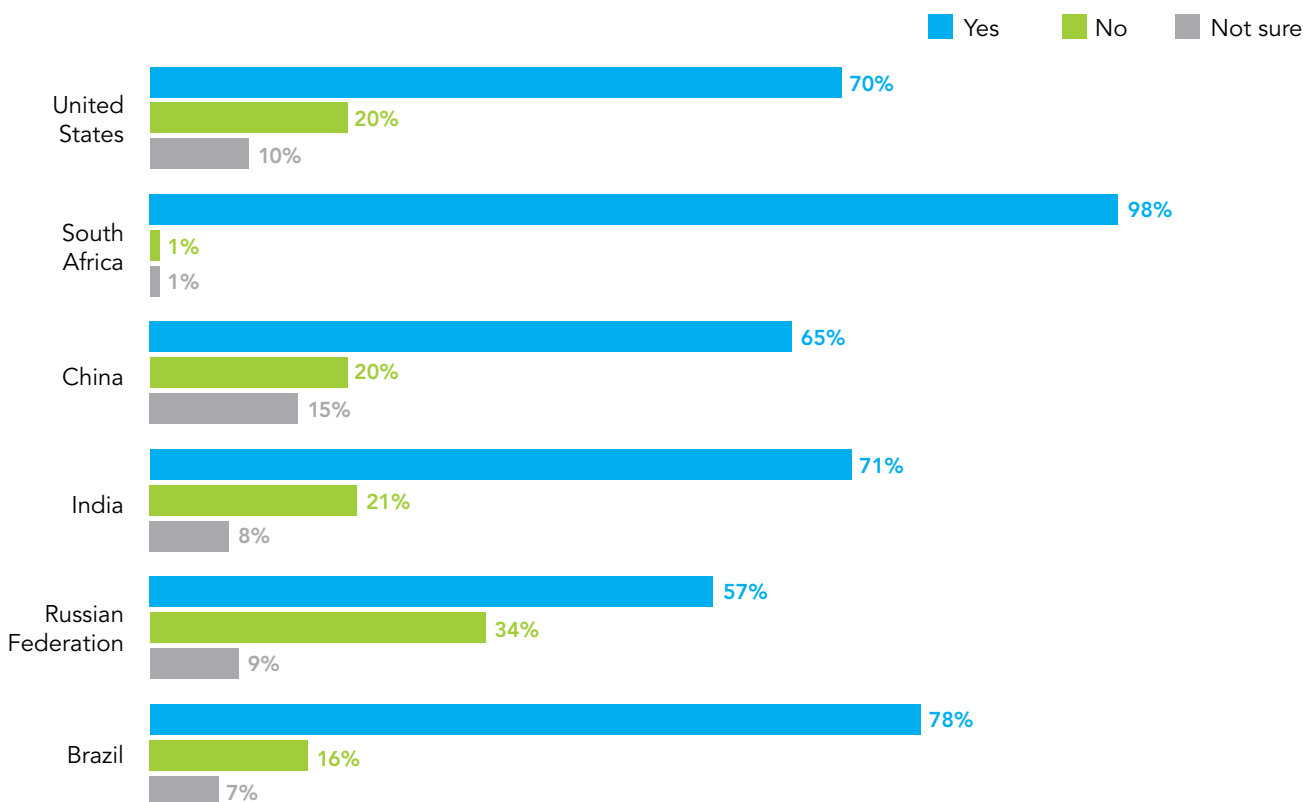
In the United States, seven in ten (70%) think AIDS is a problem within their country, while a fifth (20%) do not. Respondents aged 50–64 (76%) are more likely than those age 65 and older (70%), aged 18–29 (68%), and aged 30–49 (67%) to think AIDS is a problem within their country.

Nearly all (98%) in South Africa think AIDS is a problem within their country, while just 1% do not. Nearly all across most demographic subgroups think AIDS is a problem within their country.

About two thirds (65%) in China think AIDS is a problem within their country, while a fifth (20%) do not. Large majorities across most demographic subgroups think AIDS is a problem within their country.

In India, seven in ten (71%) think AIDS is a problem within their country, while a fifth (21%) do not. Men (73%) are more likely than women (68%) to think AIDS is a problem within their country.

Figure 16. Selected countries: AIDS a problem within your country



About six in ten (57%) in the Russian Federation think AIDS is a problem within their country, and a third (34%) do not. Women (60%) are more likely than men (54%) to think AIDS is a problem within their country.

More than three quarters (78%) in Brazil think AIDS is a problem within their country, and a sixth (16%) do not. Women (81%) are more likely than men (75%) to think AIDS is a problem within their country.

26. Do you believe AIDS is a problem within your community?

Table 35. AIDS a problem within your community

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	33	46	35	42	21	39	40	70	18	77
No	42	37	44	38	53	46	38	17	48	21
Not sure	25	17	20	20	26	16	22	14	34	2

More than three quarters (77%) in the Caribbean region think AIDS is a problem within their community, with respondents in the Dominican Republic (86%) more likely than those in Jamaica (67%) to think so. A fifth (21%) overall in the Caribbean region do not think AIDS is a problem within their community.

In the sub-Saharan Africa region, seven in ten (70%) think AIDS is a problem within their community, with respondents in Uganda (95%) more likely than those in South Africa (63%) to think so. A sixth (17%) overall in the sub-Saharan African region do not think AIDS is a problem within their community.

About half (46%) in the Latin America region think AIDS is a problem within their community, with about the same in Brazil (48%) and Mexico (44%) thinking the same. More than a third (37%) overall in the Latin America region do not think AIDS is a problem within their community.

In the eastern Europe/central Asia region, two fifths (42%) think AIDS is a problem within their community, and about two fifths (38%) do not. Respondents in Ukraine (65%) are more likely than those in Latvia (43%), the Russian Federation (41%), Belarus (33%), and Kazakhstan (30%) to think AIDS is a problem within their community.

Two fifths (40%) in the North Africa/Middle East region (Egypt) think AIDS is a problem within their community, and about two fifths (38%) do not, with similar results reflected across most demographic subgroups.

In the North American region (the United States), two fifths (41%) do not think AIDS is a problem within their community, while a third (33%) think it is. A quarter (25%) are not sure. Women (36%) are more likely than men (31%) to think AIDS is a problem within their community.

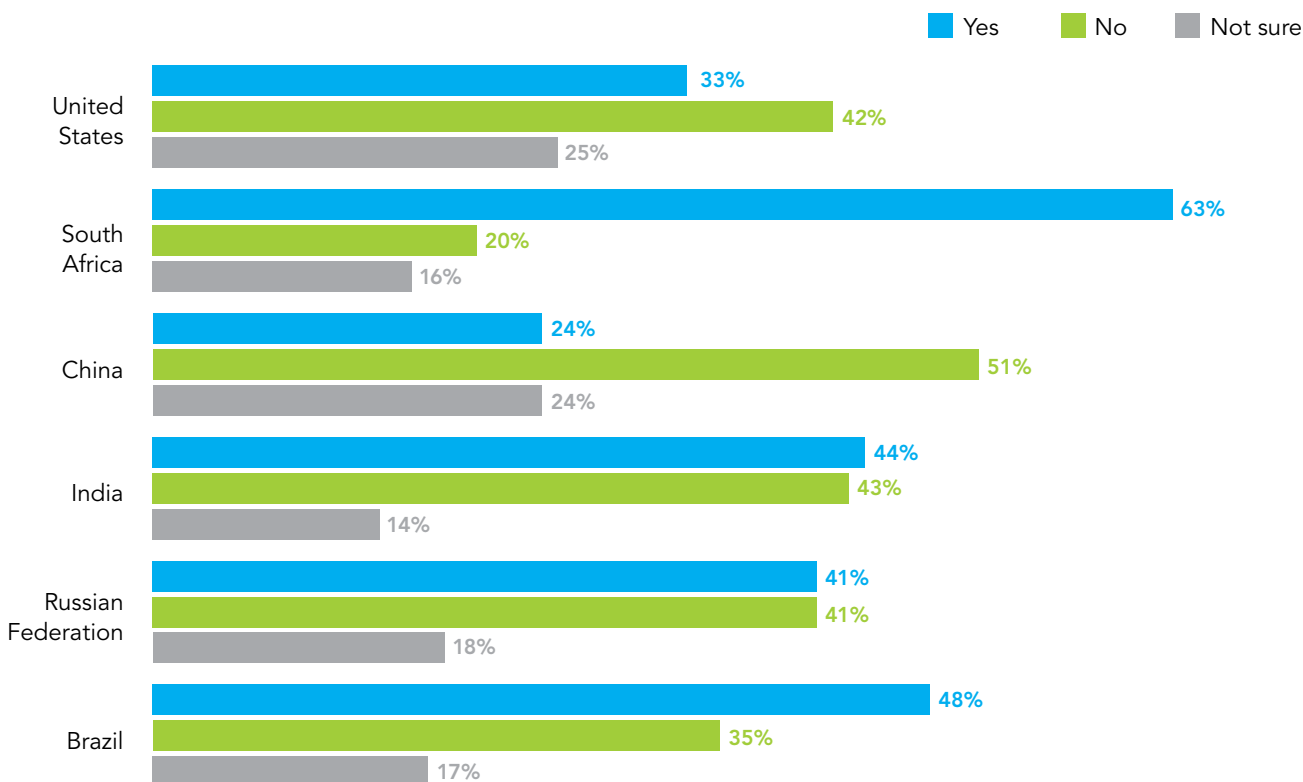
More than two fifths (44%) in the western/central Europe do not think AIDS is a problem within their community, while more than a third (35%) do. Respondents in France (70%) and Spain (59%) are more likely than those in the Netherlands (21%), the United Kingdom (14%), and Sweden (11%) to think AIDS is a problem within their community.

About half (46%) in the South/South-East Asia region do not think AIDS is a problem within their community, with Indonesia (61%) more likely than India (43%) and Thailand (42%) to think it is not a problem. Two fifths (39%) overall in the South/South-East Asia region think AIDS is a problem within their community.

In the Oceania region (Australia), half (48%) do not think AIDS is a problem within their community, while a fifth (18%) do. Men (24%) are more likely than women (14%) to think AIDS is a problem within their community.

More than half (53%) in the East Asia region do not think AIDS is a problem within their community, while a fifth (21%) think it is. A quarter (26%) are not sure. Respondents in China (24%) are more likely than those in Japan (13%) to think AIDS is a problem within their community.

Figure 17. Selected countries: AIDS a problem within your community



Two fifths (42%) in the United States do not believe AIDS is a problem within their community, while a third (33%) believe it is a problem. A quarter (25%) are not sure. Respondents aged 18–29 (47%), aged 30–49 (44%), and age 65 and older (43%) are more likely than those age 50–64 (31%) to believe AIDS is not a problem within their community.

In South Africa, six in ten (63%) believe AIDS is a problem within their community, while a fifth (20%) do not. Large majorities across most demographic subgroups believe AIDS is a problem within their community.

Half (51%) in China believe AIDS is not a problem within their community, while a quarter (24%) do. Another quarter (24%) are not sure. Respondents of aged 18–29 (54%) are more likely than those aged 30–49 (47%) to believe AIDS is not a problem within their community.

Respondents in India are divided between believing AIDS is a problem (44%) or not (43%), with the same division evident among most demographic subgroups.

Respondents in the Russian Federation are evenly split between believing AIDS is a problem (41%) in their community or not (41%). About a fifth (18%) are not sure. Men (45%) are more likely than women (37%) to believe AIDS is not a problem within their community.

About half (48%) in Brazil believe AIDS is a problem within their community, while more than a third (35%) do not. Men (38%) are more likely than women (31%) to believe AIDS is not a problem within their community.

27. In your opinion, which of the following, if any, do you believe describes who is at risk of acquiring HIV? (Choose all that apply)

Table 36. Who is at risk of acquiring HIV?

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
People who inject drugs	88	71	69	92	71	79	71	74	85	53
Men who have sex with men	86	60	55	65	66	60	69	67	78	40
Sex workers and their clients	76	69	60	78	84	89	83	87	77	44
Young people	59	54	44	51	27	55	25	73	56	36
The general public	46	55	35	22	14	39	14	59	38	32
Other	11	4	5	3	5	4	2	6	6	1
None	<1	<1	1	1	1	<1	<1	<1	1	–
Not sure	2	<1	5	<1	3	1	1	<1	5	–

In the North American region (the United States), large majorities believe people who inject drugs (88%), men who have sex with men (86%), sex workers and their clients (76%), and young people (59%) describes who is at risk of acquiring HIV. Women are more likely than men to believe young people (66% vs. 52%) or the general public (53% vs. 38%) describes who is at risk of acquiring HIV.

Large majorities in Latin America believe people who inject drugs (71%), men who have sex with men (60%), sex workers and their clients (69%), the general public (55%), and young people (54%) describes who is at risk of acquiring HIV. Respondents in Mexico are more likely than those in Brazil to believe men who have sex with men (64% vs. 57%) or sex workers and their clients (75% vs. 64%) describes who is at risk of acquiring HIV. Those in Brazil (74%) are more likely than those in Mexico (66%) to believe people who inject drugs describes who is at risk of acquiring HIV.

In the western/central Europe region, large majorities believe people who inject drugs (69%), sex workers and their clients (60%), and men who have sex with men (55%) describes who is at risk of acquiring HIV. Respondents in the United Kingdom (75%) are more likely than those in Sweden (57%), France (52%), the Netherlands (50%), and Spain (41%) to believe men who have sex with men describes who is at risk of acquiring HIV.

Large majorities in the eastern Europe/central Asia region believe people who inject drugs (92%), sex workers and their clients (78%), men who have sex with men (65%), and young people (51%) describes who is at risk of acquiring HIV. Respondents in Ukraine (63%) are more likely than those in Kazakhstan (56%), the Russian Federation (50%), Belarus (44%), and Latvia (43%) to believe young people describes who is at risk of acquiring HIV.

In the East Asia region, large majorities believe sex workers and their clients (84%), people who inject drugs (71%), and men who have sex with men (66%) describes who is at risk of acquiring HIV. Respondents in Japan are more likely than those in China to believe young people (43% vs. 21%) or the general public (33% vs. 6%) describes who is at risk of acquiring HIV.

Large majorities in the South/South-East Asia region believe sex workers and their clients (89%), people who inject drugs (79%), men who have sex with men (60%), and young people (55%) describes who is at risk of acquiring HIV. Respondents in Indonesia (96%) are more likely than those in India (87%) and Thailand (86%) to believe sex workers and their clients describes who is at risk of acquiring HIV.

In the North Africa/Middle East region (Egypt), large majorities believe sex workers and their clients (83%), people who inject drugs (71%), and men who have sex with men (69%) describes who is at risk of acquiring HIV. Women (73%) are more likely than men (69%) to believe people who inject drugs describes who is at risk of acquiring HIV.

Large majorities in the sub-Saharan Africa region believe sex workers and their clients (87%), people who inject drugs (74%), young people (73%), men who have sex with men (67%), and the general public (59%) describes who is at risk of acquiring HIV. Respondents in South Africa are more likely than those in Uganda to believe people who inject drugs (83% vs. 40%), young people (75% vs. 68%), men who have sex with men (72% vs. 42%), and the general public (61% vs. 51%) describes who is at risk of acquiring HIV.

Large majorities in the Oceania region (Australia) believe people who inject drugs (85%), men who have sex with men (78%), sex workers and their clients (77%), and young people (56%) describes who is at risk of acquiring HIV. Women (45%) are more likely than men (30%) to believe the general public describes who is at risk of acquiring HIV.

More than half (53%) in the Caribbean region believe people who inject drugs describes who is at risk of acquiring HIV, while more than two fifths (44%) believe sex workers and their clients describes who is at risk. Respondents in Jamaica are more likely than those in the Dominican Republic to believe people who inject drugs (56% vs. 50%) or men who have sex with men (45% vs. 35%) describes who is at risk of acquiring HIV.

Table 37. Selected countries: who is at risk of acquiring HIV?

	United States	South Africa	China	India	Russian Federation	Brazil
People who inject drugs	88	83	72	73	93	74
Men who have sex with men	86	73	65	48	68	57
Sex workers and their clients	76	89	86	87	77	64
Young people	59	75	21	55	50	52
The general public	46	61	6	36	27	53
Other	11	7	5	4	3	4
None	<1	<1	2	1	1	–
Not sure	2	1	2	1	–	<1

Large majorities in the United States believe people who inject drugs (88%), men who have sex with men (86%), sex workers and their clients (76%), and young people (59%) describe who is at risk of acquiring HIV.

In South Africa, large majorities believe sex workers and their clients (89%), people who inject drugs (83%), young people (75%), men who have sex with men (73%), and the general public (61%) describes who is at risk of acquiring HIV. Women (65%) are more likely than men (56%) to believe the general public describes who is at risk of acquiring HIV.

Large majorities in China believe sex workers and their clients (86%), people who inject drugs (72%), and men who have sex with men (65%) describes who is at risk of acquiring HIV. Women (75%) are more likely than men (70%) to believe people who inject drugs describes who is at risk of acquiring HIV.

In India, large majorities believe sex workers and their clients (87%), people who inject drugs (73%), and young people (55%) describes who is at risk of acquiring HIV. Men (52%) are more likely than women (43%) to believe men who have sex with men describes who is at risk of acquiring HIV. Women (40%) are more likely than men (33%) to believe the general public describes who is at risk of acquiring HIV.

Large majorities in the Russian Federation believe people who inject drugs (93%), sex workers and their clients (77%), men who have sex with men (68%), and young people (50%) describes who is at risk of acquiring HIV. Women are more likely than men to believe sex workers and their clients (82% vs. 72%) or the general public (30% vs. 23%) describes who is at risk of acquiring HIV.

In Brazil, large majorities believe people who inject drugs (74%), sex workers and their clients (64%), men who have sex with men (57%), the general public (53%), and young people (52%) describes who is at risk of acquiring HIV. Women (63%) are more likely than men (46%) to believe that the general public describes who is at risk of acquiring HIV.

28. Would you personally donate money towards the AIDS cause?

Table 38. Personally donate to the AIDS cause

	North America	Latin America	Western/ Central Europe	Eastern Europe/ Central Asia	East Asia	South/ Southeast Asia	North Africa/ Middle East	Sub-Saharan Africa	Oceania	Caribbean
Yes	41	55	40	39	28	63	56	57	27	70
No	36	10	25	19	24	14	18	21	33	28
Not sure	23	35	35	42	48	23	26	21	40	3

Seven in ten (70%) in the Caribbean region, including large majorities in both Jamaica (71%) and the Dominican Republic (69%), would personally donate money towards the AIDS cause, while more than a quarter (28%) would not.

In the South/South-East Asia region, six in ten (63%) would personally donate money towards the AIDS cause, with respondents in India (67%) being more likely than those in Indonesia (59%) and Thailand (54%) to donate. Fourteen per cent overall in the South/South-East Asia region would not donate money to the AIDS cause. About a quarter (23%) are not sure.

Six in ten (57%) in the sub-Saharan Africa region would personally donate money towards the AIDS cause, while a fifth (21%) would not. Respondents in Uganda (87%) are more likely than those in South Africa (50%) to personally donate money towards the AIDS cause.

In the North Africa/Middle East region (Egypt), six in ten (56%) would personally donate money towards the AIDS cause, while a fifth (18%) would not. A quarter (26%) are not sure.

More than half (55%) in the Latin America region would personally donate money towards the AIDS cause, with the large majority in both Brazil (56%) and Mexico (53%) saying they would personally donate. Ten per cent overall in the Latin America region would not personally donate to the AIDS cause, and more than a third (35%) are not sure.

In the North American region (the United States), two fifths (41%) would personally donate towards the AIDS cause, with women (45%) more likely than men (38%) to donate. More than a third overall would not personally donate to the AIDS cause. About a quarter (23%) are not sure.

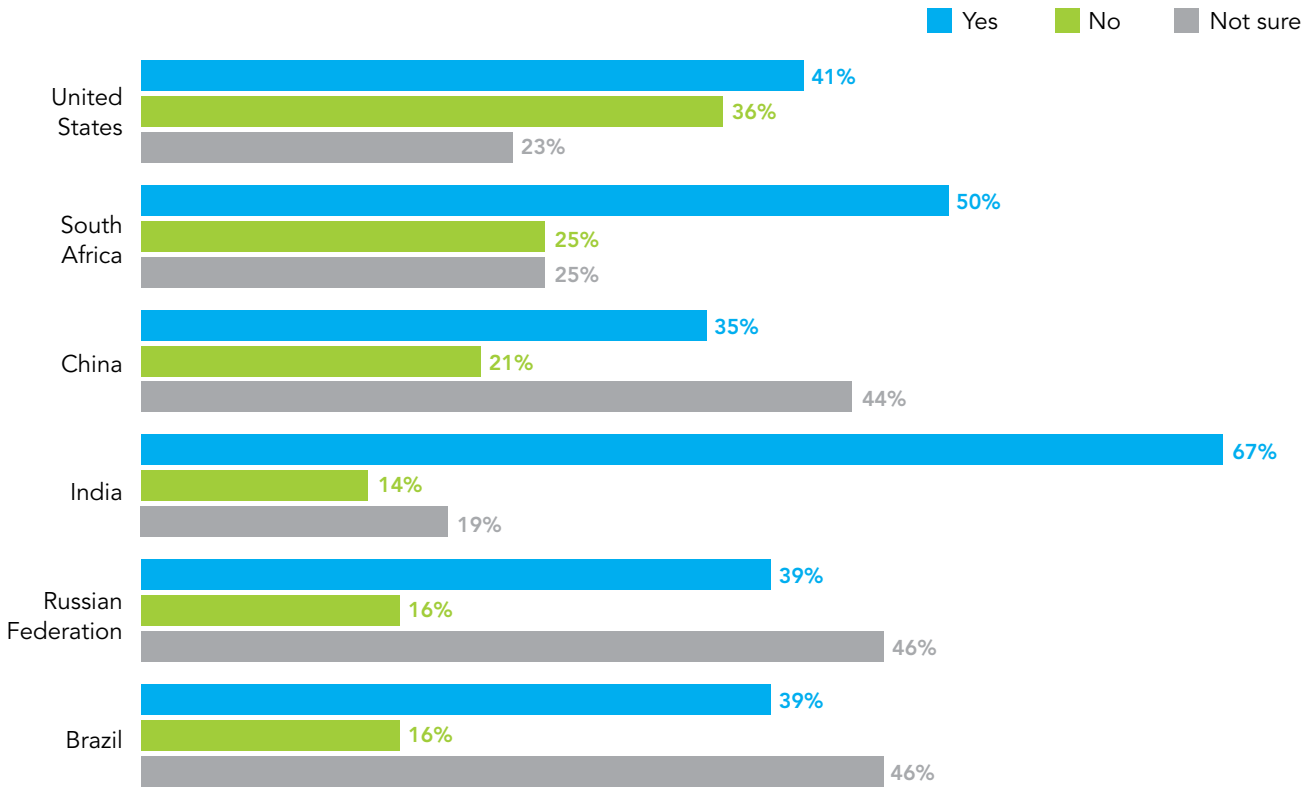
Two fifths (40%) in the western/central Europe region would personally donate towards the AIDS cause, while a quarter (25%) would not. More than a third (35%) are not sure. Respondents in Sweden (51%) and Spain (48%) are more likely than those in France (38%), the United Kingdom (32%), and the Netherlands (29%) to personally donate to the AIDS cause.

In the eastern Europe/central Asia region, two fifths (39%) would personally donate money towards the AIDS issue, while a fifth (19%) would not. Another two fifths (42%) are not sure. Respondents in Ukraine (50%) are more likely than those in Kazakhstan (44%), Belarus (42%), the Russian Federation (39%), and Latvia (21%) to personally donate money towards the AIDS cause.

About half (47%) in the East Asia region are not sure they would personally donate money towards the AIDS cause, with respondents in Japan (58%) being more likely than those in China (44%) to be not sure. Three in ten (28%) overall in the East Asia region would personally donate money to the AIDS cause, with respondents in China (35%) more likely to donate than those in Japan (11%). About a quarter (24%) overall in the East Asia region would not personally donate money towards the AIDS cause.

In the Oceania region (Australia), two fifths (40%) are not sure they would personally donate money towards the AIDS cause, with women (45%) more likely than men (34%) to say they are not sure they would donate. Overall, in the Oceania region more than a quarter (27%) would personally donate money towards the AIDS cause, while a third (33%) would not. Men (38%) are more likely than women (28%) to say they would not personally donate money towards the AIDS cause.

Figure 18. Selected countries: personally donate money to the AIDS cause



In the United States, two fifths (41%) would personally donate money towards the AIDS cause, while more than a third (36%) would not. Respondents aged 18–29 (44%), aged 30–49 (44%), and those aged 50–64 (42%) are more likely than those age 65 and older (31%) to personally donate money towards the AIDS cause.

Half (50%) in South Africa would personally donate money towards the AIDS cause, while a quarter (25%) would not. Another quarter (25%) are not sure. Women (53%) are more likely than men (47%) to personally donate money towards the AIDS cause.

More than two fifths (44%) in China are not sure they would personally donate money towards the AIDS cause, while more than a third (35%) would. A fifth (21%) would not personally donate money towards the AIDS cause. Men (42%) are more likely than women (29%) to personally donate.

In India, about two thirds (67%) would donate money towards the AIDS cause, with women (73%) being more likely than men (63%) to donate. Fourteen per cent would not personally donate money towards the AIDS cause, and a fifth (19%) are not sure.

About half (46%) in the Russian Federation are not sure they would donate money towards the AIDS cause, while two fifths (39%) would personally donate. A sixth (16%) would not personally donate money towards the AIDS cause, with men (20%) being more likely than women (11%) to say they would not donate.

More than half (56%) in Brazil would personally donate money towards the AIDS cause, while 11% would not. A third (33%) are not sure. Women (63%) are more likely than men (52%) to say they would personally donate money towards the AIDS cause.

ANNEX 1

Benchmark study: sample size by region

North America: the United States

	Sample characteristics	Frequency	Valid per cent*
	Sample size	2000	100
AGE	18–29	397	20
	30–49	795	40
	50–64	457	23
	65+	338	17
	18–24	106	5
	25–34	381	19
	35–54	840	42
	55–69	487	25
	70+	173	9
	Did not answer age question	13	–
EDUCATION	No college degree	1171	59
	College graduate+	813	41
	Did not answer education question	16	–
LOCATION	Urban	1287	66
	Rural	673	34
	Did not answer location question	40	–
PARENT	Parent of child under 17	558	28
	Not parent of child under 17	1426	72
	Did not answer parent question	16	–
INCOME	Less than \$25,000	206	12
	\$25,000–\$34,999	150	9
	\$35,000–\$49,999	222	13
	\$50,000–\$74,999	393	23
	\$75,000–\$99,999	264	16
	\$100,000 or more	465	27
	Did not answer income question	302	–
GENDER	Male	967	49
	Female	1006	51
	Did not answer gender question	27	–

* Numbers have been rounded to the nearest per cent and might not total 100.

Latin America: Brazil and Mexico

	Sample characteristics	Frequency	Valid per cent*
	Sample size	1313	100
	Brazil	804	61
	Mexico	509	39
AGE	18–29	738	56
	30–49	508	39
	50–64	65	5
	65+	2	<1
	18–24	414	32
	25–34	534	41
	35–54	343	26
	55–69	21	2
	70+	1	<1
EDUCATION	No college degree	314	24
	College degree+	993	76
	Did not answer education question	6	–
LOCATION	Urban	1256	96
	Rural	56	4
	Did not answer location question	1	–
PARENT	Parent of child under 17	503	46
	Not parent of child under 17	705	54
	Did not answer parent question	15	–
GENDER	Male	765	58
	Female	547	42
	Did not answer gender question	1	–

* Numbers have been rounded to the nearest per cent and might not total 100.

In Brazil, nearly all (94%) who are aware of UNAIDS have a favourable opinion of it, and it appears men are more likely than women to have a favourable opinion. Just 2% overall in Brazil have an unfavourable opinion of UNAIDS.

**Western/central Europe:
France, Netherlands, Spain, Sweden, and United Kingdom**

	Sample characteristics	Frequency	Valid per cent*
	Sample size	1036	100
	France	206	20
	Netherlands	205	20
	Spain	223	22
	Sweden	202	20
	United Kingdom	200	19
AGE	18–29	354	34
	30–49	451	44
	50–64	182	18
	65+	46	5
	18–24	209	20
	25–34	282	27
	35–54	393	38
	55–69	134	13
	70+	15	2
	Did not answer age question	3	–
EDUCATION	No college degree	609	61
	College degree	384	39
	Did not answer education question	43	–
LOCATION	Urban	703	70
	Rural	300	30
	Did not answer location question	33	–
PARENT	Parent of child under 17	320	32
	Not parent of child under 17	675	68
	Did not answer parent question	41	–
GENDER	Male	495	49
	Female	525	52
	Did not answer gender question	16	–

* Numbers have been rounded to the nearest per cent and might not total 100.

**Eastern Europe/central Asia:
Belarus, Kazakhstan, Latvia, the Russian Federation, and Ukraine**

	Sample characteristics	Frequency	Valid per cent*
	Sample size	1323	100
	Belarus	125	9
	Kazakhstan	126	10
	Latvia	127	10
	Russian Federation	817	62
	Ukraine	128	10
AGE	18–29	651	49
	30–49	576	44
	50–64	94	7
	65+	2	<1
	18–24	341	26
	25–34	534	40
	35–54	397	30
	55–69	51	4
	70+	–	–
EDUCATION	No college degree	409	31
	College degree	898	68
	Did not answer education question	16	–
LOCATION	Urban	1252	95
	Rural	67	5
	Did not answer location question	4	–
PARENT	Parent of child under 17	567	43
	Not parent of child under 17	749	57
	Did not answer parent question	7	–
GENDER	Male	647	49
	Female	671	51
	Did not answer gender question	5	–

* Numbers have been rounded to the nearest per cent and might not total 100.

South/South-East Asia: India, Indonesia, and Thailand

	Sample characteristics	Frequency	Valid per cent*
	Sample size	1623	100
	India	1007	62
	Indonesia	306	19
	Thailand	310	19
AGE	18–29	663	41
	30–49	868	54
	50–64	86	5
	65+	5	<1
	18–24	291	18
	25–34	702	43
	35–54	583	36
	55–69	46	3
	70+	–	–
		Did not answer age question	1
EDUCATION	No higher education	113	7
	Higher education	1482	93
	Did not answer education question	27	–
LOCATION	Urban	1485	92
	Rural	125	8
	Did not answer location question	13	–
PARENT	Parent of child under 17	749	46
	Not parent of child under 17	868	54
	Did not answer parent question	7	–
GENDER	Male	931	58
	Female	689	43
	Did not answer gender question	3	–

* Numbers have been rounded to the nearest per cent and might not total 100.

North Africa/Middle East: Egypt

	Sample characteristics	Frequency	Valid per cent*
	Sample size	804	100
AGE	18–29	428	53
	30–49	341	42
	50–64	36	4
	65+	–	–
	18–24	241	30
	25–34	331	41
	35–54	221	27
	55–69	11	1
	70+	–	–
EDUCATION	No college degree	725	91
	College degree+	70	9
	Did not answer education question	9	–
LOCATION	Urban	694	86
	Rural	110	14
PARENT	Parent of child under 17	383	48
	Not parent of child under 17	421	52
INCOME	Less than 2000 EGP	249	31
	2001–4000 EGP	163	20
	4001–6000 EGP	79	10
	6001–10000 EGP	99	12
	10001–15000 EGP	80	10
	More than 15000 EGP	134	17
GENDER	Male	394	49
	Female	410	51

* Numbers have been rounded to the nearest per cent and might not total 100.

Sub-Saharan Africa: Senegal, Uganda and South Africa

	Sample characteristics	Frequency	Valid per cent*
	Sample size	756	100
	South Africa	606	80
	Uganda	150	20
AGE	18–29	238	32
	30–49	370	49
	50–64	117	16
	65+	30	4
	18–24	111	15
	25–34	246	33
	35–54	297	39
	55–69	89	12
	70+	12	2
	Did not answer age question	1	–
EDUCATION	No college degree	149	20
	College degree+	604	80
	Did not answer education question	3	–
LOCATION	Urban	701	93
	Rural	52	7
	Did not answer location question	3	–
PARENT	Parent of child under 17	339	45
	Not parent of child under 17	412	55
	Did not answer parent question	5	–
GENDER	Male	383	51
	Female	370	49
	Did not answer gender question	3	–

* Numbers have been rounded to the nearest per cent and might not total 100.

East Asia: China and Japan

	Sample characteristics	Frequency	Valid per cent*
	Sample size	1408	100
	China	1007	72
	Japan	401	29
AGE	18–29	719	51
	30–49	553	39
	50–64	116	8
	65+	20	1
	18–24	405	29
	25–34	510	36
	35–54	420	30
	55–69	65	5
	70+	8	1
EDUCATION	No college degree	421	30
	College degree+	963	70
	Did not answer education question	24	–
LOCATION	Urban	1179	85
	Rural	207	15
	Did not answer location question	22	–
PARENT	Parent of child under 17	511	37
	Not parent of child under 17	867	63
	Did not answer parent question	30	–
GENDER	Male	723	52
	Female	668	48
	Did not answer gender question	17	–

* Numbers have been rounded to the nearest per cent and might not total 100.

Caribbean: Dominican Republic and Jamaica

	Sample characteristics	Frequency	Valid per cent*
	Sample size	601	100
	Dominican Republic	300	50
	Jamaica	301	50
AGE	18–29	178	30
	30–49	398	66
	50–64	24	4
	65+	1	<1
	18–24	52	9
	25–34	310	52
	35–54	228	38
	55–69	10	2
	70+	1	<1
EDUCATION	No schooling	91	16
	No college degree	318	55
	College degree+	164	29
	Did not answer education question	28	–
LOCATION	Urban	532	91
	Rural	56	10
	Did not answer location question	13	–
PARENT	Parent of child under 17	346	58
	Not parent of child under 17	255	42
GENDER	Male	328	55
	Female	273	45

* Numbers have been rounded to the nearest per cent and might not total 100.

Oceania: Australia

	Sample characteristics	Frequency	Valid per cent*
	Sample size	806	100
AGE	18–29	120	15
	30–49	238	30
	50–64	286	36
	65+	159	20
	18–24	55	7
	25–34	121	15
	35–54	242	30
	55–69	322	40
	70+	63	8
	Did not answer age question	3	–
EDUCATION	No college degree	465	59
	College degree+	324	41
	Did not answer education question	17	–
LOCATION	Urban	588	75
	Rural	195	25
	Did not answer location question	23	–
PARENT	Parent of child under 17	201	25
	Not parent of child under 17	593	75
	Did not answer parent question	12	–
INCOME	Less than A\$25,000	167	24
	A\$25,000–A\$34,999	115	17
	A\$35,000–A\$49,999	95	14
	A\$50,000–A\$74,999	134	19
	A\$75,000–A\$99,999	86	13
	A\$100,000 or more	92	13
	Did not answer income question	117	–
GENDER	Male	355	45
	Female	442	56
	Did not answer gender question	9	–

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