Chapter XIII

Health, food and nutrition

In 2001, the United Nations continued to promote human health, coordinate food aid and food security and support research in nutrition.

At the end of the year, some 40 million people were living with HIV/AIDS, about one third of whom were between the ages of 15 and 24. During the year, approximately 5 million people became infected, 800,000 of them children. The General Assembly's special session on HIV/AIDS (New York, 25-27 June) was seen as the first step in the realization of the commitments contained in the Millennium Declaration, adopted in 2000, in which the world's leaders resolved to halt and begin to reverse the spread of HIV/AIDS by 2015. The Declaration of Commitment, adopted at the special session, represented a watershed in the history of the epidemic, establishing, for the first time, time-bound targets on prevention, care, support and treatment, impact alleviation, and children orphaned and made vulnerable by HIV/AIDS.

In September, the Assembly proclaimed the period 2001-2010 the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa. In July, the Economic and Social Council called for support to the Organization of African Unity plan of action to achieve the goal of the Pan-African Tsetse and Trypanosomiasis Eradication Campaign initiative. Regarding tobacco control, work progressed on the drafting of a framework convention on tobacco control and related protocols.

The World Food Programme—a joint undertaking of the United Nations and the Food and Agriculture Organization of the United Nations (FAO)—provided food aid to 77 million people, supplying a record level of 4.2 million tons of such aid. FAO continued to implement the plan of action adopted at the 1996 World Food Summit and the FAO Council approved a proposal to convene, in June 2002, a review of the 1996 Summit.

Health

AIDS prevention and control

In the Millennium Declaration [YUN 2000, p. 49], adopted by the Millennium Summit of the United Nations in 2000, the world's leaders committed themselves to halting and beginning to reverse the spread of HIV/AIDS by 2015; providing special assistance to children orphaned by HIV/AIDS; and helping Africa build its capacity to tackle the spread of the pandemic and other infectious diseases. The decision by the General Assembly to convene a special session to review the problem as a matter of urgency followed quickly after the Millennium Summit, and was seen as the first step in the realization of the commitments expressed in the Declaration. The special session, which called for an expanded global response, for the first time ever established time-bound targets relating to prevention, care, support and treatment, impact alleviation, and children orphaned and made vulnerable by HIV/AIDS.

General Assembly special session on HIV/AIDS

The twenty-sixth special session of the General Assembly to review and address the HIV/AIDS problem in all its aspects and to secure a global commitment to enhance coordination and intensify efforts to combat the epidemic was held in New York from 25 to 27 June, as decided by the Assembly in resolutions 54/283 [YUN 2000, p. 1166] and 55/13 [ibid., p. 1167]. On 27 June, the Assembly adopted a Declaration of Commitment entitled "Global Crisis—Global Action" (see p. 1126), in which Member States committed themselves to addressing the HIV/AIDS crisis at all levels, through strong leadership and effective responses in such areas as: prevention; care, support and treatment; human rights; reducing vulnerability; a supportive environment for orphaned children; alleviating the epidemic's social and economic impact; research and development; developing strategies in conflict and disaster-affected regions; and additional and sustained resources. On the same date, the Assembly approved the report of the Credentials Committee (**resolution S-26/1**).

In other action, the Assembly, on 25 June, appointed the Credentials Committee members (**decision S-26/11**), elected its President (**decision S-26/12**), Vice-Presidents (**decision S-26/13**) and Chairpersons of the Main Committees (**decision S-26/14**), and appointed the facilitators (**decision S-26/15**) and chairpersons of the round

tables (**decision S-26/16**). The Assembly also approved the organizational arrangements for the session (**decision S-26/21**), adopted its agenda (**decision S-26/22**) and selected accredited civil society actors to participate in the plenary debate and in the round tables (**decision S-26/23**).

In addition to discussions in the Assembly, four interactive round tables, with the participation of Member States, observers, the UN system and accredited civil society actors, were held on: HIV/AIDS prevention and care [A/S-26/RT.1]; HIV/AIDS and human rights [A/S-26/RT.2]; the epidemic's social and economic impact and strengthening national capacities to combat HIV/AIDS [A/S-26/RT.3]; and international funding and cooperation to address the challenges of HIV/AIDS [A/S-26/RT.4]. The round-table chairpersons made oral presentations to the Assembly.

GENERAL ASSEMBLY ACTION

On 27 June [meeting 8], the General Assembly adopted **resolution S-26/2** [draft: A/S-26/L.2] without vote [agenda item 8].

Declaration of Commitment on HIV/AIDS

The General Assembly

Adopts the Declaration of Commitment on the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) annexed to the present resolution.

ANNEX

Declaration of Commitment on HIV/AIDS

"Global Crisis—Global Action"

1. We, heads of State and Government and representatives of States and Governments, assembled at the United Nations, from 25 to 27 June 2001, for the twenty-sixth special session of the General Assembly, convened in accordance with resolution 55/13 of 3 November 2000, as a matter of urgency, to review and address the problem of HIV/AIDS in all its aspects, as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;

2. Deeply concerned that the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society—national, community, family and individual;

3. Noting with profound concern that by the end of 2000 36.1 million people worldwide were living with HIV/AIDS, 90 per cent in developing countries and 75 per cent in sub-Saharan Africa;

4. Noting with grave concern that all people, rich and poor, without distinction as to age, gender or race, are affected by the HIV/AIDS epidemic, further noting that people in developing countries are the most affected and that women, young adults and children, in particular girls, are the most vulnerable;

5. Concerned also that the continuing spread of HIV/AIDS will constitute a serious obstacle to the realization of the global development goals we adopted at the Millennium Summit of the United Nations;

6. Recalling and reaffirming our previous commitments on HIV/AIDS made through:

- The United Nations Millennium Declaration, of 8 September 2000;
- The political declaration and further actions and initiatives to implement the commitments made at the World Summit for Social Development, of 1 July 2000;
- The political declaration and further action and initiatives to implement the Beijing Declaration and Platform for Action, of 10 June 2000;
- Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, of 2 July 1999;
- The regional call for action to fight HIV/AIDS in Asia and the Pacific, of 25 April 2001;
- The Abuja Declaration and Framework for Action for the fight against HIV/AIDS, tuberculosis and other related infectious diseases in Africa, of 27 April 2001;
- The Declaration of the Tenth Ibero-American Summit of heads of State, of 18 November 2000;
- The Pan-Caribbean Partnership against HIV/ AIDS, of 14 February 2001;
- The European Union Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction, of 14 May 2001;
- The Baltic Sea Declaration on HIV/AIDS Prevention, of 4 May 2000;
- The Central Asian Declaration on HIV/AIDS, of 18 May 2001;

7. Convinced of the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic, which will build on the experience and lessons learned over the past 20 years;

8. Noting with grave concern that Africa, in particular sub-Saharan Africa, is currently the worst-affected region, where HIV/AIDS is considered a state of emergency which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden, and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action;

9. Welcoming the commitments of African heads of State or Government at the Abuja special summit in April 2001, particularly their pledge to set a target of allocating at least 15 per cent of their annual national budgets for the improvement of the health sector to help to address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, will need to be complemented by increased international assistance;

10. Recognizing also that other regions are seriously affected and confront similar threats, particularly the Caribbean region, with the second-highest rate of HIV infection after sub-Saharan Africa, the Asia-Pacific region where 7.5 million people are already living with HIV/AIDS, the Latin American region with 1.5 million people living with HIV/AIDS and the Central and East-

ern European region with very rapidly rising infection rates, and that the potential exists for a rapid escalation of the epidemic and its impact throughout the world if no specific measures are taken;

11. Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS, and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;

12. Noting that armed conflicts and natural disasters also exacerbate the spread of the epidemic;

13. Noting further that stigma, silence, discrimination and denial, as well as a lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must also be addressed;

14. Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;

15. Recognizing that access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

16. Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;

17. Acknowledging that prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic, and that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic;

18. Recognizing the need to achieve the prevention goals set out in the present Declaration in order to stop the spread of the epidemic, and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services;

19. Recognizing that care, support and treatment can contribute to effective prevention through an increased acceptance of voluntary and confidential counselling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counselling and preventive supplies;

20. Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic and in treatment, care and support, taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms;

21. Noting with concern that some negative economic, social, cultural, political, financial and legal factors are hampering awareness, education, prevention, care, treatment and support efforts;

22. Noting the importance of establishing and strengthening human resources and national health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services;

23. Recognizing that effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs, including anti-retroviral therapy, diagnostics and related technologies, as well as increased research and development;

24. Recognizing also that the cost, availability and affordability of drugs and related technology are significant factors to be reviewed and addressed in all aspects and that there is a need to reduce the cost of these drugs and technologies in close collaboration with the private sector and pharmaceutical companies;

25. Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continues to hinder an effective response to HIV/AIDS in many countries, especially for the poorest people, and recalling efforts to make drugs available at low prices for those in need;

26. Welcoming the efforts of countries to promote innovation and the development of domestic industries consistent with international law in order to increase access to medicines to protect the health of their populations, and noting that the impact of international trade agreements on access to or local manufacturing of essential drugs and on the development of new drugs needs to be evaluated further;

27. Welcoming the progress made in some countries to contain the epidemic, particularly through: strong political commitment and leadership at the highest levels, including community leadership; effective use of available resources and traditional medicines; successful prevention, care, support and treatment strategies; education and information initiatives; working in partnership with communities, civil society, people living with HIV/AIDS and vulnerable groups; and the active promotion and protection of human rights; and recognizing the importance of sharing and building on our collective and diverse experiences, through regional and international cooperation including North-South, South-South and triangular cooperation;

28. Acknowledging that resources devoted to combating the epidemic both at the national and international levels are not commensurate with the magnitude of the problem;

29. Recognizing the fundamental importance of strengthening national, regional and subregional capacities to address and effectively combat HIV/AIDS and that this will require increased and sustained human, financial and technical resources through strengthened national action and cooperation and increased regional, subregional and international cooperation;

30. Recognizing that external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as coun-

tries with economies in transition, to finance the fight against HIV/AIDS;

31. Affirming the key role played by the family in prevention, care, support and treatment of persons affected and infected by HIV/AIDS, bearing in mind that in different cultural, social and political systems various forms of the family exist;

32. Affirming that beyond the key role played by communities, strong partnerships among Governments, the United Nations system, intergovernmental organizations, people living with HIV/AIDS and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector including generic and research-based pharmaceutical companies, trade unions, the media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders are important;

33. Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects, and recognizing that their full involvement and participation in the design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic;

34. Further acknowledging the efforts of international humanitarian organizations combating the epidemic, including the volunteers of the International Federation of Red Cross and Red Crescent Societies in the most affected areas all over the world;

35. Commending the leadership role on HIV/AIDS policy and coordination in the United Nations system of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS); and noting its endorsement in December 2000 of the Global Strategy Framework on HIV/AIDS, which could assist, as appropriate, Member States and relevant civil society actors in the development of HIV/AIDS strategies, taking into account the particular context of the epidemic in different parts of the world;

36. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Leadership

Strong leadership at all levels of society is essential for an effective response to the epidemic

Leadership by Governments in combating HIV/AIDS is essential and their efforts should be complemented by the full and active participation of civil society, the business community and the private sector

Leadership involves personal commitment and concrete actions

At the national level

37. By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia, international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity;

38. By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact-mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans;

At the regional and subregional level

39. Urge and support regional organizations and partners to be actively involved in addressing the crisis; intensify regional, subregional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country-level efforts;

40. Support all regional and subregional initiatives on HIV/AIDS including: the International Partnership against AIDS in Africa (IPAA) and the ECA–African Development Forum African Consensus and Plan of Action: Leadership to overcome HIV/AIDS; the Abuja Declaration and Framework for Action for the fight against HIV/AIDS, tuberculosis and other related infectious diseases in Africa; the CARICOM Pan-Caribbean Partnership against HIV/AIDS; the ESCAP regional call for action to fight HIV/AIDS in Asia and the Pacific; the Baltic Sea Initiative and Action Plan; the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean; and the European Union Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction;

41. Encourage the development of regional approaches and plans to address HIV/AIDS;

42. Encourage and support local and national organizations to expand and strengthen regional partnerships, coalitions and networks;

43. Encourage the United Nations Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support national efforts in their respective regions in combating HIV/AIDS;

At the global level

44. Support greater action and coordination by all relevant organizations of the United Nations system, including their full participation in the development and implementation of a regularly updated United Nations strategic plan for HIV/AIDS, guided by the principles contained in the present Declaration;

45. Support greater cooperation between relevant organizations of the United Nations system and international organizations combating HIV/AIDS;

46. Foster stronger collaboration and the development of innovative partnerships between the public and private sectors, and by 2003 establish and strengthen mechanisms that involve the private sector and civil

society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS;

Prevention

Prevention must be the mainstay of our response

47. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;

48. By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk of new infection;

49. By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors, and take measures to provide a supportive workplace environment for people living with HIV/AIDS;

50. By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services;

51. By 2003, implement universal precautions in health-care settings to prevent transmission of HIV infection;

52. By 2005, ensure: that a wide range of prevention programmes, which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections;

53. By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers;

54. By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV-prevention services available to them, increasing the availability of and providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;

Care, support and treatment

Care, support and treatment are fundamental elements of an effective response

55. By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations, as well as with civil society and the business sector, to strengthen health-care systems and address factors affecting the provision of HIV-related drugs, including anti-retroviral drugs, inter alia, affordability and pricing, including differential pricing, and technical and health-care system capacity. Also, in an urgent manner make every effort to provide progressively and in a sustainable manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled anti-retroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; and to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;

56. By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care, including that provided by the informal sector, and health-care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; and improve the capacity and working conditions of health-care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psychosocial care;

57. By 2003, ensure that national strategies are developed in order to provide psychosocial care for individuals, families and communities affected by HIV/AIDS;

HIV/AIDS and human rights

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS

Respect for the rights of people living with HIV/AIDS drives an effective response

58. By 2003, enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal

protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;

59. By 2005, bearing in mind the context and character of the epidemic and that, globally, women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; and empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;

60. By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender-sensitive framework;

61. By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, the promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

Reducing vulnerability

The vulnerable must be given priority in the response

Empowering women is essential for reducing vulnerability

62. By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys, including for commercial reasons. Such strategies, policies and programmes should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability and set targets for achievement;

63. By 2003, develop and/or strengthen strategies, policies and programmes which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good-quality, youth-friendly information and sexual health education and counselling services; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;

64. By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug-using behaviour, livelihood, institutional location, disrupted social structures and population movements, forced or otherwise;

Children orphaned and made vulnerable by HIV/AIDS

Children orphaned and affected by HIV/AIDS need special assistance

65. By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;

67. Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa;

Alleviating social and economic impact

To address HIV/AIDS is to invest in sustainable development

68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society, especially on women and the elderly, particularly in their role as caregivers, and in families affected by HIV/AIDS, and address their special needs; and adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources;

69. By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS, in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace;

Research and development

With no cure for HIV/AIDS yet found, further research and development is crucial

70. Increase investment in and accelerate research on the development of HIV vaccines, while building national research capacity, especially in developing countries, and especially for viral strains prevalent in highly affected regions; in addition, support and encourage increased national and international investment in HIV/AIDS-related research and development, including biomedical, operations, social, cultural and behavioural research and in traditional medicine to improve prevention and therapeutic approaches; accelerate access to prevention, care and treatment and care technologies for HIV/AIDS (and its associated opportunistic infections and malignancies and sexually transmitted diseases), including female-controlled methods and microbicides, and in particular, appropriate, safe and affordable HIV vaccines and their delivery, and to diagnostics, tests and methods to prevent mother-to-child transmission; improve our understanding of factors which influence the epidemic and actions which address it, inter alia, through increased funding and public/private partnerships; and create a conducive environment for research and ensure that it is based on the highest ethical standards;

71. Support and encourage the development of national and international research infrastructures, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and the training of basic and clinical researchers, social scientists, health-care providers and technicians, with a focus on the countries most affected by HIV/AIDS, particularly developing countries and those countries experiencing or at risk of a rapid expansion of the epidemic;

72. Develop and evaluate suitable approaches for monitoring treatment efficacy, toxicity, side effects, drug interactions and drug resistance, and develop methodologies to monitor the impact of treatment on HIV transmission and risk behaviours;

73. Strengthen international and regional cooperation, in particular North-South, South-South and triangular cooperation, related to the transfer of relevant technologies suitable to the environment in the prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process. In this context, encourage ownership of the end results of these cooperative research findings and technologies by all parties to the research, reflecting their relevant contribution and dependent upon their providing legal protection to such findings; and affirm that all such research should be free from bias;

74. By 2003, ensure that all research protocols for the investigation of HIV-related treatment, including anti-retroviral therapies and vaccines, based on international guidelines and best practices, are evaluated by independent committees of ethics, in which persons living with HIV/AIDS and caregivers for anti-retroviral therapy participate;

HIV/AIDS in conflict and disaster-affected regions

Conflicts and disasters contribute to the spread of HIV/AIDS

75. By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons, and in particular women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes;

76. Call on all United Nations agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/AIDS awareness and training to their personnel;

77. By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence forces, and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/AIDS awareness and prevention activities, including participation in emergency, humanitarian, disaster relief and rehabilitation assistance;

78. By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations, while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel;

Resources

The HIV/AIDS challenge cannot be met without new, additional and sustained resources

79. Ensure that the resources provided for the global response to address HIV/AIDS are substantial, sustained and geared towards achieving results;

80. By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between 7 and 10 billion United States dollars in low- and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS, and take measures to ensure that the resources needed are made available, particularly from donor countries and also from national budgets, bearing in mind that resources of the most affected countries are seriously limited;

81. Call on the international community, where possible, to provide assistance for HIV/AIDS prevention, care and treatment in developing countries on a grant basis;

82. Increase and prioritize national budgetary allocations for HIV/AIDS programmes as required, and en-

sure that adequate allocations are made by all ministries and other relevant stakeholders;

83. Urge the developed countries that have not done so to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking 0.15 per cent to 0.20 per cent of gross national product as official development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/AIDS epidemic;

84. Urge the international community to complement and supplement efforts of developing countries that commit increased national funds to fight the HIV/AIDS epidemic through increased international development assistance, particularly those countries most affected by HIV/AIDS, particularly in Africa, especially in sub-Saharan Africa, the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and other affected regions whose resources to deal with the epidemic are seriously limited;

85. Integrate HIV/AIDS actions in development assistance programmes and poverty eradication strategies as appropriate, and encourage the most effective and transparent use of all resources allocated;

86. Call on the international community, and invite civil society and the private sector to take appropriate measures to help to alleviate the social and economic impact of HIV/AIDS in the most affected developing countries;

87. Without further delay, implement the enhanced Heavily Indebted Poor Country (HIPC) Initiative and agree to cancel all bilateral official debts of HIPC countries as soon as possible, especially those most affected by HIV/AIDS, in return for demonstrable commitments by them to poverty eradication, and urge the use of debt service savings to finance poverty eradication programmes, particularly for prevention, treatment, care and support for HIV/AIDS and other infections;

88. Call for speedy and concerted action to address effectively the debt problems of least developed countries, low-income developing countries, and middle-income developing countries, particularly those affected by HIV/AIDS, in a comprehensive, equitable, development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term and thereby to improve their capacity to deal with the HIV/AIDS epidemic, including, as appropriate, existing orderly mechanisms for debt reduction, such as debt swaps for projects aimed at the prevention, care and treatment of HIV/AIDS;

89. Encourage increased investment in HIV/AIDS-related research nationally, regionally and internationally, in particular for the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and encourage the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines when they become available;

90. Support the establishment, on an urgent basis, of a global HIV/AIDS and health fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment and to assist Governments, inter alia, in their efforts to combat HIV/AIDS with due priority to the most affected countries, notably in sub-Saharan Africa and the Caribbean, and to those countries at high risk, and mobilize contributions to the fund from public and private sources with a special appeal to donor countries, foundations, the business community, including pharmaceutical companies, the private sector, philanthropists and wealthy individuals;

91. By 2002, launch a worldwide fund-raising campaign aimed at the general public as well as the private sector, conducted by UNAIDS with the support and collaboration of interested partners at all levels, to contribute to the global HIV/AIDS and health fund;

92. Direct increased funding to national, regional and subregional commissions and organizations to enable them to assist Governments at the national, regional and subregional level in their efforts to respond to the crisis;

93. Provide the UNAIDS co-sponsoring agencies and the UNAIDS secretariat with the resources needed to work with countries in support of the goals of the present Declaration;

Follow-up

Maintaining the momentum and monitoring progress are essential

At the national level

94. Conduct national periodic reviews with the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments, identify problems and obstacles to achieving progress, and ensure wide dissemination of the results of these reviews;

95. Develop appropriate monitoring and evaluation mechanisms to assist with follow-up in measuring and assessing progress, and develop appropriate monitoring and evaluation instruments, with adequate epidemiological data;

96. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS;

At the regional level

97. Include HIV/AIDS and related public health concerns, as appropriate, on the agenda of regional meetings at the ministerial and head of State and Government level;

98. Support data collection and processing to facilitate periodic reviews by regional commissions and/or regional organizations of progress in implementing regional strategies and addressing regional priorities, and ensure wide dissemination of the results of these reviews;

99. Encourage the exchange between countries of information and experiences in implementing the measures and commitments contained in the present Declaration, and in particular facilitate intensified South-South and triangular cooperation;

At the global level

100. Devote sufficient time and at least one full day of the annual session of the General Assembly to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in the present Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;

101. Ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;

102. Support initiatives to convene conferences, seminars, workshops, training programmes and courses to follow up issues raised in the present Declaration, and in this regard encourage participation in and wide dissemination of the outcomes of the forthcoming Dakar Conference on access to care for HIV infection; the Sixth International Congress on AIDS in Asia and the Pacific; the Twelfth International Conference on AIDS and Sexually Transmitted Infections in Africa; the Fourteenth International Conference on AIDS, Barcelona, Spain; the Tenth International Conference on People Living with HIV/AIDS, Port-of-Spain; the Second Forum and Third Conference of the Horizontal Technical Cooperation Group on HIV/AIDS and Sexually Transmitted Infections in Latin America and the Caribbean, Havana; the Fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS, Chiang Mai, Thailand;

103. Explore, with a view to improving equity in access to essential drugs, the feasibility of developing and implementing, in collaboration with non-governmental organizations and other concerned partners, systems for the voluntary monitoring and reporting of global drug prices;

We recognize and express our appreciation to those who have led the effort to raise awareness of the HIV/AIDS epidemic and to deal with its complex challenges;

We look forward to strong leadership by Governments and concerted efforts with the full and active participation of the United Nations, the entire multilateral system, civil society, the business community and private sector;

And finally, we call on all countries to take the necessary steps to implement the present Declaration, in strengthened partnership and cooperation with other multilateral and bilateral partners and with civil society.

Preparatory process

The General Assembly, acting as the preparatory committee for the special session, held open-ended informal consultations on the report of the Secretary-General (see below) and on the issues for consideration in the Declaration of Commitment. The Joint United Nations Programme on HIV/AIDS (UNAIDS) served as the substantive secretariat of the session.

Report of Secretary-General. In response to General Assembly resolution 55/13 [YUN 2000, p. 1167], the Secretary-General, in a report of 16 February [A/55/779], examined the spread of the epidemic and reviewed its impacts—demographic, social, economic and from the standpoint of the security of people and nations. The report outlined key lessons learned and successes achieved, and assessed the response to the epidemic through leadership, coordination and the need for adequate resources. Action by Governments to respond to critical challenges to combat HIV/AIDS were described. Annexed to the report were the goals set by global conferences in 1999 and 2000 and their follow-up processes, and the UN system response to HIV/AIDS.

Other action. Prior to the special session, Member States and various regional organizations held meetings and adopted declarations and calls for action. The second African Development Forum adopted the African Consensus and Plan of Action: Leadership to overcome HIV/AIDS (Addis Ababa, Ethiopia, 3-7 December 2000) [A/55/774]; the heads of State and Government of the Caribbean, on 14 February in Bridgetown, Barbados, signed the Pan-Caribbean Partnership against HIV/AIDS; on 25 April [E/2001/39], the Economic and Social Commission for Asia and the Pacific adopted a regional call for action to fight HIV/AIDS; the Organization of African Unity (OAU) (Abuja, Nigeria, 26-27 April) adopted the Abuja Declaration and Framework for Action for the fight against HIV/AIDS, tuberculosis and other related infectious diseases; Sweden, on 17 May [A/55/946], drew the Assembly's attention to a communication of 21 February from the Commission of the European Communities to the Council of the European Union (EU) and the European Parliament on the Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction, and on the same date [A/55/945] to the Programme as published by the EU; the Central Asian Conference on HIV/AIDS (Almaty, Kazakhstan, 16-18 May), attended by the representatives of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, declared commitments to scale up national responses to HIV/AIDS; the Russian Federation, on behalf of members of the Commonwealth of Independent States (CIS), transmitted, on 22 June [A/S-26/4], an appeal of the Council on cooperation in the field of health of CIS members (Baku, Azerbaijan, 19 June); and Bolivia, on behalf of the Andean Community, transmitted the text of a political declaration (Valencia, Venezuela, 24 June) [A/S-26/6], expressing concern over the worldwide consequences of HIV/AIDS.

GENERAL ASSEMBLY ACTION

On 22 February [meeting 92], the General Assembly adopted **resolution 55/242** [draft: A/55/L.76] without vote [agenda item 179].

Organizational arrangements for the special session of the General Assembly on HIV/AIDS and its preparatory process

The General Assembly,

Recalling its resolution 54/283 of 5 September 2000, in which it decided, inter alia, to convene in 2001 a special session of the General Assembly for a duration of three days to review and address the problem of human

immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects and to coordinate and intensify international efforts to combat it,

Recalling also its resolution 55/13 of 3 November 2000, in which it decided, inter alia, to convene, as a matter of urgency, a special session of the General Assembly, from 25 to 27 June 2001, to review and address the problem of HIV/AIDS in all its aspects, as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner,

Recalling further that, in its resolution 55/13, the General Assembly called for a comprehensive public information programme to raise global HIV/AIDS awareness while also building broad international support for the special session and its goals, and welcoming in this connection the offer of the President of the General Assembly to organize a number of side events to contribute to achieving these objectives and his intention to brief Member States during the second week of the open-ended informal consultations of the plenary on the results of these events,

Taking into account the further decisions taken by the General Assembly in its resolution 55/13 concerning the special session and its preparatory process,

Taking into account also the unique and exceptional nature of the special session and its preparatory process,

1. *Decides* that the special session shall be referred to as the "special session of the General Assembly on HIV/AIDS";

2. *Also decides* to adopt the organizational arrangements contained in the annex to the present resolution.

ANNEX

Organizational arrangements for the special session of the General Assembly on HIV/AIDS and its preparatory process

President

1. The special session shall take place under the presidency of the President of the fifty-fifth regular session of the General Assembly.

Vice-Presidents

2. The Vice-Presidents of the special session shall be the same as those of the fifty-fifth regular session of the General Assembly.

Credentials Committee

3. The Credentials Committee of the special session shall have the same membership as the Credentials Committee of the fifty-fifth regular session of the General Assembly.

General Committee

4. The General Committee shall consist of the President and the 21 Vice-Presidents of the special session, the Chairpersons of the six Main Committees of the fifty-fifth regular session of the General Assembly, the two facilitators and the chairpersons of the round tables.

Rules of procedure

5. The rules of procedure of the General Assembly shall apply to the special session.

Level of representation

6. In accordance with resolution 55/13, Member States and observers are invited to be represented at the special session at the highest political level.

Delegations to the special session

7. Member States and observers are encouraged to include representatives of civil society actors, people living with HIV/AIDS or representatives of their associations, as well as young people's organizations, and representatives of the business and private sector in their national delegations to the special session.

Accreditation of civil society actors

8. Pursuant to paragraph 13 of resolution 55/13, accreditation of civil society actors to the preparatory activities and the special session shall be open to:

(a) Non-governmental organizations which enjoy consultative status in accordance with Economic and Social Council resolution 1996/31 of 25 July 1996;

(b) Non-governmental organizations which are members of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS);

(c) Those which are approved from the list as defined in resolution 55/13 of associations of people living with HIV/AIDS, non-governmental organizations and members of the business sector, including pharmaceutical companies, prepared by the Executive Director of UNAIDS, along with relevant background information, made available to Member States for consideration on a non-objection basis for decision by the General Assembly in a timely manner. A complementary list, prepared by the Executive Director of UNAIDS, along with relevant background information, made available to Member States, shall be submitted to Member States no later than 1 April 2001 for consideration by Member States, on a non-objection basis for decision by the Assembly in a timely manner.

Schedule of plenary meetings

9. The special session shall consist of a total of eight plenary meetings, as follows:

Monday, 25 June 2001, from 9 a.m. to 1 p.m., from 3 to 6 p.m. and from 7 to 9 p.m.

Tuesday, 26 June 2001, from 9 a.m. to 1 p.m., from 3 to 6 p.m. and from 7 to 9 p.m.

Wednesday, 27 June 2001, from 9 a.m. to 1 p.m. and from 3 to 6 p.m.

The last hour of the afternoon meeting on Wednesday will be devoted to the adoption of the outcome document and the closing of the special session, following oral presentations by the chairpersons of the four round tables of the summaries of the discussions.

Debate in the plenary of the special session

10. Statements in the debate in the plenary of the special session shall be limited to five minutes.

11. The list of speakers for the debate in plenary shall be established by a drawing of lots on the basis of the eight meetings.

12. Member States, the Holy See and Switzerland, in their capacity as observer States, and Palestine, in its capacity as observer, shall be invited to participate in the drawing of lots.

13. The order of precedence for the list of speakers for the debate in plenary will be as follows: *(a)* heads of State/heads of Government; *(b)* Vice-Presidents/

Crown Princes or Princesses; *(c)* Deputy Prime Ministers; *(d)* Ministers; *(e)* Vice-Ministers; *(f)* heads of delegations; and *(g)* the highest-ranking official of the delegations of the Holy See and Switzerland, in their capacity as observer States, and of Palestine, in its capacity as observer.

Participation of speakers other than Member States in the debate in the plenary of the special session

14. Observers may make statements in the debate in plenary:

(a) A number of organizations and entities have received a standing invitation to participate as observers in the sessions and the work of the General Assembly;

(b) In accordance with resolution 55/13, States members of the specialized agencies that are not members of the United Nations may participate in the special session in the capacity of observers.

15. Heads of entities of the United Nations system, including programmes, funds, the specialized agencies and the regional commissions, may make statements in the debate in plenary. The Executive Director of UNAIDS will be given the opportunity to make a statement early in the debate in plenary.

16. Given the availability of time, a limited number of accredited civil society actors may make statements in the debate in plenary. The President of the General Assembly is requested, following appropriate consultations with Member States, to present the list of selected accredited civil society actors to Member States for consideration on a non-objection basis for final decision by the Assembly. The President is also requested to ensure that such selection is made on an equal and transparent basis, taking into account the principle of equitable geographical representation, relevant expertise and a wide variety of perspectives.

Round tables

17. Pursuant to resolution 55/13, four interactive round tables shall be held, as follows:

Round table 1: Monday, 25 June 2001, from 3 to 6 p.m.
Round table 2: Tuesday, 26 June 2001, from 10 a.m. to 1 p.m.
Round table 3: Tuesday, 26 June 2001, from 3 to 6 p.m.
Round table 4: Wednesday, 27 June 2001, from 10 a.m. to 1 p.m.

18. The chairpersons of the four round tables shall be from the four regional groups not represented by the President of the General Assembly. The four chairpersons shall be selected by their respective regional groups. The chairpersons of the round tables will present orally their summaries of the discussions, during the concluding plenary meeting of the special session.

19. A number of issues to be discussed in the round tables are outlined in resolution 55/13. AIDS in Africa will be a cross-cutting theme in all four round tables. The overall themes to be discussed in the round tables will be the following:

Round table 1
HIV/AIDS prevention and care
Round table 2
HIV/AIDS and human rights
Round table 3
The social and economic impact of the epidemic and the strengthening of national capacities to combat HIV/AIDS
Round table 4
International funding and cooperation to address the challenges of the HIV/AIDS epidemic

20. The round tables shall be open to Member States, observers, as well as entities of the United Nations system and accredited civil society actors.

21. In order to ensure interactive and substantive discussions of high quality, participation in each round table shall be limited to a maximum of 65 participants, of which at least 48 will be representatives of Member States. In addition, each round table shall include a maximum of 17 participants, representing observers, entities of the United Nations system and accredited civil society actors.

22. Following the selection of the chairpersons of the round tables, each regional group should determine which of its members will participate in each round table, ensuring that equitable geographical distribution will be maintained, allowing for some flexibility, and taking into account the importance of ensuring a mix of countries highly affected by the epidemic as well as countries that are less affected.

23. Thus, in order to allow for some flexibility, for each round table the maximum number of participants from each regional group will be as follows:

(a) African States: 14 Member States;
(b) Asian States: 14 Member States;
(c) Eastern European States: six Member States;
(d) Latin American and Caribbean States: nine Member States;
(e) Western European and other States: eight Member States.

24. The chairpersons of the regional groups will communicate to the President of the General Assembly the list of countries from their respective regions that will participate in each round table.

25. Member States that are not members of any of the regional groups may participate in different round tables, to be determined in consultation with the President of the General Assembly.

26. Each representative of a Member State attending the round tables may be accompanied by two advisers.

27. The Holy See and Switzerland, in their capacity as observer States, and Palestine, in its capacity as observer, may also participate in different round tables, to be determined in consultation with the President of the General Assembly.

28. A limited number of observers as defined in paragraph 14 above may also participate in each round table.

29. Entities of the United Nations system with specific expertise in areas related to the themes of the round tables will be invited to participate in the round tables. The UNAIDS secretariat will provide to the President of the General Assembly a list of those entities that will participate in each round table.

30. Accredited civil society actors with specific expertise in areas related to the themes of the round tables will also be invited to participate in the round tables. The President of the General Assembly is requested to conduct appropriate consultations with

Member States, and also with accredited civil society actors, before presenting a list of selected accredited civil society actors that may participate in each round table to Member States, in the last week of May 2001, for consideration on a non-objection basis for final decision by the General Assembly. When selecting civil society actors, due consideration shall be given to the principles of equitable geographical representation and gender, as well as to an adequate mix of national, regional and international civil society actors, and to the need to ensure that a variety of perspectives are represented.

31. The list of participants of each round table will be made available as soon as possible.

32. The round tables shall be closed to the general public. Representatives of Member States, observers, entities of the United Nations system and accredited civil society actors, as well as representatives of accredited media, will be able to follow the proceedings of the round tables via a closed-circuit television in an overflow room.

Outcome document of the special session

33. The General Assembly at its special session shall consider and adopt a declaration of commitment, taking into account the report of the Secretary-General and other relevant documents, as may be deemed necessary.

Preparatory process of the special session

34. During the preparatory process, one week, from 26 February to 2 March 2001, will be devoted to the discussion on the report of the Secretary-General and to open-ended informal consultations of the plenary.

35. A limited number of accredited civil society actors may make statements during the discussion devoted to the report of the Secretary-General, given the availability of time, and ensuring that equitable geographical representation and a wide variety of perspectives are represented.

36. The first draft outline of the declaration of commitment shall be made available by 12 March 2001, and a meeting of the open-ended informal consultations of the plenary shall be held at that time for its introduction.

37. During a second week, from 21 to 25 May 2001, the open-ended informal consultations of the plenary shall focus on the draft declaration of commitment.

38. The provisions outlined above shall in no way create a precedent for other special sessions of the General Assembly.

By **resolution 55/256** of 31 May, the Assembly adopted the special session's provisional agenda.

In a series of decisions, the Assembly took action regarding the accreditation of civil society organizations not in consultative status with the Economic and Social Council or not members of the Programme Coordinating Board of UNAIDS (see below) to participate in the special session (**decision 55/460 A** of 26 February, **decision 55/460 B** of 18 May, **decision 55/460 C** of 22 June).

Joint UN programme on HIV/AIDS

UNAIDS, which became fully operational in 1996 [YUN 1996, p. 1121], continued to coordinate UN activities for AIDS prevention and control. The Programme, which served as the main advocate for global action on HIV/AIDS, had seven cosponsors: the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations International Drug Control Programme (UNDCP), the United Nations Population Fund (UNFPA), the World Bank and the World Health Organization (WHO). UNAIDS was mandated to lead, strengthen and support an expanded response to the epidemic, mainly through facilitation and coordination, best practice development and advocacy.

According to UNAIDS, at the end of 2001, an estimated 40 million people were living with HIV/AIDS, of whom about one third were between the ages of 15 and 24. During the year, some 5 million people became infected globally, 800,000 of them children. Sub-Saharan Africa remained the worst-affected region, with about 3.4 million new infections occurring in 2001, bringing to 28.1 million the total number of people living with HIV/AIDS; in 2001, AIDS killed 2.3 million people in Africa. In Asia and the Pacific, 1.07 million people were newly infected, bringing to 7.1 million the total number of people living with the disease. HIV incidence was rising faster in Eastern Europe and Central Asia than anywhere else; an estimated 250,000 new infections in 2001 raised to 1 million the number of people afflicted.

Report of UNAIDS Executive Director. In response to Economic and Social Council resolution 1999/36 [YUN 1999, p. 1149], the Secretary-General, by a June note [E/2001/82], transmitted a report of the UNAIDS Executive Director, which described the status of the HIV/AIDS epidemic, the UN system support to an expanded response, the country-level response and the efforts of the UNAIDS secretariat, co-sponsors and other partners towards more effective and coordinated action.

The period under review, July 1999 to May 2001, laid the groundwork for a more mature, focused and coordinated response to the epidemic from UN system organizations and from a wider set of national and international partners. Within the United Nations, HIV/AIDS received one of the highest priorities, which was reflected by Security Council deliberations on the epidemic [YUN 2000, p. 1169] (see also p. 77), the commitment of the Secretary-General and the co-sponsors and the General Assembly's special session on HIV/

AIDS in June (see above). The UNAIDS approach to the epidemic over the biennium was multifaceted, with progress achieved in advancing the prevention and the care agendas. Effective prevention was promoted through the dissemination of information, educational programmes, and drug abuse and HIV/AIDS prevention activities. UNAIDS continued to assist Governments and civil society in developing comprehensive care plans and increasing their capacities to provide anti-retroviral drugs. With the United Nations as facilitator and partner, major research and development pharmaceutical companies and generic competition combined to make HIV drugs available, at a significantly reduced price, to a greater number of people in developing countries.

UN theme groups on HIV/AIDS demonstrated increased effectiveness in supporting national coordination mechanisms, broadening their scope to include such areas as advocacy, resource mobilization and facilitating exchanges of experiences within regions. The theme groups also focused on integrating HIV/AIDS into the United Nations Development Assistance Framework and other development frameworks, such as the poverty reduction strategy papers process and the common country assessments. As mainstreaming HIV/AIDS into development frameworks was one of the priorities of the UNAIDS secretariat, the secretariat, UNDCP, UNDP, UNICEF, the World Bank and WHO worked to do so by giving it a prominent place analytically and operationally. UNAIDS strategic planning development funds continued to be channelled to programmes through the UN theme groups.

The United Nations System Strategic Plan [YUN 2000, p. 1166], developed to identify strategies and partnerships necessary for UN support to countries, incorporated the plans and strategies of 29 UN organizations working on HIV/AIDS. Progress was made in developing cooperation frameworks with non-co-sponsoring organizations, including FAO, OAU and the International Labour Organization (ILO).

The report identified some of the challenges that would confront UNAIDS in the next biennium, including promoting a shift from pilot projects and small-scale interventions to more comprehensive prevention programmes; promoting expanded access to existing HIV-related commodities; further strengthening coordination at the country level; promoting the development of comprehensive care strategies; enhancing UNAIDS capacity to support policy development and coordination at all levels; expanding the participation of civil society in the response; and mobilizing the financial resources necessary to counter the epidemic.

ECONOMIC AND SOCIAL COUNCIL ACTION

On 26 July [meeting 43], the Economic and Social Council adopted **resolution 2001/23** [draft: E/2001/L.28] without vote [agenda item 7 *(c)*].

Joint United Nations Programme on HIV/AIDS (UNAIDS)

The Economic and Social Council,

Recalling its resolution 1999/36 of 28 July 1999,

Having considered the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS),

Expressing concern about the continued global spread of human immunodeficiency virus (HIV) and resulting increase in cases of acquired immunodeficiency syndrome (AIDS),

Recalling the HIV/AIDS goals of the United Nations Millennium Declaration of 8 September 2000,

Also recalling the successful convening of the special session of the General Assembly on HIV/AIDS from 25 to 27 June 2001, and the Declaration of Commitment on HIV/AIDS adopted at the end of the session,

Encouraged by the resolve of Governments to implement, on an urgent basis, the goals and commitments contained in the Declaration of Commitment on HIV/AIDS in order to accelerate the response to the epidemic,

1. *Urges* all the organizations and bodies of the United Nations system, in particular the co-sponsors and secretariat of the Joint United Nations Programme on HIV/AIDS (UNAIDS), to give priority to the full implementation of the Declaration of Commitment on HIV/AIDS, including through support to Governments in their expanded national responses to the epidemic;

2. *Also urges* the co-sponsors of the Programme, other participating organizations and bodies of the United Nations system and the secretariat of the Programme to refine their respective strategic objectives on HIV/AIDS in the light of the goals of the special session of the General Assembly on HIV/AIDS and to monitor progress in implementation;

3. *Calls* upon the United Nations system, in collaboration with all relevant stakeholders, to strengthen further coordinated action at the country level;

4. *Encourages* the Executive Director of the Programme to draw upon the administrative and financial support systems of all co-sponsors of the Programme, as appropriate, so as to maximize the efficiency and effectiveness of support provided by the secretariat of the Programme;

5. *Requests* the Secretary-General to transmit to the Economic and Social Council, at its substantive session of 2003, a report prepared by the Executive Director of the Programme, in collaboration with other relevant organizations and bodies of the United Nations system, which should include the progress made in developing a coordinated response by the United Nations system to the HIV/AIDS pandemic.

On 24 December, the General Assembly decided that the item "Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects" should remain for consideration during its resumed fifty-sixth (2002) session (**decision 56/464**).

Security Council action. In a statement of 28 June (**S/PRST/2001/16**), the Security Council, welcoming the fact that the Declaration of Commitment contained practical measures to reduce the impact of conflict and disasters on the spread of HIV/AIDS, recognized that further efforts were necessary to do so and to develop the capacity of peacekeepers to become advocates and actors for awareness and prevention of HIV transmission. The Council encouraged continued efforts with regard to relevant training for peacekeeping, pre-deployment orientation and increased international cooperation by Member States (see p. 78).

Tobacco

A report of the Secretary-General [E/2002/44] described the global tobacco epidemic and the activities of the Ad Hoc Inter-Agency Task Force on Tobacco Control.

An estimated 1.3 billion people used tobacco worldwide by 2000, and assuming no change in global prevalence, the global number of smokers was expected to reach 1.7 billion in 2020. Most tobacco users resided in developing countries or in transitional economies. It was predicted that the total number of female smokers would rise from 257.8 million in 2000 to 324 million in 2020; most of the increase would occur in developing countries.

The Ad Hoc Inter-Agency Task Force on Tobacco Control, established in 1999 [YUN 1999, p. 1151], at its third session (8 December 2000), organized in a global videoconference format, linked together eight UN organizations, as well as the World Bank and the World Trade Organization. The session provided an update on the work of each agency related to tobacco, focused on developing a work plan for inter-agency cooperation and discussed technical cooperation in support of the framework convention on tobacco control (see below). The fourth session of the Task Force (Kobe, Japan, 5 December), comprising seven UN organizations, the World Bank and the World Customs Organization, updated smoke-free policies in the UN system and discussed the recommendations and follow-up to the International Meeting on Economic, Social and Health Issues in Tobacco Control (Kobe, 3-4 December), hosted by WHO. Experts at the meeting reviewed the ongoing UN work in the area of international tobacco control, and explored the economic transition issues relevant to the technical mandates and ongoing work of the Task Force members, particularly FAO, ILO, WHO and the World Bank. WHO and the World Bank discussed effective collaboration between the health and financial sectors for tobacco control (Malta, 5-7 September).

The report contained tables presenting tobacco use prevalence by WHO regions and levels of development for the year 2000 and the projected number of smokers in 2020 and in 2050.

On 31 May, World No Tobacco Day was observed under the theme "Second-hand smoke kills. Let's clear the air".

Framework convention

During the second session of the Intergovernmental Negotiating Body (INB) (Geneva, 30 April–5 May), responsible for negotiating the text of the WHO framework convention on tobacco control and possible related protocols, a first Chair's text was discussed and the Co-Chairs of the three INB working groups developed a compendium of all the textual proposals on the Chair's text, which were submitted by member States. At the third session (22-28 November), significant progress was made in advancing the negotiations.

Inter-agency coordination in health policy

The WHO/UNICEF/UNFPA Coordinating Committee on Health, at its third session (New York, 19-20 April) [E/ICEF/2001/11], reviewed progress made in implementing the recommendations made during its second session [YUN 1999, p. 1151], particularly in the area of advocacy, and noted that work was continuing in the areas of programme development, implementation, monitoring and evaluation. Areas under review were maternal mortality and morbidity, adolescent health and development, HIV/AIDS, immunization and coordination of follow-up to the International Conference on Population and Development [YUN 1994, p. 955]. The Committee considered sector-wide approaches for health and development, and reviewed the resolutions and decisions adopted by the three organizations.

Other diseases

Roll Back Malaria initiative

Communications. On 8 March [A/55/240], Togo, representing OAU, requested the inclusion of an additional item on the General Assembly's agenda in 2001, for the purpose of proclaiming the decade 2001-2010 the "Decade to Roll Back Malaria in Africa". Also in March [A/55/240/Add.1], Togo transmitted the Declaration and Plan of Action on "Roll Back Malaria in Africa", adopted by the Extraordinary Summit of the As-

sembly of Heads of State and Government of OAU (Abuja, Nigeria, 24-25 April 2000), which had called on the United Nations to declare the decade.

Report of Secretary-General. Pursuant to Economic and Social Council resolution 1998/36 [YUN 1998, p. 1129], the Secretary-General submitted a June report [E/2001/80], prepared by WHO and other UN system entities, on progress made over the past two years regarding the Roll Back Malaria Partnership. Roll Back Malaria, launched by WHO in 1998 [YUN 1998, p. 1384], aimed at establishing sustainable capacity within communities to combat malaria and worked through global partnerships for advocacy and technical and financial assistance and through country-level partnerships to implement the strategic plans of countries.

Since January, 12 African countries had conducted national round-table meetings in order to reach agreement on a shared strategy, obtain buy-in into the strategic plan by health partners active in the country, and determine budgetary gaps and quantify the additional global resources necessary to ensure scaled-up implementation. Ghana, Uganda and the United Republic of Tanzania had shown that prioritizing Roll Back Malaria could be accomplished through a sector-wide approach to health. Eritrea had decided that rolling back malaria was the Government's primary responsibility, which had allowed the country to move towards its goal of reducing malaria mortality and morbidity by 80 per cent by 2004.

The fourth meeting of Roll Back Malaria partners, hosted by the World Bank (Washington, D.C., 18-19 April), assessed progress and agreed on priorities for malaria control for the next few years.

The report recommended that the Council call on donors that had pledged support to Roll Back Malaria to initiate urgent disbursement procedures in favour of the high-quality country strategic plans that had been developed in many malaria-affected countries. It proposed that the Council might wish to endorse the concept of a global fund for HIV/AIDS and health and urge that the fund be capitalized in order to contribute to the estimated $1.5 billion per year needed for malaria control during the rest of the decade.

On 26 July, the Council took note of the report (**decision 2001/303**).

GENERAL ASSEMBLY ACTION

On 7 September [meeting 111], the General Assembly adopted **resolution 55/284** [draft: A/55/L.84/Rev.1 & Rev.1/Add.1] without vote [agenda item 186].

2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

The General Assembly,

Recalling its resolutions 49/135 of 19 December 1994 and 50/128 of 20 December 1995 concerning the struggle against malaria in the developing countries, particularly in Africa,

Bearing in mind the relevant resolutions of the Economic and Social Council relating to the struggle against malaria and diarrhoeal diseases, in particular its resolution 1998/36 of 30 July 1998,

Acknowledging that it is important and necessary for countries where malaria is endemic to adopt appropriate strategies to combat malaria, one of the most deadly of all tropical diseases, which annually causes approximately one million deaths in Africa, where nine out of every ten cases of malaria occur,

Taking note of the declarations and decisions on health issues adopted by the Organization of African Unity, in particular the declaration and plan of action on the "Roll Back Malaria" initiative adopted at the Extraordinary Summit of Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000, as well as decision AHG/Dec.155(XXXVI) concerning the implementation of that declaration and plan of action, adopted by the Assembly of Heads of State and Government of the Organization of African Unity at its thirty-sixth ordinary session, held in Lomé from 10 to 12 July 2000,

Acknowledging the efforts of the World Health Organization and other partners to fight malaria over the years, including the launching of the Roll Back Malaria Partnership in 1998,

Recognizing that malaria-related ill health and deaths throughout the world can be eliminated with political commitment and commensurate resources if the public is educated and sensitized about malaria and appropriate health services are made available in countries where the disease is endemic,

Emphasizing that the international community has an essential role to play in strengthening the support and assistance provided to developing countries, particularly African countries, in their efforts to reduce the incidence of malaria and mitigate its negative effects,

Emphasizing also the importance of implementing the United Nations Millennium Declaration, and welcoming, in this connection, the commitments of Member States to respond to the specific needs of Africa,

1. *Proclaims* the period 2001-2010 the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa;

2. *Takes note with satisfaction* of the continuing efforts of developing countries, particularly those in African countries, to combat malaria through the formulation of plans and strategies at the national, regional and continental levels, despite their limited financial, technical and human resources;

3. *Stresses* that the proclamation of the Decade will stimulate the efforts of African countries and the international community not only to roll back malaria worldwide, in particular in Africa where the burden is heaviest, but also to prevent its spread to previously malaria-free areas;

4. *Appeals* to the international community, United Nations bodies, international and regional organizations and non-governmental organizations to allocate

substantial new and additional resources, including through the new global fund to fight HIV/AIDS, malaria and tuberculosis, launched by the Group of Eight Major Industrialized Countries at its Genoa Summit, held from 20 to 22 July 2001, and by the Secretary-General, for developing countries, particularly in Africa, with a view to enabling them to implement fully the plan of action adopted in Abuja for the "Roll Back Malaria" initiative;

5. *Commends* the World Health Organization and its partners, and urges them to provide the necessary support for its ongoing measures to combat malaria in developing countries, particularly in Africa, and to provide the assistance necessary for African States to meet their objectives;

6. *Calls* for joint comprehensive efforts between Africa and the international community to ensure that by 2005 the following targets are achieved:

(a) At least 60 per cent of those at risk for malaria, particularly pregnant women and children under five years of age, shall benefit from the most suitable combination of personal and community protective measures, such as insecticide-treated bednets and other interventions that are accessible and affordable, to prevent infection and suffering;

(b) At least 60 per cent of all pregnant women who are at risk for malaria, especially those in their first pregnancies, shall have access to chemoprophylaxis or presumptive intermittent treatment;

(c) At least 60 per cent of those suffering from malaria shall have prompt access to and shall be able to use correct, affordable and appropriate treatment within twenty-four hours of the onset of symptoms;

7. *Reiterates* the need to ensure that measures to reduce malaria transmission risks, including environmental management, are included in development planning and activities;

8. *Requests* the Secretary-General, acting in close collaboration with the Director-General of the World Health Organization, developing countries and regional organizations, including the Organization of African Unity, to conduct in 2005 an evaluation of the measures taken and progress made towards the achievement of the mid-term targets, the means of implementation provided by the international community in this regard and the overall goals of the Decade, and to report thereon to the General Assembly at its sixtieth session;

9. *Also requests* the Secretary-General to report to it at its fifty-seventh session on the implementation of the present resolution.

Trypanosomiasis

African animal trypanosomiasis, carried by the tsetse fly, remained a major constraint to food security in Africa. The vector, which also transmitted the parasites responsible for human sleeping sickness, killed livestock, depriving farmers of the use of the animals for draft power for ploughing. It was found only in Africa.

Communication. The Sudan, as Chairman of the African Group, transmitted the decisions and declarations adopted by the OAU Assembly of Heads of State and Government at its thirty-seventh ordinary session and fifth ordinary session of the African Economic Community (Lusaka, Zambia, 9-11 July) [A/56/457], among them a decision on the implementation of the plan of action for the eradication of tsetse flies in Africa.

Report of Secretary-General. As part of discussions during the high-level segment of the Economic and Social Council on the role of the UN system in supporting the efforts of African countries to achieve sustainable development, the Council considered a June report of the Secretary-General [E/2001/83]. He observed that the gains made in human development in the 1960s and the 1970s were being reversed by various infectious diseases. The activities of the International Atomic Energy Agency and FAO to create tsetse-free zones in sub-Saharan Africa contributed to increasing agricultural productivity in rural areas. Support to control the vector would contribute to reducing rural poverty. The Secretary-General recommended the urgent mobilization of resources to strengthen health systems in the context of a broad development approach where health sector reforms went hand in hand with poverty reduction and community participation.

ECONOMIC AND SOCIAL COUNCIL ACTION

On 26 July [meeting 43], the Economic and Social Council adopted **resolution 2001/26** [draft: E/2001/L.34] without vote [agenda item 7 *(g)*].

Implementation of the plan of action for the eradication of tsetse flies from Africa

The Economic and Social Council,

Having considered the report of the Secretary-General on the role of the United Nations system in supporting the efforts of African countries to achieve sustainable development,

Taking note with appreciation of the ongoing efforts to fight sleeping sickness, in particular the programme for the surveillance and control of African trypanosomiasis,

1. *Calls attention* to the seriousness of the tsetse and trypanosomiasis problem and its increasing significance as a constraint to sustainable development in Africa and the alleviation of rural poverty;

2. *Takes note* of the decision of the Assembly of Heads of State and Government of the Organization of African Unity to free Africa of tsetse flies;

3. *Welcomes* the Organization of African Unity plan of action for a campaign to achieve the goal of the Pan-African Tsetse and Trypanosomiasis Eradication Campaign initiative;

4. *Calls upon* all Member States, organizations of the United Nations system and the international community to support fully this initiative.

Food and agriculture

Food aid

World Food Programme

In July, the Economic and Social Council examined two reports pertaining to the work of the World Food Programme (WFP): the annual report of the Executive Director of WFP for 2000 [E/2001/47] and a report of the WFP Executive Board containing the decisions and recommendations of its 2000 sessions [E/2001/36]. The Council, by **decision 2001/226** of 10 July, took note of the two reports.

The WFP Executive Board decided on organizational and programme matters and approved a number of projects at its 2001 sessions, all held in Rome, Italy: first regular session (13-16 February), second regular session (16-18 May), annual session (21-24 May) and third regular session (22-25 October). On 25 October, the Board approved the 2002-2003 provisional work programme.

WFP activities

During 2001 [E/2002/54], WFP assisted 77 million of the world's poorest in 82 countries, of whom 20 million benefited from development programmes in 55 countries, 43 million benefited from emergency operations in 50 countries and 14 million benefited from protracted relief operations in 41 countries. The beneficiaries included 8 million persons internally displaced and 3 million refugees.

Total quantities of food provided by WFP reached a record level of 4.2 million tons, an increase of some 20 per cent over 2000. Of the total food provided, 660,600 tons was for development projects, 2.7 million tons was for emergency operations and 818,700 tons was for protracted relief and recovery operations.

Global food aid deliveries amounted to 11 million tons in 2001, a decrease of nearly 3 percent from the 11.3 million tons delivered in 2000. Programme food aid provided bilaterally on a government-to-government basis decreased by 15 per cent, from 3.2 million to 2.7 million tons, which accounted for the decrease of global food aid deliveries in 2001. Nearly half of the food aid delivered during the year was emergency food aid provided as relief to people affected by man-made or natural emergency situations. Compared with 2000, the portion of food aid channelled multilaterally increased from 36 per cent to 42 per cent in 2001. The decrease in Programme food aid resulted in an increase of the share of total food provided as targeted food aid. An important aspect of project food aid in 2001 was that some 27 per cent of the deliveries was monetized.

Even though the total number of beneficiaries decreased (83 million in 2000), WFP initiated 59 new operational activities and 16 country programmes worldwide.

Sub-Saharan Africa received the largest share of WFP assistance, with 51.7 per cent of its operational expenditures spent in 39 countries; Asia received 33.5 per cent for 15 countries; Eastern Europe and the Commonwealth of Independent States, 9.4 per cent for nine countries; Latin America and the Caribbean, 3.5 per cent for 13 countries; and the Middle East and North Africa, 1.8 per cent for nine countries.

Administrative and financial matters

Resources and financing

WFP operational expenditure for 2001 amounted to $1.7 billion for development and relief activities in the least developed countries and low-income, food-deficit countries. Contributions reached a record level of $1.9 billion, the highest amount in WFP's history, including a $1.2 billion contribution from the United States, the largest-ever amount from a single donor. Of the total contributed, $1.1 billion went to emergency operations, $270 million to development activities, $510 million to protracted relief and recovery operations and $20 million for other purposes.

Food security

Follow-up to 1996 World Food Summit

The Food and Agriculture Organization of the United Nations (FAO) continued to implement the Plan of Action adopted at the 1996 World Food Summit [YUN 1996, p. 1129], in which the organization committed itself to assisting developing countries on trade issues, particularly in preparing for multilateral trade negotiations in agriculture through studies, analyses and training. FAO reported in 2001 that progress had been made in reducing the absolute number of hungry people, but that was not happening fast enough to achieve the 1996 Summit goal of halving the number of hungry people by 2015. During the year, the FAO Director-General proposed to postpone the "World Food Summit: five years later", scheduled for November 2001. The FAO Council, at its one hundred and twenty-first session (Rome, 30 October–1 November), approved

the proposal to convene the follow-up meeting from 10 to 13 June 2002.

The State of Food and Agriculture 2001, FAO's annual report on current developments and issues in world agriculture, stated that latest estimates suggested that the declining trend in the prevalence of hunger had come to a near standstill, with some 826 million people undernourished. Improvements in some subregions, notably East Asia, had been offset by a deterioration in others, especially sub-Saharan Africa and Central America and the Caribbean. The publication featured a review of the existing evidence on the link between nutrition and productivity and economic growth.

Nutrition

ACC activities

During its twenty-eighth session (Nairobi, Kenya, 2-6 April) [ACC/2001/9], the Administrative Committee on Coordination Subcommittee on Nutrition (ACC/SCN) reviewed the reports of working groups on such issues as the nutrition of school-age children; capacity development in food and nutrition; micronutrients; nutrition, ethics and human rights; breastfeeding; nutrition in emergencies; household food security; and prevention of foetal and infant malnutrition. During the session, a symposium on nutrition and HIV/AIDS took place, which was hosted by the WFP Nairobi office. An ACC/SCN statement on nutrition and HIV/AIDS, approved for wide dissemination, was annexed to the Subcommittee's report.

Projected SCN expenditure, as at 14 March 2001, to the end of the 2000-2001 biennium totalled $780,000, against income of $714,400. The deficit was partly due to UNDP's total suspension of its contributions for the biennium. The UN agencies approved unanimously the core and programme budget presented for the 2002-2003 biennium. The proposed core budget was set at $860,000, while the programme budget was estimated to total $920,000.

UNU activities

The United Nations University (UNU) food and nutrition programme assisted developing regions to enhance individual, organizational and institutional capacity, carried out research activities that required global efforts and served as the academic arm for the UN system in the areas of food and nutrition that were best addressed in a non-regulatory, non-normative environment.

In 2001 [A/57/31], the UNU food and nutrition programme worked with WHO to develop new growth references for infants and young children, and in its review of technical information relevant to international policies related to infant feeding. It partnered with WHO and FAO in developing updates for the evaluation of protein and energy requirements, and discussions were under way to review the harmonization of approaches for developing dietary standards published by individual countries.

Under its capacity development training programme, UNU organized a 12-month training programme on food science and technology at the National Food Research Institute (Tsukuba, Japan), in which five fellows took part. In the degree-oriented studies programme, two fellowships were awarded to students to participate in a two-year postgraduate training programme in nutrition planning at the Department of Food Technology and Nutrition of the University of Nairobi. In cooperation with FAO, work in the area of nutrition data management continued with two 3-week training courses, in the Caribbean and in the Netherlands, on the production and use of food composition data in nutrition. The programme continued its quarterly publication of *The Food and Nutrition Bulletin* and *The Journal of Food Composition and Analysis.*