

people living with HIV. In addition, the vast majority of people in need of treatment lack access to affordable antiretroviral drugs.

141. The United Nations continues to develop joint and comprehensive approaches to HIV/AIDS, including in the areas of prevention, treatment, care, the fight against discrimination and the mitigation of impact. Significant progress has been made in expanding treatment through the WHO-led “3 by 5 Initiative” to provide 3 million people living with HIV/AIDS in developing and middle-income countries with life-prolonging antiretroviral treatment by the end of 2005. The number of people receiving such treatment has more than doubled, from 400,000 in December 2003 to approximately 1 million in June 2005. Concurrently, the Joint United Nations Programme on HIV/AIDS (UNAIDS) is working to ensure that prevention remains a priority through a broad initiative and a complementary UNESCO-led Global Initiative on Education and HIV/AIDS to scale up education-sector responses to the epidemic. New policies on prevention were endorsed at the seventeenth meeting of the UNAIDS Programme Coordinating Board (27-29 June), with a view to bridging the current HIV prevention gap, particularly among women and young people.

142. The United Nations is working in close partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen capacity at the country level. As a token of this partnership, I have agreed to chair the replenishment meeting of the Global Fund, to be held on 5 and 6 September in London, which is aimed at increasing the predictability of the Fund’s resource-mobilization efforts.

143. Joint efforts to address the multifaceted challenges posed by HIV/AIDS cover a wide array of activities, ranging from awareness-raising and advocacy to resource mobilization, capacity-building and health service delivery. FAO, UNICEF and WFP supported the improvement of food and nutrition security, as well as care for orphans and other children living with HIV/AIDS in Southern Africa. Through the Southern Africa Capacity Initiative, UNDP worked with United Nations agencies, including the United Nations Volunteers Programme and WHO, to counter the devastating loss of capacity due to HIV/AIDS across Governments, civil society and the private sector. ILO promoted and facilitated the management and mitigation of HIV/AIDS in the workplace with its national tripartite constituents, namely Government, employers and workers’ organizations.

144. In 2004 UNHCR became the tenth co-sponsoring organization of UNAIDS and adopted,

in March 2005, a three-year strategic plan to combat HIV/AIDS among returnees, refugees and other displaced persons.

145. On 2 June the General Assembly, at its high-level meeting on HIV/AIDS, reviewed progress on the Declaration of Commitment adopted at its special session held in June 2001. On 18 July the Security Council, at its meeting on HIV/AIDS, focused on the strong collaboration between UNAIDS and the Department of Peacekeeping Operations in making sure that HIV prevention efforts are part of all United Nations peacekeeping operations.

146. As at 2005, the World AIDS Campaign, led since 1997 by UNAIDS, has become a global civil society movement aimed at promoting the Declaration of Commitment on HIV/AIDS. The Campaign will now be led by a civil society global steering group, with UNAIDS as a non-voting member. I welcome this milestone in the involvement of civil society in the global governance of development issues.

147. One remaining challenge is a simplified approach to accessing the United Nations system’s support and assistance mechanisms. In December 2004, UNDG and the UNAIDS secretariat provided further guidance for “United Nations implementation support plans to country responses on HIV/AIDS”. In March 2005 leaders from donor and developing country Governments, civil society, United Nations agencies and other multilateral and international institutions agreed to form a global task team to develop a set of recommendations on improving the institutional architecture of the response to HIV/AIDS to reduce the burden placed on countries. The team’s recommendations were approved by the UNAIDS Programme Coordinating Board in June 2005.

148. During the past year, my Special Envoys for HIV/AIDS continued to assist me in four regions of the world—Africa, Asia, the Caribbean and Eastern Europe—in promoting key issues and to advocate for an expanded response to HIV/AIDS in their regions.

Chapter III

Meeting humanitarian commitments

149. Large-scale human suffering continues as a result of a number of ongoing crises and humanitarian emergencies around the world, such as those in Colombia and the Democratic Republic of the Congo. At the same time, in Nepal and the Darfur region of the Sudan, an increasing number of people are affected by conflict and insecurity. Several devastating natural disasters