Chapter XIII

Health, food and nutrition

In 2009, the United Nations continued to promote health and food security, coordinate food aid and support research in nutrition.

At the end of the year, about 33.3 million people were living with HIV/AIDS and an estimated 2.6 million people had become newly infected with the virus. Deaths due to AIDS-related illnesses were estimated at 1.8 million. The Joint United Nations Programme on HIV/AIDS (UNAIDS) issued the 2009 AIDS Epidemic Update, which documented regional progress in implementing the 2001 Declaration of Commitment on HIV/AIDS.

The Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products held its third session from 28 June to 5 July. The World Health Organization (WHO) released a summary report on global progress in implementing the Framework Convention on Tobacco Control, as well as its annual Report on the Global Tobacco Epidemic, on the theme “Implementing Smoke-free Environments”.

A WHO report to the General Assembly on the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa (2001–2010) noted that the 2010 target for malaria control and elimination was already being achieved by five African countries, with several other countries approaching the goal of reducing malaria morbidity and mortality by 50 per cent or more by the end of 2010.

The Economic and Social Council at its high-level segment discussed the theme of “Current global and national trends and their impact on social development, including public health.” Its annual ministerial review resulted in a declaration with objectives on HIV/AIDS, emerging health threats and epidemics, malaria, tobacco use and road safety.

The first global high-level conference on road safety was held in November in Moscow. In a ministerial declaration, participants set ambitious yet feasible national targets to reduce road traffic casualties.

The World Food Programme (WFP) provided life-saving food and nutrition assistance for 101.8 million people affected by conflict, storms, droughts, displacement, financial crises and other shocks that left them without food; 84 million of those beneficiaries were women and children. The Food and Agriculture Organization of the United Nations (FAO) continued to implement the Plan of Action adopted at the 1996 World Food Summit and the Declaration of the 2002 World Food Summit, which called on the international community to halve the number of undernourished people by 2015. World leaders convened at FAO headquarters in November for the World Summit on Food Security, pledging renewed commitment to eradicate hunger.

Health

AIDS prevention and control

Implementation of the Declaration of Commitment on HIV/AIDS


Reports from 147 countries demonstrated important progress in the response to the HIV epidemic, including access to antiretroviral therapy and the prevention of mother-to-child transmission. In only five years, antiretroviral coverage in resource-limited settings had increased tenfold, resulting in the first decline in the annual number of AIDS deaths since the epidemic was first recognized in the early 1980s. However, considerable challenges remained, including significant access gaps for key HIV-related services. The pace of new infections continued to outstrip the expansion of treatment programmes, and commitment to HIV prevention remained inadequate.

Many countries had indicated that they were at risk of falling short of achieving their universal access goals for 2010. The global economic downturn rendered even more acute the challenges of meeting global AIDS commitments. The HIV pandemic was affecting different populations and geographic settings in different ways. While women accounted for 60 per cent or more of new HIV infections in sub-Saharan Africa, men represented the majority of people living with HIV in other regions. Adolescents and young adults were the most likely age groups to become infected.

Key recommendations included the need for stakeholders to reaffirm their commitment to move toward
universal access to HIV prevention, treatment, care and support by 2010. National prevention strategies needed to address national and local needs, taking into account the dynamics of national epidemics and evidence of effective interventions. Financing from all sources would have to increase to $25 billion by 2010 in order to achieve national universal access targets, and relevant laws and law enforcement would need to be improved as a means of preventing discrimination against people living with HIV and populations vulnerable to infection. The Secretary-General concluded that all stakeholders must fully commit to maximum transparency and accountability in the global response to HIV/AIDS, including regular reporting on national and global commitments.

The Assembly took note of the report on 9 September (decision 63/560).

**JIU review**

In May [A/63/152/Add.1], the Secretary-General transmitted to the General Assembly his comments, and those of the United Nations System Chief Executives Board for Coordination (CEB), on the report of the Joint Inspection Unit (JIU) on the review of the progress made by the UN system in achieving Millennium Development Goal (MDG) 6, Target 7, to combat HIV/AIDS [YUN 2008, p. 1330]. The report focused on the role and involvement of the UNAIDS secretariat, the 10 UNAIDS co-sponsors and other stakeholders in achieving the goal to halt, and begin to reverse, the spread of HIV/AIDS by 2015.

CEB members welcomed the report’s wide-ranging review of a complex subject. UN system organizations commended JIU for recognizing the commitment and dedication of those working to address challenges posed by the HIV/AIDS pandemic. It was noted that achieving the MDGs depended principally on actions by Member States and that many of the recommendations contained in the report went beyond what organizations could achieve by themselves. In addition, some of the recommendations conflicted with the governance structures and mandates of the various co-sponsors, and therefore would be difficult to implement. The organizations indicated that JIU could have strengthened several of its recommendations by including examples of areas in which co-sponsor activities could improve. Although they supported the call for innovative ideas in the fight against HIV/AIDS, they stressed that there would be greater merit in the further alignment of existing mechanisms and the scaling up of demonstrated best practices. The organizations urged caution in considering the creation of additional funding mechanisms, as that would most likely cause more confusion and greater transaction costs. UN system agencies noted the report’s call for continuing support for the development of an HIV vaccine. While acknowledging that the development of a safe and effective HIV vaccine was a key component of a comprehensive response to the epidemic, they maintained that a vaccine would represent just one component of a complete package of prevention interventions, and advocated for the sustained implementation of such a package along with continuous work on mitigating the socio-economic factors contributing to increased transmission of HIV.

The General Assembly took note of the JIU report and the Secretary-General’s and CEB comments on 9 September (decision 63/560). On 24 December, the General Assembly decided that the item on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS would remain for consideration during its resumed sixty-fourth (2010) session (decision 64/549).

**Joint UN Programme on HIV/AIDS**

UNAIDS continued to serve as the main advocate for global action on HIV/AIDS. In 2009, UNAIDS had ten co-sponsors: the International Labour Organization; the United Nations Development Programme (UNDP); the United Nations Educational, Scientific and Cultural Organization; the United Nations Children’s Fund (UNICEF); the Office of the United Nations High Commissioner for Refugees; the United Nations Office on Drugs and Crime (UNODC); WHO; WFP; the United Nations Population Fund (UNFPA); and the World Bank.

**Report of Executive Director.** In response to Economic and Social Council resolution 2007/32 [YUN 2007, p. 1265], the Secretary-General in May transmitted the report [E/2009/70] of the UNAIDS Executive Director, which provided an update on the AIDS epidemic and described results achieved by UNAIDS since the previous report to the Council [YUN 2007, p. 1263].

The Executive Director stated that tangible results had been achieved in the global response to AIDS, demonstrating that a collective and comprehensive commitment to addressing AIDS could produce positive outcomes. However, a continued and unwavering sense of urgency was required to address the long-term impact of AIDS. Improved modelling methods and expanded surveillance programmes had led to adjusted and generally lower estimates for global HIV incidence, prevalence and mortality. Expanded coverage of antiretroviral treatment, as well as access to mother-to-child transmission prevention services in low and middle-income countries, illustrated that universal access to treatment might be ambitious but ultimately achievable. At the country level, the Joint Programme consolidated its support to the national response by working in joint UN teams on AIDS. All partners continued to support the “Three Ones” prin-
principles [YUN 2004, p. 1219] for coordination of national AIDS responses— one national strategic framework, one coordinating authority and one monitoring and evaluation system. Achieving universal access to HIV prevention, treatment, care and support remained the core priority for UNAIDS. Methods and systems to help countries understand the epidemic continued to improve, owing to the work of the Joint Programme and its reference groups. As a result, more information was available about the diversity of national epidemics, which in turn could inform prevention strategies and coverage of HIV programming.

While many aspects of the epidemic were evolving over time, certain key elements appeared resistant to change, and without fundamental reforms in attitudes, beliefs and laws, the marginalization of people living with HIV and at-risk populations would continue to negate the efforts of those contributing to the AIDS response. A number of actions were proposed to the Council, including acknowledging the drivers of the epidemic, the importance of prevention, the gains made in terms of access to treatment, and the critical importance of people living with HIV to all aspects of national AIDS responses, global advocacy efforts and the work of the UN system.

AIDS epidemic update

According to the 2009 AIDS Epidemic Update [UNAIDS/09.36E/JC1700E], issued in November by UNAIDS and WHO, new HIV infections had been reduced by 17 per cent over the past eight years. Since 2001, when the United Nations Declaration of Commitment on HIV/AIDS was signed, the number of new infections in sub-Saharan Africa was approximately 15 per cent lower, which was about 400,000 fewer infections in 2008. In East Asia new HIV infections declined by nearly 25 per cent and in South and South East Asia by 10 per cent in the same period. In Eastern Europe, after a dramatic increase in new infections among injecting drug users, the epidemic had levelled off considerably. However, in some countries there were signs that new HIV infections were rising again.

According to the report, an estimated 33.4 million people were living with HIV worldwide. 2.7 million people were newly infected in 2008 and 2 million people died of AIDS-related illness in 2008. People were living longer due to the beneficial effects of antiretroviral therapy. The number of AIDS-related deaths had declined by over 10 per cent over the past five years as more people had gained access to the lifesaving treatment.

UNAIDS activities

In 2009, the UNAIDS secretariat supported HIV prevention reviews in more than 30 countries, helping countries analyse their prevention programmes to ensure that they met the needs of those most vulnerable to HIV infection. The UNAIDS Caribbean team supported Guyana in carrying out an HIV prevention mapping exercise that led to the development of the country’s HIV prevention action plan.

WHO held a consultation involving more than 100 leading experts to review the scientific data available on the use of antiretroviral therapy for HIV prevention, taking into consideration human rights and public health implications. The meeting resulted in recommendations for future research.

At the global consultation in Tunisia organized by the UNAIDS secretariat on ‘positive prevention’, participants adopted the term ‘positive health, dignity and prevention’ to link the issues of HIV treatment, prevention, care and support within a human rights framework. As a result of the meeting, the United States Government’s prevention strategy for 2010–2011 incorporated ‘positive health, dignity and prevention’ values and principles.

The UNFPA-led Global Condom Initiative expanded to include over 70 countries worldwide. As a result, access to female condoms dramatically increased, reaching a record number of 50 million in 2009. Partnership with several agencies helped to maximize access to male and female condoms through the public, civil society, social marketing and private sectors. Efforts were made to reach populations in remote and rural areas.

As a result of UNAIDS’ advocacy to eliminate mother-to-child HIV transmission, the Global Fund to Fight AIDS, Tuberculosis and Malaria launched an initiative to ensure that at least 80 per cent of transmission prevention programmes supported by the Global Fund would provide combination regimens by December 2010. The Global Fund worked closely with the UNAIDS secretariat, UNICEF and WHO to accelerate the scale-up of transmission prevention programmes and to extend coverage to at least 60 per cent of women in need globally.

More than 4 million people in low- and middle-income countries were receiving antiretroviral therapy at the end of 2008, representing a 36 per cent increase in one year and a ten-fold increase over five years. Other gains included expanded HIV testing and counselling and improved access to services to prevent HIV transmission from mother to child.

To make HIV treatment more affordable, WHO supported efforts to reduce the cost of HIV medicines and diagnostics. WHO published a report entitled Transaction prices for antiretroviral medicines and HIV diagnostics from 2004 to October 2009, which facilitated price reduction negotiations and access to cheaper products. During 2008 and 2009, WHO and UNDP assisted 75 countries to amend patent legislation to facilitate greater use of generic antiretroviral drugs.
In 2009, UNAIDS made the integration of tuberculosis and HIV services a programme-wide priority. The UNAIDS secretariat supported a series of workshops in Dakar and Bali to encourage countries to develop integrated tuberculosis/HIV plans.

Civil society groups in more than 40 countries benefited from capacity-building support by UNODC to reduce stigma and discrimination towards people using drugs. Advocacy, policy guidance and technical support facilitated the inclusion of people using drugs in Nepal’s national HIV strategy, as well as the integration of gender-sensitive harm reduction services in the HIV strategy of India. In the Russian Federation, more than 150 police officers received harm reduction training in five regions.

In 2008 and 2009, UNAIDS strengthened its efforts to support people living with HIV through expanded employment opportunities. Pilot projects were supported in 17 countries to create employment opportunities through microfinance initiatives, and networks of people living with HIV and other stakeholders in 17 countries received technical support for the development of social protection schemes and income-generating initiatives. Seven countries in Africa and Asia received guidance and support to extend social security schemes to people living with HIV.

**Technical guides and frameworks.** In February, WHO, UNODC and UNAIDS issued a *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*. The document provided technical guidance on setting ambitious but achievable national targets for attaining universal access to HIV/AIDS prevention, treatment and care in that area.

In May, UNAIDS issued the *Joint Action for Results: UNAIDS Outcome Framework 2009–2011* to optimize partnerships between the UNAIDS secretariat and the 10 co-sponsoring UN organizations. The *Framework* would guide future investment and hold the secretariat and the co-sponsors accountable for making their resources work for results.

The *UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People*, issued in May, aimed at fostering and facilitating universal access to appropriate HIV prevention, care, treatment and support in that area.

In August, UNAIDS issued the *UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV*, which focused on the critical need to scale up policies and programming in that area.

**Programme Coordinating Board.** The report [DP/2009/39-DP/FPA/2009/14] on the implementation of the recommendations of the UNAIDS Programme Coordinating Board (PCB) focused on implementation of decisions from the twenty-third PCB meeting, held in December 2008, and plans for follow-up on the decisions of the twenty-fourth PCB meeting held in June 2009. Key issues addressed at the meetings included: the 2010–2011 UNAIDS unified budget and workplan (UBW); intensifying action on gender equality and AIDS; partnerships between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria; progress in the second independent evaluation of UNAIDS; UNAIDS participation in One UN pilots; and HIV, forced displacement and migrant populations.

The UBW, which was endorsed by PCB in June, united in a single framework the activities of the 10 UNAIDS co-sponsors and the UNAIDS secretariat. The 2010–2011 UBW prioritized progress towards the goal of universal access to HIV prevention, treatment, care and support, as well as contributing to the achievement of the MDGs. In addition, a UBW performance monitoring framework was designed to monitor and assess results and to increase accountability.

PCB noted that gender inequality and unequal power relations between women and men continued to be major drivers of HIV transmission. UNDP coordinated an inter-agency process, working with UNFPA, UNAIDS and UNIFEM to develop a UNAIDS action framework for addressing women, girls, gender equality and HIV. In parallel to supporting inter-agency collaboration, UNDP focused on several key areas to ensure that national AIDS programmes addressed critical gender issues. UNFPA support contributed to increased demand for quality HIV prevention services, especially for women and other vulnerable groups. UNFPA supported a global symposium on engaging men and boys in achieving gender equality (Rio de Janeiro, Brazil, 29 March–3 April) and published and disseminated advocacy tools, action briefs and guidance documents.

The twenty-third PCB meeting included a thematic segment focusing on the relationship between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Following the thematic segment, PCB requested that the UNAIDS secretariat and co-sponsors work with the Global Fund to advance mutual goals, including support for implementing Global Fund HIV grants and assistance to countries to reduce duplication between national AIDS coordinating authorities and Global Fund country coordinating mechanisms.

Progress reports for the second independent evaluation of UNAIDS, which assessed the effectiveness of UNAIDS at global, regional and country levels, were presented to PCB in December 2008 and June 2009. The evaluation addressed the evolving role of UNAIDS, the administration of UNAIDS as a joint programme, “Delivering as one”, strengthening health systems, working with civil society, human rights and gender dimensions, and technical support.

The thematic segment of the twenty-fourth PCB meeting in June focused on the vulnerability of mi-
grants and displaced persons to HIV. The segment encompassed four areas: mobility and labour; economic drivers and pull factors for mobility; forced displacement and humanitarian situations; and HIV-related travel restrictions. PCB requested that the UNAIDS secretariat and co-sponsors ensure that their staff facilitate the incorporation of mobile populations into regional and national AIDS strategies, and support Governments in harmonizing laws and policies on HIV testing to ensure adherence to internationally accepted standards.

At its meeting in June 2007, PCB examined a report on UNAIDS participation in One UN country pilots, which highlighted the experience and challenges of the UNAIDS model in informing UN reform efforts. PCB requested that the UNAIDS secretariat and co-sponsors strengthen their capacity for effective involvement in the “Delivering as one” agenda.

**ECONOMIC AND SOCIAL COUNCIL ACTION**

On 24 July [meeting 36], the Economic and Social Council adopted resolution 2009/6 [draft: E/2009/L.23] without vote [agenda item 7 (g)].

**Joint United Nations Programme on HIV/AIDS (UNAIDS)**

The Economic and Social Council,

Recalling its resolution 2007/32 of 27 July 2007,

Welcoming the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and expressing its appreciation for the concerted efforts of the secretariat of the Joint Programme and its co-sponsoring agencies in fighting HIV/AIDS,

Recalling the goals and targets set forth in the Declaration of Commitment on HIV/AIDS, adopted by the General Assembly at its twenty-sixth special session, held in 2001, the 2005 World Summit Outcome and the Political Declaration on HIV/AIDS, adopted by the Assembly at its High-level Meeting on HIV/AIDS, held in 2006, as well as the HIV/AIDS-related goals contained in the United Nations Millennium Declaration of 2000,

Recognizing that HIV/AIDS constitutes a global emergency, poses one of the most formidable challenges to the development, progress and stability of individual societies and the world at large and requires an exceptional and comprehensive global response, while acknowledging the need to maximize synergies between the AIDS response and the broader health and development agendas in a timely manner,

Expressing serious concern about the continued global spread of HIV/AIDS, which exacerbates poverty and gender inequalities and poses a major public-health challenge and a threat to economic and social development and to food security in heavily affected regions,

Expressing serious concern also about the lack of progress, twenty-eight years into the HIV/AIDS pandemic, in developing effective prevention technologies, including an HIV vaccine, and recognizing that ensuring sustained financial and political support for research and development over the long term will be a critical factor in finding effective prevention technologies,

Acknowledging the adverse impact of the global economic and financial crisis on funding for the AIDS response and the need to mitigate its impact on the gap that already exists between available resources and the human, technical and financial resources necessary to combat HIV/AIDS,

Recognizing the contribution of new, voluntary and innovative financing approaches and initiatives, such as the International Drug Purchase Facility, UNITAID, as well as the need to support and strengthen existing financial mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, and relevant United Nations organizations, through the provision of funds in a sustained manner in order to address the funding gap and thereby to ensure an effective and successful response to the HIV/AIDS pandemic,

Reaffirming the importance of global coordination efforts to scale up sustainable, intensified and comprehensive HIV/AIDS responses, in a comprehensive and inclusive partnership, as called for in the Political Declaration on HIV/AIDS, with people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, within the framework of the “Three Ones” principles,

1. Urges the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other relevant organizations and bodies of the United Nations system to intensify their support to Governments, with a view to achieving the goals contained in the United Nations Millennium Declaration and the goals and targets contained in the Declaration of Commitment on HIV/AIDS, the 2005 World Summit Outcome and the Political Declaration on HIV/AIDS;

2. Commends the support provided by the Joint Programme to the process of achieving universal access to prevention, treatment, care and support by 2010, in particular its assistance to countries in setting their national targets for universal access;

3. Welcomes the submission by Member States of a total of one hundred and forty-seven country progress reports in 2008 as part of the reporting process set out in the Declaration of Commitment on HIV/AIDS, which provided the most comprehensive overview to date of the response at the country level, and encourages all Member States to provide full support for the next round of reports, due on 31 March 2010;

4. Acknowledges the insidious and persistent drivers of the epidemic, in particular stigma, discrimination, gender inequality, socio-economic inequality and lack of respect for human rights, also acknowledges that in some cases food insecurity and displacements, for example, can lead to increased vulnerability, and encourages intensified analysis and advocacy by the Joint Programme to ensure that underlying obstacles to universal access are understood and appropriately addressed at all levels and in all settings, including through services to underserved and vulnerable populations;

5. Emphasizes the importance of comprehensive, evidence-informed HIV prevention programmes as an essential element of national, regional and international responses, through which actions and policies are tailored to the local profile of the epidemic, and commits to further intensifying efforts in this regard;
6. **Welcomes** the publication entitled “Joint Action for Results: UNAIDS Outcome Framework 2009–2011”, for moving towards the goal of universal access, including the recognition by the Joint Programme of the need to improve the effectiveness of efforts to prevent the sexual transmission of HIV, the elimination of vertical transmission from mother to child and the importance of linking HIV and sexual and reproductive health;

7. **Recognizes** the need to link the AIDS response more closely with the overall response to achieving the Millennium Development Goals, particularly those related to health;

8. **Acknowledges** the need to address the underlying obstacles to the achievement of the goal of universal access to prevention, treatment, care and support, including the gap in available human, technical and financial resources, as well as inadequately functioning health systems, in order to ensure an effective and successful response to HIV/AIDS;

9. **Reaffirms** the right to use, to the full, the provisions contained in the World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS Agreement), the Doha Declaration on the TRIPS Agreement and Public Health, the decision of the General Council of the World Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health, and, when formal acceptance procedures have been completed, the amendments to article 31 of the TRIPS Agreement, adopted by the General Council of the World Trade Organization in its decision of 6 December 2005, which provide flexibilities for the protection of public health, and, in particular, to promote access to medicines for all, and also calls for a broad and timely acceptance of the amendment to article 31 of the TRIPS Agreement;

10. **Recalls** the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, adopted by the World Health Assembly, and urges States, the relevant international organizations and other relevant stakeholders to actively support its wide implementation;

11. **Urges** Governments to prioritize and expand access to the prevention and treatment of HIV-related opportunistic infections, to promote access to and the effective use of safe and effective antiretroviral drugs of assured quality, at affordable prices, and to support both biomedical and socio-economic research on new products to prevent HIV infection, including those controlled by women, diagnostics, medicines and other treatment commodities and technologies related to HIV;

12. **Urges** Governments, donors and other stakeholders to continue to provide financial and political support for research and the development of an effective HIV vaccine;

13. **Encourages** the strengthening of the United Nations response to AIDS at the country level, the UNAIDS technical support division of labour and the concept of a joint United Nations team and programme on AIDS, with the aim of harmonizing technical support, strengthening programmatic coherence and improving the collective accountability of the United Nations system at the country level;

14. **Encourages** the Joint Programme to fully participate in the process of reforming the operational activities of the United Nations, including in the context of progress made in increasing coherence in the delivery of development assistance by the United Nations, in particular in the pilot programme countries, within the framework of the role of the Joint Programme as the coordinator of responses to HIV/AIDS;

15. **Urges** Governments, donors and other stakeholders, including the Joint Programme, to promote coherence in the support provided to and the alignment with national HIV/AIDS response strategies in a transparent, accountable and effective manner, within the framework of the “Three Ones” principles;

16. **Acknowledges** the critical importance of people living with HIV to all aspects of national AIDS responses, global advocacy efforts and the work of the United Nations system on AIDS, and encourages increased support for the capacity of civil society to carry out programme implementation and advocacy, directed towards the goal of ensuring universal access to prevention, treatment, care and support;

17. **Encourages** improved collaboration between the Joint Programme and the Global Fund to Fight AIDS, Tuberculosis and Malaria, aimed at strengthening the meaningful participation of African States through the pilot initiative, which is to be monitored and potentially extended to other regions, and in the Programme Coordinating Board of the Joint Programme and the Board of the Global Fund;

18. **Welcomes** the Report of the International Task Team on HIV-related Travel Restrictions: Findings and Recommendations—December 2008, and further encourages all countries to eliminate HIV-specific restrictions on entry, stay and residence and to ensure that people living with HIV are no longer excluded, detained or deported on the basis of their HIV status;

19. **Recognizes** the need for the Joint Programme to significantly expand and strengthen its work with national Governments and to work with all groups of civil society in order to address the gap in access to services for injecting drug users in all settings, including prisons, to develop comprehensive models of appropriate service delivery for injecting drug users, to tackle the issues of stigmatization and discrimination and to support increased capacity and resources for the provision of a comprehensive package of services for injecting drug users, including harm reduction programmes in relation to HIV, as elaborated in the WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, in accordance with relevant national circumstances;

20. **Welcomes** the promulgation of the UNAIDS Action Framework: Universal Access for Men Who Have Sex with Men and Transgender People and the follow-up action that is already under way, and calls upon the Joint Programme and other partners to support further action and to strengthen partnerships to address the political, social, legal and economic barriers to universal access, as part of the agreed Unified Budget and Workplan priorities;

21. **Recognizes** the interrelated nature of the health- and gender-related Millennium Development Goals, and welcomes the progress made by the Joint Programme in assisting countries in accelerating action on women, girls and gender equality within the context of AIDS, including the appointment of an advisory working group, under the
leadership of the Executive Director, to develop, implement and monitor an operational plan for the strengthened interagency strategy on the subject (the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV);

22. Looks forward to the consideration by the Programme Coordinating Board of the Joint Programme at its twenty-fifth meeting, to be held in Geneva from 8 to 10 December 2009, of a report on the anticipated impact that the global financial and economic crisis will have on the ability of countries to meet their universal access targets, to include recommendations and mitigation strategies;

23. Calls upon the Joint Programme to provide a critical, constructive, inclusive and transparent response to the second independent evaluation of UNAIDS, to be presented to the Programme Coordinating Board of the Joint Programme at its twenty-fifth meeting;

24. Requests the Secretary-General to transmit to the Economic and Social Council, at its substantive session of 2011, a report prepared by the Executive Director of the Joint Programme, in collaboration with its co-sponsors and other relevant organizations and bodies of the United Nations system, on progress made in implementing a coordinated response by the United Nations system to the HIV/AIDS pandemic.

**Non-communicable diseases**

During 2009, the impact of the global economic crisis on progress towards achieving the health-related MDGs, including universal access to HIV prevention, treatment and care, remained a concern. At the Commonwealth Heads of Government meeting (Trinidad and Tobago, 27–29 November), attended by representatives from 49 countries, the “Statement on Commonwealth Action to Combat Non-Communicable Diseases (NCDs)” was adopted. Government Heads noted that international cooperation was critical in addressing the phenomenon of NCDs and called for the consideration of a summit to be held in September 2011, under the auspices of the UN General Assembly, in order to develop strategic responses to those diseases and their repercussions.

**Tobacco**


WHO’s Report on the Global Tobacco Epidemic, 2009 focused on implementing smoke-free environments around the world. The report indicated that tobacco use continued to kill more than 5 million people worldwide each year, mostly in low- and middle-income countries. It also documented many gains in tobacco control over the previous year. Seventeen countries had comprehensive smoke-free laws. Seven countries had adopted such laws in 2008, including some countries that progressed from minimal or no protection to full protection in public places. However, only 9 per cent of countries mandated smoke-free bars and restaurants, and 65 countries reported no implementation of any smoke-free policies.

**Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products.** The third session of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products (Geneva, 28 June–5 July) [FCTC/COP/INB-IT/3/REC/1 & 2] was attended by representatives of 136 States parties, 13 States non-parties, two intergovernmental organizations and seven non-governmental organizations (NGOs). Participants agreed [FCTC/COP/INB-IT/3(1)] on a negotiating text that would form the basis for further negotiations.

**Smoke-free UN premises.** In response to Assembly resolution 63/8 [YUN 2008, p. 1334], the Secretary-General in August transmitted a report on smoke-free UN premises [A/64/335], prepared by WHO in consultation with the Department of Management at Headquarters, offices away from Headquarters and regional commissions. The Secretary-General had received positive feedback on smoke-free measures from representatives of Member States as well as staff members; however, it would take personal commitment and a sense of responsibility for oneself and the well-being of others to fully implement the smoking ban. He called on staff, delegations and visitors to the United Nations to respect their own health and that of others and to refrain from smoking on the premises.

**Malaria**

**Roll Back Malaria initiative**

In August, the Secretary-General transmitted a report [A/64/302], prepared by WHO pursuant to General Assembly resolution 63/234 [YUN 2008, p. 1335], on the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa (2001–2010), which was proclaimed by the Assembly in resolution 55/284 [YUN 2001, p. 1139]. The report was based on data collected for the World Malaria Report 2009, which would be published in October. It highlighted progress made and strategies needed to meet malaria-related goals by 2010.

While funding for malaria control had increased as a result of coordinated global advocacy efforts, most countries were likely to need universal coverage with insecticide-treated nets and other interventions in order to reach the 2010 targets. Major potential threats to malaria control and elimination were parasite resistance to medicines and mosquito resistance...
to pyrethroid insecticides. The regular monitoring of the efficacy of medicines and insecticides needed to become a routine component of malaria programmes. Diagnostic facilities for malaria needed to be scaled up and integrated into the management of the sick child. The quality of commodities and services was an increasingly critical issue as scale-up intensified. Access to malaria treatment was an important issue, in addition to timely malaria surveillance systems.

Intervention coverage was increasing in Africa and globally, and an impact was confirmed in those countries with prior low-to-moderate malaria transmission and higher intervention coverage. Initial evidence from Sao Tome and Principe, Zambia and the islands of Zanzibar pointed to a substantially higher reduction in child mortality than previously estimated—a greater than 40 per cent reduction in all-cause inpatient child deaths if malaria inpatient child deaths were reduced by 90 per cent. That indicated that aggressive malaria control could be the leading edge for many African countries to reach, by 2015, the target of a two-thirds reduction in child mortality, as set forth in the MDGs. The Secretary-General concluded that nearly all of the 1 million malaria deaths each year could be prevented with the universal application of existing tools.

**GENERAL ASSEMBLY ACTION**

On 7 December [meeting 60], the General Assembly adopted resolution 64/79 [draft: A/64/L.28 & Add.1] without vote [agenda item 47].

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

The General Assembly,

Recalling that the period 2001–2010 has been proclaimed the Decade to Roll Back Malaria in Developing Countries, particularly in Africa, by the General Assembly, and that combating HIV/AIDS, tuberculosis and other diseases is included in the internationally agreed development goals, including the Millennium Development Goals,

Recalling also its resolution 63/234 of 22 December 2008 and all previous resolutions concerning the struggle against malaria in developing countries, particularly in Africa,

Recalling further World Health Assembly resolution 60.18 of 23 May 2007 urging a broad range of national and international actions to scale up malaria control programmes and resolution 61.18 of 24 May 2008 on monitoring of the achievement of the health-related Millennium Development Goals,

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

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 Sum-
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particularly in Africa, in order to raise public awareness of and knowledge about the prevention, control and treatment of malaria as well as the importance of meeting the Millennium Development Goals;

3. Encourages the Special Envoy of the Secretary-General for Malaria to continue raising the issue in collaboration with other United Nations organizations already working on those issues on the international political and development agendas and to work with national and global leaders to help to secure the political will, the partnerships and the funds to drastically reduce malaria deaths by 2010 through increased access to protection and treatment, especially in Africa;

4. Welcomes the launch on 23 September 2009 in New York of the African Leaders Malaria Alliance to provide political leadership at the highest level in the fight against malaria in Africa;

5. Also welcomes the United Against Malaria campaign which aims at uniting football stars and teams, governmental and non-governmental organizations, foundations and corporations in the fight against malaria ahead of the 2010 International Federation of Association Football World Cup event, to be held in South Africa;

6. Further welcomes the increased funding for malaria interventions and for research and development of preventive and control tools from the international community, through funding from multilateral and bilateral sources and from the private sector, as well as by making predictable financing available through appropriate and effective aid modalities and in-country health financing mechanisms aligned with national priorities, which are key to strengthening health systems and promoting universal and equitable access to high-quality malaria prevention and treatment services;

7. Urges the international community, together with United Nations agencies and private organizations and foundations, to support the implementation of the Global Malaria Action Plan, including through support for programmes and activities at the country level in order to achieve internationally agreed targets on malaria;

8. Calls upon the international community to continue to support the secretariat of the Roll Back Malaria Partnership and partner organizations, including the World Health Organization, the World Bank and the United Nations Children’s Fund, as vital complementary sources of support for the efforts of malaria-endemic countries to combat the disease;

9. Appeals to the international community to work in a spirit of cooperation towards effective, increased, harmonized and sustained bilateral and multilateral assistance to combat malaria, including support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to assist States, in particular malaria-endemic countries, to implement sound national plans, in particular health plans and sanitation plans, including malaria control strategies and integrated management of childhood illnesses, in a sustained and equitable way that, inter alia, contributes to health system development;

10. Appeals to the malaria partners to resolve the financial and delivery bottlenecks that are responsible for stockouts of long-lasting insecticide-treated nets, artemisinin-based combination therapies and rapid diagnostic tests at the national level, whenever they occur, including through the strengthening of malaria programme management at the country level;

11. Welcomes the contribution to the mobilization of additional and predictable resources for development by voluntary innovative financing initiatives taken by groups of Member States, and in this regard notes the International Drug Purchase Facility, UNITAID, the International Finance Facility for Immunization, the Affordable Medicines Facility for Malaria, the Global Alliance for Vaccines and Immunization, the advance market commitment initiatives and the work of the High-level Task Force on Innovative International Financing for Health Systems;

12. Urges malaria-endemic countries to work towards financial sustainability, to increase, to the extent possible, domestic resource allocation to malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services;

13. Urges Member States to assess and respond to the needs for integrated human resources at all levels of the health system, in order to achieve the targets of the Abuja Declaration on Roll Back Malaria in Africa and the internationally agreed development goals, including the Millennium Development Goals, to take actions, as appropriate, to effectively govern the recruitment, training and retention of skilled health personnel, and to give particular focus to the availability of skilled personnel at all levels to meet technical and operational needs as increased funding for malaria control programmes becomes available;

14. Calls upon the international community, inter alia, by helping to meet the financial needs of the Global Fund to Fight AIDS, Tuberculosis and Malaria and through country-led initiatives with adequate international support, to intensify access to affordable, safe and effective antimalarial combination treatments, intermittent preventive treatment in pregnancies, adequate diagnostic facilities, long-lasting insecticide-treated mosquito nets, including, where appropriate, through the free distribution of such nets and, where appropriate, to insecticides for indoor residual spraying for malaria control, taking into account relevant international rules, including the Stockholm Convention on Persistent Organic Pollutants standards and guidelines;

15. Requests relevant international organizations, in particular the World Health Organization and the United Nations Children’s Fund, to assist efforts of national Governments to provide universal access to malaria control interventions especially to address at-risk young children and pregnant women in malaria-endemic countries, particularly in Africa, as rapidly as possible, with due regard to ensuring proper use of those interventions, including long-lasting insecticide nets, and sustainability through full community participation and implementation through the health system;

16. Calls upon Member States, in particular malaria-endemic countries, with the support of the international community, to establish and/or strengthen national policies and operational plans, with a view to scaling up efforts to achieve internationally agreed malaria targets for 2010 and 2015, in accordance with the technical recommendations of the World Health Organization;
17. **Encourages** all African countries that have not yet done so to implement the recommendations of the Abuja Summit in 2000 to reduce or waive taxes and tariffs for nets and other products needed for malaria control, both to reduce the price of the products to consumers and to stimulate free trade in those products;

18. **Calls upon** United Nations agencies and their partners to continue to provide the technical support necessary to build and enhance the capacity of Member States to implement the Global Malaria Action Plan and meet the internationally agreed goals, including the Millennium Development Goals;

19. **Expresses its concern** about the increase in resistant strains of malaria in several regions of the world, and calls upon Member States, with support from the World Health Organization and other partners, to strengthen surveillance systems for drug and insecticide resistance and upon the World Health Organization to coordinate a global network for the monitoring of drug and insecticide resistance and to ensure that drug and insecticide testing is fully operational in order to enhance the use of current insecticide- and artemisinin-based combination therapies;

20. **Urges** all Member States experiencing resistance to conventional monotherapies to replace them with combination therapies, as recommended by the World Health Organization, and to develop the necessary financial, legislative and regulatory mechanisms in order to introduce artemisinin combination therapies at affordable prices and to prohibit the marketing of oral artemisinin monotherapies, in a timely manner;

21. **Recognizes** the importance of the development of safe and cost-effective vaccines and new medicines to prevent and treat malaria and the need for further and accelerated research, including into safe, effective and high-quality traditional therapies, using rigorous standards, including by providing support to the Special Programme for Research and Training in Tropical Diseases and through effective global partnerships, such as the various malaria vaccine initiatives and the Medicines for Malaria Venture, where necessary stimulated by new incentives to secure their development and through effective and timely support towards pre-qualification of new antimalarials and their combinations;

22. **Calls upon** the international community, including through existing partnerships, to increase investment in and efforts towards the research and development of new, safe and affordable malaria-related medicines, products and technologies, such as vaccines, rapid diagnostic tests, insecticides and delivery modes, to prevent and treat malaria, especially for at-risk children and pregnant women, in order to enhance effectiveness and delay the onset of resistance;

23. **Calls upon** malaria-endemic countries to assure favourable conditions for research institutions, including allocation of adequate resources and development of national policies and legal frameworks, where appropriate, with a view to, inter alia, informing policy formulation and strategic interventions on malaria;

24. **Reaffirms** the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (**TRIPS Agreement**), the Doha Declaration on the **TRIPS Agreement** and Public Health, the decision of the World Trade Organization’s General Council of 30 August 2003 and amendments to article 31 of the Agreement, which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all, including the production, under compulsory licensing, of generic drugs in the prevention and treatment of malaria, and resolves to assist developing countries in this regard;

25. **Calls upon** the international community to support ways to expand access to and the affordability of key products, such as vector control measures, including indoor residual spraying, long-lasting insecticide-treated nets and artemisinin-based combination therapy for populations at risk of exposure to resistant strains of falciparum malaria in malaria-endemic countries, particularly in Africa, including through additional funds and innovative mechanisms, inter alia, for the financing and scaling up of artemisinin production and procurement, as appropriate, to meet the increased need;

26. **Welcomes** the increased level of public-private partnerships for malaria control and prevention, including the financial and in-kind contributions of private sector partners and companies operating in Africa, as well as the increased engagement of non-governmental service providers;

27. **Encourages** the producers of long-lasting insecticide-treated nets to accelerate technology transfer to developing countries, and invites the World Bank and regional development funds to consider supporting malaria-endemic countries in establishing factories to scale up production of long-lasting insecticide-treated nets;

28. **Calls upon** the international community and malaria-endemic countries, in accordance with existing guidelines and recommendations of the World Health Organization and the requirements of the Stockholm Convention, to increase capacity for the safe, effective and judicious use of indoor residual spraying and other forms of vector control and for quality control measures to ensure conformity with international rules, standards and guidelines;

29. **Urges** the international community to become fully knowledgeable about World Health Organization technical policies and strategies and the provisions in the Stockholm Convention related to the use of **DDT**, including for indoor residual spraying, long-lasting insecticide-treated nets and case management, intermittent preventive treatment for pregnant women and monitoring of in vivo resistance studies to artemisinin-based combination therapy treatment, so that projects support those policies, strategies and provisions;

30. **Requests** the World Health Organization, the United Nations Children’s Fund and donor agencies to provide support to those countries which choose to use **DDT** for indoor residual spraying so as to ensure that it is implemented in accordance with international rules, standards and guidelines, and to provide all possible support to malaria-endemic countries to manage the intervention effectively and prevent the contamination, in particular, of agricultural products with **DDT** and other insecticides used for indoor residual spraying;

31. **Encourages** the World Health Organization and its member States, with the support of the parties to the Stockholm Convention, to continue to explore possible alternatives to **DDT** as a vector control agent;
32. **Calls upon** malaria-endemic countries to encourage regional and intersectoral collaboration, both public and private, at all levels, especially in education, health, agriculture, economic development and the environment, to advance malaria control objectives;

33. **Calls upon** the international community to support the strengthening of health systems and national pharmaceutical policies, to monitor and fight against the trade in counterfeit antimalarial medicines and prevent their distribution and use, and to support coordinated efforts, inter alia, by providing technical assistance to improve surveillance, monitoring and evaluation systems and their alignment with national plans and systems so as to better track and report changes in coverage, the need for scaling up recommended interventions and the subsequent reductions in the burden of malaria;

34. **Urges** Member States, the international community and all relevant actors, including the private sector, to promote the coordinated implementation and enhance the quality of malaria-related activities, including via the Roll Back Malaria Partnership, in accordance with national policies and operational plans that are consistent with the technical recommendations of the World Health Organization and recent efforts and initiatives, including, where appropriate, the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, adopted during the Third High-level Forum on Aid Effectiveness, held in Accra from 2 to 4 September 2008;

35. **Notes** that the 2010 High-level Plenary Meeting of the sixty-fifth session of the General Assembly will provide an opportunity to review progress in achieving the Millennium Development Goals, and requests the Secretary-General, in close collaboration with the Director-General of the World Health Organization and in consultation with Member States, to submit to the Assembly at its sixty-fifth session a report on progress towards achieving the internationally agreed targets for 2010 and an evaluation of the implementation of the first Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, including recommendations for further actions.

**Global public health**

**High-level segment**

of Economic and Social Council

The Economic and Social Council, at the high-level segment of its 2009 substantive session (Geneva, 6–9 July) [A/64/3/Rev.1], discussed the theme of “Current global and national trends and their impact on social development, including public health”, in accordance with its decision 2008/257 [YUN 2008, p. 1339].

The Council had before it an April report by the Secretary-General on the topic [E/2009/53] that focused on the effect of current global and national trends on poverty and hunger; social cohesion; public spending on social areas, such as social protection, safety nets, education and health; job security; and food security, along with implications for public health, including health spending and household health-seeking behaviour. The world economy was in the most severe financial and economic crisis since the Great Depression. Unemployment rates were rising in many countries, straining national budgets and putting pressure on household disposable incomes. In many developing countries, that constituted a major setback in efforts to achieve the MDGs, in particular the goal of eradicating extreme poverty and hunger [YUN 2000, p. 51]. The Secretary-General outlined nine joint initiatives taken by CEB to assist countries and the global community to overcome the crisis, and recommended a range of short-term and medium-to-long-term measures at the global and national levels for managing the impact of current trends.


Parallel to its thematic discussion on 9 July, the Council held round tables on “Social trends and emerging challenges and their impact on public health: renewing our commitment to the vulnerable in a time of crisis” and “Trends in aid and aid effectiveness in the health sector”.

On 10 July, the Council held a dialogue with the Executive Secretaries of the regional commissions on the theme “Regional perspectives on the global economic and financial crisis, including the impact on global public health”. The Council had selected that theme for the item on regional cooperation on 26 March (decision 2009/208).


The Council had before it a May report [E/2009/81] by the Secretary-General that reviewed the state of global health and how it was affected by food insecurity, climate change, conflict, and the recent economic crisis. The report also examined development cooperation for health, of inequities in health and access to health services, and partnerships for health. Underscoring that political leadership at the highest levels could make the greatest difference in galvanizing global and national efforts to promote and protect health, reduce inequities in health outcomes and access to services, and achieve the MDGs, the Secretary-General highlighted priority actions and recommendations to achieve the health-related MDGs and to ensure...
progress in universal health coverage, health system strengthening, and aid delivery and effectiveness.


Ministerial declaration. On 9 July, the Council adopted the ministerial declaration of its 2009 high-level segment, entitled “Implementing the internationally agreed goals and commitments in regard to global public health” [A/64/3/Rev.1]. It reaffirmed those commitments; recognized the link between health and poverty; stressed the need for a combination of good public-health policies and for international cooperation to meet emerging threats and epidemics, as well as the need to strengthen health information systems; stressed the need to scale up efforts towards meeting the HIV/AIDS-related goals; reaffirmed the importance of the Framework Convention on Tobacco Control; expressed concern at the continued increase in road traffic fatalities and injuries worldwide; noted with concern the lack of health workers and their imbalanced distribution throughout the world; and reaffirmed the values and principles of primary health care.

Global health and foreign policy

WHO report. Pursuant to General Assembly resolution 63/33 [YUN 2008, p. 1339], the Secretary-General in September transmitted to the General Assembly a report [A/64/365] on global health and foreign policy, prepared in collaboration with the WHO Director-General and after consultations with Member States. The report examined the links between health, poverty alleviation and development, as well as the role of health in relation to foreign policy, including controlling emerging infectious diseases such as the recent influenza A(H1N1) pandemic.

Recommendations for Member States included identifying priority global health issues that required foreign policy action; strengthening the political and institutional foundations for foreign policy action on global health; increasing the quantity and quality of health information; heightening the involvement of diplomatic forums in improving foreign policy efforts on global health; and training more diplomats and health officials in global health diplomacy.

GENERAL ASSEMBLY ACTION

On 10 December [meeting 62], the General Assembly adopted resolution 64/108 [draft: A/64/L.16 & Add.1] without vote [agenda item 123].

Global health and foreign policy

The General Assembly,

Recalling its resolution 63/33 of 26 November 2008, entitled “Global health and foreign policy”,

Recalling also the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

Recalling further that achieving the health-related Millennium Development Goals is essential to socio-economic development, concerned by the relatively slow progress in achieving them, and mindful that special consideration should be given to the situation in sub-Saharan Africa,

Noting the adoption by the World Health Assembly on 24 May 2008 of its resolution 61.18, by which it initiated its annual monitoring of the achievement of the health-related Millennium Development Goals,

Recalling its resolutions 58/3 of 27 October 2003, 59/27 of 23 November 2004 and 60/35 of 30 November 2005, all entitled “Enhancing capacity-building in global public health”, the resolutions of the World Health Assembly, in particular resolution 60.28 of 23 May 2007 and resolution 62.10 of 22 May 2009, both entitled “Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits”, and resolution 62.16 of 22 May 2009, entitled “Global strategy and plan of action on public health, innovation and intellectual property”,

Noting the contribution of the High-level Forum on Advancing Global Health in the Face of Crisis, which took place at United Nations Headquarters on 15 June 2009 and engaged multisectoral high representatives from around the world in the global health debate on protecting vulnerable populations, building resilient health systems and enhancing coherence towards multi-stakeholder strategic partnerships,

Welcoming the outcome of the annual ministerial review held by the Economic and Social Council in 2009, on the theme “Implementing the internationally agreed goals and commitments in regard to global public health”,

Recognizing the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate,

Noting the role and contribution of the Foreign Policy and Global Health Initiative in promoting synergy between foreign policy and global health, as well as the contribution of the Oslo Ministerial Declaration entitled “Global health: a pressing foreign policy issue of our time” to placing health as a foreign policy issue on the international agenda,

Noting also the outcome of the Thirty-fourth Summit of the Group of Eight, held in Tōyako, Hokkaidō, Japan, from 7 to 9 July 2008, which highlighted the principles for action on global health to achieve all the health-related Millennium Development Goals,

Emphasizing that the United Nations system has an important responsibility to assist Governments in the follow-up to and full implementation of agreements and commitments reached at the major United Nations conferences and summits, especially those focusing on health-related areas,

Underscoring the fact that global health is also a long-term objective which is local, national, regional and international in scope and requires sustained attention,
commitment and closer international cooperation beyond emergency.

Reaffirming the commitment to strengthening health systems that deliver equitable health outcomes as the basis for a comprehensive approach, which requires appropriate attention to, inter alia, health financing, the health workforce, the procurement and distribution of medicines and vaccines, infrastructure, information systems, service delivery and political will in leadership and governance,

Appreciating the contribution made by civil society, including non-governmental organizations and the private sector, on issues related to foreign policy and global health,

Welcoming the ongoing partnerships between a variety of stakeholders at the local, national, regional and global levels aimed at addressing the multifaceted determinants of global health and the commitments and initiatives to accelerate progress on the health-related Millennium Development Goals, including those announced at the high-level event on the Millennium Development Goals, held at United Nations Headquarters on 25 September 2008, and at the corresponding follow-up high-level event held on 23 September 2009,

Noting with concern that for millions of people throughout the world, the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including access to medicines, still remains a distant goal and that, in many cases, especially for those living in poverty, this goal is becoming increasingly remote,

1. Notes with appreciation the report of the Secretary-General and the recommendations contained therein;

2. Recognizes the close relationship between foreign policy and global health and their interdependence, and in that regard also recognizes that global challenges require concerted and sustained efforts by the international community;

3. Stresses the importance of achieving the health-related Millennium Development Goals;

4. Welcomes the ministerial declaration adopted during the annual ministerial review held by the Economic and Social Council in 2009 which focused on the theme “Implementing the internationally agreed goals and commitments in regard to global public health”, and in that regard calls for enhanced coordination within the United Nations system;

I

Control of emerging infectious diseases and foreign policy

5. Welcomes the international coordinated actions in response to the recent influenza A (H1N1) pandemic as a good example of synergies between global health and foreign policy;

6. Emphasizes the need for further international cooperation to meet emerging, new and unforeseen threats and epidemics, such as the recent influenza A (H1N1) pandemic, and the H5N1 and other influenza viruses with human pandemic potential, and acknowledges the growing health problem of antimicrobial resistance;

7. Recognizes the need for a fair, transparent, equitable and efficient framework for the sharing of the H5N1 and other influenza viruses with human pandemic potential, and for the sharing of benefits, including access to and distribution of affordable vaccines, diagnostics and treatments, to those in need, especially in developing countries, in a timely manner;

8. Acknowledges with serious concern that current global influenza vaccine production capacity remains insufficient to meet anticipated need in pandemic situations, particularly in developing countries, and that some countries cannot develop, produce, afford or access needed vaccines and other benefits, and acknowledges also in this regard the interlinkage with production capacity of seasonal influenza vaccines and the ability to ensure their effective use;

9. Calls for the strengthening of surveillance and response capacity at the national, regional and international levels through the full implementation of the International Health Regulations;

10. Stresses the importance of finalizing any remaining elements of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits;

11. Acknowledges that communication with the public must be improved in order to increase awareness of the steps in basic hygiene that citizens can and should take in order to lessen their risk of contracting and transmitting influenza;

II

Human resources for health and foreign policy

12. Notes with concern the lack of health workers, as well as their uneven distribution within countries and throughout the world, in particular the shortage in sub-Saharan Africa, which undermines the health systems of developing countries;

13. Emphasizes the need for countries to review policies, including recruitment policies and retention policies that exacerbate this problem;

14. Underlines the importance of national and international actions, including the development of health workforce plans, which are necessary to increase universal access to health services, including in remote and rural areas, taking into account the challenges facing developing countries in the retention of skilled health personnel, and in this regard encourages the finalization of a World Health Organization code of practice on the international recruitment of health personnel;

15. Urges Member States to affirm their commitment to the training of more health workers by promoting training in accredited institutions of a full spectrum of high-quality professionals, as well as community health workers, public health workers and para-professionals, in particular through international cooperation programmes including South-South cooperation, North-South cooperation and triangular cooperation;

III

Follow-up actions

16. Urges Member States to consider health issues in the formulation of foreign policy;

17. Encourages Member States, the United Nations system, academic institutions and networks to increase their capacity for the training of diplomats and health officials, in particular those from developing countries, on global health and foreign policy, by developing best practices and
guidelines for training and open-source information, and educational and training resources for this purpose;

18. Requests the Secretary-General, in close collaboration with the Director-General of the World Health Organization, with the participation of relevant programmes, funds and specialized agencies of the United Nations system, and in consultation with Member States, to submit a report to the General Assembly at its sixty-fifth session, under the item entitled “Global health and foreign policy”, which, inter alia:

(a) Examines ways in which foreign and health policy coordination and coherence can be strengthened at the national, regional and international levels;

(b) Identifies institutional linkages;

(c) Makes concrete recommendations, with a specific focus on making foreign policy contribute better to creating a global policy environment supportive of global health, as a contribution to the High-level Plenary Meeting of the General Assembly to be held in September 2010.

On 24 December, the General Assembly decided that the item on global health and foreign policy would remain for consideration during its resumed sixty-fourth (2010) session (decision 64/549).

Follow-up to International Year of Sanitation

Report of Secretary-General. Pursuant to General Assembly resolution 61/192, which proclaimed 2008 the International Year of Sanitation [YUN 2006, p. 1419], the Secretary-General reported in July [A/64/169] that not only did the Year provide an opportunity to put the issue of sanitation in the spotlight, it galvanized the efforts and thinking of the international community to work more effectively and coherently. Advocacy efforts during the Year attracted widespread interest and inspired wide-ranging actions and partnerships. That momentum was expected to continue well beyond the Year with the key message that sanitation mattered and was an important development issue. However, efforts would need to approach the issue in a broader context and encompass all its aspects, including provision of basic sanitation services, sewerage, and wastewater treatment and reuse.

In terms of the three main expected results—awareness-raising, political buy-in and contribution to achieving the MDG target on sanitation—the activities of the Year in many ways exceeded expectations. The global momentum created by the launch and various media- and organization-specific events had slowly translated into activities and activism that were expected to continue well after the end of the Year. The Year had provided the structure, guidance and support to design and launch national and regional events targeted at politicians, decision-makers and the general public. It had prompted action by international organizations, development banks, Governments, NGOs, the private sector, sanitation experts and practitioners, artists and private citizens. The strong partnerships forged during the Year should be maintained, the Secretary-General said. Governments should design and implement strong, gender-sensitive national policies and programmes. Low-cost sanitation and wastewater treatment and reuse technologies should be transferred and disseminated. Low-income countries should focus public spending on basic, low-cost sanitation facilities, leveraging household and community investments. Microcredit programmes should be expanded to include housing improvements such as water supply and sanitation. Public-private partnerships should play a role in financing and developing sanitation infrastructure. Efforts to mobilize large-scale private sector investment for urban sewerage and wastewater treatment systems in developing countries should be encouraged.

Road safety

WHO report. In August, the Secretary-General transmitted to the General Assembly a report [A/64/266] on improving global road safety, prepared by WHO in consultation with partners of the United Nations Road Safety Collaboration. The report indicated that, since the previous report [YUN 2007, p. 1271], many actions had been taken at the local, national and international levels. Existing programmes were maintained and had gained momentum, and new initiatives had emerged, including the first International Conference on Road Safety at Work, the first global status report on road safety, the first global project on setting road traffic casualty reduction targets, and the first meeting of road safety NGOs. That signified the increasing recognition by Member States and other stakeholders that action for road safety was urgent.

The report recommended that more action plans and strategies be developed, and that Member States monitor progress in road safety and continue strengthening dialogue on road traffic injury prevention. Member States were also encouraged to participate in the global ministerial conference on road safety (see below) and to support efforts to establish a decade of action for road safety for the 10 years leading to 2020.

On 24 December, the Assembly decided that the item on the global road safety crisis would remain for consideration during its resumed sixty-fourth (2010) session (decision 64/549).

Global ministerial conference on road safety

The first Global Ministerial Conference on Road Safety (Moscow, 19–20 November) brought together Ministers and representatives of Governments, international governmental organizations, NGOs and pri-
vate bodies. On 2 December, the Russian Federation transmitted to the General Assembly the Moscow Declaration adopted at the Conference [A/64/540]. The Declaration emphasized the need for global sustained action on road safety, while acknowledging the work of the United Nations and other stakeholders in implementing road safety initiatives. Participants resolved to implement recommendations of the World Report on Road Traffic Injury Prevention [YUN 2004, p. 1223]; set national road traffic casualty reduction targets; promote harmonization of road safety and vehicle safety regulations; implement safer and more sustainable transportation, including alternative forms of transportation; improve national data collection and comparability at the international level; and invite the Assembly to declare the decade 2011–2020 as the Decade of Action for Road Safety.

Food and agriculture

Food aid

World Food Programme

At its 2009 substantive session in July, the Economic and Social Council had before it two reports pertaining to the World Food Programme (WFP): the annual report of WFP for 2008 [E/2009/14] and the report of the WFP Executive Board on its first and second regular sessions and annual session of 2008 [E/2009/36]. The Council took note of those reports on 22 July (decision 2009/215).

The WFP Executive Board, at its 2009 sessions [E/2010/36]—first regular session (9–12 February), annual session (8–12 June) and second regular session (9–12 November)—all of which were held in Rome, decided on organizational and programme matters and approved several projects. In November, the Board approved the biennial programme of work of the Executive Board for 2010–2011 [WFP/2009/EB.2/19].

WFP activities

According to its Annual Performance Report for 2009 [WFP/EB.A/2010/4], WFP distributed 4.6 million metric tons of food aid, two thirds of which was channelled through humanitarian interventions. A total of 101.8 million hungry people—including 84 million women and children—were assisted in 75 countries during the year.

In 2009, the first implementation year of the new Strategic Plan [YUN 2008, p. 1342], WFP began the transition from a focus on food aid to providing hunger solutions. In addition to reinforcing its core focus on emergency response, WFP launched new initiatives that included improved approaches to tackling malnutrition; operationalizing Purchase for Progress (P4P), a programme seeking to improve market opportunities for smallholder farmers; and the use of cash transfers and vouchers to address food needs and protect markets.

World hunger reached a historic high in 2009, with 1.02 billion people being undernourished as a result of the combined effects of the food, fuel and financial crises exacerbating vulnerability caused by disasters, conflict and poverty. There were unprecedented attacks on WFP staff and other humanitarian workers; in October, a suicide bomber killed five WFP staff members and seriously injured four others at WFP’s Islamabad office. Truck drivers delivering WFP food to insecure regions were also vulnerable; five were killed in Afghanistan, the Occupied Palestinian Territory and the Sudan. Altogether, nine staff members and six contractors were killed in acts of violence in 2009; despite the threats, WFP staff continued to risk their lives each day to ensure that assistance reached the most vulnerable people.

Administrative and financial matters

In 2009, WFP scaled up food distribution as a result of the increase in operational activity and a decline in food prices from 2008 levels. Interim procedures to achieve full cost recovery were implemented. The Programme continued to pursue savings through administrative collaboration with the Rome-based agencies and climate-neutral initiatives. WFP spent $173 million in extrabudgetary funding for grants and trust funds in support of quality improvement and capacity development, primarily at the field level. WFP’s corporate online platform for operational information, EPWeb, was overhauled in 2009 and site traffic increased by 22 per cent. WFP purchased 2.6 million metric tons of food in 2009, 80 per cent of which was sourced from 75 developing countries. That amounted to an 8 per cent decrease in quantity due to carry-over stocks from 2008.

Resources and financing

Contribution revenue for the year was $4.2 billion—$3.4 billion in cash and $760 million in kind. Contributions covered only 65 per cent of total estimated needs of $6.5 billion in 2009. Private-sector partnerships raised $145 million in cash and in kind. Contributions came from 79 donors. The United States was again the largest contributor, providing $1,757 million to the Programme. Expenditures amounted to $4.2 billion, $535 million more than in 2008, reflecting the increased operational activity.
JIU review

In December, the Joint Inspection Unit (JIU) submitted a review of management and administration in WFP [JIU/REP/2009/7], with the objective of identifying areas for improvement in governance, executive management, administration, strategic planning, budgeting, human resources management and oversight. The inspectors held interviews with WFP officials and representatives of other international organizations, NGOs and Member States, in particular members of the WFP Executive Board.

The review indicated that WFP played a primary role in achieving the MDGs, especially the goal to eradicate extreme poverty and hunger. The inspectors made 12 recommendations—nine directed to the Executive Director and three addressed to the Executive Board.

Food security

Food and Agriculture Organization

In 2009, the Food and Agriculture Organization of the United Nations (FAO) continued to address the world food crisis. FAO released two annual reports: the 2009 State of Food Insecurity in the World, with the theme “Economic crises—impacts and lessons learned”, and the 2009 State of Food and Agriculture, with the theme “Livestock in the Balance”.

The Committee on World Food Security, at its thirty-fifth session (Rome, Italy, 14–17 October) [C 2009/21-Rev.1], considered the impact of the economic crisis on food security and how various stakeholders were addressing the crisis at the national level.

On 4 December, the General Assembly adopted resolution 64/72 on sustainable fisheries (see p. 1331), which welcomed the work carried out by FAO and its Committee on Fisheries, encouraged strengthened collaboration between FAO and the International Maritime Organization to combat illegal, unreported and unregulated fishing, and requested FAO to report to the Secretary-General on priorities for cooperation and coordination.

High-Level Meeting on Food Security

The High-Level Meeting on Food Security for All (Madrid, Spain, 26–27 January), a follow-up to the 2008 High-Level Conference on World Food Security [YUN 2008, p. 1343], was attended by more than 126 countries, 62 of which were represented at the ministerial level, in addition to international organizations, donor agencies and NGOs. The high-level meeting was held in order to address the effects of the volatility of food prices on the most vulnerable populations and to accelerate progress towards the eradication of extreme poverty and hunger.

On 18 February [A/63/732-E/2009/8], Spain transmitted to the Secretary-General the Madrid Declaration, which summarized the work done during the meeting, including agreements on short-, medium- and long-term food security measures, and reaffirmed the objectives of the 1996 World Food Summit [YUN 1996, p. 1129] and commitment to the MDGs. Participants reaffirmed that States had a primary responsibility to respect, fulfil and promote the right to access to adequate food, especially for children, women and other vulnerable groups. Participants expressed their determination to ensure access to adequate food for all in a sustainable manner, to improve nutrition, to stimulate food production, to strengthen social protection systems and to increase investment in all areas related to food security.

World Summit on Food Security

Sixty Heads of State and Government and 191 ministers from 182 countries and the European Community attended the World Summit on Food Security (Rome, 16–18 November). The Summit resulted in a declaration [WSFS 2009/2] that outlined strategic objectives, commitments and actions. The attending Heads of State and Government pledged to ensure national, regional and global action to eradicate extreme poverty and hunger; join efforts and expertise to work in the Global Partnership for Agriculture, Food Security and Nutrition; reverse the decline in domestic and international funding for agriculture, food security and rural development in developing countries; and proactively face the challenges of climate change to food security and the need for adaptation of, and mitigation in, agriculture. Countries also agreed to invest in country-owned plans; strive for a comprehensive twin-track approach to food security consisting of direct action to immediately tackle hunger for the most vulnerable and medium- and long-term agricultural, food security, nutrition and rural development programmes; improve governance of global food issues in partnership with stakeholders from the public and private sector; improve the efficiency, responsiveness, coordination and effectiveness of multilateral institutions; and ensure sustained and substantial commitment to investment in agriculture, food security and nutrition.

Agriculture development and food security

Communication. On 20 February [A/63/740], Namibia transmitted to the Secretary-General the Windhoek High-level Ministerial Declaration on African Agriculture in the Twenty-first Century: Meeting the Challenges, Making a Sustainable Green Revolution, adopted at a high-level meeting for the Africa region on that theme (Windhoek, Namibia, 9–10 February).
Report of Secretary-General. Pursuant to General Assembly resolution 63/235 [YUN 2008, p. 1343], the Secretary-General on 3 August submitted a report [A/64/221] that addressed agriculture development and food security within the context of national and international development policies.

The Secretary-General underlined that the food crisis of 2008 had drawn welcome attention to the long-existing problem of hunger and food insecurity. The global policy community had produced a range of analyses and agreements that provided a way forward towards an effective response to the crisis, including the strategic framework advanced initially under the Comprehensive Framework for Action [YUN 2008, p. 1343] and developed more fully by the Commission on Sustainable Development at its seventeenth session (see p. 799). The strategic framework included two components—the immediate component of improving the situation of households affected by the crisis and the longer-term component of building resilience against future shocks and ensuring the ability to sustain food security. The Secretary-General concluded that this agenda required concerted support from the international community. The review of the situation suggested that countries were making efforts to implement such a strategy, albeit with varying degrees of commitment and success, and still at some distance from the vision of an integrated strategy.

Special Representative on food security. On 29 October [SG/A/1203], the Secretary-General nominated David Nabarro (United Kingdom) as his Special Representative on Food Security and Nutrition. Dr. Nabarro was the coordinator of the High-Level Task Force on the Global Food Security Crisis [YUN 2008, p. 1343], which the Secretary-General had chaired since April 2008. As Special Representative, he would assist the Secretary-General as he encouraged and supported country-led actions for food security. The General Assembly welcomed that appointment by resolution 64/224 (see below).

GENERAL ASSEMBLY ACTION

On 21 December [meeting 66], the General Assembly, on the recommendation of the Second (Economic and Financial) Committee [A/64/427], adopted resolution 64/224 without vote [agenda item 60].

Agriculture development and food security

The General Assembly,

Welcoming the establishment of the agenda item and the discussions that have been undertaken on agriculture development and food security in the General Assembly,

Welcoming also the convening of the World Summit on Food Security in Rome from 16 to 18 November 2009,

Recalling the Rio Declaration on Environment and Development, Agenda 21, the Programme for the Further Implementation of Agenda 21, the Johannesburg Declaration on Sustainable Development and the Plan of Implementation of the World Summit on Sustainable Development ("Johannesburg Plan of Implementation"), the Monterrey Consensus of the International Conference on Financing for Development, the 2005 World Summit Outcome and the Doha Declaration on Financing for Development: outcome document of the Follow-up International Conference on Financing for Development to Review the Implementation of the Monterrey Consensus,

Reaffirming the goal set out in paragraph 19 of the United Nations Millennium Declaration, to halve, by 2015, the proportion of the world’s people whose income is less than one dollar a day and the proportion of people who suffer from hunger,

Recalling the Rome Declaration on World Food Security and the World Food Summit Plan of Action, the Declaration of the World Food Summit: five years later, including the goal of achieving food security for all through an ongoing effort to eradicate hunger in all countries, with an immediate view to reducing by half the number of undernourished people by no later than 2015, as well as the commitment to achieving the Millennium Development Goals,

Welcoming the outcome of the seventeenth session of the Commission on Sustainable Development on the thematic cluster of issues on agriculture, rural development, land, drought, desertification and Africa,

Recognizing that agriculture plays a crucial role in addressing the needs of a growing global population and is inextricably linked to poverty eradication, especially in developing countries, and stressing that integrated and sustainable agriculture and rural development approaches are therefore essential to achieving enhanced food security and food safety in an environmentally sustainable way,

Expressing concern that the number of people suffering from hunger and poverty now exceeds one billion, which is an unacceptable blight on the lives, livelihoods and dignity of one sixth of the world’s population, mostly in developing countries, and noting that the effects of long-standing underinvestment in food security, agriculture, and rural development have recently been further exacerbated by the food, financial and economic crises, among other factors,

Striving for a world free from hunger in which countries implement the Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security, adopted by the Council of the Food and Agriculture Organization of the United Nations in November 2004, and supporting the practical application of the guidelines based on the principles of participation, transparency and accountability,

Recognizing the importance of an enabling international and national environment to increase and sustain investment in the agriculture sector of developing countries and to create a more level playing field in agriculture through greater market access, substantial reduction of trade-distorting domestic support, and the parallel elimination of all forms of export subsidies and disciplines on all export measures with equivalent effect in accordance with the mandate from the Doha Work Programme of the World Trade Organization,

Emphasizing the urgent need to increase efforts at the national, regional and international levels to address food security and agriculture development as an integral part of the international development agenda,
Recognizing the need to foster strategic coordination for agriculture development and food security involving all actors at the national, regional and global levels to improve governance, promote better allocation of resources, avoid duplication of efforts and identify response gaps,

Recognizing also that a sense of urgency and a commitment to solving the global food crisis have served as catalysts for strengthening international coordination and governance for food security, through the Global Partnership for Agriculture, Food Security and Nutrition, of which the Committee on World Food Security is a central component, and reiterating that it is essential to enhance global governance, building on existing institutions and fostering effective partnerships,

Remaining deeply concerned at the high volatility of global food prices, including for basic food commodities, owing to, inter alia, structural and systemic problems,

Remaining deeply concerned also that the global financial and economic crisis, climate change and the food crisis pose a serious challenge to the fight against poverty and hunger, as well as to the efforts of developing countries to attain food security and achieve the objective of reducing by half the number of undernourished people by no later than 2015 as well as the other internationally agreed development goals, including the Millennium Development Goals, and reiterating that the global food crisis has multiple and complex causes and that its consequences require a comprehensive and coordinated response, including the adoption of political, economic, social, financial and technical solutions in the short, medium and long term by national Governments and the international community,

Recognizing the work undertaken by relevant international bodies and organizations, including the Food and Agriculture Organization of the United Nations, the International Fund for Agricultural Development and the World Food Programme, on agriculture development and enhancing food security,

Acknowledging the work undertaken by the High-level Task Force on the Global Food Security Crisis,

Welcoming the recent appointment of the Special Representative of the Secretary-General on Food Security and Nutrition,

Taking note of the work to be undertaken, including by the Food and Agriculture Organization of the United Nations and the International Fund for Agricultural Development, on the follow-up to the International Conference on Agrarian Reform and Rural Development, in view of its relevance to food security,

Noting the convening of the World Grain Forum on 6 and 7 June 2009 in St. Petersburg, Russian Federation,

Emphasizing that the United Nations can play an effective role in building a global consensus in addressing agriculture development and food security,

1. Takes note of the report of the Secretary-General;
2. Welcomes the adoption of the Declaration of the World Summit on Food Security, and notes the Five Rome Principles for Sustainable Global Food Security contained in the Declaration;
3. Stresses that food security is central to poverty eradication, public health and sustainable economic growth, and the need for a comprehensive twin-track approach to food security that consists of direct action to immediately tackle hunger for the most vulnerable and medium- and long-term sustainable agricultural, food security, nutrition, and rural development programmes to eliminate the root causes of hunger and poverty, including through the progressive realization of the right to food;
4. Also stresses that achieving food security for all has as its core element the strengthening and revitalizing of the agricultural sector in developing countries, where it has been identified as a priority by Governments, including through enhanced international support, an enabling environment at all levels and the empowerment of small-scale farmers, indigenous peoples and other rural communities, and stresses the need for the involvement of women, in particular in decision-making;
5. Underlines the importance of enhancing synergies between agriculture, food security and development policies and strategies at both the national and international levels, including by prioritizing and mainstreaming agriculture and food security into development policies;
6. Encourages efforts at all levels to create a strong enabling environment for enhancing agricultural production, productivity and sustainability, developing strong agricultural value chains and improving farmers’ and agro-industry access to and participation in markets;
7. Welcomes the strengthening of cooperation between the Food and Agriculture Organization of the United Nations, the International Fund for Agricultural Development, the World Food Programme and all other relevant entities of the United Nations system and other intergovernmental organizations, the international financial institutions and international trade, financial and economic institutions, in accordance with their respective mandates, in order to increase their effectiveness, as well as the strengthening of cooperation with non-governmental organizations and the private sector in promoting and strengthening efforts towards agriculture development and food security;
8. Expresses its support for initiatives and actions to strengthen governance for agriculture development and food security and for the Global Partnership for Agriculture, Food Security and Nutrition, which will strive to achieve strategic coordination of efforts at the national, regional and global levels, building on existing structures, ensuring inclusiveness of participation and promoting a genuine bottom-up approach based on field-level experiences and developments;
9. Welcomes the efforts of the Committee on World Food Security, as a platform for discussion and coordination to strengthen collaborative action, to ensure that the voices of all relevant stakeholders, particularly those most affected by food insecurity, are heard, supports the important roles of the Committee, particularly in areas of coordination at the global level, policy convergence and facilitated support and advice to countries and regions, and affirms that, within the context of the implementation plan laid down in the reform of the Committee, it will gradually take on additional roles, such as promoting coordination at the national and regional levels, promoting accountability and sharing best practices at all levels, and developing a global strategic framework for food security and nutrition;
10. Underlines the need for sustained funding and increased targeted investment to enhance world food production, and calls for new and additional financial resources from all sources to achieve sustainable agriculture development and food security;
11. **Stresses** the urgent need to increase the share of official development assistance devoted to agriculture and food security based on country-led requests, and encourages international financial institutions and regional development banks to do likewise;

12. **Calls for** actions at the national, regional and international levels to intensify public and private investment in the agriculture sector, including through public-private partnerships;

13. **Encourages** international, regional and national efforts to strengthen the capacity of developing countries, in particular their small-scale producers, to enhance the productivity of food crops, and to promote sustainable practices in pre-harvest and post-harvest agricultural activities;

14. **Underlines** the importance of the conservation of, access to, and fair and equitable sharing of the benefits arising from the use of genetic resources, in accordance with national law and international agreements;

15. **Reaffirms** the need to mobilize the resources needed to increase productivity, including the review, approval and adoption of biotechnology and other new technologies and innovations that are safe, effective and environmentally sustainable;

16. **Promotes** research for food and agriculture, including research to adapt to and mitigate climate change, and access to research results and technologies at national, regional and international levels, including through the international research centres of the Consultative Group on International Agricultural Research, as well as other relevant international and regional research organizations;

17. **Recognizes** that appropriate, affordable and sustainable agriculture technology can play an important role in helping developing countries to eradicate poverty and hunger and achieve global food security, and calls upon the international community to make greater efforts to promote the development and transfer of appropriate technologies and know-how on mutually agreed terms to developing countries;

18. **Stresses** the importance of strengthening North-South, as well as South-South and triangular cooperation, and enhancing support from the United Nations development system in promoting cooperation in agriculture development and food security;

19. **Encourages** efforts at all levels to establish and strengthen social protection measures and programmes, including national social safety nets and protection programmes for the needy and vulnerable, such as food and cash for work, cash transfer and voucher programmes, school feeding programmes and mother-and-child nutrition programmes;

20. **Stresses** that a universal, rules-based, open, non-discriminatory and equitable multilateral trading system will promote agriculture and rural development in developing countries and contribute to world food security, and urges national, regional and international strategies to promote the participation of farmers, especially smallholders and women, in community, domestic, regional and international markets;

21. **Underlines** the importance of the provision of, and the unhindered access to, safe emergency food and humanitarian assistance and support for the most vulnerable populations, recognizes the value of local purchase of food supplies, which supports local markets, and stresses the need to remove food export restrictions or extraordinary taxes for food purchased for non-commercial humanitarian purposes, and the benefits of consultation and notification of any such new restrictions;

22. **Urges** Member States and international organizations to pursue policies and strategies that improve the functioning of domestic, regional and international markets and ensure equitable access for all, especially smallholders and women farmers from developing countries, notes the importance of non-trade-distorting special measures that are consistent with World Trade Organization rules aimed at creating incentives for smallholder farmers in developing countries to enable them to increase their productivity and compete on a more equal footing on world markets, and urges Member States to refrain from taking measures that are inconsistent with the rules of the World Trade Organization and that have adverse impacts on global, regional and national food security;

23. **Recognizes** the urgency of, and reaffirms its commitment to, reaching a successful and timely conclusion by 2010 to the Doha Round of World Trade Organization negotiations with an ambitious, comprehensive and balanced outcome as a key action to improve food security;

24. **Also recognizes** the need for Africa to embark on a green revolution to help boost agricultural productivity, food production and regional food security, welcomes the strong leadership taken by African countries in undertaking initiatives to address the challenges of sustainable agricultural development and to achieve food security, such as the Comprehensive Africa Agriculture Development Programme of the New Partnership for Africa’s Development, that can provide a framework through which support for agriculture and food security can be coordinated, and calls upon the international community to support Africa in the implementation of the various programmes under the New Partnership for Africa’s Development;

25. **Reaffirms** the commitment to a crucial, decisive shift towards increased short-, medium- and long-term national and international investment in agriculture in developing countries, welcomes the commitment made by African leaders in the Maputo Declaration on Agriculture and Food Security in Africa to raise the share of agriculture and rural development in their budget expenditures to at least 10 per cent, and encourages other geographical regions to adopt similar quantitative, time-bound commitments;

26. **Notes**, in this regard, the adoption of the Windhoek High-level Ministerial Declaration on African Agriculture in the Twenty-first Century: Meeting the Challenges, Making a Sustainable Green Revolution, on 10 February 2009;

27. **Notes** the challenges faced by indigenous peoples in the context of food security, and in this regard calls upon States to take special actions to combat the root causes of the disproportionately high level of hunger and malnutrition among indigenous peoples;

28. **Reiterates** the importance of developing countries determining their own food security strategies, that food security is a national responsibility, and that any plans for addressing food security challenges and eradication of poverty in relation to food security must be nationally articulated, designed, owned and led, and built on consultation with all key stakeholders, and urges Member States to make food security a high priority and reflect this in their national programmes and budgets;
29. **Acknowledges**, in this regard, national and regional efforts by developing countries to implement long-term policies and measures that contribute to food security and agricultural development, such as the food security fund of some Latin American and Caribbean countries, the Latin American and the Caribbean without Hunger 2025 initiative, adopted at the twenty-ninth Food and Agriculture Organization of the United Nations Regional Conference for Latin America and the Caribbean, held in Caracas from 24 to 28 April 2006, the Presidential Summit on Sovereignty and Food Security: Foods for Life, held in Managua on 7 May 2008, the Sirte Declaration on Investing in Agriculture for Economic Growth and Food Security, adopted at the thirteenth ordinary session of the Assembly of the African Union in Sirte, Libyan Arab Jamahiriya, on 3 July 2009, the Emergency Programme for Arab Food Security launched at the Arab Economic and Social Development Summit, held in Kuwait on 19 and 20 January 2009, the South Asian Association for Regional Cooperation Food Security Reserve, and the Integrated Food Security Framework and Strategic Plan of Action on Food Security of the Association of Southeast Asian Nations;

30. **Underlines** the importance of the initiatives and commitments undertaken by the international community to enhance development of the agricultural sector and food security in developing countries, and of their full realization and implementation in a timely and reliable manner;

31. **Welcomes**, in that regard, the commitments made at the Group of Eight Summit held in L’Aquila, Italy, from 8 to 10 July 2009, to act with the scale and urgency needed to achieve sustainable global food security, and welcomes the commitments made by the countries represented at L’Aquila towards a goal of mobilizing 20 billion United States dollars over three years through this coordinated, comprehensive strategy focused on sustainable agriculture development;

32. **Invites** all members of the international community, including international and regional financial institutions, and urges relevant bodies within the United Nations system, to cooperate actively in a coordinated manner in the implementation of the outcome of the World Summit on Food Security adopted in Rome in November 2009;

33. **Requests** the Secretary-General to ensure that a coordinated follow-up at the field level to the World Summit on Food Security is undertaken in the context of the resident coordinator system, taking into account the coordinated follow-up to United Nations major international conferences;

34. **Invites** the Chairperson of the Committee on World Food Security to report, as part of the Committee’s report to the General Assembly at its sixty-fifth session, through the Economic and Social Council, on the implementation of the reform of and on progress made towards achieving the vision of the Committee;

35. **Requests** the Secretary-General to report to the General Assembly at its sixty-fifth session on developments related to issues highlighted in the present resolution and the progress of the implementation of the outcome of the World Summit on Food Security;

36. **Decides** to include in the provisional agenda of its sixty-fifth session the item entitled “Agriculture development and food security”, to be allocated to the Second Committee.

**International Year of Natural Fibres, 2009**

In 2009, in response to General Assembly resolution 61/189 [YUN 2006, p. 1428], the United Nations observed the International Year of Natural Fibres, which aimed to focus attention on the role of natural fibres in contributing to food security and poverty alleviation. Activities during the year, many of which were coordinated by FAO, promoted and raised awareness of the importance of familiar natural resources that were often taken for granted. The virtues of fibres such as cotton, flax, sisal and hemp, as well as wool, alpaca, camel hair and angora were celebrated.

**Nutrition**

**Standing Committee on Nutrition**

The United Nations System Standing Committee on Nutrition (SCN) held two meetings in 2009: one in Bangkok on 10 October and another in Brussels from 23 to 25 November. The Bangkok meeting involved technical discussions on policy and programming, while the Brussels meeting—hosted by the European Commission in cooperation with Save the Children, the Institute of Development Studies and the Institut de Recherche pour le Développement—covered policy coherence and nutrition architecture during a time of increasing global attention to nutrition.

In 2009, SCN released three reports on nutrition information in crisis situations. The reports highlighted the challenges presented by high levels of food insecurity exacerbated by conflict and increases in food prices.

**UNU activities**

The United Nations University (UNU), through its Food and Nutrition Programme for Human and Social Development (Ithaca, New York, United States), continued to carry out global research projects, to develop institutional capacity in developing countries in the areas of food and nutrition and to provide technical advisory services for the UN system.

UNU continued its involvement with the *Food and Nutrition Bulletin*, a peer-reviewed, academic journal published quarterly by the Nevin Scrimshaw International Nutrition Foundation in association with UNU that explored critical nutrition issues and potential solutions in developing countries, including undernutrition, malnutrition, nutrient bioavailability and food safety. In 2009, topics addressed by the journal included WHO growth standards, school feeding programmes, anaemia in low-income countries and the framing of nutrition concerns in the humanitarian appeals process.