Chapter XIII

# Health, food and nutrition

In 2003, the United Nations continued to promote human health, coordinate food aid and food security, and support research in nutrition.

At the end of 2003, about 37.8 million people were living with HIV/AIDS. During the year, an estimated 4.8 million people became infected with the virus and 2.9 million died as a result. In September, the General Assembly held four high-level plenary meetings devoted to follow-up to the outcome of its twenty-sixth (2001) special session and the implementation of the Declaration of Commitment on HIV/AIDS, adopted during the special session. The Joint United Nations Programme on HIV/AIDS (UNAIDS) continued to coordinate UN activities for AIDS prevention and control, including the implementation of the Declaration. In December, UNAIDS and the World Health Organization (WHO) launched the "3 by 5" initiative, a global project to provide antiretroviral therapy to 3 million people in developing countries by the end of 2005. Efforts also continued towards meeting the UN Millennium Development Goal of halting and beginning to reverse the spread of HIV/AIDS by 2015.

In support of the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, 2001-2010, the General Assembly called on the international community to support the development of the capacity to manufacture insecticide-treated nets (ITNs) in Africa and to encourage and facilitate the transfer of technology needed to make ITNs more effective and long-lasting. Measures were taken to strengthen the Roll Back Malaria initiative, launched by WHO in 1998 with the goal of halving the world's malaria burden by 2010. The Assembly also took action to address the global road safety crisis. The text of the WHO Framework Convention on Tobacco Control was finalized in February and adopted by the World Health Assembly in May.

The World Food Programme (WFP)—a joint undertaking of the United Nations and the Food and Agriculture Organization of the United Nations (FAO)—assisted a record 104.2 million people, providing 6 million tons of food aid. Through WFP's relief operation in Iraq, 2.1 million tons of food reached the entire Iraqi population of around 27 million. FAO continued to implement the Plan of Action adopted at the 1996 World Food Summit and the Declaration of the 2002 World Food Summit: five years later, which called on the international community to fulfil the pledge made at the Summit to halve the number of hungry to about 400 million by 2015.

## Health

### AIDS prevention and control

#### Follow-up to the twenty-sixth special session

The Declaration of Commitment on HIV/AIDS, adopted at the twenty-sixth special session of the General Assembly by resolution S-26/2 [YUN 2001, p. 1126], called for an expanded global response to the epidemic and established time-bound targets relating to the prevention, care, support and treatment, impact alleviation, and children orphaned and made vulnerable by HIV/AIDS. As pledged by the session's participants, one full day of high-level plenary meetings during the Assembly's annual session was devoted to the follow-up to the outcome of the special session and implementation of the Declaration (see p. 1244). The first of the Declaration's time-bound commitments were due to be met in 2003.

##### GENERAL ASSEMBLY ACTION (May)

On 22 May [meeting 86], the General Assembly adopted **resolution 57/308** [draft: A/57/L.78] without vote [agenda item 42].

**High-level plenary meetings devoted to the follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS**

*The General Assembly,*

*Recalling* its resolution 57/299 of 20 December 2002, entitled "Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS", in which it decided to convene a day of high-level plenary meetings devoted to the follow-up to the outcome of its twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS, and to hold, in parallel with the afternoon plenary meeting, an informal interactive panel discussion with the theme "Implementation of the Declaration of Commitment on HIV/AIDS: from policy to practice—progress achieved, lessons learned and best practices",

*Recalling also* that, in accordance with its resolution 57/299, the statements in the debate in the plenary meetings should not exceed five minutes each,

*Recalling further* that in its resolution 57/299, it invited the President of the General Assembly to finalize any outstanding organizational matters in consultation with the Member States,

1. *Decides* to amend paragraph 2 of its resolution 57/299 to read "*Decides* to convene a day of high-level plenary meetings of the General Assembly devoted to the follow-up to the outcome of its twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS, to be held on 22 September 2003";

2. *Also decides* that the list of speakers for the debate in plenary will be organized on a first-come, first-served basis, the order of precedence being as follows:

*(a)* Heads of State and Government;

*(b)* Vice-Presidents/Crown Princes or Princesses;

*(c)* Deputy Prime Ministers;

*(d)* The highest ranking official of the Holy See, in its capacity as observer State, and of Palestine, in its capacity as observer;

*(e)* Ministers;

*(f)* Vice-Ministers;

*(g)* Heads of delegations;

and, should the level of participation change, the replacement speaker will be accommodated in the last position available in the appropriate category;

3. *Further decides* that, in accordance with paragraph 5 of its resolution 57/299, an invitation to the informal interactive panel discussion, to be held in parallel with the afternoon plenary meeting, will be extended to those on the list of civil society representatives submitted on 25 April 2003 by the President of the General Assembly to Member States and to which no objection has been received.

In accordance with the above resolution, the Assembly, on 22 September, held four high-level plenary meetings [A/58/PV.3-6] devoted to the follow-up to the outcome of the twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS.

**Report of Secretary-General.** Pursuant to the Declaration of Commitment and in accordance with General Assembly resolution 57/299 [YUN 2002, p. 1218], the Secretary-General submitted a July report [A/58/184] on progress made to implement the Declaration. The report, which was based primarily on responses provided by 100 Member States on 18 global and national indicators developed by UNAIDS, said that there had been significant progress in the global response to HIV/AIDS since the Secretary-General's first (2002) progress report [YUN 2002, p. 1217]. The number of Member States meeting the policy targets for 2003 set forth in the Declaration had increased significantly, but many countries risked falling behind in certain aspects of the implementation if immediate action was not taken. Political intervention at the highest level was required in many countries to ensure that obstacles to coordination, implementation and reinforcement of HIV/AIDS strategies were rapidly addressed. Organizations representing people living with the disease, faith-based groups, workers' organizations and the business sector had extended the reach of essential HIV/AIDS programmes and services, but such engagement remained inadequate. Only 62 per cent of responding States had laws and policies in place to protect against discrimination towards people living with or affected by HIV/AIDS, and only 38 per cent had policies prohibiting discrimination against vulnerable populations. Investment in HIV/AIDS programmes in low- and middle-income developing countries had grown significantly and was estimated at $4.7 billion during 2003, including both national and international spending. The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2002 [YUN 2002, p. 1217], had received almost $4.6 billion in financial pledges and approved proposals worth $1.5 billion in 93 countries. However, current financing trends still suggested that global funding for HIV/AIDS programmes would fall far short of the estimated $10.5 billion required annually by 2005.

While virtually all heavily affected countries had adopted multisectoral HIV/AIDS strategies, most were experiencing difficulty in converting those strategies into broad-based programmes. The problem hindered obtaining basic information on HIV/AIDS, access to voluntary counselling and testing services, antenatal care for pregnant women regarding the prevention of mother-to-child transmission of the virus and access to antiretroviral treatment. More than one in four countries identified a need for greater attention to programmes for vulnerable populations. A shortage of financial, human and technical resources and limited monitoring and evaluation capacity were among the primary impediments to programmatic reinforcement. Agricultural production was declining in many heavily affected countries in sub-Saharan Africa as a result, in part, of the loss of workers to HIV/AIDS, and education systems were being undermined by the loss of teachers to HIV-related illness and death. Women and girls represented half of all cases of HIV infection globally and as high as 58 per cent of cases in Africa. Thirty-nine per cent of countries with generalized epidemics—defined as adult prevalence consistently greater than 1 per cent in both urban and rural areas—had no formal strategy to address the needs of orphans and other vulnerable children, but many States indicated that such policies were in development.

The report described efforts to increase leadership on HIV/AIDS at the national, regional and global levels and to ensure the engagement of

civil society partners; protect and promote human rights as an effective response to HIV/AIDS; prevent infection and reduce vulnerability to the disease; increase access to care, support and treatment; alleviate the social and economic impacts of the epidemic; strengthen research and development; address HIV/AIDS in conflict- and disaster-affected regions; mobilize resources; and monitor and evaluate follow-up to the Declaration of Commitment on HIV/AIDS.

The report recommended that countries assess their national policies in relation to the Declaration's provisions for 2003 and accelerate the development and implementation of policies needed to come into compliance with them. Areas needing emphasis were national leadership; the engagement of civil society, especially people living with HIV/AIDS; human rights, stigmatization and discrimination; prevention through the provision of information, services and support to young people; reducing the vulnerability of women and girls and other groups; comprehensive prevention, treatment and support programmes; the needs of children orphaned and made vulnerable by the epidemic; capacity-building and sustainability; urgent sustained and coordinated action to respond to crisis conditions in Southern Africa; and monitoring, evaluation and follow-up. Financing the global response needed to achieve the Declaration's future commitments required a threefold increase over current levels of annual funding for HIV/AIDS programmes by 2005 and a fivefold increase by 2007.

On 22 December, the General Assembly took note of the Secretary-General's report (**decision 58/534**); on 23 December, it decided that the agenda item on the follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS would remain for consideration at its resumed fifty-eighth (2004) session (**decision 58/565**).

**IASC Task Force.** In June, the Inter-Agency Standing Committee (IASC) Task Force on HIV/AIDS in Emergency Settings, formally established by the IASC working group in 2002 as a reference group [YUN 2002, p. 1220], completed a draft revision of guidelines for HIV/AIDS interventions in emergency settings, originally produced in 1996 by the Office of the United Nations High Commissioner for Refugees, UNAIDS and WHO. The purpose of the guidelines was to enable Governments and cooperating agencies, including UN agencies and non-governmental organizations, to give the minimum required multisectoral response to HIV/AIDS during the early phase of emergency situations. A final version of the guidelines would be published in 2004. The Task Force also continued its activities in the areas of advocacy and training.

#### GENERAL ASSEMBLY ACTION (December)

On 23 December [meeting 78], the General Assembly adopted **resolution 58/236** [draft: A/58/L.54] without vote [agenda item 47].

**Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS**

*The General Assembly*,

*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, in 2001, and the HIV/AIDS-related goals contained in the United Nations Millennium Declaration of 2000,

*Reaffirming* the commitment made by all States at the twenty-sixth special session of the General Assembly,

*Noting with profound concern* that 42 million people worldwide are living with HIV/AIDS, that the HIV/AIDS pandemic claimed 3.1 million lives in 2002 and to date has orphaned 14 million children,

*Noting with grave concern* that the majority of new HIV infections occur among young people and that women and girls are disproportionately affected by the pandemic,

*Noting* that the unequal legal and social status of women heightens their vulnerability to HIV,

*Expressing serious concern* about the continued global spread of HIV/AIDS, which exacerbates poverty and poses a major threat to economic and social development and to food security in heavily affected regions, while recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of the disease,

*Noting* that the epidemic affects every region and, while sub-Saharan Africa remains worst affected, serious epidemics are present or emerging in the Caribbean, Eastern Europe and Asia and the Pacific,

*Acknowledging* that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic,

*Also acknowledging* the importance of maintaining an emphasis on prevention measures in countries with low prevalence rates,

*Recognizing* that, while the primary responsibility for responding to HIV/AIDS rests with Governments, the efforts and engagement of all sectors of society are essential to generating an effective response,

*Reaffirming* that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, and reaffirming also the importance of the elimination of all forms of discrimination against people living with or at risk of HIV/AIDS, including those most vulnerable,

*Recognizing* that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and, in particular, women and children, are at increased risk of exposure to HIV infection,

*Encouraged* that civil society, especially organizations representing people living with HIV/AIDS, women, young persons, orphans, faith-based organizations and the private sector, is increasingly involved in national responses to HIV/AIDS, while noting the need for further engagement of these stakeholders at all levels,

*Acknowledging* the efforts of international humanitarian organizations, including the International Federation of Red Cross and Red Crescent Societies, in combating the epidemic in the most affected areas of the world,

*Noting* that strengthened political commitment, including at the highest level, as witnessed, inter alia, at the high-level General Assembly meeting on HIV/AIDS, held on 22 September 2003, demonstrates the resolve of Governments and the international community to intensify implementation and cooperation in order to meet the goals and targets contained in the Declaration of Commitment,

*Noting with appreciation* the support for national responses provided by the United Nations system, especially the secretariat of the Joint United Nations Programme on HIV/AIDS and Co-sponsors, inter alia, for effective country-led mechanisms, including the mobilization of financial resources, the facilitation and provision of technical assistance and support to the Global Fund to Fight AIDS, Tuberculosis and Malaria and applicant countries, at every level of the grant-making process,

*Also noting with appreciation* the new strategic direction taken by the Joint Programme after the five-year evaluation of the Programme by its Programme Coordinating Board, encompassing, in particular, a greater focus on national-level processes, continued global leadership and advocacy, and a focus on the gender implications of HIV/AIDS,

*Encouraged* that the United Nations system has made progress towards integrating the consideration of HIV/AIDS in its activities, including addressing HIV/AIDS in the United Nations workplace, the appointment of HIV/AIDS focal points in peacekeeping operations and the work on guidelines for HIV/AIDS in emergency settings,

*Recognizing* the emergence of the World Bank Multi-Country HIV/AIDS Programme and the Global Fund to Fight AIDS, Tuberculosis and Malaria and the contributions of private foundations as important sources of new and additional funding,

*Noting with concern* that, although many Member States have met the 2003 targets contained in the Declaration of Commitment, considerable gaps remain,

*Also noting with concern* that, at the current rate of implementation and fulfilment of commitments, many countries are unlikely to meet the targets for 2005,

*Recognizing* that many developing countries may not have the financial or human resources capacity to mount an effective response to the HIV/AIDS epidemic, and in this context underlining the importance of international cooperation,

*Noting* that, despite improvement, current global resources available for HIV/AIDS are less than half of the 10 billion United States dollars considered necessary for an effective response in 2005 alone and that substantial new funding will be required in order to meet the global resource targets,

*Also noting* that intensified implementation will require partnership and enhanced cooperation at all levels, as well as enhanced support for human and institutional capacity development and considerably increased financial resources,

*Further noting* that implementation has to be intensified through partnerships at the national, regional and international levels in order to offer infected and affected people and communities in developing countries and countries with economies in transition medicines and related technology which are affordable, easy to use and readily available,

*Encouraged* that an increasing number of companies in the private sector are offering prevention, care and treatment services to employees and their families, while noting the need for continued efforts in this regard,

*Recalling* Commission on Human Rights resolution 2003/47 of 23 April 2003,

1. *Welcomes* the report of the Secretary-General on progress towards implementation of the Declaration of Commitment on HIV/AIDS;

2. *Reaffirms its commitment* to the goals and targets contained in the Declaration of Commitment on HIV/AIDS and the United Nations Millennium Declaration and to their implementation;

3. *Stresses with deep concern* that the HIV/AIDS emergency, with its devastating scale and impact, requires urgent actions in all fields and at all levels;

4. *Urges* relevant United Nations organizations, as well as other relevant international organizations, to further support national efforts for implementation of the Declaration of Commitment and address the issue of the cost, availability and affordability of drugs and related technology;

5. *Urges* Member States to intensify national efforts and international cooperation in the implementation of the Declaration of Commitment in order to meet the goals and targets contained therein based on national plans, where they exist, and, in particular, where gaps have been identified in the report of the Secretary-General by, inter alia:

*(a)* Providing stronger and more visible leadership in response to the epidemic;

*(b)* Creating an environment that encourages the engagement of and partnerships with all stakeholders, including civil society, people living with HIV/AIDS, marginalized and vulnerable groups, cultural and faith-based organizations, non-governmental organizations, traditional health practitioners, the private sector, international institutions and the media;

*(c)* Strengthening policies and programmes for combating HIV/AIDS, including those relating to the protection and promotion of all human rights and fundamental freedoms for all, including eliminating stigmas and discrimination against people living with and/or affected by HIV/AIDS, ensuring gender equality, assisting orphans and children and expanding access to treatment, care and support;

*(d)* Building and scaling up a comprehensive response to achieve broad multisectoral coverage for prevention, care, treatment and support and recognizing the need to seriously address impact mitigation issues, in particular in the worst affected countries, and specifically within this context:

(i) Intensifying prevention measures, especially those directed at vulnerable groups, in particular women and young persons, bearing in mind that prevention is the mainstay of the national, regional and international response;
(ii) Expanding access to treatment, in a progressive and sustainable manner, including the prevention and treatment of opportunistic diseases and the effective use of antiretroviral medication;
(iii) Improving the provision of care and support to those infected and affected by HIV/AIDS, including orphans;
(iv) Mitigating the social and economic impact of the epidemic;
(v) Promoting access to low-cost and effective drugs and related pharmaceutical products;
(vi) Strengthening health-care systems and integrating HIV/AIDS programmes into current health services;
(vii) Strengthening HIV/AIDS surveillance and systems for evaluating programme effectiveness;

*(e)* Strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order to further promote innovation and the development of domestic industries consistent with international law;

*(f)* Intensifying training and research initiatives or programmes to strengthen the capacities of Governments to manage the epidemic;

*(g)* Sharing experiences and exchanging information on key areas of intervention, such as prevention, the provision of care and support for HIV/AIDS-infected persons and the treatment of HIV/AIDS-related conditions;

*(h)* Addressing the human resource crisis affecting the effective implementation of comprehensive national HIV/AIDS programmes, including supporting the development of monitoring and evaluation capacities and working at the national and international levels to generate flexible solutions;

*(i)* Mobilizing financial resources and providing the support necessary to ensure that they are targeted effectively and absorbed quickly and deliver equitable and sustainable coverage of services, particularly to those most in need;

6. *Welcomes with appreciation* the Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, adopted on 14 November 2001 at the Fourth Ministerial Conference of the World Trade Organization, held in Doha, and the decision dated 30 August 2003 of the General Council of the World Trade Organization on the implementation of paragraph 6 of the Declaration;

7. *Welcomes* the commitment by the World Health Organization and the Joint United Nations Programme on HIV/AIDS to work with the international community to support developing countries in achieving the target of providing antiretroviral medicines to 3 million people infected with HIV/AIDS by the end of 2005, the "3 by 5" target, recalling Commission on Human Rights resolution 2003/29 of 22 April 2003 entitled "Access to medication in the context of pandemics such as HIV/AIDS, tuberculosis and malaria";

8. *Urges* the mobilization of additional resources from national, bilateral, multilateral and private sources, including but not limited to additional support to the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to address the growing need;

9. *Also urges* the provision of additional financial resources to the United Nations system, especially the Joint Programme's secretariat and Co-sponsors, in order that they may intensify their support for national responses to HIV/AIDS;

10. *Emphasizes* that, with the increasing number of HIV/AIDS initiatives at the global, regional and national levels, there is a need for close coordination at all levels, including under government leadership at the national level to ensure a harmonized approach and to increase the effectiveness of the response;

11. *Encourages* the private sector to become fully engaged in the fight against HIV/AIDS, including by adopting relevant workplace non-discrimination policies;

12. *Encourages* the private sector and the pharmaceutical industry to contribute to the fight against AIDS by, inter alia, continuing to provide key AIDS pharmaceuticals that meet the standards of the World Health Organization, at the lowest possible prices;

13. *Recognizes* the importance of young men and women having access to information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers;

14. *Reiterates* the need to respond urgently to the dire situation in sub-Saharan Africa and in particular the crisis conditions in the southern African region, in order to minimize the loss of institutional capacity in key national sectors and mitigate the threat of accelerating the cycle of poverty, food insecurity, instability and heightened vulnerability to HIV/AIDS;

15. *Stresses* the need for intensified action in all regions, especially the Caribbean, Eastern Europe and Asia and the Pacific;

16. *Decides* to hold a high-level meeting in 2005 to review the progress achieved in realizing the commitments set out in the Declaration of Commitment, and decides also that the scheduling, format, participation, including civil society participation, and other organizational details will be further considered during the fifty-eighth session of the General Assembly;

17. *Requests* the Secretary-General, in this regard, to submit a comprehensive and analytical report on progress achieved in realizing the commitments set out in the Declaration of Commitment, in particular those set out for 2005, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;

18. *Decides* to include in the provisional agenda of its fifty-ninth session the item entitled "Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS".

### Joint UN Programme on HIV/AIDS

UNAIDS, which became fully operational in 1996 [YUN 1996, p. 1121] and served as the main advocate for global action on HIV/AIDS, had nine co-sponsors: the International Labour Organization (ILO), the United Nations Development Pro-

gramme (UNDP), the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations International Drug Control Programme, the United Nations Population Fund (UNFPA), WHO, the World Food Programme (WFP) and the World Bank. UNAIDS was mandated to lead, strengthen and support an expanded response to the epidemic, mainly through facilitation and coordination, best-practice development and advocacy. The key goals of the response were to prevent the spread of HIV; to provide support for those infected and affected by the disease; to reduce the vulnerability of individuals and communities to HIV/AIDS; and to alleviate the socioeconomic and human impact of the virus.

According to UNAIDS, at the end of 2003 an estimated 37.8 million people were living with HIV/AIDS, of whom 35.7 million were adults and 2.1 million were children under the age of 15. Globally, nearly 50 per cent of those living with the virus were women. During the year, an estimated 4.8 million people became infected with the virus and 2.9 million died as a result. The epidemic continued to expand in sub-Saharan Africa, where an estimated 3 million new infections occurred in 2003 and 25 million were living with the virus; an estimated 2.2 million Africans died of the disease. In Asia, an estimated 1.1 million people became infected, and 7.4 million people were living with HIV; in India, about 5.1 million people were living with the disease at year's end. In the Middle East and North Africa, some 480,000 people were living with HIV. In Eastern Europe and Central Asia, 1.3 million people were living with HIV and an estimated 360,000 became infected. In Latin America, around 1.6 million people were living with HIV and around 430,000 were living with the disease in the Caribbean region.

The fourteenth meeting of the UNAIDS Programme Coordinating Board (PCB) (Geneva, 26-27 June) [UNAIDS/PCB(14)/03.8] considered, among other things, the 2002-2003 report of its Executive Director [UNAIDS/PCB(14)/03.2]; financial and budgetary updates for the period 1 January 2002 to 31 March 2003; a report from the working group on UNAIDS governance; and the UN system strategic plan on HIV/AIDS (2001-2005). PCB endorsed the strategies and approaches contained in the 2004-2005 unified budget and work plan [UNAIDS/PCB(14)/03.3], particularly its strategic thrust to enable countries to enhance their national response to the epidemic. The Board approved a core budget of $250.5 million and an additional inter-agency core budget of $20 million, subject to availability of funding beyond the $250.5 million core budget. It also approved, with amendments, a memorandum of understanding [UNAIDS/PCB(14)/03.7] between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2002 [YUN 2002, p. 1217] as an enabling framework for further collaboration.

On World AIDS Day, 1 December, WHO and UNAIDS launched the "3 by 5" initiative, a global project to provide antiretroviral therapy to 3 million people in developing countries by the end of 2005 (see p. 1514). The initiative came in response to a 22 September declaration by UNAIDS, WHO and the Global Fund that the lack of access to the therapy was a global health emergency.

On 5 March (**decision 2003/210**), the Economic and Social Council decided that the theme for the humanitarian affairs segment of its 2003 substantive session (Geneva, 30 June–25 July) would be "Strengthening of the coordination of United Nations humanitarian assistance, with particular attention to humanitarian financing and effectiveness of humanitarian assistance and the transition from relief to development"; within the context of that theme it decided to convene a panel on the sub-theme "Responding to the effects of HIV/AIDS and other widespread diseases on humanitarian relief operations". On 14 July, the Council held the panel discussion with the participation of the Director of the UNAIDS Country and Regional Support Department, among others.

**Report of UNAIDS Executive Director.** In response to Economic and Social Council resolution 2001/23 [YUN 2001, p. 1137], the Secretary-General, by a May note [E/2003/66], transmitted a report of the UNAIDS Executive Director, which updated the status of the epidemic; summarized steps taken by UNAIDS to promote the implementation of the 2001 Declaration of Commitment on HIV/AIDS; and summarized key developments in advancing a more effective and coordinated UN system response to the epidemic. It also provided an overview of the future direction of UNAIDS in response to decisions made by PCB at its thirteenth meeting in 2002 [YUN 2002, p. 1219], following an external evaluation of the Programme [ibid., p. 1220].

The report recommended that the Council consider endorsing the decisions of the thirteenth PCB meeting and the five cross-cutting functions applicable at all levels of UNAIDS set out in the Board's decisions. It should encourage UNAIDS and the broader UN system to pursue full achievement of the Millennium Development Goals (MDGs) of the 2000 Millennium Declaration, adopted by the General Assembly in resolution 55/2 [YUN 2000, p. 49], and the goals and targets of the Declaration of Commitment on

HIV/AIDS. It should also encourage the further development of UNAIDS as a positive, ongoing example of UN system reform; support to periodic and comprehensive multi-stakeholder reviews of national AIDS programmes; the formulation of joint UN programmes to support national responses to HIV/AIDS; and more systematic reporting on the activities of UN theme groups on HIV/AIDS, through the annual reports submitted by the UN resident coordinators to the Secretary-General. The Council should urge UN funds, programmes and specialized agencies, through the resident coordinators, to include the UNAIDS country coordinators as regular members in the UN country teams; all Governments, especially donors, to provide full funding for the 2004-2005 biennium; and PCB and the governing boards of co-sponsoring agencies to develop closer links and more effective coordination.

#### ECONOMIC AND SOCIAL COUNCIL ACTION

On 22 July [meeting 44], the Economic and Social Council adopted **resolution 2003/18** [draft: E/2003/L.25/Rev.1] without vote [agenda item 7 *(g)*].

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

*The Economic and Social Council,*

*Recalling* its resolution 1994/24 of 26 July 1994, by which it created the Joint United Nations Programme on HIV/AIDS (UNAIDS), and its resolution 2001/23 of 26 July 2001,

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

*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 from 25 to 27 June 2001, and the HIV/AIDS-related goals contained in the United Nations Millennium Declaration of 8 September 2000,

*Encouraged* by the resolve of Governments to intensify implementation of the Declaration of Commitment on HIV/AIDS in order to meet the goals and targets contained therein,

*Reaffirming* the importance of the follow-up process prescribed by the Declaration, which included the setting of specific time-bound targets, which fall due in 2003, 2005 and 2010,

*Noting with profound concern* that 42 million people worldwide are living with HIV/AIDS and that the HIV/AIDS pandemic claimed 3.1 million lives in 2002,

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

*Welcoming* the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the memorandum of understanding concluded between the Programme and the Global Fund,

*Acknowledging* other national, bilateral and multilateral resources available to fight the HIV/AIDS epidemic and the need to mobilize additional resources,

1. *Urges* the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the 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, as well as the goals and targets contained in the Declaration of Commitment on HIV/AIDS;

2. *Encourages* Governments to participate in the high-level plenary meetings and informal interactive panel discussion of the General Assembly, which are to be held on 22 September 2003, and which will be devoted to the follow-up to the outcome of the twenty-sixth special session of the Assembly and the implementation of the Declaration of Commitment on HIV/AIDS;

3. *Welcomes* the decisions of the Programme Coordinating Board of UNAIDS, taken in response to the five-year evaluation of the Programme, which set out five cross-cutting functions to apply at all levels of the Programme, namely: *(a)* leadership and advocacy for effective action on the epidemic; *(b)* strategic information required to guide the efforts of the partners; *(c)* tracking, monitoring and evaluation of the epidemic and actions responding to it; *(d)* civil society engagement and partnership development; and *(e)* financial, technical and political resources mobilization;

4. *Also welcomes* the decision of the Programme Coordinating Board calling for significantly increased efforts and resources in the unified budget and work plan devoted to scaling up the response to HIV/AIDS at the country level;

5. *Commends* the Programme as a positive example of collaborative action of the United Nations system, and encourages the further refinement of the work of the Programme;

6. *Invites* the Chairperson of the Programme Coordinating Board to continue consultations with the members of the Board and with Observer States in order to improve further the working methods of the Programme, its subcommittees and ad hoc working groups, with a view to further enhancing participation in the work of the Programme;

7. *Calls upon* the Chairperson of the United Nations Development Group to ensure, through the resident coordinators, the inclusion of the country coordinators of the Programme as members of United Nations country teams, in order to strengthen United Nations coordination in the fight against HIV/AIDS at the country level, and to mobilize intensified assistance to Governments in mounting and sustaining effective responses to HIV/AIDS;

8. *Invites* the governing bodies of the co-sponsoring organizations of the Programme, as well as the Programme Coordinating Board, to develop closer links and more effective coordination in order to ensure that clear and effective guidance is provided to the secretariat of the Programme and to co-sponsoring organizations, including through the annual consideration by the governing body of each sponsoring organization of its engagement in the Programme;

9. *Urges* Governments, bilateral and multilateral donors, civil society, the private sector and other partners to increase their funding for HIV/AIDS-related activities, including funding of the unified budget and work plan of the Programme, in order to ensure a level of financial and other resources that are fully com-

mensurate with the multisectoral challenges of the epidemic;

10. *Encourages* the Programme to continue to foster efficient and effective cooperation with financing mechanisms, such as the World Bank Multi-Country HIV/AIDS Programme and the Global Fund to Fight AIDS, Tuberculosis and Malaria, bearing in mind the complementarity of the role of those mechanisms, based on their respective comparative advantages;

11. *Requests* the Secretary-General to transmit to the Economic and Social Council, at its substantive session of 2005, a report prepared by the Executive Director of the Programme, in collaboration with other relevant organizations and bodies of the United Nations system, which should include information on progress made in developing the coordinated response of the United Nations system to the HIV/AIDS pandemic, as well as the decisions, recommendations and conclusions of the Programme Coordinating Board taken subsequent to the substantive session of the Council in 2003.

### HIV/AIDS and food insecurity

The High-level Committee on Programmes (HLCP) of the United Nations System Chief Executives Board for Coordination (CEB), at its fifth session (Rome, Italy, 26-27 March) [CEB/2003/4], discussed the issue of linkages between HIV/AIDS and food security and governance, based on a note introduced by the UNAIDS secretariat, which had convened an ad hoc group to prepare the Committee's consideration of the issue. The Committee noted that the projected 10 to 30 per cent reduction of the labour force by 2020 in countries with a high prevalence of HIV/AIDS showed the indomitable nature of the threat to public institutional capacity and its far-reaching impact on the ability of the affected States to provide effective governance. In turn, lack of food security and deepening poverty were exacerbating the more rapid spread of the pandemic, while erosion of public institutional capacity, especially in rural areas, was debilitating the capacity of many countries to deal with the pandemic and to strengthen food production capacity. The Committee emphasized that HIV/AIDS not only detracted from progress towards sustainable development and the achievement of the MDGs, but had emerged as a major security threat at the national, regional and global levels. The Committee requested the UNAIDS secretariat to continue to convene the open-ended group with WFP as co-convenor. While not ignoring other regions, the group should focus on Southern and Eastern Africa as the areas where the triple crisis of HIV/AIDS, food security and governance was most manifest, provide an overview of relevant UN system initiatives, and prepare a policy paper and present it to the Committee and CEB (see p. 1260). The group was asked to develop a matrix of initiatives under way on AIDS, food security and governance to encourage transparency and information-sharing. The CEB secretariat was requested to consult with the Office of the Secretary-General on possible approaches to advocacy and outreach. At its first 2003 intersessional meeting (Geneva, 2 July) [CEB/2003/6], HLCP endorsed the content and time frame of the paper on HIV/AIDS, and food security and governance.

At its sixth session (Rome, 18-19 September) [CEB/2003/7], HLCP considered HIV/AIDS, and food security and governance on the basis of a paper prepared collaboratively by 11 agencies with UNAIDS and WFP as task leaders. A revised paper was issued during the meeting and endorsed by the Committee on an ad referendum basis. The Committee agreed that a revised version should be circulated by 24 September so that its members might consult their executive heads and a final text prepared for submission to CEB. The final paper, entitled "Organizing the United Nations response to the triple threat of food insecurity, weakened capacity for governance and AIDS, particularly in Southern and Eastern Africa", was annexed to the meeting report. The paper presented a coherent UN system-wide policy and programming approach on HIV/AIDS with specific recommendations to be endorsed by CEB. It summarized the interlinkages between HIV/AIDS, and food security and governance, and identified the paradigm shift required in the UN system to meet the new challenges. Appended to the paper was a declaration adopted by UN regional directors at their meeting in Maputo, Mozambique, on 9 July to accelerate country and regional action on HIV/AIDS in Southern and Eastern Africa. The Committee called for urgent, collective and intensified commitment and action by the UN system to assist affected countries in responding to HIV/AIDS and to demonstrate in the process that the system could make a visible difference and impact on the ground.

At its second regular session of 2003 (New York, 31 October–1 November) [CEB/2003/2], CEB endorsed the general analysis and programming approach and the series of programmatic and institutional actions set out in the paper on the triple threat of HIV/AIDS, and food insecurity and weak governance, and concurred with the thrust of the recommendations contained therein. It called on its members to: provide the necessary support to carry out the action points of the paper; strive to increase financial investments in country-level actions directed at HIV/AIDS in Southern and Eastern Africa; draw on the paper as a tool for advocacy and communication with

regard to the interlinked crises of food security, weakened capacity for governance and AIDS in that region; adopt the paper as a guide for action by their country representatives and by UN country teams in areas threatened by AIDS; and request the United Nations Development Group (UNDG), in coordination with IASC and in consultation with the Regional Inter-Agency Coordination and Support Office, as appropriate, to take the lead on follow-up and to report on progress in implementing the actions set out in the paper. HLCP, at its second intersessional meeting of 2003 (New York, 3 November) [CEB/2003/8], invited UNDG to report on progress to the Committee's February 2004 session.

## Tobacco

The sixth and final session of the Intergovernmental Negotiating Body on the WHO Framework Convention on Tobacco Control (Geneva, 17-28 February) finalized the draft text of the Framework Convention and transmitted it to the fifty-sixth session of the WHO World Health Assembly (Geneva, 19-28 May) (see p. 1514). The Convention, which governed tobacco taxation, smoking prevention and treatment, illicit trade, advertising, sponsorship and promotion, and product regulation, was adopted by the World Health Assembly on 21 May. It was opened for signature from 16 to 22 June at WHO headquarters in Geneva and would remain open for signature at UN Headquarters in New York from 30 June 2003 to 29 June 2004. The Convention would enter into force 90 days after the fortieth instrument of ratification, approval, acceptance, formal confirmation or accession was deposited with the UN depositary.

As at 31 December, 85 States had signed the Convention. During the year, Fiji, Malta, Seychelles and Sri Lanka ratified the Convention, and Norway approved it.

### Ad Hoc Inter-Agency Task Force

The Ad Hoc Inter-Agency Task Force on Tobacco Control, established in 1999 [YUN 1999, p. 1151], at its fifth session (Washington, D.C., 21-22 October), discussed the new orientation of the Task Force and the activities it should focus on following the adoption of the Framework Convention. Task Force members highlighted areas of concern in which tobacco use had had a significant adverse impact, including on health, economic growth and poverty, as well as its fiscal impact and the impact of globalization on tobacco use at the country level.

## Roll Back Malaria initiative

In a July report [A/58/136 & Corr.1], the Secretary-General provided an update, prepared by WHO, of the implementation of General Assembly resolution 57/294 [YUN 2002, p. 1223] 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 reviewed the state of resource mobilization and financing of malaria control; presented steps to finance malaria control in Africa; and provided examples of successful ways in which malaria-endemic countries were tackling the disease through sector-wide approaches for health and the prioritization of malaria control in debt relief. It also discussed government action to reduce or waive taxes and tariffs on mosquito nets; technology transfer for the production of long-lasting insecticidal nets and increased access to antimalarial medicines; and WHO's enhanced technical support to countries for effective disease management in resource development planning.

The report drew significantly on *The Africa Malaria Report–2003*, published by UNICEF and WHO and launched on Africa Malaria Day, which described the malaria burden and trends, policies and implementation of key interventions, constraints and obstacles to implementation, and financing south of the Sahara. Data were mainly from the period 1998 to 2002 and, as such, provided a baseline against which to evaluate progress by 2005. The report also described efforts to strengthen the Roll Back Malaria (RBM) Partnership, which was founded by WHO in 1998 [YUN 1998, p. 1384] with the goal of halving the world's malaria burden by 2010. Following an internal review and an external evaluation in 2002, steps were taken to restructure the Partnership secretariat. In May, a Monitoring and Evaluation Reference Group (MERG) was established as an advisory body of RBM partners to establish robust systems to reliably monitor the malaria situation and evaluate the effectiveness of RBM interventions. At its first meeting (Arlington, Virginia, United States, 8-9 May), MERG, which was chaired by WHO and co-chaired by UNICEF, established task forces on five priority issues: malaria mortality trends; the development of a malaria prevalence indicator of the MDGs; malaria-related anaemia; strengthening national monitoring and evaluation capacity for RBM activities; and developing population-based surveys.

The 2005 evaluation of the midterm (2005) targets of the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, as set by the 2000 Abuja Declaration and Plan of Action on Roll Back Malaria in Africa [YUN 2001, p. 1139],

and laid out in resolution 55/284 [ibid.], was discussed by MERG at its second meeting (Kampala, Uganda, 17-18 November).

The report concluded that although progress was made in malaria control, it was still too slow. It proposed a series of recommendations to the General Assembly, which were incorporated into resolution 58/237 (see below).

**Maputo Declaration.** On 11 December [A/58/626], Mozambique transmitted the decisions and declarations adopted by the Assembly of the African Union (AU) at its second ordinary session (Maputo, Mozambique, 10-12 July), including the Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. In the Declaration, the heads of State and Government of the AU reaffirmed the commitments enshrined in the 2000 Abuja Declaration and Plan of Action and the 2001 Abuja Declaration and Framework Plan of Action on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, adopted by the heads of State and Government of the Organization of African Unity during an extraordinary summit meeting on the subject. They also reiterated their commitment to intensify and consolidate efforts for the implementation of those Declarations.

#### GENERAL ASSEMBLY ACTION

On 23 December [meeting 78], the General Assembly adopted **resolution 58/237** [draft: A/58/L.53 & Add.1] without vote [agenda item 51].

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

*The General Assembly*,

*Recalling* its resolutions 49/135 of 19 December 1994, 50/128 of 20 December 1995, 55/284 of 7 September 2001 and 57/294 of 20 December 2002 concerning the struggle against malaria in developing countries, particularly in Africa,

*Bearing in mind* the relevant resolutions of the Economic and Social Council relating to the struggle against malaria and diarrhoeal diseases, in particular 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 Summit of Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000, as well as decision AHG/Dec.155(XXXVI) concerning the implementation of that declaration and plan of action, adopted by the Assembly of Heads of State and Government of the Organization of African Unity at its thirty-sixth ordinary session, held in Lomé from 10 to 12 July 2000,

*Also taking note* of the Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, adopted by the Assembly of the African Union at its second ordinary session, held in Maputo from 10 to 12 July 2003,

*Recognizing* the linkages in efforts being made to reach the targets set in the Abuja Summit as necessary and important for the attainment of the "Roll Back Malaria" goal and the targets of the United Nations Millennium Declaration by 2010 and 2015, respectively,

*Also recognizing* the urgent need for scaling up national malaria control programmes if African countries are to meet the intermediate target set by the Abuja Summit for the five-year period of 2000-2005,

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

*Emphasizing* the importance of implementing the Millennium Declaration, and welcoming in this connection the commitment of Member States to respond to the specific needs of Africa,

*Commending* the efforts of the World Health Organization and the United Nations Children's Fund and other partners to fight malaria over the years, including the launching of the Roll Back Malaria Partnership in 1998,

1. *Takes note* of the report of the Secretary-General, and calls for support for the recommendations contained therein;

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

3. *Appeals* to the international community to ensure that the Global Fund to Fight AIDS, Tuberculosis and Malaria receives increased funding to support sound national plans to control malaria in endemic countries to be implemented in a sustained and equitable way that contributes to health system development;

4. *Urges* malaria-endemic countries to increase domestic resource allocation to malaria control;

5. *Encourages* all African countries that have not yet done so to implement the recommendations of the Abuja Summit to reduce or waive taxes and tariffs for nets and other products needed for malaria control, both to reduce the price of nets to consumers and to stimulate free trade in insecticide-treated nets;

6. *Calls upon* the international community to support ways of stimulating the development of manufacturing capacity of insecticide-treated nets in Africa and, in this connection, to encourage and facilitate the transfer of technology needed to make insecticide-treated nets more effective and long-lasting;

7. *Recognizes* the importance of the development of effective vaccines and new medicines to prevent and treat malaria, and the need for further research, including through effective global partnerships such as the various malaria vaccine initiatives and the Medicines for Malaria Venture, in securing their development;

8. *Reiterates* the need for expanded public-private partnerships for malaria control and prevention, and in this context urges petroleum companies operating in Africa to consider providing polymer for the manufacture of mosquito nets at reduced prices as a contribution to rolling back malaria in Africa;

9. *Urges* the pharmaceutical industry to take note of the increasing need for effective combination treatment for malaria, particularly in Africa, and to form additional alliances and partnerships to help to ensure that all people at risk have access to prompt, affordable and quality treatment;

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

11. *Also requests* the Secretary-General to report to the General Assembly at its fifty-ninth session on the implementation of the present resolution, under the agenda item entitled "2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa".

## Access to medication

In 2003, the Secretary-General reported to the Commission on Human Rights on measures States had taken to promote access to medication in the context of pandemics such as HIV/AIDS (see p. 806). In furtherance of the Declaration of Commitment on HIV/AIDS, adopted in General Assembly resolution S-26/2 [YUN 2001, p. 1126], the Commission called on States to address factors affecting the provision of drugs related to pandemics (see p. 807). In related action, the Commission's Special Rapporteur on the right to the highest attainable standard of physical and mental health presented an overview of good practices for the right (see p. 772).

On 30 August, the World Trade Organization General Council adopted a decision on the implementation of the 2001 Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health [YUN 2001, p. 1432], which would make it easier for poorer countries to import cheaper generic drugs made under compulsory licensing if they were unable to manufacture the medicines themselves.

### GENERAL ASSEMBLY ACTION

On 22 December [meeting 77], the General Assembly, on the recommendation of the Third (Social, Humanitarian and Cultural) Committee [A/58/508/Add.2], adopted **resolution 58/179** by recorded vote (181-1) [agenda item 117 *(b)*].

**Access to medication in the context of pandemics such as HIV/AIDS, tuberculosis and malaria**

*The General Assembly,*

*Reaffirming* the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights,

*Reaffirming also* that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is a human right,

*Recalling* Commission on Human Rights resolutions 2001/33 of 23 April 2001, 2002/32 of 22 April 2002 and 2003/29 of 22 April 2003,

*Acknowledging* that prevention and comprehensive care and support, including treatment and access to medication for those infected and affected by pandemics such as HIV/AIDS, tuberculosis and malaria, are inseparable elements of an effective response and must be integrated into a comprehensive approach to respond to such pandemics,

*Stressing* the importance of fully implementing the Declaration of Commitment on HIV/AIDS, "Global Crisis—Global Action", and taking note of the report of the Secretary-General,

*Welcoming* the continuing political commitment demonstrated at the high-level plenary meetings of the General Assembly devoted to the follow-up to the outcome of its twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS, "Global Crisis—Global Action", held on 22 September 2003,

*Expressing its support* for the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria and that of other international bodies combating such pandemics,

*Bearing in mind* World Health Assembly resolutions WHA55.12 and WHA55.14, both of 18 May 2002, and WHA56.30 of 28 May 2003,

*Bearing in mind also* the International Labour Organization Code of Practice on HIV/AIDS and the World of Work, adopted by the Governing Body of the International Labour Organization in June 2001,

*Taking note* of general comment No. 14 (2000) on the right to the highest attainable standard of physical and mental health (article 12 of the International Covenant on Economic, Social and Cultural Rights), adopted by the Committee on Economic, Social and Cultural Rights at its twenty-second session,

*Taking note also* of general comment No. 3 (2003) on HIV/AIDS and the rights of the child, adopted by the Committee on the Rights of the Child at its thirty-second session,

*Alarmed* that the HIV/AIDS pandemic claimed 3.1 million lives in 2002, that about 42 million people were living with HIV by the end of 2002 and that 25 million children under the age of 15, including 20 million in Africa, are projected to lose one or both parents by 2010 owing to HIV/AIDS,

*Fully aware* that the failure to deliver antiretroviral treatment for HIV/AIDS to the millions of people who need it is a global health emergency,

*Recalling* its resolution 57/294 of 20 December 2002, entitled "2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa",

*Alarmed* that, according to the global Roll Back Malaria Partnership, malaria annually causes more than 1 million deaths, around 90 per cent of which are in Africa, that it is the leading cause of death in young children and that it causes at least 300 million cases of acute illness each year,

*Also alarmed* that, according to the World Health Organization global tuberculosis control report of 2003, tuberculosis kills about 2 million people each year, that 7 to 8 million people around the world become sick

with tuberculosis each year and that it is projected that 36 million people will die of tuberculosis between 2002 and 2020 if control is not further strengthened,

*Acknowledging* the significance of HIV/AIDS in the increase in tuberculosis and other opportunistic diseases,

*Welcoming* the initiatives of the Secretary-General and relevant United Nations agencies, States and civil society, including the private sector, to make drugs related to HIV/AIDS, tuberculosis and malaria more accessible and affordable to infected persons, especially in developing countries, and noting that much more could be done in this regard,

*Recalling* the Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and Public Health adopted at the Fourth World Trade Organization Ministerial Conference in Doha in November 2001, and welcoming the World Trade Organization General Council decision of 30 August 2003 on the implementation of paragraph 6 of the Declaration,

*Recognizing* that the spread of HIV/AIDS can have a uniquely devastating impact on all sectors and levels of society, and stressing that the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security, as stated in Security Council resolution 1308(2000) of 17 July 2000,

*Emphasizing*, in view of the increasing challenges presented by pandemics such as HIV/AIDS, tuberculosis and malaria, the need for intensified efforts to ensure universal respect for and observance of human rights and fundamental freedoms for all, including by reducing vulnerability to pandemics such as HIV/AIDS, tuberculosis and malaria and by preventing related discrimination and stigma,

1. *Recognizes* that access to medication in the context of pandemics such as HIV/AIDS, tuberculosis and malaria is one fundamental element for achieving progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

2. *Welcomes* the commitment of the World Health Organization and the Joint United Nations Programme on HIV/AIDS to work with the international community to support developing countries in achieving the global target of providing antiretroviral medicines to 3 million people infected with HIV/AIDS by the end of 2005, the "3 by 5" target;

3. *Takes note with interest* of the interim report of the Special Rapporteur of the Commission on Human Rights on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

4. *Calls upon* States to develop and implement national strategies, in accordance with applicable international law, including international agreements acceded to, to progressively realize access for all to prevention-related goods, services and information as well as access to comprehensive treatment, care and support for all individuals infected and affected by pandemics such as HIV/AIDS, tuberculosis and malaria;

5. *Also calls upon* States to establish or strengthen national health and social infrastructures and health-care systems, with the assistance of the international community as necessary, for the effective delivery of prevention, treatment, care and support to respond to pandemics such as HIV/AIDS, tuberculosis and malaria;

6. *Further calls upon* States to pursue policies, in accordance with applicable international law, including international agreements acceded to, which would promote:

*(a)* The availability in sufficient quantities of pharmaceutical products and medical technologies used to treat pandemics such as HIV/AIDS, tuberculosis and malaria or the most common opportunistic infections that accompany them;

*(b)* The accessibility and affordability for all, without discrimination, including the most vulnerable or socially disadvantaged groups of the population, of pharmaceutical products or medical technologies used to treat pandemics such as HIV/AIDS, tuberculosis and malaria or the most common opportunistic infections that accompany them;

*(c)* The assurance that pharmaceutical products or medical technologies used to treat pandemics such as HIV/AIDS, tuberculosis and malaria or the most common opportunistic infections that accompany them, irrespective of their sources and countries of origin, are scientifically and medically appropriate and of good quality;

7. *Calls upon* States, at the national level, on a non-discriminatory basis, in accordance with applicable international law, including international agreements acceded to:

*(a)* To refrain from taking measures that would deny or limit equal access for all persons to preventive, curative or palliative pharmaceutical products or medical technologies used to treat pandemics such as HIV/AIDS, tuberculosis and malaria or the most common opportunistic infections that accompany them;

*(b)* To adopt and implement legislation or other measures, in accordance with applicable international law, including international agreements acceded to, to safeguard access to such preventive, curative or palliative pharmaceutical products or medical technologies from any limitations by third parties;

*(c)* To adopt all appropriate positive measures, to the maximum of the resources allocated for this purpose, to promote effective access to such preventive, curative or palliative pharmaceutical products or medical technologies;

8. *Also calls upon* States, in furtherance of the Declaration of Commitment on HIV/AIDS, to address factors affecting the provision of drugs related to the treatment of pandemics such as HIV/AIDS and the most common opportunistic infections that accompany them, as well as to develop integrated strategies to strengthen health-care systems, including voluntary counselling and testing, laboratory capacities and the training of health-care providers and technicians, in order to provide treatment and monitor the use of medications, diagnostics and related technologies;

9. *Further calls upon* States to take all appropriate measures, nationally and through cooperation, to promote the research and development of new and more effective preventive, curative or palliative pharmaceutical products and diagnostic tools, in accordance with applicable international law, including international agreements acceded to;

10. *Calls upon* States, at the international level, to take steps, individually and/or through international

cooperation, in accordance with applicable international law, including international agreements acceded to, such as:

*(a)* Facilitating, wherever possible, access in other countries to essential preventive, curative or palliative pharmaceutical products or medical technologies used to treat pandemics such as HIV/AIDS, tuberculosis and malaria or the most common opportunistic infections that accompany them, as well as extending the necessary cooperation, wherever possible, especially in times of emergency;

*(b)* Ensuring that their actions, as members of international organizations, take due account of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and that the application of international agreements is supportive of public health policies that promote broad access to safe, effective and affordable preventive, curative or palliative pharmaceutical products or medical technologies;

11. *Welcomes* the financial contributions made to date to the Global Fund to Fight AIDS, Tuberculosis and Malaria, urges that further contributions be made to sustain the Fund, and calls upon all States to encourage the private sector to contribute to the Fund as a matter of urgency;

12. *Calls upon* the Joint United Nations Programme on HIV/AIDS to mobilize further resources to combat the HIV/AIDS pandemic and upon all Governments to take measures to ensure that the necessary resources are made available to the Programme, in line with the Declaration of Commitment on HIV/AIDS;

13. *Calls upon* States to ensure that those at risk of contracting malaria, in particular pregnant women and children under 5 years of age, benefit from the most suitable combination of personal and community protective measures, such as insecticide-treated bed nets and other interventions that are accessible and affordable, in order to prevent infection and suffering;

14. *Also calls upon* States to provide the necessary support for the World Health Organization Roll Back Malaria and Stop Tuberculosis Partnerships in their ongoing measures to combat malaria and tuberculosis;

15. *Calls upon* the international community, in particular the developed countries, to continue to assist developing countries in the fight against pandemics such as HIV/AIDS, tuberculosis and malaria, through financial and technical support as well as through the training of personnel;

16. *Invites* the Committee on Economic, Social and Cultural Rights to give attention to the issue of access to medication in the context of pandemics such as HIV/AIDS, tuberculosis and malaria, and invites States to include appropriate information thereon in the reports they submit to the Committee.

RECORDED VOTE ON RESOLUTION 58/179:

*In favour:* Afghanistan, Albania, Algeria, Andorra, Angola, Antigua and Barbuda, Argentina, Armenia, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Belize, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Canada, Cape Verde, Central African Republic, Chile, China, Colombia, Comoros, Congo, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Democratic People's Republic of Korea, Democratic Republic of the Congo, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, Eritrea, Estonia, Ethiopia, Fiji, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Greece, Grenada, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Iran, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lebanon, Lesotho, Libyan Arab Jamahiriya, Liechtenstein, Lithuania, Luxembourg, Madagascar, Malawi, Malaysia, Maldives, Mali, Malta, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia, Monaco, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Oman, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Saudi Arabia, Senegal, Serbia and Montenegro, Seychelles, Sierra Leone, Singapore, Slovakia, Slovenia, Solomon Islands, Somalia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Arab Emirates, United Kingdom, United Republic of Tanzania, Uruguay, Uzbekistan, Venezuela, Viet Nam, Yemen, Zambia, Zimbabwe.

*Against:* United States.

## Follow-up to Millennium Summit

In response to General Assembly resolution 56/95 [YUN 2001, p. 1279], the Secretary-General submitted, in September, the second annual report [A/58/323] on progress achieved by the UN system and Member States to implement the United Nations Millennium Declaration, adopted in Assembly resolution 55/2 [YUN 2000, p. 49]. The Secretary-General noted the lack of progress made to reverse the rate of the spread of HIV/AIDS, malaria and tuberculosis. HIV/AIDS had already had a devastating social and economic impact in sub-Saharan Africa and, to a lesser extent, in the Caribbean. Infection rates in most countries of South-Central and South-Eastern Asia were already at least comparable to those in most developed countries, where the pandemic started much earlier, and there were signs that the disease was breaking out of high-risk pockets into the general population. The incidence of malaria might also be on the rise, as increasing resistance to the available drugs, and of mosquitoes to available pesticides, made both treatment and prevention more difficult. The best estimates available indicated that the incidence of tuberculosis was increasing. However, the Secretary-General said, rapid improvements were possible by learning and building on success stories such as in Thailand, where a strong prevention campaign since 1990 had contained the HIV/AIDS pandemic; in Uganda, where infection rates were down for eight consecutive years in the 1990s; and in Senegal and Cambodia, where the spread of HIV was also contained. Countries had the opportunity to make sizeable inroads into the incidence of tuberculosis by adopting a relatively inexpensive but sustained treatment programme. Efforts to combat HIV/AIDS, as well as tuberculosis and malaria, were being supported by a major global mobilization that combined new commitments to advocacy and political action in many of the most affected countries and a new drive to raise international resources commensurate with the scale of the challenge.

The Secretary-General, as patron of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, was encouraged by the increase in support for that body and for broader efforts by UN agencies, the World Bank and others. Private foundations were also increasingly supporting research, treatment and prevention. Some pharmaceutical firms were offering steeply discounted drug supplies, and an increasing number of countries were able to provide inexpensive generic drugs to their populations. Nevertheless, with commitments for the Global Fund still significantly short of the $3 billion required in 2004 and the $4.5 billion needed in 2005, it was imperative that donors make a renewed effort to increase their support. With immediate action, there was still reasonable hope to meet the MDG of halting and beginning to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases by 2015.

#### GENERAL ASSEMBLY ACTION

On 27 October [meeting 43], the General Assembly adopted **resolution 58/3** [draft: A/58/L.5 & Add.1] without vote [agenda item 60].

**Enhancing capacity-building in global public health**

*The General Assembly*,

*Recalling* the United Nations Millennium Declaration, adopted by heads of State and Government at the Millennium Summit of the United Nations, and the development goals contained therein, in particular the health-related development goals, and its resolutions 55/162 of 14 December 2000, 56/95 of 14 December 2001 and 57/144 of 16 December 2002,

*Bearing in mind* World Health Assembly resolutions 48.13 of 12 May 1995, 54.14 of 21 May 2001 and 56.28 and 56.29 of 28 May 2003,

*Recognizing* that Member States have to strengthen their efforts to halt and begin to reverse, by 2015, the spread of HIV/AIDS and the incidence of malaria and other major diseases,

*Reaffirming* its Declaration of Commitment on HIV/AIDS,

*Recognizing* that the globalization of trade and increased international travel have increased the risk of a rapid worldwide spread of infectious diseases, posing new challenges to public health,

*Noting with concern* the deleterious impact on humankind of HIV/AIDS, tuberculosis, malaria and other major infectious diseases and epidemics, and the heavy disease burden borne by poor people, especially in developing countries,

*Welcoming* the current success of the affected countries in combating the severe acute respiratory syndrome, the first severe infectious disease to emerge in the twenty-first century, the political commitment and strong leadership shown in the affected countries and the role of the World Health Organization in controlling the epidemic, while mindful of the fact that the fight against the severe acute respiratory syndrome and other epidemics is far from over,

*Convinced* that strengthening public health is critical to the development of all Member States, and that economic and social development are enhanced through measures that strengthen capacity-building in public health, including systems of prevention of and immunization against infectious diseases,

*Emphasizing* that Member States have primary responsibility for strengthening their capacity-building in public health to detect and respond rapidly to outbreaks of major infectious diseases, through the establishment and improvement of effective public health mechanisms, while recognizing that the magnitude of the necessary response may be beyond the capabilities of many developing countries,

*Convinced* that the control of outbreaks of diseases, particularly new diseases whose origins remain unknown, requires international and regional cooperation,

*Recognizing* the need for greater international and regional cooperation to meet new and existing challenges to public health, in particular in promoting effective measures such as vaccines, as well as to assist developing countries in securing vaccines against preventable infectious diseases,

*Recognizing also* the expertise of the World Health Organization and its role in, inter alia, coordinating actions with Member States in the areas of information exchange, personnel training, technical support, resource utilization, the improvement of global public health preparedness and response mechanisms and stimulating and advancing work on the prevention, control and eradication of epidemic, endemic and other diseases, as well as the work of the World Health Organization office dedicated to communicable diseases surveillance and response,

*Underscoring* the continued importance of the International Health Regulations as an instrument for ensuring the maximum possible protection against the international spread of diseases with minimum interference in international traffic, and urging Member States to give high priority to the work on the revision of the Regulations,

*Welcoming* the efforts of the World Health Organization, in cooperation with Member States, the United Nations system, the Bretton Woods institutions, the private sector and civil society, in enhancing capacity-building in global public health and in promoting public health at the country level,

*Welcoming also* the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, adopted on 14 November 2001, and noting the decision of the World Trade Organization General Council of 30 August 2003 on the implementation of paragraph 6 of the Declaration,

*Recognizing* the need to strengthen national health and social infrastructures to reinforce measures to eliminate discrimination in access to public health, information and education for all people, and especially for the most underserved and vulnerable groups,

1. *Urges* Member States to further integrate public health into their national economic and social development strategies, including through the establishment and improvement of effective public health mechanisms, in particular networks of disease surveillance, response, control, prevention, treatment and information exchange and the recruitment and training of national public health personnel;

2. *Calls upon* Member States and the international community to raise awareness of good public health practices, including through education and the mass media;

3. *Emphasizes* the importance of active international cooperation in the control of infectious diseases, based on the principles of mutual respect and equality, with a view to strengthening capacity-building in public health, especially in developing countries, including through the exchange of information and the sharing of experience, as well as research and training programmes focusing on surveillance, prevention, control, response, and care and treatment in respect of infectious diseases, and vaccines against them;

4. *Calls* for the improvement of the global public health preparedness and response systems, including systems of prevention and monitoring of infectious diseases, to better cope with major diseases, including in cases of global outbreaks of new diseases;

5. *Encourages* Member States to participate actively in the verification and validation of surveillance data and information concerning public health emergencies of international concern and, in close collaboration with the World Health Organization, to exchange information and experience in a timely and open manner on epidemics and the prevention and control of emerging and re-emerging infectious diseases that pose a risk to global public health;

6. *Invites* the regional commissions of the Economic and Social Council, as appropriate, to cooperate closely with Member States, the private sector and civil society, when requested, in their capacity-building in public health, as well as in regional cooperation to diminish and eliminate the deleterious impact of major infectious diseases;

7. *Encourages* Member States, as well as United Nations agencies, bodies, funds and programmes, in accordance with their respective mandates, to continue to address public health concerns in their development activities and programmes, and to actively support capacity-building in global public health and health care institutions;

8. *Requests* the Secretary-General to include observations on the issue of enhancing capacity-building in global public health in his report on the follow-up to the outcome of the Millennium Summit of the United Nations to be submitted to the General Assembly at its fifty-ninth session.

## Road safety

In a letter of 28 January [A/57/235], Oman requested the inclusion of an additional item in the agenda in the fifty-seventh session of the General Assembly on the global road safety crisis; an explanatory memorandum included facts about road traffic injuries.

WHO designated "Safe roads" as the theme of World Health Day 2004, to be observed on 7 April of that year.

### GENERAL ASSEMBLY ACTION (May)

On 22 May [meeting 86], the General Assembly adopted **resolution 57/309** [draft: A/57/L.77 & Add.1] without vote [agenda item 169].

**Global road safety crisis**

*The General Assembly*,

*Noting* the rapid increase in road traffic deaths, injuries and disabilities globally,

*Recognizing* the disproportionate fatality rate in developing countries,

*Taking note* of the negative impact of road traffic injuries on national and global economies,

*Affirming* the need for a worldwide effort to raise awareness of the importance of road safety as a public policy issue, especially through education and the dissemination of information,

*Convinced* that responsibility for road safety rests at the local, municipal and national levels,

*Affirming* that the road safety crisis has multiple dimensions requiring collaborative efforts at all levels, including through appropriate public health education programmes,

1. *Welcomes* the efforts of the World Health Organization to designate "Safe roads" as the theme of World Health Day 2004, to be observed on 7 April of that year, and to undertake the development of a world report on road traffic injury prevention, to be issued in April 2004;

2. *Encourages* Governments and civil society to raise awareness of the widespread problem of preventable road traffic deaths and injuries, targeting especially the young in educational establishments;

3. *Urges* all Governments to promulgate and to continue to enforce existing traffic laws;

4. *Requests* the Secretary-General to submit a report to the General Assembly on the global road safety crisis, through the appropriate United Nations body, taking into consideration the views expressed by Member States and the relevant organs and agencies within the United Nations system, for consideration by the Assembly at its fifty-eighth session.

**Report of Secretary-General.** In response to resolution 57/309 (above), the Secretary-General submitted an August report [A/58/228] on the global road safety crisis, prepared by WHO and revised to include comments from Secretariat departments and other UN system entities. It emphasized that road traffic injuries posed a global public health crisis requiring action at the national and international levels. The report discussed the magnitude of the problem; who was affected; the social and economic consequences of road traffic injuries; the lack of information to assess road safety; risk factors and determinants that predisposed certain groups to vulnerability to road traffic injuries; and successful intervention strategies.

An estimated 1.26 million people worldwide died as a result of road traffic injuries in 2000; such injuries accounted for 2.2 per cent of global mortality and were responsible for 25 per cent of all deaths due to injury. Road traffic crashes ranked as the ninth leading cause of mortality and morbidity, accounting for 2.8 per cent of all global deaths and disability. WHO projections

suggested that by 2020 road traffic injuries could rank third among causes of death and disability, ahead of malaria, tuberculosis and HIV/AIDS. More than a third—435,000—of annual road crash deaths in 2000 occurred in South-East Asia, but Africa had the highest road traffic death rate, at 28 deaths per 100,000 people. Road traffic injuries affected disproportionately the poor in developing countries, where the majority of road crash victims were vulnerable road users (pedestrians, cyclists, children, passengers). In developed countries, children of lower socio-economic status were more likely to die in collisions involving pedestrians than their more affluent counterparts. Poorer socio-economic groups also had less access to medical services, leading to disparities in chances of recovery or survival. More than 50 per cent of global mortality due to road traffic injury occurred among young adults, aged 15 to 44. The road traffic injury mortality rate for males was almost three times as high as it was for females.

The report identified a number of risk factors and determinants that affected the probability of a road traffic injury, which could be modified by intervention, including speeding; alcohol use; the use of helmets for motorbike riders; safety devices, such as seat belts and child restraints; access to trauma care; road design and roadway environment; implementation of road safety standards; enforcement of traffic safety regulations; improving vehicle safety; and the lack of vehicle inspection programmes.

The report made a series of recommendations to the General Assembly to address the global road safety crisis, particularly regarding the identification of a coordinating body within the UN system; the assessment by Member States of their road traffic safety problem and situation; increased funding for the inclusion of the problem of road traffic injuries in priority programmes in UN organizations, especially for low- and middle-income countries; and the development and implementation of a national strategy for Member States on road traffic injury prevention and appropriate action plans, and multisectoral collaboration between various ministries and sectors. It also proposed that the Assembly call on the UN regional commissions to expand their work programmes to include activities on: promoting regional best practices regarding matters related to road safety; assisting Member States in drawing up road safety standards appropriate to their setting; supporting human and technical capacity-building programmes pertaining to road safety; developing and implementing sustainable transport policies that incorporated road safety; adopting multisectoral approaches to road safety with clear targets and appropriate management structures; and developing short- and medium-term strategies to address road safety priorities.

#### GENERAL ASSEMBLY ACTION (November)

On 5 November [meeting 56], the General Assembly adopted **resolution 58/9** [draft: A/58/L.3/Rev.1 & Add.1] without vote [agenda item 160].

**Global road safety crisis**

*The General Assembly*,

*Recalling* its resolution 57/309 of 22 May 2003,

*Welcoming* the report of the Secretary-General on the global road safety crisis,

*Expressing great concern* at the rapid increase, particularly in developing countries, in traffic fatalities and injuries worldwide, which accounted for an estimated 1.26 million deaths in 2000 and which disproportionately affect people in low- and middle-income countries, and also expressing concern at the economic costs of road traffic injuries, which amount to 518 billion United States dollars per annum worldwide, with developing countries bearing 100 billion dollars of the cost,

*Convinced* that road traffic injuries are a major public health problem requiring concerted multisectoral efforts for effective and sustainable prevention,

*Affirming* the need for a worldwide effort to raise awareness about the health impact and social and economic costs of injuries caused by road traffic accidents,

*Recognizing* that effective action requires strong political commitment, in particular at the national but also at the international level,

*Recognizing also* that road traffic injuries are a preventable and treatable problem,

*Emphasizing* the need for the private sector and relevant non-governmental organizations to participate actively in promoting road traffic safety,

*Convinced* that road safety requires partnerships, bridging many sectors of society, to promote and facilitate efforts to prevent road traffic injuries,

*Convinced also* that responsibility for road safety rests at the local, municipal and national levels, and recognizing that many developing countries have limited capacities to address these issues,

*Recognizing* the importance of further strengthening the efforts of developing countries to build capacities in the field of road safety, and of providing financial and technical support for those efforts,

*Welcoming* the efforts of the relevant United Nations agencies and many other organizations in promoting road traffic safety,

*Commending* the World Health Organization for its important work, and welcoming the selection of the theme "Road safety" for the observance of World Health Day on 7 April 2004, when the World Health Organization will release its *World Report on Road Traffic Injury Prevention*,

1. *Decides* to hold a plenary meeting of the General Assembly on 14 April 2004 in connection with World Health Day and the launching of the *World Report on Road Traffic Injury Prevention* to increase awareness at a high level of the magnitude of the road traffic injury problem, and invites Governments to participate, as appropriate;

2. *Invites* the President of the General Assembly, the Secretary-General, the Director-General of the World Health Organization, the President of the World Bank, the Executive Director of the United Nations Children's Fund and the Administrator of the United Nations Development Programme to address the Assembly;

3. *Invites* the Economic and Social Council, working with other relevant organizations and bodies of the United Nations system, and through its regional commissions, to facilitate the exchange of information on best road traffic safety practices and the development of recommendations for road traffic injury control;

4. *Requests* the Department of Public Information of the Secretariat to organize a meeting of experts, the private sector, relevant non-governmental organizations, members of civil society and other interested parties, including the media, on the morning of 15 April 2004, in conjunction with the plenary meeting, to raise awareness and exchange information on best road practices;

5. *Underlines* the need for international cooperation to deal with issues of road safety;

6. *Requests* the Secretary-General, through an appropriate United Nations body, to submit a report to the General Assembly at its sixtieth session on the progress made in improving global road safety and the issues referred to in the present resolution, also taking into consideration the views expressed during the meetings on 14 and 15 April 2004;

7. *Decides* to include in the provisional agenda of its sixtieth session the item entitled "Global road safety crisis".

On 23 December, the General Assembly decided that the agenda item on the global road safety crisis would remain for consideration at the resumed fifty-eighth (2004) session (**decision 58/565**).

## Food and agriculture

### Food aid

#### World Food Programme

In July, the Economic and Social Council had before it two reports pertaining to the work of the World Food Programme (WFP): the annual report of the Executive Director of WFP for 2002 [E/2003/14] and a report of the WFP Executive Board containing the decisions and recommendations of its 2002 sessions [E/2003/36]. The Council, by **decision 2003/225** of 11 July, took note of the reports.

The WFP Executive Board decided on organizational and programme matters and approved a number of projects at its 2003 sessions [E/2004/36], all held in Rome: first regular session (5-7 February), annual session (28-30 May), second regular session (2-3 June) and third regular session (20-24 October). In October, the Board approved the WFP 2004-2005 biennial management plan and the WFP strategic plan (2004-2007), which outlined five core strategic priorities and identified nine management priority areas.

##### *WFP activities*

According to the WFP annual performance report for 2003 [WFP/EB.A/2004/4-A & Corr.1], WFP reached a record 104.2 million people in 81 countries in 2003, a 44.7 per cent increase from the 72 million assisted in 2002. Of those assisted, 61.2 million benefited from emergency operations, 26.8 million benefited from protracted relief and recovery operations and 16.2 million benefited from development programmes. The beneficiaries included 55.5 million children, including 15.2 million assisted through school feeding programmes; 53.5 million women and girls, representing 51.3 per cent of all beneficiaries; and 2.6 million refugees and 5.7 million internally displaced persons.

WFP delivered 6 million tons of food, including more than 2 million tons in Iraq alone; the volume of food shipped increased by 57 per cent compared to 2002.

Global food aid deliveries amounted to 10.2 million tons in 2003, an increase of about 5.2 per cent from the 9.7 million tons delivered in 2002. Bilateral deliveries accounted for 22.4 per cent of the total, a 9.7 per cent decrease from the previous year's 32.1 per cent. Nearly 67 per cent of the food aid delivered for the year was provided as relief aid to people affected by man-made or natural emergency situations. WFP's relief operation in Iraq was by far the largest: 2.1 million tons of food from donor contributions and from the oil-for-food programme reached the entire Iraqi population of approximately 27 million people. (For more information on the situation in Iraq in 2003, see p. 315.)

The portion of food aid channelled multilaterally increased from 39 per cent in 2002 to 49 per cent in 2003. WFP initiated 56 new operational activities and four new country programmes worldwide.

At the regional level, sub-Saharan Africa received the largest share of WFP assistance, with 48.8 per cent of operational expenditures spent in 40 countries; the Middle East and North Africa received 37.1 per cent for nine countries; Asia, 12.3 per cent for 19 countries; Eastern Europe and the Commonwealth of Independent States, 2.3 per cent for nine countries; and Latin America and the Caribbean, 1.7 per cent for 11 countries.

*Administrative and financial matters*

The first joint session of the Executive Boards of UNDP/UNFPA and UNICEF, with the participation of WFP (New York, 6 and 9 June) [E/2003/35], discussed the simplification and harmonization process undertaken by the United Nations Development Group (UNDG) Executive Committee; the transition from relief to development; building on the Monterrey Consensus, reached at the 2002 International Conference on Financing for Development [YUN 2002, p. 953]; the five-year evaluation of UNAIDS, which was concluded in 2002 [ibid., p. 1220]; and the implementation in Nepal of the MDGs, adopted in General Assembly resolution 55/2 [YUN 2000, p. 49].

Resources and financing

WFP operational expenditures for 2003 amounted to an all-time high of $3.3 billion for development and relief activities in the least developed countries and low-income food-deficit countries [WFP/EB.A/2004/4-A & Corr.1]. Contributions totalled a record $2.6 billion [E/2004/14], a 43 per cent increase over 2002. More than half of WFP's resources continued to be provided by the United States, which contributed $1.4 billion. Of the total contributed, $1.4 billion went to emergency operations, $240 million to development activities and $824 million to protracted relief and recovery operations.

## Food security

### Follow-up to 1996 World Food Summit

By a June note [E/2003/87], the Director-General of the Food and Agriculture Organization of the United Nations (FAO) transmitted to the Economic and Social Council a report prepared by FAO's Committee on World Food Security on progress made to implement the Plan of Action adopted at the 1996 World Food Summit [YUN 1996, p. 1129]. The report highlighted linkages with the coordinated and integrated follow-up to major UN conferences and summits. It consisted of extracts from a number of Committee reports, including the Declaration of the 2002 World Food Summit: five years later [YUN 2002, p. 1225], which, among other things, called on the international community to fulfil the pledge made at the 1996 Summit to reduce the number of hungry by half, to about 400 million, by 2015. The report also contained extracts from Committee decisions regarding a 2000 review of the first cluster of Plan of Action commitments, relating to people-centred objectives, and a 2002 review of the second cluster, consisting of commitments related to development-centred activities. Based on its findings and conclusions, the Committee made recommendations to implement the Plan of Action by Governments, the international community, international institutions, and FAO and its secretariat. National reports showed that countries had policies and programmes in place to implement the Plan, but the specific impact of each policy in improving food security and reducing the number of undernourished was seldom articulated in quantitative terms, making an analysis of progress difficult. A limited number of countries had succeeded in reducing the number of undernourished; in a large number of countries, the number of undernourished was growing.

On 16 July (**decision 2003/227**), the Council took note of the report.

**CEB consideration.** The CEB High-level Committee on Programmes (HLCP) considered the issue of linkages between HIV/AIDS and food security and governance (see p. 1250) at its fifth session (Rome, 26-27 March) [CEB/2003/4], at its first intersessional meeting of 2003 (Geneva, 2 July) [CEB/2003/6] and at its sixth session (Rome, 18-19 September) [CEB/2003/7]. Over the course of the meetings, HLCP prepared an analytical policy paper on the UN response to the threats of food insecurity, weakened capacity for governance and AIDS. CEB, at its second regular session of 2003 (New York, 31 October–1 November) [CEB/2003/2], endorsed the general analysis and programming approach and the series of programmatic and institutional actions set out in the paper, and concurred with the thrust of its recommendations. HLCP, at its second intersessional meeting of 2003 (New York, 3 November) [CEB/2003/8], invited UNDG to report on progress in implementing the actions contained in the paper to the Committee's February 2004 session.

*International Year of Rice (2004)*

FAO continued to coordinate preparations for the International Year of Rice in 2004, declared by the General Assembly in resolution 57/162 [YUN 2002, p. 1226] as a major international effort to increase rice production. A meeting of the Steering Committee of the International Rice Commission on the International Year of Rice (Rome, 17 January) discussed a proposed road map for the Year and the terms of reference and membership of the FAO Organizing Committee. On 30 October, FAO's secretariat for the Year produced a concept paper, with inputs from members of the Organizing Committee and participants of the international planning and coordination meeting for the Year (Rome, 6-7

March), which discussed the background and history of the Year, aspects of rice-based systems, challenges and opportunities for the Year and a conceptual framework for implementation.

The Year was officially launched at UN Headquarters in New York on 31 October.

## Nutrition

### Standing Committee on Nutrition

The thirtieth session of the UN System Standing Committee on Nutrition (SCN) (Chennai, India, 3-7 March) reviewed reports of working groups on nutrition throughout the life cycle; nutrition in emergencies; nutrition and HIV/AIDS; micronutrients; nutrition, ethics and human rights; capacity development in food and nutrition; the nutrition of school-age children; breastfeeding and complementary feeding; and household food security. During the session, a task force formed to draft an SCN position statement on nutrition and the MDGs reported to the Committee. The position statement would set out the role that nutrition improvement played in achieving the MDGs and would cover nutrition interventions and enabling environmental factors. On 4 March, the M. S. Swaminathan Research Foundation hosted a symposium on mainstreaming nutrition to improve development outcomes.

Based on a request from the twenty-ninth (2002) SCN session [YUN 2002, p. 1226], an international technical working group was formed to explore current information on the impact of iron deficiency in children less than 2 years of age and to recommend strategies to eliminate it in children of that age group by 2008.

### UNU activities

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

In 2003, UNU-FNP activities included the Latin America Initiative, which focused on leadership training and leveraging of funds in the region to strengthen local and regional capacity for action in health/nutrition promotion, micronutrient fortification, and prevention of nutrition-related chronic diseases and other forms of malnutrition. Regarding its African Initiative, UNU-FNP completed the initial two-year implementation phase of the 10-year action plans for strengthening capacity in the area of food and nutrition, and an assessment of lessons learned and action plan updates were under way. Capacity had been strengthened in the areas of HIV and nutrition and the enhancement of advocacy skills. At the thirtieth SCN session (see above), the Task Force for Capacity Strengthening in Nutrition in Asia presented its 10-year plan. A five-year grant of $1 million per year from the Ellison Medical Foundation would support a fellowship programme coordinated with UNU's capacity development efforts. The programme, to be administered by the International Nutrition Foundation, had obligated funds for the first two years and would be limited to about 16 developing country institutions recognized as leaders in their respective regions; the fellowships would be used to help develop or maintain a critical mass of well-trained personnel. The data collection phase of the Multi-Country Growth Reference Study was completed, with studies in six countries involving some 8,000 children; construction of the world's first truly international growth standards had begun.

Under the University's capacity development training programme, cooperation between UNU and FAO in the area of nutrition data management continued with a three-week course on production and the use of food composition data in nutrition (Wageningen, Netherlands, October), with the participation of seven UNU fellows. Five fellows began a year-long training programme in food science and technology organized by UNU at the National Food Research Institute in Tsukuba, Japan; five others completed their training and received grants to return to their home countries for follow-up research projects. UNU also awarded a fellowship to one student from the Sudan for a 10-month course at the Central Food Technological Research Institute in Mysore, India. In the degree-oriented programme, one UNU fellow was admitted to the two-year Master's Programme in Applied Human Nutrition offered by the University of Nairobi. UNU continued its quarterly publication of the *Food and Nutrition Bulletin* and the *Journal of Food Composition and Analysis* .