

Chapter XIII

Health, food and nutrition

In 2005, the United Nations continued to promote human health, coordinate food aid, promote food security, and support research in nutrition.

At the end of the year, about 40 million people globally were living with the human immunodeficiency virus or the acquired immunodeficiency syndrome (HIV/AIDS). An estimated 4.1 million people became infected with the virus, while 2.8 million died due to AIDS-related illnesses. *The Human Development Report 2005* identified AIDS as having inflicted the single greatest reversal in human development, although there were encouraging signs that the epidemic was beginning to be contained. The Joint United Nations Programme on HIV/AIDS (UNAIDS) continued to coordinate UN activities for AIDS prevention and control, appointing a Global Task Team to simplify and streamline multilateral procedures and practices to facilitate more effective country-led responses. UNAIDS also adopted a new policy approach to HIV prevention.

In 2005, the Roll Back Malaria Partnership conducted a comprehensive review of the epidemiological status of malaria and progress made in fighting the disease. It published the first World Malaria Report, which found that, while malaria remained a major global problem, substantial progress had been made in addressing the disease over the last several years.

Although tuberculosis trends were stable or in decline in the other World Health Organization (WHO) regions of the world, WHO Regional Committee for Africa declared tuberculosis an emergency in the African region, and urged member States in the region to step up interventions.

The United Nations Road Safety Collaboration defined a framework for collaboration on road safety issues, and initiated efforts to facilitate implementation of General Assembly resolution 58/289 on improving road safety and the recommendations of the *World Report on Road Traffic Injury Prevention*.

The WHO Framework Convention on Tobacco Control entered into force on 27 February and the World Health Assembly approved the revised International Health Regulations, which laid out the role of WHO and countries in identifying and responding to public health emergencies.

The year 2005 was very challenging for humanitarian aid according to the World Food Pro-

gramme (WFP). The Indian Ocean tsunami, drought and locusts in the Niger, continuing conflict in the Darfur region of Western Sudan, hurricanes Katrina and Stan, and the earthquake in Kashmir took thousands of lives and destroyed many homes and livelihoods. In response to those and other crises, WFP distributed 4.2 million metric tons of food to 96.7 million people in 82 countries.

The Food and Agriculture Organization of the United Nations (FAO) continued to implement the Plan of Action adopted at the 1996 World Food Summit for meeting the commitments to halve the number of undernourished people worldwide by 2015. In support of an FAO resolution highlighting the importance of the potato as a staple food around the world, the Assembly declared 2008 the International Year of the Potato.

Health

2005 World Summit

The Secretary-General, in his March report [A/59/2005] entitled "In larger freedom: towards development, security and human rights for all" (see p. 67), discussed, among other subjects, progress and shortfalls in global public health, and made recommendations for improvement. The Secretary-General noted that the HIV/AIDS pandemic posed an unprecedented threat to human development and security and, in addition to being a public health crisis, undermined economic and social stability. Since 2000, some successes had been achieved in the fight against AIDS at the national level through integrated administrative structures, and at the international level through the Global Fund to Fight AIDS, Tuberculosis and Malaria [YUN 2002, p. 1217]. Nevertheless, the epidemic demanded an exceptional response and much remained to be done to reduce HIV incidence and provide antiretroviral treatment in the coming decade. He therefore called on the international community to provide urgently the resources needed for a comprehensive response to HIV/AIDS and to provide full funding for the Global Fund.

The Secretary-General also noted the slow and under-resourced international response to other evolving pandemics. He called for a concerted international response to strengthen existing mechanisms for timely and effective international cooperation and upon Member States to agree on the revision of the International Health Regulations at the World Health Assembly in May 2005 (see below).

The World Summit Outcome document, adopted by the Assembly in **resolution 60/1** (see p. 48), recognized that HIV/AIDS, malaria, tuberculosis and other infectious diseases posed severe risks for the entire world and serious challenges to the achievement of the Millennium Development Goals (MDGs) [YUN 2000, p. 51]. World leaders committed themselves to increasing investment and building on existing mechanisms to improve health systems in developing countries and those with economies in transition, in order to achieve the health-related MDGs by 2015. They further undertook to fully implement all the commitments established by the Declaration of Commitment on HIV/AIDS (see below), their obligations under the International Health Regulations (2005) adopted by the fifty-eighth World Health Assembly in May and the "Three Ones" principles, with the aim of coordinating the work of multiple institutions and international partners under one agreed HIV/AIDS framework.

AIDS prevention and control

Follow-up to the twenty-sixth special session

General Assembly 2005 High-level Meeting.

In accordance with its resolution 58/313 [YUN 2004, p. 1216], the General Assembly held a High-level Meeting on 2 June to review progress achieved in realizing the commitments set out in the Declaration of Commitment on HIV/AIDS contained in resolution S-26/2 [YUN 2001, p. 1126], adopted by the Assembly's twenty-sixth special session.

The Meeting consisted of two plenary sessions and five interactive round tables covering areas related to the implementation of the Declaration of Commitment, particularly prevention, treatment, care and support, and human rights, including gender, orphans and resources. It was attended by representatives of Member States of all regions, multilateral organizations, especially those representing people living with HIV/AIDS, and civil society, in accordance with **decision 59/553** of 20 January. The meeting had before it for consideration the Secretary-General's April report [A/59/765], submitted in accordance with Assembly resolution 58/236 [YUN 2003, p. 1245],

summarizing progress achieved in realizing the obligations in the Declaration of Commitment, a discussion paper [A/59/CRP.1] for the round table on orphans and children made vulnerable by HIV/AIDS, and a note by the Assembly President transmitting the summaries of the discussions of the five round tables [A/59/852].

The Secretary-General's report observed that, although there were encouraging signs that the epidemic was beginning to be contained, overall, it continued to expand, with much of the world at risk of failing to reach the targets set forth in the Declaration. Eleven countries in sub-Saharan Africa were likely to lose more than one tenth of their labour force to AIDS by 2006, and its detrimental effect on agricultural sectors played a pivotal role in the recent food crisis in Southern Africa. The epidemic was also undermining the foundations of whole societies.

The report found that many of the most affected countries were falling short of the target of reducing by 2005 the level of infection among young people aged 15 to 24, and only 12 per cent of those needing antiretroviral therapy were receiving it as at December 2004; treatment programmes were insufficient; globally, 15 million children were orphaned by AIDS, and national efforts and donor support were currently insufficient to address the growing crisis; an acute shortage of trained personnel was a further hindrance to the implementation and expansion of essential AIDS programmes; many countries had yet to adopt legislation to prevent discrimination against people living with HIV, and few had enacted measures to promote and protect the human rights of vulnerable populations; and while political commitment to the AIDS response had become significantly stronger since 2001, it remained inadequate in many countries.

Since 2001, the resources available from all sources, including national spending in low- and middle-income countries, had increased dramatically and were projected to total some \$8 billion in 2005 and \$10 billion by 2007. Despite that increase, and successful efforts in mobilizing the funds called for in the Declaration, additional data analyses indicated that significantly increased resources would be required in future years to sustain a comprehensive response.

Among its recommendations, the report suggested scaling up successful prevention activities; reviewing national testing policies to encourage more widespread knowledge of serostatus and increasing donor financial support for testing initiatives; taking global action to further reduce the price and increase accessibility of antiretroviral therapy regimens; increasing accessibility to treatment through an integrated care ap-

proach; and using various approaches to target efforts towards vulnerable populations. The report called for the mobilization of international resources for an expanded, comprehensive response to the epidemic, including full funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and for securing the commitment of low- and middle-income countries to increase allocations to AIDS from national budgets.

In his conclusions, the Secretary-General stated that in 2006, the Assembly would receive a comprehensive report on international progress in implementing the Declaration of Commitment on HIV/AIDS, with special reference to the targets set for 2005.

In accordance with resolution 58/313 [YUN 2004, p. 1216], the summaries of the round-table discussions were submitted to the Assembly's High-level Plenary Meeting in September (see p. 47).

Preparations for 2006 review meeting

On 23 December [meeting 69], the General Assembly adopted **resolution 60/224** [draft: A/60/L.43] without vote [agenda item 45].

Preparations for and organization of the 2006 follow-up meeting on the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

The General Assembly,

Reaffirming its commitment to resolution S-26/2 of 27 June 2001 entitled "Declaration of Commitment on HIV/AIDS", and recalling its undertaking to devote sufficient time and at least one full day of the annual session of the General Assembly to review a report of the Secretary-General and make recommendations on action needed to achieve further progress,

Reaffirming the importance of the follow-up process prescribed in the Declaration of Commitment, which included the setting of specific time-bound targets, which fall due in 2005 and 2010, and noting in this regard the holding on 2 June 2005 of the High-level Meeting of the General Assembly to review progress achieved in realizing the commitments set out in the Declaration of Commitment,

Recalling the 2005 World Summit Outcome adopted at the meeting held from 14 to 16 September 2005, including the commitment to full implementation of the Declaration of Commitment,

Recognizing that progress has been made in containing the HIV/AIDS epidemic in a small but growing number of countries, but remaining deeply concerned by the overall expansion and feminization of the epidemic,

Recognizing also the primary role and responsibility of Governments in responding to HIV/AIDS and the essential need for the efforts and engagement of all sectors of society to generate an effective response,

Recognizing further the important role of the international community and international cooperation in order to assist Member States, particularly developing countries, and to complement national efforts for generating an effective response to HIV/AIDS,

Recognizing the essential role played in the response to AIDS by civil society, including national and international non-governmental organizations and organizations and networks representing people living with HIV/AIDS, women, men, young persons, girls and boys, orphans, community and faith-based organizations, families and the private sector,

1. *Decides* to undertake on 31 May and 1 June 2006 a comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS and to convene on 2 June 2006 a high-level meeting aimed at continuing the engagement of world leaders in a comprehensive global response to HIV/AIDS;

2. *Invites* Member States and observers to be represented at the high-level meeting at the highest level;

3. *Decides* that the organizational arrangements for the comprehensive review should be as follows:

(a) The review meeting will comprise plenary meetings, an informal interactive hearing with civil society, panel discussions and round tables;

(b) The opening plenary meeting will feature statements by the President of the General Assembly, the Secretary-General, the Executive Director of the Joint United Nations Programme on HIV/AIDS and a representative of civil society;

(c) An informal interactive civil society hearing will be chaired by the President of the General Assembly or his representative and organized with the active participation of people living with HIV/AIDS and broader civil society, and will be attended by representatives of non-governmental organizations in consultative status with the Economic and Social Council, invited civil society organizations, the private sector, Member States and observers;

(d) In order to promote interactive and substantive discussions, participation in each round table will be limited to a maximum of forty to forty-five participants, including Member States, observers, representatives of entities of the United Nations system, civil society organizations and other invitees, and their participation will be limited to one round table; every effort will be made to ensure equitable geographical representation, taking into account the importance of ensuring a mix of countries in terms of size, HIV prevalence rates and levels of development; a representative of each of the regional groups will chair each round table with support from the co-sponsoring agencies of the Joint Programme; and between five and ten representatives of accredited and invited civil society organizations will participate in each round table, with due regard to equitable geographical representation after accommodation of all Member States;

(e) The chairpersons of the round tables and the informal interactive civil society hearing will present summaries of the discussions to the plenary meeting scheduled for 1 June 2006;

4. *Decides also* that the organizational arrangements for the comprehensive review and the high-level meeting, including the identification of the civil society representative to speak at the opening plenary meeting, the identification of themes for the round tables, the assignment of participants to round tables, the finalization of the panel discussions, the identification of chairpersons for the round tables and the format of the informal interactive hearing, will be finalized by the

President of the General Assembly, with support from the Joint Programme and in consultation with Member States;

5. *Encourages* Member States and observers to include in their national delegations to the meetings representatives of civil society, including non-governmental organizations and organizations and networks representing people living with HIV/AIDS, women, young persons, orphans, community organizations, faith-based organizations and the private sector;

6. *Invites* heads of entities of the United Nations system, including programmes, funds, specialized agencies and regional commissions, as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Special Envoys of the Secretary-General on HIV/AIDS, to participate in the review and the high-level meeting, as appropriate;

7. *Invites* intergovernmental organizations and entities that have observer status with the General Assembly, non-governmental organizations in consultative status with the Economic and Social Council and non-governmental members of the Programme Coordinating Board of the Joint Programme to participate in the review and the high-level meeting, including round tables and panel discussions as appropriate;

8. *Requests* the President of the General Assembly, following appropriate consultations with Member States, to draw up, not later than 15 February 2006, a list of other relevant civil society representatives, in particular associations of people living with HIV/AIDS, non-governmental organizations, including organizations of women and young people, girls and boys and men, faith-based organizations and the private sector, especially pharmaceutical companies and representatives of labour, including on the basis of the recommendations of the Joint Programme and taking into account the principle of equitable geographical representation, and to submit the list to Member States for consideration on a no-objection basis for a final decision by the Assembly on participation in the review and the high-level meeting, including round tables and panel discussions;

9. *Decides* that the arrangements outlined in paragraph 8 above shall not be considered a precedent for other similar events;

10. *Encourages* the timely submission of national reports by all Member States on their implementation of the Declaration of Commitment, noting the request for those submissions by 31 December 2005 as inputs to the report of the Secretary-General;

11. *Requests* the Secretary-General to submit a comprehensive and analytical report at least six weeks prior to its consideration by the General Assembly on progress achieved and challenges remaining in realizing the commitments set out in the Declaration of Commitment, in particular those set for 2005;

12. *Requests* that the secretariat of the Joint Programme and its co-sponsors assist in facilitating inclusive, country-driven processes, including consultations with relevant stakeholders, including non-governmental organizations, civil society and the private sector, within existing national AIDS strategies, for scaling up HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all

those who need it, including through increased resources, and working towards the elimination of stigma and discrimination, enhanced access to affordable medicines and the reduction of vulnerability of persons affected by HIV/AIDS and other health issues, in particular orphaned and vulnerable children and older persons; also requests, consistent with the timetable for the submission of the report of the Secretary-General, that the Joint Programme submit for the consideration of the review and the high-level meeting an assessment of these processes, based on inputs received from Member States, including an analysis of common obstacles to scaling up and recommendations for addressing such obstacles, as well as accelerated and expanded action;

13. *Invites* Member States to consider the adoption of a short declaration aimed at reaffirming and expressing recommitment to the full implementation of the Declaration of Commitment, including by giving due consideration to, inter alia, the assessment referred to in paragraph 12 above and the report of the Secretary-General.

Bangkok Declaration. The Eleventh United Nations Congress on Crime Prevention and Criminal Justice (Bangkok, Thailand, 18-25 April) adopted the Bangkok Declaration on Synergies and Responses: Strategic Alliances in Crime Prevention and Criminal Justice (see p. 1208). The Declaration addressed the problem of HIV/AIDS, noting with concern that the physical and social conditions associated with imprisonment might facilitate the spread of the disease in pre-trial and correctional facilities and thus in society, thereby presenting a critical prison management problem. The Declaration called upon States to develop and adopt measures and guidelines, in accordance with national legislation, to ensure that the particular challenges of HIV/AIDS were adequately addressed in prisons.

Declaration of San Salvador. On 28 December [A/60/672], El Salvador transmitted the Declaration of San Salvador, adopted by the Heads of State and Government of the Central American Integration System (SICA), meeting within the subregional framework for addressing sexually transmitted illnesses (STIs) and HIV/AIDS (San Salvador, El Salvador, 11 November). They firmly committed themselves to combating HIV/AIDS, ensuring that national and regional responses were harmonized and coordinated, and making progress towards the goal of universal access to treatment by 2010, as well as to refocusing HIV/AIDS prevention efforts.

Joint UN Programme on HIV/AIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS), which became fully operational in 1996 [YUN 1996, p. 1121], continued to serve as the main advocate for global action on

HIV/AIDS. UNAIDS was mandated to lead, strengthen and support an expanded response to the epidemic, with the aim of preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the socio-economic and human impact of the epidemic.

Report of UNAIDS Executive Director. In response to Economic and Social Council resolution 2003/18 [YUN 2003, p. 1249], the Secretary-General, by a May note [E/2005/59], transmitted a report of the UNAIDS Executive Director, which provided an update on the status of the epidemic, summarized steps taken by UNAIDS to promote the implementation of the 2001 Declaration of Commitment on HIV/AIDS [YUN 2001, p. 1126] and other key developments in advancing a more effective and coordinated UN system response to the epidemic, and took account of the Programme Coordinating Board's (PCB) decisions, recommendations and conclusions taken following the Council's substantive session in 2003.

The Executive Director recommended that the Council endorse the PCB recommendation for intensified efforts by civil society groups, Governments and UN agencies to make the AIDS response work for women and girls, as well as the decision of the sixteenth meeting of PCB [YUN 2004, p. 1219] calling for a revitalized global approach to prevention. The Council should encourage UNAIDS and its partners to intensify efforts to reach the "3 by 5" target, and to strengthen monitoring and evaluation at the global and country levels, particularly through the provision of technical advice and the posting of specialist staff.

ECONOMIC AND SOCIAL COUNCIL ACTION

On 27 July [meeting 40], the Economic and Social Council adopted **resolution 2005/47** [draft: E/2005/L.20/Rev.1] without vote [agenda item 7(g)].

Joint United Nations Programme on HIV/AIDS (UNAIDS)

The Economic and Social Council,

Recalling its resolution 2003/18 of 22 July 2003,

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 in 2001, and the HIV/AIDS-related goals contained in the United Nations Millennium Declaration of 8 September 2000,

Reaffirming the importance of the follow-up process prescribed in the Declaration of Commitment, which included the setting of specific time-bound targets, which fall due in 2005 and 2010, and noting in this re-

gard the holding on 2 June 2005 of the High-level Meeting of the General Assembly to review progress achieved in realizing the commitments set out in the Declaration of Commitment,

Noting with profound concern that 39.4 million people worldwide are living with HIV/AIDS, that the pandemic claimed 3.1 million lives in 2004, with 4.9 million new HIV infections, and that it has orphaned 15 million children to date,

Deeply concerned that the global HIV/AIDS pandemic has a disproportionate impact on women and girls and that the majority of new infections occur among young people,

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,

Noting the need for greater coherence and accountability in the responses to the HIV/AIDS pandemic,

Recognizing the importance of partnerships at the national, regional and international levels as part of the responses to HIV/AIDS, including for prevention, care, support and treatment, as well as the importance of enhanced support for human and institutional capacity development and of considerably increased financial resources,

Welcoming the World Food Programme and the Office of the United Nations High Commissioner for Refugees as the ninth and tenth co-sponsors of the Joint Programme,

1. *Urges* the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the organizations and bodies of the United Nations system, within their respective mandates, 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 report fully in preparation for the report of the Secretary-General to the sixtieth session of the General Assembly on the implementation of the Declaration of Commitment on HIV/AIDS;

3. *Welcomes* the support given by the Programme Coordinating Board of UNAIDS at its fifteenth, sixteenth and seventeenth meetings to the commitment of the Joint Programme to expanding technical support, building capacity and promoting coordinated and comprehensive responses at the country level, in particular through the implementation of the "three ones" principle for country-level coordination, and in taking into consideration the recommendations of the Global Task Team on Improving HIV Coordination among Multilateral Institutions and International Donors;

4. *Also welcomes* the intensification of joint regional United Nations action on HIV/AIDS, through improved communications between agencies at the regional level and through initiatives such as the regional support teams established by the Joint Programme to mobilize and leverage technical, financial and political support for the joint country-level efforts by the United Nations, largely through the country offices of the Programme in their respective regions, to assist national HIV/AIDS responses;

5. *Encourages* the Joint Programme and the World Health Organization to intensify their work with the international community in achieving the “3 by 5” target;

6. *Also encourages* the Joint Programme to continue to promote and support countries in the development of evidence-informed HIV/AIDS strategies, including efforts towards universal access to prevention, treatment and care services, recognizing the importance of a comprehensive approach to HIV/AIDS;

7. *Takes note with interest* of the endorsement by the Programme Coordinating Board at its seventeenth meeting, of the policy position paper of the Joint Programme entitled “Intensifying HIV Prevention”, and urges the Programme to strengthen its leadership of global and regional efforts, as appropriate, and support national efforts to intensify HIV prevention as part of a comprehensive, coordinated and coherent response to HIV/AIDS;

8. *Encourages* the activities of the Joint Programme to strengthen, streamline and harmonize monitoring and evaluation efforts at the global, regional and country levels, in particular its efforts to rapidly improve monitoring and evaluation systems in priority countries through the provision of technical support and the posting of specialist staff in these and other countries;

9. *Commends* the Joint Programme and its partners for launching the Global Coalition on Women and AIDS, and calls for strengthened and improved action related to women and HIV/AIDS through intensified efforts by Governments, United Nations agencies, civil society and the private sector;

10. *Takes note with appreciation* of the endorsement of the Programme Coordinating Board, at its seventeenth meeting, of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, and calls upon the Programme and the wider United Nations system and invites other multilateral institutions to implement the recommendations, as appropriate;

11. *Supports* the efforts of the Joint Programme to advocate that increased resources be devoted to the response to HIV/AIDS and to explore innovative options for expanding the funding base, both nationally and internationally;

12. *Commends* the Joint Programme for strengthening the results-based management framework and simplifying the 2006-2007 unified budget and work plan, as requested by the Programme Coordinating Board at its sixteenth meeting;

13. *Requests* the Secretary-General to transmit to the Economic and Social Council, at its substantive session of 2007, a report prepared by the Executive Director of the Joint Programme, in collaboration with other relevant organizations and bodies of the United Nations system, which should include information on progress made in implementing 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 2005.

Trends

According to UNAIDS, at the end of 2005, close to 40 million people globally were living with

HIV, of whom 36 million were adults and just over 2 million were children under the age of 15. An estimated 4.1 million new infections were recorded and approximately 2.8 million people died as a result of AIDS-related illnesses. While women made up 41 per cent of adults living with HIV in 1998, in 2005, that number had risen to nearly 50 per cent globally, and in sub-Saharan Africa the percentage was close to 60.

The epidemic continued to expand in sub-Saharan Africa, where an estimated 24.5 million people were living with the virus, resulting in a prevalence rate of 6.1 per cent. Around 2 million Africans died of AIDS-related illnesses in 2005, and some 2.7 million persons were newly infected with HIV. However, some declines were noted, especially among young people in Burkina Faso, Burundi, Ethiopia, Kenya, Uganda and Zimbabwe.

In Asia, approximately 8.3 million people were living with HIV, and 930,000 new infections were recorded. East Asia was experiencing the fastest growth in the world, mainly due to the growing epidemic in China, where an estimated 650,000 people were living with the disease. India’s national prevalence rate stood at less than 1 per cent, which translated into around 5.7 million people living with the virus. Asian countries that had introduced large-scale prevention programmes—notably Cambodia and Thailand—had seen significant reductions in risk behaviour, and recorded declining levels of new HIV and other sexually transmitted infections.

The level of infection in Oceania was still very low, although Papua New Guinea was a country of concern, with the highest prevalence rate in the region of 1.8 per cent of the adult population or roughly 60,000 people living with HIV.

Available data from the Middle East and North Africa pointed to an increase in infection rates, and an estimated 440,000 people living with HIV.

In Eastern Europe and Central Asia, around 1.5 million people were living with HIV, and an estimated 53,000 people died of AIDS-related illnesses. Most of those infected were under the age of 30, with Estonia, Latvia, the Russian Federation and Ukraine being the worst-affected countries.

Latin America, which had around 1.6 million people living with HIV, recorded some 140,000 AIDS-related deaths in 2005. The Caribbean, the second most affected region of the world, with a prevalence rate of 1.6 per cent, had some 330,000 people living with the disease. At least three countries, the Bahamas, Haiti and Trinidad and Tobago, had far higher HIV prevalence rates of around 3 per cent.

An estimated 2 million people were living with HIV in high-income countries and some 30,000 died of AIDS-related illnesses, although the introduction of antiretroviral therapy dramatically reduced AIDS-related mortality. However, transmission of the disease among heterosexuals increased sharply and the epidemic was progressively shifting into poorer and marginalized sectors.

Since the establishment in 2003 of the “3 by 5” initiative [YUN 2003, p. 1248] for providing antiretroviral therapy to 3 million people in developing and transition countries by 2005, the number of people in those countries receiving therapy more than tripled to 1.3 million but was still substantially less than initially hoped. Access to antiretroviral therapy in sub-Saharan Africa, the world’s hardest-hit region, had increased by more than 800 per cent. It was estimated that in 2005, between 250,000 and 350,000 deaths were averted because treatment was available. The ongoing effort to expand access to antiretroviral therapy had brought about positive change and paved the way for far greater advances towards the ultimate goal of universal access to HIV treatment and care.

UNAIDS activities

Leaders from donor and developing countries, civil society, UN agencies and other multilateral and international institutions met in London on 9 March to review the global response to AIDS under the theme “Making the Money Work: The Three Ones in Action”. They agreed to form a Global Task Team to recommend ways the multilateral system could address duplication and gaps in the global response to AIDS and streamline, simplify and further harmonize procedures and practices to improve the effectiveness of country-led responses.

The Global Task Team, in its report issued in June [UNAIDS/PCB(17)/05.02], made recommendations to accelerate and improve AIDS response in the areas of: empowering inclusive national leadership and ownership; alignment and harmonization; reform for a more effective multilateral response; and accountability and oversight. Those recommendations were endorsed by the UNAIDS Programme Coordinating Board (PCB) at its seventeenth meeting (Geneva, 27-29 June), which also requested that action plans be developed to implement them and that the UNAIDS secretariat and co-sponsors, in cooperation with the Global Fund to Fight AIDS, Tuberculosis and Malaria [YUN 2002, p. 1217], report in 2006 on progress in their implementation.

HIV prevention strategy. In response to a 2004 PCB request regarding the development of a new strategy for intensifying HIV prevention

[YUN 2004, p. 1219], UNAIDS, in a policy paper on the subject [UNAIDS/05.18E], outlined the principles, policy and programmatic actions that were needed to get ahead of the HIV epidemic. The new strategy was aimed at providing universal access to HIV prevention and treatment. It highlighted the gaps in HIV prevention actions and policies for bridging them, especially at the national level. The paper also identified UNAIDS’s role in strengthening prevention. PCB endorsed the UNAIDS policy position paper and requested that UNAIDS create an action plan based thereon and on the Global Task Team recommendations (see above) and report to PCB by December 2005. It should also provide a progress report, in 2006, on efforts to intensify HIV prevention.

PCB, at its seventeenth meeting [UNAIDS/PCB(17)/05.10], also considered the report of its Executive Director [UNAIDS/PCB(17)/05.1.4], financial and budgetary updates as at 31 March 2005 [UNAIDS/PCB(17)/05.6.2], a progress report on implementation of the “Three Ones” approach [UNAIDS/PCB(17)/05.6.1], and the UN System Strategic Framework on HIV/AIDS 2006-2010 [UNAIDS/PCB(17)/05.5]. It endorsed the 2006-2007 unified budget and workplan [UNAIDS/PCB(17)/05.4], approved the core budget of \$320.5 million. PCB also asked the UNAIDS secretariat to examine the possible establishment of a contingency fund and a midterm review; align the unified budget and workplan with the Global Task Team’s recommendations (see above); and to identify the financial implications.

UNDP/UNFPA consideration. As a follow-up to the sixteenth [YUN 2004, p. 1219] and seventeenth (see above) PCB meetings, UNDP [DP/2005/40] and UNFPA [DP/FPA/2005/17] issued reports on their responses to and implementation of the PCB recommendations. The reports elaborated on their efforts in, among other areas, strengthening linkages between sexual and reproductive health and HIV/AIDS, the Global Task Team recommendations on Improving AIDS Coordination among Multilateral Institutions and International Donors, scaling up HIV treatment, the UNAIDS policy position paper on intensifying HIV prevention, the unified budget and workplan, 2006-2007, and women, gender and AIDS.

On 9 September [E/2005/35 (dec. 2005/41)], the UNDP/UNFPA Executive Board took note of both reports and requested that both agencies work with the UNAIDS secretariat and co-sponsors to develop action plans based on the recommendations of the Global Task Team and report on progress towards the implementation of those recommendations at the joint meeting of the UNDP/UNFPA, UNICEF and WFP Executive Boards in January 2006, and a special session of the PCB sched-

uled for June of the same year. The Board also asked both agencies to formulate an action plan based on the UNAIDS policy position paper on intensifying HIV prevention (see above).

HIV/AIDS and peacekeeping

On 18 July [meeting 5228], during the Security Council's consideration of HIV/AIDS and UN peacekeeping (see p. 116), the UNAIDS Executive Director gave an update on progress made in implementing Security Council resolution 1308 (2000) [YUN 2000, p. 82] on the provision of training for peacekeeping personnel in preventing the spread of HIV/AIDS. He stated that an Office on AIDS, Security and Humanitarian Response had been created in the UNAIDS secretariat, which, along with the Department of Peacekeeping Operations (DPKO), was pursuing a strategy to ensure that the United Nations set the highest possible standards in protecting both peacekeepers and the populations they served from HIV. In pursuit of that goal, one million AIDS-awareness cards had been distributed in 13 languages through peacekeepers and national forces, and a peer education kit, available in 11 languages, was currently part of the military training curricula in several troop-contributing countries. The Executive Director also pointed to the need to address HIV/AIDS among national uniformed services as a critical step in dealing with the larger issue of HIV/AIDS and peacekeeping. UNAIDS was assisting 53 Member States with comprehensive programmes to deal with returning national forces. However, two key challenges existed: the need to expand significantly access to HIV testing and counselling; and to ensure that the implementation of AIDS programmes consistently reached all levels of the uniformed services.

The Executive Director also presented the UNAIDS progress report "On the front line" [UNAIDS/05.16E], which detailed efforts made by UNAIDS in addressing AIDS and security.

The Security Council, in presidential statement **S/PRST/2005/33** (see p. 118), reaffirmed its commitment to the full implementation of resolution 1308(2000).

Tobacco

The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), adopted in May 2003 by the World Health Assembly [YUN 2003, p. 1251], with WHO as the interim secretariat, entered into force on 27 February 2005, 90 days after the fortieth instrument of ratification was deposited. As at 31 December, 115

States and the European Community were parties to the Convention.

In preparation for the first session of the Conference of the Parties of the WHO FCTC, which, according to article 23 of the FCTC, was to be convened within one year of its entry into force, the Open-ended Intergovernmental Working Group on the Framework Convention held its second session (Geneva, 31 January–4 February) to: finalize its input to the first session of the Conference of the Parties to be held in Geneva from 6 to 17 February 2006, including recommendations for the designation of the permanent secretariat and arrangements for its functioning; propose a draft budget for the first financial period, draft rules of procedure and financial rules for the Conference of the Parties; and draw up the terms of reference for a study of potential sources and mechanisms of assistance.

Ad Hoc Inter-Agency Task Force

At its seventh session (Geneva, 30 November–1 December), the Ad Hoc Inter-Agency Task Force on Tobacco Control discussed smoke-free workplaces, illicit trade of tobacco products, the link between tobacco control and economic development, and preparations for FCTC implementation in member countries.

Roll Back Malaria initiative

The Secretary-General, pursuant to General Assembly resolution 59/256 [YUN 2004, p. 1222], transmitted an August report [A/60/208], prepared by WHO, 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 provided an update on activities undertaken and progress made to meet the 2010 malaria goals. The WHO report drew attention to the findings of the report published by the United Nations Millennium Project entitled "Coming to grips with malaria in the new millennium", which showed that five years after the launching of the Roll Back Malaria Initiative, country-level implementation of malaria efforts had been severely limited by a lack of resources and that more resources had to be mobilized to meet needs.

In terms of funding and resource mobilization, the WHO report stated that some \$3 billion was needed worldwide to effectively roll back malaria. The Global Fund to Fight AIDS, Tuberculosis and Malaria had, by the end of 2004, allocated \$1.8 billion on a five-year basis to 69 countries, including 38 in Africa. The Roll Back Malaria Partnership had worked to improve resource

allocation for malaria at the country level to complement funding available through the Global Fund and external donors. In April, the World Bank announced a substantial increase in its support to combat malaria with a total commitment of \$500 million to \$1 billion over the next five years. In June, the United States Government announced a new international malaria initiative, targeting up to 35 high-burden countries over five years. It proposed increasing its current annual contribution of \$200 million, through the bilateral Programme and the Global Fund, by \$30 million in 2006, \$135 million more in 2007 and an additional \$300 million per year from 2008 to 2010. The United States asked major donors to provide \$1.2 billion per year with the aim of exceeding the 2015 MDG goal for malaria.

The Summit of the Group of Eight (G-8) most industrialized countries (Scotland, United Kingdom, 6-8 July) called for an additional \$1.5 billion annually to help ensure access to insecticide-treated nets, artemisinin-based combination therapies, intermittent preventive treatment for pregnant women and infants, indoor residual spraying and to build the capacity of African health services.

In terms of the treatment of malaria, the rapid shift to artemisinin-based combination treatment policies in 2004 and 2005 and the resulting surge in demand had led to a shortfall in artemisinin and artemisinin-based combination therapies. During the year, the industry made efforts to increase production and to ensure that the shortfall was remedied by the end of 2005. Projects in many African countries sought to establish the feasibility and effectiveness of using artemisinin-based combination therapies in the context of home management of malaria, a package that included education for mothers, training of community-level providers and the supply of pre-packaged medicines.

In the light of the need for new malaria medicines to replace those being lost to parasite resistance, the Drugs for Neglected Diseases Initiative and the drug company Sanofi Aventis announced plans to develop and seek pre-qualification for two new fixed-dose artemisinin-based combination therapies. In the meantime, research on the development of an effective malaria vaccine continued to be more complex than anticipated. The WHO Initiative for Vaccines Research and the Special Programme for Research and Training in Tropical Diseases continued to support those initiatives.

The WHO report also stated that the Roll Back Malaria Partnership had developed an overarching Roll Back Malaria Global Strategic Plan 2005-2015, aimed at achieving 80 per cent coverage of

populations, a 50 per cent reduction of the malaria burden by 2010, and the achievement of the MDG for malaria by 2015. At a meeting with major partners, organized by WHO in November 2004, best practices for acute and chronic emergency situations were developed. As a follow-up to that meeting, the Malaria in Emergencies Network was set up in 2005. WHO also published in 2005 a handbook entitled *Malaria Control in Complex Emergencies: An Inter-agency Field Handbook* [WHO/HTM/MAL/2005.1107], which provided practical guidance on designing, implementing and monitoring measures to reduce malaria morbidity and mortality, addressing the needs of both the displaced and host populations in complex emergencies.

The Secretary-General urged the General Assembly to call on malaria-endemic countries to: increase domestic resource allocation for malaria control; ensure the recruitment, training and retention of health personnel; and establish national policies and operational plans to ensure that at least 80 per cent of those at risk or suffering from malaria benefited from major preventive and curative interventions by 2010. He called on the international community to: support the development of new medicines and technologies that prevented and treated malaria; increase financial support to the Global Fund to Fight AIDS, Tuberculosis and Malaria and other mechanisms so that insecticide-treated mosquito nets, insecticide for indoor spraying and effective antimalarial combination treatments were fully accessible and free; and establish universal protection of young children and pregnant women in malaria-endemic areas of Africa, providing them on a sustainable basis with insecticide-treated nets.

The first World Malaria Report [WHO/HTM/MAL/2005.1102], published by WHO and UNICEF in 2005, provided a global update on the epidemiological situation and progress made in the implementation of controls in all malaria-endemic countries throughout the world. It also examined global financing of malaria initiatives and discussed how to improve the Roll Back Malaria monitoring and evaluation.

GENERAL ASSEMBLY ACTION

On 23 December [meeting 69], the General Assembly adopted **resolution 60/221** [draft: A/60/L.44 & Add.1] without vote [agenda item 47].

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

The General Assembly,

Recalling that the period 2001-2010 has been proclaimed the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa by the General Assembly, and that combating HIV/AIDS, malaria, tuber-

culosis and other diseases is included in the internationally agreed development goals, including those contained in the United Nations Millennium Declaration,

Recalling also its resolutions 49/135 of 19 December 1994, 50/128 of 20 December 1995, 55/284 of 7 September 2001, 57/294 of 20 December 2002, 58/237 of 23 December 2003 and 59/256 of 23 December 2004 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 at the Abuja Summit as necessary and important for the attainment of the "Roll Back Malaria" goal and the targets of the Millennium Declaration by 2010 and 2015, respectively,

Also recognizing that malaria-related ill health and deaths throughout the world can be substantially 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, 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,

Recalling resolution 58.2 adopted by the World Health Assembly on 23 May 2005 urging a broad range of national and international actions to scale up malaria control programmes,

Taking note of the Roll Back Malaria Global Strategic Plan 2005-2015 developed by the Roll Back Malaria Partnership,

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

2. *Welcomes* the increased funding for malaria interventions and for research and development of preventative and control tools from the international com-

munity, including from the Group of Eight, the United States of America, the World Bank and the Bill and Melinda Gates Foundation, as well as the European Commission and other sources of bilateral funding;

3. *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;

4. *Appeals* to the international community to work towards increased and sustained bilateral and multilateral assistance to combat malaria, including support for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, in order to assist States, in particular malaria-endemic countries, to implement sound national plans to control malaria in a sustained and equitable way that, inter alia, contributes to health system development;

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

6. *Calls upon* Member States, in particular malaria-endemic countries, to establish and/or strengthen national policies and operational plans, aspiring to ensure that at least 80 per cent of those at risk of or suffering from malaria may benefit from major preventive and curative interventions by 2010, in accordance with the technical recommendations of the World Health Organization, so as to ensure a reduction in the burden of malaria by at least 50 per cent by 2010 and 75 per cent by 2015;

7. *Urges* Member States to assess and respond to the needs for integrated human resources at all levels of the health system, in order to achieve the targets of the Abuja Declaration on Roll Back Malaria in Africa and the internationally agreed development goals of the United Nations Millennium Declaration, and to take actions, as appropriate, to effectively govern the recruitment, training and retention of health personnel;

8. *Calls upon* the international community, inter alia, by helping to meet the financial needs of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and through country-led initiatives with adequate international support, to create conditions for full access to insecticide-treated mosquito nets, insecticides for indoor residual spraying for malaria control and effective antimalarial combination treatments, including through the free distribution of such nets where appropriate;

9. *Requests* relevant international organizations, in particular the World Health Organization and the United Nations Children's Fund, to assist efforts of national Governments to establish universal protection of young children and pregnant women in malaria-endemic countries, particularly in Africa, with insecticide-treated nets as rapidly as possible, with due regard to ensuring sustainability through full community participation and implementation through the health system;

10. *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;

11. *Expresses its concern* about the increase in resistant strains of malaria in several regions of the world;

12. *Encourages* all Member States experiencing resistance to conventional monotherapies to replace them with combination therapies, as recommended by the World Health Organization, in a timely manner;

13. *Recognizes* the importance of the development of effective vaccines and new medicines to prevent and treat malaria and the need for further and accelerated research, including by providing support to the United Nations Children's Fund/United Nations Development Programme/World Bank/World Health Organization Special Programme for Research and Training in Tropical Diseases and through effective global partnerships such as the various malaria vaccine initiatives and the Medicines for Malaria Venture, where necessary stimulated by new incentives to secure their development;

14. *Calls upon* the international community to support investment in the development of new medicines to prevent and treat malaria, especially for children and pregnant women, sensitive and specific diagnostic tests, effective vaccines, and new insecticides and delivery modes in order to enhance effectiveness and delay the onset of resistance, including through existing partnerships;

15. *Also calls upon* the international community to support ways to expand access to artemisinin-based combination therapy for populations at risk of exposure to resistant strains of falciparum malaria in Africa, including the commitment of new funds, innovative mechanisms for the financing and national procurement of artemisinin-based combination therapy and the scaling up of artemisinin production to meet the increased need;

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

17. *Calls upon* malaria-endemic countries to encourage regional and intersectoral collaboration, both public and private, at all levels, especially in education, agriculture, economic development and the environment, to advance malaria control objectives;

18. *Calls upon* the international community to support increased interventions, in line with the recommendations of the Roll Back Malaria Partnership, in order to ensure their rapid, efficient and effective implementation, to strengthen health systems, to monitor for counterfeit anti-malarial medicines and prevent the distribution and use of them, and to support coordinated efforts, inter alia, by providing technical assistance to improve surveillance, monitoring and evaluation systems and their alignment with national plans and systems so as to better track and report changes in coverage and the need for scaling up recommended interventions and subsequent reductions in the burden of malaria;

19. *Urges* Member States, the international community and all relevant actors, including the private sector, to promote the coordinated implementation and enhance the quality of malaria-related activities,

including via the Roll Back Malaria Partnership, in accordance with national policies and operational plans that are consistent with the technical recommendations of the World Health Organization and recent efforts and initiatives, including the Paris Declaration on Aid Effectiveness;

20. *Requests* the Secretary-General to report to the General Assembly at its sixty-first 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

On 15 April [E/2005/23 (res. 2005/23)] (see p. 848), the Commission on Human Rights, in a resolution on access to medication in the context of pandemics such as HIV/AIDS, tuberculosis and malaria, called on Governments to pursue policies that ensured access by all to pharmaceutical products and medical technologies for the prevention and treatment of pandemics, such as HIV/AIDS, tuberculosis and malaria. The Commission urged Governments to refrain from denying or limiting equal access to such products or technologies, and to consider enacting legislation in order to use to the fullest extent the flexibilities contained in the World Trade Organization Agreement on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) and public health [YUN 2001, p. 1432].

In 2005, the fifty-eighth World Health Assembly and the United Nations Children's Fund (UNICEF) Executive Board approved a new strategy entitled "Global Immunization Vision and Strategy, 2006-2015" [WHO/IVB/05.05], aimed at addressing the challenges foreseen in immunization over that decade, including financing new and underused vaccines and ensuring adequate supply and access for all.

Global public health

On 23 May, the World Health Assembly, at its fifty-eighth session (Geneva, 16-25 May), adopted, by resolution 58.3, the revised International Health Regulations (International Health Regulations, 2005) for managing public health emergencies of international concern, which were to come into force on 23 May 2007, replacing the original regulations adopted in 1969 [YUN 1969, p. 876]. The revised regulations were to govern the roles of countries and WHO in identifying and responding to those emergencies and sharing information about them.

The Assembly also adopted resolution 58.5 on strengthening pandemic-influenza preparedness and response, including the avian influenza.

GENERAL ASSEMBLY ACTION

On 30 November [meeting 58], the General Assembly adopted **resolution 60/35** [draft: A/60/L.26 & Add.1] without vote [agenda item 120].

Enhancing capacity-building in global public health

The General Assembly,

Recalling the United Nations Millennium Declaration, adopted at the Millennium Summit of the United Nations, and the development goals contained therein, in particular the health-related development goals, and its resolutions 58/3 of 27 October 2003 and 59/27 of 23 November 2004,

Recalling also the 2005 World Summit Outcome, adopted by Heads of State and Government at the High-level Plenary Meeting of the sixtieth session of the General Assembly, held in New York from 14 to 16 September 2005, including the commitments on HIV/AIDS, malaria, tuberculosis and other health issues,

Recognizing that health is central to the achievement of the internationally agreed development goals, including all those contained in the Millennium Declaration, and that such goals create an opportunity to position health as a core part of the development agenda and to raise political commitment and financial resources for the sector,

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, including the least developed countries, as well as countries with economies in transition, and in this regard noting with appreciation the work of the Joint United Nations Programme on HIV/AIDS, its co-sponsoring agencies and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria,

Also noting with concern the serious damage and loss of life caused by natural disasters and their negative impact on public health and health systems,

Bearing in mind the fact that the fight against new and re-emerging diseases, such as the severe acute respiratory syndrome and a human influenza pandemic arising from avian influenza, is far from over, and in this regard welcoming the efforts of the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health in developing international strategies and collaboration, as well as the recent appointment by the Secretary-General of a Senior United Nations System Coordinator for Avian and Human Influenza,

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 countries, in particular developing countries, as well as countries with economies in transition,

Convinced that strengthening public health systems 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 strategies for training, recruitment and retention of sufficient public health

personnel, and systems of prevention and of immunization against infectious diseases,

Acknowledging that rapid progress will require political commitment and a scaling-up of more efficient and effective strategies and actions, greater investment of financial resources, adequately staffed and effective health systems, capacity-building in the public and private sectors, a clear focus on equity in access and outcomes, and collective action within and between countries,

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, especially for the most underserved and vulnerable groups,

Recognizing also 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 safe, affordable and accessible vaccines, as well as assisting developing countries in securing vaccines against preventable infectious diseases and supporting the development of new vaccines,

Welcoming 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 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 disease surveillance and response,

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,

Underscoring the importance of the International Health Regulations (2005), adopted by the World Health Assembly in its resolution 58.3 of 23 May 2005, as an instrument for ensuring the maximum possible protection against the international spread of diseases with minimum interference in international traffic,

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. *Urges* Member States and the international community to increase investment, building on existing mechanisms and through partnership, to improve health systems in developing countries and countries with economies in transition with the aim of providing sufficient health workers, infrastructures, manage-

ment systems and supplies to achieve the health-related Millennium Development Goals by 2015;

3. *Calls upon* Member States and the international community to take action, as appropriate, to address shortages of human resources for health by, inter alia, developing, financing and implementing policies, within national development strategies, to improve training and management and effectively govern the recruitment, retention and deployment of health workers;

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

5. *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 Programme focusing on surveillance, prevention, control, response, and care and treatment in respect of infectious diseases, and vaccines against them;

6. *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, in particular a human influenza pandemic arising from avian influenza;

7. *Recognizes* World Health Assembly resolution 58.5 of 23 May 2005 on strengthening pandemic-influenza preparedness and response, and in this regard calls upon Member States to develop, implement and strengthen their national response plans, welcomes the ongoing collaboration across multiple forums to address issues to further national efforts and international cooperation on preparedness, contingency planning and response and containment of avian and pandemic influenza, and takes note with interest of the initiative of the International Partnership on Avian and Pandemic Influenza and its core principles;

8. *Calls upon* Member States to take all appropriate measures for furthering the purpose and eventual implementation of the International Health Regulations (2005), adopted by the World Health Assembly in its resolution 58.3 of 23 May 2005, pending their entry into force, including development of the necessary public health capacities and of legal and administrative provisions, and encourages them to implement the Regulations as early as possible and to support the Global Outbreak Alert and Response Network of the World Health Organization;

9. *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;

10. *Urges* Member States and the international community to promote long-term funding, including public-private partnerships, where appropriate, for academic and industrial research as well as for the development of new vaccines and microbicides, diagnostic kits, drugs and treatments to address major pandem-

ics, tropical diseases and other diseases, such as avian influenza and the severe acute respiratory syndrome, and to take forward work on market incentives, where appropriate, through such mechanisms as advance purchase commitments;

11. *Stresses* the importance of enhancing international cooperation in the area of public health in the aftermath of natural disasters to support national efforts to cope in all phases of the response, and urges Member States and the international community to strengthen their cooperation programmes, preparedness, mitigation, response and recovery in this regard;

12. *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;

13. *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, such as through the provision of technical and other relevant assistance to the developing countries, as well as countries with economies in transition;

14. *Requests* the Secretary-General to submit to the General Assembly at its sixty-first session a report on the implementation of the present resolution.

Avian influenza

The World Health Assembly (Geneva, 16-25 May), in its resolution 58.5 on strengthening pandemic-influenza preparedness and response, stressed the need for all countries, especially those affected by highly pathogenic avian influenza, to collaborate with WHO and the international community to lessen the risk of a pandemic among humans that might be caused by the H5N1 influenza virus. The WHO Director-General was asked to develop plans and capacity for responding to a pandemic by providing capacity-building and technology transfer related to H5N1 influenza vaccines and diagnostics to developing countries.

The High-Level Committee on Programmes (HLCP) of the United Nations System Chief Executives Board for Coordination (CEB), in a briefing by WHO at its tenth session (Frascati, Italy, 6-8 October) [CEB/2005/7] on the latest developments regarding avian influenza, learned that, while several cases of transfer from birds to humans had been detected, there were no known cases in which the influenza had been transmitted from human to human. However, concern existed that the virus might mutate to acquire that capacity, which was an alarming possibility given the lack of vaccine and the limited quantities of medicine

available to curtail the symptoms in humans. The influenza was already at a full-blown crisis stage among wild birds and poultry, with devastating economic effects on poor Asian farmers, many of whom were at risk of sliding back into extreme poverty.

On 29 September, the Secretary-General appointed Dr. David Nabarro of WHO to coordinate the UN response to the influenza.

Communication. The United States, on 31 October [A/60/530], transmitted to the Secretary-General a statement of core principles, adopted at a meeting (6-7 October) of the International Partnership on Avian and Pandemic Influenza, which dealt with the need for global cooperation to address the avian influenza and other international health emergencies.

Road safety

The Secretary-General transmitted to the General Assembly an August report [A/60/181 & Corr.1], prepared by WHO, which updated the status of implementation of the Assembly's recommendations contained in resolution 58/289 on improving global road safety [YUN 2004, p. 1224]. According to the report, the United Nations Road Safety Collaboration, a group developed by WHO in collaboration with the Economic Commission for Europe (ECE) and other regional commissions to address issues of road safety, comprised, as at March, 11 UN entities and 31 other international agencies working on road safety.

At its 2005 (16-17 March) meeting, participants of the Collaboration defined a common framework for collaboration on the implementation of Assembly resolution 58/289 and the recommendations of the 2004 World Report, on Road Traffic Injury Prevention [YUN 2004, p. 1223]; and agreed to concentrate on addressing a few specified areas identified in the World Report such as helmets, seat belts and child restraints, drinking and driving, speed and infrastructure. The Collaboration also identified a number of specific products, the creation of which would be directly relevant to achieving its objectives.

Among other initiatives, WHO developed an online global road safety legislation database and "The United Nations Road Safety Collaboration: a handbook of partner profiles". A series of "how to" manuals to guide countries on how to implement recommendations in the *World Report on Road Traffic Injury Prevention* were to be completed. A World Day of Remembrance for Road Crash Victims was called for the third Sunday in November, and the ECE was to host the First United Nations Global Road Safety Week, focusing on young road users, in April 2007.

The report concluded that, although the issue of road safety had not received the level of attention and resources commensurate with the magnitude of the problem, global awareness of the need for action and the momentum to do so had increased over the previous year. Groups that historically had not been very active in global dialogues on road safety had been engaged by the United Nations Road Safety Collaboration.

The recommendations in the report called upon the Assembly to encourage Member States to, among other national actions, bring national legislation in line with the Conventions on Road Traffic and Road Signs and Signals; continue using the *World Report on Road Traffic Injury Prevention* as a framework for road safety efforts; include road safety within projects aimed at tackling the MDGs; develop work programmes in road safety; support and participate in the Global Road Safety Week in 2007; and recognize the World Day of Remembrance for Road Crash Victims.

In other developments, the United Nations Road Safety Collaboration, at its third meeting (London, 14-15 November), finalized the goal and objectives for collaboration and discussed specific issues related to road safety, including data collection and indicators, policy, capacity development, alcohol and speed, seat belts and helmets.

GENERAL ASSEMBLY ACTION

On 26 October [meeting 38], the General Assembly adopted **resolution 60/5** [draft: A/60/L.8 & Add.1] without vote [agenda item 60].

Improving global road safety

The General Assembly,

Recalling its resolutions 57/309 of 22 May 2003, 58/9 of 5 November 2003 and 58/289 of 14 April 2004 on improving global road safety,

Having considered the report of the Secretary-General on the global road safety crisis,

Commending the World Health Organization for its role in implementing the mandate conferred upon it by the General Assembly in its resolution 58/289 to act, working in close cooperation with the United Nations regional commissions, as a coordinator on road safety issues within the United Nations system,

Also commending the United Nations regional commissions and their subsidiary bodies for having responded to the above-mentioned resolutions and to the report of the Secretary-General by accelerating or expanding their road safety activities,

Noting with satisfaction the progress made by the United Nations Road Safety Collaboration as described in the report of the Secretary-General, as well as the road safety initiatives undertaken by relevant United Nations agencies and international partners,

Underlining the importance for Member States to continue using the *World Report on Road Traffic Injury Prevention* as a framework for road safety efforts and implementing its recommendations by paying particular attention to the five risk factors identified, namely,

the non-use of safety belts and child restraints; alcohol; the non-use of helmets; inappropriate and excessive speed; and the lack of infrastructure,

Welcoming the proposal of the Economic Commission for Europe to host the first United Nations Global Road Safety Week, in Geneva in April 2007, targeted at young road users, including young drivers,

Also welcoming the proposal to designate the third Sunday in November as the World Day of Remembrance for Road Traffic Victims, in recognition of road traffic victims and their families' loss and suffering,

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

Recognizing that many developing countries and countries with economies in transition have limited capacities to address these issues, and underlining, in this context, the importance of international cooperation towards further supporting the efforts of developing countries, in particular, to build capacities in the field of road safety and of providing the financial and technical support associated with such efforts,

1. *Expresses its concern* at the continued increase, in particular in developing countries, in traffic fatalities and injuries worldwide;

2. *Reaffirms* the importance of addressing global road safety issues and the need for the further strengthening of international cooperation, taking into account the needs of developing countries, by building capacities in the field of road safety, and providing financial and technical support for their efforts;

3. *Encourages* Member States and the international community, including international and regional financial institutions, to lend financial, technical and political support, as appropriate, to the United Nations regional commissions, the World Health Organization and other relevant United Nations agencies for their efforts to improve road safety;

4. *Invites* the United Nations regional commissions, relevant United Nations agencies and international partners to continue the existing road safety initiatives, and encourages them to take up new ones;

5. *Encourages* Member States to adhere to the 1949 Convention on Road Traffic and the 1968 Convention on Road Traffic and Convention on Road Signs and Signals, in order to ensure a high level of road safety in their countries, and also encourages them to strive to reduce road traffic injuries and mortality in order to achieve the Millennium Development Goals;

6. *Stresses* the importance of the improvement in the international legal road traffic safety norms, and welcomes in this regard the work of the Working Party on Road Traffic Safety of the Inland Transport Committee of the Economic Commission for Europe in the elaboration of a substantial package of amendments to the 1968 Conventions on Road Traffic and Road Signs and Signals;

7. *Invites* Member States to implement the recommendations of the *World Report on Road Traffic Injury Prevention*, including those related to the five main risk factors, namely, the non-use of safety belts and child restraints; the non-use of helmets; drinking and driving; inappropriate and excessive speed; as well as the lack of appropriate infrastructure;

8. *Also invites* Member States to establish a lead agency, on a national level, on road safety and to develop a national action plan to reduce road traffic inju-

ries, by passing and enforcing legislation, conducting necessary awareness-raising campaigns and putting in place appropriate methods to monitor and evaluate interventions that are implemented;

9. *Invites* the United Nations regional commissions and the World Health Organization to organize jointly, within their resources as well as with voluntary financial assistance from concerned stakeholders from government, civil society and the private sector, the first United Nations Global Road Safety Week to serve as a platform for global and regional, but mainly national and local, activities to raise awareness about road safety issues and to stimulate and advance responses as appropriate for these settings, and to convene a second road safety stakeholders' forum in Geneva as part of the Global Road Safety Week to continue work begun at the first forum held at United Nations Headquarters in 2004;

10. *Invites* Member States and the international community to recognize the third Sunday in November of every year as the World Day of Remembrance for Road Traffic Victims as the appropriate acknowledgement for victims of road traffic crashes and their families;

11. *Requests* the Secretary-General to report to the General Assembly at its sixty-second session on the progress made in improving global road safety;

12. *Decides* to include in the provisional agenda of its sixty-second session the item entitled "Global road safety crisis".

Food and agriculture

Food aid

World Food Programme

At its 2005 substantive session in July, the Economic and Social Council had before it two reports pertaining to the World Food Programme (WFP): the annual report [E/2005/14] of the Executive Director for 2004 and a report [E/2005/36] of the Executive Board containing the decisions and recommendations of its 2004 sessions. By **decision 2005/230** of 20 July, the Council took note of those reports.

The WFP Executive Board, at its 2005 sessions [E/2006/36] held in Rome: first regular session (31 January–2 February), annual session (6–10 June), and second regular session (7–11 November), decided on organizational and programme matters and approved a number of projects. In November, the Board approved its biennial programme of work for 2006–2007 [WFP/EB.2/2005/10] and invited its Bureau, with the assistance of its secretariat, to update the programme of work in the light of the decisions taken at the sessions.

WFP activities

WFP's 2005 Annual Performance Report (APR) [WFP/EB.A/2006/4 & Corr.1] measured its activities during the year in line with the performance and results framework laid out in the 2004-2007 strategic plan and the 2004-2005 biennial management plan approved in October 2003 [YUN 2003, p. 1259].

At the close of 2005, the overall global food aid deliveries were 8.2 million tons, an increase of about 9 per cent from the 7.5 million tons delivered in 2004. Of that amount, WFP distributed 4.2 million metric tons of food to 96.7 million people in 82 countries, a decrease of about 16.8 per cent from the 113 million people reached in 2004. Of those assisted, 35 million were reached through emergency operations, 38.1 million through protracted relief and recovery operations and 23.6 million through development projects.

The Sudan was the single largest country operation in 2005. In Darfur alone, WFP reached 3.4 million people in an operation totalling \$398.7 million. Natural disasters in 2005 challenged WFP to meet large unforeseen needs in demanding environments. Hurricanes Katrina, Rita and Stan, drought and locusts in the Niger and the earthquake in Kashmir prompted large-scale responses from WFP, which also continued to assist 2.2 million survivors of the 2004 Indian Ocean tsunami. Additionally, WFP was involved in addressing the food emergency in southern Africa.

WFP continued to focus assistance on children, with the aim of ending child hunger. It provided assistance to 58 million children, 30 per cent of whom were five years of age and under. Nearly 52 per cent of beneficiaries receiving food assistance were women or girls. Some 2.1 million beneficiaries were refugees, and 8.3 million were internally displaced persons.

With regard to direct expenses, at the regional level, sub-Saharan Africa received the largest share, 71 per cent, then Asia, 18 per cent, Latin America and the Caribbean, the Middle East and North Africa, 3 per cent each, and Eastern Europe and the Commonwealth of Independent States, 1 per cent.

Administrative and financial matters

Continued progress was made in addressing WFP's organizational weaknesses and strengthening core management processes. Sixty per cent of performance indicator targets aimed at strengthening management processes were either met or exceeded in 2005. Lessons from major operations were analysed and management decisions were made to improve responses. Further progress was made in reporting results by strategic priorities, allowing WFP to highlight outputs aligned with

corporate priorities. However, challenges remained in standardizing outcome-level reporting of food interventions. WFP was working to improve reporting on corporate outcome indicators in emergencies, and to develop, with humanitarian agencies, coordinated approaches and standards.

WFP's Executive Board, in a joint meeting (New York, 20-24 January) with the Executive Boards of UNDP/UNFPA and UNICEF, discussed, among other matters, simplification and harmonization relating to the United Nations Development Group initiatives on common country programming, common services and premises, and resource transfer modalities.

Resources and financing

In 2005, operational expenditures totalled \$2.9 billion, the same as in 2004. Confirmed contributions reached \$2.76 billion, a slight increase over the 2004 figure of \$2.2 billion. The United States was again the largest contributor, providing some \$1.2 billion to the Programme. Of the total contributions, \$1.4 billion went to protracted relief and recovery operations, \$756 million to the International Emergency Food Reserve, \$269 million to development activities, \$262 million to special operations, \$18.6 million to the Immediate Response Account and \$79.3 million to other initiatives.

Food security

Communication. On 11 August [E/2005/90], the Director-General of the Food and Agriculture Organization of the United Nations (FAO) confirmed that the FAO Council, at its one hundred and twenty-seventh session (Rome, 22-27 November, 2004), endorsed the Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security, which were previously endorsed by the FAO Committee on World Food Security. The Guidelines, designed to facilitate Governments' efforts to implement the right to food, covered actions to be taken at the national level to enable people to feed themselves in dignity and establish safety nets for those unable to do so. Approval of the Voluntary Guidelines marked the first time an intergovernmental body agreed on the implications of the right to food for government policies and on how to implement such an approach.

Follow-up to the 1996 World Food Summit

At its one hundred and twenty-eighth session (Rome, 20-25 June) [CL 128/10], the FAO Council

considered two reports of the FAO's Committee on World Food Security (CFS) on assessment of the world food security situation [CFS:2005/2] and a new reporting format for the follow-up to the implementation of the World Food Summit Plan of Action [CFS:2005/3]. The Council also considered a summary of the multi-stakeholder dialogue held in preparation for the 2006 Special Forum to review implementation of the Plan of Action, adopted at the 1996 World Food Summit [YUN 1996, p. 1129], which called on countries to halve the number of undernourished people by 2015.

According to the CFS assessment of world food security, as at March 2005, 36 countries, 23 in Africa, 7 in Asia/Near East, 5 in Latin America and 1 in Europe faced serious food shortages. Although various factors contributed to the shortages, civil strife and adverse weather were the most common. Concern was expressed that, at the current rate of progress, the goal of halving the world's hungry by 2015 might not be reached.

International Year of Rice

Communication. In a 24 August letter [A/C.2/60/3], the FAO Director-General transmitted to the General Assembly President a report on the outcome of the International Year of Rice, 2004, proclaimed by Assembly resolution 57/162 [YUN 2002, p. 1226]. The report noted that more than 800 activities in 68 countries marked the International Year of Rice, and the successful implementation of the Year had raised global awareness of the important role rice played in development and the fight against hunger. It also resulted in increased support for the development of sustainable rice-based production systems. The report recommended the broadening of research and development in rice-based production systems and further efforts by FAO and other relevant organizations to assist national Governments in the improvement and transfer of rice production technologies.

International Year of the Potato

On 25 November, the Conference of FAO (Rome, 19-26 November) adopted resolution 4/2005, declaring 2008 the International Year of the Potato. The potato was recognized as an important international staple food that played an important role in ensuring food security and alleviating poverty. The General Assembly, in resolution 60/191 (see below), joined FAO in declaring 2008 the International Year of the Potato.

GENERAL ASSEMBLY ACTION

On 22 December 2005 [meeting 68], the General Assembly, on the recommendation of the Second

(Economic and Financial) Committee [A/60/488], adopted **resolution 60/191** without vote [agenda item 52].

International Year of the Potato, 2008

The General Assembly,

Noting that the potato is a staple food in the diet of the world's population,

Recalling resolution 4/2005 of the Conference of the Food and Agriculture Organization of the United Nations, adopted on 25 November 2005,

Affirming the need to focus world attention on the role that the potato can play in providing food security and eradicating poverty in support of achievement of the internationally agreed development goals, including the Millennium Development Goals,

1. *Decides* to declare 2008 the International Year of the Potato;

2. *Invites* the Food and Agriculture Organization of the United Nations to facilitate the implementation of the International Year of the Potato, in collaboration with Governments, the United Nations Development Programme, Consultative Group on International Agricultural Research centres and other relevant organizations of the United Nations system, as well as relevant non-governmental organizations.

Nutrition

Standing Committee on Nutrition

At its thirty-second session (Brasilia, Brazil, 14-18 March), the United Nations System Standing Committee on Nutrition (SCN) conducted a symposium on realizing the right to adequate food to help achieve the Millennium Development Goals (MDGs) [YUN 2000, p. 51]. Among other things, the symposium examined case studies of four countries, focusing on strengthening the food and nutrition aspects of national development plans in order to achieve the MDGs. The Committee also considered reports from working groups on nutrition, ethics and human rights; breastfeeding and complementary feeding; nutrition and HIV/AIDS; capacity development in food and nutrition; nutrition in emergencies; household food security; and nutrition throughout the life cycle. Plenary lectures were organized by working groups focusing on anaemia and iron deficiencies and the double burden of disease in developing countries.

UNU activities

The United Nations University (UNU), through its Food and Nutrition Programme for Human and Social Development (FNP), continued to assist developing regions to enhance individual, organizational and institutional capacity; carried out coordinated global research activi-

ties; 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 2005, FNP was to finalize a global scientific review for harmonization of approaches for developing nutrient-based dietary standards that were to result in the resolution of differences arising in: the setting of national and international nutrient standards; the designing of national and international food policies; and enhancing the transparency of the application of national standards to trade and other regulatory/normative activities. Ten papers related to that issue were commissioned by FNP, which served as core documents for the jointly sponsored UNU/FAO/WHO consultation held in December.

During the year, FNP completed a global regional network of capacity development task forces in Southern, Eastern and West/Central Africa, Latin America, Asia, the Middle East and Eastern Europe. It also spearheaded the establishment of the African Nutrition Graduate Students Network, a cooperative network of African nationals enrolled in graduate nutrition programmes throughout the world.

Five UNU-Kirin Fellows from Asia completed their 12-month training programme at the National Food Research Institute in Tsukuba, Japan, in March, and five new Fellows began their training in April.

UNU continued its publication of the *Food and Nutrition Bulletin* and the *Journal of Food Composition and Analysis*.