



# Economic and Social Council

Provisional

27 April 2000

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## Organizational session for 2000

### Provisional summary record of the 4th meeting

Held at Headquarters, New York, on Monday, 28 February 2000, at 3 p.m.

*Chairman:* Mr. Wibisono ..... (Indonesia)

## Contents

Adoption of the agenda and other organizational matters (*continued*)

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*The meeting was called to order at 3.20 p.m.*

**Adoption of the agenda and other organizational matters** (*continued*) (E/2000/4)

*Main development issues and concerns discussed at the Security Council meeting on the impact of HIV/AIDS on peace and security in Africa*

1. **The President**, referring to a letter dated 31 January 2000 from the Permanent Representative of the United States to the United Nations in his capacity as President of the Security Council for January (E/2000/4), said that the Security Council's open meeting on 10 January had highlighted the negative impact of HIV/AIDS on peace and security in Africa. The AIDS pandemic was the leading cause of death in Africa, which accounted for 85 per cent of all cases worldwide. By the end of the year, 10.4 million African children under the age of 15 years would have lost one or both parents, and life expectancy in sub-Saharan Africa was plummeting. The HIV/AIDS crisis was severely undermining the continent's socio-economic development and a global solution was needed. Within the framework of the guidelines adopted earlier in the year, the Economic and Social Council must be prepared to address the situation on an emergency basis and also to make long-term efforts to accelerate Africa's socio-economic development. Despite the shortfall in resources, he was encouraged by the multisectoral approach of the Joint United Nations Programme on HIV/AIDS (UNAIDS). He stressed the importance of cooperation within a partnership embracing governments, non-governmental organizations and the private sector. As the main development organ of the United Nations, the Council could play a vital coordinating role in that regard and help to formulate a more dynamic, action-oriented programme to combat AIDS.

2. **Mr. Desai** (Under-Secretary-General for Economic and Social Affairs) expressed sorrow at the recent natural disaster in Mozambique.

3. The HIV/AIDS pandemic was not just a health but also a development issue. One year previously, using data provided by UNAIDS and the World Health Organization (WHO), his Department's Population Division had estimated that by 2015 the disease would have decreased life expectancy by 20 years and population growth by 10 to 20 per cent. Since most

HIV/AIDS victims were in the productive age bracket, that had a profound impact on development. The increase in the dependency ratio and in the number of orphaned children would also cripple certain United Nations programmes, such as the United Nations Children's Fund (UNICEF), which operated on the assumption that there was a primary caregiver in each family. Increased pressure on national health budgets, the decrease in the working population and the diminished capacity of those who remained economically active would also strain economies. The Council had thus far played a vital coordinating role; indeed, UNAIDS had been born of a Council discussion focusing on the need to coordinate the efforts of all United Nations agencies working to combat AIDS. That initial focus had now shifted to the forging of a broader partnership between the United Nations and governments, the private sector, donor organizations and non-governmental organizations.

4. **Mr. Listré** (Observer for Argentina), speaking in his capacity as President of the Security Council for February, said that, as a result of its January meeting on HIV/AIDS in Africa, the Security Council had received and circulated a letter from the Executive Director of UNAIDS, containing a follow-up plan for combating the pandemic. During informal consultations, France had proposed that a "tripartite conference" among international donors, recipient countries and pharmaceutical companies should be convened in the near future to coordinate efforts to fight the disease.

5. Greater coordination and systematic exchanges of information between the Economic and Social Council and the Security Council, within their respective spheres of competence would help in the development of a common agenda and policy priorities for combating HIV/AIDS in Africa. It had been clear from the January debate that greater coordination of humanitarian assistance in the field was needed. However, coordination was not an end in itself but a means to improve the allocation of resources. Just as the various bodies dealing with HIV/AIDS were trying to coordinate their action, so too the Security Council, within its sphere of competence, could help to generate ideas to share with the other actors responsible for implementing humanitarian assistance programmes in Africa. Lastly, affected countries themselves must participate in the design of national strategies to eradicate the disease.

6. **Mr. Holbrooke** (United States of America), speaking in his capacity as Security Council President for January, reaffirmed his Government's commitment to combating HIV/AIDS. At the January meeting of the Security Council on that issue, Vice-President Gore of the United States had characterized the fight against AIDS as the "great and peaceful war of our times". While welcoming the role of UNAIDS as the focal point for United Nations efforts to halt the spread of HIV/AIDS as well as the recent initiatives of the Secretary-General in the context of the International Partnership against HIV/AIDS in Africa, he felt that the Member States must make sure that every organization of the United Nations system, including UNICEF, the United Nations Development Programme (UNDP), the United Nations Conference on Trade and Development (UNCTAD) and the regional commissions, incorporated HIV/AIDS control in its mandate. The Economic and Social Council and the Security Council must both ensure that all agencies of the system reassessed their capacity to do so.

7. His delegation called on the members of the Security Council to draft a special resolution on the impact of AIDS on security which stressed the importance of educating peacekeepers about their heightened risk of both contracting and spreading HIV. It hoped that such a resolution would be adopted before the thirteenth International Aids Conference, to be held in Durban, South Africa, in July 2000. His delegation had insisted on strong preambular language in the Security Council's most recent peacekeeping resolutions and would not vote for future peacekeeping resolutions that did not address the specific security aspects of AIDS and its impact on United Nations peacekeeping operations.

8. Noting the severe shortfall in the resources available for combating AIDS, he recalled that, at the Security Council's January meeting, Vice-President Gore had announced that President Clinton would request that Congress allocate a further \$100 million for that purpose and would consult with members of Congress on ways and means of garnering even greater financial support. Governments must also do more to coordinate their activities, while nations affected or threatened by the AIDS crisis must promote public education in order to overcome the societal pressures that undermined prevention. It was also crucial to build partnerships against AIDS with the private sector. In that connection, Vice-President Gore had announced an

initiative for an expanded public-private partnership under which voluntary principles for corporate conduct to promote AIDS education and prevention would be developed.

9. **Mr. Piot** (Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS)) said that AIDS, fuelled by conflict and the resulting refugee flows, posed a major threat to Africa's future and that national and international AIDS activities must be dramatically expanded.

10. Since the Economic and Social Council's discussion of the AIDS epidemic six months previously, substantial progress had been made in some African countries in curbing the spread of the disease, making it possible to identify the elements of an effective strategy: visibility and openness to counteract social stigma; social policies to address vulnerability to HIV; recognition of the synergy between prevention and care; assistance to the most vulnerable; strong community participation in combating AIDS; and emphasis on youth. At its July 1999 session, the Council had adopted a number of recommendations in response to the latest UNAIDS report. It had endorsed the International Partnership against HIV/AIDS in Africa and had urged governments, the United Nations system and intergovernmental and non-governmental organizations to participate actively in achieving its goals. It had also encouraged governments to develop and implement multisectoral action aimed at reducing transmission and vulnerability, diminishing stigma, denial and discrimination and ensuring equitable access to care. Preparatory activities for the International Partnership had culminated in a meeting, convened in New York in December 1999 by the Secretary-General, which had brought together for the first time representatives from the Partnership's five constituent groups: African governments, States members of the Organisation for Economic Cooperation and Development (OECD), the United Nations system, international donors, non-governmental organizations and the private sector. By June 2000, the Partnership would have finalized its plan for addressing the epidemic in Africa; in the meantime, work had already begun in a number of African countries.

11. In 1997, the international community had mobilized only \$150 million of the \$2 to \$3 billion needed annually for AIDS prevention efforts in Africa. At a meeting of bilateral development agencies co-hosted in London in April 1999 by the United Kingdom

Government and UNAIDS, governments had been challenged to treble their assistance for AIDS activities in Africa. The United States had risen to the challenge: in the past six months, it had trebled its financial commitments to approximately \$300 million per year. Several other countries, including Australia, Canada, Italy, the Netherlands, Norway, Sweden and the United Kingdom, had also increased their commitments. Resource mobilization for an expanded national response to HIV/AIDS was also being included in the Heavily Indebted Poor Countries (HIPC) Debt Initiative in an increasing number of African countries. The World Bank was designing new and flexible financing instruments for HIV/AIDS control and intended to adapt existing programmes in Africa accordingly. Up to 50 per cent of existing UNICEF programme resources for eastern and southern Africa were to be focused on HIV/AIDS activities. The impact of HIV/AIDS on development would be the main topic of the African Development Forum to be organized by the Economic Commission for Africa in October. The level of international commitments was expected to be roughly 2.5 times higher in 2000 than in 1997. UNAIDS vigorously rejected the suggestion that "absorptive capacity" in Africa was a major reason for not increasing international assistance even further; on the contrary, it believed that an immediate fivefold increase in current levels of assistance could be effectively programmed.

12. Significant progress had also been made in the development of partnerships. Major non-governmental organizations had pledged to intensify their cooperation with the United Nations system, with national and local governments and among themselves. The programming activities of the co-sponsors of UNAIDS had also been instrumental in stimulating the use of resources available at the local level in Africa.

13. In addition, private corporations, including Bristol-Myers Squibb in southern Africa and the Chevron Oil Company in Nigeria, had been increasing their efforts, for instance, by providing premises for HIV education, giving protection and support to their employees and taking a lead within the wider community.

14. Although the world was beginning to respond to the crisis, only 10 per cent of the required resources had so far been mobilized; the challenge for the international community was to increase that percentage substantially.

15. At its July 1999 session, the Economic and Social Council had also re-emphasized the importance of coordination. HIV/AIDS had been included in the agenda of the upcoming session of the Administrative Committee on Coordination, and all member organizations of the United Nations system had been asked to report on their current and future priorities and strategies for combating the epidemic. While much more needed to be done to mobilize additional resources, coordinate actions in support of governments and civil society and increase the involvement of people living with HIV, the epidemic had already improved coordination within the United Nations system in unprecedented ways, in a process that was now irreversible.

16. As a follow-up to the Security Council's January meeting on the impact of HIV/AIDS in Africa, the UNAIDS secretariat, in cooperation with its co-sponsors, Member States and other international partners, would be reporting to the Security Council the following week on the steps being taken to intensify clearing-house efforts on HIV/AIDS in Africa within the Organization. As part of that effort, UNAIDS would be intensifying its cooperation in the coming year with the United States Agency for International Development (USAID), the United Kingdom Department for International Development and the European Commission in building more effective information systems to facilitate that process. By May 2000 it would be putting forward specific proposals for addressing HIV/AIDS in emergencies, in conflict situations and within the uniformed services in Africa. Once negotiations on the International Partnership's Framework Agreement were completed in June 2000, UNAIDS would be prepared to begin regular reporting to the Security Council on the status of implementation of its plans.

17. HIV/AIDS was a global problem which demanded an urgent collective response from the international community. While research and development must continue in order to make affordable vaccines and drugs available for the prevention and treatment of HIV infections, powerful tools, such as behavioural change and access to the drugs and services needed to prolong and improve life, were already available and must be used.

18. **Mr. Monteiro** (Portugal), speaking on behalf of the European Union, said that HIV/AIDS was a global problem requiring a global solution based on

cooperation and partnership. In addition to its efforts at the bilateral level, the European Union had earmarked substantial resources to help the African, Caribbean and Pacific States end the suffering caused by HIV/AIDS.

19. While the progress made was welcome, there was much that the Security Council and the Economic and Social Council could still do, since the HIV/AIDS problem was clearly linked to the problems of security and development. He would welcome additional information on the specific action being taken by the International Partnership against AIDS in Africa to promote efforts to find a cure and to encourage behavioural changes that would prevent HIV infection. To that end, stronger partnerships should be forged with the private sector and the pharmaceutical industry.

20. **Mr. Rodríguez Parrilla** (Cuba) said that his delegation shared the international community's concern at a pandemic which had caused millions of deaths and orphaned millions of children, particularly in Africa. Every effort should be made to mobilize the resources needed to combat the spread of HIV/AIDS. The cost of existing drugs was too high for the African countries, where the proportion of State resources allocated to the health sector was shrinking against a backdrop of large current account deficits, an unsustainable debt burden and declining levels of foreign direct investment. As the only universal body within the United Nations, the General Assembly should exercise its full authority and design an effective policy for combating the pandemic. Consideration should also be given to convening a special session of the General Assembly to consider the question. Lastly, the President of the Economic and Social Council should initiate consultations aimed at identifying the most effective means of combating the pandemic.

21. While it had been suggested that other United Nations organs had an important role to play in the fight against AIDS, under the Charter of the United Nations it would be difficult for the Security Council to take effective action, since HIV/AIDS was not a security issue but a development issue.

22. **Ms. Chassoul** (Costa Rica) said that AIDS cast its shadow over all humankind. Although the peoples of Africa were its principal victims, the threat was not limited to that continent. The mandate of the Economic and Social Council made it the ideal forum for

discussing the AIDS pandemic, which had economic, social and health dimensions. The task that lay ahead was Herculean: mechanisms must be created to care for AIDS orphans and older persons, education and prevention campaigns must be launched and treatment and medicines must be provided to people who were infected. AIDS and poverty were closely linked. The death of millions of men and women in their productive years was draining the economies of developing countries and the fact that orphans were not receiving proper care and education was mortgaging future development. At the same time, lack of resources was preventing the implementation of AIDS education campaigns and the distribution of medicines.

23. **Mr. Vento** (Italy) said that, in addition to AIDS, the international community should address other substantive issues such as the plight of refugees, poverty eradication and debt relief. Italy was committed to efforts to combat AIDS in Africa as part of its commitment to Africa's development and because of its close ties to the African people, many of whom came to live and work in Italy. It contributed significant resources to Africa through bilateral and multilateral channels, including resources for the funding of scientific research.

24. An integrated approach must be taken to the AIDS problem and the Security Council must continue its efforts to restore and maintain peace and security. That included expanding the concept of security, since the restoration of peace and security was closely linked to social and economic development. The Economic and Social Council, for its part, must coordinate the approach of the United Nations system to post-conflict rebuilding and restructuring, so as to avoid any duplication of efforts. When conditions on the ground permitted, the Council should attempt to replicate in Africa the pilot scheme undertaken in Haiti in 1999 to promote economic and social development. Lastly, Italy had already provided \$5 million in humanitarian assistance to Mozambique and was planning to host a donor conference for that country in March 2000.

25. **Mr. Pal** (India) said that action on HIV/AIDS should be taken not under Article 65 of the Charter, as some had suggested, but under Article 62, which provided for the Economic and Social Council to take action with respect to international economic, social, cultural, educational, health, and related matters. Whatever else AIDS might be, it was not a security problem. It had started out as a health problem and had

since become a social problem with economic dimensions, but no country had gone to war to stop its spread and no war had been caused by it.

26. The United States representative had made the very serious but unsubstantiated charge that AIDS had been spread among or by international peacekeeping troops and had said that his Government would not support any future peacekeeping operations that did not include measures to address that problem. India had contributed troops to all United Nations peacekeeping operations in Africa in the 1990s and not one Indian soldier had gone to or returned from any of those missions with AIDS. Other troop contributors might also wish to make it known that their peacekeepers had never carried or spread AIDS while on mission.

27. The Economic and Social Council had been told that poverty, insecurity and the resulting refugee flows were factors in the spread of AIDS. All the evidence showed, however, that it was not poverty and insecurity that spread the disease but the forces of globalization and integration, which, almost by definition, could not flourish under conditions of poverty and insecurity. It was instructive to note in that regard that only one of the nine African countries designated "most at risk" was currently involved in a conflict. None of the others had seen conflict over the previous decade and six of them were shining examples of democracy. By focusing on the conflict and insecurity aspect, the Security Council was approaching the problem from the wrong perspective.

28. The Economic and Social Council should continue to take its own approach and should commission a comprehensive study on the full economic and social costs of AIDS, something which had not yet been done, for submission to its session in 2001. Such a study should look at how efforts to find a cure for AIDS were being influenced by the profit motive, since developing a vaccine was less profitable than discovering a cure. Current intellectual property arrangements were also creating problems, in that the international company which had developed the drug AZT enjoyed a monopoly and generic versions that cost much less were banned. Since that meant that people with HIV/AIDS in developing countries could not afford the cost of treatment, the international community was in effect writing off the lives of millions of people. Because of a lack of political will, that situation was unlikely to change.

29. Lastly, it had been said that the developing world must give greater priority to addressing the HIV/AIDS problem. However, developing countries spent some \$250 million on health care annually, only 0.8 per cent of which came from Official Development Assistance, and choices had to be made as to which diseases to target with the scarce resources available. Focusing on AIDS would mean neglecting other equally deadly diseases. Malaria, for example, currently cost Africa 1 per cent of its gross domestic product, and ignoring it would take a terrible toll in economic and social terms. Additional resources were therefore absolutely essential.

30. **Mr. Honningstad** (Norway) said that, unlike some delegations, his delegation believed that the Security Council's discussion of HIV/AIDS in Africa had been extremely useful. It was clear that the disease did in fact pose a threat to the security of the African continent and deserved a high place on the political agenda.

31. Funding for HIV/AIDS was currently less than 10 per cent of the amount needed. He therefore welcomed the pledge that the United States Government would provide additional funds. The international Partnership against AIDS in Africa had taken a great step forward by involving civil society and the private sector in the provision of resources, but donor countries remained the major funding source. Norway was one of the largest contributors to UNAIDS; it had doubled its contribution in 1999 and was considering further donations to the organizations involved in combating HIV/AIDS.

32. HIV/AIDS was not just an African problem and it could best be combated through a general mobilization at the international level and within the United Nations system; the Economic and Social Council had a vital role to play in providing system-wide oversight.

33. **Mr. Kumamaru** (Japan) said that it was essential to develop an enhanced partnership among African governments, donor countries, United Nations agencies, the private sector (including pharmaceutical companies), civil society and people with HIV/AIDS. He therefore welcomed the decision to hold the current meeting and the fact that UNAIDS had taken concrete action to follow up the recent meeting of the Security Council on HIV/AIDS in Africa. He hoped that the Executive Director of UNAIDS would report to the Council whenever any significant steps were taken.

34. **Mr. Bassani** (World Health Organization (WHO)) said that, as a co-sponsor of UNAIDS, WHO provided technical support and worked to improve health care, prevention, monitoring and evaluation in connection with the HIV/AIDS pandemic. Its Executive Board and the World Health Assembly had recognized the need to give priority to Africa by ensuring the highest possible level of funding under its regular budget for efforts to combat not only AIDS, but also tuberculosis, malaria and other communicable diseases. It was widely recognized that poverty bred ill health, but there was a growing realization that ill health could also breed poverty, and WHO was prepared to cooperate with other United Nations agencies in addressing that problem.

35. **Mr. Ryan** (Observer for Ireland) said that his delegation recognized the importance of the recent Security Council meeting on AIDS in Africa. For many years, his Government had been implementing a development programme that focused on the poorest countries in sub-Saharan Africa, where development gains were being undermined by HIV/AIDS. Recently, the President of Ireland had recently stressed the importance of international solidarity in dealing with that problem and the need to coordinate efforts and review funding levels. His Government was working to promote discussion of the issue within the framework of the European Union and had increased its contributions to UNAIDS and to Ireland's national AIDS assistance strategy.

36. It was essential to ensure that developing countries had access to the drugs used to treat HIV/AIDS and to develop a coordinated international approach to the search for a vaccine. The Economic and Social Council should endeavour to identify any HIV-related matters for which it could provide coordination and should consider the possible nature of such coordination. He suggested that a short discussion paper on the topic should be prepared and that the issue should be included in the agenda of the Council's next meeting with the Bretton Woods institutions.

37. **Mr. Belinga-Eboutou** (Cameroon) said that, in Africa, HIV/AIDS had killed 10 times more people than armed conflict and posed a threat to stability and peace on the continent. However, it was not just an African problem. The international community must be prepared to put the same effort into combating HIV/AIDS as it did into preventing armed conflict, and a study should be carried out to determine the cost of

such an effort. In that connection, he associated himself with the statement made by the representative of India. The crushing debt burden and inadequate health-care infrastructures of African countries made it difficult for them to address the problem of HIV/AIDS prevention and treatment. The Economic and Social Council should therefore promote cooperation, exchanges of information and resource mobilization by initiating a genuinely human-centred solidarity pact.

38. **The President** observed that the question of HIV/AIDS would be on the agenda of the Council's upcoming meeting with the World Bank.

39. **Mr. Mutaboba** (Rwanda) said that in Rwanda, malaria and other types of fever claimed more lives than HIV/AIDS. It was true that HIV/AIDS was spreading at an alarming rate, but it was difficult to see how that problem could be addressed in the absence of the necessary will to fund research. As the representative of Ireland had said, the search for a vaccine was of the utmost importance; the Council should therefore call for increased support for research in that area.

40. It was also important to focus on the relationship between HIV/AIDS and poverty and to consider long-term goals. When a breadwinner died of AIDS, the rest of the family might well face starvation. Efforts to address the problem of HIV/AIDS transmission must include consideration of the plight of orphans. Lastly, the United Nations should lobby pharmaceutical companies to lower the cost of drugs: ability to survive should not depend on the level of financial resources of the people and the countries concerned.

41. **Mr. Kuchynski** (Observer for Ukraine) said that his country had also been hit by the HIV/AIDS epidemic, which the Government had begun to address as a national security issue. The first lesson it had learned was that the problem should not be ignored or underestimated, but should be recognized in all its aspects. The epidemic would continue to be a challenge that only concerted efforts could adequately address. Discussions in the Security Council and the Economic and Social Council were very helpful in raising awareness of the problem.

42. His delegation believed that a special session of the General Assembly on HIV/AIDS would be the most appropriate forum in which to address the problem. In the meantime, it would join in sponsoring a proposal to

review the issue at the forthcoming Millennium Assembly.

43. **Mr. Cavalcante** (Brazil) said that both the Economic and Social Council and the General Assembly should help to increase awareness of the humanitarian dimensions of the AIDS epidemic, which had led to a development crisis of major proportions. The Council could discuss ways to provide access to treatment and prevention at low cost.

44. **Mr. Piot** (Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS)), replying to questions from several speakers, said that the International Partnership against AIDS in Africa was a new kind of coalition composed of key actors working towards the same goals of intensifying their activities and attracting more resources. At the country level, multisectoral councils at the highest levels of government were currently being formed to provide a multisectoral response to the problem. National strategic plans were being finalized which would result in round-table meetings to mobilize resources. UNAIDS was working with countries to establish mechanisms that would channel resources to where they were most needed, in keeping with the movement towards decentralization in many countries.

45. In the area of prevention, behaviours must certainly be addressed, by other factors which made people vulnerable to infection, including poverty and women's lower social status, must also be examined. A great deal had been learned about best practices in prevention, but the challenge of implementing those practices remained. As for care and support to those already ill, the price was indeed high, but issues of infrastructure, funding and rational use of available drugs were also involved. WHO had been engaged in discussions with Glaxo Wellcome, which had agreed to apply preferential pricing for its drugs in low income countries. In several countries, for example, Brazil, the Government guaranteed universal access to drugs and treatment. It had been suggested that the failure to develop a vaccine was attributable to market forces rather than to scientific obstacles; in his view, it was mixture of both. Momentum was building for the development of vaccine but, optimistically speaking, it would be 10 years before a product came on to the market.

46. Concerning the resources needed to fight the epidemic, the World Bank was helping with country-

based estimates and estimates for each continent as a whole. While innovative sources of funding must be found, funding must also come from mainstream development programmes.

47. In conclusion, it was time to move away from predictions of doom and gloom and to turn to efforts to remove the stigma of AIDS and emphasize the hopeful signs for the future. UNAIDS was determined to turn the tide against the epidemic.

*Draft decision in document E/2000/L.3*

48. **The President** drew attention to the draft decision in document E/2000/L.3 referred to the Council by the Commission for Social Development.

49. *The draft decision in document E/2000/L.3 was adopted.*

*The meeting rose at 5.35 p.m.*