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Held at the Palais des Nations, Geneva,
on Monday, 14 July 2003, at 3 p.m.

President: Mr. KUCHINSKY (Ukraine)
(Vice-President)

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SPECIAL ECONOMIC, HUMANITARIAN AND DISASTER RELIEF ASSISTANCE (continued)

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In the absence of Mr. Rosenthal (Guatemala), Mr. Kuchinsky (Ukraine), Vice-President, took the chair.

The meeting was called to order at 3.15 p.m.

SPECIAL ECONOMIC, HUMANITARIAN AND DISASTER RELIEF ASSISTANCE (continued) (A/58/85-E/2003/80 and Add.1, A/58/89-E/2003/85, A/58/99-E/2003/94 and A/57/821-E/2003/86)

Panel discussion on "Responding to the effects of HIV/AIDS and other widespread general diseases on humanitarian relief operations"

The PRESIDENT, introducing the discussion, said it was crucial to address the issue of health in humanitarian crises, particularly as such situations could result in outbreaks of epidemics such as measles, cholera and, more recently, HIV/AIDS.

Ms. McASKIE (Deputy Emergency Relief Coordinator, United Nations Office for the Coordination of Humanitarian Affairs - OCHA) said the HIV/AIDS epidemic was a complicating factor in humanitarian emergencies. The lessons learned from the South African experience showed that HIV/AIDS increased vulnerability to external shocks. The risk of HIV/AIDS spreading in conflict situations was also a matter for concern. OCHA needed to work with its partners to ensure that an HIV/AIDS component was included in all humanitarian operations. The coordination of interventions on a system-wide basis, for which the Joint United Nations Programme on HIV/AIDS (UNAIDS) was responsible, should go beyond mere humanitarian relief and include long-term action to combat the disease. Various instruments existed which could help UNAIDS in its efforts, notably the resident coordinator system and the humanitarian coordinator system, but even the more short-term framework of the Consolidated Appeal Process (CAP). What was important was to make the most of the available resources in order to confront what was a major tragedy.

Mr. NABARRO (Executive Director, Sustainable Development and Healthy Environments, World Health Organization - WHO) said 70 per cent of deaths in complex emergencies were caused by communicable diseases. More than 60 per cent of major disease outbreaks requiring an international response in 2002 had occurred in countries in the throes of complex emergencies, and emerging diseases were likely to become established in areas affected by crisis. Such regions were particularly hard hit by malaria, with serious epidemics to be expected after periods of drought or famine, as had occurred in southern Africa and Ethiopia, and

by tuberculosis, which - like malaria - affected refugees and displaced populations in particular. Prevalence among displaced Chechens in Ingushetia, for example, was twice as high as among the rest of the population. The cases of Afghanistan and, more recently, Iraq, well illustrated the way in which communicable diseases could spread during emergencies.

The increase in health risks could be attributed to the fact that communities were more vulnerable and local response capacity was reduced during complex emergencies, which made outbreak containment very difficult. Controlling epidemics was everyone's business. It was important to make sure that the right things were done to protect health, to pay special attention to those most at risk, to ensure that in-country groups were enabled to respond, to encourage local communities to play their part and to ensure the neutrality of health personnel. The humanitarian relief operations were crucial to save lives and stop epidemics spreading across borders. Over the past two years, more than 110 institutions had worked with WHO in mounting international responses to outbreaks of disease, including ebola, yellow fever, meningitis, influenza and SARS.

Conditions of instability, poverty and powerlessness in complex emergency situations also favoured the rapid spread of HIV/AIDS. The Inter-Agency Standing Committee (IASC) had established a team, chaired by WHO, to produce comprehensive guidelines on HIV/AIDS in emergencies. The objective was to focus the attention of agency staff on priority preventive measures for risk groups in such areas as nutrition, reproductive health and protection against gender-based discrimination, violence and exploitation. The guidelines were currently being finalized and would be sent out for a year's field testing and evaluation. The means to combat communicable diseases existed: the key was to ensure that they were made available.

Mr. SIDIBE (Director, Country and Regional Support, Joint United Nations Programme on HIV/AIDS - UNAIDS) said the HIV/AIDS pandemic was both a humanitarian and a security and development emergency. More than 13 million people were infected in southern Africa: 20,000 were dying every week and there were already 5 million orphans. In the Democratic Republic of the Congo, where there were more than 3 million infected people and 5 million displaced persons, 80 per cent of blood collected was used in transfusions without prior testing. Action must be taken and the artificial divide between humanitarian relief and development assistance must be bridged by incorporating HIV/AIDS not only into all

humanitarian relief operations, including the Consolidated Appeals Process (CAP), but also into development activities (common country assessments (CCA)), the United Nations Development Assistance Framework and poverty reduction strategy papers (PRSP). The emergency had to be dealt with without losing sight of long-term development objectives. What was especially needed was to rebuild the capacity of institutions weakened by the pandemic; initiate action to help the hardest hit groups; include HIV/AIDS impact assessment in the humanitarian relief evaluation manual; increase the number of women's emergency food aid committees, which helped in the identification of needs and the distribution of relief; and strengthen the UNAIDS presence in the countries of the worst affected regions. At the regional level, the Southern African Development Community (SADC) had developed an HIV/AIDS strategy, the Regional Inter-Agency Coordination Support Office (RIACSO) facilitated mutually beneficial exchanges, and the regional directors' meetings reinforced commitment and accountability.

There were now five major challenges to be faced: elimination of the artificial distinction drawn, even within United Nations structures, between humanitarian relief and development assistance; improvement of the tragic situation of the many orphans and of the numerous households headed by elderly people or even by children; curbing of the rapid feminization of the epidemic; protection of human rights; and improvement of follow-up. Data were therefore needed in order to identify and quantify needs.

Mr. BARRA (President, European Red Cross Network on AIDS - ERNA) said no organization or government could defeat AIDS on its own. Donors and governments needed to change the policy environments that fuelled the epidemic and rethink their approach to collaboration and local responses. AIDS was a killer in its own right but, when combined with other hazards such as drought and cyclical food shortages, it became a force for community erosion and the slow but inexorable destruction of the social fabric. If the Millennium Development Goals were to be more than just a pious hope and the eradication of poverty and hunger a realizable objective, then the intervention strategies of the various sectors of the international community must factor in the HIV/AIDS epidemic.

Humanitarian organizations were in uncharted territory and the map from the past would not guide them through the future. The policy and practice of both donors and governments

were clearly failing to keep pace with the emerging challenges. AIDS now demanded an integrated community-level response and a comprehensive package of strategies to curb the patchwork of problems. It was of course vital to continue promoting food security, improving access to safe water and combating other communicable diseases, but such measures could not constitute a strategy to address such a complex disaster in a holistic fashion.

The International Red Cross and Red Crescent Movement had developed a new strategy in southern Africa that combined food security with integrated community care. In Europe, it was denouncing the policies of stigmatization, harassment and incarceration that drove drug users underground. To fight AIDS effectively, such policies must be rejected and replaced by programmes of syringe exchange, drug substitution and condom distribution. States must also fulfil their obligations by contributing to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, which was an innovative instrument that would make possible an integrated, more comprehensive response to three deadly diseases. Lastly, he said the time had come for the international community to ask what was preventing it from allocating adequate resources to a jointly planned and implemented multisectoral response to the AIDS pandemic.

Mr. GRAISSE (Deputy Executive Director, World Food Programme - WFP) said the current crisis in southern Africa was a new kind of complex emergency: a deadly convergence of AIDS, chronic poverty, poor policy environments and food shortages. AIDS was both a cause and a consequence of food insecurity and shortages. Households that had lost breadwinners to AIDS were poorer and more vulnerable to food insecurity, while those who were hungry were more likely to engage in risky behaviour. It was therefore essential to ensure food security and improve nutrition, for helping an HIV-positive person to stay alive allowed the transfer of important life skills, particularly in terms of culture and agriculture, from one generation to the next.

The AIDS pandemic had grown from a serious public health threat into a massive, complex crisis, forcing humanitarian and development agencies to adapt their programmes to respond to the devastation it caused. WFP, for example, had woken up only two or three years previously to the role of food aid in combating HIV/AIDS, but it was now clear that food aid must be combined with other essential multisectoral services and that the needs of women and

vulnerable children, including AIDS orphans, must be the top priority in any intervention. It was also important to identify vulnerable people and communities more precisely in order to target responses more effectively. Strong coordination was vital to all those efforts.

Summarizing the work of WFP in southern Africa, he said it had adapted its programming in response to the situations thrown up by AIDS. Food rations had been modified so that people who might be infected received food and nutrition appropriate to their special needs. WFP was also helping to ensure that orphans and other vulnerable children were not left out, through initiatives such as school meals and vocational training programmes. Maize, the staple food of southern African peoples, was being reinforced with vitamins and minerals. Lastly, he said donors had an obligation to overcome their difficulties and differences in order to help millions of people in need.

Mr. PRESEM (United Kingdom) said the real challenge for agencies working in southern Africa was to make sure their efforts were closely and effectively coordinated. It was crucial to avoid competition between organizations and to establish clear guidelines to enable each agency to direct its efforts appropriately. The international community must look deeply into the question of how best to fund humanitarian relief in emergencies such as the one currently ravaging southern Africa.

Mr. OOSTHUIZEN (South Africa) said he had been pleased to hear Mr. Barra state that no organization or government could defeat AIDS on its own. His own Government had always believed in the advantages of international cooperation and therefore found it regrettable that pledges of contributions to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria had not always been honoured. He shared the view that political instability, poverty and exclusion were factors in the spread of AIDS. It was generally accepted, however, that the New Partnership for Africa's Development (NEPAD) was an effective instrument for combating those problems and his Government hoped the international community would adopt NEPAD as a strategy in the fight against AIDS and other communicable diseases in Africa.

Mr. SPIEGEL (Office of the United Nations High Commissioner for Refugees - UNHCR) said his Office had developed a strategic plan for surveillance, monitoring and evaluation of HIV/AIDS programmes in 2002-2004. The data already collected, although still

provisional, were interesting and showed that, contrary to a fairly widespread belief, wars did not lead to an increase in HIV infection rates and refugees did not bring AIDS into their host countries. Infection rates in countries that had undergone a prolonged civil war had been found to be relatively low: between 2 and 4 per cent in Sierra Leone, rather than the expected 7 per cent; and a mere 1 to 2 per cent in southern Sudan. Studies carried out in refugee camps showed that infection rates were lower than those found in the population of the host country. He hoped UNAIDS would address a worrying issue, namely the fact that refugees were ignored in host countries' anti-AIDS strategies, which in many cases took no account of refugees in the funding proposals submitted to the Global Fund and the World Bank. Such an omission could prove highly prejudicial to the effectiveness of anti-AIDS strategies.

Mr. HOHMAN (United States of America) said his Government encouraged OCHA and IASC to continue their work on HIV/AIDS emergencies and welcomed the IASC guidelines. The US$ 15-billion emergency plan announced by the President of the United States would feature the largest roll-out to date of antiretroviral medicines and an extensive campaign of prevention and care for the millions affected by the disease, including AIDS orphans. The initiative complemented the measures to alleviate hunger, including in AIDS-affected countries. The United States was especially concerned at the plight of women and girls, who were disproportionately affected by the disease, particularly those who were displaced or the victims of trafficking.

Ms. HOMANOVSKA (Ukraine) asked what was being done to improve data collection on the spread of AIDS in conflict situations. She emphasized the need to develop national strategies to prevent armed forces and health or humanitarian workers becoming vectors for transmission. Ukraine had a certain amount of experience in that area and had included AIDS prevention in its training programmes for peacekeeping personnel.

Mr. SIDIBE (Director, Country and Regional Support, UNAIDS) underlined the need to improve coordination between United Nations agencies at the national level in order to ensure effective support for the strategy put in place by each country. It was also necessary to strengthen accountability within the regional director groups. In the area of resources, the main problem was the absence of any financial structures at the national level to ensure the transparent transfer of funds to the communities on the ground where the programmes were implemented.

Governments should be helped to set up such arrangements. It was also vital to establish follow-up mechanisms that would help provide a better picture of the situation of refugees and displaced persons and take them into account in national strategies.

Mr. GRAISSE (Deputy Executive Director, WFP) said the fact that the Executive Director of WFP had been accompanied on his recent visit to southern Africa by the Special Envoy of the Secretary-General for HIV/AIDS in Africa, and the establishment of an office in Johannesburg to coordinate action to deal with the crisis in the region, testified to a willingness to join forces. Generally speaking, the system as a whole was attempting to rethink the problem and search for creative solutions. FAO, for example, was looking at new agricultural techniques that would allow farmers weakened by the virus to continue working.

Mr. BARRA (President, ERNA) said the extent to which armed conflict situations help the spread of AIDS was of secondary importance. The real problem was that the international community had thus far been incapable of mustering an adequate response to the crisis. The means by which to combat the disease were well known. To begin with, it was essential not to make the mistake of playing off prevention against treatment. But what was needed above all was to mobilize financial resources on a scale that matched the pandemic. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria was of no use unless it helped bring therapies within reach of all who needed them; otherwise it would merely duplicate the function of other tried and tested mechanisms. The war against AIDS could not be waged with handouts from States. It was more urgent than ever to set up a permanent funding structure to which States would contribute according to their incomes.

Lastly, he said he strongly deplored the practices of certain governments that tried to solve the problem of drug addicts spreading AIDS by shooting them down in the streets, as had recently been seen in certain southern Asian countries. Such methods were no substitute for a genuine national strategy to combat drug addiction.

Mr. NABARRO (Executive Director, Sustainable Development and Healthy Environments, WHO) said the international community had been slow to realize the gravity of the problem facing it and failed to comprehend from the outset that the pandemic was a humanitarian and economic crisis of global proportions. It was now trying to react and, partly

thanks to the recent crisis in southern Africa, had learned the importance of reliable data, risk assessments and accurate diagnoses if the required financing was to be provided to the non-medical community institutions in a position to take effective action on the ground. Yet such efforts would be like a swarm of bees trying to stop an elephant without radical new strategies and financial resources commensurate with the challenge. In that context, the idea of leaving the field open to competition, as some recommended, might turn out to be a short-sighted policy in that it would encourage a proliferation of intervention mechanisms and disproportionately reward spectacular rather than lastingly effective action.

The PRESIDENT, speaking as a representative of Ukraine, said his country was one of the worst affected by AIDS in Eastern Europe and also one of the world's 10 leading providers of peacekeeping forces. He would like to know what the international community was doing to prevent peacekeeping personnel from helping to spread the virus. All Security Council resolutions on peacekeeping mentioned the need to make personnel aware of the precautions required on the ground and on their return from mission.

Mr. MPHUSU (Botswana) said he was concerned that the focus on the issue of AIDS in emergency or conflict situations risked sidelining countries such as his own, where there was neither war nor humanitarian crisis but which were nonetheless ravaged by the disease.

Ms. McASKIE (Deputy Emergency Relief Coordinator, OCHA) said she wished to assure the representative of Botswana that the debate was intended as a contribution to the analysis of the AIDS problem as a whole. Summarizing the main points to have emerged from the discussion, she said that, if the international community was to make any headway in combating AIDS, it required a global plan of humanitarian action based on a shared body of information. At the same time, the authorities and local communities must get to grips with the problem and work out an effective strategy and appropriate funding mechanisms. It was also essential to take firm action to stop all sexual practices that kept women in subjection and all too often amounted to a death warrant from them. Ultimately, peace must be established so that all societies could devote themselves wholeheartedly to the fight against AIDS. In conclusion, she underlined the importance of the topic for all participants and thanked all who had contributed to what had been a remarkably lively exchange of views.

The meeting rose at 5.05 p.m.