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Official Records

President: Mr. Holkeri (Finland)

The meeting was called to order at 3 p.m.

Agenda item 179 (continued)

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects

Report of the Fifth Committee (A/55/529)

Draft resolution (A/55/L.13)

Mr. Lelong (Haiti) (*spoke in French*): My delegation associates itself with the statement made by Nigeria on behalf of the Group of 77 and China.

Those who spoke from this rostrum yesterday addressed many crucial aspects of the AIDS scourge, which authorities agree is now a widespread and alarming pandemic. It is with equal concern that we see our economic and human resources being decimated and our future jeopardized by the uncontrolled spread of this pandemic. Mr. Mandela was right when he launched this warning at the 1997 Davos Economic Forum:

“AIDS kills those on whom society relies to grow the crops, work in the mines and the factories, run the schools and govern nations and countries.”

The virus was identified some 20 years ago. At the time, no one thought that AIDS would become an unprecedented worldwide problem. According to

estimates of the United Nations Children’s Fund and the Joint United Nations Programme on HIV/AIDS (UNAIDS), 34 million people are affected by HIV/AIDS today, about 30 per cent of whom — almost 10 million — are between 15 and 24 years old.

HIV/AIDS is destroying our populations and my country is bearing the full brunt of the assault. Information gathered by the Centre GHEISKO — a Haitian centre for research and information on Karposi’s Sarcoma and opportunistic infections — and by the Ministry of Public Health indicates that 5 per cent of adults are seropositive — 10 per cent of the urban adult population and 4 per cent of the rural population. In several regions of the country, tests for young adults between the ages of 15 and 49 have shown that 1 in 12 is living with AIDS. The ratio of men and women living with AIDS is almost 1:1 and 80 per cent of seropositive young adults were infected in adolescence.

Unprotected sexual relations between men and women are among the main causes of transmission of this disease. On the one hand, young women who generally do not know how to protect themselves tend to believe that they are not in danger, whereas older men imagine that they cannot be infected if they have relations with younger women. We should recall one of the guidelines of the HIV/AIDS programme of the United Nations Development Programme, which stipulates that, in order for women to protect themselves against HIV/AIDS infection and its consequences, we need to remedy the imbalance in

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power relations between individuals and in society, which is manifest in the subordination of women.

To our great despair, young adults affected by the virus often have underage children or elderly parents to support. In Haiti, HIV/AIDS is not just a health problem; it is a social, economic, educational, moral and cultural obstacle, since it spreads in an extremely fragile political and socio-economic context. The epidemic simply exacerbates the inequalities and poverty that affect the great majority of the population. AS UNAIDS stresses, relations between economic development policies and HIV/AIDS are complex. Throughout the country, data show that the HIV/AIDS epidemic affects and is affected by economic development.

This is a grim picture and these figures cause one to shudder. The AIDS epidemic is robbing us of our future although we have the means to stem its wild advance. It is not a conventional enemy, but it claims more victims than any war. Each hour, six people are infected, 110 die of AIDS and 110 new cases develop among those who are already seropositive in our country. More than 150 Haitian children will be orphaned by the end of the year — a statistic that could double by 2010.

Aware of the gravity and urgency of the situation, my Government has adopted a series of initiatives encompassing questions related to the education of women, the management of family reproduction, rape and sexual abuse, child prostitution and drugs. Our Government, together with certain actors of civil society, has also particularly stressed the role to be played by the media in preventing AIDS and in educating the masses. Educational programmes have been launched to make people aware of the disease and to show them how it spreads and how to prevent it. Community programmes established with some non-governmental organizations have set up educational centres where courses are given in literacy, health, family planning, AIDS awareness among the young and sexually transmitted diseases. Condoms are also distributed at these centres.

Apart from this type of initiative, the current trend is to use traditional public spaces, such as churches, schools and rallying points, for consciousness-raising. The Centre GHEISKO that I referred to earlier was the first institution of the developing countries and the second in the world to

treat AIDS victims. Today, together with research centres in Brazil and Trinidad and Tobago, studies are under way to find an AIDS vaccine. The Centre has developed a treatment for tuberculosis in AIDS patients that is now recommended by the World Health Organization. The drug used is known as “AZT for the poor”. The tireless work of Dr. Jean William Pape was recently recognized at the awards ceremony organized by UNDP on 23 October.

Haiti, like many other countries ravaged by AIDS and poverty, needs the assistance of the international community to support our domestic initiatives. It is in this context that we have launched an initiative to renew partnership and international solidarity to confront this human tragedy, in which we are, unfortunately, actors and spectators. We therefore support the convening of a special session of the General Assembly on HIV/AIDS in order to elaborate strategies and measures to combat this scourge. Only a worldwide effort will allow us to overcome it.

For all of these reasons, and mindful of the need to break the conspiracy of silence around AIDS, Haiti is pleased to associate itself with the delegation of Ukraine as a sponsor of the draft resolution on research in, prevention of and mobilizing against this terrible scourge.

Mr. Hussein (Ethiopia): The spread of HIV/AIDS has become a serious health issue that threatens to reverse a generation of accomplishments in human development and is now becoming a social crisis on a global scale. It threatens the balance of productive employment and livelihood of people in every continent, making it a global problem of unprecedented magnitude and scope in terms of consequences for economic growth, social progress and international peace and security.

Since the time of its first occurrence, HIV/AIDS has spread in a dramatic manner, especially in Africa. Of the estimated over 34.5 million HIV-positive people worldwide, about 24.5 million are from the African continent. What this means is that the demographic, economic and social effects, as well as the national security impact of AIDS on our countries, is enormous. The epidemic consumes our potential and requires that we divert our meagre resources from our development endeavour to AIDS-related activities.

AIDS affects every social group in our societies. It is taking the lives of our citizens. AIDS does not

discriminate, but the young are the most frequent victims of this disease. As this sector of the population constitutes the skilled manpower in any nation, the impact of the loss of the young on economic and social development can hardly be overemphasized. The number of children infected or orphaned by AIDS is ever increasing. In sum, AIDS is posing a serious threat to our present and future generations, and thus to the very survival of humanity.

The responsibility for finding solutions requires a comprehensive approach at all levels. Above all, in order to fight AIDS effectively, partnership between Government agencies, non-governmental organizations, the business community, private citizens, HIV-infected people and AIDS activist groups is essential. Communities and Governments should work hand in hand to find a solution. In recognition of this reality, the current Government in my country has formulated a new comprehensive HIV/AIDS policy aimed at creating a conducive environment for enhanced partnership among the Government, the civil society and the international community to fight the disease. In order to mobilize all sectors of the society, the Federal Government of Ethiopia has established a National Council under the chairmanship of the President to monitor the implementation of the programme. For our efforts to succeed, however, international support and assistance are indispensable, and this is also true of all other African countries.

In Africa the AIDS epidemic is now the main cause of death. The socio-economic impact of this situation is widespread and devastating beyond the concerns of health and its immediate ramifications. Recent studies by the Joint United Nations Programme on HIV/AIDS, the International Labour Organization and other United Nations agencies underscore the wider development implications of HIV/AIDS and how it is reversing hard-won social and economic gains. Life expectancy, which has reached beyond 60 years in some parts of Africa, is predicted to drop to less than 40 by 2010.

As articulated by Security Council resolution 1308 (2000), adopted in July, the socio-economic crisis precipitated by AIDS in Africa is threatening political stability and thereby affecting prospects for peace and security in the continent.

It is against this backdrop that we welcome and sponsor the draft resolution, entitled "Review of the

problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects", by which the General Assembly will decide to convene a special session on HIV/AIDS in June 2001. We thank the delegation of Ukraine for introducing this draft. We strongly believe that such a special session of the General Assembly on HIV/AIDS will create the necessary platform to mobilize visible and sustained political support at the highest level, leading to enhanced international cooperation and coordination in the fight against the scourge of HIV/AIDS. In addition, given the serious challenge posed by this epidemic, the special session will have a pivotal role in strengthening the follow-up and monitoring mechanisms at the national, regional and global levels. To this end, it is also essential that the special session be taken as a process that builds upon recent international conferences and initiatives.

Finally, it is our hope that the special session will come up with a clear declaration and plan of action, commensurate with the required international action to fight the challenge posed by the AIDS epidemic. In particular, it must have an explicit goal for the reduction of HIV infection rates and prevention targets and articulate the required public-private partnership and the practical measures to be undertaken by the developed countries to work with their pharmaceutical industries and other partners to develop an effective and affordable treatment and vaccine against HIV.

We believe that the special session will provide an opportunity for the international community to exert the necessary effort to address the challenge posed by the AIDS epidemic in the world at large and in Africa in particular. Broader effort is needed if the response is to catch up. For many the answer lies in the international partnership which this special session is expected to promote vigorously.

We listened to strong statements made during the recent Millennium Summit by leaders of key industrialized countries that they are committed to help stamp out the AIDS epidemic. Only yesterday afternoon, France, for one, reiterated its commitment. In the past, such commitments led to rebuilding some countries in Western Europe and East Asia, literally from total destruction. If similar commitments are shown today on a global basis, there is no doubt that the threat of AIDS can be removed from the world.

Mr. Akasaka (Japan): The spread of HIV/AIDS has defied every prediction, and now, with more than 16 million people dead and 34 million people living with HIV/AIDS, the epidemic threatens human security in many parts of the world. It has reached particularly devastating proportions in sub-Saharan Africa, where more than one-tenth of the adult population is infected in 16 countries, and one adult in five is living with HIV/AIDS in seven countries.

AIDS claims the lives of people from all segments of the world — young and old, rich and poor, men, women and children. The lives of the families and more than 11 million AIDS orphans are also victims of the epidemic. Furthermore, in many developing countries the scourge of AIDS is negating the achievements they have made over recent decades through their strenuous efforts for social and economic development. HIV/AIDS takes a particularly heavy toll among the poor. Poverty and gender disparities increase the risk of infection, and the illness in turn leads to greater poverty. This is a vicious cycle that we must break.

The current situation demands a clearer recognition of the gravity of the issue at all levels. It also demands a stronger political leadership to fight the disease by the countries most affected by it. Recent developments in some countries in Africa and in Asia demonstrate that where such political leadership is present, the situation is being stabilized and is improving. But, given the magnitude of the problem, their efforts must be complemented by greater support, cooperation and assistance from the international community, for no country in the world is spared by the epidemic.

At the Okinawa Group of Eight (G-8) Summit meeting held in July this year in Japan, HIV/AIDS, together with other infectious and parasitic diseases, was given priority attention. The participants at the meeting committed themselves to work together with all relevant partners to achieve the critical targets set by the United Nations, including a 25 per cent reduction in the number of HIV/AIDS-infected young people by 2010. This is the target that was agreed on at the Cairo + 5 meeting last year and reaffirmed in the Declaration adopted at the Millennium Summit.

Japan, for its part, gives high priority in its official development assistance (ODA) medium-term policy to assistance in the field of HIV/AIDS and other

broad population issues. This summer, Japan announced the Okinawa Infectious Diseases Initiative, which builds on what has been achieved under its Global Issues Initiative on Population and AIDS, which was launched in 1994 and will be complete at the end of the Japanese fiscal year 2000 that is, March 2001. Under the new Okinawa Initiative, Japan will target a total of \$3 billion to be disbursed over the next five years to enhance assistance for measures to combat HIV/AIDS and other infectious and parasitic diseases, improve public health, develop research networks, support primary and secondary education and provide access to safe water.

Mr. Lelong (Haiti), Vice-President, took the Chair.

In the context of the follow-up to the initiative taken in Okinawa, Japan is currently planning to host an international conference on infectious diseases, also in Okinawa, in December this year. The participants will discuss, among other things, ways and means to translate their political commitments into cooperative activities which will achieve tangible results.

Japan's efforts go beyond what I have just mentioned. As may be recalled, serious attention was given to the issue of HIV/AIDS at the Second Tokyo International Conference on African Development (TICAD II), held in October 1998. Soon thereafter, Japan announced that it would provide around 90 billion yen, which is about \$900 million, in grants over five years, from 1999 to 2004, in such areas as education, health care and medical services in Africa. Thirty-two billion yen in grant aid has been already disbursed so far, with 9.7 billion yen — approximately \$97 million — in health and medical services. It is our intention to use a significant portion of these grants in the fight against HIV/AIDS in Africa.

In the belief that it is useful for developing countries to share their experiences and to learn from each other, Japan has been promoting South-South cooperation as a major approach to its follow-up to TICAD II. Among its many activities in this regard is a seminar on South-South cooperation regarding HIV/AIDS, which the Government of Japan, together with the Joint United Nations Programme on HIV/AIDS (UNAIDS), held yesterday and the day before yesterday in Tokyo. We are hopeful that participating African countries will benefit from the experiences of others, including Asian and Latin

American countries, and learn how they themselves can promote South-South cooperation in the field of HIV/AIDS.

Given the urgency of the issue, Japan supports the holding of the special session of the General Assembly on HIV/AIDS in June next year. We strongly hope that the preparatory process and the special session will be open to all those who can contribute to our endeavour to prevent the spread of the disease, ensure adequate care, and find a cure for people affected by HIV/AIDS. We also hope that the special session will not be given over to negotiation over the text for its own sake, but, rather, that it will be an important process of galvanizing Governments, civil society, the private sector, United Nations organizations, and people affected by AIDS to fulfil the commitments they have made and work together to take concerted action. Japan looks forward to participating actively in the special session as well as in the forthcoming process leading up to it.

Mr. Boisson (Monaco) (*spoke in French*): The representative of Ukraine has introduced draft resolution A/55/L.13, of which the Principality of Monaco is a sponsor. We congratulate Mr. Oleh Herasymenko on the professionalism with which he conducted the consultations, with the result that today we are meeting to decide to convene from 25 to 27 June 2001 a special session of the General Assembly to consider acquired immune deficiency in all its aspects. My delegation is pleased that Member States have decided to hold this session next year, because time is of the essence.

AIDS is more than a pandemic. It is a real humanitarian disaster. It is not necessary to list the alarming statistics attesting to the wide spread of the disease. We know them all. On the other hand, it seems crucial to recall that the fight against this grave pandemic is one of the major challenges of the twenty-first century. The international community must do everything to eliminate this threat that weighs on its future and on humanity as a whole. We are particularly aware of this.

The international community has become aware of the urgency of this situation. The Millennium Declaration, in particular paragraphs 19, 20 and 28, Security Council resolution 1308 (2000) and General Assembly resolution 54/238, which were co-sponsored

by Monaco, attest to this and are a valuable source of encouragement.

First, I wish to emphasize the very serious situation in which the African continent finds itself, whose population is being relentlessly wiped out. Over the last decade, many African nations have acceded to democracy, undertaken economic reforms, developed their markets, privatized their businesses and stabilized their currencies. These achievements are being seriously jeopardized by the spread of this pandemic. AIDS affects workers, teachers, judges, lawyers, civil servants, the military and all vital national forces. It drives millions of orphans into the streets or, in the best cases, they are left in the care of grandparents or of social services that are often overburdened. It threatens the recent and still fragile stability of certain regions. It runs the risk of extending the already tragic consequences of current conflicts. Fighting AIDS in Africa means working for international peace and security.

I also wish to focus attention on the equally alarming situation in Eastern Europe, where, unfortunately, there has been a large increase in the number of infections, particularly among injecting drug users.

Generally speaking, it seems essential not to isolate the fight against AIDS from the broader context of development and the improvement of health systems. Care and follow-up treatment of the sick must be provided, which means training doctors, nurses and more social workers, as well as opening more clinics and community-based organizations. As a matter of urgency, we must also reduce the incidence of mother-to-child transmission, particularly by the preventive use of antiretroviral drugs, by performing Caesarean section delivery, when necessary, and by not breastfeeding. Progress must also be made in improving diagnostic quality.

The same applies to education, particularly the education of girls and women. It seems essential that girls become aware of the dangers posed by certain types of risky sexual behaviour and that they should know of the available means of protection.

The international community should promptly ensure that access to these preventive means are universal and affordable by supporting specific measures, such as mass consignment of syringes and

condoms, including female condoms, to the most affected and particularly isolated areas.

I would like to focus on the issue of access to medical drugs. I commend the initiative of France, which organized last April a very useful briefing to encourage all steps to promote access to treatment by infected persons in the developing countries. Convening a conference soon on access to drugs will supplement and strengthen the General Assembly's initiative to deal with this tragedy as a whole and to allow for greater access to treatment.

The Principality of Monaco believes that we need to act urgently in this regard, because nothing can be achieved without the effective participation of pharmaceutical companies, which henceforth must allow easier access to drugs and facilitate the production of generic drugs. With the support of the international community, Governments and civil society, we should also ensure follow-up treatment of patients in the field so that important constraints linked to taking drugs can be duly and truly considered. In order to achieve that, easing national and international legislation on patents and intellectual property could be considered, while fully respecting the legitimate interests of pharmaceutical companies, for which research and development of new drugs always represent significant cost and investment.

As the draft resolution rightly states, it seems essential to associate these companies with the preparatory process of the Conference, with a view to establishing realistic deadlines for the manufacture and distribution of relevant drugs. The battle that is about to be won on poliomyelitis, thanks to the commitment of Aventis and the Pasteur Institute certainly shows us the path to be followed in the fight against AIDS.

In accordance with the draft resolution that we will soon adopt, the delegation of Monaco hopes that during the preparatory process the President of the Assembly may assume a leading role and that the draft plan of action to be submitted for consideration by the special session will be realistic and potentially effective.

Similarly, the delegation of Monaco welcomes the view to hold round tables during the special session, which will allow certain aspects of the problem to be dealt with in depth and substantially enrich its work, thanks to the participation not only of States, but also of actors from civil society, particularly

organizations of infected persons, and from interested NGOs and the private sector, which, of course, includes the pharmaceutical companies.

Finally, the delegation of Monaco commends the work done by the Joint United Nations Programme on HIV/AIDS (UNAIDS), which seeks to raise awareness of initiatives of local, national, regional and global organizations. Mindful of the importance and the difficulty of its task, my country believes that this programme should benefit from greater support and redoubled efforts so that coordination between the various institutions devoted to the struggle against this pandemic will be increasingly effective.

The gravity of the situation is such that only real cooperation and the full commitment of all parties concerned can constitute effective weapons against the spread of this pandemic. We must devise a complete strategic plan, including all actors in civil society, particularly the non-governmental organizations. At the same time, we must also establish a specific funding programme, for which the international community will undoubtedly have to provide unprecedented effort.

Alarmed and disquieted, the world expects the United Nations to play a major role. Let us not disappoint the world. We have a few months to prepare for the special session of the general assembly and to ensure its vital success, which now more than ever is essential so that every society, of the North and the South, will be able to contemplate a better future.

Mr. Yusof Ahmad (Malaysia): My delegation welcomes the inclusion of the issue of HIV/AIDS as an agenda item in the General Assembly, as we believe that it is imperative for the United Nations to deliberate on a comprehensive agenda for action on this pandemic.

HIV/AIDS has now become a global problem, no longer just a health crisis, but also a development crisis. Malaysia recognises that HIV/AIDS has devastating effects on the personal lives of people, families, communities and the economies of nations. The disease is also rapidly becoming a security risk that threatens the entire socio-economic structure of a country. It is dimming the prospects of generations and nations, threatening to roll back the development gains of nearly half a century. It is therefore fitting and proper that the fight against HIV/AIDS be mounted on a global scale, as that is the only way in which the

scourge can conceivably be contained and eventually stamped out.

The United Nations took the right step when it adopted the innovative approach of bringing together the various agencies needed to address the many factors of the HIV/AIDS pandemic to form the Joint United Nations Programme on HIV/AIDS (UNAIDS). This coordinated effort is indeed essential to maximize United Nations efforts to help countries deal with the impact of HIV/AIDS on households, communities and local economies. My delegation strongly supports the convening next year of a special session of the General Assembly to review the problems of HIV/AIDS in all its aspects. To ensure that the issue can be discussed as comprehensively as possible, my delegation welcomes the participation of all interested and affected parties at both the preparatory stages and the General Assembly session.

Since the HIV/AIDS epidemic first emerged two decades ago, the global impact of the disease has deepened. The available statistics are grave, and become more gruesome when, on closer look, it is revealed that those who are hardest hit by the epidemic are between the ages of 15 and 49, a time when people are in their most productive years of life. The 1.1 million people who have died of HIV/AIDS have left almost 200,000 children orphaned. AIDS is also affecting younger people, with half becoming infected before the age of 25. If left unchecked, the pandemic will not leave much of a future generation to carry on in the world.

The United Nations Development Programme (UNDP) has highlighted the close link between poverty and HIV/AIDS, which continues to spread alarmingly in poor regions. The fact is that 95 per cent of AIDS sufferers live in developing countries. AIDS is an impoverishing disease, as it strikes the very people who can develop a country. It is also altering the global economic scenario, as the countries that are suffering from it become poorer, as they have the least capacity to provide treatment for those who become infected. The net result is that the gap between the rich and the poor and the North and the South becomes even wider. There is therefore a need for the wealthier developed countries — out of enlightened self-interest, if not pure altruism — to make available more resources to ameliorate the effects of the disease in the developing countries. This can be done through their economic aid programmes by making available necessary drugs for

the treatment of persons infected with HIV. The giant pharmaceutical companies can, and should, also play a part by reducing the price or by allowing compulsory licensing of these life-saving drugs.

HIV/AIDS is also a gender problem, as the number of women infected by the disease is growing faster than that of men. We need to focus on the special needs of women in HIV/AIDS prevention, care and treatment. There is a need for enhanced availability of education, testing, counselling, care and treatment designed to address the specific needs of women and girls. There must be affordable, enhanced medical intervention which is aimed at lessening the risk factors associated with mother-to-child transmission of HIV/AIDS, and which addresses the needs of mothers as well as their newborn.

The initial international combat against HIV/AIDS, which focused on health and medical care, has had limited success. The use of information, education and communication as instruments of prevention has also not been followed by behavioural changes. The project by the United Nations Educational, Scientific and Cultural Organization (UNESCO) of using a cultural approach to HIV/AIDS so that greater efficiency and sustainability will be reached in the field of HIV/AIDS prevention and care, through a better understanding of people's motivations and reservations, therefore merits our support. This cultural approach will take into account the cultural references and resources of the various populations affected by HIV/AIDS. A greater understanding of the relationship between culture and the spread of highly contagious diseases, such as HIV/AIDS, can contribute to more effective strategies to stamp out this dreadful menace.

My delegation believes that the slogan of the World AIDS Campaign — “The Three Ls”; “Listen, learn, live” — is most appropriate, as we should encourage communities around the world to engage in open communication and combat cultural attitudes that are obstacles in the fight against HIV/AIDS. We must break away from the culture of silence and the shying away from frank discussion of sex and drug abuse, when it is evident that openness and sharing can help. Dissemination of information can also eliminate discrimination against people with HIV infection due to ignorance on how it can be transmitted. The social stigma attached to people living with HIV/AIDS, which includes not just the infected persons, but their

families and communities as well, is the greatest barrier to preventing the spread of the disease, as many are reluctant to be tested for HIV or to seek early treatment. For this reason, there is a need to launch a concerted, multi-pronged approach, with a view to sensitizing both Governments and the public and to promote care and education at every level of society.

Like many other countries, Malaysia has not been spared the problem of HIV/AIDS. The official estimate of people with HIV/AIDS in Malaysia is around 34,000 — 96.5 per cent of them men. Of those infected, 76.4 per cent are intravenous drug addicts. While there is already a move to face the epidemic squarely in the face at the highest level, the HIV/AIDS threat is still invisible to the majority of the Malaysian public. Many are still unable to accept that HIV/AIDS is a disease that is among them and that requires urgent attention. The non-governmental organizations (NGOs) in Malaysia have taken the lead in bringing the issue of HIV/AIDS, which has remained hidden due to its stigma, into the open. They are also working to fight the ignorance and to reduce the stigma and discrimination attached to it. The Malaysian Government will also continue to play its role in providing a suitable policy environment for these NGO initiatives, and to provide as much support as possible. Malaysia recognizes that the fight against HIV/AIDS has to be a joint effort between the Government, NGOs, the private sector and the media.

My delegation is concerned over the rising trend of mother-to-child transmission, infection among young people, sexually transmitted diseases — which signal a danger of increasing HIV infection — connection between mobility, migration and HIV spread, drug use and HIV infection. We are also concerned about the stigma and discrimination against people living with HIV/AIDS, the accessibility and affordability of treatment with anti-retroviral drugs and the potential impact and cost of inadequate interventions.

To address these concerns, Malaysia is active in several regional efforts to combat the HIV pandemic. Malaysia has taken the initiative by calling for a summit of the Association of South-East Asian Nations (ASEAN) on HIV/AIDS, which will take place in Brunei Darussalam in 2001 in conjunction with the seventh ASEAN summit. The main objective of the summit is to mobilize solidarity and peer political support among ASEAN heads of Government to put

HIV/AIDS high on the national agenda and to make a commitment to collaborate in inter-country and cross-border issues, as well as to effect an exchange of technical expertise and experiences to address the HIV/AIDS problem.

My delegation would like to urge the international community to support the Secretary-General's call to stop and reverse the spread of HIV/AIDS by 2015. Financial and human resources must be dedicated to that goal. The United Nations system, with its global mission of protecting and promoting human rights, peace and security, is uniquely placed to provide assistance on very often difficult policy matters relating to HIV/AIDS. The role of the United Nations in combating AIDS is particularly pertinent in the context of human rights, since two of the most fundamental human rights are the right to life and the right to health.

Mr. Mmualefe (Botswana): HIV/AIDS is spreading faster than was estimated some 15 years ago. What used to be a personal problem talked about in hushed voices in close-knit family circles is now being discussed in national and international forums. What used to be a lone statement at a lone funeral by a lone village chief in a lone village, decrying the rate at which the young were succumbing to HIV/AIDS and lamenting the fact that babies and the elderly would be left alone in the village, is now a global cry.

“Having enjoyed peace and security and steady economic growth, we suddenly find our gains in social advancement reversed by this scourge. The economically active population in our society, our most precious resource, is being decimated.” (*A/55/PV.5, p. 21*)

That is no longer a cry from a lone African head of State but an international call. What was a decade ago regarded as a serious health crisis is clearly a multi-sectoral international crisis. The discussion of this agenda item today is an acknowledgement of the global nature of the HIV/AIDS pandemic.

The statistics that have been released by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) indicate that a total of 34.3 million people worldwide are living with HIV; 18.8 million have died globally, and of these 3.8 million were children. The total number of AIDS orphans is now greater than 13 million. Africa is the most affected continent, with 24.5 million people living

with the virus. The figures in Asia, Eastern Europe, Central Asia and some Caribbean island States are equally distressing. These are chilling statistics which call for immediate, effective and coordinated responses.

It is a sad fact that Africa, the cradle of the human race, faces a grim future unless effective measures are taken to lower the incidence of the disease and to mitigate the impact of the scourge. It is even more disheartening that the southern cone of the continent is most affected, with at least one adult in five living with the virus. The southern African region had just emerged from decades-old conflicts and was on the verge of an economic and social revival. That ideal appears distant now. The region's ambitious plans and projects, spearheaded by the Southern African Development Community (SADC), are being undermined by the pandemic.

In my country, close to 35.8 per cent of adults are now infected with HIV. Our life expectancy is calculated to have been reduced from 67 to 47 years. The number of children aged 0 to 9 years is projected to fall by 32 per cent to 40 per cent below a no-AIDS scenario by the year 2010.

In his address to the Millennium Summit, my President, His Excellency Mr. Festus Mogae, confined his statement to the HIV/AIDS scourge. That was done not out of a lack of interest in other global issues but out of an acceptance of the fact that Botswana has an unenviable record of being the country most seriously affected by HIV/AIDS in the whole world. This dubious record was acquired against a backdrop of an economy with growth rates comparable to those of the Asian tigers, impressive human development indexes, a well-functioning multi-party democracy, accountable and transparent governance and an open and well-run economy. Those achievements made over the past 25 years are being significantly eroded by the HIV/AIDS scourge.

The same determination, drive and purposefulness that helped my country build its nationhood and economy from scratch after independence, is being harnessed to fight HIV/AIDS. One of the major strategies to fight HIV/AIDS has been the establishment of a multisectoral National Council which is chaired by the President of Botswana himself. This demonstrates the seriousness with which the problem is being treated. At the executive level, there

is a National AIDS Coordinating Agency headed by a senior official to implement anti-HIV/AIDS programmes. The principal strategy is information, education and communication. This has been combined with concerted efforts to destigmatize HIV/AIDS.

The focus of our HIV/AIDS strategy is on the reduction of risk and vulnerability and on mitigation of socio-economic impact. Mitigation of the impact is done primarily through community-based care programmes and through clinical management of opportunistic infections, while risk and vulnerability reduction takes place through community education.

The Government, in partnership with other stakeholders, has initiated a number of interventions such as prevention of mother-to-child transmission through the use of anti-retroviral drugs; voluntary testing and counselling centres in major settlements; house-to-house counselling; care of orphans; management of sexually transmitted diseases; information, education and behaviour-change communication; HIV/AIDS research; and multisectoral response and institutional strengthening.

Considerable resources have been diverted from development projects towards the fight against HIV/AIDS. So far, the Government funds 80 per cent of all HIV/AIDS prevention and care activities. This is certainly not sustainable. We will therefore need an infusion of resource from outside the country. Botswana is, in this regard, grateful to Governments, the United Nations system, private organizations and individuals and non-governmental organizations that have established partnerships with us in the fight against AIDS.

My country takes solace in the fact that AIDS in Africa was chosen as the theme for the United Nations Security Council meeting on 10 January 2000 — the first occasion on which that body dealt with a developmental issue. We look forward to the forthcoming special session to review the problem of HIV/AIDS in all its aspects. It is our conviction that its convening, on such short notice, is an affirmation of the fact that, for millions of people, even one more day of action delayed is one too many. We hope to see, emerging from the special session, commitment and unity of purpose to heed the cry for help — help that is required now. Developing countries cannot, on their own, deal with the plethora of actions required for intervention, such as those relating to education and

sensitization, testing and counselling, adolescent reproductive health, the prevention of mother-to-child transmission, the acquisition of retroviral drugs and medication and the provision of care for the affected population. This is the message that my Government will be taking to the special session. Our hopes lie in the recommendations of the session and their immediate implementation.

The facts are available; the grim picture has been highlighted and discussed in this Hall and in Copenhagen, Beijing, Cairo and Durban. The special session on HIV/AIDS will fail humanity if it does not deliver on the undertakings that were made by our leaders in the Millennium Declaration.

Mr. Sun (Republic of Korea): At the outset, I would like to thank Ukraine and the other sponsoring countries for submitting draft resolution A/55/L.13. Sharing in the spirit and supporting the letter of the draft, the Republic of Korea has decided to join the other sponsors.

The accelerating spread of the human immunodeficiency virus and the consequent increase in the cases of acquired immunodeficiency syndrome have led to an unprecedented epidemic of global proportions. Statistics show that nearly 36 million people are living with HIV/AIDS worldwide. It is noteworthy that 95 per cent of HIV-infected people are living in developing countries, particularly in the sub-Saharan region, which alone accounts for 23 million infected people. Attention should be given to the view that the accelerated pace of globalization may be contributing to the uncontrolled spread of the disease.

HIV/AIDS has been reaching far beyond the realm of health and has enormous human, social, development and security ramifications. AIDS has become a disease associated with poverty, ignorance and gender discrimination, and it is having deplorable effects on poor children and women. It is distressing how HIV/AIDS has developed into a threat to social security, exacerbating inequalities and undermining sustainable development in affected countries, particularly developing countries.

In addressing such problems, we need to overcome two major challenges — one scientific and the other financial. The world is in desperate need of a vaccine against HIV. However, it is discouraging to note that an absolute majority of the resources have

been diverted to research on and treatment for AIDS, rather than used to create a vaccine. On the other hand, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS) report to the Security Council last July, beating back the epidemic in Africa alone would cost \$3 billion, and the contributions from donors are far below the levels needed to cover the cost.

I firmly believe that the multifaceted challenges will be properly tackled only with a genuine partnership between the developed and developing countries, and between the public and private sectors. Among other such partnerships, the Global Alliance for Vaccines and Immunization, formed in 1999, has been recognized as a successful example of public and private cooperation in finding a global solution to a global problem. The Framework for Action of the International Partnership Against HIV/AIDS in Africa is another example of such collaboration and I am confident that it will provide a solid basis to move forward with the global endeavour. Furthermore, it is encouraging to note that a number of world-renowned pharmaceutical companies are moving towards reducing the prices of AIDS drugs for States affected by the disease. Yet partnerships cannot be strengthened without strong public support. The fear of stigma associated with HIV/AIDS has often created silence for various reasons. The vicious circle of silence around the disease must, however, be broken if we are to overcome one of the worst human tragedies of our time. It is vital that proper information on HIV and AIDS be widely disseminated. In this regard, I find it extremely timely that “Breaking the Silence on HIV/AIDS” was chosen as the theme of the United Nations Development Programme’s Fourth Annual Race Against Poverty.

HIV/AIDS has now become a top priority on the agenda of the United Nations system. This is not surprising, given the role to be played by the United Nations in formulating and coordinating a comprehensive strategy for action. The final documents adopted by recent special sessions relating, respectively, to population, women and social development, served as a basis for all stakeholders to take specific action against HIV/AIDS.

In a bold decision, the Millennium Declaration set a target to halt and reverse the spread of HIV/AIDS by 2015 in the context of development and poverty eradication. I appreciate the fact that the United

Nations has taken the lead in combating the scourge of the AIDS pandemic by, among other things, raising public awareness and addressing the socio-economic and development implications. In particular, UNAIDS has done a commendable job in coordinating and supporting efforts to address HIV/AIDS in all relevant forums. It is my sincere hope that UNAIDS will continue to strengthen its role of coordinating international undertakings in close collaboration with governmental and non-governmental partners.

I also welcome the report of the Ad Hoc Working Group on the Causes of Conflict and the Promotion of Durable Peace and Sustainable Development in Africa, which recommended that the General Assembly take the necessary steps to address HIV/AIDS-related problems.

Before closing, I would like briefly to touch upon the current situation surrounding HIV/AIDS in my country. Despite the fact that it currently has a relatively small number of infected people, we are concerned about the trend of rising figures. Faced with this challenge, my Government has taken steps primarily to focus on enhancing education about and awareness of HIV/AIDS to promote voluntary counselling and to work with civil society and volunteers.

The Republic of Korea has also provided assistance to developing countries by sharing its experiences in addressing problems associated with HIV/AIDS and, more broadly, in the promotion of reproductive health care, and it will continue to do so in the future.

Through the Millennium Declaration, we resolved to meet a time-bound target: to halt and reverse the spread of HIV/AIDS by the year 2015. I am confident that the special session to be held next year will provide an important platform for achieving our common goal. Considering the time constraints before the session, we must carry out the preparatory process in the most efficient manner possible. The Republic of Korea will do its share to ensure the success of the special session.

Mr. Donigi (Papua New Guinea): I have the honour to make this statement on behalf of the countries of the Pacific Islands Forum represented here in New York: Australia, Fiji, the Federated States of Micronesia, the Marshall Islands, Nauru, New Zealand, Samoa, Solomon Islands, Tonga, Vanuatu and my own

country, Papua New Guinea. It is with a keen sense of the importance of this issue that our delegations have asked to speak on agenda item 179 on "Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects".

The growing HIV/AIDS pandemic is fast becoming the most serious health issue facing the international community in the coming century. Yet it is much more than that. The scale and spread of this disease have made it a major development issue — indeed the most pressing one for those countries which suffer its effects most acutely. In those countries where it is most rife, it threatens to undermine and reverse many of the development gains of the last four decades. Such devastating social and economic effects threaten to make it a serious security issue as well. Above all, the epidemic has produced a humanitarian disaster of frightening proportions. Nearly 36 million people are currently living with the disease; another 19 million are thought to have died from it. At the same time, infection rates have accelerated in some countries. At present, an estimated 11,000 people become infected every day. There were over 13 million AIDS orphans at the start of this year, many of whom were themselves infected.

Nowhere are the effects of this terrible disease more profoundly felt than in sub-Saharan Africa. That region is currently host to two thirds of HIV-infected people and has lost over 14 million of its inhabitants to the disease. Yet the spread and effects of HIV/AIDS are not the exclusive concern of any one community, country or region. It is a global problem that demands global efforts to combat it. The Security Council's decision to hold an open meeting on the subject in January of this year was an important step in this direction. Our delegations support the draft resolution presented under this item, contained in document A/55/L.13, and particularly welcome the decision to hold a special session of the General Assembly in June next year. We call on all Member States and relevant agencies to begin preparations immediately to ensure its success.

The Declaration to which our leaders committed themselves at the recent Millennium Summit established the target of halting, and then reversing, the spread of HIV/AIDS by 2015. The success of next year's special session will be crucial in achieving this aim. It must be focused to produce ambitious but achievable goals, underpinned by concrete proposals

for action. Financial and technical resources must be freed up to help bolster national capacities to combat the disease in the most affected regions. Health systems must be strengthened to prevent its spread and treat its victims, and ways must be sought to increase the access of victims in developing countries to affordable and effective medicines.

Damage control is not enough, however. With HIV/AIDS, as with all diseases, prevention is infinitely preferable to cure. There is considerable evidence to suggest that political will and early preventive measures are essential to prevent the exponential spread of the disease. Public education campaigns should be vigorously pursued, public debate should be open and informed, and access to condoms, disposable needles, and detection and treatment of sexually transmitted infections should be made universal. Involving people living with HIV/AIDS within affected communities in the development of these strategies is another crucial component for success.

The spread of HIV/AIDS is also of concern in our own region. While the number of those infected remains low in relative terms, infection rates are of increasing concern, particularly in Melanesia and some parts of Polynesia. Exact figures have been hampered by a lack of reliable research and by low public awareness of the issue in the region. What is more, our region is affected by a number of socio-economic, health and educational factors which make it vulnerable to the future spread of the disease.

We urge the international community to include the Pacific in its efforts to combat this disease. In particular, there is an urgent need to gather accurate and comprehensive health and demographic data in the region and to assist the development of HIV/AIDS prevention programmes. We also feel that the continuation of a representative position of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the region is imperative.

The HIV/AIDS pandemic is nothing short of a crisis. Without urgent and effective action, its dimensions will continue to expand. We have no time to lose. The international community must quickly muster its will and resources to tackle this daunting problem at both the national and international levels.

Mr. Huang Xuegi (China) (*spoke in Chinese*): The rapid spread of HIV/AIDS is turning into a global public health and social problem. At present a total of

34.3 million people are infected. Not only are the patients and their families suffering greatly, but the countries concerned are also shouldering heavy social burdens and grave economic consequences. HIV/AIDS has triggered crises in some countries, particularly African countries. Its impact on their poverty-elimination efforts, economic growth and social progress is hard to estimate. If urgent measures are not taken, not only will the gains of economic development and progress achieved over a long period of time be wiped out, but their development prospects will also be dimmed.

No country in the world will be so fortunate as to escape the scourge of HIV/AIDS, which is the common enemy of all humanity. Curbing its spread and reducing its evil effects will require the joint efforts and coordinated actions of all Governments, international organizations and people of all circles.

Humanity is not helpless in the face of HIV/AIDS. Such international organizations as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), as well as some national Governments, have already taken considerable steps. As a result, in some countries HIV/AIDS infection rates have been reduced. However, it is disturbing that the global spread of the disease has increased sharply.

Efforts to reverse this trend still face many practical obstacles. Special attention needs to be given to the question of how to resolve the difficulties faced by the developing countries, where 90 per cent of the HIV/AIDS-infected population lives. In these circumstances it is all the more imperative to mobilize more international forces to work together to contain the spread of the pandemic.

Combating HIV/AIDS requires a comprehensive policy. The attention and personal involvement of senior government leaders are also very important. As regards potential strategies, while vigorous research should be conducted in the areas of cure and prevention — including vaccines and drugs — people at the grassroots levels should also be effectively mobilized to take preventive measures. It is also necessary to resolve the relevant social problems.

A positive impetus from relevant international organizations plays an important role. We commend WHO and UNAIDS for their efforts to mobilize the international community, including all Governments, to

make political commitments, provide financial support and take measures to help developing countries carry out prevention and control, as well as to lower drug prices so that people infected with HIV/AIDS can receive drug treatment.

It is very timely that, by resolution 54/283, the General Assembly decided to convene a special session on HIV/AIDS. This session will provide an opportunity for all countries to consider fully various AIDS-related policy issues, exchange experiences, sum up lessons learned, raise society's awareness, strengthen political will and gather resources in order to jointly seek an effective strategy to overcome HIV/AIDS.

In order for the special session to be a success, preparations should begin early. We encourage representatives from all fields to offer advice and suggestions that can aid Member States in formulating policies.

HIV/AIDS is also a major challenge to China's economic and social development. The Chinese Government has taken and is taking various measures to deal with the spread of HIV/AIDS infection. Our policy on this problem is to focus on prevention, advocacy and education; tackle the symptoms and root causes in an integrated manner; and establish a controlled preventive system based on Government leadership, multisectoral cooperation and the joint participation of society at large. To control the spread of HIV/AIDS, we have widely disseminated information about how it can be prevented and cured.

We attach importance to, and are ready to participate actively in, the special session and its preparatory work. We will work with all countries to ensure the substantive success of the session.

Mrs. Browne (Saint Kitts and Nevis): On behalf of the member States of the Caribbean Community (CARICOM), I have the honour to speak on agenda item 179: "Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects". We welcome the debate on this item, as it allows for sharp focus on an issue of increasing concern, which demands urgent global attention. We commend the delegation of Ukraine for the leadership demonstrated in producing the important draft resolution before the Assembly.

The recent statistics on HIV/AIDS have confirmed that the AIDS epidemic has escalated to

global proportions. The most recent relevant global estimates of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) on the epidemic reveal that about 34.3 million people are living with the virus and that in the next decade, but for a miracle, most of them will die. However, what is even more alarming is that about 95 per cent of those infected with the AIDS virus live in the developing world, where poverty, inadequate health systems and limited resources for prevention and care increase the spread of the virus.

The reality is that the disease does not recognize national boundaries. This devastating pandemic is ravaging the small island States of the Caribbean, where, according to the statistics, several countries have already recorded transmission rates that are among the highest in the world, outside sub-Saharan Africa. The HIV/AIDS crisis in the Caribbean has assumed dangerous proportions, since 360,000 adults and children are living with the virus. From the beginning of the epidemic to the end of 1999, an estimated 160,000 persons in the Caribbean region have died from this dreaded disease. Stigmatization and a long incubation period are among the factors that make detection of the prevalence rate of the disease difficult to obtain in any population. In the Caribbean this difficulty is compounded by inadequate epidemiological systems, indicating that the present statistics may not even be reflecting the gravity of our situation.

The epidemic has cast a sinister shadow over the global landscape. The enormous challenge that confronts us should now be urgently addressed through intensified, coordinated approaches at the international level. The AIDS epidemic now assumes a prominent position on the agenda of an increasing number of international organizations, and we are pleased with the effort the United Nations has made to raise awareness and mobilize political will and international funding, as well as to provide much needed technical advice. The international community has become increasingly sensitized to the need for multisectoral and intergovernmental approaches. The WHO-led campaign has now been supplemented by a multi-agency approach of the Joint United Nations Programme on HIV/AIDS (UNAIDS). I commend the UNAIDS Secretariat and its sponsoring organizations for their active support, commitment and initiative in the global struggle against the AIDS epidemic.

In his millennium report the Secretary-General challenged world leaders to work assiduously towards stemming the spread of the deadly disease, while setting specific preventive targets. He exhorted the international community to work towards achieving this goal by 2015. We are encouraged by the leadership role that the United Nations has taken in the battle against AIDS by forging closer partnerships with stakeholders in the business community, including pharmaceutical companies, as well as non-governmental organizations and international financial and trade institutions.

The international community should be further mobilized to confront this challenge to reverse the trends of the AIDS epidemic. CARICOM welcomes the draft resolution, which calls, *inter alia*, for the convening, as a matter of urgency, of a special session of the General Assembly on HIV/AIDS from 25 to 27 June 2001. In view of the gravity of the problem with which we are confronted, every effort should be made to ensure the successful outcome of this session. It is our hope that the special session will enjoy participation at the highest level and will receive the political impetus and the commitment necessary to ensure its success.

As we attempt to move forward in the twenty-first century, CARICOM member States are constantly reminded of the unprecedented challenges of the AIDS epidemic, which threatens to undermine our future economic and social developmental gains. We share the view that the AIDS pandemic is among the combustible mix of social dilemmas that plague the Caribbean in this millennial era. The effects of this deadly disease are indeed multifaceted, impacting the infected individuals and the affected households on the one hand, and our whole developmental thrust on the other. While attempting, therefore, to grapple with the reality that the AIDS epidemic is touching every sector of society, with enormous human, social and economic ramifications, we are equally convinced that one has to dispense with the view that HIV/AIDS should be confined to the health portfolio. Moreover, the global community has been informed by the Security Council of the security dimension of HIV/AIDS and the critical importance of including it on the international agenda.

CARICOM member States are equally disturbed that the AIDS epidemic in the region has the potential, as has been sadly demonstrated in Africa, to claim the lives of a large segment of the most productive

members of our labour force. Seventy per cent of the cases diagnosed are between the ages of 15 and 44, with 50 per cent between 25 and 34. This phenomenal factor underscores the serious threat of the epidemic to sustainable development within the Caribbean region.

In addition to the accompanying human suffering, AIDS tears at the very fabric of our family and community life. It exacerbates existing high levels of poverty and threatens social stability. In the face of all this, CARICOM has not remained complacent. We are committed to investing the required resources to ensure the development and implementation of national strategic plans to stem the spread of this scourge.

CARICOM member States will persist with national and strategic initiatives and will continue to seek out possibilities for more comprehensive, high-level approaches that will have a more substantive effect on reversing the prevalence rate of HIV/AIDS.

CARICOM pledges its full support in the initiative before the Assembly, and will be actively involved in the preparatory process for the special session. I call upon member States and all sectors of the international community to join in the fight against the HIV/AIDS epidemic.

Finally, I reiterate the admonition of CARICOM's spokesperson on health issues, the Honourable Prime Minister of Saint Kitts and Nevis, Mr. Denzil Douglas:

"We have to act now to prevent the spread of HIV/AIDS in our communities. We have to increase and improve the quality of our response against HIV/AIDS if we are to save the lives and improve the quality of life of those who already have the dreaded disease".

Mr. Naidu (Fiji): My delegation fully endorses the statement made by Mr. Peter Donigi of Papua New Guinea on behalf of the countries of the Pacific Islands Forum.

Fiji is not immune to the global invasion of HIV/AIDS. Although 70 per cent of the 34.3 million infected victims are in Africa, HIV/AIDS is bigger than Africa. It is for this reason that HIV/AIDS has been pronounced by the Security Council to be an international security issue.

Fiji now records 59 officially reported AIDS cases. There is no telling the exact number of HIV/AIDS victims in Fiji today. Our limited facilities,

expertise and knowledge, the different quality of reporting systems and the lack of best-practice protocols are part of the problem. Those few who have passed away from HIV/AIDS have died under sad or tragic circumstances, due to the continuing stigmatization and associated myths that can be dispelled with only targeted and global advocacy.

Fiji, nonetheless, is not resting on its laurels because of the seemingly slow pace at which HIV/AIDS is setting upon us. On the contrary, the Fiji Government has in place a national task force for AIDS and, through relevant appropriate line ministries, as well as key stakeholders, including civil society, it is relentlessly pursuing the awareness education programme to tackle the problem.

Fiji acknowledges the work of UNAIDS in collaboration with the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF) offices in Fiji. The joint efforts are advancing networking in advocacy, youth awareness and activities, peer education and counselling, research and study, and are projecting suitable programmes in addressing HIV/AIDS. These efforts pursue cross-sectoral and multidisciplinary avenues that promise positive outcomes. The joint efforts of the United Nations agencies have catalyzed national and regional pilot studies and conferences.

The first Pacific Regional HIV/AIDS and Sexually Transmitted Diseases Conference, held in Fiji in February 1999, gave a high profile focus to HIV/AIDS in the region. In particular, it served as the platform for youth delegates to formulate a statement of specific actions that young people can engage in, including peer education, legal protection and life skills.

Some of these works are being undertaken by relevant non-governmental organizations, such as the AIDS Task Force in Fiji, or interdenominational church groups, such as the Churches AIDS and Related Diseases, Pastoral Care and Education, Inc. (CAPE), which attest to the need to approach HIV/AIDS in a more holistic way.

The Human Rights HIV/AIDS Advisory Council, based at the University of the South Pacific in Suva, is coordinating the three study programmes that were piloted in the South Pacific.

The President returned to the Chair.

The United Nations needs to be commended for recognizing the work on HIV/AIDS that is being conducted in the Pacific, however small in relative terms compared to other regions. In giving Maire Bopp Dupont one of the four awards for breaking the silence on HIV/AIDS, the United Nations paves the way for a strengthened partnership with the Pacific peoples, Governments and non-governmental organizations, and in so doing the Pacific, including Fiji, commits itself to the "big noise" slogan to arrest the spread and invasion of HIV/AIDS.

My delegation finds the debate on the culture of peace in this Assembly this week to be a timely and critical event in our consideration of the HIV/AIDS pandemic. Through Mary's testimony, the Pacific advocates the inculcation of peace and tolerance in the minds of our peoples and children through education and through family. Prevention, tolerance, support and care are immediate values that we can foster now in adding to that big noise.

Again, we are experiencing a seemingly insurmountable health, development and security problem which is contracted in developing nations and for which medicine, research and finance are in the hands of the developed nations. We must not yield to this scenario with feelings of helplessness. On a positive note, we can be more effective by contributing in our own small ways at home to building strong, holistic partnerships in our own countries to complement international partnerships. Our collective efforts can then make a difference. In this regard, Fiji wishes to acknowledge the contribution of Australia in HIV/AIDS work in the Pacific. The recent decision to commit \$200 million to assisting partner countries in the Asia/Pacific region in the next six years is highly appreciated.

To signal my Government's increased dedication to this noble cause, Fiji is co-sponsoring the draft resolution now before this Assembly. Its adoption by consensus can generate the political will of Member States for the preparations for, convening of and critical follow-ups to the special session on HIV/AIDS in 2001. My Government is confident that the special session will augment all efforts and resources to raise the levels of political, social and resource commitments to an unprecedented scale that can effectively halt this pandemic, which has been categorized as the greatest human security risk of modern times.

The President: In accordance with General Assembly resolution 49/2 of 19 October 1994, I now call on the observer of the International Federation of Red Cross and Red Crescent Societies.

Ms. Pohjankokka (International Federation of Red Cross and Red Crescent Societies): I am honoured to deliver this statement on behalf of the head of the delegation of the International Federation of Red Cross and Red Crescent Societies. He regretted not being able to be present to participate in this important discussion, due to his urgent mission in Europe.

During one of the most heated debates some weeks ago in this very room, a Foreign Minister from Africa compared HIV/AIDS to the plague that devastated Europe many centuries ago and asked an unpleasant question: How long will we have to wait until we find a joint strategy to fight this deadly plague? We at the International Federation of Red Cross and Red Crescent Societies (IFRC) appreciate the fact that Ambassador Richard Holbrooke took a very courageous and visionary step at the Security Council some time ago, declaring HIV/AIDS a threat to world peace and security.

That is exactly what it is. And only a month ago in Ouagadougou, Burkina Faso, some 53 African Red Cross and Red Crescent Societies and the IFRC, during the fifth Pan African Conference, decided that enough is enough. The way the world failed to see the danger of the Nazi virus in the early 1930s, which led to the Holocaust and the loss of some 50 million people during the Second World War, is the same way we sadly wasted the first 20 years after the HIV virus started sweeping the world and Africa in particular. All the tragic statistics are now well publicized, so let me say a few words on how the Red Cross and Red Crescent Movement plans to continue after the important meeting in Ouagadougou.

The IFRC and its 53 African Red Cross and Red Crescent National Societies, with over 2 million volunteers, will start immediately implementing a new strategic initiative called the African Red Cross and Red Crescent Health Initiative, together with all health ministries in the continent and all major United Nations partners. This 10-year plan of action identifies all major health problems in Africa, HIV/AIDS being the most urgent to deal with.

In order to change the scope and speed of this killing machine, the IFRC, recognizing that the war

against HIV/AIDS will be won or lost at the local level, plans to concentrate its efforts on working ever more closely with the local communities. Actions will be focused first on advocacy to convince public health authorities and political leaders to declare HIV/AIDS an emergency and give it due priority. High profile attention needs to target unsafe sexual behaviours, discrimination and stigmatization of people living with HIV/AIDS, as well as gender differences in vulnerability to HIV/AIDS.

Second, we must build and apply knowledge by ensuring that Red Cross/Red Crescent members, volunteers and staff are knowledgeable on HIV/AIDS prevention and that they apply this to their own lives. We must promote youth peer education in and out of schools as a way of having a significant impact in terms of attitude and behaviour changes regarding safe sex.

Third, condoms must be distributed and their proper use promoted. This activity, currently undertaken by 12 Red Cross/Red Crescent Societies, aims at increasing availability and accessibility, in particular in rural areas, where Red Cross/Red Crescent volunteers serve as valued outreach condom distributors and promoters. What needs to be established is a pull mechanism that can create demand at a big enough scale and lead to behavioural change.

Fourth, home care must be supported for people living with HIV/AIDS. The focus is on training family members in basic care, first aid and support techniques.

Fifth, we must advocate towards community authorities on behalf of orphans. In collaboration with other partners, we will assist communities in strengthening their traditional assistance to address the problems of millions of orphans.

Sixth, we must promote voluntary non-remunerated blood donation. Thirty-three African Red Cross/Red Crescent Societies are involved today in this programme; three of them manage blood banks. Since 5 to 10 per cent of HIV infections are still caused by transfusing contaminated blood, additional efforts and investments will be made to prevent it.

Seventh, we must promote the development and availability of voluntary counselling and HIV testing.

I wish to take this opportunity to state our great appreciation to the several African Governments concerned, and particularly to the Burkina Faso

delegation, for their active support in endorsing the Ouagadougou Declaration and recognizing it within the United Nations system, where it is now registered under document A/55/480. Further, we highly value the recognition by the Governments in taking note of the Ouagadougou Declaration in draft resolution A/55/L.13. We consider this a meaningful step in building our strategic partnerships. We look forward to continuing further our cooperation with the national plans.

Here I would like to inform the Assembly that, in an act of solidarity, all major donor Red Cross and Red Crescent Societies have expressed the commitment to support their colleagues from Africa in this difficult and long war that we all are going to fight. We know that a quick solution is not on the horizon. The Red Cross and Red Crescent Movement is preparing for a long and difficult war against the disease. We hope that the Governments and all our major United Nations partners will support us.

In conclusion, let me go back to history. The Nazi virus was defeated only when a worldwide coalition was created to stop it and exterminate it. If we know today that in the coming years HIV/AIDS will kill more people than all wars and natural disasters have in the last 50 years, the time has come to form this coalition and start the counter-attack with all the financial, scientific and medical weapons we have to hand. As the IFRC President, Dr. Astrid Heiberg, has said,

“Ten years from now we might be able to look back and say ‘We made Africa a healthier place to live.’”

The President: We have heard the last speaker in the debate on this item.

We shall now proceed to consider draft resolution A/55/L.13. I give the floor to the representative of the Secretariat.

Mr. Jin Yongjian (Under-Secretary-General for General Assembly Affairs and Conference Services): With regard to the adoption of draft resolution A/55/L.13, the attention of the General Assembly is drawn to the programme budget implications statement submitted by the Secretary-General at the 100th plenary meeting of the fifty-fourth session of the Assembly, contained in document A/C.5/54/65.

In its report to the fifty-fifth session contained in document A/55/529, the Fifth Committee decided to inform the General Assembly that, subject to the provisions for the operation and use of the contingency fund, implementation of General Assembly resolution 54/283 could, *inter alia*, require \$1,628,900 over and above the resources in the programme budget for the biennium 2000-2001.

Provisions have thus been made for the following: first, the convening of the special session on the basis of two simultaneous meetings a day, plus evening meetings as required; secondly, the strengthening of the Joint United Nations Programme on HIV/AIDS (UNAIDS) secretariat in New York and Geneva for backstopping the process of the special session, coordinating with the United Nations Secretariat and the UNAIDS co-sponsors, the substantive preparations of the special session, including ensuring inputs from the country and regional levels, and the preparation of a background document for the special session containing an overall assessment of progress to date in the global effort to combat HIV/AIDS, an analysis of major gaps and constraints, an overview of remaining challenges, lessons learned and best practices, as well as the formulation of recommendations for the future; thirdly, public information programmes and coverage of the special session; and fourthly, requirements of central support services and protocol services.

The adoption of draft resolution A/55/L.13, therefore, will not give rise to additional requirements over and above the \$1,628,900 contained in the programme budget implications statement submitted at the fifty-fourth session of the General Assembly.

By operative paragraph 8, however, the Assembly would also decide to convene, within the framework of the preparatory process for the special session, open-ended informal consultations of the plenary, chaired by the President of the General Assembly, to undertake, as appropriate, preparations for the special session, including elaboration of a draft declaration of commitment and other relevant documents for consideration during the special session, to further address the modalities and other organizational matters of the special session, with a view to submitting proposals for final decision by the Assembly, and to organize other relevant activities to contribute to the preparation for the special session.

Further, by operative paragraph 14 of the draft resolution, the President of the General Assembly would still make recommendations, for consideration by Member States during the preparatory process, for final decision by the Assembly as soon as possible, but not later than 2 March 2001, as to the form of the involvement of civil society actors, in particular associations of people living with HIV/AIDS, non-governmental organizations and the business sector, including pharmaceutical companies, in the special session and, to the extent possible, in the preparatory process.

Once a final decision is taken on the preparatory process and the special session itself — its structure, participation and coverage — and should they require additional resources, the Secretary-General would revert to this issue.

In the meantime, bearing in mind operative paragraph 15 of the draft resolution, the Secretary-General would endeavour to make every effort to ensure mobilization of resources to a trust fund to be established to ensure the full and active participation of all States, including the least developed countries, in the preparatory process for the special session.

The President: Before proceeding to take action on the draft resolution, I should like to announce that since its introduction the following countries have become sponsors: Benin, Botswana, Ethiopia, Finland, Guinea, Guyana, Haiti, Iceland, Jamaica, Kenya, Liberia, Liechtenstein, Mali, Mozambique, Namibia, Papua New Guinea, Rwanda, Saint Lucia, Sierra Leone, the Sudan, Uganda, Uzbekistan, Zambia and Zimbabwe.

The Assembly will now take a decision on draft resolution A/55/L.13. May I take it that the Assembly decides to adopt the draft resolution?

Draft resolution A/55/L.13 was adopted (resolution 55/13).

The President: We have thus concluded this stage of our consideration of agenda item 179.

Agenda item 61

Strengthening of the United Nations system

Draft resolution (A/55/L.19)

The President: We shall now proceed to take a decision on draft resolution A/55/L.19, entitled “Amendment to rule 1 of the rules of procedure of the General Assembly”.

May I take it that the General Assembly decides to adopt draft resolution A/55/L.19?

Draft resolution A/55/L.19 was adopted (resolution 55/14).

The President: The General Assembly has thus concluded this stage of its consideration of agenda item 61.

Agenda item 21

Cooperation between the United Nations and the Organization of American States

Report of the Secretary-General (A/55/184)

Draft resolution (A/55/L.21)

The President: I call on the representative of Canada to introduce draft resolution A/55/L.21.

Mr. Heinbecker (Canada) (spoke in French): As Canada currently chairs the Permanent Council of the Organization of American States (OAS), I am very pleased and honoured to introduce draft resolution A/55/L.21, entitled “Cooperation between the United Nations and the Organization of American States”.

I am especially pleased to announce that the following countries have joined Canada, Costa Rica, Ecuador, Guatemala, Mexico and Venezuela in sponsoring the draft resolution: Antigua and Barbuda, the Bahamas, Brazil, Colombia, the Dominican Republic, El Salvador, Honduras, Jamaica, Japan, Nicaragua, Panama, Peru and the United States of America.

(spoke in English)

Draft resolution A/55/L.21 includes several important new elements.

It welcomes the upcoming Summit of the Americas, to be held in April 2001 in Canada, where we will welcome leaders from across the hemisphere.

It acknowledges the declaration by the OAS of 2001 as the Inter-American Year of the Child and the Adolescent, and welcomes related efforts in the Americas to address emerging issues for children.

Finally, it notes with satisfaction information exchanges between the OAS and United Nations missions in the hemisphere and recognizes the work of the OAS in the promotion of democracy in the Americas.

It is especially fitting that Canada should introduce this draft resolution this year, the tenth anniversary of our membership in the OAS. Since joining the organization, Canada has increased its engagement with regional partners in all areas, from free trade to drug control to human security.

As a regional agency of the United Nations, the OAS shares the fundamental goals of promoting peace and security and ensuring respect for human rights. It is therefore important that the two organizations work closely together to develop and strengthen activities to address the multifaceted challenges facing the citizens of this hemisphere.

Such collaboration has developed impressively, including cooperation on activities such as electoral observation, disaster management, refugee protection and human rights.

Leaders at the Summit of the Americas will endorse initiatives that will increase the already substantial work being done by the OAS in these areas. We must therefore intensify efforts to identify areas where cooperation between the OAS and the United Nations can be strengthened.

(spoke in French)

While resolutions such as these are — in substance — somewhat pro forma, we are confident that continued close cooperation between the member States of our two organizations will result in real, beneficial impact on the quality of life of their peoples.

Lastly, I should like to express our hope that the draft resolution will be adopted by the Assembly without a vote.

Mr. Doutriaux (France) *(spoke in French)*: I have the honour to speak on behalf of the European Union (EU) on agenda item 21, which relates to cooperation between the United Nations and the Organization of American States (OAS).

The countries of Central and Eastern Europe associated with the EU — Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia — and the associated countries of Cyprus, Malta and Turkey, as well as Norway, a country of the European Free Trade Association, align themselves with this declaration.

The European Union noted with particular interest the content of the Secretary-General's most recent report on this question. Naturally, the European Union welcomes the fact that the two organizations are able to maintain and develop close relations with each other. Improved coordination of the operations undertaken is likely to reinforce the real mutual impact of the efforts in the region to promote sustainable peace and development. Among the most significant joint actions, the European Union would emphasize, following the completion of the mandate of the International Civilian Mission in Haiti (MICIVIH) in March 2000, the continuation of regular consultations between the OAS and the United Nations Civilian Support Mission for Haiti (MICAH). In this regard, the European Union reaffirms its full support for the efforts of the OAS to attempt to find a solution to the serious political crisis that Haiti is experiencing.

The European Union would like to acknowledge the decisive role played by the OAS in preventing and resolving conflicts. Useful lessons could undoubtedly be drawn from this experience for other regions of the world. We would like to underline in particular the important role the OAS has played and should continue to play in connection with the elections in Peru. The EU also applauds the mediating role played by the OAS in settling the dispute between Honduras and Nicaragua.

The European Union also recognizes the role played by the OAS in developing a number of regional and inter-regional projects.

Obviously, the European Union intends to continue its own cooperation efforts with both the OAS and the Economic Commission for Latin America and the Caribbean whenever the opportunity arises; hence the Union's financial participation in 1998 and 1999 in

an OAS programme to reduce vulnerability to natural disasters in Central America and the Caribbean. The European Union also fosters, either directly or through its Member States, sustained and productive cooperation with the OAS anti-drug unit. Moreover, the European Union has developed very positive cooperation with the OAS in the sphere of election monitoring. Another example of coordination was noted in Guatemala, where the United Nations Verification Mission in Guatemala (MINUGUA) coordinated closely with, among others, the OAS and the European Union in the monitoring of Guatemala's general elections in 1999.

In accordance with its own policy regarding relations between the United Nations and regional organizations, the European Union expresses its wish for enhanced cooperation between the United Nations and the OAS, and it will continue to follow this matter closely.

Mr. Akasaka (Japan): Japan has long stressed the importance of cooperation between the United Nations and regional organizations. We thus heartily welcome efforts to promote cooperative relations between the Organization of American States (OAS) and the United Nations, as described in the report of the Secretary-General and as reflected in the draft resolution which the Permanent Representative of Canada introduced. My delegation is very pleased to sponsor the draft resolution.

Guatemala and Haiti are the two most salient cases of cooperation between the United Nations and the OAS.

Permit me first to touch on the cooperation of the two organizations in Guatemala. Thanks in no small part to the information provided by the OAS, the United Nations Verification Mission in Guatemala (MINUGUA) was able to contribute to the peace process by supervising the disarmament, demobilization and reintegration of ex-combatants into society. The referendum on constitutional reform was held under its supervision in May last year and the general election was held last November. Recognizing the importance of the democratization process, Japan sent six observers to help monitor the election in November and made a financial contribution for MINUGUA's election-monitoring activities. Japan supports the current and future work of MINUGUA in monitoring the peace process and implementing tax,

judicial and social reforms. Japan therefore supports the extension of MINUGUA's mandate until 31 December 2001, as recommended in the Secretary-General's report.

Let me now turn to the situation in Haiti. Japan appreciates the activities of the joint United Nations/Organization of American States International Civilian Mission in Haiti and the United Nations Civilian Support Mission for Haiti in promoting democracy in that country. In order to enhance democracy and stability in Haiti, Japan made a financial contribution and sent observers to monitor both the presidential election and the general and local elections held in 1995. It has also contributed \$3 million to the United Nations fund for the establishment of a national police force in Haiti. Japan is thus all the more disappointed with the situation in the wake of the general and local elections held in May and July this year, and urges the Government of Haiti to make the greatest possible efforts to advance the democratization process.

I would like to take this opportunity to refer to some of the recent instances in which Japan, as a permanent observer of the OAS since 1973, has cooperated with the Organization of American States.

First, let me refer to the democratization process in Peru, which Japan believes has important implications for the political stability and economic development not only of that country, but of the entire Andean region. In accordance with that view, Japan has contributed \$200,000 in support of the monitoring activities of the OAS for this year's presidential and legislative elections in Peru, and has also sent election observers to participate in those activities.

The second case of cooperation relates to the OAS Inter-American Drug Abuse Control Commission (CICAD). Recognizing the importance of the activities of CICAD to eradicate both the demand for and supply of drugs, Japan has thus far contributed a total of \$1,880,000 to the various projects of the Commission.

Thirdly, the elimination of landmines that were laid during the civil wars in many parts of Central America has been a concern of Japan. Eliminating the landmines is important for the repatriation of farmers and rural resettlement, which are prerequisites for the economic recovery process. Since 1992 Japan's contribution to the OAS for this purpose amounts to \$340,000.

In conclusion, I once again commend the OAS for its efforts to strengthen peace and security and to achieve economic and social stability throughout the region. I also confirm Japan's full support for the activities of the OAS for the further development of Latin America and the Caribbean region, and urge the international community to lend its support to its efforts.

Mr. Soares (Brazil) (*spoke in Spanish*): I had the privilege and joy of holding the office of Secretary-General of the Organization of American States (OAS) for 10 years. Therefore, it is a great honour for me to speak as a member of the Brazilian delegation on an item that is very familiar to us: cooperation between the United Nations and the Organization of American States.

This item was first introduced in 1982 for annual consideration. Recently it has been considered every two years. We are encouraged that the cooperation between the United Nations and the OAS grows steadily.

The OAS is the oldest active regional organization. It grew from seeds sown by the First International Conference of American States in 1890 and assumed its current form in 1948. The United Nations Charter recognizes in Chapter VIII the contribution that regional arrangements can make to the maintenance of international peace and security.

There is complementarity between various areas of the two organizations; for example, between the Pan American Health Organization and the World Health Organization (WHO), in the work of the OAS Inter-American Drug Abuse Control Commission (CICAD) and in the exchange of information within the framework of the implementation of the United Nations/Organization of American States International Civilian Mission in Haiti (MICIVIH) and the United Nations Verification Mission in Guatemala (MINUGUA).

The United Nations Economic Commission for Latin America and the Caribbean continues to make an important contribution to development, particularly in the fields of regional integration, statistics and the status of women. In turn, the concerted action of member States and such bodies of the Organization of American States (OAS) as the Inter-American Commission of Women, which has been in existence since the beginning of the twentieth century, and the

Inter-American Children's Institute contribute to promoting the status of women, alleviating the problems faced by children and young people, eradicating extreme poverty, raising peoples' levels of education and making new technologies widely accessible.

The OAS does work that very often complements the activities of the United Nations — for example, through the adoption of the Inter-American Convention on Transparency in Conventional Weapons Acquisitions, adopted last year, which makes it mandatory for member countries to transmit to the United Nations Register of Conventional Arms annual data on purchases and sales of conventional weaponry.

American States are also carrying out pioneering activities that are still under consideration in the universal Organization. Such is the case with regard to the Inter-American Convention Against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives, and other Related Materials and the CICAD "Model Regulations for the Control of the International Movement of Firearms, their Parts and Components and Ammunition", which will be important elements for discussion at the United Nations Conference on the Illicit Trade in Small Arms and Light Weapons in All Its Aspects, which is to be held in New York in 2001.

In the same vein, mention should be made of the efforts in the OAS to develop an institutional framework for a comprehensive fight against terrorism in the western hemisphere. In particular, I wish to refer to the 1996 Lima Declaration and Plan of Action and the Mar del Plata Commitment of 1998, which provide valuable inspiration and encouragement for the work under way in the United Nations to prepare a convention on the suppression of terrorism in its various manifestations.

Another area of work that illustrates the pioneering role of the OAS is that being done in defence of democracy. This challenge, inscribed in the 1948 charter of the organization, was transformed into practice with the reform of the charter and the 1991 adoption of resolution 1080, which is known as the Santiago Commitment. In that resolution, among other things, the OAS General Assembly resolved

"to instruct the Secretary-General [of the OAS] to call for the immediate convocation of a meeting of the Permanent Council in the event of any occurrences giving rise to the sudden or irregular

interruption of the democratic political institutional process”.

A few years ago, a unit for the promotion of democracy was established in the OAS secretariat.

It is also appropriate to highlight the importance of cooperation between the OAS and the United Nations Conference on Trade and Development on questions related to trade and development.

We are pleased to take note of the report of the Secretary-General on cooperation between the two organizations. The large number of shared concerns — many of which, such as the promotion and defence of democracy, are of singular importance — suggests that the secretariats of the two organizations should enhance the dialogue they already enjoy by holding periodic meetings. We therefore recommend that members of the secretariats of the two organizations meet next year for a continued consideration of programmes of cooperation and other matters to be decided jointly.

We support draft resolution A/55/L.21. We hope that it, like past resolutions, will be adopted by consensus.

The President: We have heard the last speaker in the debate on this item.

We shall now proceed to take a decision on draft resolution A/55/L.21.

May I take it that the Assembly decides to adopt draft resolution A/55/L.21?

Draft resolution A/55/L.21 was adopted (resolution 55/15).

The President: May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 21?

It was so decided.

The meeting rose at 12.30 p.m.