



## Security Council

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### **Letter dated 5 July 2000 from the Secretary-General addressed to the President of the Security Council**

I am pleased to forward to you the attached note from the Joint United Nations Programme on HIV/AIDS (UNAIDS), which summarizes actions taken to date as a follow-up to the meeting on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in Africa, which was held in the Security Council on 10 January 2000 (see annex).

I would be grateful if you would make the note available to members of the Security Council.

*(Signed)* Kofi A. **Annan**

## **Annex**

### **Follow-up to the Security Council meeting on HIV/AIDS in Africa**

#### **Note prepared by Joint United Nations Programme on HIV/AIDS**

##### **Introduction**

1. The present note summarizes actions taken to date, in responding to the requests and recommendations made at the Security Council meeting on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in Africa, held on 10 January 2000. The meeting helped to raise the issue of the HIV/AIDS epidemic to new levels of understanding and sharpened awareness of its impact far beyond the health and social sectors.

##### **Intensifying United Nations clearing house efforts on HIV/AIDS in Africa within the United Nations**

2. Several concrete steps have been taken and further progress is under way. A system for the regular sharing of information via electronic information bulletins and web sites is now operational. Not only will this improve information flow but it will also foster the exchange of learning and experience on an unprecedented scale.

3. One of the most comprehensive initiatives in this regard is the country response monitoring project, which will take shape beginning in July 2000. This effort, supported by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United States Agency for International Development, the Department for International Development of the United Kingdom and the Swedish International Development Agency, will enable easy access through the World Wide Web to the latest summary information on the epidemic in specific countries. This information will include regular updates on the Programme and on the financial support of various international partners to national responses to the epidemic.

4. The two measures outlined above are part of a broader communications strategy that is being developed in consultation with a wide range of partners. The objectives of this strategy are to enhance both the dissemination of information and the systematic collection of data from countries.

5. In regard to more systematic follow-up on HIV/AIDS issues within the various United Nations system governing boards, councils, committees and conferences, progress includes the following: a special meeting of the Economic and Social Council was held at the request of the President of the Security Council on the development aspects of the HIV/AIDS epidemic; an informal meeting of the Economic and Social Council Ambassadors with the Board of Directors of the World Bank discussed HIV/AIDS, among other issues; the inclusion of AIDS as an item for discussion at the Development Committee meeting during the World Bank's annual session in April 2000; a focus on the impact of HIV/AIDS by the Preparatory Committee for the Special Session of the General Assembly for Follow-up to the World Summit for Children in 2001; a special discussion on HIV/AIDS during the spring session of the Administrative Committee on Coordination, held in April 2000; a session dedicated to HIV/AIDS as part of the International Labour Conference on 8 June 2000; and consideration of key issues and the issuing of

resolutions by the World Health Assembly, as well as by the Governing Board of the United Nations Educational, Scientific and Cultural Organization in May 2000.

**Intensifying efforts to address HIV/AIDS in emergencies, conflict situations and in the uniformed services in Africa**

6. As a follow-up to the Security Council discussions, the Inter-Agency Standing Committee (IASC) working group met in February 2000 to discuss the development of strategies for addressing HIV/AIDS. On 19 May 2000, the IASC working group was presented with an action plan developed by IASC members and the UNAIDS secretariat. The plan fully integrates HIV/AIDS into humanitarian action and focuses on the following issues: the role of the military and peacekeeping forces in the prevention and spread of HIV; the epidemic's potential to contribute to social instability and emergency situations; and the need for a set of basic measures to ensure minimum standards of prevention and care before, during and immediately after conflicts or disasters occur. IASC endorsed the work plan and asked the UNAIDS secretariat to facilitate its implementation in collaboration with IASC members and other key partners. To fulfil this responsibility, the UNAIDS secretariat has established the Humanitarian Coordination Unit as of 1 June 2000.

7. Discussions have also been held with the Department of Peacekeeping Operations and the Civil Military Alliance, a UNAIDS collaborating centre, focusing on ways in which conflict and humanitarian situations sometimes bring about an elevated risk of HIV transmission for refugees and host communities as well as for United Nations and NGO personnel. The goal is to promote responsible and safe behaviour among staff providing humanitarian aid and peacekeeping troops, as well as to ensure that they are fully aware of preventive measures to protect themselves against infection. Specific follow-up actions include the following: expanding the pool of training expertise; briefing and updating those who are going to the field before and during deployment; and the development of a United Nations medical policy on HIV/AIDS for personnel associated with United Nations missions, including ensuring adequate supplies of condoms etc. The UNAIDS secretariat will be working closely with the World Health Organization, the United Nations Population Fund and the Department of Peacekeeping Operations in all of the above-mentioned areas.

**Progress in developing the International Partnership against AIDS in Africa**

8. The Framework for Action of the International Partnership against AIDS in Africa (IPAA) is now completed and comprises a set of principles, goals, and targets that have been agreed upon by all five constituencies of the Partnership. IPAA brings together, under the leadership of African Governments, the United Nations system, donor Governments, the private sector and the community sector. The IPAA Framework for Action provides the basis for moving forward in this path-breaking endeavour; it will be continually discussed, shaped and refined in response to the evolution of the epidemic as well as the expansion of the Partnership itself.

9. The Framework has so far been endorsed by the Conference of the African Ministers of Health in Ouagadougou in May 2000 and by the Programme Coordinating Board of UNAIDS. In endorsing the Framework, the Board asked for its immediate implementation, stressing the need for clear ownership by the African

Governments involved; scaled-up action; improved communication flows; and mobilization of financial and human resources.

10. In addition to the development of the Framework, some progress has also been made at the country level. In Malawi, a round-table meeting was organized to mobilize funds for the implementation of the national HIV/AIDS strategic framework. This was successful in mobilizing commitments that cover 70 per cent of the US\$ 121 million required. In Burkina Faso and Ghana, special funds have been created for the purpose of responding to the HIV/AIDS epidemic. In Ethiopia, mechanisms for channelling resources to rural communities, such as the inclusion of an HIV/AIDS component within the Ethiopian Social Rehabilitation and Development Fund, are being identified. In Mozambique, comprehensive sector plans in health and education have been completed, and in the United Republic of Tanzania efforts have been undertaken to establish a national body to coordinate the multisectoral response.

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