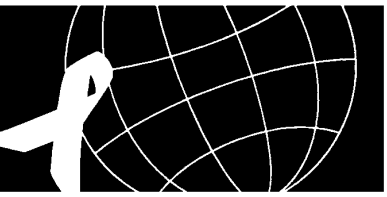
About this Report

This report is a compilation of key documents related to the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS held in June 2001 in New York. Copies of this report are available from the Canadian HIV/AIDS Clearinghouse.

Compiled for the International Affairs Directorate, Health Canada by David Garmaise.

This document is also available on the Internet at the following address:
http://www.hc-sc.gc.ca/datapcb/iad/ih-e.htm



Report on the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, June 2001

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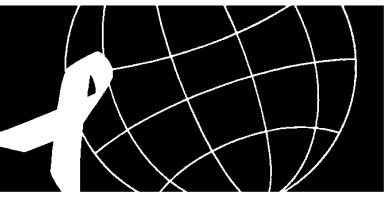


Foreword

For three days, on June 25-27, 2001, the United Nations General Assembly met in a Special Session, attended by twenty Heads of State or Government and some ninety Ministers, to consider the international community's response to the HIV/AIDS epidemic. This was the first such Special Session to focus on a specific health issue, reflecting the UN's recognition of the seriousness and urgency of the epidemic. This is evidenced by the fact that HIV/AIDS has already killed more than 21 million people and infected 36 million others; that the incidence in some countries, particularly in southern Africa, is extremely high (up to 36% in the adult population); and that HIV/AIDS constitutes a clear threat to national, regional and international development and security interests and thus warrants an exceptional and concerted global response.

The United Nations General Assembly Special Session (UNGASS) on HIV/AIDS grew out of debates in the UN Security Council in the Fall of 2000. This reflected a palpable sense of crisis in the international community that HIV/AIDS is not just a health issue; that it threatens all parts of the world; that it touches on many diverse aspects including government activity; and that it is a fundamental threat to security and stability of many countries. Given this sense of urgency, the UN waived its usual 1 1/2 -2 year process to organize such events and put in place a fast-track approach to hold the Special Session on HIV/AIDS within six months.

The events leading up to the Special Session, attracted extraordinary international public attention. This was largely due to the personal efforts of UN Secretary General Kofi Annan to galvanize world government and business leaders to make the battle against AIDS a genuine priority.

The major output of the Special Session was a Declaration of Commitment on HIV/AIDS - a practical blueprint for action. At the end of a difficult negotiation process, which began in February 2001 and hung in the balance until the final evening (June 27, 2001), all 189 UN member states adopted the Declaration of Commitment by acclamation. Although there was obvious disappointment with compromises on some of the key issues, the Declaration is nevertheless a strong document and an unprecedented achievement. Not all of the elements in the Declaration are new, however, the political-level endorsement of its basic principles, combined with an annual progress review by the UN Secretary-General and the UN General Assembly, should lend impetus to international efforts to combat the epidemic. The Declaration is, in the words of Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), "a document of accountability which will serve to strengthen the global response to HIV/AIDS."

The Declaration of Commitment calls for a fundamental shift in the response to this pandemic.

HIV/AIDS is not just a public health issue; it is now viewed by world leaders as a global economic, social and development issue of the highest priority, and the single greatest threat to the well-being of future generations in many parts of the world. The implication of this shift for all countries is profound and far-reaching. Effective responses to the epidemic will require innovative and expanded interventions with unprecedented levels of broad-based multi-sectoral collaborations. Some key distinctive features of the Declaration of Commitment are that it recognizes:

- the full realization of human rights is an essential element in all areas of the global response;
- the full and meaningful involvement of people living with HIV/AIDS is required in all aspects of the response;
- prevention is the mainstay of the response and that prevention, care, support and treatment, including access to medicines are mutually reinforcing elements of the response;
- the response must focus on those people who are vulnerable and at highest risk to the infection;
- gender equality and empowerment of women are fundamental elements of prevention and reducing vulnerability;
- the HIV/AIDS pandemic is having a devastating effect on development;
- HIV/AIDS has a reciprocal relationship to poverty;
- the creation of enabling environments is necessary to foster and sustain an effective response;
- new and innovative types of leadership are required - leadership from government, community, people living with HIV/AIDS, private sector; and,
- an international response is a prerequisite to effective action.

One key mechanism for realizing the Declaration is the newly established Global AIDS and Health Fund scheduled to be operational before the end of 2001. Many countries – including Canada, the United States, Norway, France and Japan – have made pledges to the Fund, as has the Gates Foundation. In addition to fighting HIV/AIDS, the Fund will also combat tuberculosis and malaria.

An aspect of the Special Session that was broadly covered in the media in Canada and elsewhere was civil society participation in the UNGASS process. Canada was praised internationally for its leading role in involving civil society at the Special Session and its preparations.

We are also pleased to note that Canada's official delegation, headed by Maria Minna, Minister of International Cooperation and led by the Department of International Affairs and Foreign Trade also included government officials from Health Canada, and the Canadian International Development Agency (CIDA), and two representatives of the HIV/AIDS community, one of whom was a person living with HIV/AIDS. The contribution of these representatives to the deliberations that occurred at UNGASS was extremely valuable.

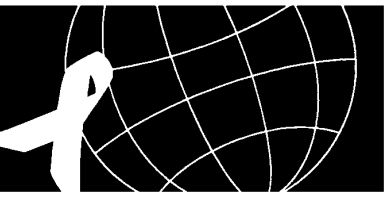
In the months leading up to the Special Session, a process was put in place in Canada to obtain feedback on UNGASS and on the draft Declaration of Commitment from within the Federal Government, from the provinces and territories, and from civil society (particularly the HIV/AIDS community). The input received through the government consultation process organized by the Interagency Coalition on AIDS and Development (ICAD), from provincial government officials, and from members of the Ministerial Council on HIV/AIDS assisted the Canadian delegation in the negotiating process. Health Canada funded the participation of seven Canadian NGOs accredited to the Special Session. CIDA provided assistance for the participation of civil society from developing countries.

To provide interested Canadians with a snapshot of what happened at UNGASS, this report contains some key documents from the Special Session as well as reports on Canada's participation in this historic and unprecedented event. It also contains information on where to find copies of other relevant UNGASS documents. We hope that this report will be a useful reference document for the work done at UNGASS and beyond.

On a global scale, the worth of the Declaration of Commitment is yet to be tested. Follow-up is required to maintain the momentum created by UNGASS. Joint government and civil society leadership is a prerequisite to commitment and activity. We have to stay galvanized as the value of the Declaration is in its implementation.

Canada's commitment to HIV/AIDS, as embodied in the Canadian Strategy on HIV/AIDS and in CIDA's Action Plan on HIV/AIDS, commits us to action and to collaboration on the home-front and in the international arena. The Declaration of Commitment reinforces our determination to respond to the evolving global epidemic as it sends a clear message that isolationism is impossible in an interconnected interdependent world; that we need international awareness and understanding; and that we need to recognize our common humanity and the issues that unite us.

International Affairs Directorate
Health Canada
September 2001



Address by Secretary-General Kofi Annan to the General Assembly Special Session on HIV/AIDS

25 June, 2001

We are here to discuss an unprecedented crisis, but one that has a solution: an unprecedented response from all of us. We are here to agree on the action we will take.

In the 20 years since the world first heard of AIDS, the epidemic has spread to every corner of the world. It has killed almost 22 million people. It has left 13 million children orphaned.

Today, as we have heard from the President, more than 36 million people worldwide are living with HIV/AIDS. Last year alone, more than 5 million people were infected. Every day, another 15,000 people acquire the virus. In some African countries, it has set back development by a decade or more. And now it is spreading with frightening speed in Eastern Europe, in Asia and in the Caribbean.

Up to now, the world's response has not measured up to the challenge. But this year, we have seen a turning point. AIDS can no longer do its deadly work in the dark. The world has started to wake up. We have seen it happen in the media and public opinion – led by doctors and social workers, by activists and economists, above all by people living with the disease. We have seen it happen among governments. And we have seen it happen in the private sector.

Never, since the nightmare began, has there been such a moment of common purpose. Never have we felt such a need to combine leadership, partnership and solidarity.

Leadership is needed in every country, in every community – and at the international level, where the entire United Nations system is now engaged. All of us must recognize AIDS as our problem. All of us must make it our priority.

Partnership is needed between governments, private companies, foundations, international organizations – and, of course, civil society. Non-governmental organizations have been at the forefront of the fight against AIDS from the very start. All of us must learn from their experience, and follow their example. How right it is that they are playing an active part in this session.

Finally, solidarity is needed – between the healthy and the sick, between rich and poor; above all, between richer and poorer nations. Spending on the battle against AIDS in the developing world needs to rise to roughly five times its present level. The developing countries themselves are ready to provide their share – as African leaders pledged at the Abuja summit. But they cannot do it alone. Ordinary people in the developed countries are now showing that they understand this. I urge their leaders to act accordingly.

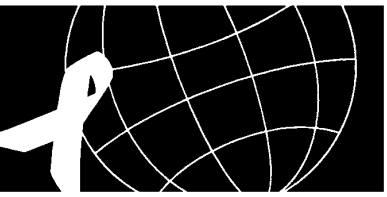
We must mobilize the money required for this exceptional effort – and we must make sure it is used effectively. That is why I have called for a Global AIDS and Health Fund, open to both governments and private donors, to help us finance the comprehensive, coherent, coordinated strategy we need. Our goal is to make the Fund operational by the end of this year. I will continue to work with all the stakeholders to ensure that we meet that goal. Let me applaud those who have already pledged contributions. I hope others will follow their example, during and after this Special Session.

When we urge others to change their behaviour, so as to protect themselves against infection, we must be ready to change our own behaviour in the public arena. We cannot deal with AIDS by making moral judgements, or refusing to face unpleasant facts – and still less by stigmatizing those who are infected, and making out that it is all their fault. We can only do it by speaking clearly and plainly, about the ways that people become infected, and about what they can do to avoid infection.

And let us remember that every person who is infected – whatever the reason – is a fellow human being, with human rights and human needs. Let no one imagine that we can protect ourselves by building barriers between us and them. For in the ruthless world of AIDS, there is no us and them.

To do all this, we must change – if not for our own sake, then for our children's. We must make this Session of the General Assembly truly special.

And we must send the world a message of hope.



Canadian Statement to the Special Session of the United Nations General Assembly on HIV/AIDS

Delivered by

Maria Minna
Minister for International Cooperation

New York, New York
June 25, 2001

We are here for the nearly 40 million people living with HIV/AIDS worldwide. We are here for the 15,000 people that were infected with HIV today, and the 15,000 more that will likely be infected tomorrow and every day after that. We are here for the 40 million children who will be orphaned because of AIDS by the year 2010.

We are here because a mother died today. We are here because a child died today and another lost his mother. We have an obligation to ensure that every citizen of this earth, that we share, can look forward to a healthy and productive future.

If this was a war that was killing millions of people, maiming millions more, leaving millions homeless, devastating countries would we stand by? We would have intervened aggressively, as we did in the Second World War. This is a war – it is bigger than any war we ever fought before.

This pandemic is a major obstacle to our international development target to reduce by half the proportion of people living in extreme poverty by 2015. It also foils our efforts to reduce infant and child mortality rates by two thirds by that same year.

We are here to make sure that every possible effort is taken to try to prevent every single new infection. To make sure that every single person infected or affected by HIV/AIDS has access to the most comprehensive care, treatment and support available. To make sure that the rights of all individuals and groups are protected and respected everywhere, particularly those most vulnerable to HIV such as women and girls, men who have sex with men, intravenous drug users, and sex workers.

This means an intensified commitment at the international, national and community levels, and this means involving civil society and people living with HIV/AIDS in every aspect of our efforts.

This UN Session marks the turning point in our struggle against this terrible disease. It's been twenty years, and we still have a long way to go, so let us forge ahead based on what we know works. Prevention works, and must be the mainstay of our response. Comprehensive approaches work, and must fully integrate prevention with care, support and treatment for all those infected and affected by HIV and AIDS. These approaches must also reinforce the linkages between HIV/AIDS, basic education, human rights and good governance.

In order to meet the targets outlined in the Declaration of Commitment, we need to make progress on all fronts. In Canada, we have a leading-edge approach with the Canadian Strategy on HIV/AIDS which is meeting our own unique challenges, while also linking our efforts with those at the international level. This involves acting locally but thinking globally.

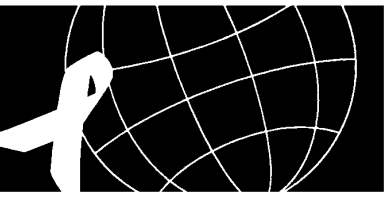
On the global front, Canada is quadrupling its development assistance funding for HIV/AIDS.

We have an HIV/AIDS Action Plan which is a blueprint for how we will support international initiatives in areas such as prevention, education, community development, research in vaccine and microbicide development, and preventing mother-to-child HIV transmission.

In fact this morning, I committed over $73 million for HIV and AIDS programming in Africa, the Caribbean, Asia and Central and Eastern Europe.

On another front, Canada has been instrumental in the shaping of the Global AIDS and Health Fund. We will support it financially. We are committed to making it operational by the end of the year. We cannot afford to fail.

There has been some progress in the struggle against HIV/AIDS. The Declaration of Commitment to be endorsed on Wednesday is an opportunity to make a quantum leap forward. It is now up to each and every one of us to take ownership of the Declaration and do what is necessary to end this epidemic.



Declaration of Commitment on HIV/AIDS

"Global Crisis — Global Action"

1. We, Heads of State and Government and Representatives of States and Governments, assembled at the United Nations, from 25 to 27 June 2001, for the twenty-sixth special session of the General Assembly convened in accordance with resolution 55/13, as a matter of urgency, to review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;

2. Deeply concerned that the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society — national, community, family and individual;

3. Noting with profound concern, that by the end of the year 2000, 36.1 million people worldwide were living with HIV/AIDS, 90 per cent in developing countries and 75 per cent in sub-Saharan Africa;

4. Noting with grave concern that all people, rich and poor, without distinction of age, gender or race are affected by the HIV/AIDS epidemic, further noting that people in developing countries are the most affected and that women, young adults and children, in particular girls, are the most vulnerable;

5. Concerned also that the continuing spread of HIV/AIDS will constitute a serious obstacle to the realization of the global development goals we adopted at the Millennium Summit;

6. Recalling and reaffirming our previous commitments on HIV/AIDS made through:

   - The United Nations Millennium Declaration of 8 September 2000;
   - The Political Declaration and Further Actions and Initiatives to Implement the Commitments made at the World Summit for Social Development of 1 July 2000;
   - The Political Declaration and Further Action and Initiatives to Implement the Beijing Declaration and Platform for Action of 10 June 2000;
   - Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development of 2 July 1999;

- The regional call for action to fight HIV/AIDS in Asia and the Pacific of 25 April 2001;

- The Abuja Declaration and Framework for Action for the Fight Against HIV/ AIDS, Tuberculosis and other Related Infectious Diseases in Africa, 27 April 2001;

- The Declaration of the Ibero-America Summit of Heads of State of November 2000 in Panama; The Caribbean Partnership Against HIV/AIDS, 14 February, 2001;

- The European Union Programme for Action: Accelerated Action on HIV/ AIDS, Malaria and Tuberculosis in the Context of Poverty Reduction of 14 May 2001;

- The Baltic Sea Declaration on HIV/AIDS Prevention of 4 May 2000;

- The Central Asian Declaration on HIV/AIDS of 18 May 2001;

7. Convinced of the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic, which will build on the experience and lessons learned over the past 20 years;

8. Noting with grave concern that Africa, in particular sub-Saharan Africa, is currently the worst affected region where HIV/AIDS is considered as a state of emergency, which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action;

9. Welcoming the commitments of African Heads of State or Government, at the Abuja Special Summit in April 2001, particularly their pledge to set a target of allocating at least 15 per cent of their annual national budgets for the improvement of the health sector to help address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, will need to be complemented by increased international assistance;

10. Recognizing also that other regions are seriously affected and confront similar threats, particularly the Caribbean region, with the second highest rate of HIV infection after sub-Saharan Africa, the Asia-Pacific region where 7.5 million people are already living with HIV/AIDS, the Latin America region with 1.5 million people living with HIV/AIDS, and the Central and Eastern European region with very rapidly rising infection rates; and that the potential exists for a rapid escalation of the epidemic and its impact throughout the world if no specific measures are taken;

11. Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;

12. Noting that armed conflicts and natural disasters also exacerbate the spread of the epidemic;

13. Noting further that stigma, silence, discrimination, and denial, as well as lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must also be addressed;

14. Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;

15. Recognizing that access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

16. Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;

17. Acknowledging that prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic; and that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic;

18. Recognizing the need to achieve the prevention goals set out in this Declaration in order to stop the spread of the epidemic and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services;

19. Recognizing that care, support and treatment can contribute to effective prevention through increased acceptance of voluntary and confidential counselling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counselling and preventive supplies;

20. Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic, and in treatment, care and support, taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms;

21. Noting with concern that some negative economic, social, cultural, political, financial and legal factors are hampering awareness, education, prevention, care, treatment and support efforts;

22. Noting the importance of establishing and strengthening human resources and national health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services;

23. Recognizing that effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs including anti-retroviral therapy, diagnostics and related technologies as well as increased research and development;

24. Recognizing also that the cost availability and affordability of drugs and related technology are significant factors to be reviewed and addressed in all aspects and that there is a need to reduce the cost of these drugs and technologies in close collaboration with the private sector and pharmaceutical companies;

25. Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continue to hinder an effective response to HIV/AIDS in many countries, especially for the poorest people and recalling efforts to make drugs available at low prices for those in need;

26. Welcoming the efforts of countries to promote innovation and the development of domestic

industries consistent with international law in order to increase access to medicines to protect the health of their populations; and noting that the impact of international trade agreements on access to or local manufacturing of, essential drugs and on the development of new drugs needs to be further evaluated;

27. Welcoming the progress made in some countries to contain the epidemic, particularly through: strong political commitment and leadership at the highest levels, including community leadership; effective use of available resources and traditional medicines; successful prevention, care, support and treatment strategies; education and information initiatives; working in partnership with communities, civil society, people living with HIV/AIDS and vulnerable groups; and the active promotion and protection of human rights; and recognizing the importance of sharing and building on our collective and diverse experiences, through regional and international cooperation including North/South, South/South cooperation and triangular cooperation;

28. Acknowledging that resources devoted to combating the epidemic both at the national and international levels are not commensurate with the magnitude of the problem;

29. Recognizing the fundamental importance of strengthening national, regional and subregional capacities to address and effectively combat HIV/AIDS and that this will require increased and sustained human, financial and technical resources through strengthened national action and cooperation and increased regional, subregional and international cooperation;

30. Recognizing that external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as countries with economies in transition, to finance the fight against HIV/AIDS;

31. Affirming the key role played by the family in prevention, care, support and treatment of persons affected and infected by HIV/AIDS, bearing in mind that in different cultural, social and political systems various forms of the family exist;

32. Affirming that beyond the key role played by communities, strong partnerships among Governments, the United Nations system, intergovernmental organizations, people living with HIV/AIDS and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector including generic and research-based pharmaceutical companies, trade unions, media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders are important;

33. Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects and recognizing that their full involvement and participation in design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic;

34. Further acknowledging the efforts of international humanitarian organizations combating the epidemic, including among others the volunteers of the International Federation of Red Cross and Red Crescent Societies in the most affected areas all over the world;

35. Commending the leadership role on HIV/AIDS policy and coordination in the United Nations system of the UNAIDS Programme Coordinating Board; noting its endorsement in December 2000 of the Global Strategy Framework for HIV/AIDS, which could assist, as appropriate, Member States and relevant civil society actors in the development of HIV/AIDS strategies, taking into account the

particular context of the epidemic in different parts of the world;

36. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Leadership

Strong leadership at all levels of society is essential for an effective response to the epidemic

Leadership by Governments in combating HIV/AIDS is essential and their efforts should be complemented by the full and active participation of civil society, the business community and the private sector

Leadership involves personal commitment and concrete actions

At the national level

37. By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity;

38. By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans;

At the regional and subregional level

39. Urge and support regional organizations and partners to: be actively involved in addressing the crisis; intensify regional, subregional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country level efforts;

40. Support all regional and subregional initiatives on HIV/AIDS including: the International Partnership against AIDS in Africa (IPAA) and the ECA-African Development Forum Consensus and Plan of Action: Leadership to Overcome HIV/AIDS; the Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Diseases; the CARICOM Pan-Caribbean Partnership Against HIV/AIDS; the ESCAP Regional Call for Action to Fight HIV/ AIDS in Asia and the Pacific; the Baltic Sea Initiative and Action Plan; the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean; the European Union Programme for Action: Accelerated Action on HIV/AIDS, Malaria and Tuberculosis in the context of poverty reduction;

41. Encourage the development of regional approaches and plans to address HIV/AIDS;

42. Encourage and support local and national organizations to expand and strengthen regional partnerships, coalitions and networks;

43. Encourage the United Nations Economic and Social Council to request the regional commissions within their respective mandates and resources to support national efforts in their respective regions in combating HIV/AIDS;

At the global level

44. Support greater action and coordination by all relevant United Nations system organizations, including their full participation in the development and implementation of a regularly updated United Nations strategic plan for HIV/AIDS, guided by the principles contained in this Declaration;

45. Support greater cooperation between relevant United Nations system organizations and international organizations combating HIV/AIDS;

46. Foster stronger collaboration and the development of innovative partnerships between the public and private sectors and by 2003, establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS;

Prevention

Prevention must be the mainstay of our response

47. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;

48. By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk for new infection;

49. By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors and take measures to provide a supportive workplace environment for people living with HIV/AIDS;

50. By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services;

51. By 2003, implement universal precautions in health-care settings to prevent transmission of HIV infection;

52. By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections;

53. By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers;

54. By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;

Care, support and treatment

Care, support and treatment are fundamental elements of an effective response

55. By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations as well as with civil society and the business sector, to strengthen health care systems and address factors affecting the provision of HIV-related drugs, including anti-retroviral drugs, inter alia affordability and pricing, including differential pricing, and technical and health care systems capacity. Also, in an urgent manner make every effort to: provide progressively and in a sustainable manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled anti-retroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;

56. By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/ AIDS; improve the capacity and working conditions of health care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psycho-social care;

57. By 2003, ensure that national strategies are developed in order to provide psycho-social care for individuals, families, and communities affected by HIV/AIDS;

HIV/AIDS and human rights

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS

Respect for the rights of people living with HIV/AIDS drives an effective response

58. By 2003, enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;

59. By 2005, bearing in mind the context and character of the epidemic and that globally women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;

60. By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework;

61. By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

Reducing vulnerability

The vulnerable must be given priority in the response

Empowering women is essential for reducing vulnerability

62. By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, all types of sexual exploitation of women, girls and boys, including for commercial reasons; such strategies, policies and programmes should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability and set targets for achievement;

63. By 2003, develop and/or strengthen strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education

and counselling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;

64. By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug using behaviour, livelihood, institutional location, disrupted social structures and population movements forced or otherwise;

Children orphaned and made vulnerable by HIV/AIDS

Children orphaned and affected by HIV/AIDS need special assistance

65. By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of destigmatization of children orphaned and made vulnerable by HIV/AIDS;

67. Urge the international community, particularly donor countries, civil society, as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa;

Alleviating social and economic impact

To address HIV/AIDS is to invest in sustainable development

68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to: address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods, and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society especially on women and the elderly, particularly in their role as caregivers and in families affected by HIV/AIDS and address their special needs; adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources;

69. By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace;

Research and development

With no cure for HIV/AIDS yet found, further research and development is crucial

70. Increase investment and accelerate research on the development of HIV vaccines, while building national research capacity especially in developing countries, and especially for viral strains prevalent in highly affected regions; in addition, support and encourage increased national and international investment in HIV/AIDS-related research and development including biomedical, operations, social, cultural and behavioural research and in traditional medicine to: improve prevention and therapeutic approaches; accelerate access to prevention, care and treatment and care technologies for HIV/AIDS (and its associated opportunistic infections and malignancies and sexually transmitted diseases), including female controlled methods and microbicides, and in particular, appropriate, safe and affordable HIV vaccines and their delivery, and to diagnostics, tests, methods to prevent mother-to-child transmission; and improve our understanding of factors which influence the epidemic and actions which address it, inter alia, through increased funding and public/private partnerships; create a conducive environment for research and ensure that it is based on highest ethical standards;

71. Support and encourage the development of national and international research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians, with a focus on the countries most affected by HIV/AIDS, particularly developing countries and those countries experiencing or at risk of rapid expansion of the epidemic;

72. Develop and evaluate suitable approaches for monitoring treatment efficacy, toxicity, side effects, drug interactions, and drug resistance, develop methodologies to monitor the impact of treatment on HIV transmission and risk behaviours;

73. Strengthen international and regional cooperation in particular North/South, South/South and triangular cooperation, related to transfer of relevant technologies, suitable to the environment in prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process. In this context, encourage that the end results of these cooperative research findings and technologies be owned by all parties to the research, reflecting their relevant contribution and dependent upon their providing legal protection to such findings; and affirm that all such research should be free from bias;

74. By 2003, ensure that all research protocols for the investigation of HIV-related treatment including anti-retroviral therapies and vaccines based on international guidelines and best practices are evaluated by independent committees of ethics, in which persons living with HIV/AIDS and caregivers for anti-retroviral therapy participate;

HIV/AIDS in conflict and disaster affected regions

Conflicts and disasters contribute to the spread of HIV/AIDS

75. By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and in particular, women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes;

76. Call on all United Nations agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/AIDS awareness and training to their personnel;

77. By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence force and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/ AIDS awareness and prevention activities including participation in emergency, humanitarian, disaster relief and rehabilitation assistance;

78. By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel;

Resources

The HIV/AIDS challenge cannot be met without new, additional and sustained resources

79. Ensure that the resources provided for the global response to address HIV/AIDS are substantial, sustained and geared towards achieving results;

80. By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between US$ 7 billion and US$ 10 billion in low and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS, and take measures to ensure that needed resources are made available, particularly from donor countries and also from national budgets, bearing in mind that resources of the most affected countries are seriously limited;

81. Call on the international community, where possible, to provide assistance for HIV/AIDS prevention, care and treatment in developing countries on a grant basis;

82. Increase and prioritize national budgetary allocations for HIV/AIDS programmes as required and ensure that adequate allocations are made by all ministries and other relevant stakeholders;

83. Urge the developed countries that have not done so to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking of 0.15 per cent to 0.20 per cent of gross national product as official development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/ AIDS epidemic;

84. Urge the international community to complement and supplement efforts of developing countries that commit increased national funds to fight the HIV/AIDS epidemic through increased international development assistance, particularly those countries most affected by HIV/AIDS, particularly in Africa, especially in sub-Saharan Africa, the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and other affected regions whose resources to deal with the epidemic are seriously limited;

85. Integrate HIV/AIDS actions in development assistance programmes and poverty eradication strategies as appropriate and encourage the most effective and transparent use of all resources allocated;

86. Call on the international community and invite civil society and the private sector to take appropriate measures to help alleviate the social and economic impact of HIV/AIDS in the most affected developing countries;

87. Without further delay implement the enhanced Heavily Indebted Poor Country (HIPC) Initiative and agree to cancel all bilateral official debts of HIPC countries as soon as possible, especially those most affected by HIV/AIDS, in return for their making demonstrable commitments to poverty eradication and urge the use of debt service savings to finance poverty eradication programmes, particularly for HIV/AIDS prevention, treatment, care and support and other infections;

88. Call for speedy and concerted action to address effectively the debt problems of least developed countries, low-income developing countries, and middle-income developing countries, particularly those affected by HIV/AIDS, in a comprehensive, equitable, development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term and thereby to improve their capacity to deal with the HIV/AIDS epidemic, including, as appropriate, existing orderly mechanisms for debt reduction, such as debt swaps for projects aimed at the prevention, care and treatment of HIV/AIDS;

89. Encourage increased investment in HIV/AIDS-related research, nationally, regionally and internationally, in particular for the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and encourage the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines when they become available;

90. Support the establishment, on an urgent basis, of a global HIV/AIDS and health fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment and to assist Governments inter alia in their efforts to combat HIV/AIDS with due priority to the most affected countries, notably in sub-Saharan Africa and the Caribbean and to those countries at high risk, mobilize contributions to the fund from public and private sources with a special appeal to donor countries, foundations, the business community including pharmaceutical companies, the private sector, philanthropists and wealthy individuals;

91. By 2002, launch a worldwide fund-raising campaign aimed at the general public as well as the private sector, conducted by UNAIDS with the support and collaboration of interested partners at

all levels, to contribute to the global HIV/ AIDS and health fund;

92. Direct increased funding to national, regional and subregional commissions and organizations to enable them to assist Governments at the national, subregional and regional level in their efforts to respond to the crisis;

93. Provide the UNAIDS co-sponsoring agencies and the UNAIDS secretariat with the resources needed to work with countries in support of the goals of this Declaration;

Follow-up

Maintaining the momentum and monitoring progress are essential

At the national level

94. Conduct national periodic reviews involving the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments and identify problems and obstacles to achieving progress and ensure wide dissemination of the results of these reviews;

95. Develop appropriate monitoring and evaluation mechanisms to assist with follow-up in measuring and assessing progress, develop appropriate monitoring and evaluation instruments, with adequate epidemiological data;

96. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS;

At the regional level

97. Include HIV/AIDS and related public health concerns as appropriate on the agenda of regional meetings at the ministerial and Head of State and Government level;

98. Support data collection and processing to facilitate periodic reviews by regional commissions and/or regional organizations of progress in implementing regional strategies and addressing regional priorities and ensure wide dissemination of the results of these reviews;

99. Encourage the exchange between countries of information and experiences in implementing the measures and commitments contained in this Declaration, and in particular facilitate intensified South-South and triangular cooperation;

At the global level

100. Devote sufficient time and at least one full day of the annual General Assembly session to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in this Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;

101. Ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;

102. Support initiatives to convene conferences, seminars, workshops, training programmes and courses to follow up issues raised in this Declaration and in this regard encourage participation in and wide dissemination of the outcomes of: the forthcoming Dakar Conference on Access to Care for HIV Infection; the Sixth International Congress on AIDS in Asia and the Pacific; the XII International Conference on AIDS and Sexually Transmitted Infections in Africa; the XIV International

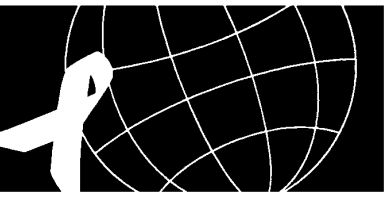
Conference on AIDS, Barcelona; the Xth International Conference on People Living with HIV/AIDS, Port of Spain; the II Forum and III Conference of the Latin American and the Caribbean Horizontal Technical Cooperation on HIV/AIDS and Sexually Transmitted Infections, La Habana; the Vth International Conference on Home and Community Care for Persons Living with HIV/AIDS, Changmai, Thailand;

103. Explore, with a view to improving equity in access to essential drugs, the feasibility of developing and implementing, in collaboration with non-governmental organizations and other concerned partners, systems for voluntary monitoring and reporting of global drug prices;

We recognize and express our appreciation to those who have led the effort to raise awareness of the HIV/AIDS epidemic and to deal with its complex challenges;

We look forward to strong leadership by Governments, and concerted efforts with full and active participation of the United Nations, the entire multilateral system, civil society, the business community and private sector;

And finally, we call on all countries to take the necessary steps to implement this Declaration, in strengthened partnership and cooperation with other multilateral and bilateral partners and with civil society.



Report on the Canadian Consultation Meeting on UNGASS on HIV/AIDS

Organized by: Interagency Coalition on AIDS and Development (ICAD)

Ottawa, Ontario
May 7, 2001

1. Introduction

The United Nations General Assembly will convene a Special Session on HIV/AIDS (UNGASS) in New York on the June 25-27, 2001. The purpose of the Special Session is to review and address HIV/AIDS in all its aspects and to secure a global commitment to combat the epidemic. At the Session, Member States are expected to agree on a Declaration that will strengthen political commitment and intensify efforts in the global fight against HIV/AIDS. This Declaration will be a reference for future decision-making on AIDS by governments and intergovernmental organizations, and serve as a potentially powerful advocacy tool for civil society actors.

In order to allow interested Canadian parties to provide input into the draft Declaration, ICAD, on behalf of the Government of Canada, organized a consultative meeting of representatives of HIV/AIDS stakeholders, including government and non-governmental representatives. Representation to the meeting was determined by the Government of Canada and was based on established criteria to ensure that all issues would be covered. The input from this meeting and the virtual discussion forum which appeared on the ICAD web-site during the period April 6-May 2, 2001 is intended to assist the Canadian delegation, in its preparations for the Special Session. Canada is unique among Member States of the UN in terms of consulting their partners in such a formal, structured and transparent manner, and the effort has been appreciated by Canadians working on HIV/AIDS issues, both domestically and abroad. This report summarizes highlights of the Consultation, and the key concepts and themes, around which there was overwhelming consensus and support.

2. Background on UNGASS Process

The Consultation began with a number of presentations from representatives of the Department of Foreign Affairs and International Trade (DFAIT), Health Canada, the Canadian International Development Agency (CIDA), the International Council of AIDS Service Organizations (ICASO) and the Interagency Coalition on AIDS and Development (ICAD). The presentations provided a brief overview of the activities leading up to the UNGASS meeting in June, and the role that Canada hopes to play during the final negotiations. For a full summary of these presentations please contact ICAD at info@ICAD-cisd.com.

In terms of the UNGASS process, the First Informal Consultation Meeting for Member States was held in New York between the 26 February - 2 March 2000, and the first draft of the Declaration was released at the beginning of April. The facilitators or the process have received substantial feedback from governments and civil society regarding the draft, and issued a revised version on the 11 May. A Second Informal Consultation will be held 21-25 May to review the revised version. Should a consensus not be reached at that meeting regarding the wording of the Declaration, further informal meetings will continue during the month of June.

In addition to the above meetings, there are also plans for a parallel civil society forum to take place from the 21-23 May. It will be very important to link these two processes in order to ensure that there is adequate communication about the draft between the different government discussions and the civil society forum. Incidentally, it should be noted that a declaration is not a legally binding document. The normal practice is for such documents to be adopted by a consensus of the entire UN General Assembly. Once adopted, there is a political commitment on behalf of all governments to try and pursue the goals outlined within. A declaration is frequently viewed as the first step in the evolution of a legally binding document.

3. ICAD Electronic Discussion Forum

An electronic discussion forum on UNGASS ran on the ICAD website from April 10 to May 3. There were twelve contributions, some of which came from broad-based coalitions and networks so they do represent a fairly large constituency. The comments were generally positive, but naturally focused on specific gaps, or sections that needed to be strengthened. These included the following:

- The Declaration should be framed in a rights-based approach.
- International guidelines on HIV/AIDS and human rights provide a comprehensive policy for law reform, and should have been included in drafting the Declaration.
- There was little mention of the contributions that people living with AIDS have already made, and how they might continue to contribute to the goals and recommendations outlined in the Declaration.
- The Declaration fails to acknowledge the role that NGOs have played in addressing HIV/AIDS.
- The tone of the Declaration is weak, and it fails to build on previous UN documents and commitments to HIV/AIDS.
- There was no mention of specific vulnerable groups such as Aboriginal or indigenous people, communities of colour, and insufficient reference made to issues such as violence and poverty.
- There are serious inadequacies in the French language translation.

The full summary of the electronic forum is available at:
http://www.icad-cisd.com/english/forum/thread.cfm?threadid=76&messages=1>.

4. Consolidation of Key Issues

Participants in the consultation were divided into the ten small groups consisted of representatives from government departments, NGOs and ASOs. During the morning session, half the groups reviewed the sections on Prevention + Preamble + Vulnerability whilst the other half examined Care and Support + Orphaned Children + Research and Development. In the afternoon a similar programme was organized and half examined the sections on Human Rights + Leadership + Conflict Areas, whilst the other half reviewed Resources + Social and Economic Impact + Follow-Up. Upon returning to the plenary, the groups identified gaps and weaknesses in the sections for which they had been responsible. For a detailed summary of the comments from each table please contact info@ICAD-cisd.com.

As the participants grappled with their inputs into each of the sectors of the Declaration, they developed a greater understanding and sensitivity for the task of the Canadian delegation. Identifying and promoting priorities which are intrinsic to the Canadian experience and ethos and which are sufficiently broad to attract the support of a majority of Member States, is a difficult process. However, throughout the Consultation several fundamental points were emphasized – and during the final session, the Plenary produced a short, consolidated list of critical issues which the Canadian delegation needs to champion at UNGASS. The following represents the key principals and themes, around which there was overwhelming agreement:

- The draft Declaration fails to take a **comprehensive rights-based approach** , and only introduces limited references to human rights at various points. The Declaration should be redrafted within a rights-based framework, based on the Universal Declaration of Human Rights (adopted by the General Assembly on 10 December 1948) and on the international treaties and conventions that give legal force to that Declaration. The International Guidelines on HIV/AIDS and Human Rights provide a comprehensive framework for law and policy reform and should be referred to when revising the document.

- The draft Declaration fails to acknowledge the importance of a **comprehensive care approach** , which would span the continuum from prevention to palliative care. The need to integrate prevention, treatment, care and support can be visually compared to the construction of a four-legged table. Should one of the legs be omitted or neglected, the table will topple and fall. In addition the role that harm reduction (needle exchange, syringe distribution etc.) can play in prevention strategies needs to be emphasized in the declaration.

- The draft Declaration fails to acknowledge the enormous contributions that **people living with, and affected by, HIV/AIDS** have made to the struggle. The involvement of persons living with HIV/AIDS is intrinsic to a meaningful response at all levels. The Declaration should refer to the principals of GIPA (Greater Involvement of People with AIDS), and stipulate that infected/affected individuals, NGOs and civil society must continue to be involved in all HIV/AIDS related issues including policy development and programme design, implementation, monitoring and evaluation. The Declaration should also make reference to the need to build and strengthen the capacity of communities to undertake these tasks.

- The draft Declaration fails to demonstrate sufficient understanding and support for issues relating to **gender equality** . The draft should be revised to incorporate a gender perspective, which assesses its impact on both women and girls.

- The draft Declaration fails to demonstrate sufficient understanding of the impact that HIV/AIDS has on **children and young people** . The Declaration should encompass all children and young people, both infected and affected by the disease, and not only those already orphaned. It should target both in school and

out-of-school youth, and should be explicitly linked to the already existing international agreements such as the Conventions on the Rights of the Child.

- The draft Declaration's concept of **resources** should not be limited financial resources, but should be broadened to include human resources, international trade union movement, political commitment, corporate incentives, debt relief, and policy development and action plans and accountability mechanisms.

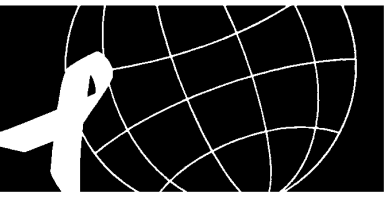
- The Declaration should indicate that HIV/AIDS is not simply a health issue – but that interventions and **approaches must be comprehensive and integrated** into the work of all other sectors. There must be a commitment to mainstream HIV/AIDS into all national strategies and future programmes and activities by establishing a set of global principals that address comprehensive care, against which national responses can be evaluated.

5. Future Collaboration

During this Consultation, a small group met to discuss how the feedback from this meeting could be carried forward into the UNGASS process, and how NGOs can continue to contribute and assist the official Canadian delegation. A number of suggestions were made.

Canadian NGOs and ASOs should continue to interact closely with their colleagues throughout the world. The NGO community in Africa, Latin America and Asia are important vehicles for influencing the positions that governments in those regions will take at the conference. It is therefore critical that the Canadian government and NGOs collaborate closely during the next few weeks to identify and lobby relevant groups and officials. Along with coordinating information campaigns with like-minded NGOs, it will be important to use the media both at home and abroad to promote the key principals and concepts that have been talked about today.

Members of the official Canadian delegation to UNGASS agreed to meetings daily with accredited NGOs for the purpose of sharing information and strategy. The two NGO representatives on the delegation will be completely integrated and involved in all decisions of the delegation, and will liaise with civil society groups in New York and elsewhere. After the Special Session is over, the government and the NGO community will need to collaborate further on Canadian implementation of the Declaration, from both the government and civil society perspective. Health Canada will prepare a basic reference binder of all the relevant documents and Resolutions etc. adopted during the Special Session. This will be an important information tool during the post-UNGASS phase of our collaboration. Health Canada also agreed to subsidize accredited domestic ASOs to attend the UNGASS meetings in May and June based on established criteria.



Report from the NGO Representatives on the Canadian Delegation to UNGASS on HIV/AIDS

by Ralf Jürgens, Executive Director, Canadian HIV/AIDS Legal Network
Bob Mills, Vice-Chair, Board of Directors, Canadian Treatment Advocates Council

It was an honor for both of us to be chosen by the Government of Canada to participate on the official Canadian delegation to the UNGASS on HIV/AIDS. It was also an honor to be chosen by our colleagues to have our names put forward to represent civil society at this historical event, the first ever global commitment on HIV/AIDS at this political level. We both took our responsibilities very seriously. We communicated extensively with our colleagues to ensure that we truly represented the views of Canadian civil society. Ralf kept in close contact with national NGO's and Bob summoned feedback from individuals through mostly electronic means. We managed to complement each other well on this journey.

Canada was a champion of civil society participation at UNGASS. The official Canadian delegation made every effort to meaningfully involve us in the process. The significance of this was not fully apparent until we were able to compare our participation to the participation of NGOs on other country delegations. Most countries had no civil society representation. Of those countries that did, only some allowed the full participation of its civil society representatives in all meetings, both formal and informal. Canada was an obvious leader in this area.

Canada's role throughout the UNGASS process was truly all-inclusive. This was achieved:

- by including an NGO representative on the official Canadian delegation as early as the first preparatory meeting in February 2001, and by including two NGO representatives (including a person living with HIV/AIDS) on the official delegation that attended the May and June meetings;
- by organizing a consultation meeting in Ottawa to obtain the input of civil society and other interested parties on the draft Declaration of Commitment;
- by sponsoring an electronic UNGASS discussion forum on the draft Declaration;
- by challenging member states to provide for meaningful civil society participation at every meeting; culminating in a political battle for inclusion of a representative of the International Gay and Lesbian Human Rights Commissions on the human rights roundtable panel, a battle led by Canada; and,
- by supporting Canadian civil society participation at UNGASS and encouraging feedback from all interested parties.

Our learning curve through this experience was indeed steep. We learned much about the UN and the political positioning that is part of how the system works. We felt that our contributions to the discussion and debate were heard, that our input was taken seriously, and that NGO representation was not a token gesture, but rather a necessary part of Canada's commitment to a global declaration on HIV/AIDS. This process was fully solidified for us when we eventually recognized some of our suggested word changes in the final text of the Declaration.

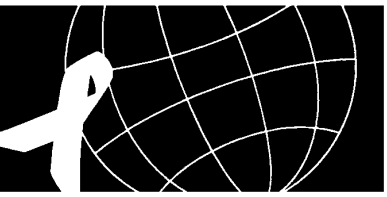
In hindsight, with the new knowledge we now have from participating in this process, we feel that the Declaration of Commitment is the best we could expect as a developed country. We are disappointed, of course, with the absence of an explicit list of vulnerable groups, the lack of reference to the International Guidelines on HIV/AIDS and Human Rights, and the generalized and weakened language found in some sections. However, the Declaration remains a strong document with many concrete commitments. To have achieved consensus on factors leading to vulnerability, and to have managed to include references to the empowerment of women, just to take two examples, is no small accomplishment.

As always with these documents, the challenge is in the follow-up and implementation. Civil society has been energized, and we have shown that we can work together and focus on one issue in a time of crisis. Civil society must now focus on ensuring that it holds governments and their leaders accountable for the commitments they have made. Countries now need to study the Declaration and develop action plans to implement its commitments (complete with timelines). Canada can be a leader in this. It is capable of providing funding and technical assistance to countries to assist them in meeting specific targets, such as analyzing policies and laws to ensure that they contain protection against discrimination.

For civil society to be more effective in future follow-up meetings, we have to better understand the processes and politics of the U.N., and we need to learn more about the member countries. We need to be more realistic about what civil society can achieve and where we can influence change. One thing that we learned from our participation is that we are very sheltered in Canada from the cultural and religious factors that influence decision-making at the highest political level in many countries. We would have liked to have seen greater political pressure from more open member countries to include NGO representation on as many delegations as possible. NGO participation on country delegations was obviously the most effective way to provide input into the process. As a group, we spent too much time and energy on trying to re-write the fine wording on the declaration and not enough energy and resources on media, advocacy, follow-up and public education. We came away smarter.

Canada must do more at home to meet its obligations under the Declaration of Commitment. The Canadian contribution to the Global AIDS and Health Fund was welcome; however, Canada will need to make a much greater (and sustainable) commitment in the future. Canada must continue to champion civil society participation in the national response to HIV/AIDS. Furthermore, Canada must ensure that it will not (continue to) be a barrier to global access to treatment, but rather part of the solution. Canada must continue to exercise its strong international reputation to fight for a rights-based approach to dealing with this pandemic. Canada must recognize that unless governments promote and protect the rights of those vulnerable to HIV/AIDS, the world will continue to see large-scale epidemics of disease among poor and marginalized populations.

We extend our thanks to the Canadian delegation and the Permanent Canadian Mission to the United Nations for being leaders and champions. We would like to especially thank the many people who provided input into the process. In closing, we would like to express our appreciation to our friends in South Africa and, in particular, the AIDS Law Project of South Africa, for helping us understand and focus on what is our greatest challenge, which is to ensure that all people with HIV/AIDS have the same right to health.



Report from Seven Canadian NGO's that Attended UNGASS on HIV/AIDS

Health Canada (HIV/AIDS Policy, Coordination and Programs Division, Bureau of HIV/AIDS, STD & TB, First Nations and Inuit Health Branch, International Affairs Directorate) supported the attendance of seven NGOs at UNGASS on HIV/AIDS. All of the NGOs reported that they learned a great deal at UNGASS; that they benefited greatly from the opportunity to network with other NGOs and with officials from governments and international agencies; and, that they attended the NGO sessions, the roundtable sessions and the special breakfast meeting with Maria Minna, the Minister for International Cooperation.

The NGOs have written, for this report, following additional information about their experiences at UNGASS and about how they plan to disseminate the information gained at UNGASS.

AIDS Committee of Toronto

The AIDS Committee of Toronto (ACT) sent one representative to the Second Informal Consultation Meeting in May and four representatives to the final session in June. In recent years, like many Canadian ASOs, ACT has become more interested in participating in the global fight against HIV/AIDS. Our participation in UNGASS was extremely helpful in giving us a more informed view of the issues involved. We made sure to bring back with us materials that were available at UNGASS, including documents on AIDS work in many countries. This material has been placed in the ACT library, where it will be available to the public. One member of our delegation has done a radio interview on UNGASS, and we have mentioned our UNGASS experience in other media interviews. We intend to publish an article on UNGASS in an upcoming ACT newsletter, of which 55,000 copies will be published and disseminated throughout Ontario.

Canadian Aboriginal AIDS Network

The Canadian Aboriginal AIDS Network (CAAN) sent one representative to the final session in June. CAAN benefited from the experience by networking with groups such as UNIFEM and UNAIDS. Copies of the International Guidelines on HIV/AIDS and Human Rights were distributed to our membership at our recent AGM in Vancouver. We sent copies of the final Declaration of Commitment on HIV/AIDS to our members. We also distributed information about UNGASS to CAAN's email list-serve.

Canadian AIDS Society

The Canadian AIDS Society (CAS) sent one representative to the Second Informal Consultation Meeting in May and the final session in June.

The CAS representative was one of two community facilitators at a meeting of over 250 NGO representatives held just prior to the June session. The representative was instrumental in organizing a media response on behalf of the civil society participants. We conducted a number of radio and newspaper interviews with Canadian media on UNGASS, and prepared two press releases. Copies of the Declaration of Commitment have been circulated to our membership and a discussion of how to use the Declaration was held at the CAS AGM in Montreal in July 2001. Another article on UNGASS will be developed and circulated to our membership. We included a brief update on UNGASS in our quarterly newsletter Info CAS.

Canadian HIV/AIDS Legal Network

The Canadian HIV/AIDS Legal Network sent three representatives to the Second Informal Consultation Meeting in May and four representatives to the final session in June. In addition, one of the NGO representatives on the Canadian delegation was from the Legal Network. The Legal Network was a member of the UNAIDS civil society advisory committee, which was convened by UNAIDS to advise on civil society participation in the UNGASS.

The Network representatives benefited from participation in UNGASS in the following ways:

- an increased understanding of the global implications of the HIV/AIDS pandemic and of the opportunities and limitations provided by the United Nations to address it;
- an appreciation of the leadership role played by Canada in the process, and of the important contribution of the Canadian NGO movement both in providing practical technical guidance and moral weight to ensure that respect for human rights and sound public health principles continue to underscore the response to the epidemic globally;
- the opportunity to participate in parallel workshops on relevant themes such as human rights and HIV/AIDS (Network representatives were instrumental in organizing and facilitating some of these events); and,
- the opportunity to work with Canadian and international media to raise the profile of the HIV/AIDS pandemic and of the responses to it.

The Network will be disseminating information on the UNGASS in a number of ways, including:

- through articles in the Network News and possibly in the Canadian HIV/AIDS Policy and Law Review;
- via the Network's web site, which receives over 300,000 hits a month from across Canada and internationally. The Network created a special web page for the UNGASS and posted commentaries on the Secretary-General's Report, the Issues Paper and the draft Declaration of Commitment as they were released;
- at events such as the Network's AGM in September 2001; where our representatives and key guest speaker, Mark Heywood, South Africa AIDS Law Project, will speak about UNGASS and its implications; and,
- via the forums and working groups in Canada and internationally in which the Network participates, such as the Interagency Coalition on AIDS and Development (Ottawa), and the Center for Economic and Social Rights AIDS Working Group (New York).

Canadian Treatment Advocates Council

The Canadian Treatment Advocates Council (CTAC) sent one representative to the Second Consultation Meeting in May and to the final session in June. As well, one of the NGO representatives on the official Canadian delegation was from CTAC. As a result of its participation in the UNGASS meetings, CTAC was able to achieve:

- a greater understanding of treatment access issues internationally, and of the impact of the commitment of the global community to HIV/AIDS on treatment access advocacy issues in Canada and elsewhere;

- enhanced linkages with other organizations within Canada working on treatment access issues internationally;
- the development of connections with organizations outside of Canada working on these issues; and,
- an increased understanding of treatment access policies and policy changes at an international level.

The CTAC representatives reported back on their participation during a skills building day at a CTAC Board of Directors meeting, and during a CTAC Board of Directors teleconference. CTAC participated in a panel on UNGASS at the International Issues satellite at the Canadian HIV/AIDS Skills Building Symposium in July 2001. CTAC will prepare an article for its newsletter to share some of what he learned at the UNGASS meetings. The representatives will do a further report back to the CTAC Council and others in attendance at CTAC's skills building session planned for October in Montreal.

Interagency Coalition on AIDS and Development

The Interagency Coalition on AIDS and Development (ICAD) sent one representative to the Second Consultation Meeting in May and two representatives to the final session in June.

In April and May 2001, prior to the Special Session, we hosted a web-based discussion forum and a day-long consultative meeting to solicit input on the initial draft Declaration of Commitment. The report on the consultation was sent to participants and to ICAD members, and was posted on our website in English and French. We collected resources at UNGASS which have been deposited in our Resource Centre. We also conducted 12 radio interviews on UNGASS and participated in other briefing sessions for the media.

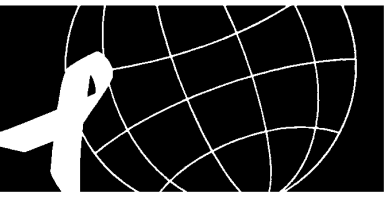
The UNGASS meeting provided ICAD with an opportunity to meet and network with many of the key international partners in HIV/AIDS and development issues. Follow-up meetings with organizations such as the International HIV/AIDS Alliance in the United Kingdom have already taken place. As co-sponsor of the satellite workshop on International Issues held prior to the 3rd Canadian HIV/AIDS Skills Building Symposium in July 2001, we ensured that a thorough debriefing by NGO and Government participants at UNGASS took place at that meeting. We will continue to participate in post-UNGASS activities and discussions and will suggest follow-up activities for members in our Fall Newsletter.

Women's Health in Women's Hands

Women's Health in Women's Hands (WHIWH) sent one representative to the final session in June.

WHIWH used the opportunity to attend the Special Session to draw attention to the health and related needs of black women and women of colour in Canada and other developed countries, and to the exclusion of black women and women of colour from programs responding to the HIV/AIDS epidemic. We distributed a statement recommending that, at the various UNGASS sessions, NGOs and official delegates raise this issue of the exclusion of black women and women and colour. We also drew the attention of UNGASS participants to the intersection of race, gender and HIV/AIDS issues. Along with other NGOs, WHIWH participated in the development of a press release to protest the exclusionary practices of the United Nations in relation to the meeting itself and the exclusion of a list of vulnerable groups from the final Declaration of Commitment. We also participated in the development of a document providing the perspective of civil society on the Declaration.

The final Declaration of Commitment and other information obtained at the Special Session has been shared with staff at WHIWH and our partners on the HIV Endemic Task Force. A presentation on UNGASS will be done for our members at our AGM in October 2001. An article will also be published in our newsletter highlighting our involvement in UNGASS and in other international activities.



Canada's Statement at the Joint NGO/UN Session - Civil Society as Partners in HIV/AIDS Fight: The Canadian Experience

February 2001

On behalf of the Canadian delegation, I would like to share the Canadian government's experience with civil society involvement in the design, the implementation and evaluation of our domestic and international HIV/AIDS action plans developed respectively by Health Canada and the Canadian International Development Agency. Both these plans have facilitated increased engagement by and improved collaboration among various levels of government, NGOs, professional groups, academic institutions, private sector and vulnerable populations, including people living with HIV/AIDS. These plans emerged from broad-based consultation processes that endeavored to seek meaningful input from civil society from the very outset.

Our domestic plan, the Canadian Strategy on HIV/AIDS was developed several years back and builds on more than 15 years experience in addressing HIV/AIDS issues. The consultation process was managed in partnership between civil society and government, but was primarily steered by civil society. Instead of imposing policy from the top down, the government acted as a facilitator and a listener.

As a result, our Strategy became a true partnership initiative and marked the beginning of a new era in AIDS programming in Canada. The resulting process was a breakthrough in public policy and development, and the Canadian Strategy on HIV/AIDS is now often recognized as a great success, and its consultative model has been adapted to assist other government counterparts working in areas such as tobacco control and reproductive health issues.

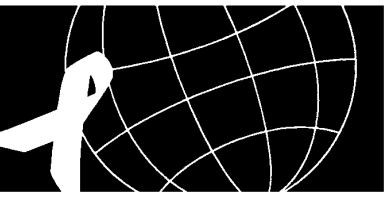
Because civil society, especially people living with HIV/AIDS and those most at risk, like women, men who have sex with men, indigenous populations, incarcerated groups and injection drug users, have been at the core of the Strategy from the beginning, our action plan embodies the experience and hard-won wisdom of those in the front-lines coping with HIV/AIDS. Their collective voices have not only helped the development of all Strategy programs and policies, but have also upheld the call for integrity as a key underlying principle of our national AIDS plan.

Grounded in other principles such as flexibility and accountability on both sides, the Strategy covers the full

complement of AIDS issues from research to surveillance, human rights to community capacity–building and prevention to comprehensive care. Each and everyone of these program areas and directions are coordinated from the ground up and defined and designed with input from civil society. The needs and the insights collected from community-based front-lines have a direct impact on all program directions and policy guidelines including those at the ministerial levels.

In the Canadian experience, civil society involvement has been the cornerstone of an effective, timely response to HIV/AIDS issues. Much of the progress made so far in reducing the spread of HIV and in caring for and supporting the infected individuals has been accomplished by civil society especially NGOs. Ours has been a dynamic partnership between government and civil society and it has not only clearly demonstrated the fruits of collaborative efforts but also afforded vigilance about this complex disease. Thank you.

By: Reeta Bhatia
International Affairs Directorate
Health Canada



News Release on the Global AIDS and Health Fund from the Canadian International Development Agency

Canada Contributes $150 Million to Global AIDS and Health Fund

July 18, 2001

Ottawa – Maria Minna, Canada's Minister for International Cooperation, today announced that Canada will commit approximately $150 million (US $100 million) to the new Global AIDS and Health Fund to help fight HIV/AIDS, tuberculosis and malaria in developing countries.

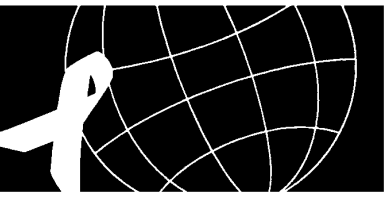
"Canada strongly supports this fund and has played a lead role during its planning and design," Prime Minister Jean Chrétien said. "The fund will enable governments and international organizations to be more effective in helping developing countries prevent and fight these terrible diseases."

The $150 million announced today is above and beyond Canada's current commitments to fight HIV/AIDS, tuberculosis and malaria in developing countries.

- Over the next five years, total funding for HIV/AIDS alone will be $270 million.

"Canada is doing its part to help alleviate the intense suffering caused not only by HIV/AIDS, but also by other infectious diseases that are ravaging the world's poorest countries," Minister Minna said.

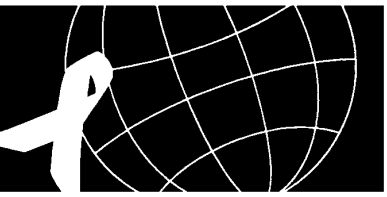
The establishment of the new Fund responds to appeals from United Nations Secretary General Kofi Annan and leaders of developing nations, who have called for the mobilization of resources from all sectors of society, including the private sector and individual citizens, to greatly expand the coverage of existing methods of tackling the major infectious diseases that threaten the world's poor countries. The fight against these diseases will be a major item of discussion when G8 leaders meet in Genoa on July 20. The Global AIDS and Health Fund will emphasize initiatives which are led by developing countries, will complement existing international funding mechanisms, and will use cost-effective interventions to avert the deaths of millions of people.



Road Map of Key UNGASS Related Events

The following is a list of some key events in the UNGASS on HIV/AIDS process, including events in Canada:

3 November 2000	UN General Assembly passes a Resolution calling for a Special Session on HIV/AIDS.
Mid-December 2000	Appointment of two facilitators for the UNGASS process: Her Excellency Ms. Penny A. Wensley, UN Ambassador from Australia, and His Excellency Mr. Ibra Deguène Ka, UN ambassador from Sénégal.
15 December 2000	Open-ended informal consultations among UN member states begin. These consultations continue throughout the UNGASS process.
January-February 2001	Government of Canada begins process to include civil society representatives on the Canadian delegation to UNGASS.
15 February 2001	Deadline for civil society applications for accreditation to UNGASS.
End-February 2001	Release of two background documents: (1) *Special Session of the General Assembly on HIV/AIDS: Report of the Secretary-General* and (2) *Global Crisis – Global Action: Reversing the HIV/AIDS epidemic: critical issues.*
26 February-2 March 2001	First Informal Consultation Meeting for Member States in New York. DFAIT, Health Canada, CIDA and interim NGO representative attend. UN announces names of civil society organizations to attend UNGASS and extends deadline for additional applications for accreditation.
End-March 2001	Release of the first draft of the Declaration of Commitment. The Interagency Coalition on AIDS and Development (ICAD) is commissioned on behalf of federal government to establish a process to solicit input from Canadians on the issues in the draft Declaration.
10 April 2001	ICAD launches email discussion forum to solicit feedback on UNGASS.
25-27 April 2001	Meeting in Geneva of 31 not-for-profit networks and organizations from around the world to review and comment on the draft Declaration of Commitment.
7 May 2001	Canadian Government consultation on UNGASS takes place in Ottawa.
11 May 2001 (appr ox.)	Release of the second draft of the Declaration of Commitment.
21-25 May 2001	Second Informal Consultation Meeting for Member States in New York.
25-27 June 2001	Special Session on HIV/AIDS in New York.



Where to Obtain Copies of Key UNGASS on HIV/AIDS Documents

1. Declaration of Commitment on HIV/AIDS

English copies (HTML format) and French copies (PDF format) can be downloaded from the UNGASS on HIV/AIDS website at http://www.un.org/ga/aids. For English copies, click on "Declaration of Commitment." For French copies, click on "Français" and then "Déclaration d'engagement."

2. The Global Strategy Framework on HIV/AIDS

This UNAIDS document, which focuses on leadership, provides a strategic approach for achieving the global targets set out in the Declaration of Commitment.

English and French copies in HTML format can be downloaded from the UNGASS on HIV/AIDS website at http://www.un.org/ga/aids. Click on "Documents."

3. UNGASS Conference Room Papers for Round-Table Discussions:

(1) Prevention and Care;
(2) HIV/AIDS and Human Rights;
(3) Socio-Economic Impact of the Epidemic and the Strengthening of National Capacities to Combat HIV/AIDS;
(4) International Funding and Cooperation

These UN documents were prepared for the four round-table discussions that took place during the Special Session.

English and French copies in Word format can be downloaded from the UNGASS on HIV/AIDS website at http://www.un.org/ga/aids. Click on "Documents."

4. UN Special Session of the General Assembly on HIV/AIDS: Report of the Secretary-General

This is the first of the two key background documents that were prepared for the Special Session and which helped inform the discussions on the Declaration of Commitment.

English and French copies in Word format can be downloaded from the UNGASS on HIV/AIDS website at http://www.un.org/ga/aids. Click on "Documents."

5. "Global Crisis - Global Action"

Commonly referred to as the Issues Paper, this is the second key UNGASS background document.

English and French copies in Word format can be downloaded from the UNGASS on HIV/AIDS website at http://www.un.org/ga/aids. Click on "Documents."

6. Resolution 55/13: Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects

This resolution, which was adopted by the United Nations General Assembly on November 3, 2000, officially convened the Special Session on HIV/AIDS for June 25-27, 2001.

English copies (HTML and PDF formats) and French copies (Word format) can be downloaded from the UNGASS on HIV/AIDS website at http://www.un.org/ga/aids. Click on "Documents."

7. Resolution 1308 - UN Security Council: HIV/AIDS and international peacekeeping operations of the United Nations

This resolution, adopted by the UN Security Council on 17 July 2000, recognizes that "the HIV/AIDS pandemic is exacerbated by conditions of violence and instability."

The document may be accessed at the following web address:
http://www.un.org/Docs/scres/2000/res1308e.pdf

8. UN Security Council issues press release welcoming the UNGASS Declaration of Commitment

On 28 June 2001, the UN Security Council welcomed the Declaration of Commitment and commended UNAIDS and the UN Department for Peacekeeping Operations on the development of an awareness card containing basic facts about HIV and AIDS, a Code of Conduct for Uniformed Services, and prevention instructions.

The Press Release may be accessed at the following website:
http://www.unaids.org/whatsnew/press/eng/pressarc01/UNsecurity_280601.html