Chapter XIII

Health, food and nutrition

In 2002, the United Nations continued to promote human health, coordinate food aid and food security and support research in nutrition. At the end of 2002, about 42 million people were living with HIV/AIDS. During the year, an estimated 5 million people became infected, 800,000 of them children, and 3.1 million people died from AIDS. The Joint United Nations Programme on HIV/AIDS (UNAIDS) continued to coordinate UN activities for AIDS prevention and control, including monitoring the implementation of the Declaration of Commitment on HIV/AIDS, adopted at the twenty-sixth (2001) special session of the General Assembly. In order to ensure the Declaration’s full implementation, the UNAIDS secretariat and co-sponsors agreed to a series of actions in the key areas of advocacy, normative guidance and operations support, communications and public information, and civil society engagement. Efforts also continued towards meeting the Millennium Development Goal of halting and beginning to reverse the spread of HIV/AIDS by 2015. The Global Fund to Fight AIDS, Tuberculosis and Malaria was established in January.

The Roll Back Malaria initiative, launched by the World Health Organization in 1998 with the goal of halving the world’s malaria burden by 2010, was seeking to expand the use of interventions known to be effective and support work that would result in even more effective interventions in future. In support of the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, 2001-2010, the General Assembly set targets to be met by 2005 for the treatment and prevention of the disease.

The World Food Programme—a joint undertaking of the United Nations and the Food and Agriculture Organization of the United Nations (FAO)—assisted 72 million people, providing 3.7 million tons of food aid. As a follow-up to the 1996 World Food Summit, FAO convened the World Food Summit: five years later, which adopted a declaration calling on the international community to fulfil the pledge made at the 1996 Summit to halve the number of hungry to about 400 million by 2015. In December, the General Assembly declared 2004 the International Year of Rice.

Health

AIDS prevention and control

Follow-up to the twenty-sixth special session

The Declaration of Commitment on HIV/AIDS, adopted at the twenty-sixth special session of the General Assembly by resolution S-26/2 [YUN 2001, p. 1126], called for an expanded global response to the epidemic and established time-bound targets relating to prevention, care, support and treatment, impact alleviation, and children orphaned and made vulnerable by HIV/AIDS. Participants at the special session had pledged to devote sufficient time, and at least one full day of the Assembly’s annual session, to review and debate a report of the Secretary-General on progress achieved in realizing the time-bound commitments set out in the Declaration (see p. 1217), to identify problems and constraints, and propose recommendations on action needed to make further progress. The first such debate would be held in 2003, the first year that the time-bound commitments were due to be met.

GENERAL ASSEMBLY ACTION (March)

On 13 March [meeting 96], the General Assembly adopted resolution 56/264 [draft: A/56/L.73] without vote [agenda item 24].

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

The General Assembly,

Recalling its resolution 55/13 of 3 November 2000, entitled “Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects”, in particular paragraph 19 thereof,

Recalling also its resolution S-26/2 of 27 June 2001, entitled “Declaration of Commitment on HIV/AIDS”, adopted at its twenty-sixth special session, held in New York from 25 to 27 June, in particular paragraph 100 thereof,

I. Requests the Secretary-General to prepare a report on progress achieved in realizing the commitments set out in the Declaration of Commitment on HIV/AIDS, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;
2. Also requests the Secretary-General to submit his report to the General Assembly at its fifty-seventh session;
3. Decides to include in the provisional agenda of its fifty-seventh session an item entitled “Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS”.

Report of Secretary-General. In response to Assembly resolution 56/264 (above), the Secretary-General submitted an August report [A/57/227 & Corr.1] on progress in implementing the 2001 Declaration of Commitment on HIV/AIDS. The report, which was based on responses received to a questionnaire sent to Member States, sought to establish a baseline against which to measure future progress and to chart progress made since the Declaration’s adoption.

Key findings of the report indicated that the Declaration was an important framework and a critical tool for advocacy. However, while political commitment continued to increase and additional resources were devoted to HIV/AIDS, the scale of country-level activities did not yet match the scope of the epidemic. The UN system had used the Declaration to enhance programmatic collaboration and technical assistance to countries, while UNAIDS was monitoring implementation. Civil society organizations were fully engaged. Most countries had developed national AIDS strategies, but implementation was slow due largely to lack of resources and technical capacity. Individual prevention and care projects needed to be expanded and converted into comprehensive programmes capable of delivering proven prevention, care and treatment interventions. The high cost of antiretroviral drugs was a barrier to care, and people living with HIV/AIDS lacked sufficient access to a wide range of medical services, including palliative care, prevention and the treatment of HIV-related infections. The report warned that an opportunity to contain new HIV/AIDS catastrophes might be missed in parts of Asia and Eastern Europe, due to a lack of strong political commitment. Only two out of 12 reporting countries in Eastern Europe had integrated HIV/AIDS into development planning.

HIV-related stigma and the marginalization of vulnerable populations impeded efforts to fight the epidemic. While a growing number of countries acknowledged the importance of respect for human rights, most had not adopted enforceable measures to protect individuals infected with or affected by HIV from discrimination (see p. 772). In policy and practice, women’s vulnerability to the disease and the importance of a gender-sensitive response were increasingly acknowledged, especially in sub-Saharan Africa, where women outnumbered men among people living with HIV/AIDS; however, almost 40 per cent of countries worldwide lacked such policies. Continuing high rates of infection among young people underscored the need for enhanced attention to prevention in that group. Greater investment was required in prevention programmes that stimulated awareness and openness, encouraged young people to delay initiation of sexual activity and increased access to prevention services and condoms. Despite alarming growth in the number of children orphaned by HIV/AIDS, nearly one in two countries lacked a national strategy for their care and support, making the creation of national action plans an urgent priority.

The report described leadership as central to making major progress against HIV/AIDS, especially at the national level, including the development of national AIDS strategies, increased regional collaboration, the mobilization of the UN system and engagement by non-governmental sectors. It presented details of efforts to increase resources for HIV/AIDS; prevent new infections; expand access to care, support and treatment; mitigate the impact of the epidemic on individuals, families, communities and nations; strengthen research and development; and monitor future progress in fighting the disease. According to the report, without substantial strengthening of the global response to HIV/AIDS, 45 million new infections were projected to occur between 2002 and 2010. However, if available prevention efforts were scaled up, 28 million (63 per cent) of those potential infections could be averted.

The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, established in January as a financing mechanism for additional resources, comprised representatives of Governments, non-governmental organizations (NGOs), the private sector, a private foundation and, in a non-voting capacity, UNAIDS, the World Health Organization (WHO) and the World Bank. In the first funding round, 300 proposals were submitted to the Fund, with requests totalling more than $5 billion for a five-year period. The Board approved 58 separate proposals from 40 countries, totalling $1.6 billion over five years, of which $616 million was committed for disbursement over the next two years. An estimated two thirds of the funds were earmarked to fight HIV/AIDS. The Fund had attracted more than $2 billion in pledges.

It recommended priority actions to meet the Declaration’s targets for 2003. Member States were urged to develop and implement a national strategic plan on HIV/AIDS by 2003; integrate HIV/AIDS into development plans and poverty reduction strategies; develop comprehensive strategies to
support orphans and children infected with and affected by HIV/AIDS; and strengthen efforts to involve the private sector, civil society partners, people living with HIV/AIDS and vulnerable groups in the fight against the disease. The international community was urged to increase significantly assistance to countries lacking sufficient resources for interventions and strengthen sustainable human capacity, systems development and capacity-building. The UNAIDS secretariat, UNAIDS co-sponsors and public health experts should collaborate to assist countries in monitoring progress in meeting the Declaration’s commitments and in evaluating HIV/AIDS programmes. Political leaders were urged to initiate and support robust multisectoral responses, speak openly about HIV/AIDS and ensure that commitments were converted into concrete actions. National policies and strategies should better reflect the epidemic’s gender dimensions. At least a 50 per cent annual increase in funding was proposed from all sources for HIV/AIDS programmes in order to expand programmes on a scale to meet the expenditure target of $10 billion by 2005. UN agencies, funds and programmes were urged to further expand their support to HIV/AIDS efforts with a view to transforming proven interventions into large-scale projects; strengthening monitoring and evaluation mechanisms to track the response to the epidemic; intensifying high-level advocacy in countries with emerging epidemics; and reinforcing collaboration with key civil society networks. Legal and policy frameworks should be established immediately to prohibit discrimination against and promote the human rights of vulnerable groups and people living with HIV/AIDS (see p. 772), and urgent steps should be taken to protect the rights and dignity in the workplace of people living with the disease. Stronger efforts were required to increase access to HIV/AIDS treatment, including greater resources for the purchase of antiretroviral drugs, treatment and prophylaxis for HIV-related opportunistic infections, as well as palliative interventions; and technology transfer needed to be accelerated and infrastructure strengthened and expanded. Global HIV/AIDS research priorities should reflect the epidemic’s disproportionate impact on low- and middle-income countries, and the magnitude and proportion of research funding devoted to HIV-related questions facing developing countries should be significantly increased. The search for a safe and effective preventive vaccine had to be an urgent global priority, with greater public and private sector investment in both developed and developing countries. It was recommended that, in accordance with the 2001 Declaration, the Assembly might wish to consider devoting at least one full day to the consideration of HIV/AIDS during its fifty-eighth (2003) session.

**GENERAL ASSEMBLY ACTION (December)**

On 20 December [meeting 79], the General Assembly adopted resolution 57/299 [draft: A/57/L.67] without vote [agenda item 42].

**Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS**

The General Assembly,

**Recognizing** that the implementation of the Declaration of Commitment on the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and the fulfilment of the targets set therein are integrally linked to the attainment of the development goals set out in the United Nations Millennium Declaration,

Recalling its resolution S-26/2 of 27 June 2001, entitled “Declaration of Commitment on HIV/AIDS”, in which it decided to devote sufficient time and at least one full day of the annual session of the General Assembly to review and debate a report of the Secretary-General,

**Recognizing** that 2003 represents the first year that the time-bound commitments set out in the Declaration of Commitment are due to be met, and that the other targets are to be met by 2005 and 2010,

Taking into account the critical role of civil society at all levels in the response to HIV/AIDS, in particular people living with HIV/AIDS,

1. **Welcomes** the report of the Secretary-General on progress towards the implementation of the Declaration of Commitment on HIV/AIDS, including the recommendations contained therein,

2. **Decides** to convene a day of high-level plenary meetings devoted to the follow-up to the outcome of its twenty-sixth special session and the implementation of the Declaration of Commitment, to be held immediately following the general debate at its fifty-eighth session on a date to be decided by the General Assembly during its fifty-seventh session;

3. **Decides also** that statements in the debate in the plenary meetings should not exceed five minutes each;

4. **Decides further** that an informal interactive panel discussion will be held in parallel with the afternoon plenary meeting and that it will have as its theme “Implementation of the Declaration of Commitment on HIV/AIDS: from policy to practice—progress achieved, lessons learned and best practices”; the Chairman of the informal panel will orally present a summary of the discussions in the informal panel to the General Assembly at the end of the debate in plenary meeting;

5. **Decides** that, in addition to Member States, observers, representatives of the entities of the United Nations system, non-governmental organizations in consultative status with the Economic and Social Council and non-governmental members of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS, an invitation to the informal interactive panel discussion will be extended to the Global Fund to Fight AIDS, Tuberculosis and Malaria and not more than fifteen civil society repre-
sentatives of international, national or community organizations, including those representing and working for people living with HIV/AIDS, and the private sector, including pharmaceutical companies, and requests the President of the General Assembly, following appropriate consultations with Member States, to draw up the list of those civil society representatives, on the basis of the recommendations of the Joint Programme and taking into account the principle of geographical representation, and to submit the list to Member States for consideration on a no-objection basis for a final decision by the Assembly on participation;

6. Invites the President of the General Assembly to finalize any outstanding organizational matters in consultation with the Member States;

7. Requests the Secretary-General to prepare a comprehensive and analytical report on progress achieved in realizing the commitments set out in the Declaration of Commitment, with a view to identifying problems and constraints and making recommendations on action needed to make further progress, for consideration by the General Assembly at its fifty-eighth session, and in this context underlines the importance of the continuing refinement of the core indicators developed by the Joint Programme and approved by its Programme Coordinating Board;

8. Decides that the arrangements outlined in paragraph 5 above shall in no way create a precedent for other similar events;

9. Decides also to include in the provisional agenda of its fifty-eighth session the item entitled “Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS”.

On the same date, the Assembly, by decision 57/385, decided that the item on the follow-up to the outcome of the twenty-sixth special session would remain for consideration at its resumed fifty-seventh (2003) session.

**Joint UN Programme on HIV/AIDS**

UNAIDS, which became fully operational in 1996 [YUN 1996, p. 1121], continued to coordinate UN activities for AIDS prevention and control. The Programme—which served as the main advocate for global action on HIV/AIDS—had eight co-sponsors: the International Labour Organization (ILO), the United Nations Development Programme (UNDP), the United Nations Children’s Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations International Drug Control Programme, the United Nations Population Fund (UNFPA), the World Bank and WHO. UNAIDS was mandated to lead, strengthen and support an expanded response to the epidemic, mainly through facilitation and coordination, best practice development and advocacy.

According to UNAIDS, at the end of 2002, about 42 million people were living with HIV/AIDS, 38.6 million of them adults and 3.2 million children under the age of 15. During the year, an estimated 5 million people became infected globally, 800,000 of them children, and 3.1 million people died from AIDS. The epidemic continued to expand in sub-Saharan Africa, where an estimated 3.5 million new infections occurred in 2002 and 28.1 million people were living with the virus; an estimated 2.4 million Africans died of the disease. In Asia and the Pacific, almost 1 million people acquired HIV in 2002, bringing to about 7.2 million the estimated total number of people living with the disease in the region. Eastern Europe and Central Asia continued to have the world’s fastest-growing epidemic, with an estimated 250,000 new infections in 2002 and 1.2 million people living with HIV/AIDS.

The 2001 Declaration of Commitment was considered by the governing boards of all the UNAIDS co-sponsoring organizations, each of which urged action to ensure the Declaration’s full implementation. As a group, the co-sponsors and the UNAIDS secretariat agreed to a series of actions in the key areas of advocacy, normative guidance and operations support, communications and public information, and civil society engagement; the UNAIDS Committee of Co-sponsoring Organizations was monitoring progress in each of those areas. An action guide was prepared to assist UN country teams in supporting national efforts to implement the Declaration.

A monitoring and evaluation framework was developed and approved by the UNAIDS Programme Coordinating Board at its twelfth meeting (Geneva, 29-31 May) [UNAIDS/PCB(12)/02.6]. Guidelines on the construction of core indicators to measure progress in achieving the Declaration’s goals were developed and disseminated worldwide, together with the monitoring and evaluation framework. The indicators were consistent with those identified for the Millennium Development Goals, contained in General Assembly resolution 55/2 [YUN 2000, p. 99]. At its thirteenth meeting and fourth ad hoc thematic meeting (Estoril, Portugal, 11-12 December) [UNAIDS/PCB(13)/02.6/Rev.1], the Board considered a report on future directions for UNAIDS: responding to the five-year evaluation of the Programme (see below), in which the UNAIDS Executive Director proposed five core functions for UNAIDS—leadership and advocacy; strategic information to guide the efforts of partners; tracking, monitoring and evaluation of the epidemic and actions in response to it; civil society engagement and partnership development; and financial, technical and political resource mobilization. The Board endorsed the five cross-cutting
functions, as well as a set of actions to guide the future direction of UNAIDS. It created an open-ended working group on the governance of the Programme and requested the submission of a report on that issue at the Board’s fourteenth meeting in June 2003. The Board considered the final report of the external evaluation of the first five years of UNAIDS, which was conducted between July 2001 and August 2002. The report contained 29 specific recommendations covering strategic vision, governance and management. It recognized several UNAIDS successes at the global level, and suggested that greater efforts were needed in support of national responses.

By year’s end, 102 countries had developed national strategic plans for HIV/AIDS. The Asia Pacific Leadership Forum on HIV/AIDS and Development was launched at the Association of South-East Asian Nations Ministerial Meeting (Bandar Seri Begawan, Brunei Darussalam, 29 July–1 August) to galvanize leadership throughout Asia and the Pacific, promote the use of evidence-based advocacy tools, facilitate information exchange and support the full engagement of civil society, particularly at the country level. During the year, UNAIDS placed particular priority on mainstreaming HIV/AIDS into the New Partnership for Africa’s Development (see p. 907). Further regional support came from the Programme of Urgent Response of the Commonwealth of Independent States (GIS) to the HIV/AIDS Epidemic, the Pan Caribbean Partnership against HIV/AIDS and the African Centre for HIV/AIDS Management, established under AIDS Watch Africa.

The General Assembly’s special session on children (see p. 1168) highlighted the impact of AIDS on children, and its outcome document, “A world fit for children” (see p. 1169), included HIV/AIDS as a priority area for action. The Secretary-General continued to spearhead international attention on AIDS, including the epidemic’s impact on women and the leadership of African women in the response, the need for broad partnerships in responding to AIDS and the issue of AIDS, food insecurity and diminished institutional capacity.

Global HIV/AIDS spending in low- and middle-income countries had increased more than tenfold, from less than $300 million in 1996 to an estimated $3.5 billion in 2002. The UN system provided $245 million in direct support for HIV/AIDS programmes at the country level and was the third largest external source of programmable funding for HIV/AIDS interventions (after bilateral programmes of the United States and the United Kingdom).

**UNDP consideration.** A report of the UNDP Administrator [DP/2002/3] described the Programme’s contribution towards reversing the HIV/AIDS epidemic in the context of the UN system strategic plan for HIV/AIDS for 2001-2005 [YUN 2000, p. 1166]. It highlighted UNDP actions in the governance and capacity-building aspects of the response, and in the social and economic dimensions of the HIV/AIDS epidemic; addressed the role of the resident coordinator system in supporting the UN response at the country level; and detailed UNDP modalities for the necessary programme support, monitoring, coordination and funding.

On 1 February [E/2002/35 (dec. 2002/1)], the UNDP Executive Board called for the mobilization of additional financial resources to enable UNDP to implement its HIV/AIDS strategy, meet its obligation as a UNAIDS co-sponsor and support national efforts to achieve the time-bound goals and targets in the 2001 Declaration of Commitment.

**IASC plan of action.** The Inter-Agency Standing Committee (IASC) Reference Group on HIV/AIDS in Emergency Settings, which was disbanded in 2000 after meeting its objectives, was reactivated by the IASC Working Group in March 2002 with the aim of consolidating and ensuring best practice and avoiding duplication in prevention and care efforts in response to HIV/AIDS in emergency settings. The Reference Group, which was chaired by WHO and included UNAIDS in its membership, developed a detailed plan of action for 2002-2003 during a workshop held on 10 and 11 September. The plan identified six objectives in the thematic areas of capacity-building and training, developing and disseminating guidelines, and research and advocacy. It also identified 12 expected outcomes and a set of essential activities, which were bound to specific time frames and benchmarks.

**Joint meeting.** By an 11 November letter [A/57/600], the Chairmen of the Second (Economic and Financial) and Third (Social, Humanitarian and Cultural) Committees transmitted to the General Assembly a summary of the proceedings of a joint meeting of the Committees on 25 October, at which the Executive Director of UNAIDS delivered a briefing on HIV/AIDS in advance of the Assembly’s consideration of the item.

(For information of the spread of HIV/AIDS through drug injection, see p. 1249; for details of population programmes on reproductive rights and reproductive health, with reference to HIV/AIDS, see p. 1076.)
Follow-up to the Millennium Summit

In response to General Assembly resolution 50/55 [YUN 2000, p. 1279], the Secretary-General submitted, in July, the first annual report [A/57/270 & Corr.1] (see p. 1355) on progress achieved by the UN and Member States to implement the United Nations Millennium Declaration, adopted in Assembly resolution 55/2 [YUN 2000, p. 49]. Regarding HIV/AIDS, he stated that prevention programmes had led to declining rates of HIV prevalence in Uganda and Thailand and to a significant decline in adult HIV infection in Cambodia. The most spectacular reductions of HIV transmission occurred among young people due to expanded general sex education and life skills education in schools, as well as revised curricula and strengthened teacher training. However, he observed that too few young people obtained the prevention services needed to reduce their risk of infection. Regarding transmission from mothers to their newborn infants, programme coverage needed to be greatly expanded, voluntary counselling and testing services strengthened and safe infant-feeding by HIV-infected mothers realized.

A decisive contribution in combating the disease could be made by new technologies, including the development of a safe, effective AIDS vaccine. Access to care and treatment, including lower-cost medicines, needed to be expanded and the care of children orphaned by HIV/AIDS should be given high priority. While increased political commitment had led to vastly greater resources within national budgets for HIV/AIDS spending in developing countries—about $3 billion in 2002—a concerted global effort was needed to reach the estimated $10 billion required annually by 2005. Despite a sixfold increase in donor funding of HIV/AIDS spending since 1998 and the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (see p. 1217), the mobilization of additional resources remained a key challenge. A broad-based community-wide approach should unite Governments, faith-based, cultural and community groups, employers, trade unions, NGOs and the business sector for concerted action to respond to AIDS.

According to the report, the Millennium Development Goal of halting and beginning to reverse the spread of HIV/AIDS by 2015 would require continuing bold and innovative action, including establishing the Declaration as a framework for action and accountability; scaling up national responses; promoting human rights and reducing stigma and discrimination; focusing on young people during all stages of the epidemic; and raising the necessary resources to get the job done and to scale up prevention, care, support and treatment initiatives as capacity expanded.

In September [A/57/387], the Secretary-General reported on strengthening the United Nations: an agenda for further change (see p. 1352), as part of the follow-up to the Millennium Summit [YUN 2000, p. 47]. In proposals regarding HIV/AIDS in the workplace, he called for a thorough review to ensure that the Organization’s policy of non-discriminatory employment, medical support systems and information dissemination for personnel with HIV/AIDS was fully implemented by year’s end.

CEB consideration. The High-level Committee on Programmes of the United Nations System Chief Executives Board for Coordination (CEB), at its third session (New York, 7-8 March) [CEB/2002/4], considered, in the context of the follow-up to the Millennium Summit, the issue of a system-wide strategic approach to the treatment and prevention of communicable diseases, including HIV/AIDS. It decided that WHO would finalize an executive paper that the Secretary-General had requested the organization to prepare.

During its first regular session of 2002 (Rome, 10-11 April) [CEB/2002/1], CEB endorsed the paper as a basis for future work and a contribution to meeting the MDGs. It also called for wider use of the multisectoral approach to treating and preventing HIV/AIDS. CEB concluded that the interrelationship between health and the other goals of the Millennium Declaration should be made explicit in poverty reduction strategy papers and in the system’s support strategies at the country level. It noted the need for further analysis and incorporation of a focus on reproductive health and for greater attention to prevention aspects of the HIV/AIDS epidemic. CEB also called on its members to implement fully the UN system’s existing policies on HIV/AIDS in the work place through allocation of the required resources.

Tobacco

In response to Economic and Social Council decision 2000/236 [YUN 2000, p. 1170], the Secretary-General, in April [E/2002/44], described the global tobacco epidemic and the continuing work of the Ad Hoc Inter-Agency Task Force on Tobacco Control.

According to the report, cigarette smoking, along with HIV/AIDS, was the largest growing cause of death. WHO estimated that smoking caused 4.2 million deaths per year; deaths were expected to rise to about 8.4 million in 2020, with some 70 per cent occurring in the developing world. Studies in China and India showed that the range of outcomes attributable to tobacco in-
cluded cancers and heart and lung disease, categories previously described only in developed countries. Studies also pointed to the link between tobacco use and tuberculosis. Tobacco-related diseases were the single most important cause of preventable deaths in the world, and smoking caused 25 major categories of fatal and disabling diseases. Tobacco use among women was increasing worldwide. In general, 8.8 per cent of women in developing countries, 20.2 per cent in countries with economies in transition and 22.3 per cent in developed countries smoked cigarettes.

The report concluded that, since its establishment in 1999 under the leadership of WHO [YUN 1999, p. 1131], the Ad Hoc Inter-Agency Task Force had provided an opportunity for useful information-sharing, as well as for extending multisectoral collaboration across the UN system and developing inter-agency projects to address the tobacco epidemic. The report proposed actions for Council members to assist the Task Force in its work.

By decision 2002/242 of 24 July, the Council requested the Secretary-General to report in 2004 on the continuing work of the Task Force.

Framework convention

During the fourth session of the Intergovernmental Negotiating Body (INB) on the WHO Framework Convention on Tobacco Control (Geneva, 18–23 March), which was responsible for negotiating the text of the convention and possible related protocols, the Co-Chairs of the three INB working groups issued revised texts. Two readings of textual proposals submitted by member States for convention articles on compensation and liability, amendment of the convention and final clauses were completed. Informal drafting groups made progress on issues including passive smoking, price measures and packaging and labelling, and in designing intersessional steps towards a new consolidated Chair’s text. The Chair’s text was considered by INB at its fifth session (Geneva, 14–25 October). No firm consensus concerning the convention was reached, however, and a sixth session was scheduled for February 2003.

Roll Back Malaria initiative

In July [A/57/125], the Secretary-General reported on activities undertaken and progress made in the first year of 2001–2010: the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa. The report, which summarized the burden of malaria and the challenges facing malaria-endemic countries in fighting the disease, was issued in response to General Assem-
laria, specifically, intermittent preventive treatment for infants and long-lasting ITNs.

The report recommended that the Assembly: call on Member States to join in solidarity with malaria-endemic countries in Africa and elsewhere to roll back malaria; reinforce the intent of the Abuja Declaration and encourage malaria-endemic countries to eliminate or substantially reduce taxes and tariffs on ITNs, netting materials and insecticides; advocate continued and increased support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, established in January (see p. 1217) and increased bilateral support for fighting malaria; call on malaria-endemic countries to address the malaria burden through all means available, including sector-wide approaches, sector credits, debt relief and poverty-reduction strategies; and call on UN agencies to renew their commitment to RBM and the goal of halving the burden of the disease by 2010.

CEB consideration. The CEB High-level Committee on Programmes, at its March session [CEB/2002/4], considered, in the context of the follow-up to the Millennium Summit [YUN 2000, p. 47], the issue of a system-wide strategic approach to the treatment and prevention of communicable diseases, including malaria. During its April session [CEB/2002/1], CEB noted that a culture of prevention should be applicable to malaria, which posed serious health problems in many parts of the world, and that UN system organizations needed to support research and collaborative efforts to address the disease.

Communication. On 14 August [A/57/304], South Africa transmitted a document entitled “The New Partnership for Africa’s Development” (NEPAD) (see p. 396), according to which African leaders would give high priority to combating HIV/AIDS, malaria and other communicable diseases. The initiating Presidents of the Partnership proposed that the NEPAD programme on communicable diseases, including HIV/AIDS, malaria and tuberculosis, be among those fast-tracked, in collaboration with development partners.

GENERAL ASSEMBLY ACTION

On 20 December [meeting 79], the General Assembly adopted resolution 57/294 [draft: A/57/L.70 & Add.1] without vote [agenda item 29].

2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

The General Assembly,
Recalling its resolutions 49/135 of 19 December 1994, 50/128 of 20 December 1995 and 55/284 of 7 September 2000 concerning the struggle against malaria in the developing countries, particularly in Africa,

Bearing in mind the relevant resolutions of the Economic and Social Council relating to the struggle against malaria and diarrhoeal diseases, in particular resolution 1998/36 of 30 July 1998,

Acknowledging that it is important and necessary for countries where malaria is endemic to adopt appropriate strategies to combat malaria, one of the most deadly of all tropical diseases, which annually causes at least one million deaths in Africa, where nine out of every ten cases of malaria occur,

Taking note of the declarations and decisions on health issues adopted by the Organization of African Unity, in particular the declaration and plan of action on the “Roll Back Malaria” initiative adopted at the Extraordinary Summit of Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000, as well as decision AHG/Dec.155(XXXVI) concerning the implementation of that declaration and plan of action, adopted by the Assembly of Heads of State and Government of the Organization of African Unity at its thirty-sixth ordinary session, held in Lomé from 10 to 12 July 2000,

Welcoming the establishment of the African Union in Durban, South Africa, on 9 July 2002, in accordance with the provisions of its Constitutive Act, and the adoption of the New Partnership for Africa’s Development,

Acknowledging the efforts of the World Health Organization and other partners to fight malaria over the years, including the launching of the Roll Back Malaria Partnership in 1998,

Recognizing that malaria-related ill health and deaths throughout the world can be eliminated with political commitment and commensurate resources if the public is educated and sensitized about malaria and appropriate health services are made available, particularly in countries where the disease is endemic,

Emphasizing that the international community has an essential role to play in strengthening the support and assistance provided to developing countries, particularly African countries, in their efforts to reduce the burden of malaria and mitigate its negative effects,

Recognizing the importance of the development of effective vaccines and new medicines to prevent and treat malaria and the need for further research, including through effective global partnerships such as the various malaria vaccine initiatives and the Medicines for Malaria Venture, in securing their development,

Emphasizing the importance of implementing the United Nations Millennium Declaration, and welcoming, in this connection, the commitment of Member States to respond to the specific needs of Africa,

1. Takes note of the report of the Secretary-General, and calls for support for the recommendations contained therein;
2. Reaffirms the period 2001-2010 as the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa;
3. Welcomes the high priority given to the fight against malaria in the New Partnership for Africa’s Development;
4. Takes note with satisfaction of the continuing efforts of developing countries, particularly those in Africa, to combat malaria through the formulation and implementation of plans and strategies at the national,
5. Takes note of the real progress towards the implementation of those plans, most notably the increasing availability of insecticide-treated bednets, the growing use of preventive treatment of pregnant women and prompt access to treatment with effective drugs, that is being made in many countries in which malaria is endemic, particularly in Africa;  

6. Stresses that the proclamation of the Decade will stimulate the efforts of African countries and the international community not only to roll back malaria worldwide, in particular in Africa where the burden is heaviest, but also to prevent its spread to previously malaria-free areas;  

7. Appeals to the international community, United Nations bodies, international and regional organizations and non-governmental organizations to allocate substantial new resources, including through the Global Fund to Fight the Acquired Immunodeficiency Syndrome, Tuberculosis and Malaria, for developing countries, particularly in Africa, with a view to enabling them to implement fully the plan of action adopted in Abuja for the “Roll Back Malaria” initiative;  

8. Calls upon the international community and donor Governments to encourage and facilitate the transfer of needed technology to developing countries, particularly in Africa, on favourable terms, including concessional and preferential terms, as mutually agreed, for the production of long-lasting insecticide-treated nets, to avoid the difficulties encountered with re-treatment, and to find ways to increase the availability of the new range of artemisinin-based combination drugs for multi-drug-resistant malaria;  

9. Commends the World Health Organization and its partners, and urges them to provide the necessary support for its ongoing measures to combat malaria in developing countries, particularly in Africa, and to provide the assistance necessary for African States to meet their objectives;  

10. Calls for joint comprehensive efforts between Africa and the international community to ensure that by 2005 the following targets are achieved:  

(a) At least 60 per cent of those at risk for malaria, in particular pregnant women and children under five years of age, benefit from the most suitable combination of personal and community protective measures, such as insecticide-treated bednets and other interventions that are accessible and affordable, to prevent infection and suffering;  

(b) At least 60 per cent of all pregnant women who are at risk for malaria, especially those in their first pregnancy, have access to chemoprophylaxis or presumptive intermittent treatment;  

(c) At least 60 per cent of those suffering from malaria have prompt access to and are able to use correct, affordable and appropriate treatment within twenty-four hours of the onset of symptoms;  

11. Reiterates the need to ensure that measures to reduce the risk of malaria transmission, including source reduction and environmental management, such as ways to minimize mosquito breeding sites associated with existing and new development projects, are included in development planning and activities;  

12. Requests the Secretary-General, acting in close collaboration with the Director-General of the World Health Organization, developing countries and regional organizations, including the African Union, to conduct in 2005 an evaluation of the measures taken and progress made towards the achievement of the mid-term targets, the means of implementation provided by the international community in this regard and the overall goals of the Decade, and to report thereon to the General Assembly at its sixtieth session.
Global food aid deliveries amounted to 9.6 million tons in 2002, a decrease of about 11 per cent from the 10.8 million tons delivered in 2001. Bilateral deliveries accounted for 30.3 per cent of the total, up 2.4 per cent from the previous year. Nearly half of the food aid delivered for the year was provided as relief aid to people affected by man-made or natural emergency situations. The portion of food aid channelled multilaterally decreased from 42 per cent in 2001 to 39 per cent in 2002. The total number of beneficiaries decreased from 77 million in 2001; however, WFP initiated 66 new operational activities and 10 country programmes worldwide.

Sub-Saharan Africa received the largest share of WFP assistance, with 39.8 per cent of its operational expenditures spent in 40 countries; Asia received 28.9 per cent for 14 countries; Eastern Europe and CIS, 5.8 per cent for eight countries; Latin America and the Caribbean, 2.7 per cent for 12 countries; and the Middle East and North Africa, 2.8 per cent for nine countries.

**Administrative and financial matters**

**Joint meeting.** On 27 September [E/2002/35 (dec. 2002/27)], the UNDP/UNFPA Executive Board proposed a two-day meeting in January 2003 with the Executive Boards of WFP and UNICEF. It requested that its Bureau propose an agenda and communicate it to the Bureaux of the UNICEF and WFP Executive Boards, and that the Bureaux of the three Executive Boards finalize the agenda no later than 1 December.

**Resources and financing.** WFP operational expenditure for 2002 amounted to $1.6 billion for development and relief activities in the least developed countries and low-income, food-deficit countries. Contributions totalled $1.8 billion, which was 5 per cent less than the 2001 total but represented the second-highest level of support in the Programme’s history. For the second year in a row, more than half of WFP’s resources came from the United States, which contributed $930 million. Of the total contributed, $1.13 billion went to emergency operations, $470 million to protracted relief and recovery operations and $215 million to development activities.

**Pledging conference.** The United Nations held the 2002 United Nations Pledging Conference for WFP (New York, 6 November) [A/CONF.201/11], at which six Member States (Algeria, Bhutan, Djibouti, El Salvador, India, Nicaragua) and the Holy See pledged a total of $27,500 and $1.9 million in goods.

**Food security**

**Follow-up to 1996 World Food Summit**

In accordance with the decisions of the hundred and nineteenth (2000) [YUN 2000, p. 1171] and hundred and twenty-first (2001) [YUN 2001, p. 1142] sessions of the FAO Council, FAO held the World Food Summit: five years later (Rome, 10-13 June). The meeting, which was attended by delegations from 179 countries and the European Community, reviewed the 1996 Word Food Summit [YUN 1996, p. 1129], at which FAO members committed themselves to assisting developing countries in trade issues, particularly in preparing for multilateral trade negotiations. It adopted a Declaration [A/57/499] calling on the international community to fulfil the pledge made at the 1996 Summit to reduce the number of hungry by half, to about 400 million, by 2015, and called for the creation of an international alliance to accelerate action to reduce world hunger. It also called for: an intergovernmental working group to develop voluntary guidelines to achieve the progressive realization of the right to food; a reversal of the overall decline of agriculture and rural development in the national budgets of developing countries, in assistance provided by developed countries and in lending by international financing institutions; and voluntary contributions to the FAO Trust Fund on Food Safety and Food Security.

According to The State of Food and Agriculture 2002, FAO’s annual report on current developments and issues in world agriculture, there were an estimated 815 million undernourished people: 777 million in developing countries, 27 million in countries in transition and 11 million in developed market economies. More than half of those undernourished (61 per cent) were in Asia, while 24 per cent lived in sub-Saharan Africa. Significant but uneven progress had been made over the previous two decades. Since the benchmark period set for the 2015 target (1990-1992), the number of undernourished people declined by 39 million, or an average of 6 million annually. To achieve the 1996 Summit goal, the number of undernourished people would have to decrease by an annual rate of 22 million for the remaining period.

**GENERAL ASSEMBLY ACTION**

On 20 December [meeting 78], the General Assembly, on the recommendation of the Second Committee [A/57/557], adopted resolution 57/271 without vote [agenda item 92].

**World Food Summit: five years later**

The General Assembly, Recalling its resolution 51/171 of 16 December 1996, in which it welcomed the outcome of the World Food Summit, held in Rome from 13 to 17 November 1996,
General Assembly, the Philippines requested the Summit on Sustainable Development. Recalling further its resolutions 55/162 of 14 December 2000 and 56/95 of 14 December 2001 on the follow-up to the outcome of the Millennium Summit, and the World Trade Organization, the International Conference on Financing for Development and the World Food Summit: five years later in the context of the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration, in particular the goals of halving the levels of hunger and absolute poverty by 2015, and in the context of relevant follow-up to the Fourth Ministerial Conference of the World Food Summit: five years later—International Alliance against Hunger;

3. Requests all relevant organizations of the United Nations system, in particular the Food and Agriculture Organization of the United Nations, the World Food Programme and the International Fund for Agricultural Development, as well as the international and regional financial institutions, to pursue, at the global, regional and country levels, the implementation of the outcome of the World Food Summit: five years later in the context of the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration, in particular the goals of halving the levels of hunger and absolute poverty by 2015, and in the context of relevant follow-up to the Fourth Ministerial Conference of the World Trade Organization, the International Conference on Financing for Development and the World Summit on Sustainable Development.

**International Year of Rice (2004)**

In a 22 November letter to the Secretary-General [A/57/254], the Philippines requested the inclusion of an additional item entitled “International Year of Rice, 2004” in the agenda of the General Assembly’s fifty-seventh (2002) session. Annexed to the letter was an explanatory memorandum, which discussed the nutritional, political and social importance of rice; trends and projections of rice production; and pertinent issues surrounding rice production, including the ability to meet future rice needs, damage to the environment and natural resources caused by the intensification of production and the loss of biodiversity from the spread of high-yielding varieties and the intensive use of chemicals. According to the memorandum, the challenges of maintaining productivity required a major international effort that could be stimulated by the proclamation of an International Year of Rice by the United Nations. Also annexed to the letter was a draft resolution on the proposed International Year of Rice (see below).

**General Assembly Action**

On 16 December [meeting 76], the General Assembly adopted resolution 57/162 [draft: A/57/L.58/Rev.1 & Add.1] without vote [agenda item 168].

---

**International Year of Rice, 2004**

The General Assembly, Recalling resolution 2/2001 of the Conference of the Food and Agriculture Organization of the United Nations, Noting that rice is the staple food of more than half of the world’s population, Affirming the need to heighten awareness of the role of rice in alleviating poverty and malnutrition, Reaffirming the need to focus world attention on the role that rice can play in providing food security and eradicating poverty in the attainment of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration,

1. Decides to declare the year 2004 the International Year of Rice;

2. Invites the Food and Agriculture Organization of the United Nations to facilitate the implementation of the International Year of Rice, in collaboration with Governments, the United Nations Development Programme, Consultative Group on International Agricultural Research centres and other relevant organizations of the United Nations system and non-governmental organizations.

---

**Standing Committee on Nutrition**

In accordance with Economic and Social Council decision 2001/321 [YUN 2001, 1364], by which the Administrative Committee on Coordination (ACC) was renamed the United Nations System Chief Executives Board for Coordination (CEB), the former ACC Subcommittee on Nutrition continued its functions as the United Nations System Standing Committee on Nutrition (SCN) and reported to CEB.

At its twenty-ninth session (Berlin, Germany, 11-15 March), SCN reviewed reports of working groups on capacity development for food and nutrition; breastfeeding and complementary feeding; micronutrients; nutrition and HIV/AIDS; nutrition, ethics and human rights; household food security; nutrition of school-age children; and nutrition in emergencies. During the session, the German Government hosted a symposium on nutrition in the context of crisis and conflict. The Fifth Report on the World Nutrition Situation Task Force provided information on the structure and themes of the Fifth Report a full first draft of which was to be available by 15 July, with publication scheduled for 2003. During the session, SCN launched a new publication entitled Nutrition—A Foundation for Development.
**UNU activities**

The United Nations University (UNU) food and nutrition programme (FNP) assisted developing regions to enhance individual, organizational and institutional capacity, carried out coordinated global research activities and served as the academic arm for the UN system in areas of food and nutrition that were best addressed in a non-regulatory, non-normative environment.

In 2002, FNP activities included the implementation of its Global Capacity Development Initiative, a series of 10-year capacity development action plans outlined by ad hoc groups in Africa and Latin America. The first of a series of African workshops, aimed at enhancing leadership skills among promising young African food and nutrition professionals, was held in South Africa. At the request of WFP, FNP organized the Food Safety Technical Advisory Group to assess the safety and appropriateness of foods distributed by WFP. FNP was leading a global review of harmonized approaches for setting nutrient-based dietary standards and, with WHO and FAO, was preparing for a global review of the feasibility of developing international growth standards for pre-adolescent school-age children.

Under the University’s capacity development training programme, cooperation between UNU and FAO in the area of nutrition data management continued with a three-week course on the production and use of food composition data in nutrition (Pretoria, South Africa, October), with the participation of three UNU fellows. Five fellows began a year-long training programme in food science and technology organized by UNU at the National Food Research Institute in Tsukuba, Japan; five others completed their training and received grants to return to their home countries for follow-up research projects. In the degree-oriented programme, one UNU fellow continued her two-year course work in the Applied Nutrition Programme at the Department of Food Technology and Nutrition of the University of Nairobi, Kenya. UNU continued its quarterly publication of the *Food and Nutrition Bulletin* and the *Journal of Food Composition and Analysis.*