



**Governing Council  
of the  
United Nations  
Development Programme**

Distr.  
GENERAL

DP/1988/SR.2  
25 February 1988  
ENGLISH  
ORIGINAL: SPANISH

GOVERNING COUNCIL

Special session

SUMMARY RECORD OF THE 2nd MEETING

Held at Headquarters, New York,  
on Wednesday, 17 February 1988, at 10 a.m.

President: Mr. MANGWAZU (Malawi)

CONTENTS

Adoption of the agenda

Other matters:

- (a) Co-operation with the World Health Organization and other agencies  
against AIDS

United Nations Development Fund for Women

This record is subject to correction.

Corrections should be submitted in one of the working languages. They should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent within one week of the date of this document to the Chief, Official Records Editing Section, Department of Conference Services, room DC2-750, 2 United Nations Plaza.

Any corrections to the records of the meetings of this session will be consolidated in a single corrigendum, to be issued shortly after the end of the session.

The meeting was called to order at 10.15 a.m.

ADOPTION OF THE AGENDA

1. The PRESIDENT said that sub-item 2 (a) of the provisional agenda, as orally amended at the organizational meeting, and now entitled "Co-operation with the World Health Organization and other agencies against AIDS", should be included under item 4, "Other matters", as sub-item (a). Furthermore, a new sub-item 4 (g) had been included, entitled "Financing of technical co-operation among developing countries".
2. The agenda, as orally amended, and the organization of work, which appeared in documents DP/1988/L.2 and Add.1, were adopted.

OTHER MATTERS

- (a) CO-OPERATION WITH THE WORLD HEALTH ORGANIZATION AND OTHER AGENCIES AGAINST AIDS (DP/1988/1 and Add.1 and DP/1988/PROJECTS/REC/27 and DP/1988/PROJECTS/REC/28)
3. Mr. DRAPER (Administrator, UNDP), introducing documents DP/1988/1 and Add.1 and DP/1988/PROJECTS/REC/27 and 28, said that the AIDS pandemic, which was a world-wide biomedical problem, could become an overwhelming economic and social problem unless measures were taken to combat it. In April 1987, at the World Health Organization, UNDP had committed itself to joining the fight against AIDS. All over the world, UNDP field offices had channelled their action through national, regional and interregional programmes.
4. In November 1987 the Director-General of WHO had asked UNDP to help it direct and co-ordinate the world campaign against AIDS. As a result, WHO and UNDP had together set up the Alliance to Combat AIDS. The Alliance, which had assigned UNDP a leading role at the country level and in collaboration with other United Nations agencies, also recognized the support that UNDP field offices could provide to WHO. There was full agreement on the complementary roles that WHO and UNDP could play in the fight against AIDS.
5. He had proposed to the Governing Council that UNDP should, as an integral part of the Alliance, provide advances up to \$2 million on a reimbursable basis for the immediate implementation of national AIDS strategies. The advances would be used to bridge the gap between receipt of firm commitments of cash contributions from donors to support the national AIDS programmes and actual payment of the pledged resources. Other than the possible loss to UNDP of bank interest for a short time, the proposal represented no actual expenditure of UNDP funds.
6. The second proposal referred to the establishment of an international consortium to stem the spread of AIDS through blood transfusions. UNDP, together with WHO, the League of Red Cross and Red Crescent Societies, and the International Society of Blood Transfusion, would work together on preparing AIDS-prevention programmes for recipient countries, so as to make blood supplies safe. One of the main routes by which the AIDS virus was spread could thus be blocked.

(Mr. Draper)

7. In paragraph 11 of document DP/1988/1/Add.1, it was recommended that UNDP pay \$700,000 to increase the safety of blood supplies out of its \$3.5 million commitment to support AIDS control activities. The task ahead was complex and challenging and he hoped that the Governing Council would consider it worthy of support.

Statement by the Director of the WHO Global Programme on AIDS

8. Dr. MANN (Director of the WHO Global Programme on AIDS) stated that as of 10 February 1988, 132 countries had officially notified WHO of a total of 77,984 cases of AIDS.

9. Concerning treatment, although many drugs had been used experimentally, there was still none that was effective against the disease. Progress in developing an AIDS vaccine had been relatively slow, and the scientific community was in agreement that no vaccine for general use could be expected for at least five years, according to the most optimistic estimates. He was convinced that in order to fight AIDS and the HIV (human immuno-deficiency virus), the primary need was for education and information programmes to influence the principal method of transmission of the illness, namely, human behaviour.

10. The WHO Special Programme on AIDS had been officially established on 1 February 1987. During that year, the Programme had given technical and financial help to more than 100 countries to develop their own national AIDS control programmes. WHO had helped to co-ordinate world activities in the fields of biomedical, social and behavioural research, monitoring, forecasting and evaluating the effects of the epidemic, epidemiological monitoring and research into work on planning health-education strategies. In January 1988 the WHO Governing Council had decided to change the name of the programme to Global Programme on AIDS, so as to reflect the global scope of the problem.

11. Among the key events that had marked the development of the Programme had been the fortieth World Health Assembly, held in May 1987, which had officially approved the Global Strategy for the Prevention and Control of AIDS, the July 1987 session of the Economic and Social Council, which had supported WHO in its role of directing and co-ordinating the global fight against AIDS, and General Assembly resolution 42/8 of 26 October 1987, which had confirmed WHO's directing and co-ordinating role, involvement in the Global Strategy on AIDS and the need for the whole United Nations system to unite in co-ordinated action to combat the disease.

12. WHO was working together with 120 countries - and he hoped that in 1988 that number would rise to 144 - in working out, planning, implementing, monitoring and evaluating national activities to combat AIDS. WHO was pleased with the rapid development of the Alliance with UNDP in the battle against AIDS. The WHO Governing Council had approved the concept of the Alliance, and the administrative details of the relevant agreement between WHO and UNDP were currently being finalized. By way of example, mention could appropriately be made of recent experience in Zaire, a country hard hit by AIDS. For a year now, WHO had been

(Dr. Mann)

providing technical and financial assistance on drafting a five-year plan to combat AIDS. In Kinshasa, a week before the Special Meeting, the Ministry of Health of Zaire, with the help of WHO, had submitted the plan to the donor community. The participation of the UNDP representative, in his capacity as Resident Representative and Co-ordinator, had helped the Ministries of Planning and of Health incorporate the AIDS action plan into the national planning process. The first year of the Zaire AIDS plan had now been financed in its entirety, and firm commitments had been received for its future financing. It had thus been possible to secure a firm undertaking from all donors - bilateral and multilateral - that assistance provided to Zaire was in line with the national strategy and with the Global AIDS Control Strategy. At the closing meeting in Kinshasa, the UNDP representative, speaking on behalf of the United Nations system, had clearly outlined to participants the co-ordinated response of the United Nations system to ensure that action against AIDS was an intersectoral campaign for health.

13. Through the Global Blood Safety Initiative, UNDP, the International Society of Blood Transfusion and the League of Red Cross and Red Crescent Societies had initiated a process to make blood banks safe. The social and political will which existed with respect to AIDS could be used effectively not only in the fight against AIDS, but also to ensure integral protection of blood banks throughout the world against other diseases which were a greater threat to health than HIV.

14. Together with UNDP, WHO was making preparations for an important conference to be held in Geneva at the end of May in order to establish a consortium to make blood supplies safe throughout the world. He expressed his gratitude for the vital co-ordination and information support provided by the United Nations system through the Under-Secretary-General for International Economic and Social Affairs, and reiterated his satisfaction at the co-operation of UNDP and WHO in the world fight against AIDS.

Statement by the Under-Secretary-General for International Economic and Social Affairs

15. Mr. AHMED (Under-Secretary-General for International Economic and Social Affairs) said that shortly after the adoption of General Assembly resolution 42/8 concerning AIDS, the Secretary-General had designated him as focal point at United Nations Headquarters for activities related to the prevention and control of AIDS. The resolution requested the Secretary-General to ensure, in co-operation with the Director-General of the World Health Organization, a co-ordinated response on the subject by the United Nations system. He had met in Geneva on 22 January 1988 with the Director-General of WHO, Dr. Mann and other WHO officials to study ways of developing co-ordinated action by the United Nations.

16. He had represented the Secretary-General at the meeting of Ministers of Health held in London from 18 to 26 January 1988, and had reaffirmed there the Secretary-General's pledge to support the efforts of WHO in the implementation of the Global Strategy for the Prevention and Control of AIDS. The following fundamental principles were vital to the success of the Strategy: AIDS was a

(Mr. Ahmed)

world-wide challenge that called for a world-wide effort to stop it; it should not be regarded as a national stigma; Governments must recognize the dangers it posed and establish national plans including health, social, cultural, humanitarian and economic components; the medical and scientific community must give priority to finding a cure and a vaccine through co-operation at the national and international levels; the objective of that effort must be to protect and treat all people, not just the wealthy or the privileged; and the demand for adequate resources to combat AIDS must not be allowed to diminish the successful international efforts in other health areas, such as infant mortality and primary health care, since the infrastructure and techniques developed in those endeavours could serve in the battle against AIDS. It must be established - and that must be a fundamental theme of all education and public information programmes - that the battle was against AIDS, and not against people suffering from the disease, infected or considered at high risk.

17. His own Department, with the support of UNFPA, had already begun study of the population aspects of AIDS and had established a working group to observe the economic and social consequences of the disease, in co-operation with other interested parties, particularly with the regional economic commissions, which had a significant role to play in getting the message across and in preparing the information and necessary data bases required so that research could continue.

18. Mr. MULLER (Observer for Australia) expressed his delegation's support for the WHO/UNDP Alliance to Combat AIDS and the global projects referred to in paragraphs 6 and 8 of document DP/1988/1/Add.1. He emphasized the importance of UNDP assistance in the field in order to ensure co-ordination of those programmes. He welcomed the remarks made by the Under-Secretary-General for International Economic and Social Affairs to the effect that the proposed Alliance between UNDP and WHO was in line with the Secretary-General's desire to ensure a co-ordinated response of the United Nations system at the country level, and awaited with interest the 1988 sessions of the Economic and Social Council and the General Assembly, which would provide more details on the co-ordinated response of the system to the AIDS pandemic.

19. Mr. YUDIN (Union of Soviet Socialist Republics) said that the spread of AIDS, which recognized no frontiers nor limits, threatened all equally and was a global problem. New criteria must be applied to the battle, recognizing the magnitude of the scourge and seeking an effective way of eliminating it as soon as possible. Like other countries, the Soviet Union saw no other alternative. By the Supreme Soviet's Decree of August 1987, the Minister of Health was authorized to screen for the appearance of the virus. Measures had been taken to carry out AIDS control campaigns in order to prevent the virus entering the country.

20. It had been pointed out that the epidemic had affected both developed and developing countries. He suggested that consideration be given to the proposal to issue international medical certificates referred to in the report; they should be issued through a centralized authority. Paragraph 15 of document DP/1988/1 mentioned centrally managed missions to provide assistance in activities of

/...

(Mr. Yudin, USSR)

of developing countries against AIDS; he wondered what type of experts would be included in those missions.

21. He believed it important that the WHO campaign against AIDS should include the blood screening and testing referred to in paragraph 16 of the report. The document did not mention campaigns against drug addiction, which was a problem closely linked to the question of AIDS.

22. Paragraph 17 of the document dealt with the inclusion of the AIDS component in UNDP projects at the country level. He would welcome information from the Administrator of UNDP in that respect; for example, what concrete action were resident representatives taking? The fact that the Special Commission was currently studying the campaign for action against AIDS demonstrated the capacity of the United Nations to respond rapidly to problems with global dimensions.

23. Mrs. LEVESQUE (Canada) said that, for various reasons, Canada supported the principle of the initiative under consideration. It was realistic with respect both to the task to be performed and to the means of doing so. The WHO/UNDP Alliance attested to the multidisciplinary nature of AIDS problems. Her delegation believed that the Alliance would reinforce the concept of co-operation between the various bodies of the United Nations system. The breadth of spirit and speed of response demonstrated by both parties were admirable. Joint action had never been easy, especially when it dealt with a question as complex as the implementation, on a world-wide scale, of programmes to combat a disease of which so little was known.

24. The financing facility would avoid the gaps between the pledging of contributions and the carrying out of activities, as well as the prejudicial intervals between the different stages of national programmes. She supported that proposal and the criteria suggested for the use of funds. The maximum figure of \$2 million seemed appropriate, since it could be increased or reduced according to circumstances. The financial reports of UNDP should present data on the amounts allocated and reimbursed. She wished to know whether the term "firm pledge" referred to a pledge in writing by the donor. She also wished to know the implications of the Alliance's activities for UNDP Administration, particularly with respect to the human resources required.

25. With regard to the Global Blood Safety Initiative, lack of information prevented the in-depth analysis of, for example, how the cost of that activity had been determined: she hoped that more information would be available for the June meeting.

26. Although it welcomed the establishment of a consortium which would include the principal participants, her delegation hoped that there would be no duplication of activities.

27. Mr. KELLAND (Denmark), speaking on behalf of the four Nordic countries, said that UNDP co-operation in the battle against AIDS was in full conformity with the deep concern expressed by the General Assembly in resolution 42/8. He therefore supported the proposals of the Administration in document DP/1988/1 concerning a reimbursable global project of \$2 million and a Global Blood Safety Initiative.

28. He regarded the WHO/UNDP Alliance as very important and welcomed the information provided by Dr. Mann on the experience of Zaire. He was pleased to note from paragraph 3 of document DP/1988/1 that WHO was acknowledged as the lead agency in the global fight against AIDS. All multilateral and bilateral programmes must co-ordinate their activities with WHO in the fight against AIDS and there should be no duplication. He hoped that the Alliance would obtain the broad economic and political commitments that were necessary to implement the economic and social measures and to strengthen the health infrastructure at the country level.

29. Most important at the current stage was the management and co-ordination aspect, especially regarding implementation of national AIDS plans. UNDP could make an important contribution through its field offices network, which had demonstrated its capacity to deal with other emergencies.

30. Mr. COHEN (Netherlands) said that his country was a major contributor to the Global Programme on AIDS and it supported the Global Blood Safety Initiative and the UNDP/WHO Financing Facility, even though it did not believe that the amount of \$2 million was sufficient.

31. The document was not very specific with respect to the WHO/UNDP Alliance to Combat AIDS, which would provide for the use of the UNDP field-level structure, its administrative experience and its knowledge in the field of development, and the policy framework outlined in the annex left unanswered some questions concerning the administrative framework, the mobilization of resources and the distribution of work and responsibilities between UNDP and WHO, co-operation with other organizations and the future structure of the WHO Global Programme on AIDS. He hoped that more information would be provided on those questions and on the idea of establishing a sub-committee on the future administrative and budgetary structure of the Global Programme, in view of the expected growth of the Global Programme to approximately \$500 million in 1991. He suggested that the WHO/UNDP Alliance could include other organizations of the United Nations system such as UNICEF, UNFPA and the World Bank.

32. Mrs. FRANKINET (Belgium) said that she agreed with the delegation of Australia concerning the need for the WHO/UNDP Alliance to participate in the broader effort of the United Nations under the co-ordination of the Secretary-General and the Under-Secretary-General for International Economic and Social Affairs. She also agreed with the observations of the delegation of Canada on the management of resources made available to WHO by UNDP and with the statement by the delegation of the Netherlands concerning the necessary information regarding the two projects which had been submitted that day.

(Mrs. Frankinet, Belgium)

33. She asked for clarification concerning the connection between the financing facility of \$2 million, the \$700,000 Global Blood Safety Initiative and the \$3.5 million which UNDP had earmarked for AIDS control activities as stated in document DP/1988/1/Add.1.

34. Mr. VENE (France) expressed support for the programme which had been submitted and said that UNDP's co-ordinating function was essential and must include co-operation with bilateral activities in the field. UNDP was in an ideal position to examine the socio-economic consequences of AIDS on the population and social attitudes towards persons affected by the disease.

35. Mr. ZIELINSKI (Poland) supported the recommendation of the Administrator of UNDP to advance up to \$2 million on a completely reimbursable basis, for WHO programmes and the allocation of \$3.5 million to the Global Blood Safety Initiative. In October 1987, an international seminar had been held in Poland, organized by the Polish Red Cross Society and the League of Red Cross and Red Crescent Societies, in which many European countries had participated, in order to exchange experiences acquired in the fight against AIDS. It had been agreed that national Red Cross societies should publicize methods of AIDS prevention and control and that greater exchange of information was needed between those societies and the secretariat of the League.

36. In 1987, the AIDS Control Council had been established in Poland as a centre for co-ordination. During the current year, more than 1.5 million persons had been screened for AIDS.

37. Mr. AL-KAHTANY (Observer for Saudi Arabia) said that paragraph 15 of document DP/1988/1 referred to the dissemination of global messages on AIDS, exchange of information on the matter, promotion and co-ordination of research and centrally managed missions to assist developing countries in the preparation and initiation of AIDS plans and programmes. He wished to know on the basis of what experience did UNDP propose to provide assistance to developing countries in an area which was the field of operation of another body.

38. Similarly, paragraph 18 of document DP/1988/1 stated that the AIDS component of UNDP country programmes was being planned and implemented in full consultation with the Governments themselves and other donors. AIDS was not the main health priority of some countries, since other diseases continued to wreak havoc among the populations of developing countries. Consequently, UNDP should provide assistance in the fight against AIDS only when requested to do so by States that were interested in that assistance. He commended the fruitful co-operation that had been established between UNDP and WHO that would permit duplication to be avoided.

39. Mr. BAI Xingji (China) said that all countries should participate in the campaign against AIDS, which represented a serious threat to mankind. Dissemination of information on such a serious disease should be a priority task for Governments, since understanding of the consequences of certain behaviour could contribute to preventing the disease. The exchange of information on AIDS was of



(Mr. Bai Xingji, China)

great importance. He requested the Administrator to provide some clarification on the machinery for exchange of information and dissemination of education on the matter, as well as for co-operation with WHO.

40. Mr. CABEIRO (Cuba) said that Section C of document DP/1988/1 described the support which UNDP would provide to AIDS programmes, based on a strategy of prevention of HIV transmission, reduction of morbidity and mortality associated with HIV infection and reduction of the impact of AIDS on the socio-economic conditions of countries. His delegation supported the strategy set forth by the Administrator, including the allocation of \$3.5 million from regional and global programmes for the Global Blood Safety Initiative. Similarly, he supported the reimbursable global project in the amount of \$2 million.

41. In their activities for AIDS prevention, UNDP and WHO could disseminate information on the disease through various methods in order to contribute to changing the sexual habits of the population.

42. Mr. THOMAS (United Kingdom) acknowledged that international co-operation and co-ordination were essential in order to combat AIDS effectively and supported the major role which had been played by WHO in guiding and co-ordinating the initiatives adopted globally to combat the disease. The United Kingdom had contributed 3.25 pounds sterling to the WHO Global Programme on AIDS and would contribute £4.5 million in 1988.

43. His delegation supported the WHO/UNDP Alliance to Combat AIDS. It also supported the bridging financing facility set up by the two agencies to finance national activities and welcomed the ambitious but crucial Global Blood Safety Initiative.

44. Referring to paragraph 16 of document DP/1988/1, which mentioned the participation of the International Red Cross and Red Crescent in the activities to make blood supplies safer, he asked what kind of collaboration there would be with the European Economic Commission and how such activities would be organized, since priority was being given to blood transfusion services.

45. Mr. SAHLMANN (Federal Republic of Germany) fully supported the concerted efforts of UNDP and WHO to combat AIDS and concurred with the observations and questions of the delegations of Canada, the Nordic countries, the Netherlands, Belgium, France and the United Kingdom. He wondered why UNDP was not contributing funds out of its own Special Programme Resources to AIDS activities.

46. His Government had decided to contribute DM 5 million to the WHO Global Programme on AIDS and had undertaken to contribute another DM 8 million in the next few years. On behalf of the member States of the European Economic Community he reported that the EEC had contributed 35 million European currency units to the World Programme over a five-year period.

47. Mr. ALPTUNA (Turkey) said that WHO had managed successfully to combat various epidemics in the developing countries. As AIDS was a problem for the developing countries, as well as for the developed countries and as the prospects were even more gloomy in some developed countries, he asked how far the current Global Strategy differed from previous strategies implemented in the third world. He welcomed the growing collaboration between UNDP and WHO, which was referred to in document DP/1988/1/Add.1.

48. Mr. PETRONE (Italy) approved the Administrator's recommendations which appeared in document DP/1988/1/Add.1 and, in particular, the recommendation for a bridging financing facility in the amount of \$2 million; that would certainly not be sufficient to satisfy all the applications being submitted.

49. His delegation did not understand why UNDP could not use its own Special Programme Resources for AIDS activities, and agreed that the WHO/UNDP Alliance should expand as far as possible, to include, in particular, UNICEF and UNFPA.

50. Miss AL-AWADI (Kuwait) praised UNDP for its role in the battle against AIDS and its participation in the Zaire national programme. She stressed the need to draw up long-term plans and to integrate them in future UNDP and WHO programmes.

51. Mr. PERRY (United States of America) said that he supported the WHO Global Programme on AIDS and he congratulated UNDP on the initiative it was showing in making resources available and in co-operating with WHO on international AIDS activities. His delegation endorsed the concept of a WHO/UNDP Alliance, which would enhance the ability of both agencies to respond promptly and efficiently to country needs while preserving the nature of the WHO Special Programme on AIDS as a separate entity. He hoped that information would soon be provided concerning the practical aspects of the Alliance.

52. He asked whether the UNDP/WHO financing facility was truly necessary and how it would work. If it could be demonstrated that the Global Programme on AIDS did not have the \$2 million available to advance funds to country programmes when there were specific commitments of outside support, his delegation would support the facility. In that event, it would ask that a status report on the item be submitted to the Governing Council at its thirty-fifth session and that the report be reviewed by the Budgetary and Finance Committee.

53. He also asked why UNDP had decided to play a leading role in the Global Blood Safety Initiative, given the inherently technical nature of that activity. It might perhaps be more appropriate for UNDP to deal with the socio-economic aspects of the disease at the global level.

54. Mr. DAH (Burkina Faso) said that his delegation whole-heartedly supported UNDP's participation in the WHO Global Programme on AIDS. He could see no point in requiring a certificate of good health for entry into certain countries. On the contrary, it could well create serious discrimination, thus harming tourism and international cultural exchanges. His delegation was not the only one that had reservations regarding such an AIDS-prevention measure, until such time as an effective AIDS vaccine was developed.

55. Mr. HELO-HARFOUCHE (Colombia) said that the AIDS problem concerned every country. Developing countries needed to broaden their statistical base so as to have a clear picture of how many were infected with the disease. National AIDS plans needed to be supported, so that they could be tailored to current trends and the needs of the various countries. A new preventive action programme needed to be carried out primarily for the sectors of the population most vulnerable to AIDS infection, namely, young people and those who for various reasons were exposed to the virus through various patterns of transmission. The results of the WHO Global Programme on AIDS should be evaluated quickly.

56. Mr. GOPINATHAN (India) reiterated that WHO must play a central, co-ordinating role in combating AIDS, as had been stated by the Economic and Social Council and the General Assembly in their respective resolutions (1987/75 and 42/8). Two questions posed by the delegation of the Netherlands had India's support: the need to clarify the administrative framework for co-operation between UNDP and WHO and, because of the usefulness of a multisectoral approach in the fight against AIDS, the need for broader co-operation throughout the United Nations system so that other organizations would participate. His delegation therefore welcomed the appointment of Mr. Ahmed and stressed again the need for system-wide intergovernmental co-ordination through the Economic and Social Council.

57. According to paragraphs 17 and 18 of document DP/1988/1, the AIDS component of country programmes were being carried out in strict consultation with the countries concerned. He hoped that such components would continue to be included, at the request and on the initiative of the Governments concerned, without prejudicing projects already approved in the context of the country programmes.

58. Regarding the facility for financing national activities, mentioned in paragraph 6 of document DP/1988/1/Add.1, his delegation hoped that that facility could work on a basis of reimbursement. As to the policy framework for the WHO/UNDP Alliance to Combat AIDS, the Alliance should broaden the campaign to include other diseases, such as cholera, tuberculosis, diphtheria and diarrhoeal diseases, which afflicted millions of people in the developing countries.

59. Mr. TETTAMANTI (Argentina) said that the subject of AIDS was of global importance and did not concern only the developed countries. The WHO/UNDP Alliance to Combat AIDS was vital and it was essential that WHO should have a central and co-ordinating role in the campaign. He also seconded the request for information on programme management, stressing that there must be no overlapping.

60. His delegation would have liked to see more information in documents DP/1988/1 and Add.1 regarding the financing of AIDS activities and he asked which global or regional UNDP programmes had allocated \$3.5 million to AIDS activities, as referred to in paragraph 15 of document DP/1988/1.

61. It was interesting to note, from paragraph 17 of that document, that the UNDP resident representatives were considering the possibility of including an AIDS component in existing UNDP-assisted projects. Of course, resident representatives were not in a position to include AIDS components in projects which had already

(Mr. Tettamanti, Argentina)

been approved by the Governments concerned. When such components were included in a project, it would be important to bear in mind the initial objective of the project, so as to not hamper project execution. In any event, the initiative should come from the Government concerned.

62. He expressed great interest in the Global Blood Safety Initiative and hoped that more information would be given about it. The initiative was of great interest because many other diseases besides AIDS were transmitted through blood transfusions. He expressed the hope that it would serve as a basis for combating those diseases, such as malaria, schistosomiasis, diarrhoeal diseases and respiratory infections, which afflicted many people in developing countries.

63. Mr. DUARTE (Brazil) said that he shared the concerns expressed by the representatives of India and Argentina although he emphasized that WHO should play the leading role in the fight against AIDS, in accordance with Economic and Social Council resolution 1987/75 and General Assembly resolution 42/8.

64. Referring to paragraphs 17 and 18 of document DP/1988/1, he said that an AIDS component of existing projects and projects dealing exclusively with AIDS must be drawn up at the request and on the initiative of the recipient countries. It was also his understanding that ongoing projects would not be changed without consulting the recipient countries. The battle against AIDS could serve as a basis for the battle against other diseases which afflicted the developing countries, such as those mentioned in paragraph 11 of document DP/1988/1.

65. The PRESIDENT invited the Administrator and the Director of the WHO Global Programme on AIDS to answer the questions put by representatives.

66. Mr. DRAPER (Administrator of UNDP) welcomed the general support for the WHO Global Programme on AIDS. The representative of Denmark had been absolutely right in stating that the UNDP field offices network was the key to the Programme, since it covered 112 countries.

67. With regard to the question put by the Observer for Saudi Arabia, he said that interested Governments would be consulted so that their national strategies and priorities would be taken into account. He assured delegations that while the Programme's resources would be global, the Programme would be executed only on the basis of the priorities established at the national level by the countries themselves.

68. WHO would determine the policy and conduct the research while UNDP would provide administrative support.

69. In reply to the question put by the representative of the United States of America, concerning whether the Programme would not be too technical for UNDP, he said that UNDP was equipped for a programme of that nature, as demonstrated by the success it had had with so technical a programme as the one to combat tropical diseases.

(Mr. Draper)

70. UNDP had no plans to participate in the fight against other diseases; however, if it received a greater number of requests for such assistance it might consider such action.

71. Concerning the question put by the Soviet delegation, he said that the experts would be from the WHO Global Programme on AIDS not from UNDP.

72. As to the question put by the representative of the Federal Republic of Germany, he said that Special Programme Resources were being used as part of the UNDP contribution. Of the \$3.5 million total referred to in paragraph 15 of document DP/1988/1, \$500,000 had been earmarked from Special Programme Resources and the rest from the indicative planning figures.

73. As to the question put by the representative of the United Kingdom, he said that co-ordination with EEC was being planned.

74. Concerning the question put by the representative of Belgium, he said that there was no connection between the facility to finance national activities, which had \$2 million, and the \$700,000 of the Global Blood Safety Initiative. The \$700,000 was solely for the Global Initiative.

75. Replying to the representative of Canada, he said that advances from the financing facility would be made only against written pledges from donors. The \$3.5 million commitment from UNDP to support AIDS activities was already available and it was simply a question of waiting for specific projects to be submitted for financing from that amount.

76. Dr. MANN (Director, WHO Global Programme on AIDS), referring to the question of drug abuse control mentioned by the representative of the Soviet Union, said that information and education were not sufficient. Behaviour must be influenced by means of information and education. However, it was also necessary to provide social and health services in order to support the desired behaviour. Information on how to use condoms was of no use if condoms were not available, of poor quality or too expensive. Telling intravenous drug users about the risks of contracting AIDS was of no use unless there was a drug treatment programme.

77. He agreed with the Administrator that it was hard to estimate the cost of the Global Blood Safety Initiative. In the preparations for the meeting to be held in May efforts would be made to get other important organizations which had expressed interest such as EEC, to participate in the consortium of four international organizations (WHO, UNDP, the League of Red Cross and Red Crescent Societies and the International Society of Blood Transfusion) since the Initiative's success would depend on the consortium being as broad as possible.

78. WHO was already collaborating with UNFPA, the World Bank, UNESCO, UNICEF, ILO and UNHCR. The Alliance was open to all agencies of the United Nations system. In that connection, he welcomed the strong support provided by the Under-Secretary-General for International Economic and Social Affairs. As had been

(Dr. Mann)

agreed in January, at the first meeting of the Steering Committee, consideration would continue to be given to the possibility of establishing an inter-agency consultative group at the global level, presided over by WHO, to help ensure co-ordination of United Nations activities in the global battle.

79. He thanked the representative of Poland for drawing attention to the work of the League of Red Cross and Red Crescent Societies; they were working closely with WHO.

80. Replying to the question put by the representative of Turkey concerning how the current global strategy differed from other strategies to combat other diseases, he said that there was no vaccine against AIDS nor any drug for treating it and that AIDS had broad social and cultural dimensions. The fight against AIDS differed from the fight against other diseases in that it was a multi-sectoral fight in which social and cultural attitudes were just as much a part of the pathology of the disease as the virus itself.

81. The group of experts convened by WHO in February 1987 had concluded, for a number of technical, administrative, cultural, social and political reasons, that to require international travellers to present a certificate declaring that they were not carriers of AIDS would not be an appropriate means of controlling the spread of the disease. It should be recalled that only one of the 166 States members of WHO had seen fit to adopt regulations to restrict the entry of tourists infected by the HIV virus.

82. Although AIDS was not currently a major threat to public health, unless measures such as those which had been mentioned were adopted, it could become public health enemy number one. WHO was firmly committed to a preventive strategy. With the technical, scientific and standard-setting guidance of WHO, strong support from UNDP at the country level and energetic participation by the bilateral and multilateral agencies, particularly those of the United Nations system, AIDS could be prevented from becoming more serious.

83. The PRESIDENT said that, if he heard no objection, he would take it that the Council wished to take note with approval of document DP/1988/1 and Add.1, particularly of the WHO/UNDP Alliance to Combat AIDS, and of the statements made by the Administrator, the Director of the WHO Global Programme on AIDS and the Under-Secretary-General for International Economic and Social Affairs.

84. It was so decided.

85. The PRESIDENT said that, if he heard no objection, he would take it that the Council wished to adopt the recommendations set forth in documents DP/1988/PROJECTS/REC/27 and DP/1988/PROJECTS/REC/28.

86. It was so decided.

87. The PRESIDENT said that, if he heard no objection, he would take it that the Council wished to request the Administrator to submit to it, at its thirty-fifth session, an interim report on the implementation of the recommendations set forth in document DP/1988/PROJECTS/REC/27.

88. It was so decided.

UNITED NATIONS DEVELOPMENT FUND FOR WOMEN (DP/1988/4)

89. The PRESIDENT invited the Administrator to introduce the item.

90. Mr. DRAPER (Administrator, UNDP) said that document DP/1988/4 was a response to decision 87/41 concerning the follow-up to the consultancy study entitled "Evaluation of the United Nations Development Fund for Women" (UNIFEM) and that it presented a proposal for a change-over from full to partial funding. In June his annual report on the Fund's activities would be presented to the Council.

91. The consultancy study raised a number of points concerning co-operation between UNDP and the Fund, both in New York and in the field. In June 1987 the Governing Council had decided to strengthen the Fund's staff, and recruitment was now in progress. Detailed operational guidelines for the relationship between UNDP and UNIFEM spelling out complementary roles relating to programming, administration and finance had been prepared as a practical complement to General Assembly resolution 39/125. The guidelines had been circulated to all UNDP field offices, with instructions that the field offices should support UNIFEM activities.

92. Steps had been taken and were still being taken to strengthen the Fund's financial management in order to ensure that all the necessary control mechanisms were working well, so that UNIFEM could manage the growth expected over the following few years.

93. UNDP finance experts had examined the proposal that UNIFEM should switch from a full to a partial funding system and they endorsed it, since it would give UNIFEM greater flexibility in programming and accelerate project approvals and delivery.

Statement by the Director of the United Nations Development Fund for Women

94. Mrs. SNYDER (Director, United Nations Development Fund for Women) said that in the period since the report in document DP/1988/4 had been issued a number of the recommendations put forward in the consultancy study had been implemented. The guidelines on the operational relationship between UNIFEM and UNDP laid down modes of co-operation that had been in effect since 1980, when a memorandum of understanding had been signed by the two bodies concerned and UNDP representatives had been requested to assume responsibility in respect of the former Voluntary Fund for the United Nations Decade for Women. A number of roles had been updated, since the resident representative now also acted as the UNIFEM resident representative. At headquarters, various UNDP units continued to appraise UNIFEM projects and the UNDP Division for Women in Development maintained close liaison with UNIFEM.

(Mrs. Snyder)

95. In accordance with the practice followed by the United Nations Capital Development Fund (UNCDF), greater use was being made of the services of national staff, United Nations Volunteers and junior Professional officers. In connection with the latter, UNIFEM was most grateful to the Governments of Denmark, the Federal Republic of Germany, Italy, the Netherlands and Japan for their generous financial support.

96. An administration and finance unit had been established, and the Fund would soon be able to estimate project-delivery rates and carry out other trend analyses that would constitute instruments for investment forecasts. A monthly financial-status report would also be issued.

97. The Fund's financial health was good. The recent pledging conference had resulted in an increase of 19 per cent in 1988, and the 1987 figures had considerably exceeded those for 1986.

98. As an example of UNIFEM activities, she wished to cite the San Miguel project in the Philippines. In the early 1980s, 80 Philippine women had formed a swine husbandry co-operative. UNIFEM had provided only \$50,000. In 1985 the co-operative had received an award at Nairobi. According to the most recent reports, the co-operative had saved about 1 million Philippine pesos and had used half of that sum to purchase 41 hectares of land for orchards, a further sum for purchasing a 50-seater bus and the remainder for a toy-factory project employing some 500 women and handling a monthly payroll of \$11,000. The Philippine project illustrated the UNIFEM practice, in the Fund's first phase, of providing direct support to innovative and catalytic activities benefiting women and their communities.

99. The first joint World Bank/UNIFEM mission in Western Africa had recently been completed. The mission had helped the West African Development Bank in sponsoring a study to establish how the Bank could provide services to women in member States. The Fund was updating its plan of action for Africa, in accordance with the United Nations Programme of Action for African Economic Recovery and Development 1986-1990, adopted by the General Assembly. In Latin America and the Caribbean, the participatory programme placed emphasis on the critical economic situation of the countries in question and on activities benefiting women in the region. The plan for the Asia and Pacific region was being drafted, for submission to the Consultative Committee in April 1988. The Fund was pursuing its activities at the macropolicy and planning level and was continuing to provide innovative and catalytic support at the project level.

100. UNIFEM and UNDP had before them, for approval, their joint proposal concerning a formula for the change-over from a full to a partial funding base, with a view to maximizing UNIFEM assistance to developing countries, by releasing the Fund's excess liquidity, with appropriate safeguards.



(Mrs. Snyder)

101. The analysis of the Fund had shown that the two priority areas for UNIFEM action laid down in resolution 39/125 - namely, the Fund's role as a catalyst, with the goal of ensuring the appropriate involvement of women in mainstream development activities, and its support for innovative and experimental activities benefiting all women - were complementary.

The meeting rose at 1.05 p.m.

