

D. The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations

Decision of 17 July 2000 (4172nd meeting): resolution 1308 (2000)

At its 4172nd meeting,³⁹ on 17 July 2000, the Council was briefed by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Statements were made by a majority of Council members,⁴⁰ and the representatives of Indonesia, Malawi, Uganda and Zimbabwe.

The President (Jamaica) drew attention to a letter dated 5 July 2000 from the Secretary-General addressed to the President of the Council, transmitting a note prepared by UNAIDS, summarizing actions taken to date in follow-up to the Council meeting on HIV/AIDS in Africa held on 10 January 2000.⁴¹

In his briefing, the Executive Director of UNAIDS described the recently concluded International Conference on AIDS, held in Durban, South Africa in July 2000, as a “conference of hope”. He underlined the value of prevention and improving the treatment and care offered to people living with the virus, and noted that the main theme of the Conference had been access to treatment. On the strides made since the Council first discussed the subject of HIV/AIDS in January 2000,⁴² he drew attention to (a) the efforts made to increase ease of access to information on the epidemic, pointing to the country response monitoring project; (b) the substantial progress being made by the International Partnership against AIDS in Africa; (c) the country-level efforts to fight the spread of the disease; and (d) the action plan endorsed by an Inter-Agency Standing Committee working group in May 2000, which emphasized the importance of incorporating HIV/AIDS into humanitarian action. He

announced that to facilitate the implementation of the proposals of the working group, a humanitarian coordination unit had been established by the UNAIDS secretariat and a number of countries had been identified for the first phase of the effort. He further welcomed the draft resolution under consideration,⁴³ in particular its recognition that HIV/AIDS posed a threat to human security and could be a destabilizing force worldwide.⁴⁴

Speakers concurred that HIV/AIDS had risen beyond a health crisis to a global one. Referring to the Durban Conference, they noted that the most contentious issue had been access to care and treatment of HIV/AIDS, and welcomed the dialogue that had begun between pharmaceutical companies and United Nations agencies with the goal of accelerating and improving care and access to treatment in developing countries. In the battle against HIV/AIDS, speakers underlined the importance of setting international targets, noting the reference in the resolution that aimed to reduce the rate of infection by 25 per cent by the year 2010. Other areas of concern addressed by the speakers included better coordination and partnership among the relevant bodies and within the United Nations system, and the need for bold national responses to the pandemic. In that context, speakers recalled the role played by the General Assembly and the Economic and Social Council in addressing HIV/AIDS.⁴⁵

Speakers also drew attention to the focus of the resolution on the need to train peacekeepers and other international workers in HIV/AIDS prevention, noting that without adequate training in prevention, peacekeepers could expose themselves to infection and

³⁹ For more information on the discussion at this meeting, see chap. VI, part I, sect. F, case 3, with regard to relations with subsidiary organs established by the General Assembly; chap. VI, part II, sect. B, case 5, with regards to the constitutional discussion arising in connection with the Economic and Social Council; and chap. XI, part I, sect. B, with regard to the discussion relating to Article 39 of the Charter.

⁴⁰ The representatives of China and the Russian Federation did not make statements.

⁴¹ S/2000/657.

⁴² See S/PV.4087.

⁴³ S/2000/696.

⁴⁴ S/PV.4172, pp. 2-4.

⁴⁵ For more information on the relationship between the Council and the Assembly in addressing HIV/AIDS, please see chapter VI, part I, sect. F, case 3, with regard to relations with subsidiary organs established by the General Assembly; and for the relationship between the Security Council and the Economic and Social Council, see chapter VI, part II, sect. B, case 5, with regard to the constitutional discussion arising in connection with the Economic and Social Council.

spread HIV/AIDS inadvertently. The representative of Tunisia emphasized that peacekeepers, in addition to providing means of protection for themselves and others, had an important role to play in raising awareness of HIV/AIDS.⁴⁶

Speaking on behalf of the European Union,⁴⁷ the representative of France described AIDS as a “massive killer” which in 1999 had caused more deaths on the continent of Africa than all the conflicts raging there combined.⁴⁸ The representative of Zimbabwe, noting that the Secretary-General had stressed in his millennium report⁴⁹ the desperate need for a vaccine against HIV/AIDS, expressed the hope that the Council could make decisions and proposals that could stimulate the desperately needed investment in the area of research or treatment of HIV.⁵⁰

Several speakers called for affordable vaccines against HIV.⁵¹ The representative of Tunisia deemed it unacceptable that the majority of humanity was denied the benefits of medical progress or drugs merely as a result of living in developing countries.⁵²

Responding to comments, the Executive Director of UNAIDS noted that the fact that HIV/AIDS was being conceptualized as a security and development problem and not simply a health problem would change dramatically the kinds of resources that could be used to tackle the problem, which would help UNAIDS tremendously in its very difficult work.⁵³

The President drew the attention of the Council to a draft resolution;⁵⁴ it was put to the vote and adopted unanimously as resolution 1308 (2000), by which the Council, *inter alia*:

Expressed concern at the potentially damaging impact of HIV/AIDS on the health of international peacekeeping personnel, including support personnel;

Encouraged all interested Member States which had not already done so to consider developing, in cooperation with the international community and UNAIDS, where appropriate, effective long-term strategies for HIV/AIDS education, prevention, voluntary and confidential testing and counselling, and treatment of their personnel, as an important part of their preparation for participation in peacekeeping operations;

Requested the Secretary-General to take further steps towards the provision of training for peacekeeping personnel on issues related to preventing the spread of HIV/AIDS and to continue the further development of pre-deployment orientation and ongoing training for all peacekeeping personnel on these issues;

Encouraged UNAIDS to continue to strengthen its cooperation with interested Member States to further develop its country profiles in order to reflect best practices in and country policies on HIV/AIDS prevention education, testing, counselling and treatment.

**Decision of 28 June 2001 (4339th meeting):
statement by the President**

At its 4259th meeting,⁵⁵ on 19 January 2001, the Council was briefed by the Under-Secretary-General for Peacekeeping Operations and the Executive Director of UNAIDS. Statements were made by a majority of Council members,⁵⁶ and by the representatives of Canada, Costa Rica, India, Nigeria and Sweden (on behalf of the European Union⁵⁷).

The Under-Secretary-General for Peacekeeping Operations noted that while there was undeniably a risk of peacekeepers transmitting HIV or contracting it while they were on mission, the means were not yet available to quantify the extent to which that had already occurred or could occur in the future. First, there was generally a lack of reliable data on HIV/AIDS in places where peacekeepers were deployed and, second, reliable data was not available on the prevalence of HIV among contingents. He noted that the first step in mitigating future risks was to increase the awareness of peacekeepers, and those with whom they came into contact locally, about the causes

⁴⁶ S/PV.4172, p. 9.

⁴⁷ Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Malta, Poland, Romania, Slovakia, Slovenia and Turkey aligned themselves with the statement.

⁴⁸ S/PV.4172, pp. 18-19.

⁴⁹ A/54/2000.

⁵⁰ S/PV.4172, pp. 20-21.

⁵¹ *Ibid.*, p. 9 (Tunisia); p. 15 (Mali); p. 17 (Bangladesh); and p. 21 (Indonesia).

⁵² *Ibid.*, p. 9.

⁵³ *Ibid.*, pp. 25-26.

⁵⁴ S/2000/696.

⁵⁵ For more information on the discussion at this meeting, see chap. XI, part I, sect. B, with regard to the discussion relating to Article 39 of the Charter.

⁵⁶ The representatives of China, Mali and the Russian Federation did not make statements. Singapore was represented by its Minister for Foreign Affairs and Norway by its Minister of International Development.

⁵⁷ Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Iceland, Latvia, Liechtenstein, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia aligned themselves with the statement.

and prevention of HIV/AIDS. He elaborated on concrete steps taken and new initiatives contemplated by the Department of Peacekeeping Operations. On particular points, he reported that the Department had recently put forward a proposal to Member States for the United Nations to reimburse contributors for the costs of conducting HIV testing for their personnel, both predeployment and upon return. While recognizing that it remained the prerogative of Member States to apply their respective policies on testing, he stated that the Department strongly recommended voluntary and confidential counselling and testing. The Under-Secretary-General further stated that the Department was seeking funding for making prophylactics readily available in all missions. The Department, he indicated, would continue to evaluate the effectiveness of all its programmes and activities and would also examine the necessary staffing levels related to HIV-related issues. He announced that the Department and UNAIDS had recently signed a memorandum of understanding, which further developed and institutionalized the cooperative relationship between the respective organizations.⁵⁸

The Executive Director of UNAIDS paid tribute to the Council for helping to transform the way in which AIDS was viewed by characterizing the global epidemic as a fundamental issue of human security. He maintained that much of the global agenda on AIDS was unfinished, especially the continuing inequities in access to effective care and treatments and even to life-saving materials such as condoms. He noted that in 2000 there has been increasing acceptance by Governments and industry of the moral legitimacy of equity pricing — the idea that poorer countries should be able to buy essential drugs at lower prices than wealthy countries. He also announced that as the role of HIV testing in peacekeeping operations was a complex issue, he had decided to establish, in conjunction with the Under-Secretary-General for Peacekeeping Operations, a senior expert panel to analyse and formulate a comprehensive position on the issue of HIV testing for peacekeepers and humanitarian personnel.⁵⁹

Speakers expressed their gratitude to the Department of Peacekeeping Operations and UNAIDS for their work, despite insufficient staffing and

⁵⁸ S/PV.4259, pp. 2-6.

⁵⁹ *Ibid.*, pp. 6-8.

resources, to curb the spread of HIV/AIDS, especially in hardest-hit Africa, and encouraged them to continue their efforts to train peacekeepers on issues relating to the prevention of HIV/AIDS. Reiterating their conviction that the HIV/AIDS pandemic was a threat to international peace and security and underscoring its long-term social and economic impact, as well as its potentially damaging impact on the health of international peacekeeping personnel, many speakers underlined the need for efforts to ensure the implementation of resolution 1308 (2000). Speakers also looked forward to the special session of the General Assembly on HIV/AIDS, to be held in June 2001.

The representative of the United Kingdom expressed support for the development by UNAIDS of a United Nations system strategic plan and stressed the need to mainstream HIV/AIDS in all relevant work on international peace and security, especially in Africa.⁶⁰

Several speakers stressed the importance of making medication affordable to people in developing countries.⁶¹ The representative of Ireland held that clarity was needed on such issues such as tiered pricing, compulsory licensing, parallel imports and the rights and obligations of both patent holders and signatories to international patent protection agreements.⁶²

Many speakers emphasized the need to raise awareness of HIV/AIDS among peacekeepers and increase the training afforded to peacekeepers before deployment. The representative of Canada suggested that the Department of Peacekeeping Operations and UNAIDS meet soon with troop-contributing countries to assess the progress made in undertaking the requirements of resolution 1308 (2000). He underlined that care should be taken not to demonize peacekeepers, as no one believed they were the heart of the problem, while HIV/AIDS was a serious security challenge.⁶³

The representative of Jamaica emphasized the critical role of the Department of Peacekeeping

⁶⁰ *Ibid.*, p. 20.

⁶¹ *Ibid.*, p. 16 (Norway); p. 18 (Tunisia); and pp. 22-23 (France); S/PV.4259 (Resumption 1), p. 6 (Mauritius); p. 10 (Costa Rica); p. 12 (Nigeria); and p. 15 (Singapore).

⁶² S/PV.4259 (Resumption 1), p. 4.

⁶³ *Ibid.*, p. 7.

Operations in ensuring the development of adequate policy guidelines on acceptable behaviour in relation to HIV/AIDS.⁶⁴ The representative of Norway recommended that all United Nations peacekeeping personnel be offered voluntary confidential counselling and testing, both pre- and post-deployment; that every peacekeeping operation have a focal point for HIV/AIDS; that resident coordinators ensure that United Nations dispensary staff receive regular training on all aspects of HIV/AIDS prevention; and that male and female condoms be freely available on all United Nations premises.⁶⁵ The representative of Nigeria held that the Department should embark upon a massive information campaign to educate United Nations peacekeepers on the HIV pandemic before their deployment. He further proposed that the Secretariat and the Council, during their consultations with troop-contributing countries, could provide data on the prevalence of HIV/AIDS in a particular field of operation before the troops were deployed. He added that the information would facilitate the taking of preventive measures by those countries before the departure of their troops.⁶⁶

The representative of Sweden, speaking on behalf of the European Union, held that the United Nations should support the creation of national HIV/AIDS programmes wherever they were not already in place.⁶⁷

The representative of the United States stated that HIV/AIDS was the most important and biggest problem in the world today. In regard to the efforts made by the Department of Peacekeeping Operations in implementing resolution 1308 (2000), he admitted that the Department was understaffed, but described its HIV/AIDS handbooks as technical, wordy, not clear-cut and out of date, and devoid of any reference to resolution 1308 (2000). He believed they should be rewritten and made clearer and more useful. He suggested that the Department establish a separate unit to deal specifically with HIV/AIDS and include the cost of pre- and post-deployment HIV tests as a standard line item in the regular peacekeeping budget. Referring to the resistance he had encountered when trying to bring a health issue to the Council, he called on the United Nations to put outcome over process to accomplish more. He expressed the view that putting

the issue on the agenda would help to save lives from HIV/AIDS, as the stigma attached to it and its long incubation period would kill more people than even the worst conflicts before the Council.⁶⁸

The representative of India held that AIDS was not and had not been a cause of conflict and, disputing the provision in resolution 1308 (2000) that the HIV/AIDS pandemic was also exacerbated by conditions of violence and instability, stated that the countries with the highest prevalence of HIV/AIDS were, without exception, democracies with stable recent histories, either completely or largely free of conflict. Citing a recent study regarding the Democratic Republic of the Congo, he concluded that there was no organic link between conflict and AIDS. He noted that India would find unfortunate the imputation that peacekeepers were either necessarily at risk or carriers of the disease. He further held that singling out HIV/AIDS awareness for peacekeepers, as the Council had done in its recent resolutions, was not only needless, but presented a misleading picture of the problems that peacekeepers faced and for which they must prepare. He stated that if the Council believed that HIV/AIDS was a threat to international peace and security, it had not only the right but also the duty to rule that article 73 of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) be invoked to urgently provide affordable medicines that help in the treatment of the epidemic.⁶⁹

At the 4339th meeting, on 28 June 2001, in which the Executive Director of UNAIDS was invited to participate, the President (Bangladesh) made a statement on behalf of the Council,⁷⁰ by which the Council, *inter alia*:

Welcomed the fact that the Declaration of Commitment on HIV/AIDS, adopted by the General Assembly at its twenty-sixth special session, contained a number of practical measures at the national and international levels, to be met within given time frames, to reduce the impact of conflict and disasters on the spread of HIV/AIDS;

Noted the progress made in the implementation of resolution 1308 (2000) and commended the increased cooperation in this regard between the Department of Peacekeeping Operations and UNAIDS;

⁶⁴ S/PV.4259, pp. 21-22.

⁶⁵ *Ibid.*, pp. 15-16.

⁶⁶ S/PV.4259 (Resumption 1), p. 12.

⁶⁷ *Ibid.*, p. 9.

⁶⁸ S/PV.4259, pp. 10-13.

⁶⁹ S/PV.4259 (Resumption 1), pp. 13-14.

⁷⁰ S/PRST/2001/16.

Recognized that further efforts were necessary to reduce the negative impact of conflict and disasters on the spread of HIV/AIDS;

Encouraged continued efforts with regard to relevant training for peacekeeping, predeployment orientation and increased international cooperation in areas such as prevention, voluntary and confidential testing and counselling, treatment for personnel, and the exchange of best practices and country policies in this regard;

Expressed its intention to contribute within its competence to the attainment of the relevant objectives in the Declaration adopted by General Assembly at the twenty-sixth special session of the General Assembly.

Deliberations of 17 November 2003 (4859th meeting)

At its 4859th meeting,⁷¹ on 17 November 2003, the Council was briefed by the Under-Secretary-General for Peacekeeping Operations and the Executive Director of UNAIDS. Statements were made by all Council members.

The Under-Secretary-General for Peacekeeping Operations recalled that the focus of resolution 1308 (2000) had been on the vulnerability to HIV/AIDS of uniformed services and international peacekeeping personnel, which included civilian staff. Among the measures instituted by the United Nations since the resolution's adoption, he drew attention to the establishment of the HIV/AIDS trust fund; the appointment of the HIV/AIDS advisers and focal points in the Department of Peacekeeping Operations and in the major peacekeeping missions; and advances in HIV/AIDS awareness training, including updated publications and predeployment and in-mission training programmes. Noting that, with 92 countries contributing military personnel and civilian police, it presented an immense challenge to making training culturally specific, the Under-Secretary-General appealed to countries to mainstream HIV/AIDS awareness in their national training programmes. In addition, he hoped that the following year, Member States would accept the Secretariat's proposal that the United Nations reimburse troop-contributing countries for the cost of voluntary confidential counselling and testing. He further reiterated the Department's zero-tolerance stance regarding sexual abuse and exploitation by peacekeeping personnel. He added that

⁷¹ For more information on the discussion at this meeting, see chap. XI, part I, sect. B, with regard to the discussion relating to Article 39 of the Charter.

the Department was seeking to capitalize on the positive potential of peacekeepers as agents of change who could share their knowledge about HIV with local populations and respond to sexual violence and exploitation. The Department was also working to assist host countries at the strategic level, providing guidance to national armed forces on ways to mainstream awareness programming.⁷²

The Executive Director of UNAIDS asserted that the Council's consideration of AIDS in January 2000 and its subsequent adoption of resolution 1308 (2000) had reshaped the global landscape of the fight against AIDS and laid the groundwork for the prominence given to AIDS as a security issue. However, he regretted that the Council had not addressed AIDS expressly in several recent resolutions establishing and extending United Nations missions, especially those in regions experiencing major HIV epidemics. Nonetheless, in his view, the Council's resolve had been integral to winning the support of national Governments in responding in a more concerted fashion to the threat of AIDS in the peacekeeping context and had opened the door for UNAIDS to work with defence and civil defence forces. The Executive Director indicated that he planned to present to the Council in 2004 a detailed progress report on UNAIDS implementation activities in relation to resolution 1308 (2000). Declaring that AIDS was not only a great moral challenge, but also a barrier to development and a fundamental threat to security, he expressed his appreciation to the Security Council for its part in meeting that challenge, and stated that he looked forward to the continued leadership of the Council.⁷³

Council members recalled that resolution 1308 (2000) was a milestone in the struggle against the scourge of HIV/AIDS, which had the potential to unravel societies, destroy economies, evaporate progress made in development and threaten international peace and security. They shared the view that HIV/AIDS continued to threaten to kill more people and undermine more societies than any other conflict addressed by the Council.

Recalling that in conflict and post-conflict areas, peacekeepers were at high risk for HIV/AIDS, speakers were encouraged by the progress made in implementing resolution 1308 (2000). In particular,

⁷² S/PV.4859, pp. 2-5.

⁷³ *Ibid.*, pp. 6-8.

they commended the practical work undertaken by the Department of Peacekeeping Operations and UNAIDS and the improved coordination between them in combating the epidemic.

Council members also welcomed the steps taken by the Department in increasing the awareness of peacekeepers, establishing the post of HIV/AIDS advisers, creating focal points in missions and revising the code of conduct. The representative of Germany noted that the three related areas of HIV/AIDS, women and peace and security, and children and armed conflict were key components in setting up future peacekeeping missions. The creation of the United Nations Mission in Liberia was therefore very encouraging.⁷⁴

Speakers expressed support for the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Many representatives detailed the steps taken by their Governments in addressing the danger posed by the disease in their national armed forces.⁷⁵

Council members stressed that the eradication of the disease required further strong cooperative action on the part of the entire international community, as well as an urgent need to provide adequate resources for the implementation of resolution 1308 (2000), bearing in mind the 2005 targets set in the Declaration of Commitment on HIV/AIDS. The representative of Germany believed that progress should be followed closely in both the Council and the General Assembly.⁷⁶ The representative of the United Kingdom noted that the Council had to be clear that it was fulfilling its potential in working collectively with the

Assembly and the Economic and Social Council to ensure that the response of the United Nations system was coherent and effective.⁷⁷ Similarly, the representative of France observed that the Security Council, together with the Economic and Social Council, should consider means to respond more effectively to the challenges linked to HIV/AIDS.⁷⁸

A few representatives underlined the need for a joint evaluation report by UNAIDS and the Department of Peacekeeping Operations on implementation of resolution 1308 (2000), to be available by 2004.⁷⁹ The representative of the United Kingdom held also that the Council should draw on experience of UNAIDS, the Department and others to offer a clear evidence base for the links between peace, security and HIV/AIDS, and with suggestions for action; and the Council should ask the Secretary-General to bring both strands together in a definitive assessment for consideration by the Council in 2005.⁸⁰

The representative of Mexico urged Member States to assist developing countries that supply troop contingents for peacekeeping operations as they did not have the resources necessary for voluntary and confidential counselling and testing.⁸¹ The representative of Germany held that testing facilities should be part of all peacekeeping operations.⁸² The representative of Chile drew attention to the need for a coordinated approach regarding HIV/AIDS prevention when United Nations peacekeepers were replaced by regional organizations.⁸³

⁷⁴ Ibid., p. 15.

⁷⁵ Ibid., p. 11 (United States); p. 12 (Chile); p. 14 (Syrian Arab Republic); p. 17 (Bulgaria); p. 18 (France); p. 20 (Guinea); p. 23 (Pakistan); and p. 25 (Angola).

⁷⁶ Ibid., p. 15.

⁷⁷ Ibid., p. 9.

⁷⁸ Ibid., p. 18.

⁷⁹ Ibid., pp. 9-10 (United Kingdom); p. 12 (Chile); and p. 23 (Cameroon).

⁸⁰ Ibid., pp. 9-10.

⁸¹ Ibid., p. 21.

⁸² Ibid., p. 15.

⁸³ Ibid., p. 12.