would justify invoking Article 7 of the Constitution, and special arrangements for settlement of arrears,\(^1\) with respect to the request of Turkmenistan for the settlement of its outstanding contributions,

1. DECIDES to restore the voting privileges of Turkmenistan at the Fifty-ninth World Health Assembly;

2. ACCEPTS that Turkmenistan shall pay its outstanding contributions, totalling US$ 1,259,014, in 10 annual instalments payable in each of the years 2006 to 2015, as set out below, in addition to the annual contributions due during the period:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>125,900</td>
</tr>
<tr>
<td>2007</td>
<td>125,900</td>
</tr>
<tr>
<td>2008</td>
<td>125,900</td>
</tr>
<tr>
<td>2009</td>
<td>125,900</td>
</tr>
<tr>
<td>2010</td>
<td>125,900</td>
</tr>
<tr>
<td>2011</td>
<td>125,900</td>
</tr>
<tr>
<td>2012</td>
<td>125,900</td>
</tr>
<tr>
<td>2013</td>
<td>125,900</td>
</tr>
<tr>
<td>2014</td>
<td>125,900</td>
</tr>
<tr>
<td>2015</td>
<td>125,914</td>
</tr>
</tbody>
</table>

Total 1,259,014

3. DECIDES that, in accordance with Article 7 of the Constitution, voting privileges shall be automatically suspended again if Turkmenistan does not meet the requirements laid down in paragraph 2 above;

4. REQUESTS the Director-General to report to the Sixtieth World Health Assembly on the prevailing situation;

5. REQUESTS the Director-General to communicate this resolution to the Government of Turkmenistan.

(Ninth plenary meeting, 27 May 2006 – Committee B, first report)

**WHA59.11 Nutrition and HIV/AIDS**

The Fifty-ninth World Health Assembly,

Having considered the report on nutrition and HIV/AIDS;\(^2\)

Recalling resolution WHA57.14 which urged Member States, inter alia, to pursue policies and practices that promote integration of nutrition into a comprehensive response to HIV/AIDS;

---

\(^1\) Document A59/26.

\(^2\) Document A59/7.
Bearing in mind WHO’s efforts to support access to antiretroviral treatment as part of the “3 by 5” initiative and to ensure a comprehensive package of care and support for people living with HIV/AIDS;

Recalling the recommendations of WHO’s technical consultation on nutrition and HIV/AIDS in Africa (Durban, South Africa, 10-13 April 2005), which were based on the main findings of a detailed review of the latest scientific evidence on the macronutrient and micronutrient needs of HIV-infected people, including pregnant and lactating women and patients on antiretroviral therapy;

Noting that food and adequate nutrition are often identified as the most immediate and critical needs by people living with, or affected by, the HIV/AIDS pandemic;

Bearing in mind that nutrition and food security require systematic and simultaneous action to meet the challenges of the pandemic;

Mindful of the complex interactions between nutrition and HIV/AIDS, and the increased risk of opportunistic infections and malnutrition;

Noting that some Member States already have policies and programmes related to nutrition and HIV/AIDS that can be used as a basis for developing priorities and workplans;

Underlining the importance of ensuring cooperation on this question with other bodies of the United Nations system, in particular, FAO, UNICEF and WFP,

1. URGES Member States:

(1) to make nutrition an integral part of their response to HIV/AIDS by identifying nutrition interventions for immediate integration into HIV/AIDS programming, including:

(a) strengthening political commitment to nutrition and HIV/AIDS as part of their health agenda;

(b) reinforcing nutrition components in HIV/AIDS policies and programmes and incorporating HIV/AIDS issues in national nutrition policies and programmes;

(c) developing specific advocacy tools to raise decision-makers’ awareness of the urgency and steps needed to incorporate nutrition into HIV/AIDS prevention, treatment and care programmes;

(d) assessing existing policies and programmes related to nutrition and HIV/AIDS and identifying gaps to be filled and further opportunities for integrating nutrition interventions;

(e) ensuring close multisectoral collaboration and coordination between agricultural, health, social-service, education, financial and nutrition sectors;

(2) to strengthen, revise or establish new guidelines and assessment tools for nutrition care and support of people living with HIV and AIDS at different stages of the disease, and for sex-

---

1 Document EB116/12, Annex.
and age-specific approaches to providing antiretroviral therapy, including nutrition counselling and special nutritional needs of vulnerable and marginalized populations;

(3) to provide support and expand existing interventions for improving nutrition and managing severe malnutrition in infants and young children in the context of HIV by:

(a) implementing fully the global strategy for infant and young child feeding, with its approach to feeding in exceptionally difficult circumstances, and the United Nations framework for priority action in HIV and infant feeding;\(^1\)

(b) building the capability of hospital- and community-based health workers, mothers, family members and other caregivers in order to improve the care of severely malnourished children exposed to, or infected by, HIV/AIDS;

(c) encouraging revitalization of the Baby-friendly Hospital Initiative in the light of HIV/AIDS;

(d) accelerating training in, and expanding use of, guidelines and tools for infant-feeding programmes that provide counselling on prevention of mother-to-child transmission of HIV;

(e) ensuring that institutions training health workers review their curricula and bring them in line with current recommendations;

2. REQUESTS the Director-General:

(1) to strengthen technical guidance to Member States for incorporating nutrition considerations in HIV and AIDS policies and programmes;

(2) to provide support for the development of advocacy tools to raise decision-makers’ awareness of the urgency and the need to include nutrition and HIV/AIDS as a priority on the health agenda;

(3) to provide support, as a matter of priority, to development and dissemination of science-based recommendations, guidelines and tools on nutritional care and support for people living with HIV/AIDS;

(4) to contribute to incorporation of nutrition in training, including pre-service training, of health workers, in technical advice, and in training materials for community and home-based settings, and during emergencies;

(5) to continue to promote research relative to nutrition and HIV/AIDS, addressing gaps in knowledge and operational issues;

(6) to provide support for development of appropriate indicators for measuring progress towards integration of nutrition into HIV programmes and impact of nutrition interventions;

(7) to ensure collaboration between all concerned parties in this area so that progress may be made by building on each other’s achievements;

(8) to foster establishment of guidelines for including appropriate food and nutrition interventions in funding proposals.

(Ninth plenary meeting, 27 May 2006 – Committee A, second report)

WHA59.12 Implementation by WHO of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

The Fifty-ninth World Health Assembly,

Taking note of the report on HIV/AIDS and universal access to prevention, care and treatment;¹

Recognizing the role of WHO as a cosponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS);

Recalling the decisions of the Seventeenth Programme Coordinating Board of UNAIDS, (27-29 June 2005, Geneva);

Commending the final report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors;²

Noting, in that regard, that improved coordination and harmonization of efforts and a clear division of responsibilities between UNAIDS and its cosponsors will be required, together with coordination with national and global partners;

Noting the emphasis placed on support for action at country level and on developing the national response;

Recognizing that leadership, national ownership of plans and priorities, fostering of effective coordination, and alignment and harmonization of programmes and support at country level are key determinants of effective national responses,

1. ENDORSES the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, and further endorses all the related decisions as contained in the report of the Seventeenth Programme Coordinating Board of UNAIDS;³

2. URGES Member States to identify barriers and strengthen institutional capacity, including human resources, in order to accelerate implementation of the “Three Ones” principle according to country realities;⁴

¹ Document A59/8.
² Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors: Final Report, 14 June 2005.
³ Document UNAIDS/PCB(17)/05.10.
⁴ One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system.