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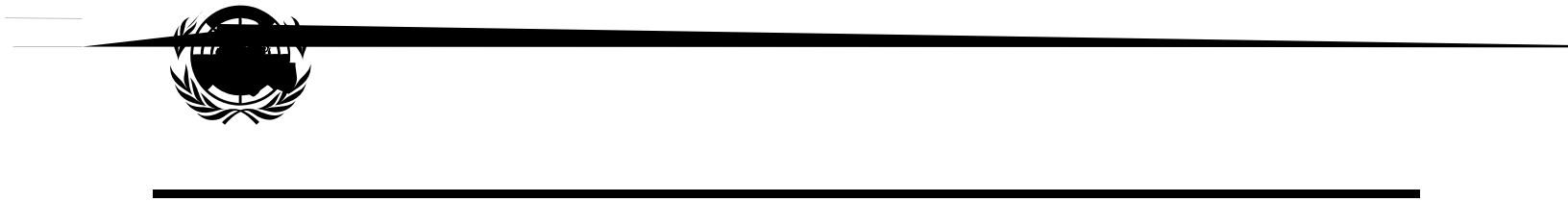

HIV prevalence in a small but growing number of countries, and also acknowledge that many targets contained in the Declaration of Commitment on HIV/AIDS have not yet been met;

5. Commend the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for their leadership role on HIV/AIDS policy and coordination, and for the support they provide to countries through the Joint Programme;

6. Recognize the contribution of, and the role played by, various donors in combating HIV/AIDS, as well as the fact that one third of resources spent on HIV/AIDS responses in 2005 came from the domestic sources of low- and middle-income countries, and therefore emphasize the importance of enhanced international cooperation and partnership in our responses to HIV/AIDS worldwide;

7. Remain deeply concerned, however, by the overall expansion and feminization of the pandemic and the fact that women now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa, and in this regard recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS;

8. Express grave concern that half of all new HIV infections occur among th they prsi851 Tw ficant(c)2(y1 partDS h)-6(a)2-(inir)]TJ 0.0166hinyous ef(at fmestir)-7(h02 T (

confidentiality; and developing strategies to combat stigma and social exclusion connected with the epidemic;

30. Pledge to eliminate gender inequalities, gender-based abuse and violence; increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, and the provision of full access to comprehensive information and education; ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence; and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence; and in this context, reiterate the importance of the role of men and boys in achi6(eeT) (cr)-5 0 9 46(theirf th)-6e30. Ple1.ir econ424()ou(y; anTism2(n c)-4(37; Tc pibaareit

and intensify access to affordable and quality HIV/AIDS prevention products, diagnostics, medicines and treatment commodities;

43. Reaffirm that the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights[3]

maintaining sound and rigorous monitoring and evaluation frameworks within their HIV/AIDS strategies;

50. Call upon the Joint United Nations Programme on HIV/AIDS, including its Co-sponsors, to assist national efforts to coordinate the AIDS response, as elaborated in the “Three Ones” principles and in line with the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors; assist national and regional efforts to monitor and report on efforts to achieve the targets set out above; and strengthen global coordination on HIV/AIDS, including through the thematic sessions of the Programme Coordinating Board;

51. Call upon Governments, national parliaments, donors, regional and subregional organizations, organizations of the United Nations system, the Global Fund to Fight AIDS, Tuberculosis and Malaria, civil society, people living with HIV, vulnerable groups, the private sector, communities most affected by HIV/AIDS and other stakeholders to work closely together to achieve the targets set out above, and to ensure accountability and transparency at all levels through participatory reviews of responses to HIV/AIDS;

52. Request the Secretary-General of the United Nations, with the support of the Joint United Nations Programme on HIV/AIDS, to include in his annual report to the General Assembly on the status of implementation of

STATEMENT BY

THE PRESIDENT OF THE UNITED NATIONS
GENERAL ASSEMBLY
H.E. MR. JAN ELIASSON

AT

THE 85TH PLENARY MEETING SUMMARIZING
THE DISCUSSIONS OF THE FIRST TWO DAYS OF
THE HIGH-LEVEL MEETING AND
COMPREHENSIVE REVIEW OF THE PROGRESS
ACHIEVED IN REALISING THE TARGETS SET
OUT IN Tf 29I8 TAATION OF COMMITMENTS
ON HIV/AIDS

UNITED NATIONS HEADQUARTERS
NEW YORK
1 JUNE 2006

Excellencies, Distinguished Delegates,

Yesterday I had the privilege to chair the Interactive Civil Society Hearing. It was well attended, vibrant and at times passionate. The very real experiences of people from a great diversity of backgrounds were brought into the room. All of us who were there learned much, both about the reality of HIV and AIDS, and the actions we now need to take.

I shall attempt to summarise the views we heard around a number of themes which emerged.

On the matter of commitments and accountability, there was a clear call for an acknowledgement that many of the targets in the 2001 Declaration of Commitment have not been met.

of planning and policy. And we were asked to end random imprisonment, criminalization, and human rights violations of drug users and sex workers.

On the impact of AIDS on children, there was a strong view expressed by civil society that there had been a lack of commitment, and that we had failed our children and by that jeopardized our future. To address this, there was a clear call for accessible and sustained

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Civil society therefore called for comprehensive sexual and reproductive health services, universal access to subsidized condoms and female-controlled prevention technologies such as microbicides, and comprehensive sexuality education. And there was a call for all women to have access to treatment without discrimination.

On sexual and reproductive health and rights, there was a strong emphasis on the outcomes of the ICPD, and a reminder that HIV and AIDS and sexual and reproductive health are inextricably linked and must go hand in hand.

On the role of religion, we heard an acknowledgement from an HIV positive religious leader of the difficulties the faith community had had in accepting people living with HIV. There was an openness to acknowledge past mistakes, and to play a leading role in moving toward inclusive communities in which stigma and discrimination could be truly overcome.

On human rights, there was a call for states to enact laws and policies which protect the human rights of all people, and to invest in the human rights of people living with HIV.

On resources for health services, speakers drew our attention to the consultations which had taken place on universal access. There was strong endorsement of the call for governments to commit the 20 to 23 billion dollars that is needed annually by 2010 to support rapidly scaled-up AIDS responses, and to do so through flexible and sustainable mechanisms.

We were reminded that universal access could not be achieved without: ensuring the recruitment of health workers, ensuring adequate training,

adopting a

Now the main task for us is to finalize the work on the Political Declaration. I call on you all to ensure that we have a strong outcome which is commensurate to the size of the human tragedy and political challenge we all now face.

STATEMENT BY

THE PRESIDENT OF THE UNITED NATIONS
GENERAL ASSEMBLY
H.E. MR. JAN ELIASSON

AT

THE OPENING OF THE INFORMAL

Secretary-General, Excellencies, Distinguished Delegates, Ladies and Gentlemen,

It is my great privilege to open today's interactive civil society hearing. I want to thank all of you for your commitment to ending this pandemic – wherever you live and however you approach it – and for the effort you have made to be here. As I just noted in my remarks to the opening plenary, I believe the fight against AIDS demands that all of us – all levels of government, and the broad range of civil society – work together in partnership.

The Secretary-General will say more in a moment about the vital role of civil society, and of people living with HIV in particular, in fighting the pandemic.

I will not speak at length now. I have come here to hear your voices, and to report them back to the General Assembly tomorrow afternoon.

But I do want to say this: I am pleased that today we are having this hearing as an integral part of our three days of meetings. This has not been the norm. Too often in the past, civil society hearings have taken place long before the events they relate to, and their conclusions have had less impact with the passing of time. Today, you have the opportunity to speak to the world's governments at the very moment that decisions are to be taken that could and should shape the next stage of the global response to AIDS.

You are also here in great numbers, from all regions of the world, and from all backgrounds. I know there are some colleagues who have not been able to join you – a source of frustration for me as it is for you and for them. But

the presence of so many of you will help to ensure that the realities of AIDS are brought into these halls over these three days.

For this morning is not the beginning and end of your opportunity to make your voices heard. I am glad that we will be hearing from civil society speakers also in the panels, the round tables and the High Level Meeting.

Before I hand over to the Secretary-General, I would also like to extend a word of thanks, to the civil society task force members who have worked closely with my Office to make this hearing possible. Thanks to their efforts, today we will hear from representatives of civil society chosen by civil society, addressing issues of most importance to civil society. Just as importantly, we will have the opportunity for a genuinely interactive exchange between civil society and Member States.

Secretary-General, Excellencies, Distinguished Delegates, Ladies and Gentlemen,

AIDS kills people. It kills development. It kills hope, it kills dreams, it kills aspirations. It kills the future. But it need not be this way. Beating this disease is entirely within our reach. All of us in public life must ask ourselves what we are doing to fight this global emergency, and what more we can do. I look forward to a hearing which tells the story of AIDS as it is, holds us all to account, shows us the way forward, and challenges us to keep the promises we have made.

STATEMENT BY

THE PRESIDENT OF THE UNITED NATIONS
GENERAL ASSEMBLY
H.E. MR. JAN ELIASSON

AT

THE OPENING OF THE HIGH-LEVEL MEETING
AND COMPREHENSIVE REVIEW OF THE

need Parliamentarians. We need regional and multilateral institutions. And above all we need people living with HIV, and those at greatest risk of infection, to be at the centre of the response.

That is why it is so important that so many of our colleagues from civil society are with us for these three days. This Assembly has specially accredited around 800 organizations to attend this meeting, and they are joined by many others with standing ECOSOC accreditation. I know that some who were due to be here have had their plans frustrated. I share their frustration. But nonetheless I believe our deliberations this week will be greatly enriched by the unprecedented number of civil society representatives who are here. They will truly help to bring the realities of the world into our halls.

I mentioned the importance of putting people living with HIV at the centre of the response. This General Assembly will shortly take an important symbolic step towards this goal when we invite Khensani Mavasa from South Africa to address us as a representative of civil society. Ms. Mavasa is a young woman living with HIV. The face of this pandemic is increasingly young, poor and female. Worldwide, twice as many young women are living with HIV as young men. In sub-Saharan Africa, infected young women outnumber young men by three to one.

The world is doing far too little to help these young women help themselves. Only one in five young women know how to prevent HIV transmission. And less than one in ten HIV-positive pregnant women are receiving antiretrovirals. I very much hope that the feminization of the epidemic will

Background paper

Panel 1: Breaking the cycle of infection for sustainable AIDS responses

Recognizing that prevention, care, treatment and support are not mutually exclusive strategies, this panel

It will also consider how such prevention measures can ease the pressure on health systems and ensure that those in need have access to affordable, effective antiretroviral therapy treatment in conditions that are humane and dignified.

The country-led assessment for scaling up HIV prevention, treatment, care and support (A/60/737) provides an analysis of common obstacles to scaling up and recommendations for addressing obstacles that impede sustainable responses to AIDS. The assessment identifies prevention measures to reduce

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Many young people and women lack social and economic support to avoid infection and cope with

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can we reduce the vulnerability of young people and women to HIV infection?

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IV prevention technologies and nutritional support for children and adults affected by AIDS — as critical to scaling up comprehensive AIDS services.

munities in the context of

effective scale-up is urgently needed, including treatment education and training of health care service providers. National Governments should greatly expand their capacity to deliver comprehensive AIDS programmes that strengthen existing health and social systems, including by integrating AIDS interventions into programmes for primary health care, mother and child health, sexual and reproductive health, tuberculosis, nutrition, orphans and vulnerable children, as well as formal and informal education.

In making assessments of needs to achieve universal access, countries have called for an integrated approach through broad “implementation partnerships” involving government (ministries of finance, health and education, local government and public service commissions), representatives of civil society, faith-based organizations, professional associations and labor unions, and private sector employers, as well as flexible funding for the district, local and community level.

The consultative ‘towards universal access’ process emphasized the need for governments and international donors to establish special budgeting at the country level for human resources through medium-term human resource strategic frameworks. What existing mechanisms can be used and what new mechanisms are required?

However, key to breaking the cycle of HIV infection remains the strengthening of national leadership and ownership, supported by sustained capacity building. In many countries there are notable examples of national leadership in the response to AIDS – we must understand what challenges remain to effectively replicate this leadership throughout the response?

Along with national leadership is the need for other sectors in society to engage in or to accelerate their efforts in the response to AIDS. The private sector is an important sector that should play an increasing role in prevention, treatment, care, and support – in the workplace, transport workers, and community support.

Throughout the different sectors of society and in all aspects of responses to HIV and AIDS should be the involvement of PLHIV, people affected by AIDS and their networks. This is vital in making the link between prevention and care.

> “Two specific approaches that received support in the consultations were social mobilization campaigns and efforts to increase the involvement of people living with HIV in the provision of prevention and treatment literacy messages.”

How can the religious leaders and faith-based organizations strengthen their role in educating and supporting communities and individuals?

assessment draws our attention to continuing gender inequalities and traditional gender roles that contribute to the enhanced vulnerability of women and girls to HIV and the feminization of the AIDS

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and political commitment are needed to address problems of stigma, discrimination, gender and human rights.

These questions and more need to be answered to break the cycle of new HIV infections, increase access to treatment, expand evidence-informed HIV prevention, address the inequality of women and girls and care properly for the millions of children orphaned by AIDS and other vulnerable children. AIDS responses must be exceptional but not isolated. We must ensure that global political commitments are translated into country-led action on the ground. We must find ways to balance long-term commitment while retaining a real sense of urgency. And a renewed emphasis on HIV prevention is critically needed.

Background paper

Panel 2: Overcoming health worker shortages and other health systems and social sector constraints to the movement towards universal access to treatment

While large scale emergency responses to HIV a be stepped up,

Estimates and plans for enlarging the trained health workforce must be made at country level and integrated into overall education and human resources planning, budgeting and national poverty reduction strategies. The issue of career development for all health workers needs to be addressed. Ongoing learning for all cadres of the workers will help ensure that they provide high quality care and have appropriate skills. Innovative educational strategies that link in-

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Background paper

Panel 4: Sustaninable and predictable financing for scaled-up AIDS responses

Recognizing that coming as close as possible to universal access to HIV prevention, treatment and care will require sustained and predictable funding well into the future, this panel will consider what innovative steps can be taken to secure sufficient and predictable funding from all sources including domestic budgets, without imposing the burden of sustainability on poor nations and the poorest communities, for the next ten years. The discussion will also include sustainable and predictable financing for research and development as well as the shifting of

June 2001 was a watershed moment w
and pledged to take action. To help a
institutions such as the World Bank's I
mobilize international resources to fight th
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with additional financing. Prices of some
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of the Global Task Team on Improving
International Donors are also a key compo
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Outline of panel discussion

Recognizing that coming as close as possible to universal access to HIV prevention, treatment and care will require sustained and predictable funding well into the future, this panel will consider what steps can be taken to secure sufficient and predictable funding from all sources including domestic budgets, without imposing an excessive burden on poor nations and the poorest communities, for the next ten years. The Panel will discuss the following broad areas:

(i) Predictability and sustainability of AIDS funding. AIDS is a long-term epidemic but most donor aid is short-term. Governments have therefore expressed reluctance in committing themselves to long-term expenditures such as antiretroviral treatment. Can donor aid become more long-term? What can countries do to minimize the impact of uncertain and variable external funding?

(ii) Mobilizing adequate financing. Can financial commitments by donors be increased to the level required for meeting the financial needs? From 1996, when UNAIDS was launched, to 2005, the annual funding available for the response to AIDS in low- and middle-income countries increased four-fold, reaching a projected US$ 8.9 billion in 2006 and US$ 10 billion in 2007. While impressive, those amounts will be far

short of meeting the estimated requirements of US$ 14.9 billion in 2006 and US$ 18.1 billion in 2007. To close the gap, international donor commitments must be fulfilled and new ones made. Can this be achieved and how?

(iii) Mobilizing governments' own resources. A long-term effort to end AIDS also depends on an increase in public expenditure by low- and middle-income countries. In low-income countries, official development assistance will continue to be the main source of AIDS financing, but middle-income countries, in particular, can expand domestic spending on their AIDS responses. What are the critical requirements?

(iv) Mobilizing new, innovative sources of finance. These include proposals to create a market for products (by guaranteeing demand), and establishing a new Finance Facility funded by airline ticket tax or other sources. The Facility would front load development aid primarily through the purchase of bonds on the international market. Can funding for research and development be mobilized? What are these initiatives likely to play in bringing additional resources to the effort?

(v) Ensuring adequate use of funds. Overall, the national and international partners in the response to AIDS must stay on course and accelerate efforts to build countries' capacity to respond to AIDS and make better use of money available. Key questions to be be debated by the panel and participants would include:

- How to develop and implement country-led, results driven national AIDS strategies
- How to ensure a universal focus on measurable results based on standardized, agreed indicators
- How to make all policies, procedures and financial flows transparent so as to mitigate against all forms of waste and misallocation of funds
- How can financial resources be mobilized for building human resource capacity and physical infrastructure for healthcare and delivering prevention, treatment, care and support in the poorest countries.
- How to hold countries and donors accountable to agreed commitments?

Background paper

Panel 5: Overcoming stigma and discrimination and changing the way societies respond to people living with HIV

The key focus of this panel will be policy and programmatic levers that can effectively address stigma and discrimination. These include the empowerment of organizations representing people living with HIV, enshrining in the law the rights of people with HIV, and political leadership.

Introduction

Despite considerable progress in the global response to the AIDS epidemic – stigma, discrimination, inequality between men and women and other human rights violations remain major obstacles to successful national responses and towards the goal of universal access.

Stigma often comprises multi-layered negative attitudes towards people living with HIV, women, and vulnerable populations. Stigma results in discriminatory acts in families, communities, health facilities, workplaces, schools and other settings. Together stigma and discrimination disempower individuals and discourage them from seeking HIV information, getting tested, adopting safe behaviours, accessing prevention, treatment and care services, and coping successfully with AIDS.

Challenges to achieving Universal Access

HIV/AIDS describes disappointing results in meeting human rights goals. Although a majority of Commitment on human rights in ent of measures f countries self- s for vulnerable

e Declaration of ently grounded in human rights principles eople living with many countries, ess to services, and HIV prevention

The consultations and country reports highlight several critical human rights challenges impacting comprehensive access, including in the following areas:

- Political Commitment and resources – low prioritization by governments and donors of HIV-related human rights issues, including limited political will, allocation of resources and programming to address stigma, discrimination and gender inequality;
- Empowerment and involvement of people living with HIV and vulnerable groups – insufficient involvement of people living with HIV and vulnerable populations in the design,

implementation and monitoring of HIV responses, and inadequate efforts to empower individuals and groups to address HIV-related stigma and discrimination;

- Legislation: inadequate enactment, review and enforcement of legislation to protect the rights of people living with HIV, women and vulnerable populations, including access to HIV services;
- Gender inequality: insufficient commitment to meaningful involvement of women in the design and monitoring of HIV programmes, and n of programmes to address gender-based vulnerabilities – including violence against women, harmful gender ges in accessing

onse to provide HIV testing under conditions of confidentiality, informed consent, counselling, protection to treatment care and support, with the result that the vast majority of HIV infected individuals do not know their status and are unable or willing to

The assessment identifies six key strategies for overcoming human rights obstacles to scaling up endations is the of people living with HIV, women, children, and ects of the HIV

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to provide HIV involvement in lopment and implementation of AIDS responses;

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he epidemic, and tect women and girls and ensure equality in the public sphere and in domestic relations, including in respect to property and inheritance rights;

- Promoting knowledge of HIV status and access to AIDS information, counselling and related services in an environment that is supportive and safe for confidential testing and voluntary disclosure of status; and
- Promoting equitable access to AIDS interventions by reducing or eliminating user fees for AIDS-related prevention, treatment, care and support.

UNITED NATIONS NATIONS UNIES

NEW YORK

OFFICE OF THE PRESIDENT OF THE GENERAL ASSEMBLY

ROOM C-204, NEW YORK, NY, 10017 TEL: (212) 963 7555 FAX: (212) 963 3301
http://www.un.org/ga/president/60/

25 May 2006

The Office of the President of the General Assembly is pleased to attach a final version of the Information Note on the HIV/AIDS meetings from 31 May to 2 June 2006.

The only substantive changes from the previous version (as issued on 12 May 2006) are as follows:

- The opening time of the Pass Office on 29 May 2006 has been changed to 1200 to 1900;
- The time of the Opening Plenary on 31 May 2006 has been corrected to 0900 to 0930;
- There have been changes and additions to the speakers' lists fo

Revised version: 25 May 2006

Proposed arrangements for the h

Attendees

4. Pursuant to General Assembly Resolution 60/224, the meeting will be open to the Member States and observers.

5. In line with General Assembly Resolution 60/224, the meeting will also be open to heads of entities of the United Nations system, including programmes, funds, specialized agencies and regional commissions, as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Secretary-General's Special Envoys on HIV/AIDS, intergovernmental organizations and entities that have observer status with the General Assembly, non-governmental organizations in consultative status with the Economic and Social Council, non-governmental members of the UNAIDS Programme Coordinating Board, and other invited civil society organizations as listed in A/60/CRP.2, as approved in General Assembly Decision 60/554 of 27 March.

6. Since some of the civil society representatives who are proposed to participate are still seeking financial support to attend, and some people's personal circumstances can present challenges to their ability to travel, this note proposes alternates for many civil society speakers. In addition, the President of the General Assembly would propose to draw from the entirety of the list of alternates in this paper and its attachments if both a speaker and alternate are unavailable, or if the replacement of speakers with principal alternates would leave any meeting unbalanced in terms of gender or region.

7. The Office of the General Assembly President will inform Member States about changes in the composition of the panels and roundtables, if any.

Passes for Delegations

8. The Pass and ID Office of the UN will be open, on an exceptional basis, on 29th May from 12:00 to 19:00 f

Overflow Room and Webcast

11. There will be an "overflow room" (Conference Room 3) to enable delegates unable to attend in person to follow proceedings of the plenary meetings, the informal interactive civil society hearing, and panel 2.

12. The opening plenary, the informal interactive civil society hearing, the panel discussions, the second plenary and the high-level meeting will be transmitted by live Webcast.

Side-Events

13. An overview of the schedule of events on 31st May to 2nd June, including side events, is presented in Annex G. The side events listed are subject to change. The organizers of these events are responsible for providing detailed information and updates, as appropriate.

List of Annexes

14. The annexes to this information note are as follows:

Revised version: 25 May 2006

Annex A

2006 High Level Meeting on AIDS
United Nations, New York, 31 May – 2 June 2006

Event: Opening plenary meeting

Date/Time: 31 May, Wednesday, 09:00 – 09:30 a.m.

Venue: General Assembly Hall

The President of the General Assembly, the Secretary-General, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and a representative of civil society will each give a statement not exceeding ten minutes.

The proposed civil society representative is Ms. Maura Mea from Igat Hope, a network for people living with HIV in Papua New Guinea.[1] The alternate is the Reverend Canon Gideon Byamugisha from the African Network of Religious Leaders Living With and Personally Affected by HIV and AIDS (ANERELA).[2]

Civil society attendees will be invited to observe the plenary meeting from the public gallery, within the limits of the space available. There will be an "overflow room" (Conference Room 3) to enable delegates unable to attend in person to follow proceedings.

[1] Ms. Maura is accredited through the Global Network of People Living with HIV (GNP+).
[2] Canon Gideon, a citizen of Uganda, is accredited by the World Council of Churches.

Revised version: 25 May 2006

Annex B

2006 High Level Meeting on AIDS
United Nations, New York, 31 May – 2 June 2006

Event: Informal Interactive Civil SocietyHearing

Date/Time: 31 May, Wednesday, 10:00 a.m. - 1:00 p.m.

Venue: Conference Room 2

- Ms. Meena Saraswathi Seshu, Sampada Grameen Mahila Sanstha (SANGRAM), India
- Alternate: Ms. Jodi Jacobson, Center for Health and Gender Equity, USA

4. Sexual and reproductive health and rights
   - Ms. Laura Villa Torres, the Youth Coalition, Mexico
   - Alternate: Mrs. Glennis Hyacenth, Development Alternatives for Women in a New Era / Advocates for Safe Parenthood Improving Reproductive Equity, Trinidad and Tobago

5. Research and development
   - Ms. Colleen Daniels, Consumer International, Netherlands
   - Alternate: Ms. Anjali Nayyar, International AIDS Vaccine Initiative (IAVI), India

6. The private sector and labor: the workplace role and response to AIDS
   - Mr. Brian Brink, Anglo American/International Women's Health Coalition, South Africa
   - Alternate: Mr. Anthony Ruys, Heineken/Stop AIDS Now, The Netherlands

7. Trade
   - Ms. Philo Morris, Medical Missionaries, Inc.
   - Alternate: Mr. John McCullough, Church World Service, USA

8. Resources for health
   - Ms. Lilian Mworeko, International Community of Women Living with AIDS (ICW), Uganda
   - Alternate: Ms. Margaret Chung, Development Alternatives for Women DAWN, Fiji

9. Children and AIDS
   - Ms. Musimbi Kanyoro, World YWCA, Kenya
   - Alternate: Ms. Thandiwe Mathunjwa, UNANIMA, Swaziland

10. The role of religion and AIDS
    - Mr. Johannes Petrus Heath, African Network of Religious Leaders Living With and Personally Affected by HIV and AIDS (ANERELA+), Namibia
    - Alternate: Ms. Jacinta Maingi, Ecumenical HIV/AIDS Initiative in Africa/World Council of Churches, Kenya

11. Demonstrating commitment and accountability
    - Ms. Millicent Obaso, Care International, Kenya
    - Alternate: Ms. Iliuta Elena Catalina, Romanian Association Against AIDS (ARAS), Romania

12. Human rights
    - x Mr. Ruben Pecchio, Grupo Genesis Panama Positivo, Panama
    - x Alternate: Ms. Elsabet Menon, African Services Committee, Ethiopia

Revised version: 25 May 2006

Annex C

2006 High Level Meeting on AIDS
United Nations, New York, 31 May – 2 June 2006

Event: Round Table Discussions

The list of roundtable chairs and participants is attached. In accordance with General Assembly Resolution 60/224, every effort was made to ensure equitable geographical representation, taking into account the importance of ensuring a mix of countries in terms of size, HIV prevalence rates and levels of development.

As outlined in Resolution 60/224, participation in each round table will be limited to a maximum of forty-five participants, including Member States, observers, representatives of entities of the United Nations system, civil society organizations and other invitees. Between five and ten representatives of accredited and invited civil society organizations will participate in each round table, with due regard to equitable geographical representation after accommodation of all Member States.

A representative of each of the regional groups will chair a round table. The designated speaker from the UNAIDS Cosponsor will be invited by the chair to make brief remarks.

All five round tables will provide Member States and other participants an opportunity to examine progress against the targets articulated in the 2001 Declaration of Commitment. Round table participants will be invited to consider performance against the targets and to identify common challenges to scaling up and sustaining national AIDS responses. In order to keep discussions focused, Member States and other speakers are encouraged to focus their interventions on the issues raised in the attached background note. The issues in the background note are drawn from the report of the Secretary-General (A/60/736).

The round tables are intended to be interactive. Participants will be invited to make brief remarks not to exceed three minutes, raise questions and resp

Revised version: 25 May 2006

Background Note for the Round Table Discussions

Progress made:

The Secretary General's report to the General Assembly indicates that important progress has been made against HIV and AIDS since the 2001 Special Session – particularly in terms of greater resources, stronger national policy frameworks, wider access to treatment and prevention services, and broad consensus on the principles of effective country-level action.

- In most countries, a strong foundation now exists on which to build an effective AIDS response.
- Financial resources for AIDS have significantly increased.
- Domestic public expenditure from governments has significantly increased in low-income sub-Saharan African countries, and more moderately in middle-income countries.
- There is increasing scientific confidence that it will be possible to develop a safe and effective preventive HIV vaccine and microbicide.
- Treatment access has dramatically expanded, although such efforts have fallen short of global goals.
- Some countries have significantly increased coverage for prevention services (although only six have reached the prevention target of 25% reduction in prevalence among 15-24 year olds).

The Gaps:

The report also shows that many gaps remain. In many parts of the world HIV prevention and treatment are still not being pursued as simultaneous, mutually reinforcing strategies. As a result, great strides have been made in some countries in expanding access to treatment but there has been little progress in bringing HIV prevention programmes to scale. Other countries that are now experiencing a reduction in national HIV prevalence are making slow progress to ensure that treatment reaches those in need.

Revised version: 25 May 2006

A quarter-century into the epidemic, the global AIDS response stands at a crossroads. The AIDS response must become substantially stronger, more strategic and better coordinated if the world is to achieve the 2010 targets of the Declaration of Commitment. Otherwise, countries most affected by AIDS will fail to achieve Millennium Development Goals to reduce poverty, hunger and childhood mortality. Indeed, countries whose development is already flagging because of AIDS will continue to weaken, potentially threatening social stability and national security.

Issues for Discussion:

But we have a solid foundation to build on. Because of the stronger response mobilized since the 2001 Special Session, for the first time ever, the world possesses the means to begin to reverse the global epidemic in the next 10 years. For this to happen the following issues must be addressed.

- While access to treatment is increasing, albeit slowly, many prevention programs seem to have stalled. Estimates of the resources needed to mount a comprehensive response to AIDS indicate that the necessary budgets for prevention programmes in most countries should be approximately twice that allocated for treatment. However, very few countries are spending at that level. Failure to break the cycle of new infections threatens the sustainability of AIDS responses, including providing access to antiretroviral treatment to all those in need. What needs to be done to re-intensify prevention programmes?

- It is widely perceived that young people have sufficient access to information about how to protect themselves from HIV infection. However, this report shows that knowledge levels, particularly in young, are still low, with most countries reporting less than 50% of youth having comprehensive knowledge about AIDS. What can be done to translate information into knowledge, and knowledge into behaviour change?

- Resources available for AIDS have increased dramatically, yet AIDS programmes are not reaching the desired scale. Resources available from domestic sources, along with international funding are at unprecedented levels, especially in sub-Saharan Africa. What financial bottlenecks are countries experiencing and how can they be overcome?

- The major role of civil society in monitoring progress. For the first time civil society was actively included in the collection, review and analysis of data. Insights and input from civil society dramatically strengthened our understanding of the response. How can governments, bilateral and multilateral organizations further engage civil society, including representatives of people living with HIV?

Revised version: 25 May 2006

Round Table 1

Date/Time: Wednesday, 31 May, 3:00 - 6:00 p.m.

Venue: ECOSOC Chamber

Chair: Dr. the Hon. Denzil L. Douglas, Prime Minster of St Kitts and Nevis

Participants:

Member States

- x Austria
- x Azerbaijan
- x Costa Rica
- x Côte d'Ivoire
- x Ecuador
- x Japan
- x Kazakhstan
- x Lao PDR
- x Liechtenstein
- x Lithuania
- x Mali
- x Mexico
- x Mozambique
- x Paraguay
- x Philippines
- x Romania
- x Rwanda
- x Saudi Arabia
- x Sierra Leone
- x St Kitts and Nevis
- x St Vincent and the Grenadines
- x Suriname
- x Swaziland
- x The former Yugoslav Republic of Macedonia
- x Tunisia
- x United Kingdom

Observers

- x European Commission

UN Entities

- x UNFPA
- x UNHCR
- x IMF
- x Secretary General's Special Envoy on HIV/AIDS

Civil Society[1]

- x Mr. Coulibaly Gaoussou, Bouke Eveil, Cote D'Ivoire
- x Mr. Igor Kilchevsky, Credinta, Moldova
- x Mr. Pierre Schapira, Deputy Mayor of Paris, United Cities and Governments, France

[1] Should there be more than five places available for civil society after accommodation of all Member States, the identified alternates will also be offered places on the roundtable (up to a limit of 10 civil society representatives per round table)

- Ms. Oi-Chu Lin, Hong Kong AIDS Foundation, Hong Kong SAR China
- Ms. Gabriela Silva Leite, Network of Sex Work Projects and PCB delegate for Latin America, Brazil

Alternates

- Rev. Michael Perry, Franciscans International, USA
- Ms. Katya Roll, Action Against AIDS, Germany
- Mr Femi Alina Fasinu, Youth in Dignity, Nigeria
- Ms. Sandra F. Batista, PCB NGO alternate delegate for Latin America, Rede latinoamericana de Reducao de Danos, Brazil
- Ms. Ruth Mery, Linares, Asociaciòn Americas, Costa Rica

x Mr. Lucien Royer, International Confederation of Free Trade Unions, Canada
x Mr. Kevin Moody, GNP+, Netherlands
x Ms. Alena Peryshkina, AIDS Infoshare/PCB, Russia
x Ms. Pinar Ilkkaracan, W

- Mr. Mike Mpasha – Mayor of Lusaka, Zambia
- Ms. Batma Estebesova, SOTSIUN, Kyrgyzstan
- Ms. Johanna Hanefeld, Amnesty International, United Kingdom

Alternat

Revised version: 25 May 2006

Round Table 4

Date/Time: Thursday, 1 June, 10:00 a.m.-1:00 p.m.

Venue: Conference Room 5

Chair: Mr Andrzej Wojtyla, Deputy Minister of Health, Poland

Participants:

Member States

- Algeria
- Angola
- Belize
- Botswana
- Cambodia
- Cameroon
- Colombia
- Estonia
- Guyana
- Grenada
- Haiti
- Hungary
- Ireland
- Kyrgyzstan
- Luxembourg
- Netherlands

x Ms. Adrienne Germain, International Women's Health Coalition, USA
x Ms. Asma Bashir, Global Youth Coalition on HIV/AIDS, Pakistan
x Mr. Vjatseslav Vassiljev, Estonian Network of PLWH, Estonia
x Ms. Felipa Antonia Garcia Subervi, Alianza Solidaria para la Lucha Contra el VIH/SIDA, Dominican Republic

Alternates

x Mr. John Galbraith, Catholic Medical Missions, USA
~~x~~

Revised version: 25 May 2006

Round Table 5

- x Mr. KassimKapalota, Trade Union Congress, Tanzania
- x Mr. Ken Casey, World Vision International, USA
- x Mr. Hossam Baghat, Egyptian Initiative for Personal Rights, Egypt

Alternates

- x Dr. Sonja Christine Wienreich, Action Against AIDS, Germany
- x Mr. Clementine Dewhe, Global Union Program on HIV/AIDS
- x Ms. Faith Jere, World Vision, Zambia
- x Mr. Peter Parry, Booz Allen Hamilton, USA
- x Mr. Paulo Vieira, PCB NGO alternate delegate for Europe, YouAct, Portugal
- x Ms. Jackie Sharpe, International Planned Parenthood Federation, Trinidad and Tobago

elow.

The moderators, panelists and rapporteurs have been selected based on their specific expertise and the recommendations of Member States and observers, UNAIDS and civil society. Effort was made to ensure equitable geographical representation and gender balance. The rapporteurs were selected from among the panelists.

- Participants will be asked to identify themselves prior to posing their question and will be allowed a maximum of 3 minutes to present their question to a particular panelist or to the panel.

- Participants are discouraged from reading statements or from asking questions that relate to other panels' topics.

- The moderator will conclude by asking the panelists to respond to the points raised, with particular focus on actions proposed to achieve universal access.

- Pending a decision by the General Assembly, the rapporteurs of each panel will present summaries of the discussion during the plenary meeting on Thursday, 1st June, 4.00 – 6.00 p.m. Each summary, which should not exceed five minutes, should highlight the key issues, challenges and way forward vis-à-vis universal access. The UN System through the identified lead agency will provide support to the moderator and panelists in the preparation of the session summary.

- The event will be broadcast on Webcast and accessible via the web.

Revised version: 25 May 2006

Panel 2

Title: Overcoming health worker shortages and other health systems and social sector constraints to the movement towards universal access to treatment

While large scale emergency responses to HIV and AIDS need to continue and be stepped up, overcoming the acute health worker shortages and other health systems and social sector constraints in many countries will provide an essential underpinning to the longer-term response. Equally, it is important that both long and short term responses to HIV and AIDS contribute to the building of stronger health systems and to greater social sector capacity more broadly. This panel will look at the investments and innovative actions needed to scale up towards a longer term response to HIV and AIDS in which addressing the current crisis of human resources is part of broader health system development, and capacity-building.

Date/Time: 31 May, Wednesday, 3:00 – 6:00 p.m.

Venue: Conference Room 4

Moderator: Ms. Ann M. Veneman, Executive Director, UNICEF and Dr. Anarfi Asamoa-Baah, Assistant Director General for AIDS, TB and Malaria, World Health Organization

Revised version: 25 May 2006

Panel 3

Title: Ending the increased feminization of AIDS

This panel will focus on how the disproportionate impact of AIDS on women and girls has broader societal implications. Recognizing that in most parts of the world women are at the core of broader development efforts and that their well-being is vital to the welfare of communities, the panel will consider how empowering women and girls and protecting their human rights – to ensure they are protected both from HIV infection and from its impact – could help to change the course of the pandemic. It will also consider how to ensure women are involved in determining HIV related policies and programmes.

Date/Time: 1 June, Thursday, 10:00am – 1:00 p.m.

Venue: Conference Room 2

Moderator: Ms. Thoraya Ahmed Obaid, Executive Director, UNFPA

Panelists:

1. Mrs. Ulla Tornaes, Minister of Development Cooperation (Denmark)

2. Ms. Nilcea Freire, Minister of the Special Secretariat for Women (Brazil)

3. Ms. Lillian Mworeko, International Community of Women Living with HIV/AIDS (Kenya)

4. Ms. Keesha Effs, National Youth Ambassador for Positive Living (Jamaica) - Panel Rapporteur; alternate – Ms. Sika Thompson, General Manager of HIV/AIDS, Becton Dickinson (USA)

5. Ms. Wanda Nowicka, President of Federation for Women and Family Planning (Poland); alternate – Ms. Kanjo Mbaindjukua, ICW/GNP+ (Namibia)

6. Mr. Brian Brink, Senior Vice President, Anglo American (South Africa)

Revised version: 25 May 2006

Panel 4

Title: Sustainable and predictable financing for scaled-up AIDS responses

Recognizing that coming as close as possible to universal access to HIV prevention, treatment and care will require sustained and predictable funding well into the future, this panel will consider what innovative steps can be taken to secure sufficient and predictable funding from all sources including domestic budgets, without imposing the burden of sustainability on poor nations and the poorest communities, for the next ten

Revised version: 25 May 2006

Panel 5

Title: Overcoming stigma and discrimination and changing the way societies respond to people living with HIV

The key focus of this panel will be policy and programmatic levers that can effectively address stigma and discrimination. These include the empowerment of organizations representing people living with HIV, enshrining in the law the rights of people with HIV, and political leadership.

Date/Time: 1 June, Thursday, 10:00am – 1:00 p.m.

Venue: ECOSOC

Moderator: Mr. Ad Melkert, Associate Administrator, UNDP

Panelists:

1. Ms. Raminta Stuikyte, Director of the Central and Eastern European Harm Reduction Network (Lithuania) – Panel Rapporteur

2. Ms. Moni Pen, Positive Women Cambodia (alternate – Ms. Margaret Chi)

3. Ms. Claudia Ahumada, Center for Legal Investigation (Chile), University Diego Portales (alternate – Mr. Ray Fergusan, CEO Americas, Standard Chartered Bank (USA)

4. Rev. Canon Gideon Byamgisha, ANERELA+ (Uganda)

5. H.E. Yurii Polyachenko, Minister of Health (Ukraine) to be confirmed

6. Hon. Mr. Neil Gerrard, ChrTj of All Party Parliamentary Group on AIDS (UK)

Annex E

Event:

Revised version: 25 May 2006

Annex F

Event:	**High Level Plenary Meeting**
Date/Time:	**2 June, Friday** **9:00 a.m. - 1:00 p.m.** **3:00 p.m. – 6:00 p.m.**[1]
Venue:	**General Assembly Hall**

for a maximum of three minutes each

Revised version: 25 May 2006

Annex G

Programme Overview[1]

Tuesday

Wednesday 31 May			
		Wake Up	
		God Sleeps in Rwanda *Silent Genocide*	

Revised version: 25 May 2006

Thursday 1 June			

11 May 2006

Excellency,

Further to resolution 60/224 on preparations for and organization of the 2006 follow-up meeting on the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS, I am pleased to attach a second information note on the proposed arrangements for the high-level meeting and comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS which are to be convened from 31 May to 2 June 2006.

I have asked Ambassador Lars-Hjalmar Wide, my Chef de C60 T3net,

Proposed arrangements for the high-level meeting and comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS, to be convened from 31 May to 2 June 2006

Information Note 2

Introduction

1. This note elaborates on and supersedes the information note issued on 31 March 2006.

2. This note was prepared taking into consideration suggestions, nominations and expressions of interest for participation by Member States and observers. The Office of the President of the General Assembly also consulted civil society over proposed civil society participation.

Official Events

3. The meetings on 31st May to 2nd June 2006 will be organized as follows:

Wednesday, 31st May		
09:00-10:00	Opening Plenary Meeting	GA Hall
10:00-13:00	Informal interactive civil society hearing	Conference Room 2*
15:00-18:00	Round table 1	ECOSOC Chamber
	Round table 2	Conference Room 5
	Round table 3	Conference Room 6
	Panel 1	Conference Room 2
	Panel 2	Conference Room 4*
Thursday, 1st June		
	Round table 4	ECOSOC Cham

Attendees

4. Pursuant to General Assembly Resolution 60/224, the meeting will be open to all Member States and observers.

5. In line with General Assembly Resolution 60/224, the meeting will also be open to heads of entities of the United Nations system, including programmes, funds, specialized agencies and regional commissions, as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Secretary-General's Special Envoys on HIV/AIDS, intergovernmental organizations and entities that have observer status with the General Assembly, non-governmental organizations in consultative status with the Economic and Social Council, non-governmental members of the UNAIDS Programme Coordinating Board, and other invited civil society organizations as listed in A/60/CRP.2, as approved in General Assembly Decision 60/554 of 27 March.

6. Since some of the civil society representatives who are proposed to participate are still seeking financial support to attend, and some people's personal circumstances can present challenges to their ability to travel, this note proposes alternates for many civil society speakers. In addition, the President of the General Assembly would propose to draw from the entirety of the list of alternates in this paper and its attachments if both a speaker and alternate are unavailable, or if the replacement of speakers with principal alternates would leave any meeting unbalanced in terms of gender or region.

7. The Office of the General Assembly President will inform Member States about changes in the composition of the panels and roundtables, if any.

Passes for Delegations

8. The Pass and ID Office of the UN will be open, on an exceptional basis, on 29th May from 9:00 to 16:00 for registration of delegates. The Office will also be open on the following days at the following times: 30th May, 8:00 to 16:00; 31st May, 7:00 to 16:00; 1st June, 9:00 to 16:00; 2nd June, 9:00 to 12:45.

9. The UN Protocol and Liaison Service will authorize delegation passes as well as VIP passes for Cabinet Ministers. To facilitate the issuance of these passes, lists of delegations should be submitted to the UN Protocol and Liaison Service, United Nations Secretariat, Room S 201-P (Attention: Ms Marybeth Curran).

10. The UN Protocol and Liaison Service will also authorize colour-coded access cards for the round tables. These access cards may be collected from 24 May 2006.

Overflow Room and Webcast

11.

Annex A

2006 High Level Meeting on AIDS
United Nations, New York

- Ms. Meena Saraswathi Seshu, Sampada Grameen Mahila Sanstha (SANGRAM), India
- Alternate: Ms. Jodi Jacobson, Center for Health and Gender Equity, USA

4. S

12. Human rights

- Mr. Ruben Pecchio, Grupo Genesis Panama Positivo, Panama
- Alternate: Ms. Elsabet Menon, African Services Committee, Ethiopia

Following the presentations, the President of the General Assembly or his representative will chair an interactive session with alternate interventions from Member States and Civil Society participants. Participants will be requested

ix of countries in terms of size, HIV prevalence rates and levels of development.

As outlined in Resolution 60/224, participation in each round table will be limited to a maximum of forty-five participants, including Member States, observers, representatives of entities of the United Nations system, civil society organizations and other invitees. Between five and ten representatives of accredited and invited civil society organizations will participate in each round table, with due regard to equitable geographical representation after accommodation of all Member States.

A representative of each of the regional groups will chair a round table. The designated speaker from the UNAIDS Cosponsor will be invited by the chair to make brief remarks.

All five round tables will provide Member States and other participants an opportunity to examine progress against the targets articulated in the 2001 Declaration of Commitment. Round table participants will be invited to consider performance against the targets and to identify common challenges to scaling up and sustaining national AIDS responses. In order to keep discussions focused, Member States and other speakers are encouraged to focus their interventions on the issues raised in the attached background note. The issues in the background note are drawn from the report cus their inte j7ote. 6u60 ised

Background Note for the Round Table Discussions

Progress made:

The Secretary General's report to the General Assembly indicates that important progress has been made against HIV and AIDS since the 2001 Special Session – particularly in terms of greater resources, stronger national policy frameworks, wider access to treatment and prevention services, and broad consensus on the principles of effective country-level action.

- In most countries, a strong foundation now exists on which to build an effective AIDS response.
- Financial resources for AIDS have significantly increased.
- Domestic public expenditure from governments has significantly increased in low-income sub-Saharan African countries, and more moderately in middle-income countries.
- There is increasing scientific confidence that it will be possible to develop a safe and effective preventive HIV vaccine and microbicide.
- Treatment access has dramatically expanded, although such efforts have fallen short of global goals.
-

A quarter-century into the epidemic, the global AIDS response stands at a crossroads. The AIDS response must become substantially stronger, more strategic and better coordinated if the world is to achieve the 2010 targets of the Declaration of Commitment. Otherwise, countries most affected by AIDS will fail to achieve Millennium Development Goals to reduce poverty, hunger and childhood mortality. Indeed, countries whose development is already flagging because of AIDS will continue to weaken, potentially threatening social stability and national security.

Issues for Discussion:

But we have a solid foundation to build on. Because of the stronger response mobilized since the 2001 Special Session, for the first time ever, the world possesses the means to begin to reverse the global epidemic in the next 10 years. For this to happen the following issues must be addressed.

- While access to treatment is increasing, albeit slowly, many prevention programs seem to have stalled. Estimates of the resources needed to mount a comprehensive response to AIDS indicate that the necessary budgets for prevention programmes in most countries should be approximately twice that allocated for treatment. However, very few countries are spending at that level. Failure to break the cycle of new infections threatens the sustainability of AIDS responses, including providing access to antiretroviral treatment to all those in need. What needs to be done to re-intensify prevention programmes?

- It is widely perceived that young people have sufficient access to information about how to protect themselves from HIV infection. However, this report shows that knowledge levels, particularly in youth, are still low, with most countries reporting less than 50% of youth having comprehensive knowledge about AIDS. What can be done to translate information into knowledge, and knowledge into behaviour change?

- Resources available for AIDS have increased dramatically, yet AIDS programmes are not reaching the desired scale. Resources available from domestic sources, along with international funding, are at unprecedented levels, especially in sub-Saharan Africa. What financial bottlenecks are countries experiencing and how can they be overcome?

- The major role of civil society in monitoring progress. For the first time civil society was actively included in the collection, review and analysis of data. Insights and input from civil society dramatically strengthened our understanding of the response. How can governments, bilateral and multilateral organizations further engage civil society, including representatives of people living with HIV?

Round Table 1

Date/Time: Wednesday, 31 May, 3:00 - 6:00 p.m.

Venue: ECOSOCChamber

- Ms. Gabriela Silva Leite, Network of Sex Work Projects and PCB delegate for Latin America, Brazil
  (Alternate: Mr. Clementine Dehwe, Global Union Programme on HIV/AIDS, Zimbabwe)

Round Table 2

Date/Time: Wednesday, 31 May, 3:00 - 6:00 p.m.

Venue: Conference Room 5

Chair: Australia

Participants:

Member States

- x Argentina
- x Armenia
- x Australia
- x Bangladesh
- x Burkina Faso
- x Cape Verde
- x China
- x Denmark
- x Egypt
- x Germany
- x Honduras
- x Iceland
- x Indonesia
- x Jamaica
- x Libyan Arab Jamahiriya
- x Russian Federation
- x Slovakia
- x South Africa
- x Turkey
- x Uganda
- x Venezuela

Observers

- x International Federation of Red Cross and Red Crescent

UN Entities

- x UNICEF
- x World Bank

Civil Society

- x Ms. Beatrice Were, African Civil Society Coalition, Uganda
  (Alternate: Mr. Steve Laguerre, GRASADIS, Haiti)
- x Most Rev. Archbishop Njongkulu Ndungane, Anglican Church, South Africa
  (Alternate: Mr. Vegard T Foselde, Changemakers, Norway)
- x Mr. Lucien Royer, International Confederation of Free Trade Unions, Canada
  (Alternate: Mr. Chris Bain, CAFOD/ Caritas Internationalis, UK)
- x Mr. Mike E Mposha, Mayor of Lusaka, United Cities and Governments, Zambia
  (Alternate: Ms. Lilian Abrascinkas, Mujer y Salud en Uruguay, Uruguay)
- x Ms. Alena Peryshkina, AIDS Infoshare/PCB, Russia
  (Alternate: Mr. Edford Mutuma, Global Youth Coalition, Zambia)
- x Ms. Pinar Ilkkaracan, Women for Women's Human Rights, Turkey
  (alternate: Ms. Anandi Yuvraj, India HIV/AIDS Alliance, India)

Round Table 3

Date/Time: Wednesday, 31 May, 3:00-6:00 p.m.

Venue: Conference Room 6

Chair: Kenya (proposed, awaiting confiation)

Participan

- Mr. Hossam Bahgat, Egyptian Initiative for Personal Rights, Egypt (Alternate: Ms. Alexandra Cuervo, Aproase, Mexico)
- Mr. Norbert Otten, Director Public Policy, Daimler Chrysler, Germany (Alternate: Ms. Luisa Cabal, Center for Reproductive Rights, USA)
- Mr. Vjatseslav Vassiljev, Estonian Network of PLWH, Estonia (Alternate: Mr. Kevin Moody, Global Network of People Living with HIV/AIDS (GNP+), Netherlands)

Round Table 5

Date/Time: Thursday, 1 June, 10:00 a.m.-1:00 p.m.

Venue: Conference Room 6

Chair: Malaysia (proposed, awaiting confirmation)

Participants:

Member States

- x Bahamas
- x Barbados
- x Belgium
- x Benin
- x Canada
- x Chile
- x Cuba
- x France
- x Georgia
- x Ghana
- x Latvia
- x Madagascar
- x Malawi
- x Malaysia
- x Mauritius
- x Namibia
- x Nauru
- x Qatar
- x San Marino
- x Republic of Korea
- x Trinidad and Tobago
- x Ukraine

Observers

- x Holy See

UN Entities

- x UNODC
- x WHO

Civil Society

- x Mr. Javier Leonardo Varón, Colombian Network of PLWHA, Colombia (Alternate: Dr. Sonja Christine W

Annex D

2006 High Level Meeting on AIDS
United Nations, New York, 31 May – 2 June 2006

Event: Panel Discussions

The theme, moderator, panelists and rapporteur for each panel are listed below.

The moderators, panelists and rapporteurs have been selected based on their specific expertise and the recommendations of Member States and observers, UNAIDS and civil society. Effort was made to ensure equitable geographical representation and gender balance. The rapporteurs were selected from among the panelists.

The panel discussions are intended to provide Member States and other participants an opportunity to discuss the main issues emerging from *Towards universal access: assessment by UNAIDS on scaling up HIV prevention, treatment, care and support* (A/60/737). Each panelist will speak to the specific topic identified for a maximum of five minutes. A background paper specific to the panel will be developed to situate the presentations and subsequent discussions.

All the panels will be asked to consider the cross-cutting issues of national leadership for scaling up towards universal access, gender and the greater involvement of people living with HIV.

The panel discussions will be open to representatives of all Member States, observers and entities described in paragraph 5 of the main body of this information note. Access to the panel discussions will be on a first come first served basis, with a number of seats reserved for Member States.

nd describe the overall theme of the panel (10 minutes). .

- The moderator will briefly introduce all the panelists. Prior to each panelist speaking, an overview of their expertise will be given by the moderator (1 minute per speaker).

- Panelists' presentations will be followed by questions from the floor on the issues raised and relating to the presentations made vis-à-vis the "Towards Universal Access Process".

- Participants will be asked to identify themselves prior to posing their question and will be allowed a maximum of 3 minutes to present their question to a particular panelist or to the panel.

- Participants are discouraged from reading statements or from asking questions that relate to other panels' topics.

- The moderator will conclude by asking panelists to respond to the points raised, with particular focus on actions proposed to achieve universal access.

- Pending a decision by the General Assembly, the rapporteurs of each panel will present summaries of the discussion during the plenary meeting on Thursday, 1st June, 4.00 – 6.00 p.m. Each summary, which should not exceed five minutes, should highlight the key issues, challenges and way forward vis-à-vis universal access. The UN System through the identified lead agency will provide support to the moderator and panelists in the preparation of the session summary.

- The event will be broadcast on Webcast and accessible via the web.

Panel 1

Title: Breaking the cycle of infection for sustainable AIDS responses

Recognizing that prevention, care, treatment and support are not mutually exclusive strategies, this panel will consider how effective prevention measures, systematically implemented, can reduce HIV infection. It will also consider how such prevention measures can ease the pressure on health systems and ensure that those in need have access to affordable, effective antiretroviral therapy treatment in conditions that are humane and dignified.

Date/Time: 31 May, Wednesday, 3:00 – 6:00 p.m.

Venue: Conference Room 2

Moderator: Mr. James T. Morris, Executive Director, World Food Programme

Panelists:

1. H.E. President Festus G. Mogae (Botswana)

2. Dr. Wu Zunyou, National Center for HIV/AIDS Controland Prevention (China) – Panel Rapporteur

3. Ms. Carin Jamtin, Minister of International Development Cooperation (Sweden)

4. Mr. Norbert Otten, Daimler Chrysler (UK); alternate: Mr. Julian Stanning, HIV/AIDS Programme Advisor Unilever (UK)

5. Rev. Canon Gideon Byamugisha, ANERELA+ (Uganda); alternate – Mr. Joe Amon, Human Rights Watch (USA)

6. Mr. Michael Grichenkov, Member of Duma (Russia)

Panel 3

Title: Ending the increased feminization of AIDS

This panel will focus on

Panel 4

Title: Sustainable and predictable financing for scaled-up AIDS responses

Recognizing that coming as close as possible to universal access to HIV prevention, treatment and care will require sustained and predictable funding well into the future, this panel will consider what innovative steps can be taken to secure sufficient and predictable funding from all sources including domestic budgets, without imposing the burden of sustainability on poor nations and the poorest communities, for the next ten years. The discussion will also include sustainable and predictable financing for research and development as well as the shifting of resources to communities.

Date/Time: 1 June, Thursday, 10:00am – 1:00 p.m.

Venue: Conference Room 4

Moderator: Mr. Jean-Louis Sarbib, Senior Vice-President, World Bank

Panelists:

1. Professor Joep de Lange, HIV/AIDS Expert, (Netherlands)

2. Dr. Manto Tshabala-Msimang, Minister of Health (South Africa)

3. Professor Richard Feachem, Executive Director, Global Fund (UK)

4. Mr. Bharat Wakhlu, President, Tata Infotech (India); alternate – Ms. Claudia Khan, Senior Vice President, Merrill Lynch Inc (USA)

5. Mr. Omolou Falobi, Journalists Against AIDS (Nigeria) – Panel Rapporteur; alternate – Ms. Asia Russell, Health GAP (USA)

6. Dr. Sheikha Ghalya Mohamad Al Thani, Minister of Health (Qatar)

Panel 5

Title: Overcoming stigma and discrimination and changing the way societies respond to people living with HIV

The key focus of this panel will be policy and programmatic levers that can effectively address stigma and discrimination. These include the empowerment of organizations representing people living with HIV, enshrining in the law the rights of people with HIV, and political leadership.

Date/Time: 1 June, Thursday, 10:00am – 1:00 p.m.

Venue: Conference Room 3

Moderator: Mr. Ad Melkert, Associate Administrator, UNDP

Panelists:

1. Ms. Raminta Stuikyte, Director of the Central and Eastern European Harm Reduction Network (Lithuania)

2. Ms. Louise Arbour, United Nations High Commissioner for Human Rights (Canada)

3. Ms. Moni Pen, Positive Women Cambodia (alternate – Ms. Margaret Wambete, the chairperson of the HIV+ Teacher's Support Group, Kenya)

4. Ms. Claudia Ahumada, Center for Legal Investigation, University Diego Portales (Chile); alternate – Mr. Ray Fergusan, CEO Americas, Standard Chartered Bank (USA)

5. Mr. Veriano Terto, Brazilian Interdisciplinary AIDS Association (Brazil); alternate – Ms. Irene Khan, Amnesty International (Bangladesh)

6. Professor Willy Rozembaum, President, National Council on AIDS (France) – Panel Rapporteur.

Annex E

2006 High Level Meeting on AIDS
United Nations, New York, 31 May – 2 June 2006

Event: Plenary Meeting

Date/Time: 1 June, Thursday, 4:00 - 6:00 p.m.

Venue: General Assembly Hall

In accordance with General Assembly Resolution 60/224, the chairpersons of the informal interactive civil society hearing and the round tables will present summaries of the discussion during this plenary meeting.

Pending a decision by the General Assembly, the rapporteurs of each panel will also present summaries of the discussion during this plenary meeting.

Each presentation will not exceed ten minutes and the order will be as follows:

1. The President of the General Assembly or his representative;
2. The Chairs of each of the five round tables; and
3. The rapporteurs of each of the five panel discussions, if agreed to by the General Assembly.

In line with General Assembly Resolution 60/224, the plenary meeting will be open to attendees described in paragraph 5 of the main body of this information note.

Civil society attendees will be invited to observe the plenary meeting from the public gallery, within the limits of the space available. There will be an "overflow room" (Conference Room 3) to enable delegates unable to attend in person to follow proceedings.

Annex F

2006 High Level Meeting on AIDS
United Nations, New York, 31 May – 2 June 2006

Event:	High Level Plenary Meeting
Date/Time:	2 June, Friday 9:00 a.m. - 1:00 p.m. 3:00 p.m. – 6:00 p.m.
Venue:	General Assembly Hall

Member States and observers represented at the Ministerial and highest level will be invited to speak in the high-level meeting for a maximum of three minutes each. It will be important that this is strictly adhered to. Member States should contact General Assembly Affairs Branch for inscription if they have not already done so.

The meeting will be opened by the President of the General Assembly and addressed by the Secretary-General.

Pending a decision by the General Assembly, the Executive Director of UNAIDS and the Executive Director of the Global Fund to fight AIDS, TB and Malaria may be invited to address the opening of the High-level Meeting. Khensani Mavasa from the Treatment Action Campaign (TAC), accredited through the International Women's Health Coalition,[3] and Mr. Bill Roedy of MTV International are also proposed to be invited to speak during the meeting, on behalf of civil society and the private sector, respectively.

In line with General Assembly Resolution 60/224, the plenary meeting will be open to attendees described in paragraph 5 of the main body of this information note.

Civil society attendees will be invited to observe the plenary meeting from the public gallery, within the limits of the space available. There will be an "overflow room" (Conference Room 3) to enable delegates unable to attend in person to follow proceedings.

Pursuant to General Assembly Resolution 60/224, Member States are invited to consider the adoption of a short Declaration aimed at reaffirming and expressing recommitment to the full implementation of the Declaration of Commitment. This Declaration will be adopted at the culmination of the meeting.

[3] Alternate: Reverend Canon Gideon Byamugisha from the African Network of Religious Leaders Living With and Personally Affected by HIV and AIDS (ANERELA+).

Annex G

2006 High Level Meeting on AIDS
United Nations, New York, 31 May – 2 June 2006

Programme Overview[4]

Sunday 21 May	0900 – 1000 (opening ceremony) Walk 9-2pm	AIDS Walk New York Opening Ceremony and Walk The 21st Annual New York AIDS Walk will be led off by the UN Cares Team carrying country flags reflecting the diversity of NYC and the importance that AIDS has for all countries. Missions are encouraged to join the UN Cares Team.	Central Park, The Great Lawn

Tuesday 30 May	1200 – 1300	Unveiling of Red Ribbon	UN HQ
	1315 - 1445	"Making universal access a reality: the common challenge of strengthening health systems" organized by WHO	UN HQ
	1800 – 1900	Interfaith service	St. Bart's Cathedral

30 May

31 March 2006

Excellency,

Further to resolution 60/224 on preparations for and organization of the 2006 follow-up meeting on the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS, I am pleased to attach a note on the proposed arrangements for the high-level meeting and comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS which are to be convened from 31 May to 2 June 2006.

I would draw your attention in particular to paragraphs 18, 28 and 43 which invite responses.

I have asked Ambassador Lars-Hjalmar Wide, my Chef de Cabinet, to convene an informal meeting to answer any questions Member States might have on the organizational arrangements, on Thursday 13 April at 10 in Conference Room 6.

Please accept, Excellency, the assurances of my highest consideration.

Jan Eliasson

All Permanent Representatives and
Permanent Observers to the United Nations
New York

Proposed arrangements for the high-level meeting and comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS, to be convened from 31 May to 2 June 2006

Information note

Introduction

1. By its resolution 60/224 of 23 December 2005, the General Assembly decided to convene from 31 May to 2 June 2006 a high-level meeting and a comprehensive review of the progress achieved in realizing the targets set out in the 2001 Declaration of Commitment on HIV/AIDS.

2. By the same resolution, the General Assembly decided that the organizational arrangements for the comprehensive review and the high-level meeting, including the identification of the civil society representative to speak at the opening plenary meeting, the identification of themes for the round tables, the assignment of participants to round tables, finalization of the panel discussions, the identification of chairpersons for the round tables and the format of the informal interactive hearing would be finalized by the President of the General Assembly, with support from the Joint United Nations Programme on HIV/AIDS and in consultation with Member States.

3. It is expected that there will be significant high-level participation in the review and high-level meeting. A letter of invitation from the Secretary-General, dated 3 February 2006, was sent to all Heads of State and Government.

4. The purpose of this note is to outline arrangements for the meetings on 31 May, and 1 & 2 June, and to invite Member States' and observers' nominations and expressions of interest for participation. A further note will be issued before the meetings finalizing the arrangements and listing speakers and participants.

Comprehensive review meeting

5. Resolution 60/224 decided that the review will inte

ractive hearing with civil society.

7. Resolution 60/224 decided that the opening plenary meeting would feature statements by the President of the General Assembly, the Secretary-General, the Executive Director of the Joint United Nations Programme on HIV/AIDS and a representative of civil

society. The proposed civil society representative will be communicated in the subsequent note to Member States.

8. Other representatives of civil society will be invited to attend the meeting in the public gallery, within the limits of the space available.

Informal interactive civil society hearing

9. Resolution 60/224 decided that an informal civil society hearing would be chaired by the President of the General Assembly or his representative and organized with the active participation of people living with HIV and the broader civil society, and that it would be attended by representatives of non-governmental organizations in consultative status with the Economic and Social Council, invited civil society organizations, the private sector, Member States and observers.

10. The hearing will be convened from 10:00 to 13:00. The hearing will be open to all Member States and observers. Representatives of civil society will be invited to participate in the meeting, within the limits of the space available.

11. The hearing will provide an opportunity for an exchange of views between civil society (including the private sector) and Member States and observers on issues including those arising from the report of the Secretary-General and from the assessment by the Joint Programme of country-driven processes for scaling up HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it.

12. The proposed organizational arrangements for the hearing will be communicated in the subsequent note to Member States.

Round tables

13. Resolution 60/224 decided that, in order to promote interactive and substantive discussions, participation in each

22. Two of the five panel discussions will be convened on Wednesday 31st May from 15:00 to 18:00. The remaining three will be convened on Thursday 1st June.

23. The panel discussions are intended to provide Member States and the other participants an opportunity to discuss the main issues emerging from the assessment by the Joint Programme of country-driven processes for scaling up HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it.

24. Each panel will be comprised of national experts and other stakeholders who were closely involved in the aforementioned country-driven processes, and will be moderated by a senior UN official.

25. All the panels will be asked to consider the cross-cutting issues of national leadership for scaling up towards universal access, gender and the greater involvement of people living with HIV and AIDS.

26. The panels on 31st May will focus on the following themes:

Panel 1: Breaking the cycle of HIV infection for sustainable AIDS responses

Recognizing that prevention, care, treatment and support are not mutually exclusive strategies, this panel will consider how effective prevention measures, systematically implemented, can reduce HIV infection. It will also consider how such prevention measures can ease the pressure on health systems and ensure that those in need have access to affordable, effective antiretroviral therapy treatment in conditions that are humane and dignified.

Panel 2: Overcoming capacity constraints that inhibit current emergency responses and the movement towards universal access to antiretroviral therapy.

Recognizing that AIDS is a continuing crisis requiring emergency action even as longer term health systems obstacles are overcome, and that saving lives now requires innovative action, this panel w1.5604 n84204v9207p98( )2 0A12 0 0 12 3761 12 0 0 12 9

background information on the suggested individual, should be received by 17:00 on 21st April in the Office of the President of the General Assembly.

29. The list of panelists will be communicated in the subsequent note to Member States.

Thursday 1

The key focus of this panel will be policy and programmatic levers that can effectively address stigma and discrimination. These include the empowerment of organizations representing people living with HIV, enshrining in the law the rights of people with HIV, and political leadership.

Plenary meeting

33. Resolution 60/224 decided that the chairpersons of the round tables and the informal interactive civil society hearings would present summaries of the discussion to the plenary meeting scheduled for 1 June 2006.

34. This plenary meeting will be convened from 16:00 to 18:00 on 1 June 2006.

35. Given that the panel discussions will be focusing on the main issues emerging from the assessment by the Joint Programme of country-driven processes for scaling up HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it, it is proposed that there may also be reports back from each panel to this plenary meeting[1].

36. The agenda would be as follows:

- Opening by the President of the General Assembly

- Report back from the informal interactive civil society hearing by the President of the General Assembly

- Reports back from the Chairs of each of the five round tables

- Reports back from each of the five panel discussions, to be delivered by one of the panelists. These rapporteurs will be selected by the President of the General Assembly and communicated in the subsequent note to Member States[2].

-Closing by the President of the General Assembly

37. Representatives of civil society will be invited to attend the meeting in the public gallery, within the limits of the space available.

<u>High-level Meeting</u>

Friday 2nd June

38. Resolution 60/224 decided to convene a high-level meeting on 2 June 2006 and that continuing the engagement of world leaders in a comprehensive global response to ers in 24i2

meeting at the highest level. It also invited heads of entities of the United Nations system, including programmes, funds, specialized agencies and regional commissions, as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Special Envoys of the Secretary-General on HIV/AIDS, intergovernmental organizations and entities that have observer status with the General Assembly, non-governmental organizations in consultative status with the Economic and Social Council, non-governmental members of the Programme Coordinating Board of the Joint Programme and other interested civil society organizations as listed in A/60/CRP.2, as approved by General Assembly Decision 60/554 of 27 March, to participate in the high-level meeting as appropriate.

39. Resolution 60/224 also invited Member States to consider the adoption of a short declaration aimed at reaffirming and expressing recommitment to the full implementation of the Declaration of Commitment, including by giving due consideration to, inter alia, the assessment by the Joint Programme of country-driven processes for scaling up HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it, and the report of the Secretary-General.

40. Building on the discussions of the previous two days, the high-level meeting will seek to project the unity and solidarity of the 0 0 12 3p0 0 12 295.6798f8e9 m

Side events

47. The opening plenary, the informal interactive civil society hearing, the panel discussions, the second plenary and the High-level meeting will be transmitted by live webcast.

48. A separate note will be issued regarding proposed side events, including a proposed high-level event on the evening of Thursday 1st June. This event will provide an opportunity for interaction among leaders in political, economic, social, private sector, pharmaceutical and philanthropic fields.

Office of the President of the General Assembly
29 March 2006

13 January 2006

Excellency,

I am writing to you further to the decision taken by the General Assembly to convene a High-Level Meeting and undertake a Comprehensive Review of

Comprehensive Review and High-Level Meeting
Follow-up to the Declaration of Commitment on HIV/AIDS
New York, 31 May - 2 June 2006

Application Form

Name of Organization Location of headquarters: Years in Operation: Are you accredited with ECOSOC No ☐ (NB If you are accredited with ECOSOC, you need not apply through this process)	Contact Persons
Mailing Address	Telephone Number: Fax Number: E-mail Address:
Brief Description of nature of Populations Served and/or Represented, and geographic coverage of activities (no more than 150 words). Please also list all countries in which the organization is active (continue list on a separate sheet if necessary).	
The organization is best described as: An association of PLHIV Yes ☐ No ☐ A private sector organization Yes ☐ No ☐ An NGO Yes ☐ Others ☐ Please specify: _____	
Brief Description of Activities and track record in the field of HIV/AIDS, prevention, treatment and care (not more than 150 words)	

- Please note that the nomination or selection of the applicant does not automatically entitle the organization to funding support for participation in the meeting.
- Please note further that successful applicants will be responsible for obtaining their own US visas, although UNAIDS will facilitate the issuance of an appropriate letter of invitation.
- Please note finally that applications received after 3 February 2006 will not be considered .

Please submit the completed form to:

'UNGASS Nomination'
Civil Society Partnerships Unit
UNAIDS
20 avenue Appia
1211 Geneva 27, Switzerland
Fax: +41 22 791 4149
Tel: +41 22 791 4448
csp@unaids.org

sufficient time and at le
Assembly to review a re
on action needed to achi

Reaffirming the importance o
eclaration of Commitment, whic

Recognizing the essential role played in the response to AIDS by civil society, including national and international non-governmental organizations and organizations and networks representing people living with HIV/AIDS, women, men, young persons, girls and boys, orphans, community and faith-based organizations, families and the private sector,

1. *Decides* to undertake on 31 May and 1 June 2006 a comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS and to convene on 2 June 2006 a high-level meeting aimed at continuing the engagement of world leaders in a comprehensive global

5. Encourages