STATEMENT BY

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

AT

THE CLOSING OF THE HIGH-LEVEL MEETING AND COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALISING THE TARGETS SET OUT IN THE DECLARATION OF COMMITMENTS ON HIV/AIDS

UNITED NATIONS HEADQUARTERS
NEW YORK
2 JUNE 2006

Deputy Secretary-General, Excellencies, Distinguished Delegates, Friends,

With the adoption of this Political Declaration, our three days of meetings have drawn to a close.

I would like, on behalf of the whole Assembly, to thank Ambassador Hackett of Barbados and Ambassador Laohaphan of Thailand, and their staff, for their truly extraordinary work this year on HIV/AIDS. First, they chaired the negotiations which paved the way for the innovative format of these three days of meetings. Then, they set about the work on this Declaration with vigour. The negotiations were not easy, but the Ambassadors rose to the challenge. The world should be grateful to them.

I would also like to thank all those of you who were involved in the negotiations, for your willingness to work together to reach strong agreements, with a particular thanks to the staff of UNAIDS and, in my own staff, Steven Sabey, and of course our deep thanks goes to the Secretary-General with his unfailing commitment to fight HIV/AIDS and all of his staff.

While we have been meeting, over twenty thousand people have died as a result of AIDS. And over thirty thousand people have been newly infected with HIV.

We have been reminded by many speakers today that AIDS is not only killing people. It is killing development, particularly in the worst affected

area: sub-Saharan Africa. Without a greatly stepped up response to AIDS, the Millennium Development Goals will be unattainable in that region.

The size and impact of the pandemic has been brought to the world's attention over the last three days in an unprecedented way. We have heard from the global AIDS community, and people living with HIV, as never before. No country, no leader, can say that in 2006 they did not know about the human reality of HIV/AIDS, about the size of the threat, or about what needs to be done. We have heard from some leaders today of welcome new pledges and new commitments. I thank them warmly and urge others to follow suit.

I talked at the opening of these meetings about the unprecedented level of civil society involvement. What I did not know that we would see was the unprecedented level of constructive and substantive interaction between Member States and civil society. As Peter Piot said this morning, we come from different backgrounds and have different tactics, but we simply need each other. The problem is so huge that no one can deal with it alone. We have to work together. The task confronting us is so great that we need passion, we need advocacy, we need mobilization of efforts. The impact of this interaction has been evident in the negotiations on the Political Declaration which we have just adopted. All my experience teaches me that the last days of negotiation almost inevitably see the weakening of texts as compromises are made and deals struck.

I know that none of you got all that you wanted in this Declaration. That is the nature of negotiations. But I know that, thanks in part to the influence

brought to bear by civil society, the draft got stronger – not weaker – in the final days and hours.

It is worth recalling that the Declaration we have just adopted includes many of the vital points that much of the global AIDS community was asking for just a few days ago.

- Importantly, the Declaration reaffirms our determination to implement fully the 2001 Declaration of Commitment;
- It describes successes since 2001, but acknowledges that we have failed to meet many of our targets;
- It includes several references to vulnerable groups. It explicitly mentions a broad range of prevention technologies, including male and female condoms, sterile injecting equipment and harm-reduction efforts related to drug use;
- It has a clear and specific commitment to address the rising rates of HIV infection among young people to ensure an HIV-free future generation, and it includes strong language on the need to increase the capacities of women and adolescent girls to protect themselves from the risk of HIV infection;
- It resolves to integrate sufficient food and nutrition as part of a comprehensive response;
- It resolves to assist developing countries to enable them to employ flexibilities outlined in the WTO's Agreement on TRIPS, including production of generic antiretroviral drugs;

- It unambiguously extends, for the first time, the definition of universal access to include comprehensive prevention programmes, treatment, care and support;
- It clearly recognizes the UNAIDS estimate that $20 – 23 billion is needed per annum by 2010 to support rapidly scaled-up AIDS responses;
- It pledges to provide the highest level of commitment to ensure that all credible AIDS plans will be funded, and implemented with transparency, accountability and effectiveness, in line with national priorities;
- And it commits all countries to set, this year, ambitious national targets for 2010, with interim targets for 2008, in accordance with core indicators recommended by UNAIDS in their recent assessment report, which was itself strongly supported.

Is all this enough? When we are dealing with a human disaster as great as HIV/AIDS, those who say more is needed can never be wrong. But I believe we can be proud of what we have achieved. We have recommitted; we have raised the bar; we have made new, important and specific commitments; and we have put this issue once again at the top of the global agenda.

But as one speaker said this afternoon, adopting the Declaration today was the easy part. The true test of this Declaration's worth will be the extent to which you all go back to your countries and implement it with a sense of urgency and a sense of purpose.

And there are two reasons for us to leave here with confidence and momentum tonight. One is the Declaration, which – as I said this morning –

I believe is strong, substantial and forward-looking. The other is that a new conversation, a new relationship, a new dynamic has emerged here over the last three days between so many of you in governments, civil society and elsewhere. If that dynamics of civil society and governments working hand in hand could be translated also back to our nations then I think we have done something new in these halls these three days.

My call to you now is this: take this Declaration, and take the new spirit and understanding of these three days, back to your countries, and implement it.

I would hope that we can all use this new energy to translate this Declaration into action, to make a difference between life and death for many, and give a life in dignity for all affected by HIV/AIDS.

Thank you very much.

General Assembly

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Resolution adopted by the General Assembly on 2 June 2006

[*without reference to a Main Committee (A/60/L.57)*]

60/262. Political Declaration on HIV/AIDS

The General Assembly

Adopts the Political Declaration on HIV/AIDS annexed to the present resolution.

87th plenary meeting
2 June 2006

Annex

Political Declaration on HIV/AIDS

1. We, Heads of State and Government and representatives of States and Governments participating in the comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS,[1] held on 31 May and 1 June 2006, and the High-Level Meeting, held on 2 June 2006;

2. Note with alarm that we are facing an unprecedented human catastrophe; that a quarter of a century into the pandemic, AIDS has inflicted immense suffering on countries and communities throughout the world; and that more than 65 million people have been infected with HIV, more than 25 million people have died of AIDS, 15 million children have been orphaned by AIDS and millions more made vulnerable, and 40 million people are currently living with HIV, more than 95 per cent of whom live in developing countries;

3. Recognize that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large, and requires an exceptional and comprehensive global response;

4. Acknowledge that national and international efforts have resulted in important progress since 2001 in the areas of funding, expanding access to HIV prevention, treatment, care and support and in mitigating the impact of AIDS, and in reducing

[1] Resolution S-26/2, annex.

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 children and young people under the age of 25, and that there is a lack of information, skills and knowledge regarding HIV/AIDS among young people;

9. Remain gravely concerned that 2.3 million children are living with HIV/AIDS today, and recognize that the lack of paediatric drugs in many countries significantly hinders efforts to protect the health of children;

10. Reiterate with profound concern that the pandemic affects every region, that Africa, in particular sub-Saharan Africa, remains the worst-affected region, and that urgent and exceptional action is required at all levels to curb the devastating effects of this pandemic, and recognize the renewed commitment by African Governments and regional institutions to scale up their own HIV/AIDS responses;

11. Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination is also a critical element in combating the global HIV/AIDS pandemic;

12. Reaffirm also that access to medication in the context of pandemics, such as HIV/AIDS, is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

13. Recognize that in many parts of the world, the spread of HIV/AIDS is a cause and consequence of poverty, and that effectively combating HIV/AIDS is essential to the achievement of internationally agreed development goals and objectives, including the Millennium Development Goals;

14. Recognize also that we now have the means to reverse the global pandemic and to avert millions of needless deaths, and that to be effective, we must deliver an intensified, much more urgent and comprehensive response, in partnership with the United Nations system, intergovernmental organizations, people living with HIV and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector, including generic and research-based pharmaceutical companies, trade unions, the media,

parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders;

15. Recognize further that to mount a comprehensive response, we must overcome any legal, regulatory, trade and other barriers that block access to prevention, treatment, care and support; commit adequate resources; promote and protect all human rights and fundamental freedoms for all; promote gender equality and empowerment of women; promote and protect the rights of the girl child in order to reduce the vulnerability of the girl child to HIV/AIDS; strengthen health systems and support health workers; support greater involvement of people living with HIV; scale up the use of known effective and comprehensive prevention interventions; do everything necessary to ensure access to life-saving drugs and prevention tools; and develop with equal urgency better tools – drugs, diagnostics and prevention technologies, including vaccines and microbicides – for the future;

16. Convinced that without renewed political will, strong leadership and sustained commitment and concerted efforts on the part of all stakeholders at all levels, including people living with HIV, civil society and vulnerable groups, and without increased resources, the world will not succeed in bringing about the end of the pandemic;

17. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Therefore, we:

18. Reaffirm our commitment to implement fully the Declaration of Commitment on HIV/AIDS, entitled "Global Crisis – Global Action", adopted by the General Assembly at its twenty-sixth special session, in 2001; and to achieve the internationally agreed development goals and objectives, including the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases, the agreements dealing with HIV/AIDS reached at all major United Nations conferences and summits, including the 2005 World Summit and its statement on treatment, and the goal of achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development;

19. Recognize the importance, and encourage the implementation, of the recommendations of the inclusive, country-driven processes and regional consultations facilitated by the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for scaling up HIV prevention, treatment, care and support, and strongly recommend that this approach be continued;

20. Commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;

21. Emphasize the need to strengthen policy and programme linkages and coordination between HIV/AIDS, sexual and reproductive health, national development plans and strategies, including poverty eradication strategies, and to address, where appropriate, the impact of HIV/AIDS on national development plans and strategies;

22. Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and therefore commit ourselves to intensifying efforts to ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections;

23. Reaffirm also that prevention, treatment, care and support for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the pandemic;

24. Commit ourselves to overcoming legal, regulatory or other barriers that block access to effective HIV prevention, treatment, care and support, medicines, commodities and services;

25. Pledge to promote, at the international, regional, national and local levels, access to HIV/AIDS education, information, voluntary counselling and testing and related services, with full protection of confidentiality and informed consent, and to promote a social and legal environment that is supportive of and safe for voluntary disclosure of HIV status;

26. Commit ourselves to addressing the rising rates of HIV infection among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour, including the use of condoms, evidence- and skills-based, youth-specific HIV education, mass media interventions and the provision of youth-friendly health services;

27. Commit ourselves also to ensuring that pregnant women have access to antenatal care, information, counselling and other HIV services and to increasing the availability of and access to effective treatment to women living with HIV and infants in order to reduce mother-to-child transmission of HIV, as well as to ensuring effective interventions for women living with HIV, including voluntary and confidential counselling and testing, with informed consent, access to treatment, especially life-long antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;

28. Resolve to integrate food and nutritional support, with the goal that all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences, for an active and healthy life, as part of a comprehensive response to HIV/AIDS;

29. Commit ourselves to intensifying efforts to enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and

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 achieving gender equality;

31. Commit ourselves to strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

32. Commit ourselves also to addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers; promoting child-oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS; ensuring access to treatment and intensifying efforts to develop new treatments for children; and building, where needed, and supporting the social security systems that protect them;

33. Emphasize the need for accelerated scale-up of collaborative activities on tuberculosis and HIV, in line with the Global Plan to Stop TB 2006–2015, and for investment in new drugs, diagnostics and vaccines that are appropriate for people with TB-HIV co-infection;

34. Commit ourselves to expanding to the greatest extent possible, supported by international cooperation and partnership, our capacity to deliver comprehensive HIV/AIDS programmes in ways that strengthen existing national health and social systems, including by integrating HIV/AIDS intervention into programmes for primary health care, mother and child health, sexual and reproductive health, tuberculosis, hepatitis C, sexually transmitted infections, nutrition, children affected, orphaned or made vulnerable by HIV/AIDS, as well as formal and informal education;

35. Undertake to reinforce, adopt and implement, where needed, national plans and strategies, supported by international cooperation and partnership, to increase the capacity of human resources for health to meet the urgent need for the training and retention of a broad range of health workers, including community-based health workers; improve training and management and working conditions, including treatment for health workers; and effectively govern the recruitment, retention and deployment of new and existing health workers to mount a more effective HIV/AIDS response;

36. Commit ourselves, invite international financial institutions and the Global Fund to Fight AIDS, Tuberculosis and Malaria, according to its policy framework, and encourage other donors, to provide additional resources to low- and middle-income countries for the strengthening of HIV/AIDS programmes and health systems and for addressing human resources gaps, including the development of alternative and simplified service delivery models and the expansion of the community-level provision of HIV/AIDS prevention, treatment, care and support, as well as other health and social services;

37. Reiterate the need for Governments, United Nations agencies, regional and international organizations and non-governmental organizations involved with the provision and delivery of assistance to countries and regions affected by conflicts, humanitarian emergencies or natural disasters to incorporate HIV/AIDS prevention, care and treatment elements into their plans and programmes;

38. Pledge to provide the highest level of commitment to ensuring that costed, inclusive, sustainable, credible and evidence-based national HIV/AIDS plans are funded and implemented with transparency, accountability and effectiveness, in line with national priorities;

39. Commit ourselves to reducing the global HIV/AIDS resource gap through greater domestic and international funding to enable countries to have access to predictable and sustainable financial resources and ensuring that international funding is aligned with national HIV/AIDS plans and strategies; and in this regard welcome the increased resources that are being made available through bilateral and multilateral initiatives, as well as those that will become available as a result of the establishment of timetables by many developed countries to achieve the targets of 0.7 per cent of gross national product for official development assistance by 2015 and to reach at least 0.5 per cent of gross national product for official development assistance by 2010 as well as, pursuant to the Brussels Programme of Action for the Least Developed Countries for the Decade 2001–2010,[2] 0.15 per cent to 0.20 per cent for the least developed countries no later than 2010, and urge those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments;

40. Recognize that the Joint United Nations Programme on HIV/AIDS has estimated that 20 to 23 billion United States dollars per annum is needed by 2010 to support rapidly scaled-up AIDS responses in low- and middle-income countries, and therefore commit ourselves to taking measures to ensure that new and additional resources are made available from donor countries and also from national budgets and other national sources;

41. Commit ourselves to supporting and strengthening existing financial mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as relevant United Nations organizations, through the provision of funds in a sustained manner, while continuing to develop innovative sources of financing, as well as pursuing other efforts, aimed at generating additional funds;

42. Commit ourselves also to finding appropriate solutions to overcome barriers in pricing, tariffs and trade agreements, and to making improvements to legislation, regulatory policy, procurement and supply chain management in order to accelerate

[2] A/CONF.191/13, chap. II.

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] does not and should not prevent members from taking measures now and in the future to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, reaffirm that the Agreement can and should be interpreted and implemented in a manner supportive of the right to protect public health and, in particular, to promote access to medicines for all including the production of generic antiretroviral drugs and other essential drugs for AIDS-related infections. In this connection, we reaffirm the right to use, to the full, the provisions in the TRIPS Agreement, the Doha Declaration on the TRIPS Agreement and Public Health[4] and the World Trade Organization's General Council Decision of 2003[5] and amendments to Article 31, which provide flexibilities for this purpose;

44. Resolve to assist developing countries to enable them to employ the flexibilities outlined in the TRIPS Agreement, and to strengthen their capacities for this purpose;

45. Commit ourselves to intensifying investment in and efforts towards the research and development of new, safe and affordable HIV/AIDS-related medicines, products and technologies, such as vaccines, female-controlled methods and microbicides, paediatric antiretroviral formulations, including through such mechanisms as Advance Market Commitments, and to encouraging increased investment in HIV/AIDS-related research and development in traditional medicine;

46. Encourage pharmaceutical companies, donors, multilateral organizations and other partners to develop public-private partnerships in support of research and development and technology transfer, and in the comprehensive response to HIV/AIDS;

47. Encourage bilateral, regional and international efforts to promote bulk procurement, price negotiations and licensing to lower prices for HIV prevention products, diagnostics, medicines and treatment commodities, while recognizing that intellectual property protection is important for the development of new medicines and recognizing the concerns about its effects on prices;

48. Recognize the initiative by a group of countries, such as the International Drug Purchase Facility, based on innovative financing mechanisms that aim to provide further drug access at affordable prices to developing countries on a sustainable and predictable basis;

49. Commit ourselves to setting, in 2006, through inclusive, transparent processes, ambitious national targets, including interim targets for 2008 in accordance with the core indicators recommended by the Joint United Nations Programme on HIV/AIDS, that reflect the commitment of the present Declaration and the urgent need to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010, and to setting up and

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[3] See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994-7).

[4] See World Trade Organization, document WT/MIN(01)/DEC/2. Available from http://docsonline.wto.org.

[5] See World Trade Organization, document WT/L/540 and Corr.1. Available from http://docsonline.wto.org.

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 the Declaration of Commitment on HIV/AIDS, in accordance with General Assembly resolution S-26/2 of 27 June 2001, the progress achieved in realizing the commitments set out in the present Declaration;

53. Decide to undertake comprehensive reviews in 2008 and 2011, within the annual reviews of the General Assembly, of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS, entitled "Global Crisis – Global Action", adopted by the General Assembly at its twenty-sixth special session, and the present Declaration.

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 THE DECLARATION 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.

We also heard clearly that people living with HIV and AIDS and vulnerable groups must be recognized as partners, and as a central component of a more urgent and more comprehensive response to the pandemic. They must hold their Governments to account for their performance against their time-bound commitments. Their involvement is essential to success; it cannot be seen as an optional extra.

The hearing also dealt with the needs of marginalized and vulnerable groups. We were reminded that the world has examples of strategies that are feasible and work. We were asked to ensure access to sterile injection equipment, condoms, and methadone. We were asked to ensure that drug users and marginalized populations have equitable access to prevention, medical care and antiretroviral treatment, by establishing country and global targets. We were asked to support the meaningful involvement of drug users at all levels

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 sustainable health care services that are both youth-friendly and HIV positive friendly. The need for social protection systems to support orphans and vulnerable children, their families and care givers was emphasized, as was the need to provide legal frameworks for children to access services and to protect their inheritance rights in cases where their parents have been killed by the pandemic. We were reminded of the need to end violence against children. The point was powerfully made that the best way of helping children whose parents are infected is to keep their parents alive.

Excellencies, Distinguished Delegates,

When I opened these three days of meetings yesterday and introduced Khensani Mavasa, I drew attention to the need to respond to the feminization of the epidemic. This was a recurring theme in the hearing. We heard that while the spread of HIV is affected by poverty, caste, class, race and sexual orientation, gender inequality places the burden of the epidemic on women. It was made clear that HIV and AIDS targets those who cannot negotiate safer sex: women who have been trafficked, women in situations of conflict, women and girls in custody, sexually abused women and girls, transgendered people and all those who live a marginal existence on the fringes of society.

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 clear 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 alternative ways of staffing health services, and tackling the 'brain drain'.

From the private sector, we heard evidence that it is in companies' economic interest to provide antiretrovirals to their staff. We also heard the importance of placing human rights at the centre of the workplace AIDS response. And we heard a call to take successes in treatment in the workplace into the communities around them.

On the question of trade, there was a call to member states to institute a moratorium on any new bilateral or regional trade agreements which include provisions involving intellectual property rights and medicines. We were asked to refrain from implementing any provisions in such agreements which are contrary to the 2001 Doha Declaration on TRIPS and Public Health. Civil society also called on governments to make maximum use of the flexibilities in the TRIPS agreement and to issue compulsory licenses where there are problems of access due to patent restriction.

Lastly, on research and development, we heard an assessment that the current global system for supporting innovation in new medicines and other health technologies is inadequate. Civil society called for increased and sustained funding for AIDS vaccine and microbicide research and development, and welcomed the World Health assembly resolution passed on 27 May which called on governments to act to boost innovative research and development of medicines.

By this I believe I have fairly summarized the rich interactive discussions between Member States and civil society.

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 INTERACTIVE CIVIL SOCIETY HEARING ON HIV/AIDS

UNITED NATIONS HEADQUARTERS
NEW YORK
31 MAY 2006

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 outlined 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 roundtables 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 PROGRESS ACHIEVED IN REALISING THE TARGETS SET OUT IN THE DECLARATION OF COMMITMENTS ON HIV/AIDS

UNITED NATIONS HEADQUARTERS
NEW YORK
31 MAY 2006

Secretary-General, Excellencies, Distinguished Delegates

Today's meeting of the General Assembly is no ordinary meeting. Over the next three days, the world will be watching us almost as never before. All 191 Member States will be taking a long, hard look at our collective response to AIDS since the landmark 2001 Declaration of Commitment adopted by a Special Session of this General Assembly.

All of us will be deciding what new commitments we need to make to ensure that 2006 goes down in history as the moment when the world set about turning the tide of this pandemic once and for all. Even as we begin our meetings, negotiations continue on the draft Political Declaration, under the very able co-chairmanship of Ambassador Laohaphan of Thailand and Ambassador Hackett of Barbados. I call upon you all to show maximum co-operation and flexibility as these negotiations progress.

There is worldwide interest in what we do here in this Assembly because HIV/AIDS is a truly worldwide problem and because it demands a worldwide response. It affects every part of the world, and every part of society. It affects young and old, rich and poor, male and female, and those of all lifestyles, and of all cultures.

And just as AIDS affects us all, the responsibility to fight it is one we all share. Though Governments must play a central role in the response, we alone cannot tackle this global emergency. Nor can the UN. We need individuals on the ground. We need communities.

We need civil society in all its forms. We need business and trade unions. We need scientists. We need the media. We need local government. We

need Parliamentarians. We need our 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

be a major element of our deliberations this week, and that we will take decisions which will have a tangible impact on young women's lives.

The Secretary-General will soon tell us more about the conclusions of his report assessing progress since the 2001 Declaration of Commitment. But suffice it to say that while the global response to the pandemic has gathered strength on many fronts, in terms of leadership, funding and co-ordination, it is still far from good enough. Twenty five years into this pandemic, we have not controlled it. Even now, half of all new HIV infections are in young people aged between 15 and 24.

I therefore call on you all to work together as partners for the most concrete and powerful outcome possible from these three days of meetings and discussions. We need a response commensurate to the threat we face. We know what needs to be done, and we have the tools to do it. Success in the fight against AIDS is not a lofty vision; in some places it is on the way to becoming a reality. In a few countries, infection rates have begun to fall. Lives are being saved through expanded access to HIV treatment and prevention.

But still, there are nearly six million people in our world who are living with HIV and need treatment today but have no access to it. And four out of five people who are at risk of HIV infection have no access to any form of prevention.

Five years ago, we made important promises to all the world's people - children and adolescents, women and men. This week, we must make the necessary commitments to strengthen and deliver the response we promised.

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 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.

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 HIV transmission. The key issues highlighted in the "Towards Universal Access" assessment within the context of breaking the cycle of infection will form the basis for the panel discussions.

Many young people and women lack social and economic support to avoid infection and cope with AIDS. Women and girls make up 57 per cent of all people infected with HIV in sub-Saharan Africa, where a striking 76 per cent of young people (aged 15-24 years old) living with HIV are female. How can we reduce the vulnerability of young people and women to HIV infection?

What steps are needed to provide access to prevention, treatment, care and support to people in conflict and post-conflict situations, refugees, internally displaced persons, people living in poverty, migrant laborers, and other groups?

What steps are needed to remove legal, regulatory or other barriers that block access to effective HIV prevention interventions and commodities such as condoms and harm reduction? What steps will provide for food security and nutrition which are important to achieving a sustainable AIDS response.

How can human rights issues be addressed along with the reduction of poverty and marginalization of groups and individuals in societies that increases their vulnerability to HIV? The AIDS epidemic poses a real challenge to development and the achievement of the Millennium Development Goals (MDGs) and other internationally agreed development goals. What more is required to address the spread of HIV as both a cause and a consequence of poverty?

Nearly all countries, through their national consultations, have identified the availability of affordable HIV-related commodities — including quality medicines and diagnostics, male and female condoms, other HIV prevention technologies and nutritional support for children and adults affected by AIDS — as critical to scaling up comprehensive AIDS services.

Strengthening the integration of health care systems and making links to communities 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.

The roles of civil society and people affected by HIV and AIDS in national responses to AIDS require strengthening of capacities as well as community mobilization. How can this best be achieved?

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 national 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 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 roles in educating and supporting communities and individuals?

The 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 pandemic. How can these issues be addressed?

At the same time, stigma and discrimination must be addressed along with gender-based violence, homophobia, and other HIV-related human rights abuses that discourage people from seeking information and services that will protect them from HIV or determine their status. Greater resources 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 and AIDS need to continue and be stepped up, overcoming the acute health worker shortage 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 systems development, and capacity-building.

AIDS and health systems – a vicious circle

It is widely acknowledged that weak health systems, in particular scarce human resources for health, are a major barrier to scaling up the AIDS response. WHO estimated that an additional 100,000 trained health workers were needed to reach the target of treating three million people by 2005. While the additional health personnel requirements to scale up towards universal access have not yet been accurately estimated, they are likely to pose a considerable challenge. In total, WHO estimates that 4.2 million health workers are needed in the fifty-seven countries facing the most severe health workforce crises, most of them in Africa and Asia[1].

However, the goal of expanding the health workforce is being thwarted by the HIV/AIDS epidemic itself. Recent research has identified HIV/AIDS as a major exacerbating factor, including through i) rising HIV/AIDS mortality among health care workers; ii) falling productivity due to absent or weak and ailing workers; iii) increasing demoralization of existing and prospective health workers who fear HIV infection, stress and burnout; iv) stigma and discrimination addressed to HIV-positive health workers in health facilities and in the community; v) additional skills and competencies required by health personnel in order to address the complex nature of HIV/AIDS and its related conditions, vi) increased migration, both within the country (from public to private facilities) and from low- and middle-income to industrialized countries.

Addressing Health Worker Shortages and Performance

Strategies to address these challenges and to protect and strengthen the health workforce are therefore essential to achieving universal access. Health workforce planning should be a high priority for countries heavily affected by HIV/AIDS as part of broader human resource and capacity-building efforts, and is an important means of strengthening health systems overall.

Working towards universal access requires that HIV/AIDS health services be decentralized as much as possible beyond urban centres. A key strategy to optimize limited human resource capacity involves shifting the routine tasks of clinical management and patient follow-up from doctors to other cadres of health workers, including nurses and paid community members. It also includes harnessing the untapped resource of people living with HIV/AIDS. A standardized and systematised programme for training non-professional cadres to guarantee minimum standards of care must be considered.

[1] World Health Report 2006

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 health workers will help ensure that they provide high quality care and have appropriate skills. Innovative educational strategies that link in-service training with the formal education system can be beneficial both as a means of expanding the health workforce and as a community development tool.

In addition, pre-service training may need to be revised to include AIDS competencies for all categories of health care workers. Promoting a safe working environment and ensuring the availability of prevention, treatment, care and support for health workers are also critical. Health workers must have the skills and opportunities to protect themselves from both sexual and occupational transmission of HIV.

Strategies to address health workforce migration are essential. The global discourse on managing migration has advanced considerably in the past two years and numerous approaches have been proposed. These include financial and non-financial incentives, as well as ethical codes of recruitment that recognize the loss of human capital and the potential need to compensate countries of origin. Migration within countries and regions, such as from the public health system to better-resourced private sector positions, NGOs and international agencies, is potentially an even greater problem and may also require specific strategies.

Other Health Systems Constraints

The experience to date in scaling up the response to HIV/AIDS has highlighted other critical health and social sector constraints that require attention if universal access is to be achieved. For example, the supply of essential drugs and other commodities continues to act as a constraint. Demand will progressively increase for antiretroviral treatment, medicines to treat opportunistic infections, antibiotics, topical and palliative care medications, and other commodities. Efforts need to be made to avoid creating vertical pipelines for the broad range of commodities needed to achieve universal access, but rather to build institutional and managerial capacity in countries.

Many countries also face constraints in available health facilities, laboratory and other infrastructure. Using existing entry points and health and social service infrastructure to deliver HIV/AIDS interventions is therefore another important strategy. Tuberculosis programmes in particular have emerged as important partners, and the integration of HIV/AIDS treatment and prevention services into reproductive health and maternal and child health services are helping to optimize health system capacity. The role of community-based services in the health sector will become increasingly important, for example, in HIV prevention and in providing long term care and support. Greater attention is also needed to integrating substance dependence services with HIV treatment and prevention for injecting drug users, and in building linkages between public, private and faith-based service providers.

Long-term recurrent costs, such as salaries, make up a large part of health budgets. Many countries now face the new challenge of financing long-term antiretroviral treatment and predictability of funding, including external aid, is critical. Several innovative financing mechanisms are currently being discussed at global level. Solutions will need to be found to support all the required interventions to achieve universal access without burdening patients or undermining the efficacy of programmes. These solutions may need to include reprogramming of existing grants and reallocation of domestic resources to address specific health and social sector challenges.

Background paper
Panel 3 - 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 wellbeing 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.

Progress: Although there has been progress reported in tackling the AIDS epidemic since the 2001 UN General Assembly Special Session on HIV/AIDS, the response to stemming 'feminization' of the epidemic remains inadequate.

- Only 20% of young women aged 15-24 can correctly identify ways of preventing HIV transmission – (compared to a global target of 90%)
- A mere 9% of HIV-positive pregnant women currently receive antiretroviral prophylaxis (compared to a global target of 80%)
- 4.1% of young women aged 15-24 are living with HIV compared with 1.6% for young men

Issues for Discussion: The gender dimensions of the epidemic are complex, deeply entrenched, and remain largely unaddressed.

Gender Inequality - Current AIDS responses do not, on the whole, tackle the social, cultural and economic factors that make women vulnerable to HIV, and that unduly burden them with the epidemic's consequences. Women and girls have less access to education and HIV information, tend not to enjoy equality in marriage and sexual relations, and remain the primary caretakers of family and community members suffering from AIDS-related illnesses. Sexual and economic subordination of women continues to fuel the epidemic. Married women, initially thought to be socially immune from HIV, are instead vulnerable to infection, worsened by early marriage. What has been referred to as 'the legacy of inequality of women and girls' is impeding an effective global response. The engagement of men in changing gender power dynamics is critical.

Human rights - Protection and promotion of human rights is not consistently implemented within the framework of the AIDS response. Formulating and enforcing supportive laws particularly concerning gender based violence and property and inheritance, challenging social norms that undermine women's rights, and expanding legal services for women, could dramatically strengthen the AIDS response.

Violence against women - Violence against women is a human rights violation that must be eliminated. Not only does it rob women worldwide of their health, wellbeing and dignity, it increases their risk of acquiring HIV. Violence— or even the fear of it— prevents many women and girls from learning or disclosing their HIV status, practicing safer sex, or accessing essential HIV and AIDS services.

Women living with HIV - Women living with HIV face stigma and discrimination based on their status as women and as being HIV infected. Disturbing reports of human rights violations are all too commonplace, including violations of their reproductive rights. Furthermore, there are often inadequate responses to their sexual and reproductive health concerns. Gender discrepancies in treatment access have been uncovered, with many women encountering formidable barriers to treatment, care and support, including adherence. Involvement of people living with HIV – particularly of women living with HIV- in the forums where AIDS policies are set remains inconsistent and inadequate.

Universal access to sexual and reproductive health - The AIDS epidemic is integrally linked to sexual and reproductive health as the majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Both HIV/AIDS and poor sexual and reproductive health are driven by common root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations. Comprehensive programming for prevention of mother-to-child transmission - primary prevention, rights-based family planning, prevention of vertical transmission, and treatment, care and support - has yet to take root. Therefore universal access to sexual and reproductive health is a critical step in achieving universal access to prevention, treatment, care and support.

Young women and girls - Young women and girls are especially vulnerable to HIV due to their physiology, and limited social and economic empowerment to wrest control over their sexual lives. The proportion of young people, particularly young women and girls, who do not know how to protect themselves from HIV, negotiate safer sex, or who have misconceptions about HIV transmission is staggering. Education and life skills as well as access to related services has been shown to delay sexual debut and increase safer sex practices once sexually active, however this is not reflected in policies and programming for young people.

Prevention Technologies - HIV-related commodities, including male and female condoms are not always available or affordable, particularly for women and girls. Increased resources must be available to accelerate the development of more prevention technologies including microbicides and vaccines. Likewise, women and men need an effective HIV vaccine. In the absence of these promising prevention technologies, and with inadequate use of existing means of prevention, compounded by gender inequality, women will continue to be vulnerable to HIV and its consequences.

The Way Forward – there are feasible and affordable efforts that can be taken to end the increasing feminization of AIDS. These include:

1. Ensuring that women – particularly women living with HIV – fully participate in the design, implementation and monitoring of national AIDS strategies.

2. Investing more resources into strategies that benefit women, including securing their rights. Funding vaccine and microbicides research, supporting women as caregivers, securing property and inheritance rights, respecting reproductive rights, promoting women's rights to a life free of violence, and ensuring universal primary and secondary education for all are key priorities. All AIDS strategies should pass the test - "does this work for women?"

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 resources to communities.

Background.

HIV/AIDS continues to be one of the most destructive epidemics in human history. The spread of the epidemic continues to outpace the global response. Important progress, however, has been achieved in the last five years. The adoption of the Declaration of Commitment on HIV/AIDS in June 2001 was a watershed moment when the world recognized the challenge posed by AIDS and pledged to take action. To help answer this challenge, new initiatives by multilateral institutions such as the World Bank's MAP program and by bilateral donors were launched to mobilize international resources to fight the spread of the epidemic. The Global Fund to Fight AIDS, Tuberculosis and Malaria was established to provide low- and middle-income countries with additional financing. Prices of some AIDS medicines have been greatly reduced, and the "3 by 5" initiative helped to mobilize a substantial increase in people on antiretroviral treatment. The "Three Ones" principles for the coordination of AIDS responses and the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors are also key components of the AIDS response, aimed at improving the efficiency and effectiveness of resource utilization.

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 28-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 role 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 the 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 health care 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 legal services, and coping successfully with AIDS.

Challenges to achieving Universal Access

The Secretary-General's report on progress in implementing the Declaration of Commitment on HIV/AIDS describes disappointing results in meeting human rights goals. Although a majority of countries report improvements in the enactment of policies and laws to protect human rights in the context of HIV, there is weak capacity for the implementation and enforcement of measures to protect against discrimination and gender inequality. Nearly 50 percent of countries self-reported the existence of laws that interfere with access to HIV-related services for vulnerable populations.

The universal access consultations and country reports on implementation of the Declaration of Commitment reveal that AIDS responses are insufficiently grounded in human rights principles and programming. They describe persistent stigma and discrimination against people living with HIV, including heightened stigma against women and vulnerable groups. In many countries, legal, social and economic inequalities hamper women's access to services, and HIV prevention programmes fail to reach vulnerable and most at risk populations.

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 to the funding and expansion of programmes to address gender-based vulnerabilities – including violence against women, harmful gender norms, inequality in the public sphere and in domestic relations, challenges in accessing services, and challenges posed by caretaking roles;
- *Knowledge of HIV status*: insufficient commitment and programmatic response to provide HIV testing under conditions of confidentiality, informed consent, counselling, protection from discrimination, and linkages 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 take up HIV testing.

Recommendations for Overcoming Barriers

The assessment identifies six key strategies for overcoming human rights obstacles to scaling up HIV prevention, treatment, care and support. A principal focus of the recommendations is the protection and promotion of the rights of people living with HIV, women, children, and vulnerable populations, and ensuring that they are centrally involved in all aspects of the HIV response. The recommendations include:

- Prioritizing funding for social mobilization campaigns to protect and promote HIV-related rights and eliminate stigma and discrimination;
- Increasing funding for networks and organizations of people living with HIV to provide HIV prevention and treatment literacy campaigns, and strengthening their involvement in development and implementation of AIDS responses;
- Establishing and enforcing legislation and policies to eliminate HIV-associated stigma and discrimination against people living with HIV and vulnerable populations;
- Increasing funding for programmes to address gender inequalities that fuel the epidemic, and reforming and enforcing legislation to protect 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 for the round tables;
- There have been some changes to the panelists for the panels;
- Round Table 4 on 1 June 2006 has been moved to Conference Room 5;
- Panel 5 on 1 June 2006 has been moved to the ECOSOC Chamber;
- There is a clarification that the working lunch with people living with HIV on 1 June 2006 is for Heads of State and Government and Ministers;
- The afternoon plenary on 1 June 2006 has been moved to the Trusteeship Council;
- The 'Evening of Remembrance and Hope' on 1 June 2006 has been rescheduled to 1900-2100 in the General Assembly Hall;
- There is a clarification that the Working Breakfast on 2 June 2006 is for Heads of State and Government;
- The representative of the host country will give an address at 0855, immediately before the opening of the High-level meeting, on 2 June 2006;
- The opening time of the High-level meeting on 2 June 2006 has been corrected to 0900;
- Arrangements have been made such that the High-level meeting can continue beyond 1800 as necessary to accommodate all inscribed speakers;
- A link has been added to the website where a fuller list of unofficial events (with details of each event where they are available) is being posted: www.un.org/ga/aidsmeeting2006 .

Background notes for each panel will be issued tomorrow, Friday 26 May 2006.

Office of the President of the General Assembly, 25 May 2006

Revised version: 25 May 2006

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		
09:00-09:30	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		
10:00-13:00	Round table 4	Conference Room 5
	Round table 5	Conference Room 6
	Panel 3	Conference Room 2
	Panel 4	Conference Room 4
	Panel 5	ECOSOC Chamber
16:00-18:00	Plenary - Report back of the discussions over the past two days	Trusteeship Council Chamber*
Friday, 2nd June		
08:55-09:00	Address by host country representative	GA Hall*
09:00-13:00	High-level plenary meeting	GA Hall*
15:00-18:00[1]	High-level plenary meeting	GA Hall*

Detailed information about the official events is contained in the attached annexes.

* Delegates will also be able to follow these proceedings in the Overflow Room, Conference Room 3.

[1] Arrangements have been made such that the High-level meeting can continue beyond 18:00 as necessary to accommodate all inscribed speakers.

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 12:00 to 19:00 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. 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:

Annex A	Information on Opening Plenary
Annex B	Information on Interactive Civil Society Hearing
Annex C	Information on Roundtables
Annex D	Information on Panel Discussions
Annex E	Information on 1st June Plenary
Annex F	Information on 2nd June Plenary
Annex G	Programme Overview, including side-events

Office of the President of the General Assembly
11th May 2006

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]

In line with General Assembly Resolution 60/224, the opening 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.

[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 Society Hearing**

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

Venue: **Conference Room 2**

The hearing will provide an opportunity for an exchange of views between civil society and Member States and observers on issues including those arising from the report of the Secretary-General (A/60/736) and from the Towards universal access: assessment by UNAIDS on scaling up HIV prevention, treatment, care and support (A/60/737). It will be open to all Member States and observers and actively involve representatives of non-governmental organizations. Other entities listed in paragraph 5 of the main body of the information note are also invited to attend, within the limits of the space available.

The hearing will be chaired by the President of the General Assembly or his representative. Following opening remarks by the chair, the hearing will be addressed by Ms. Martine Ago of the BLETY organization from Cote d'Ivoire as part of the GNP+ delegation. She will make a short presentation then introduce a five-minute video showing civil society perspectives from four different regions of the world. In the case that Ms. Ago is unable to attend, Mr. Thomas Cai, from AIDS Care China, and also part of the Global Network of People living with HIV/AIDS (GNP+) delegation, will be invited to act as alternate for this session.

Twelve speakers from civil society will be invited to address specific themes, in the order listed below. Presentations will be as brief as possible. A maximum time limit of four minutes per presentation will be observed.

In case the speaker is unable to participate in the hearing, the alternate proposed below will be invited to speak on the topic specified.

1. The greater involvement of people living with HIV and AIDS (GIPA)
   - Ms. Iryna Borushek of the All-Ukrainian Network of People Living with HIV (PLWH), Ukraine
   - Alternate: Ms. Maureen Brenson of the International Community of Women Living with AIDS (ICW), Uruguay

2. Addressing the needs of marginalized groups
   - Mr. Allan Clear, Harm Reduction Coalition, USA
   - Alternate: Ms. Elena Reynaga, Trabajadoras Sexuales, Argentina

3. Gender equality, women's empowerment, human rights of women and girls in the context of AIDS

- 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, India
   - 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
    - 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 to identify themselves prior to posing their intervention and will be allowed a maximum of three minutes each.

The alternates listed above may be invited to provide interventions from the floor during this part of the meeting. Within the limits of time available, the following individuals may also be invited to take part in the hearing as active participants:

- Ms. Maura Mea, GNP+, Papua New Guinea
- Ms. Khensavi Mavasa, International Women's Health Coalition, USA
- Ms. Naoko Kawana, Japan Network of People Living with HIV (JNP+), Japan
- Mr. Bill Roedy, MTV International, USA
- Mr. Edgar Carrasco, Latin American and Caribbean Counsel of AIDS Service Organizations (LACASSO), Venezuela
- Ms. Luisa Tora, Pacific and Asian Council of AIDS Service Organizations (PACASO), Fiji
- Ms. Jacqueline Mpolokeng, Congress of South African Trade Unions (COSATU-ICFTU), South Africa
- Mr. Wouter Van Der Schaaf, Education International (EI), The Netherlands
- Ms. Mairie Bopp, Pacific AIDS Foundation, Fiji
- Mr. Tommy Sithole, International Olympic Committee, Switzerland
- Ms. Imane Khachani, The Youth Coalition, Morocco

Following the interactive exchange, the President will introduce Ms. Ludfine Anyango from Kenya, representing ActionAid International, who will summarize the discussions. Mr. Thomas Cai of AIDS Care China, accredited by GNP+, will be invited to act as alternate in case Ms Anyango is unable to attend the hearing.

The proposed speakers, alternates and other active participants representing civil society are invited civil society organizations as listed in A/60/CRP.2, as approved in General Assembly Decision 60/554 of 27 March, or are registered as part of delegations of non-governmental organizations in consultative status with the Economic and Social Council (ECOSOC).

Access to the Civil Society Hearing will be on a first come-first served basis, with a number of seats reserved for Member States.

There will be an "overflow room" (Conference Room 3) to enable delegates unable to attend in person to follow proceedings.

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 the 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 discussion 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 respond to other speakers. It is proposed that interventions from Member States, observers and civil society participants will be interspersed as far as possible. Written statements are strongly discouraged.

The round tables will be open only to round table participants and to a maximum of two advisers per Member State. Access to the round tables will be on the basis of colour-coded access cards issued by the UN Protocol and Liaison Service.

Member States that have not indicated their interest in a round table but wish to participate are urged to inform the Office of the President of the General Assembly (Pim Valdre: valdre@un.org; 212 963 1254) as a matter of urgency. Resolution 60/224 set a limit of 45 participants per round table and because it asked that other stakeholders be included in the round tables, it may not be possible to accommodate Member States at short notice immediately prior to the meeting. A final list of round table participants will be issued prior to the meeting.

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 is available to those who need it.

- Despite strides in increasing access to some prevention services, the epidemic continues to seriously affect women and young people
- HIV prevention programmes are failing to reach those at greatest risk.
- HIV prevention efforts to increase knowledge about AIDS remain inadequate for young people, although there are encouraging signs of positive behaviour change in several countries.
- Stigma and discrimination remain key barriers to the uptake of prevention, treatment and support programmes
- The AIDS response is insufficiently grounded in the promotion, protection and fulfilment of human rights.

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 youth, are still low, with most countries reporting less than 50% of youth had 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

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

Observers

- European Commission

UN Entities

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

Civil Society[1]

- Mr. Coulibaly Gaoussou, Bouke Eveil, Cote D'Ivoire
- Mr. Igor Kilchevsky, Credinta, Moldova
- 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 Alna 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

Revised version: 25 May 2006

Round Table 2

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

Venue: Conference Room 5

Chair: Ms Annmaree O'Keeffe, Ambassador for HIV/AIDS, Australia

Participants:

Member States

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

Observers

- International Federation of Red Cross and Red Crescent Societies

UN Entities

- UNICEF
- UNIFEM
- World Bank
- Secretary General's Special Envoy on HIV/AIDS

Other

- Global Fund to fight AIDS, TB and Malaria

Civil Society[2]

- Ms. Beatrice Were, African Civil Society Coalition, Uganda
- Most Rev. Archbishop Njongkulu Ndungane, Anglican Church, South Africa

[2] 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)

- Mr. Lucien Royer, International Confederation of Free Trade Unions, Canada
- Mr. Kevin Moody, GNP+, Netherlands
- Ms. Alena Peryshkina, AIDS Infoshare/PCB, Russia
- Ms. Pinar Ilkkaracan, Women for Women's Human Rights, Turkey

Alternates

- Mr. Steve Laguerre, GRASADIS, Haiti
- Mr. Vegard T Foselde, Changemakers, Norway
- Mr. Chris Bain, CAFOD/ Caritas Internationalis, UK
- Ms. Anandi Yuvraj, India HIV/AIDS Alliance, India
- Ms. Lilian Abrascinkas, Mujer y Salud en Uruguay, Uruguay

Revised version: 25 May 2006

Round Table 3

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

Venue: Conference Room 6

Chair: Hon. Silvia Masebo, MP, Minister of Health, Zambia

Participants:

Member States

- Albania
- Brazil
- Brunei
- Bulgaria
- Croatia
- Czech Republic
- El Salvador
- Finland
- Gabon
- Guatemala
- Guinea
- Iran
- Italy
- Kenya
- Maldives
- Mauritania
- Moldova
- Morocco
- Portugal
- Serbia and Montenegro
- Singapore
- Sudan
- Switzerland
- Ukraine
- Zambia
- Zimbabwe

Observers

- International Organization for Migration

UN Entities

- UNDP
- UNECA
- International Labour Organization
- Ms. Rachel N. Mayanja, Assistant Secretary-General, Special Adviser on Gender Issues and Advancement of Women

Civil Society[3]

- Mme. Merah Zohira, El Hayet des PVVIH, Algeria
- Mr. T. Richard Corcoran, PCB, United States
- Mr. Jia Ping, Shen Yan Ai Zhi Yuan Zhu Center for Health and Education, China

[3] 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)

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

Alternates

- Mr. Michael Anyanga, Network of African People Living with HIV/AIDS, Kenya
- Mr. Victor Bernhardtz, Youth Coalition, Sweden
- Ms. Kasia Malinowska, OSI, Poland/USA
- Mr. Nicolas Ritter, PILS, Mauritius
- Ms. Olayide Akanni , OSI Nigeria

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
- Nicaragua
- Nigeria
- Norway
- Oman
- Pakistan
- Poland
- Republic of Congo
- Spain
- Sri Lanka
- St Lucia
- Thailand
- Togo
- United Republic of Tanzania
- United States
- Viet Nam

Observers

- Inter-Parliamentary Union

UN Entities

- UNESCO
- UNHCR
- WFP
- Secretary General's Special Envoy on HIV/AIDS

Civil Society[4]

- Mr. Mauro Guarinieri, GNP+, Italy
- Ms. Asunta Wagura, PCB, Kenya

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

Alternates

- Mr. John Galbraith, Catholic Medical Missions, USA
- Ms. Alexandra Cuervo, Aproase, Mexico
- Ms. Luisa Cabal, Center for Reproductive Rights, USA
- Ms. Yolanda Simon, Caribbean Regional Network of People living with HIV/AIDS (CRN+; accredited through GNP+), Trinidad and Tobago
- Ms. Asia Russell, HealthGAP, USA

Revised version: 25 May 2006

Round Table 5

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

Venue: Conference Room 6

Chair: Mr Oscar Fernandes, Minister of State (Independent Charge) and Convener of Parliamentary forum on HIV/AIDS, India

Participants:

Member States

- Bahamas
- Barbados
- Belgium
- Benin
- Canada
- Chile
- Cuba
- Dominican Republic
- France
- Ghana
- Greece
- India
- Latvia
- Lesotho
- Madagascar
- Malawi
- Malaysia
- Mauritius
- Namibia
- New Zealand
- Peru
- Qatar
- San Marino
- Sweden
- Republic of Korea
- Trinidad and Tobago

Observers

- Holy See
- Sovereign Military Order of Malta

UN Entities

- UNESCAP
- UNODC
- WHO
- Secretary General's Special Envoy on HIV/AIDS

Civil Society[5]

- Mr. Javier Leonardo Varón, Colombian Network of PLWHA, Colombia
- Ms. Nina Skibnevskaya, AIDS Infoshare, Russia
- Ms. Rachel Ong Yong Yong, PCB, China

[5] 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)

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

Alternates

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

Revised version: 25 May 2006

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 the 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 each 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.

There will be an "overflow room" (Conference Room 3) to enable delegates unable to attend in person to follow proceedings.

The proposed programme for each panel will be as follows:

- The moderator will welcome the participants to the session and 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.

Revised version: 25 May 2006

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: **Ms. Sheila Sisulu, Deputy Executive Director, World Food Programme**

Panelists:

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

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

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

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

5. Ms Joanne Csete, Executive Director, HIV/AIDS Legal Network (Canada); alternate: Joe Amon, Human Rights Watch (USA)

6. Mr. Mikhail Grishankov, Member of Duma (Russia)

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 shortage 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 systems 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**

Panelists:

1. Mr. Abdou Fall, Minister of Health (Senegal)

2. Mrs. Sigrun Møgedal, AIDS Ambassador (Norway) – Panel Rapporteur

3. Mr. Jon Ungphakorn, Chair, NGO Coalition (Thailand); alternate – Mr. Simon Mphuka, Christian Health Association (Zambia)

4. Mr. Jeffrey Sturchio, Merck & Co. Inc (USA); alternate – Mr. Lawrence Siebert, President and Chairman, Chembio Diagnostic Systems (USA)

5. Mr. Mark Dybul, Global AIDS Coordinator a.i., Department of State (USA)

6. Dr Nicholas Adomakoh, a member of the HIV Commission and Director of HAART Clinic (Barbados)

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 wellbeing 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. Krista Thompson, General Manager of HIV/AIDS, Becton Dickinson (USA)

5. Ms. Wanda Nowicka, President of Federation for Women and Family Planning (Poland); alternate – Ms. Kanjoo 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 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 Researcher, (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 Inc (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, HealthGap (USA)

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

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

3. Ms. Claudia Ahumada, Center for Legal Investigation, University Diego Portales (Chile); 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, Chair of All Party Parliamentary Group on AIDS (UK)

Revised version: 25 May 2006

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: **Trusteeship Council Chamber**

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.

Revised version: 25 May 2006

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.[1]

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,[2] 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.

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[1] Arrangements have been made such that the High-level meeting can continue beyond 18:00 as necessary to accommodate all inscribed speakers.

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

Revised version: 25 May 2006

Annex G

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

Programme Overview[1]

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 organized by the Ecumenical Advocacy Alliance	St. Bart's Cathedral

Wednesday 31 May	0900 – 0930	Opening Plenary Meeting – Review of the Declaration of Commitment on HIV/AIDS (DoC)	General Assembly Hall
	1000 – 1300	Informal interactive civil society hearing	UN HQ Conf Room 2
	1400 – 1500	Film Showing & Panel discussion *Wake Up* organized by UNFPA	Dag Hammarskjold auditorium
	1500 – 1800	Round table 1	UN HQ ECOSOC Chamber
	1500 – 1800	Round table 2	UN HQ Conf Rm 5
	1500 – 1800	Round table 3	UN HQ Conf Rm 6
	1500 – 1800	Panel #1	UN HQ Conf Rm 2
	1500 – 1800	Panel #2	UN HQ Conf Rm 4
	1800 - 2000	Film showing - *God Sleeps in Rwanda* and *Silent Genocide* organized by UN Department of Public Information	Dag Hammarskjold auditorium

[1] This overview includes some UN-sponsored unofficial events prior to 31st May; the official events are shaded. More information on these and other unofficial events can be found at www.un.org/ga/aidsmeeting2006 .

Revised version: 25 May 2006

Thursday 1 June	0830 – 1000	Making universal access work for children – organized by UNICEF and WFP	UN HQ
	1000 – 1300	Round table #4	UN HQ Conf Rm 5
	1000 – 1300	Round table #5	UN HQ Conf Rm 6
	1000 – 1300	Panel #3	UN HQ Conf Rm 2
	1000 – 1300	Panel #4	UN HQ Conf Rm 4
	1000 – 1300	Panel #5	UN HQ ECOSOC Chamber
	1315 – 1445	*Love in the Time of AIDS* - film premier and discussion, organized by UNHCR	UN HQ Conf Rm 5
	1315 – 1445	Working lunch: Heads of State and Government and Ministers and people living with HIV organized by UNAIDS and UNFPA	UN HQ
	1400 – 1600	Parliamentarians Caucus organized by IPU, UNDP and UNAIDS	UN HQ. Conf Rm 6
	1600 – 1800	Plenary – Summary of the discussions over the past two days	Trusteeship Council Chamber
	1900 – 2100	"An Evening of Remembrance and Hope – Uniting the world against AIDS. "	General Assembly Hall

Friday 2 June	0800 – 0850	Working breakfast with Heads of State and Government on national leadership	UN HQ.
	0855 – 0900	Address by host country representative	General Assembly Hall
	0900 – 1300 1500 – 1800[2]	High-level Meeting	General Assembly Hall

[2] Arrangements have been made such that the High-level meeting can continue beyond 18:00 as necessary to accommodate all inscribed speakers.

THE PRESIDENT
OF THE
GENERAL ASSEMBLY

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 Cabinet, to convene a further informal meeting to answer any questions Member States might have on the organizational arrangements, on 17 May at 10am 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 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		
10:00-13:00	Round table 4	ECOSOC Chamber
	Round table 5	Conference Room 6
	Panel 3	Conference Room 2
	Panel 4	Conference Room 4
	Panel 5	Conference Room 3
16:00-18:00	Plenary - Report back of the discussions over the past two days	GA Hall*
Friday, 2nd June		
09:00-13:00	High-level plenary meeting	GA Hall*
15:00-18:00	High-level plenary meeting	GA Hall*

Detailed information about the official events is contained in the attached annexes.

* Delegates will also be able to follow these proceedings in the Overflow Room, Conference Room 3.

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. 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:

Annex A	Information on Opening Plenary
Annex B	Information on Interactive Civil Society Hearing
Annex C	Information on Roundtables
Annex D	Information on Panel Discussions
Annex E	Information on 1st June Plenary
Annex F	Information on 2nd June Plenary
Annex G	Programme Overview, including side-events

Office of the President of the General Assembly
11th 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 - 10:00 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]

In line with General Assembly Resolution 60/224, the opening 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.

[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.

Annex B

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

Event: **Informal Interactive Civil Society Hearing**

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

Venue: **Conference Room 2**

The hearing will provide an opportunity for an exchange of views between civil society and Member States and observers on issues including those arising from the report of the Secretary-General (A/60/736) and from the Towards universal access: assessment by UNAIDS on scaling up HIV prevention, treatment, care and support (A/60/737). It will be open to all Member States and observers and actively involve representatives of non-governmental organizations. Other entities listed in paragraph 5 of the main body of the information note are also invited to attend, within the limits of the space available.

The hearing will be chaired by the President of the General Assembly or his representative. Following opening remarks by the chair, the hearing will be addressed by Ms. Martine Ago of the BLETY organization from Cote d'Ivoire as part of the GNP+ delegation. She will make a short presentation then introduce a five-minute video showing civil society perspectives from four different regions of the world. In the case that Ms. Ago is unable to attend, Mr. Thomas Cai, from AIDS Care China, and also part of the Global Network of People living with HIV/AIDS (GNP+) delegation, will be invited to act as alternate for this session.

Twelve speakers from civil society will be invited to address specific themes, in the order listed below. Presentations will be as brief as possible. A maximum time limit of four minutes per presentation will be observed.

In case the speaker is unable to participate in the hearing, the alternate proposed below will be invited to speak on the topic specified..

1. The greater involvement of people living with HIV and AIDS (GIPA)
   - Ms. Iryna Borushek of the All-Ukrainian Network of People Living with HIV (PLWH), Ukraine
   - Alternate: Ms. Maureen Brenson of the International Community of Women Living with AIDS (ICW), Uruguay

2. Addressing the needs of marginalized groups
   - Mr. Allan Clear, Harm Reduction Coalition, USA
   - Alternate: Ms. Elena Reynaga, Trabajadoras Sexuales, Argentina

3. Gender equality, women's empowerment, human rights of women and girls in the context of AIDS

- 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, India
   - 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
- 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 to identify themselves prior to posing their intervention and will be allowed a maximum of three minutes each.

The alternates listed above may be invited to provide interventions from the floor during this part of the meeting. Within the limits of time available, the following individuals may also be invited to take part in the hearing as active participants:

- Ms. Maura Mea, GNP+, Papua New Guinea
- Ms. Khensavi Mavasa, International Women's Health Coalition, USA
- Ms. Naoko Kobayashi, Japan Network of People Living with HIV (JNP+), Japan
- Mr. Bill Roedy, MTV International, USA
- Mr. Edgar Carrasco, Latin American and Caribbean Counsel of AIDS Service Organizations (LACASSO), Venezuela
- Ms. Luisa Tora, Pacific and Asian Council of AIDS Service Organizations (PACASO), Fiji
- Ms. Jacqueline Mpolokeng, Congress of South African Trade Unions (COSATU-ICFTU), South Africa
- Mr. Wouter Van Der Schaaf, Education International (EI), The Netherlands
- Ms. Mairie Bopp, Pacific AIDS Foundation, Fiji
- Mr. Tommy Sithole, International Olympic Committee, Switzerland
- Ms. Imane Khachani, The Youth Coalition, Morocco

Following the interactive exchange, the President will introduce Ms. Ludfine Anyango from Kenya, representing ActionAid International, who will summarize the discussions. Mr. Thomas Cai of AIDS Care China, accredited by GNP+, will be invited to act as alternate in case Ms Anyango is unable to attend the hearing,.

The proposed speakers, alternates and other active participants representing civil society are invited civil society organizations as listed in A/60/CRP.2, as approved in General Assembly Decision 60/554 of 27 March, or are registered as part of delegations of non-governmental organizations in consultative status with the Economic and Social Council (ECOSOC).

Access to the Civil Society Hearing will be on a first come-first served basis, with a number of seats reserved for Member States.

There will be an "overflow room" (Conference Room 3) to enable delegates unable to attend in person to follow proceedings.

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 the 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 discussion 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 respond to other speakers. It is proposed that interventions from Member States, observers and civil society participants will be interspersed as far as possible. Written statements are strongly discouraged.

The round tables will be open only to round table participants and to a maximum of two advisers per Member State. Access to the round tables will be on the basis of colour-coded access cards issued by the UN Protocol and Liaison Service.

Member States that have not indicated their interest in a round table but wish to participate are urged to inform the Office of the President of the General Assembly as a matter of urgency. Resolution 60/224 set a limit of 45 participants per round table and because it asked that other stakeholders be included in the round tables, it may not be possible to accommodate Member States at short notice immediately prior to the meeting. A final list of round table participants will be issued prior to the meeting.

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 is available to those who need it.

- Despite strides in increasing access to some prevention services, the epidemic continues to seriously affect women and young people
- HIV prevention programmes are failing to reach those at greatest risk.
- HIV prevention efforts to increase knowledge about AIDS remain inadequate for young people, although there are encouraging signs of positive behaviour change in several countries.
- Stigma and discrimination remain key barriers to the uptake of prevention, treatment and support programmes
- The AIDS response is insufficiently grounded in the promotion, protection and fulfilment of human rights.

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 had 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: ECOSOC Chamber

Chair: Mexico

Participants:

Member States

- Austria
- Azerbaijan
- Japan
- Kazakhstan
- Lao PDR
- Liechtenstein
- Lithuania
- Mali
- Mexico
- Mozambique
- Paraguay
- Philippines
- Romania
- Rwanda
- Saudi Arabia
- Sierra Leone
- Suriname
- Swaziland
- Sweden
- Tunisia
- United Kingdom

Observers

- European Commission to the UN

UN Entities

- UNESCO
- UNFPA

Civil Society

- Mr. Coulibaly Gaoussou, Bouake Eveil, Cote D'Ivoire
  (Alternate: Ms. Bisi Adeleye-Fayemi, African Women Development Fund, Ghana)
- Mr. Igor Kilchevsky, Credinta, Moldova
  (Alternate: Rev. Michael Perry, Franciscans International, USA)
- Mr. Pierre Schapira, Deputy Mayor of Paris, United Cities and Governments, France
  (Alternate: Mr. Ramon Antonio Valadares Lopez, Comunidad Gay Sampredrana para la Salud Integral, Honduras)
- Ms. Oi-Chu Lin, Hong Kong AIDS Foundation, SAR China
  (Alternate: Ms. Katya Roll, Action Against AIDS, Germany)
- Ms. Ruth Mery, Linares, Asociaciòn Americas, Costa Rica
  (Alternate: Ms. Sandra F. Batista, PCB NGO alternate delegate for Latin America, Rede latinoamericana de Reducao de Danos, Brazil)

- 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

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

Observers

- International Federation of Red Cross and Red Crescent

UN Entities

- UNICEF
- World Bank

Civil Society

- Ms. Beatrice Were, African Civil Society Coalition, Uganda
  (Alternate: Mr. Steve Laguerre, GRASADIS, Haiti)
- Most Rev. Archbishop Njongkulu Ndungane, Anglican Church, South Africa
  (Alternate: Mr. Vegard T Foselde, Changemakers, Norway)
- Mr. Lucien Royer, International Confederation of Free Trade Unions, Canada
  (Alternate: Mr. Chris Bain, CAFOD/ Caritas Internationalis, UK)
- Mr. Mike E Mposha, Mayor of Lusaka, United Cities and Governments, Zambia
  (Alternate: Ms. Lilian Abrascinkas, Mujer y Salud en Uruguay, Uruguay)
- Ms. Alena Peryshkina, AIDS Infoshare/PCB, Russia
  (Alternate: Mr. Edford Mutuma, Global Youth Coalition, Zambia)
- 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 confirmation)

Participants:

Member States

- Antigua and Barbuda
- Brazil
- Brunei
- Bulgaria
- Czech Republic
- El Salvador
- Finland
- Gabon
- Guinea
- India
- Iran
- Italy
- Kenya
- Morocco
- Portugal
- Serbia and Montenegro
- Singapore
- Sudan
- Switzerland
- Vietnam
- Zambia

Observers

- International Organization on Migration

UN Entities

- ILO
- UNDP
- Ms. Rachel N. Mayanja, Assistant Secretary-General, Special Adviser on Gender Issues and Advancement of Women

Civil Society

- Mme. Merah Zohira, El Hayet des PVVIH, Algeria
  (Alternate: Ms. Batma Estebesova, Sotsium, Kyrgyzstan)
- Mr. Luengo Bravo Ivan Esteban, Vivo Positivo, Chile
  (Alternate: Ms. Johanna Hanefeld, Amnesty International, United Kingdom)
- Mr. T. Richard Corcoran, PCB, United States
  (Alternate: Mr. Michael Angaga, Network of African People Living with HIV/AIDS, Kenya)
- Ms. Bene Madunagu, Girls Power Initiative, Nigeria
  (Alternate: Ms. Keese Effe, Advocacy for Youth, Jamaica)
- Mr. Jia Ping, Shen Yan Ai Zhi Yuan Zhu Center for Health and Education, China
  (Alternate: Ms. Kasia Malinowska, OSI, Poland/US)

- Ms. Asia Russell, HealthGap, USA
  (Alternate: Mr. Nicolas Ritter, PILS, Mauritius)

Round Table 4

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

Venue: ECOSOC Chamber

Chair: Poland

Participants:

Member States

- Albania
- Algeria
- Belize
- Botswana
- Cambodia
- Cote D'Ivoire
- Estonia
- Guyana
- Grenada
- Haiti
- Ireland
- Kyrgyzstan
- Luxembourg
- Netherlands
- Nicaragua
- Nigeria
- Norway
- Pakistan
- Spain
- Sri Lanka
- St Kitts and Nevis
- Thailand
- Togo
- United Republic of Tanzania
- United States

Observers

- Inter-Parliamentary Union

UN Entities

- UNHCR
- WFP

Civil Society

- Mr. Mauro Guarinieri, GNP+, Italy
  (Alternate: Ms. Felipa Antonia Garcia Subervi, Alianza Solidaria para la Lucha Contra el VIH/SIDA, Dominican Republic)
- Ms. Asunta Wagura, PCB, Kenya
  (Alternate: Ms. Yolanda Simon, Caribbean Regional Network of People living with HIV/AIDS (CRN+; accredited through GNP+), Trinidad and Tobago)
- Ms. Adrienne Germain, International Women's Health Coalition, USA
  (Alternate: Mr. John Galbraith, Catholic Medical Missions, USA)

- 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

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

Observers

- Holy See

UN Entities

- UNODC
- WHO

Civil Society

- Mr. Javier Leonardo Varón, Colombian Network of PLWHA, Colombia
  (Alternate: Dr. Sonja Christine Weinreich, Action Against AIDS, Germany)
- Ms. Nina Skibnevskaya, AIDS Infoshare, Russia
  (Alternate: Mr. Femi Alna Fasinu, Youth Dignity In Nigeria, Nigeria)
- Ms. Rachel Ong Yong Yong, PCB, China
  (Alternate: Mr. Victor Bernhardtz, Youth Coalition, Sweden)
- Mr. Kassim Kapalata, Trade Union Congress, Tanzania
  (Alternate: Ms. Faith Jere, World Vision International, Zambia)
- Mr. Ken Casey, World Vision International, USA
  (Alternate: Mr. Paulo Vieira, PCB NGO alternate delegate for Europe, YouAct,
  Portugal)
- Ms. Asma Bashir, Global Youth Coalition on HIV/AIDS, Pakistan
  (Alternate: Mr. Peter Parry, Booz Allen Hamilton, USA)

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 the 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 each 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.

There will be an "overflow room" (Conference Room 3) to enable delegates unable to attend in person to follow proceedings.

The proposed programme for each panel will be as follows:

- The moderator will welcome the participants to the session and 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 Control and 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 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 shortage 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 systems 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, Malaria, World Health Organization**

Panelists:

1. Mr. Abdou Fall, Minister of Health (Senegal)

2. Mrs. Sigrun Møgedal, AIDS Ambassador (Norway)

3. Mr. Jon Ungphakorn, Chair, NGO Coalition (Thailand); alternate – Mr. Simon Mphuka, Christian Health Association (Zambia)

4. Ms. Carol Jacobs, Chair, National AIDS Commission (Barbados) – Panel Rapporteur

5. Mr. Jeffrey Sturchio, Merck & Co. Inc (USA); alternate – Mr. Lawrence Siebert, President and Chairman, Chembio Diagnostic Systems (USA)

6. Mr. Mark Dybul, Global AIDS Coordinator a.i., Department of State (USA)

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 wellbeing 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); alternate – Ms. Krista Thompson, General Manager of HIV/AIDS, Becton Dickinson (USA)

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

6. Ms. Nataliya Leonchuk. Head, Secretariat of the Eastern-European and Central Asian Union of PLHIV (Ukraine) – Panel Rapporteur

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 Inc (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, HealthGap (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 of 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

Wednesday 31 May	0900 – 0930	Opening Plenary Meeting – Review of the Declaration of Commitment on HIV/AIDS (DoC)	General Assembly Hall
	1000 – 1300	Informal interactive civil society hearing	UN HQ Conf Room 2
	1400 – 1500	Film Showing & Panel discussion *Wake Up* organized by UNFPA	Dag Hammarskjold auditorium
	1500 – 1800	Round table 1	UN HQ ECOSOC Chamber
	1500 – 1800	Round table 2	UN HQ Conf Rm 5
	1500 – 1800	Roundtable 3	UN HQ Conf Rm 6

[4] This overview includes some unofficial events prior to 31st May; The official events are shaded

	1500 – 1800	Panel #1	UN HQ Conf Rm 2
	1500 – 1800	Panel #2	UN HQ Conf Rm 4
	1800 - 2000	Film showing - *God Sleeps in Rwanda* and *Silent Genocide* organized by UN Department of Public Information	Dag Hammarskjold auditorium

Thursday 1 June	0830 – 1000	Making universal access work for children – organized by UNICEF	UN HQ
	1000 – 1300	Roundtable #4	UN HQ ECOSOC Chamber
	1000 – 1300	Roundtable #5	UN HQ Conf Rm 6
	1000 – 1300	Panel #3	UN HQ Conf Rm 2
	1000 – 1300	Panel #4	UN HQ Conf Rm 4
	1000 – 1300	Panel #5	UN HQ Conf Rm 3
	1315 – 1445	*Stop SIDA* film premier and discussion, organized by UNHCR	UN HQ Conf Rm 5
	1315 – 1445	Interactive dialogue: national delegations and people living with HIV organized by UNAIDS and UNFPA	UN HQ
	1400 – 1600	Parliamentarians Caucus organized by IPU, UNDP and UNAIDS	UN HQ. Conf Rm 6
	1600 – 1800	Plenary – Summary of the discussions over the past two days	General Assembly Hall
	2000 – 2200	"An Evening of Remembrance and Hope – Uniting the world against AIDS. "	Outside venue

Friday 2 June	0800 – 0850	Working breakfast with Heads of Delegations on national leadership	UN HQ.
	0900 – 1300 1500 – 1800	High-level Meeting	General Assembly Hall

THE PRESIDENT
OF THE
GENERAL ASSEMBLY

31 March 2006

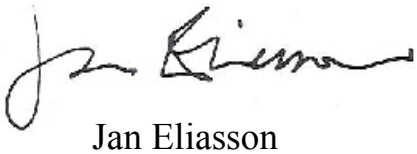
Excellency,

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 10am 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 meeting would comprise plenary meetings, an informal interactive hearing with civil society, panel discussions and round tables.

Wednesday 31st May

Opening plenary meeting

6. The meeting will be scheduled from 09:00 to 10:00. The 09:00 start is to allow three hours for the subsequent informal interactive 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 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 round table would be limited to a maximum of forty to forty-five participants, including Member States, observers, representatives of entities of the United Nations system, civil society organizations and other invitees, and that their participation will be limited to one round table. It decided that every effort would be 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. It also decided that a representative of each of the regional groups would chair each round table with support from the co-sponsoring agencies of the Joint Programme; and that between five and ten representatives of accredited and invited civil society organizations would participate in each round table, with due regard to equitable geographical representation after accommodation of all Member States.

14. Three of the five round tables will be convened on Wednesday 31st May from 15:00 to 18:00. The remaining two will be convened on Thursday 1st June.

15. All five round tables will provide Member States and the 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 2001 commitments and to identify common challenges to scaling up and sustaining national AIDS responses.

16. The round tables are intended to be interactive. Participants will be invited to make brief remarks not to exceed three minutes, raise questions and respond to other speakers. Written statements will be strongly discouraged.

17. The round tables will be open only to round table participants and to a maximum of two advisers per Member State. Access to the round tables will be on the basis of colour-coded passes.

18. Member States are kindly requested to inscribe for participation in a round table through the Chair of their Regional Group. Requests for inscription should be received by Chairs of Regional Groups by 17:00 on 19th April, for onward transmission to the Office of the President of the General Assembly by 17:00 on 21st April.

19. Observers, representatives of entities of the United Nations system, civil society organizations and other invitees are invited to send requests for participation to the Joint Programme at nyo@unaids.org or by fax to 212 824 6483 by 17:00 on 21st April.

20. The President of the General Assembly will finalize the composition of the round tables, including the chairpersons, once all expressions of interest have been received. The list of participants, drawn up according to the guidance provided by Resolution 60/224 (see paragraph 13 above), will be communicated in the subsequent note to Member States.

Panel discussions

21. Resolution 60/224 provided for panel discussions to be convened as part of the comprehensive review. It 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 invited civil society organizations as listed in A/60/CRP.2, as approved in General Assembly Decision 60/554 of 27 March, to participate as appropriate.

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 demands innovative action, this panel will consider how investing in AIDS, with emergency measures as building blocks of a longer term response, can be a catalyst for broader health systems development.

27. Each panel will be open to all Member States and observers. Representatives of civil society and other invitees as outlined in paragraph 21 above will be invited to participate in the discussions, within the limits of the space available.

28. Panelists will be selected by the President of the General Assembly, in accordance as far as possible with equitable geographical distribution and gender balance. Any suggestions from Member States for panelists, including

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 1st June

Round tables

30. The remaining two of the five round tables will be convened on Thursday 1st June from 10:00 to 13:00. The format and arrangements will be as set out in paragraphs 13 to 20 above.

Panel discussions

31. The remaining three of the five panel discussions will be convened on Thursday 1st June from 10:00 to 13:00. The format and arrangements will be as set out in paragraphs 21 to 29 above.

32. The panels on 1st June will focus on the following themes:

Panel 3: 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 wellbeing 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.

Panel 4: 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.

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.

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 aimed at continuing the engagement of world leaders in a comprehensive global response to HIV/AIDS, and invited Member States and observers to be represented at the high-level

[1] Subject to formal decision by the General Assembly prior to the meeting
[2] Subject to formal decision by the General Assembly prior to the meeting

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 invited civil society organizations as listed in A/60/CRP.2, as approved in 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 international community in the face of the global challenge of HIV and AIDS.

41. The high-level meeting will be convened from 10:00 to 13:00 and from 15:00 to 17:00 on Friday 2nd June. The declaration will be adopted at the culmination of the meeting.

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

43. Member States and observers represented at the Ministerial and highest level will be invited to speak in the high-level meeting. Member States should contact General Assembly Affairs Branch for inscription.

44. The Executive Director of the Joint Programme 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. One representative of civil society and one representative of the private sector may also be invited to speak during the meeting.[3]

45. The President of the General Assembly will communicate the names of the proposed civil society and private sector representatives in the subsequent note to Member States.

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

[3] Subject to formal decision by the General Assembly prior to the meeting

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 the political, economic, social, private sector, pharmaceutical and philanthropic fields.

Office of the President of the General Assembly
29 March 2006

THE PRESIDENT
OF THE
GENERAL ASSEMBLY

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 the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS from May 31 to June 2, 2006 (Resolution A/RES/60/224). The resolution requires me to draw up, not later than 15 February 2006, a list of civil society representatives to be invited to participate in the meeting, for submission to Member States for consideration on a no-objection basis.

As defined in paragraph 8 of the resolution, civil society representatives may include 'in particular associations of people living with HIV/AIDS, non-governmental organizations, including organizations of women and young people, girls and boys and men, faith-based organizations, and the private sector, especially pharmaceutical companies and representatives of labour'.

I therefore invite your Government to facilitate the nomination by civil society of representatives for inclusion on this list. Organizations with a record of making a difference in the response to HIV/AIDS in your country should be encouraged to indicate their interest in participating in the meeting through the completion and submission of the attached application form **by 3 February 2006**.

The resolution also invites Member States and Observers to include civil society representatives in their national delegations to the meeting.

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

A different process will apply to civil society organizations that are accredited to the Economic and Social Council of the United Nations (ECOSOC). These organizations should confirm their interest in participating in the meeting by March 30, 2006 with the Non-Governmental Organizations Section of the United Nations Secretariat at desangosection@un.org (fax: 1 212 963 9248), providing information on the number of representatives wishing to attend the meeting. Such registration will facilitate their consideration for participation in the round tables of the meeting.

This letter and the attached form replace a letter from UNAIDS dated 4 January 2006 and its attachment, which were issued in error.

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

Jan Eliasson

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 ☐ No ☐ A pharmaceutical company Yes ☐ No ☐ Faith Based Organization Yes ☐ No ☐ A labour organization Yes ☐ No ☐ 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

General Assembly

Distr.: General
13 January 2006

Sixtieth session
Agenda item 45

Resolution adopted by the General Assembly on 23 December 2005

[*without reference to a Main Committee (A/60/L.43)*]

60/224. 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

The General Assembly,

Reaffirming its commitment to resolution S-26/2 of 27 June 2001 entitled "Declaration of Commitment on HIV/AIDS", and recalling its undertaking to devote sufficient time and at least one full day of the annual session of the General Assembly to review a report of the Secretary-General and make recommendations on action needed to achieve further progress,

Reaffirming the importance of the follow-up process prescribed in the Declaration of Commitment, which included the setting of specific time-bound targets, which fall due in 2005 and 2010, and noting in this regard the holding on 2 June 2005 of the High-level Meeting of the General Assembly to review progress achieved in realizing the commitments set out in the Declaration of Commitment,

Recalling the 2005 World Summit Outcome adopted at the meeting held from 14 to 16 September 2005,[1] including the commitment to full implementation of the Declaration of Commitment,

Recognizing that progress has been made in containing the HIV/AIDS epidemic in a small but growing number of countries, but remaining deeply concerned by the overall expansion and feminization of the epidemic,

Recognizing also the primary role and responsibility of Governments in responding to HIV/AIDS and the essential need for the efforts and engagement of all sectors of society to generate an effective response,

Recognizing further the important role of the international community and international cooperation in order to assist Member States, particularly developing countries, and to complement national efforts for generating an effective response to HIV/AIDS,

[1] See resolution 60/1.

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 response to HIV/AIDS;

2. *Invites* Member States and observers to be represented at the high-level meeting at the highest level;

3. *Decides* that the organizational arrangements for the comprehensive review should be as follows:

(*a*) The review meeting will comprise plenary meetings, an informal interactive hearing with civil society, panel discussions and round tables;

(*b*) The opening plenary meeting will 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;

(*c*) An informal interactive civil society hearing will be chaired by the President of the General Assembly or his representative and organized with the active participation of people living with HIV/AIDS and broader civil society, and will 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;

(*d*) In order to promote interactive and substantive discussions, participation in each round table will be limited to a maximum of forty to forty-five participants, including Member States, observers, representatives of entities of the United Nations system, civil society organizations and other invitees, and their participation will be limited to one round table; every effort will be 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; a representative of each of the regional groups will chair each round table with support from the co-sponsoring agencies of the Joint Programme; and 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;

(*e*) The chairpersons of the round tables and the informal interactive civil society hearing will present summaries of the discussions to the plenary meeting scheduled for 1 June 2006;

4. *Decides also* 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, the finalization of the panel discussions, the identification of chairpersons for the round tables and the format of the informal interactive hearing, will be finalized by the President of the General Assembly, with support from the Joint Programme and in consultation with Member States;

5. *Encourages* Member States and observers to include in their national delegations to the meetings representatives of civil society, including non-governmental organizations and organizations and networks representing people living with HIV/AIDS, women, young persons, orphans, community organizations, faith-based organizations and the private sector;

6. *Invites* 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, to participate in the review and the high-level meeting, as appropriate;

7. *Invites* intergovernmental organizations and entities that have observer status with the General Assembly, non-governmental organizations in consultative status with the Economic and Social Council and non-governmental members of the Programme Coordinating Board of the Joint Programme to participate in the review and the high-level meeting, including round tables and panel discussions as appropriate;

8. *Requests* the President of the General Assembly, following appropriate consultations with Member States, to draw up, not later than 15 February 2006, a list of other relevant civil society representatives, in particular associations of people living with HIV/AIDS, non-governmental organizations, including organizations of women and young people, girls and boys and men, faith-based organizations and the private sector, especially pharmaceutical companies and representatives of labour, including on the basis of the recommendations of the Joint Programme and taking into account the principle of equitable geographical representation, and to submit the list to Member States for consideration on a no-objection basis for a final decision by the Assembly on participation in the review and the high-level meeting, including round tables and panel discussions;

9. *Decides* that the arrangements outlined in paragraph 8 above shall not be considered a precedent for other similar events;

10. *Encourages* the timely submission of national reports by all Member States on their implementation of the Declaration of Commitment, noting the request for those submissions by 31 December 2005 as inputs to the report of the Secretary-General;

11. *Requests* the Secretary-General to submit a comprehensive and analytical report at least six weeks prior to its consideration by the General Assembly on progress achieved and challenges remaining in realizing the commitments set out in the Declaration of Commitment, in particular those set for 2005;

12. *Requests* that the secretariat of the Joint Programme and its co-sponsors assist in facilitating inclusive, country-driven processes, including consultations with relevant stakeholders, including non-governmental organizations, civil society and the private sector, within existing national AIDS strategies, 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, including through increased resources, and working towards the elimination of stigma and discrimination, enhanced access to affordable medicines and the reduction of vulnerability of persons affected by HIV/AIDS and other health issues, in particular orphaned and vulnerable children and older persons; also requests, consistent with the timetable for the submission of the report of the Secretary-General, that the Joint Programme submit for the consideration of the review and

the high-level meeting an assessment of these processes, based on inputs received from Member States, including an analysis of common obstacles to scaling up and recommendations for addressing such obstacles, as well as accelerated and expanded action;

13. *Invites* 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 referred to in paragraph 12 above and the report of the Secretary-General.

69th plenary meeting
23 December 2005