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.
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:** Dr. the Hon. Denzil L. Douglas, Prime Minister of St Kitts and Nevis

**Participants:**

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**Observers**

- European Commission

**UN Entities**

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

**Civil Society¹**

- 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

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

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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 Ilkaracan, 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
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
- 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

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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 Bernhardt, Youth Coalition, Sweden
• Ms. Kasia Malinowska, OSI, Poland/USA
• Mr. Nicolas Ritter, PILS, Mauritius
• Ms. Olayide Akanni, OSI Nigeria
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
- Mr. Mauro Guarinieri, GNP+, Italy
- Ms. Asunta Wagura, PCB, Kenya

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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
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 Society⁵

- 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)
Revised version: 25 May 2006

- 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