Civil society declaration for the United Nations General Assembly 2021 High-Level Meeting on HIV/AIDS

ISSUED ON 29 APRIL 2021

END INEQUALITIES.
END AIDS. ACT NOW!

There is a crisis in the HIV response. Over the last five years, the world has failed to meet any of the targets for prevention, diagnosis and treatment set out in the 2016 Political Declaration on HIV/AIDS, with progress on HIV prevention lagging particularly far behind. The 2021 high-level meeting on HIV/AIDS – and the Political Declaration that results from it – is the last chance to create sustained momentum for the policies, programmes and funding that are needed to end HIV as a global health threat by 2030.

Now more than ever, evidence-based responses and renewed political will are called for – especially in face of the additional burdens imposed by the Covid-19 pandemic. In order to focus efforts and resources where they are most needed, we call for a Political Declaration that:

- RECOGNIZES explicitly who is most at risk of HIV
- ACKNOWLEDGES why this is so
- COMMITS to fully fund and support effective responses
- HOLDS ACCOUNTABLE Member States for their actions

This document has been developed by the Multi-Stakeholder Task Force for the 2021 High-Level Meeting on HIV/AIDS, supported by its advisory group, and informed by an online civil society consultation, a series of webinars with civil society organizations, and an interactive multi-stakeholder hearing held on 23 April 2021 by the President of the UN General Assembly.
Estimates from UNAIDS affirm beyond any doubt which population groups are at greatest risk of acquiring HIV, with the latest data indicating that in 2019, key populations and their partners accounted for 62% of new HIV infections. If Member States are serious about ending the epidemic by 2030, they must recognize these populations explicitly. Inequity that is not recognized cannot be solved.

We call for the Political Declaration to name each of the key populations: sex workers, gay, bisexual and other men who have sex with men, transgender people, people who use drugs, and people in prison and other closed settings. We call for the Declaration to name also those at risk of HIV because they are in situations of vulnerability: women, children and adolescents, especially adolescent girls and young women in all their diversity, as well as indigenous peoples, people with disabilities, and migrants, particularly those with irregular migration status, and people in conflict zones and humanitarian settings.

To give key populations and people in situations of vulnerability equitable and equal access to the services they need, the Political Declaration must commit to the following:

1. Provide universal access to HIV testing, treatment and care, including point-of-care diagnostics. Ensure consistent availability of and access to free, high-quality antiretroviral medications for all people living with HIV so they can achieve viral suppression, and promote Undetectable=Untransmittable (U=U). Do not leave behind people living with HIV in prisons, indigenous people and others who live in areas historically underserved by health care.

2. Invest in and rapidly scale up access to prevention technologies, commodities and services. This includes scaling up access to proven approaches such as condoms, prevention of vertical transmission, and harm reduction, including safer consumption sites and safe supply, and
investments in prevention innovations including the Dapivirine ring, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

1.3 **Commit to providing comprehensive sexuality education for all young people, including those with disabilities, in and out of school.** Develop, fund and implement policies and programmes that create safe and inclusive learning environments for children of all gender identities, invest in gender-transformative curriculum and teaching practices, and support women in education workforces.

1.4 **Scale up self-care** – a people-centred, rights-based and gender-responsive approach for marginalized people who avoid clinic-based HIV services because of stigma, criminalization or other obstacles to access. Self-care includes male and female condoms, female-controlled tools for HIV prevention and contraception, HIV self-testing, PrEP and PEP, self-sampling for sexually transmitted infections, digital health solutions, and harm reduction programmes, including access to online interventions.

1.5 **Achieve gender equality and the empowerment of women and girls.** HIV disproportionately affects women and girls in all their diversity. Gender-based violence is both a driver of HIV acquisition and a common consequence of a HIV diagnosis. The Political Declaration must support and fund community-led responses that address harmful social and gender norms and practices, oppose forced and coerced reproductive decisions, and provide redress for violence. In accordance with the targets of the Global AIDS Strategy, work to ensure that by 2025, less than 10% of people living with HIV, women and girls and key populations experience gender-based inequalities and gender-based violence. The Political Declaration must also support access to sexual and reproductive health services, and increased economic empowerment for women and girls.

1.6 **Ensure the sexual and reproductive health and rights of women living with HIV, before, during and after pregnancy.** Optimize the availability and universal accessibility of sexual and reproductive health-care facilities in locations with high HIV incidence. Expand integrated, tailored HIV prevention and treatment support services for women in clinical and community settings pre-conception, pre-partum and post-partum, including for prevention of vertical transmission of HIV.
1.7 Provide improved treatment strategies for children from infancy through adolescence. Recognize the unique inequalities and access challenges faced by children, including those with disabilities; and promote community-based and community-led paediatric and adolescent interventions, such as caregiver support, treatment literacy, peer-to-peer programmes and mentoring.

2. WE CALL FOR THE ELIMINATION OF THE STRUCTURAL BARRIERS TO ACHIEVING ZERO NEW INFECTIONS, ZERO DEATHS AND ZERO DISCRIMINATION

Since the start of the global HIV epidemic 40 years ago, the structural barriers to ending the epidemic have not fundamentally changed. Stigma, discrimination, violence, criminalization and punitive laws are a presence, or a constant threat, in the lives of key populations and people in situations of vulnerability.

We call for the Political Declaration to commit to address and remove laws, policies and practices that violate the human rights of key populations and people in situations of vulnerability, jeopardize their safety, deprive them of access to needed services – and endanger their health.

To eliminate these barriers, the Political Declaration must commit to the following:

2.1 Respect, protect and fulfil human rights, including the right to health. The Political Declaration must include a commitment by Member States to review laws and policies at a national level to protect the social and legal rights of people living with HIV, and work towards decriminalizing exposure to and transmission of HIV or non-disclosure of HIV status, sex work, gender identity and sexual orientation, drug use and possession, and irregular migration status. In accordance with the targets of the Global AIDS Strategy, work to ensure that by 2025, less than 10% of countries have punitive laws and policies.

2.2 Remove systemic barriers to the full continuum of care, including age of consent restrictions which hamper young people’s access to services, and harassment and violence by law enforcement authorities, including the targeting of those with irregular migration status. Ensure that everyone can access the services they need in confidentiality, safety and security, and that
the data of people seeking health-care services are kept confidential and secure.

2.3 End stigma and discrimination. In accordance with the targets of the Global AIDS Strategy, work to ensure that by 2025, less than 10% of people living with HIV and key populations experience stigma and discrimination. Support the enforcement of legal protections, and fund community-led interventions that challenge prejudiced social norms and attitudes. Sensitize health-care providers about working with adolescents and young people who seek sexual and reproductive health services, including services for HIV prevention, diagnosis and treatment. End discrimination against people living with HIV and key populations in travel and the workplace. Support the collection of disaggregated data to provide an evidence base on the effects of stigma and discrimination.

2.4 Recognize violence against key populations and people in situations of vulnerability as a violation of human rights and a key barrier to ending AIDS. Uphold the right of the individual to live the life they choose, with their rights to privacy, self-determination, consent, bodily autonomy and dignity respected, and without fear of reprisals, bullying or harassment, including in digital spaces.

3. WE CALL FOR FULLY RESOURCED, EFFICIENT AND SUSTAINED HIV RESPONSES, INTEGRATED INTO SYSTEMS FOR HEALTH, DEVELOPMENT, SOCIAL PROTECTION, HUMANITARIAN SETTINGS AND PANDEMIC RESPONSES

We know how to prevent HIV. We know how to get people to test for it, and how to encourage those living with HIV to stay on treatment to maintain their health. After 40 years, there is ample evidence that the way to reach key populations and those in situations of vulnerability is through programmes led by those populations. Strong links between community-led programmes and systems for health and social protection can achieve better outcomes for those left furthest behind. Indeed, communities have led much of the response to COVID-19 as well as to HIV. The Political Declaration must include ambitious targets on support for community-led responses.

COVID-19 has shown that when the political responsibility exists, resources can be found to fund a large-scale, effective global health response. Yet the
COVID-19 pandemic poses increasing challenges to the HIV response, driving up vulnerability to HIV, shutting down needed services, diverting health workers and placing HIV resources under threat. We cannot allow the achievements that have been made on HIV in recent decades to be undone by the COVID-19 pandemic. Past commitments must be honoured and the HIV response fully funded.

To make the HIV response efficient and sustainable, the Political Declaration must commit to the following:

3.1 Sustain and scale-up international and domestic funding. To achieve global targets, HIV investments should be increased to US$29 billion per year by 2025, including US$9.8 billion for HIV testing and treatment, US$9.5 billion for evidence-based combination prevention, and $3.1bn for societal enablers, in line with the UNAIDS Global AIDS Strategy.

3.2 Direct the great majority of prevention funding for prevention, testing, treatment and advocacy to community-led responses. In accordance with the targets of the Global AIDS Strategy, ensure that 80% of HIV prevention programmes for key populations and those in situations of vulnerability are delivered by community-, key population- and women-led organizations. Ensure that 30% of testing and treatment services, and 60% of programmes to achieve societal enablers, are delivered by community-led organizations. Mobilize additional sources of financing to scale up proven new solutions, particularly through social contracting models.

3.3 Promote models of universal health coverage (UHC) that prioritize reaching the most marginalized groups. Ensure that HIV prevention, testing and treatment, including for key populations and those in situations of vulnerability, are included in national health packages. Ensure that public health systems recognize, fund and link to community led-responses as central elements of the health and social-care systems.

3.4 Strengthen integration and linkages between services for HIV and those for tuberculosis, viral hepatitis, sexual and reproductive health and rights (SRHR), mental health, LGBTiQ health and harm reduction. SRHR services should be fully funded and tailored to the needs of people living with HIV, key populations and those in situations of vulnerability. Responses should be
3.5 **Implement a concerted all-of-government response.** All government departments and administrations have an important role in addressing HIV, not just through equitable access to health services, but also by supporting and safeguarding social protection, housing, employment, education and access to food and clean water for key populations, those living with HIV and those in situations of vulnerability, including through cash transfer programmes.

3.6 **Remove intellectual property barriers to equitable distribution of COVID-19 vaccines.** Ensure that vaccines are rapidly provided to all who need them, including to people living with HIV and those most affected.

3.7 **Use the lessons of COVID-19.** Invest in new systems for prevention, testing and treatment of HIV, such as universal and accessible remote service delivery locations; digital health services, including online/virtual medical consultations; and decentralized and multi-month prescriptions, including take-home doses of opioid agonist therapy (OAT) for people who use drugs.

3.8 **Fund research and development of an HIV cure and vaccine, as well as new tools for testing, treatment and prevention, and invest in programmatic innovations.** These include self-testing, injectable treatments and other health technologies, and work on social enablers. Ensure low-barrier access for all people living with HIV to free-of-charge antiretroviral treatment.

3.9 **Leverage the flexibilities of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement**, including interventions such as patent oppositions and compulsory license, and optimize voluntary licensing and technology-sharing mechanisms to meet public health objectives. Promote generics competition, accelerating market entry of new health technologies for prevention and treatment of HIV, tuberculosis and hepatitis, and building systems for technology transfer between countries, so that lifesaving health commodities become global public goods and are rapidly available and accessible to the people who need them.
3.10 Improve domestic resource mobilization through a progressive taxation framework that includes financial transaction taxes and other tax mechanisms, as well as ending corporate tax abuse, tax avoidance and evasion, which drain key resources for addressing inequalities in health, gender and race.

4. WE CALL FOR ACCOUNTABILITY

The 2021 Political Declaration will remain no more than words on paper unless Member States agree to hold one another accountable for their actions – and to be held accountable by civil society. This can happen through sincere collaboration that places civil society – including key populations and those in situations of vulnerability – on an equal footing with government. A strong accountability framework requires agreement on standards of measurement, on transparency, and on the communication of outcomes.

To ensure that Member States are accountable for their progress towards the 2025 targets and the 2030 Agenda targets, the Political Declaration must commit to the following:

4.1 Promote strong, focused partnerships, multi-sectoral collaboration, intercultural approaches and alignment among all stakeholders in the global AIDS response. Government, civil society and the private sector at all levels must align strategic processes and enhance collaboration to fully leverage and synergize their contributions to ending AIDS.

4.2 Protect and promote space for civil society to be able to work in an enabling human-rights based environment.

4.3 Create mechanisms to guarantee that Member States meet their commitments. Monitoring and evaluation, including by communities, must be duly resourced and implemented. Data must be made publicly available, including funding allocations, to ensure full transparency of global AIDS spending by all stakeholders.
5. CS Declaration Endorsements

1. HIV Justice Network
2. CONERELA+ (CONGO NETWORK OF RELIGIOUS LEADERS LIVING OR PERSONALLY AIDING AIDS)
3. UNAIDS
4. RUPFUD
5. Good Health Community Programmes
6. Global Network of Sex Work Projects
7. Life Quality Improvement Organisation Flight
8. Voice Of Our Voices
9. BAYSWAN
10. RED Initiatives
11. Charity foundation “FUTURE WITHOUT AIDS” (FWA)
12. Space for marginalised Groups in Diversity in Zimbabwe Trust (SIGHT)
13. NPS Sicilia
14. STRASS, Syndicat du Travail Sexual
15. Tunisian Association of Positive Prevention (ATPs)
16. Youth Gate Zimbabwe Trust
17. National Coordinator NGO on HIV/AIDS of Spain (CESIDA)
19. Saint Petersburg Charitable Fund “Humanitarian Action”
20. Harm Reduction NGOs Coalition “Outreach”
21. Coach Sisters of Perpetual Indulgence
22. non-profit charitable foundation of swatana izambava
24. Association pour l’Intégration et le Développement Durable au Burundi, AIDB (Indigenous Forum in special consultative status with the UN ECOSOC)
25. Association pour l’Intégration et le Développement Durable au Burundi, AIDB (Indigenous Forum in special consultative status with the UN ECOSOC)
27. Women & Life Foundation | Nari O Life Foundation
28. Climate Refugees Network- ORN
29. INAMUR - NATIONAL INSTITUTE OF REASSIGNED WOMEN - BRAZIL
30. Grupo de Trabajo sobre Tratamientos del VIH (GT-T VH)
31. drafte AREAL
32. Y+ Global
33. AVAC
34. Sact Plus
35. Scarlet Alliance, Australian Sex Workers Association
36. Women’s Health in Women’s Hands Community Health Centre
37. National Association of PLHA in Nepal
38. Swaziland Network of Young Positive
39. Women Against Rape Inc.
40. Latin American Network of People who Use Drugs (LANPUD)
41. Most at Risk Young Mothers and Teenage Girls living with HIV Initiative (MDYOT)
42. Association MANU-OR
43. Africa Japan Forum [Japan]
44. IPPF South Asia
45. FUNDASIDA EL SALVADOR
46. Asociación de Mujeres Gente Nueva - AMUGEN
47. IPPF
48. Juntos por la Vida
49. International Planned Parenthood Federation
50. Fundación Sida Maule (Chile)
51. GATE
52. HIV Scotland
53. APYIN
54. International Planned Parenthood Federation
55. Kase Network of Young people living with HIV
56. APMAS Health
57. TRADITIONAL LEADERS SECTOR
58. African Network of Adolescents and Young Persons Development (ANAYD)
59. Association of Positive Youth Living with HIV in Nigeria (APYIN)
60. Pan African Positive Women’s Coalition- Zimbabwe
61. Success Capital Organisation
62. Center for Health Education and Vulnerable Support
63. SNYP+
64. Rising Winners Youth Empowerment Initiative
65. All India Network of Sex Workers (AINSW)
66. Equal Health and Rights Access Advocacy Initiative ( EHRRAI)
67. The Nigeria Network of People Who Use Drugs (NNPUD)
220. Hope for Future Generations
221. Sophia Forum
222. Series (con) vivir con o VIH
223. Raising Voices
224. Grameen Unnayan Committee
225. Grammeen Unnayan Committee
226. South Riverdale Community Health Centre
227. AID FOR AIDS, Colombia
228. Centre for Youth Development and Activities
229. BODY POSITIVE DORSET
230. John Snow, Inc. (JSI)
231. Canadian Aboriginal AIDS Network
232. Network of key population service organisations
233. And woman, let sing HIV
234. Street Health
235. Global Network of Black Peopleworking in HIV
236. Management Sciences for Health
237. Friends of the Global Fight Against AIDS, Tuberculosis and Malaria
238. VROD EINDSTVO
239. Interecambo Civil Association
240. Apveniba HIV LV
241. Asociación Civil Mujeres Unidas por la Salud (MUSAS)
242. Asociación para la promotion du droit à la diferenciation
243. International Association of Providers of AIDS Care
244. VOICE ([www.voiceamplified.org])
245. ITPC LATCA
246. Organización Juntos por la Vida
247. Fundacion igualdad Ignot
248. Global Fund Advocates Network
249. MENA Rosa
250. Vive Postof
251. REDCA+
252. Le village médical et psychosocial
253. Euro Asian Key Populations Health Network
254. Trabajando en Positivo
255. Fundación Alianza Igualitaria
256. Trinidad and Tobago community of positive women
257. Public association *Supporting people living with HIV* "Kuat"
258. Fundación Chime Positive
259. Partners of the América Uruguay - Comité Salud
260. ANPUD
261. Women and Harm Reduction International Network (WRIN)
262. Estonian Network PLWHIV (EHPV)
263. MENA Rosa
264. CARAM Asia
265. NGO "ISHONOH VA KAYOT"
266. Toro forum for people living with HIV network
267. Zambia Sex Workers Alliance
268. Association Tunisienne de la Santé de la Reproduction (ATSR)
269. Ministry of Health
270. EuroMed Droits
271. OMSAINE INERELA+Madagascar
272. Khulnas Loftware
273. APOTO POSITIVO
274. Arab Foundation for Freedoms and Equality
275. Cordaid
276. ACDH Health
277. Sisonek Botswana Organization
278. SAFADS
279. HIV/AIDS Research and Welfare Centre (HARC)
280. Frontline AIDS
281. Rwanda Network of PLHIV (RIPH)
282. Correlation-European Harm Reduction Network
283. Association de lutte contre le sida (ALCS)
284. Eurasian of adolescents and youth Teenanger
285. Positively UK
286. Support for future generation
287. Sex Workers Rights Advocacy Network of Central Eastern Europe and Central Asia (SWAN)
288. Asian Network of People Who Use Drugs (ANPUD)
289. Street Health
290. ASEPO
291. Mainline
292. Fast-Track Cities Institute
293. JAV
294. Human Rights Research Documentation Center (HURIC)
295. La Casa de Sara
296. Colectivo TLGB - Bolivia
297. Uganda Network of Young People living with HIV/AIDS (UNYPA)
298. SAFADS
299. Action Canada for Sexual Health and Rights
300. Yazan Bin Ali from Iraq
301. Asociación Demográfica Salvadoreña/Familia
302. Unidas la Esperanza
303. Asociación de Mujeres de Trabajadoras Sexuales del Cantón Maligno y la Zona 5
304. AFEW International
305. Asociación Cristiana de Jóvenes. El Salvador
306. AIDS Action Europe
307. Red Venezolana de Gente Positiva
308. Asociación para la Prevención y Estudio del VIH/Sida, Guatemala
309. Anticancer Society of Uzbekistan
310. Asociación Mujeres trabajadoras Sexuales-girls
311. Fundación Solidaridad Mundial Nicaragua
312. Fundación Gran Familia de la Salud
313. AID FOR AIDS Colombia
314. MANODIVERSA
315. Coalition Plus/Kimirra
316. Kenya Network Of People Who Use Drugs (KenPUJ)
317. Corporación Viviendo
318. Red Latinoamericana y del Caribe de personas trans
319. Taller Venezolano de VIH
320. ASOCIACION NACIONAL DE PERSONAS CON VIH Y SIDA EN HONDURAS
321. Asia Pacific Network of People Living with HIV (APN+) 
322. MAANU-CH
323. RHAC
324. RedLAI
325. Lanka Plus
326. National Association of PLWHA in Nepal
327. Ashar Aho Society (AAS)
328. Pinoy Plus Advocacy
329. Positive Malaysian Treatment Access & Advocacy Group (MATAAG)
330. Vietnam Network of People Living with HIV (VPN+)
331. Community Development Services (CDS)
332. PATHFINDER INTERNATIONAL MOZAMBIQUE
333. Platform for International Cooperation on Undocumented Migrants (PICUM)
334. National Forum for People Living with HIV/AIDS Network in Uganda
335. Rights Reporter Foundation
336. Young Women Empowerment Network
337. Together Against AIDS positive association
338. Association of Hungarian Sex-Workers (ESEE)
339. HPLGBT
340. Indonesia AIDS Coalition
341. Eurasian Women’s network on AIDS
342. International Treatment
343. Preparedness Coalition (ITPC Global)
344. Development Agenda for girls and women in Africa Network (DAWNA)
345. Esforzémonos por derrocar
346. Alianzaamericana de Obras de Treinta años
347. Desiree Alliance
348. Women’s Health in Women’s Hands Community Health Centre
349. Coalition of Feminists for Social Change (COFEM)
350. International Women’s Health Coalition Centre for Youth and Development - Malawi
351. TTCW
352. Prevention Access Campaign
353. African Services Committee
354. Afro-Canadian Positive Network of BC
355. Educating Girls and Young Women for Development-EGED
356. YPEER ASIA-PACIFIC CENTER, Bangkok
357. CARAN Asia
358. Wonder woman 2m
359. HOPE worldwide Botswana
360. Series (con) viver com o VIH
361. GCWAG
362. PharmAccess Foundation
363. AIDS (France)
364. WECafe plus
365. Action Network for the disabled (ANDY)
366. PWLNYC
367. Migrants’ Rights Network
368. Thorner Harbour Health
369. SHINE SA
370. AIDS-Fondet (the AIDS Foundation)
371. APCOM
372. Metzeneres. Environments of Shelter for Women who use drugs surviving violence
373. Digital Advocates Int
374. International Treatment
375. Preparedness Coalition (ITPC)
376. CHANGE (Center for Health & Gender Equity)
377. Positive Women
378. Médecins du Monde France
379. Watipa
380. IAS - International AIDS Society
381. World Vision International
382. Latinas en Poder
383. MYANMAR POSITIVE GROUP (NATIONAL PLHIV NETWORK)
384. Red Umbrella Sweden
385. Sahas Nepal
386. International Indigenous HIV & AIDS Community (IIHAC)
387. Peace Foundation Pakistan
388. Consortium of Reproductive Health Associations (CORTHA)
389. Slovene National Sex Workers Movement in South Africa
390. Women’s Coalition Against Cancer (WOCACA), Malawi
391. AIDS and Rights Alliance for Southern Africa (ARASA)
392. Community BerLIN
393. Youth Service Organization (YSO)
394. New Beginnings/Chances For Life Surname
395. Ministry of education and Afghanistan Kabul
396. Medicos Mundin Italia
397. International Partnership for Microbicides
398. Psychological Responsiveness NGO
399. TIF Savvity, Health, and Rights Educators Collective
400. LISA CAGLIARI
401. International Planned Parenthood Federation East and South East Asia and Oceania Region (ESEAOP)
402. International Community of Women Living with HIV
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