Welcome from the AIDS Advocacy Network Steering Committee Chairs!

Dear AMSA leader,

We are so excited that you and your chapter are interested in adding AIDS advocacy to your activities for this year. Our main campaign is making sure the federal appropriations include robust funding for global AIDS, including ensuring full funding for existing global AIDS programs, including the President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, TB, and Malaria. World AIDS Day is on December 1st, 2018, and we hope the materials in this packet may help you prepare to act around this date but also throughout the academic calendar.

AIDS is a multi-faceted and complex disease, so our network does education and advocacy around multiple topics including AIDS prevention methods, TB, and trade agreements that interfere with access to medication. This packet should help you get up to speed with our campaigns and how your chapter can work with us to end AIDS. You’ll find background info about AAN, some of the strategies and tactics we use, and some ideas for how you could structure AAN meetings at your school. Everything listed is just a suggestion, and we’re happy to work with you to make a plan tailored to your chapter’s needs.

Get connected with us! Shoot us an email at aan.chair@amsa.org.

Onwards,
Keanan, Megan, Shivanthi, & Avanthi

Keanan McGonigle, Tulane University School of Medicine
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Background

Who are we?
AAN is made up of medical and premedical students dedicated to universal access to evidence-based prevention and treatment and to improving quality of life for people living with HIV. We are passionate about promoting global health equity, using evidence to guide policy, and ending AIDS without delay. We focus on putting political pressure on government officials at the federal level.

What are our core values?
We agree with Dr. Anthony Fauci, director of the National Institute for Allergy and Infectious Disease, when he reported that we can end the worst epidemic in history within the decade. We believe that health is a human right and that people everywhere deserve to live in a society with strong, evidence-based AIDS treatment and prevention programs.

How can your chapter be involved?
Ending AIDS will require a multi-pronged approach that includes creating the political will to fund the AIDS response and strengthen health systems globally to sustain the medical care required by people living with HIV/AIDS. To that end, we must educate and pressure lawmakers, focus on most-at-risk populations including injection drug users and men who have sex with men, and educate/mobilize ourselves and our peers at our universities to be an active part of the push to end AIDS.

How can we do this?
Our main goal is to end AIDS in this decade. Our strategy is to win federal budget support and policy changes that can bring the end of this pandemic. Our tactics include:

● Building relationships with legislators to teach about AIDS policy and give them concrete tasks to make universal access to treatment a reality,
● Bird-dogging (AKA approaching politicians in public and asking them to support the end of AIDS)
● Writing opinion-editorials in newspapers to educate the public and put pressure on politicians
● Organizing petitions or call-ins to politicians with the power to fund the end of AIDS
● Building a community of people calling for the end of AIDS with grassroots advocacy tactics
Global AIDS Appropriations for PEPFAR

Every year Congress must appropriate funding to continue the US’s global HIV/AIDS treatment & prevention work. The two main programs that lead this fight are the President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight HIV/AIDS, Tuberculosis (TB), and Malaria (The Global Fund). While there is generally broad bipartisan support for these programs, there is an important need to push lawmakers to maintain or increase funding levels each year. To reach the UNAIDS goal of 95-95-95 - 95% of people living with HIV (PLWH) knowing their status, 95% of those people on treatment, and 95% of those on treatment virally suppressed - by 2030, we need to drastically increase the amount of funding going to these programs.

The Appropriations Process

The Fiscal Year 2019 (FY2019) budget, which funds the government from Oct 1, 2018 through Sept 30, 2019 is currently being created. Broadly, the funding process for global HIV/AIDS funding begins in two subcommittees in the House and Senate. These subcommittees of the House and Senate Appropriations committees, the ‘State, Foreign Operations, and Associated Programs (SFOPS)’ committees, create budgets that appropriate money to a variety of international development programs. These budgets will go to the full House and Senate Appropriations Committees for review, before a final ‘omnibus’ spending bill is created and voted on by the full chambers. The leadership of these two committees is very influential on what ultimately gets funded at what levels. While both PEPFAR and the Global Fund must be appropriated each year, the Global Fund is ‘replenished’ every three years - i.e. the US commits to contributing a given amount for three years at a time. Currently the Global Fund is funded at $1.35 billion per year and will be ‘replenished’ next year, 2019 for 2020-2022.

The FY2019 Budget

This year, the Senate SFOPS bill, S.3109, funded PEPFAR at a higher level - $4.37 billion - than the House SFOPS bill. There is a chance that House and Senate Appropriation leaders will decide to scrap that number and go with the House bill, which would be devastating for PLWH around the world. So we need to act as global AIDS activists acting here in the US to protect our investment in the fight against HIV/AIDS, TB, and malaria. The key leaders who will decide this issue are the Chairs and Ranking Members of the two Appropriation Committees. In the House, that is Chairman Rodney Frelinghuysen from New Jersey & Ranking Member Nita Lowey from New York. In the Senate that is Chairman Richard Shelby from Alabama & Ranking Member Patrick Leahy from Vermont. However, we can push our elected officials - whether on the Appropriation Committees or not - to speak with/write a letter to these leaders and push them toward the higher number!

Resources:

http://www.healthgap.org/fundthefight

Welcome to the Next Deadly AIDS Pandemic
TAKE ACTION: Conduct a Legislative Visit

1) **Start early!** Call your Members of Congress (MoCs), both Senators and Representatives now to schedule meetings.
   a) Find the closest office to you - can be found on each MOC’s webpage - and their contact info
   b) Arrange an ‘in-district’ meeting with a staffer in the office. These staffers will be generalists - they will know a little bit about every topic.
   c) Call the MOC’s Washington DC’s office and ask for the staffer (or legislative assistant) working on foreign affairs. Invite them to call into the in-district meeting, or get their contact information and send them an email invitation.

2) **Gather:** a group of passionate students! Designate roles based on the number of students coming to the meeting:
   a) One student should be the facilitator - he or she should introduce the group and explain why you are there (to discuss global AIDS funding). Explain your roles - e.g. medical students, AMSA members, and constituents - and that you are there representing a larger group of constituents who are passionate about this issue.
   b) One student should provide a personal story - the reason that you care about global AIDS. This could be clinically related, something from travel/study abroad, or just an intellectual interest from learning about the topic in school
   c) One student should provide some context - cite some numbers and figures about the global AIDS epidemic and how we need to keep funding the fight to see an AIDS-free generation
   d) One student should do the ask - more about that later.

3) **Close:** the Facilitator can then close the meeting by thanking the staffer(s), providing a one-pager, and getting contact information. This is crucial. Follow up within 24hrs is very important. Send an email with more information, provide answers to any questions, and remind them about the number of constituents that are passionate about this issue.

4) **The ask:** will depend on who your MOC is
   a) If your MOC is a Chairperson or Ranking Member of the Appropriations Committee, directly ask “Will the Congressman/woman support the Senate SFOPS language providing $4.37 billion for PEPFAR in the FY2019 omnibus bill?”
   b) If your MOC is on the House or Senate Appropriation Committee, ask “Will the Congressman/woman contact Chairman Freylinghuysen & Ranking Member Lowey (for the House) or Chairman Shelby & Ranking Member Leahy (for the Senate) and ask them to support the Senate SFOPS language providing $4.37 billion for PEPFAR in the FY2019 omnibus bill?”
   c) If the MOC is not on Appropriations, the ask is similar - to contact the leadership or members of the Appropriations committee to support this language.

5) **Report back:** about what happened, how it went, what their response was. Write an email the the network listserv, aids-advocacy@googlegroups.com and fill out this spreadsheet!
Global & Domestic Gag Rules

Global Gag Rule
The Global Gag Rule, also known as the “Mexico City Policy,” is a policy that impedes women's access to healthcare, specifically in regards to accurate, safe, and legal reproductive health options. The law formally forces U.S. nongovernmental organizations (NGOs) receiving U.S. family planning funding to choose between (1) accepting the U.S. family planning funds and thus, “be prohibited from providing abortion counseling, referrals, or even advocacy efforts and from providing abortions outside of the three exceptions” or (2) refusing U.S. family planning funds and then “attempt to secure alternative sources of funding in order to keep health clinics open.” The global gag rule was first instituted in 1984 by the Reagan administration. With each subsequent administration, this rule has been removed to be reinstated again 4-8 years later. Most recently, President Trump reinstated the global gag rule within his first week in office. These administration based changes cause dramatic uncertainty for these NGOs. As Planned Parenthood Action Fund President Cecile Richards said, “U.S. foreign aid should never be used as a tool to limit women’s access to health care or to impose unfair restrictions on the decision-making ability of independent organizations overseas. The women of the world need information and services, not censorship and restrictions.” The Global HER Act seeks to eliminate the global gag rule as an option for future administrations. Because the global gag rule seriously impedes countries’ efforts to improve women’s health and undermines civic participation, we need our congressman to support the Global HER Act now!

Resources:
Watch the AAN & Planned Parenthood webinar
http://www.genderhealth.org/the_issues/us_foreign_policy/global_gag_rule
https://www.plannedparenthoodaction.org/communities/planned-parenthood-global/end-global-gag-rule

TAKE ACTION:
- Contact your elected officials through Planned Parenthood’s portal
- Write letters to the editor. Find a local newspaper or school newspaper & write an LTE! The key to LTEs is to make them succinct - generally there will be a word limit of 250-500 words. However they can be a great way to increase awareness & call on elected officials to take action!
Title X Domestic Gag Rule

Title X is the sole federal grant dedicated to improving domestic access to comprehensive contraceptive and family planning services in the United States. This policy, instituted nearly 50 years ago, has been serving disproportionately low-income and young patients. Annually, the Title X program serves around 4 million people. However, proposed changes to the rule by the Trump administration will drastically prevent these services from reaching those who historically already face barriers to care. The Title X Gag Rule, similar to the Global Gag Rule, will prevent centers providing services through Title X funding from providing comprehensive prenatal care. Providers will not be able to detail options concerning abortion services while also using the Title X funding allocated for the centers for such services. If patients are to explicitly request information about abortion services, providers must choose whether to forfeit funding and provide comprehensive information or to only supply the approved information, which excludes a majority of the details needed to make an informed decision.

The rule appears to be part of the Trump administration’s continued attack on Planned Parenthood, as 41% of Title X services are utilized by Planned Parenthood. If this domestic gag rule becomes law, there will be a severe limitation on the ability of Title X to provide high-quality healthcare. This should be seen as an attack on sexual health and reproductive rights. In a July press conference, Mayor Pugh of Baltimore, Senators Hardin and Van Hollen of Maryland, and Congressman Cummings, Ruppersberger, and Sarbanes of Maryland spoke out against this proposed law in a prominent Title X center in Baltimore City. Reach out to your legislators to insist that this proposed domestic gag rule is an attack on women’s rights.

Resources


TAKE ACTION:
- Take Planned Parenthood’s provider pledge
Access to Medicines

Every year, millions of people around the world suffer from morbidity and premature mortality related to lack of access to life-saving medications. Medications treating conditions from HIV/AIDS to cancer to hypertension are readily available and were oftentimes developed using public funds, yet are frequently priced out of reach of those that need it the most. The oft-employed call-to-action “Pills cost pennies, greed costs lives,” continues to ring true, as pharmaceutical companies consistently report record profit margins while 1 million people died of HIV-related illnesses in 2016. High profile cases like Martin Shkreli’s abhorrent price increase of daraprim - a medication used to treat opportunistic infections associated with HIV - and Mylan’s increases on the EpiPen to treat anaphylaxis have brought the broken system into sharp relief. While these changes may have seemed criminal, these actors were acting well within their rights under the government sanctioned system of monopolizing health that puts us all at risk. There is perhaps no greater global health injustice than the current system of drug development and distribution.

“Where are the drugs? ....The drugs are where the disease is not. And where is the disease? The disease is where the drugs are not.”
- Dr. Peter Mugyenyi on global access to HIV/AIDS meds, July 2000

HIV/AIDS

Perhaps the most visible example of this injustice is the global HIV/AIDS epidemic. Around the world 36.9 million people are living with HIV (PLWH). Yet, just over 40% are on antiretroviral medications (15 millions people). With the increasing importance of treatment as prevention (TasP) as a model for achieving an AIDS-Free Generation - including a landmark CDC letter in Sept 2017 - access to these medications has never been more important. Nations like South Africa, where one in five adults are living with the virus, cannot be at the mercy of pharmaceutical companies’ charitable programs. Yet the current system of research and development (R&D) and intellectual property rights (IPR) left the nation without many options. Pioneering advocacy by the Treatment Action Group and others resulted in flexibilities in international law that put a nation’s public health ahead of Big Pharma’s profits. However, the fight persists, as low and middle income countries begin to face the challenges of chronic, lifestyle diseases.

![Figure 1. The global HIV/AIDS care cascade.](image)

Just 15 million of nearly 20 million people living with known HIV infection were on antiretroviral medications in 2015. Just over 40% of all PLWH are on therapy.
Different countries, different needs
5.5 billion people or about 75% of the world’s population lives in low- and middle-income countries. As this population moves from the challenges of infectious diseases and general hygiene concerns into dealing with chronic, lifestyle diseases, access to medicines issues in these nations will change as well. Pharmaceutical companies perceive new markets in the chronic cardiovascular and respiratory conditions that these changes entail. In the US, recent developments in the the Hepatitis C Virus (HCV) epidemic has brought this dichotomy into sharp focus. New therapies to treat the virus, known as Direct-Acting Antivirals, average $84,000 for a 12-week course. Despite the devastating consequences of HCV infection - including liver cirrhosis requiring liver transplant or hepatocellular carcinoma, healthcare payers are severely restricting access to the medications. There were concerns that treating the full cohort of people living with HCV would ‘bankrupt’ state Medicaid programs.

Figure 2. Growing targets for Big Pharma

TAKE ACTION:
Work on a campaign at your university!
Find your school on Universities Allied for Essential Medicines report card of universities. Figure out how your college is doing in terms of equitable access to discoveries funded using public funds or developed on public campuses. Explore what policies exist to ensure new inventions and discoveries are not priced out of reach of those that would most benefit from them!

Get plugged into a campaign!
Public Citizen’s Access to Medicines program is building a nation-wide campaign to fight for equitable access to publicly-funded discoveries for US citizens and more broadly. Get plugged into the campaign and get active at the local level!

Meet with your elected official
Make sure your elected officials know that you are an advocate for access to medicines at the national and international level! Whether that means fighting for bargaining power for Medicare or preventing stringent IP clauses in Free Trade Agreements, elected officials can fight for equitable access to drugs. Make sure they know there will be consequences for fighting for Big Pharma’s profits rather than a healthy future for all!
Access to Pre-exposure prophylaxis (PrEP)

The #BreakthePatent campaign is a movement started by PrEP4All Collaboration in an effort to lower the cost of Truvada, also known as PrEP (pre-exposure prophylaxis) for HIV (1). Currently, Truvada is under a patent monopoly in the United States by the pharmaceutical company Gilead Sciences with a cost of $1600 for one-month supply. However, generic Truvada can be as inexpensive as $6 in other countries. Truvada has shown to be effective at preventing 90% of HIV transmission through sexual intercourse and up to 70% effective in intravenous use.

Truvada was first approved by the Food and Drug Administration in 2012 as an HIV prevention medication. However, due to the steep cost of Truvada, the availability of PrEP is mostly limited to individuals with insurance and those able to qualify for co-pay assistance. Gilead Sciences claim, “Data from our patient support programs do not suggest that cost is a primary obstacle to treatment” and "The majority of people receiving Truvada for PrEP today who utilize our co-pay coupons pay less than $5 per bottle, and our co-pay assistance program is sufficient to meet the needs of the large majority of people who use it." (3). Yet LGBT Americans, who are disproportionately affected by HIV, tend to be uninsured more often than non-LGBT Americans (3). Additionally, uninsured individuals must jump through multiple hoops to prove they qualify for payment assistance and some insurance companies refuse to fully pay for Truvada, passing the out-of-pocket costs to the patient (3).

The plan of #BreakthePatent is to press the United States government to exercise a little-known law that can force Gilead Sciences to suspend the patent on Truvada. The Bayh-Dole Act of 1980 gives federal funding agencies the right to “March In” and ignore patent exclusivity should the holder fail to provide relief to the public health and safety needs (1). There are currently around 1.2 million Americans that are at high-risk of HIV infection with only around 10% taking Truvada (4). Given the federal government’s role in the discovery and development of Truvada as an HIV medication, the government is well within its power to exercise these rights to end this public health emergency.

Resources:
http://www.cdc.gov/hiv/basics/prep.html
http://www.whatisprep.org/
http://men.prepfacts.org/the-questions/
https://preplocator.org/

TAKE ACTION:
- Sign the petition to the NIH.
- Contact the CDC to petition for a national PrEP action plan.
- Contact your state/local legislatures and ask them to expand the coverage of HIV prevention and treatment medications, specifically for PrEP.
Zero tuberculosis deaths

Tuberculosis, a preventable and curable disease, takes the lives of 1.7 million people every year and remains the number one killer of people living with HIV. Yet with this outstanding prevalence of TB among this community, they are often not screened for the disease, partly due to poor testing methods. However in 2015, the World Health Organization developed a new screening test called the lipoarabinomannan (LAM) test that can detect TB earlier in patients with advanced HIV or CD4 counts <100. Prior standard testing involved checking the sputum for *Mycobacterium tuberculosis* bacteria but, for a population more susceptible to disseminated disease, this test is often not as effective. The LAM test costs about $3.50 in US currency and is noninvasive. The test includes a simple urine dipstick testing for the LAM protein which is an antigen found on TB bacteria. With better detection of TB, we can start patients on appropriate drug therapy to eliminate this curable disease.

TB targets the most susceptible and vulnerable populations such as those living in poverty, HIV+ individuals, the homeless, inmates, etc. With effective TB programs and medications, 95% of drug-sensitive TB can be cured. However, the rates of multi-drug-resistant (MDR) and extensively drug-resistant (XDR) TB are rising as a result of fragmented care that failed to follow evidence-based strategies to treat the initial infection and prevent transmission. AAN works alongside many organizations to advocate for policies that keep TB a priority in public health goals such as the Treatment Action Group (TAG), RESULTS, MSF, etc. TAG, a coalition of physicians, activists, and government officials, believe that it is possible to achieve zero tuberculosis deaths. Since TB is curable, this declaration is feasible if backed by political activism that will motivate governments to see this as a priority (see [http://www.treatmentactiongroup.org/tb/advocacy/zero-declaration](http://www.treatmentactiongroup.org/tb/advocacy/zero-declaration)).

This pandemic will be uncontrollable if we don’t take action now to stop it in its track.

Resources:
http://www.treatmentactiongroup.org/tb/advocacy/zero-declaration
http://www.msfaccess.org/content/tuberculosis-%E2%80%93-curable-disease-continues-kill
http://www.treatmentactiongroup.org/tb

TAKE ACTION:
- Sign the [zero declaration](http://www.treatmentactiongroup.org/tb/advocacy/zero-declaration) immediately and help circulate it
- Talk to your legislators about increasing PEPFAR funds and to support countries in implementing the LAM test
- Call on your National TB Program and National AIDS Program and ask that they update their national TB treatment guidelines to reflect WHO recommendations
- Host a session with your local chapter to discuss the new LAM test and schedule a meeting with your legislators
Syringe Services Program

What is the Syringe Services Program (SSP), Syringe Exchange Program (SEP), Needle Exchange Program (NEP) and Needle-Syringe Exchange (NSP)?

- Programs that provide access to **sterile, free** syringes and safe disposal of used syringes.

Why do we need it?

- Promotes harm reduction, eg sites equipped to manage an overdose: **shown to prevent** HIV and Hep C transmission.
- Serves as an important link to critical medical services and programs: eg PrEP, PEP, Hep A & C vaccinations, STD/TB screening, etc.

Why do we need to fight for it?

- There's more to be done. It must be recognized that IV drug use is widespread across all socioeconomic spectrums. See [Austin, Indiana](https://www.amfar.org/Articles/On-The-Hill/2013/Syringe-Services-Programs--Myth-vs--Fact/) as an example that IV drug use in rural communities are present and increasing.
- Death from opioid overdose has steadily increased almost every year since 2001, surpassing gun homicide and traffic accidents in cause of death.
- Only recently, in 2016, through committed actions from various organizations, community leaders, and SSP supporters, the federal ban on funding for domestic and international SSPs (reinstated in December 2011) was reversed.

**Resources:**

- **Powerpoints:**
  - [http://www.amfar.org/Articles/On-The-Hill/2013/Syringe-Services-Programs--Myth-vs--Fact/](http://www.amfar.org/Articles/On-The-Hill/2013/Syringe-Services-Programs--Myth-vs--Fact/)
- **Media/Video:**
  - [http://www.youtube.com/watch?v=sCtj19TfgE8](http://www.youtube.com/watch?v=sCtj19TfgE8)
  - [https://www.youtube.com/watch?v=Fvd9RrB84QQ](https://www.youtube.com/watch?v=Fvd9RrB84QQ)
  - [Free naloxone for every high school](http://www.huffingtonpost.com/entry/naloxone-overdose-reversal-high-schools_us_56a68951e4b0404eb8f29097)
TAKE ACTION:

How can I support SSPs?

● Awareness!
  ○ Host an informational session at your school!
  ○ Local syringe exchange site in your AMSA organization district? Check the directory!
    ■ Volunteer with the site.
    ■ Ask site staff if there’s anything you can help with. Talking with local city representatives to get funding support, providing medical staff, helping with advertising.

● Actions! Meeting with your senator or house representative.

  ○ Making a call.
  ○ (need more information of current legislative actions: will contact Mary-Beth).

● Want to get really motivated?
  ○ Read about the medical students and residents that got together to set up Orange County’s FIRST SSP!
  ○ The point here is that you can advocate for your own local SSP too, the sky is the limit!
    ■ Request for a determination of need for a syringe program in your community via the CDC.