



2016-2017

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, 2016, 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.

You may reach out to us via email at aan.chair@amsa.org.

Onwards,

Jean, Braveen, Avanthi, Keanan, Shima, Bilal, Megan, Shivanthi, and Matt Moy

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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

ISSUES:

Global AIDS Appropriations for PEPFAR

More than 1.5 million people die from AIDS yearly and over 36 million people are currently living with HIV around the world. Yet these deaths do not need to happen. Evidence has shown that treating HIV immediately upon diagnosis drastically reduces transmission. With treatment as prevention we can bring an end to the global AIDS epidemic by 2030. To reach this goal we must have proper funding towards programs like The President's Emergency Plan for AIDS Relief (PEPFAR) which provides antiviral treatment for patients all around the world.

Unfortunately PEPFAR funding has been cut or remained flat since 2011. If we step up now, key analysts estimate that we can prevent 10.8 million deaths from HIV/AIDS and 17.6 million infections by 2030 when compared to the status quo.

Resources:

<http://www.healthgap.org/fundthefight>

TAKE ACTION: Proceed to establish contact with your legislator via call-ins and in-person visits with staffers. Contact your member of Congress in the U.S. Senate and the U.S. House of Representatives to demand that **Congress must increase funding to PEPFAR by \$500 million each of the next four years to achieve the needed annual increase of \$2 billion by 2020.**

Trans-Pacific Partnership (TPP):

The TPP is a trade deal that the office of the United States Trade Representatives' (USTR) has already negotiated/signed, but Congress still has not ratified the agreement. The countries involved include the United States, Australia, Brunei Darussalam, Chile, Malaysia, New Zealand, Peru, Singapore, Vietnam, Canada, Mexico, and Japan. With pressure from certain members of government and corporate entities, there appears to be momentum to push this through Congress after the November election. But the TPP MUST BE STOPPED. Not only does the TPP have negative implications on labor rights, finance regulation, internet freedom, the environment, and more, this deal is a serious threat to public health. Here are some of the key dangers (quoted directly from the first source listed below):

- Require every signatory nation to grant a new 20-year monopoly for new uses of old medicines.
- Provide other options for patent extensions, or “ever greening.”
- Give companies marketing exclusivity protections that create monopoly even when a drug is off-patent.
- Provide drug companies with greater opportunities to influence government drug coverage and reimbursement policies.
- Lock in rules that would limit competition and contribute to preventable suffering and death.

Resources:

http://www.huffingtonpost.com/john-geyman/tpp-and-the-dire-threat-t_b_11661226.html

<http://www.citizen.org/documents/TPP-IP-Factsheet-December-2015.pdf>

<http://www.msfaccess.org/spotlight-on/trans-pacific-partnership-agreement>

TAKE ACTION:

Contact your members of Congress in the U.S. Senate and the U.S. House of Representatives to demand that they **oppose the TPP**.

Zero tuberculosis deaths:

Tuberculosis, a preventable and curable disease, takes the lives of 1.7 million people every year and for the first time in 23 years, the rate of TB in the United States has increased. This pandemic will be uncontrollable if we don't take action now to stop it in its track. 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. TB targets the most susceptible and vulnerable populations such as those living in poverty, HIV+ individuals, the homeless, inmates, etc. TB is the leading killer of patients with AIDS worldwide resulting in a third of the deaths of HIV-positive individuals (WHO). However, the Treatment Action Group, 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>).

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

TAKE ACTION:

Sign the **zero declaration** immediately and help circulate it
(<http://www.treatmentactiongroup.org/tb/advocacy/zero-declaration>)

Pre-exposure prophylaxis (PrEP):

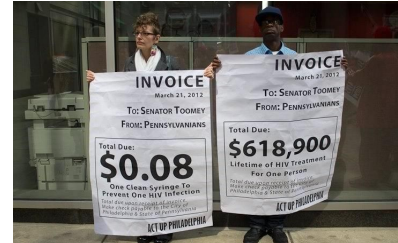
The HIV epidemic is still an important issue to discuss, especially in 2016 which is an election year. While great strides have been made regarding making HIV medications accessible to the general public through Medicaid and Medicare. Even so, there are numerous cases of individuals seroconverting to HIV positive despite the resources available like pre-exposure prophylaxis. PrEP has been proven to lower the chances of contract HIV upwards of 90% though many people remain susceptible because they cannot afford this medication that would help them maintain their HIV negative status. With coverage of HIV treatment and prevention medications being covered uniformly by Medicaid and Medicare, there would be a significant decrease of the incidence of HIV.

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

TAKE ACTION:

Contact your **state/local legislatures** and ask them to **expand the coverage of HIV prevention and treatment medications, specifically for PrEP.**

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](#) as an example that IV drug use in rural communities are present and increasing.
- 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.

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.



Photo Courtesy of Harm Reduction: Activists arrested for syringe exchange support on the 2012 National Day of Action on Syringe Exchange, 2012.



Photo Courtesy of Harm Reduction: Hawaiian activists meeting with Senator Inouye.

- 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.](#)

Resources:

- Powerpoints:
 - <http://www.amfar.org/Articles/On-The-Hill/2013/Syringe-Services-Programs--Myth-vs--Fact/>
- Media/Video:
 - https://youtu.be/Q0qcu3F7_BY?list=SPhdZ28BX5f63xWCWB7WNTTjyb0yktVHuT
 - <https://www.youtube.com/watch?v=sCtj19TfgE8>
 - <https://www.youtube.com/watch?v=Fvd9RrB84QQ>
- Naloxone training/free narcan training devices:
 - <http://prescribetoprevent.org/patient-education/videos-for-download/>
 - To receive a free trainer of the auto-injectable naloxone
 - <http://www.evzio.com/hcp/global/sign-up.php>
 - To apply to receive 200 free auto-injectors (with real naloxone):
 - <https://external-kaleo.idea-point.com/Process.aspx?groupid=GRANTS>
 - Free naloxone for every high school
 - http://www.huffingtonpost.com/entry/naloxone-overdose-reversal-high-schools_us_56a68951e4b0404eb8f29097