

HIV/AIDS awareness



AMSA AIDS ADVOCACY
NETWORK



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Global Health/Global Gag Rule

Background:

As the AMSA AIDS Advocacy Network we believe implementing strong evidence-based AIDs treatment and prevention programs on a Global Scale will drastically reduce New Transmissions and Deaths from AIDs-related causes. HIV Treatment as Prevention (TasP) has been highly effective at reducing New Transmissions. Those with HIV who take their medications as prescribed and maintain an undetectable viral load have virtually no risk of transmitting HIV. For Treatment as Prevention to be effective, testing and immediate access to Antiretroviral Therapy (ART) will need to be widely accessible. Unfortunately, high prices of ART around the world makes it extremely difficult for millions of people to obtain medication. “As of December 2019, 1 in 3 people living with HIV did not have access to life-saving antiretroviral medicines.”

We are working alongside [HealthGAP](#), an international advocacy organization to increase access to life-saving HIV Treatment. This is done through a multipronged approach. HealthGap focuses on making medications more affordable by exposing pharmaceutical companies' priority of making profits, opposing harmful trade agreements, and supporting countries' efforts to avoid monopolies on medicine. They advocate for increased funding from the U.S Government and work with local activists in low- and middle-income countries to increase funding towards their own HIV response. These efforts are made possible by working directly with the government to change policies and ensure funding is put to the best possible use. 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).

Another critical component in ending the AIDs Pandemic involves bringing awareness and justice to marginalized and criminalizes communities. Along with increasing access to medicine, the AMSA AIDs Advocacy Network and HealthGap are dedicated to ending the 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[ing] to secure alternative sources of funding in order to keep health clinics open.” This policy continues to leave millions of women without proper medical counseling and puts them in life threatening situations both of which are human right's violations. As medical students and future health professionals we are working to end the Global Gag Rule and aim to expand reproductive health services to women across the globe. Life threatening inequity to access for treatments is unacceptable and must be corrected!

Resources:

<https://healthgap.org/issues/access-to-medicines/>

http://www.genderhealth.org/the_issues/us_foreign_policy/global_gag_rule

<https://www.plannedparenthoodaction.org/communities/planned-parenthood-global/end-global-gag-rule>

AMSA AIDS Advocacy Chapter Goals:

- Assuring that every dollar prioritizes the needs and demands of people living with and affected by HIV.
- Ensuring a strong national HIV response by holding our government responsible for providing life-saving medications
- Speaking out against systemic criminalization of people with HIV and of communities at greatest risk of infection
- Demand funding increases for PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria

Important Dates

A black poster with a large red ribbon graphic in the background. The text is white and red. At the top, it says 'AMSA AIDS ADVOCACY NETWORK' in red. Below that, 'HIV/AIDS AWARENESS DAYS' in large white letters. A list of dates and events follows, each in white text. At the bottom, there are social media icons and handles for Instagram, Facebook, and Twitter, along with a hashtag.

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**HIV/AIDS
AWARENESS DAYS**

February 7th: National Black HIV/AIDS Awareness Day
March 10th: National Women and Girls HIV/AIDS Awareness Day
March 20th: National Native HIV/AIDS Awareness Day
April 10th: National Youth HIV & AIDS Awareness Day
April 18th: National Transgender HIV Testing Day
May 18th: HIV Vaccine Awareness Day
May 19th: National Asian & Pacific Islander HIV/AIDS Awareness Day
June 5th: HIV Long-Term Survivors Awareness Day
June 27th: National HIV Testing Day #HIVTestingDay
September 18th: National HIV/AIDS and Aging Awareness Day
September 27th: National Gay Men's HIV/AIDS Awareness Day
October 15th: National Latinx AIDS Awareness Day
December 1st: World AIDS Day #WAD2019

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#StopTheSpread



Drug Pricing Facts: HIV/AIDS!

- It is possible for children with HIV to live a normal lifespan if they are provided with treatment



- Children with HIV represent 13.7% of AIDS deaths in 2019 but make up only 4.5% of the 38 million people living with HIV worldwide

- While ARV therapy is not a cure for HIV, people living with HIV who are taking effective antiretroviral therapy and whose level of HIV is suppressed to undetectable levels will not transmit HIV sexually

- Truvada is under a patent monopoly in the United States by the pharmaceutical company Gilead Sciences with a cost of \$2000 for one-month supply.

- Years of PEPFAR flat funding have generated pediatric treatment budgets that skimp on essential, evidence based treatment and prevention services—cutting short term costs that result in massive, tragic waste in the form of preventable infections, suffering and death.

- 36.9 million people are living with HIV (PLWH). Yet, just over 40% are on antiretroviral medications (15 millions people).

- 1 in 3 people living with HIV did not have access to life-saving antiretroviral medicines

- Of 37.9 million people living with HIV, 23.3 million are on antiretroviral therapy - 18.9 million in Global Fund-supported countries in 2018

- Truvada has shown to be effective at preventing 90% of HIV transmission through sexual intercourse and up to 70% effective in intravenous use

Due to COVID-19:

- 73 countries are out of stock for antiretroviral (ARV) medicines
- Twenty-four countries reported having either a critically low stock of ARVs or disruptions in the supply of these life-saving medicines



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The Mexico City Policy - Global Gag Rule?

- January 2017: President Donald Trump reinstated the Mexico City Policy, also known as the Global Gag Rule, and expanded it to all U.S. global health funding, including PEPFAR and other life-saving HIV treatment and prevention programs.
- No U.S. funding has been or is used for abortions under long-standing law, but Trump's expanded Global Gag Rule bars foreign service providers who receive U.S. funding from even speaking about safe abortion services, meaning women's health and HIV services will be cleaved from one another, undermining the AIDS fight.

The Global Gag Rule has increased the number of UNSAFE abortions!

- Eighty-two percent of HIV-positive mothers receive treatment to stop the virus from infecting their babies
- In sub-Saharan Africa, there are twice as many HIV infections among 15-24-year-old girls and young women as boys and men in the same age group
- The youth population is expected to double in the next decade in sub-Saharan Africa, so addressing the staggering HIV incidence among adolescent girls and young women is critical to preventing a catastrophic epidemic
- New models estimate that a six-month disruption in HIV treatment services for pregnant women could result in as much as an 83% increase in perinatal infections in Mozambique, a 106% increase in Zimbabwe, a 139% increase in Uganda and a 162% increase in Malawi.



Help us advocate
for the
reproductive rights
of women!
Use your voice!



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The impact of the COVID-19 response on the supply chain, availability and cost of generic antiretroviral medicines for HIV in low- and middle-income countries



Scope

The objective of this report is to assess the situational landscape during mid-May 2020 surrounding the value chain of the production and distribution of generic antiretroviral medicines in low- and middle-income countries and to provide recommendations on mitigating the risks of potential disruptions.

The assessment of the situational landscape is based on two sources:

1. Intelligence collected from eight generic manufacturers of antiretroviral medicines in India that together account for more than 80% of generic antiretroviral medicine production worldwide.
2. A survey sent to seven additional countries that produce generic antiretroviral medicines domestically.

Together, those countries account for most of the production of generic antiretroviral medicines in low- and middle-income countries. They also are large buyers of generic antiretroviral medicines. Government departments were contacted through UNAIDS offices in Brazil, Indonesia, Kenya, South Africa and Thailand to respond to UNAIDS' May 2020 survey; responses are awaited from Egypt and Uganda.

Challenges to the availability, affordability and accessibility of generic antiretroviral medicines

COVID-19 is spreading across countries and regions at a rapid pace (1). Lockdowns, border closures and restrictions on the movement of people and goods have caused a huge impact on the value chain of production and consumption across different economic sectors.

KEY POINTS

- Lockdowns have impacted both the transport of goods across the value chain of production and the distribution of HIV medicines.
- Barriers to the supply chain and a forecasted economic shock indicate a possible fluctuation in the availability of antiretroviral medicines and an increase in cost.
- Manufacturers are facing logistics issues that may indicate a potential disruption in the next few months.
- Countries should identify the risk level for the stock of all antiretroviral medicines.
- Coordinated action by governments is necessary to ease the supply chain and the distribution of medicines to facilities.
- Buyers (both donors and domestic governments) should enhance transparent and timely communication between countries and suppliers.

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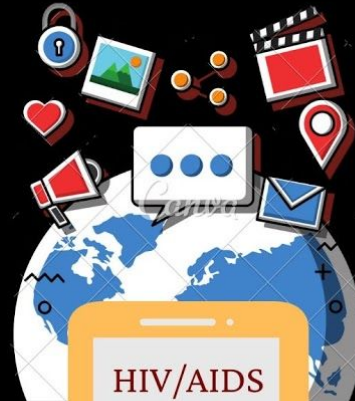
Social Media Activities



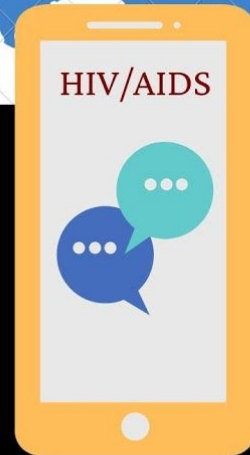
EMAIL/CALL CONGRESS - AIM TO SCHEDULE A MEETING



- FOLLOW FRIDAY's
- TWEETS TO CONGRESS/MP's
- HASHTAGS
 - #NoGlobalGagRule
 - #AccesstoHIVTreatment
 - #AIDS/HIVAdvocacy



- STATIC PHOTO POSTS
- INTERACTIVE STORIES
- QUIZZES
- HASHTAGS
- TAG



- @AMSA NATIONAL
- @AMSAAIDSAADVOCACYNETWORK
- @STARTTALKINGHIV
- @HIVGOV
- @STOPHIVTOGETHER



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Instagram Quiz Ideas

1. Q. How many people living with HIV do not have access to life-saving antiretroviral medicines?
 - a. A. 1 in 3
2. Q. In the United States how much does one month of Truvada cost?
 - a. A. \$2,000
3. Q. What are the two main U.S. sponsored programs funding the elimination of the AIDs Pandemic
 - a. A. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight HIV/AIDS, Tuberculosis (TB), and Malaria (The Global Fund).
4. Q. Due to COVID-19 how many countries are out of stock for antiretroviral (ARV) medicines?
 - a. A. 73
5. Q. Can those with HIV who take their medications as prescribed and maintain an undetectable viral load transmit the virus?
 - a. A. There is virtually no risk of transmitting HIV
6. Q. When is World AIDs day?
 - a. A. December 1st
7. Q. How many people living with HIV know their status?
 - a. A. Approximately 81%
8. Q. Where do a majority of HIV positive people live?
 - a. A. Eastern and Southern Africa
9. Q. What is the Global Gag Rule?
 - a. A. a dangerous anti-abortion policy that risks the health and lives of women and girls around the world.
10. Q. Has the Global Gag Rule decreased Global abortion rates?
 - a. A. No, It has been associated with increased abortion rates, many of which are unsafe.

Take Action

- Email Templates to Congress

- Dear _____,

I am _____ from _____. *The COVID-19 pandemic has surged in the number of cases in sub-Saharan Africa. Due to this, lockdowns have disrupted the HIV and TB responses. I do not want the years of scientific progress to be lost due to the global health emergency and therefore, I'm calling to ask (Senator/Rep __) to fight for an immediate \$700 million increase for PEPFAR and a \$4 billion increase over the next two years for the Global Fund in any COVID-19 emergency supplemental, alongside an increase of \$500 million for PEPFAR in the State and Foreign Operations 2021 budget. The time to act is now, as providing life-saving treatments to those who need it most is crucial.*

Thank you,

- AMSA _____

- Calls

"Hello, I'm _____ from _____.

The COVID-19 pandemic has surged in the number of cases in sub-Saharan Africa, and it is making people ill while disrupting the HIV and TB responses. We do not want the years of progress to be lost due to the global health emergency and therefore, I'm calling to ask (Senator/Rep __) to fight for an immediate \$700 million increase for PEPFAR and a \$4 billion increase over the next two years for the Global Fund in any COVID-19 emergency supplemental, alongside an increase of \$500 million for PEPFAR in the State and Foreign Operations 2021 budget. The time to act is now, as providing life-saving treatments to those who need it most is crucial.

LEARN. ACT. GET TESTED.

**FIGHT AIDS.
NOT PEOPLE
WITH AIDS.**



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