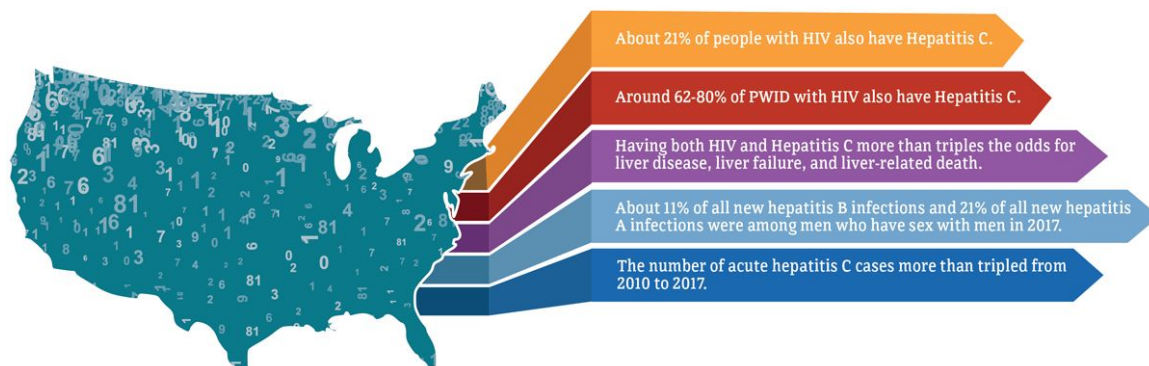


Source: [CDC.gov](https://www.cdc.gov/hiv/data/index.html)

Facts Surrounding HIV/AIDs Comorbidities, Health Equity, Reproductive Healthcare Comorbidities

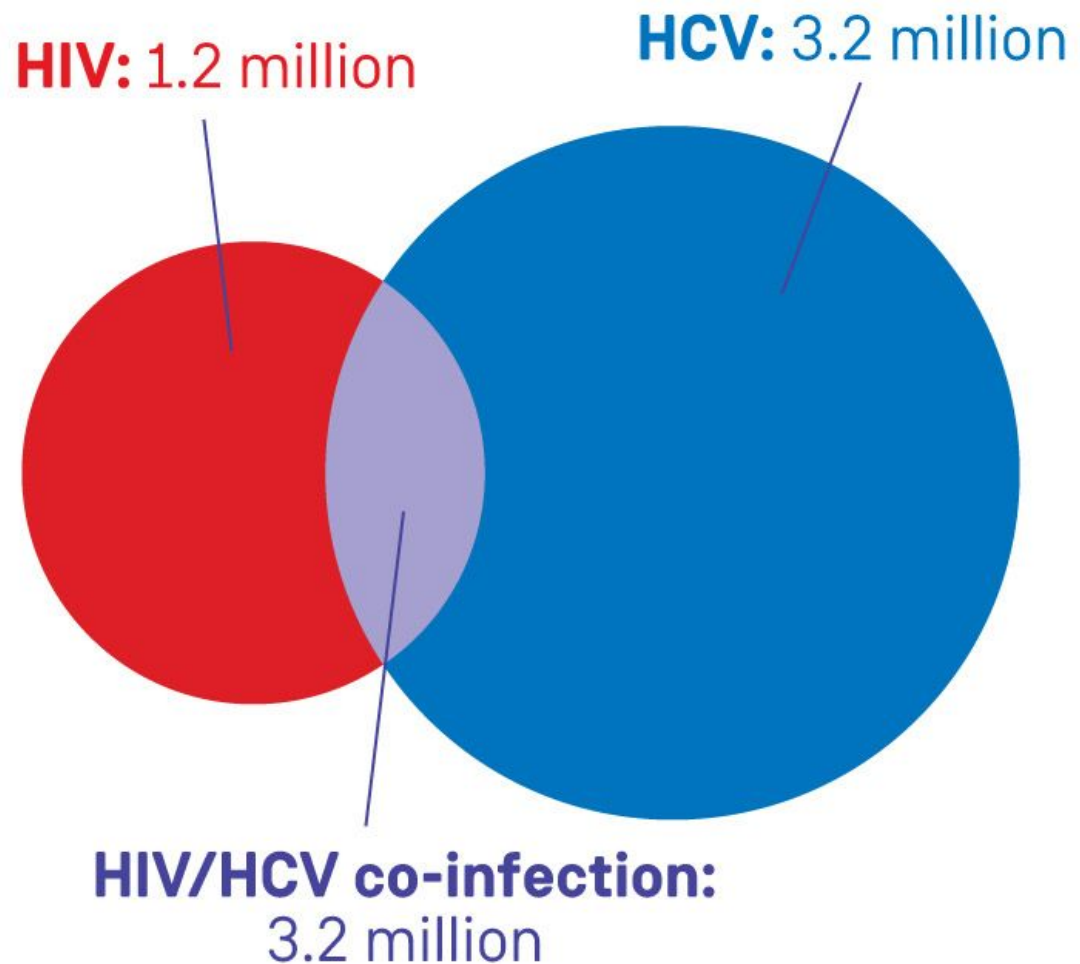
- **Tuberculosis:** TB causes 1 in 3 HIV deaths ([WHO](https://www.who.int/news-room/fact-sheets/detail/tuberculosis)). Furthermore, the risk of developing TB is estimated to be between 16 and 27 times greater in people living with HIV than among those without HIV infection ([WHO](https://www.who.int/news-room/fact-sheets/detail/tuberculosis)). This is because HIV weakens the immune system and increases the risk of TB in people living with HIV.
- **Hepatitis:** HCV affects 2–15% of people living with HIV worldwide (and up to 90% of those are people who inject drugs (PWID)) and that chronic HBV infection affects an estimated 5–20% of people living with HIV. The global estimate of burden of HIV-HCV co-infection is 2.75 million of whom 1.3 million are PWID, and for HBV-HCV coinfection of 2.6 million. ([WHO](https://www.who.int/news-room/fact-sheets/detail/hepatitis-c))



(CDC)

HIV, hepatitis C, and co-infection

AN ESTIMATED 25% OF PEOPLE LIVING WITH HIV
IN THE U.S. ARE ALSO CO-INFECTED WITH HEPATITIS C.



<https://www.positivelyaware.com/files/which-hcv-treatment-infographic-810x820px.jpg>

<https://www.positivelyaware.com/articles/which-hcv-treatment-right-me-2017>

- **Mental Health & Other**

- Intersection of Intimate Partner Violence and HIV in Women (CDC, 2014)
 - Women living with HIV have six times the national rate of PTSD.

- Women living with HIV who have chronic depression are more than twice as likely to die than women living with HIV who do not have depression, even when other health and social factors are similar.
- PLWH with an HIV stigma have 4x the risk of developing anxiety than non-stigmatized patients. Source: Tesfaw, G., Ayano, G., Awoke, T. *et al.* Prevalence and correlates of depression and anxiety among patients with HIV on-follow up at Alert Hospital, Addis Ababa, Ethiopia. *BMC Psychiatry* 16, 368 (2016). <https://doi.org/10.1186/s12888-016-1037-9>.
<https://bmcpsy psychiatry.biomedcentral.com/articles/10.1186/s12888-016-1037-9#citeas>
-
- The rate of intimate partner violence among women living with HIV is double the national rate.
- Women in relationships with violence have four times the risk of contracting HIV and other STIs than women in relationships without violence.

Health Equity

• Gender

- According to the Centers for Disease Control and Prevention, more than 260,000 women live with HIV in the US, and in 2018, 6,000 women received a new diagnosis of infection. In the US, almost one in five new HIV diagnoses are among women.
- Cisgender women account for nearly 20% (1 in 5) of all new HIV infections in the United States and 46% of all infections globally. ([NEJM](#)). Of that, 14% were among girls and young women aged 13-24, 27% are among women aged 25-34 (CDC).
- It is estimated that 25% to 28% of transgender persons in the United States are HIV-positive —nearly one-half of Black/African American (Black) transgender women are living with HIV ([Klein et al](#))

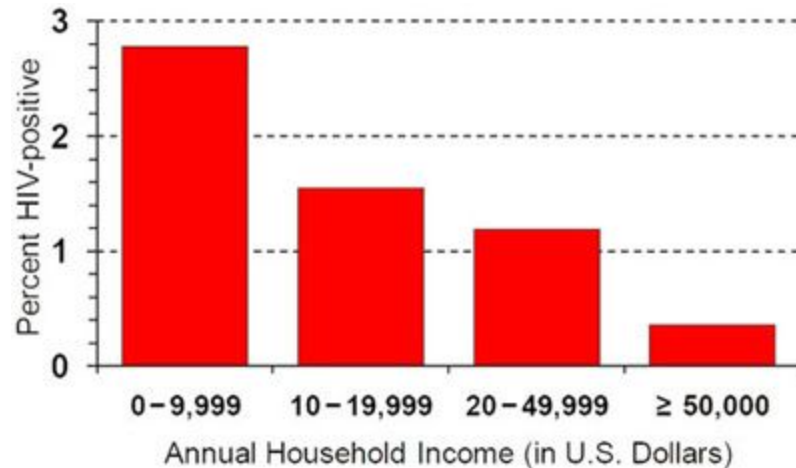
• Race

- In 2016, Black women were diagnosed with HIV at a significantly higher rate than White women across the U.S. (South: 15x as high; Northeast: 21.9x as high; Midwest: 18x as high; West: 12.5x as high) ([AIDS Vu](#))
- Black Americans represent: 13% of the US population in 2017; 42% of people living with HIV in 2016, and 44% of all new HIV diagnoses in 2017
- **According to the 2015 U.S. Transgender Health Survey, 6.7% of Black respondents were living with HIV**, nearly five times the rate in the USTS sample overall (1.4%) and more than twenty times the rate in the U.S. population (0.3%). For Black transgender

women specifically, 19% were living with HIV, which is a rate SIXTY times higher than that of the overall U.S. population (0.3%).

- Of the Black trans individuals who did not complete high school, 1 in 4 are living with HIV. (2015 USTS Health Survey)
- 72% of women living with HIV are Black (Black AIDS Institute)

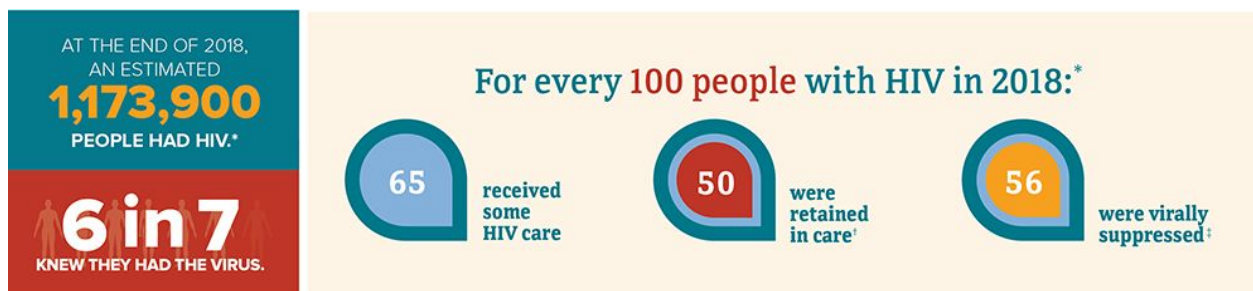
- **Class/Socioeconomics**



-
- **Geography/Regional**
- effective HIV prevention and treatment are not adequately reaching those who could most benefit from them, and certain groups such as men who have sex with men (MSM), transgender persons, African Americans, and Hispanics/Latinos continue to be disproportionately affected. Additionally, the highest rates of new HIV infection continue to occur in the South.

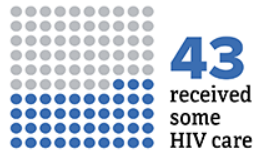
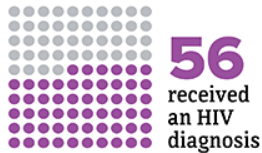
(HIV.gov)

-
- *Find quote of some sort highlighting need for inclusivity/intersectionality in campaigns*



Youth With HIV

Not all youth (aged 13 to 24) are getting the care they need. **For every 100 youth with HIV:**



For comparison, for every **100 people overall** with HIV,
86 received an HIV diagnosis, **64** received some HIV care, **49** were retained in care, and **53** were virally suppressed.

www.cdc.gov/hiv | 1-800-CDC-INFO

Get Tested. Get in Care. Stay in Care. Stay Healthy.

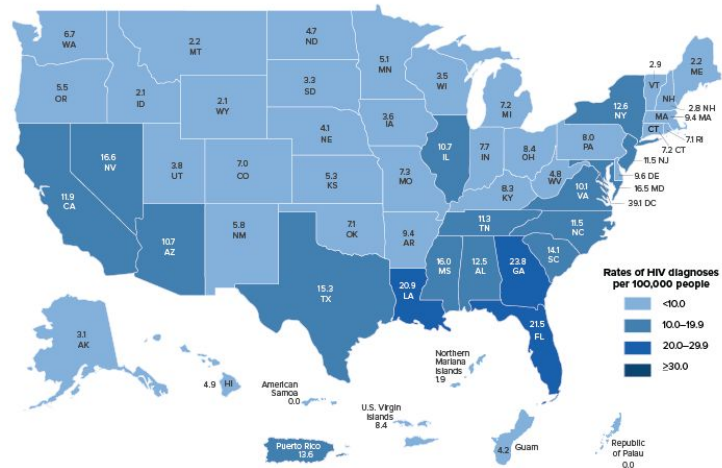
Source: CDC. Selected national HIV prevention and care outcomes (slides).
Based on the most recent data available in April 2020.



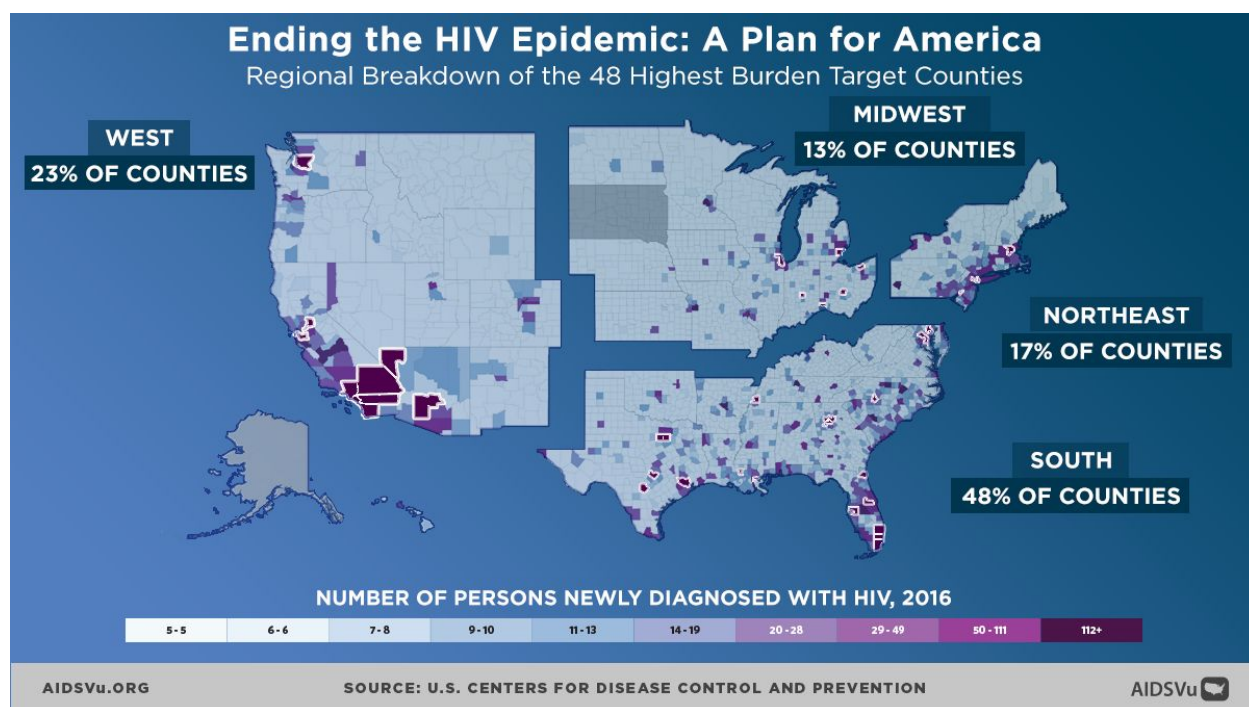
Geographic Health Inequity

Rates of New HIV Diagnoses for Adults and Adolescents in the US and Dependent Areas, 2018

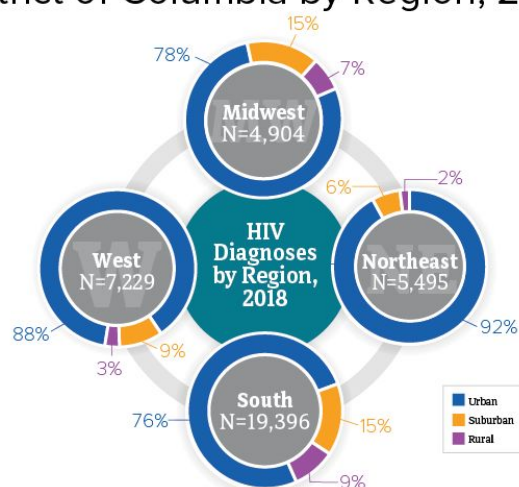
**The highest rates of
new HIV diagnoses were
mainly in the South.**



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018. *HIV Surveillance Report* 2020;31.

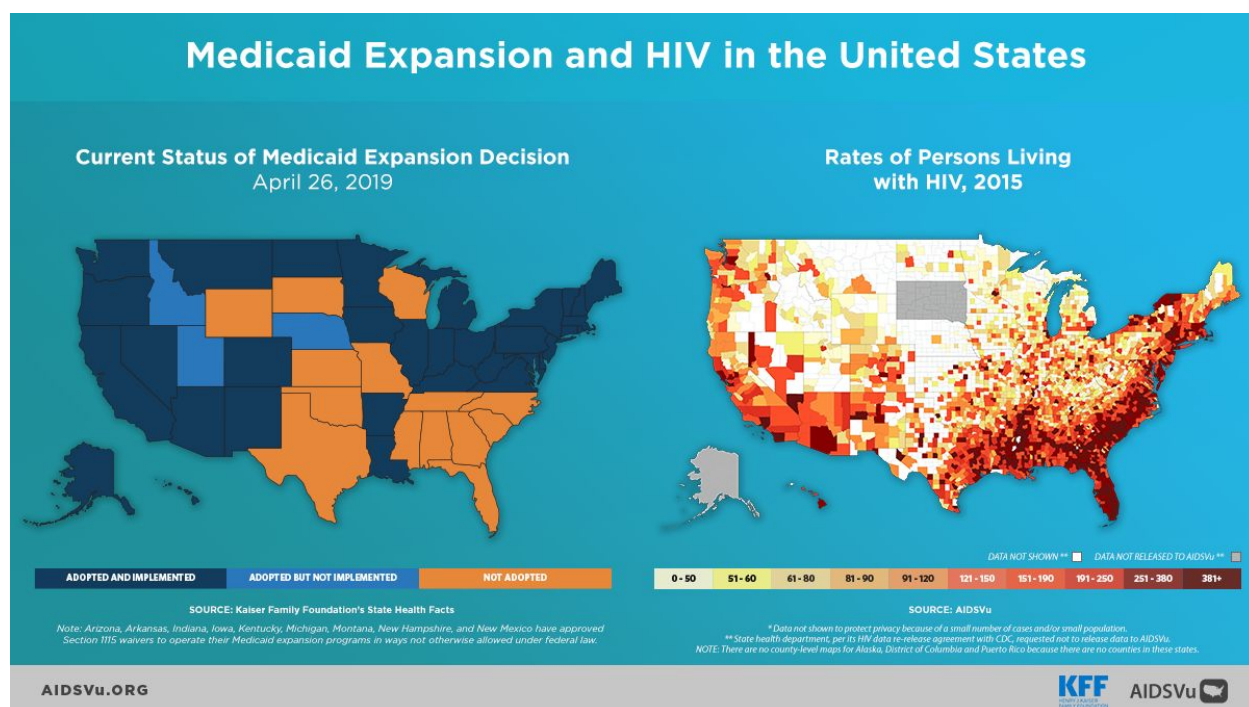


HIV Diagnoses in the 50 States and the District of Columbia by Region, 2018*



*Data excludes persons whose county of residence is unknown.

Source: CDC. HIV surveillance in urban and nonurban areas through 2018 (slides).



- Southern states account for 38% of the U.S. population, but account for 51% of annual HIV infections, 45% of individuals living with HIV, and half of all undiagnosed HIV infections (CDC HIV Supplemental Report, 2018). This is important information for advocating for funding to state and local health departments and CBOs in the South.

Reproductive Healthcare

- Transmission of HIV from a mother living with HIV to her baby can occur during pregnancy, during labour or after delivery through breastfeeding. In the absence of any intervention, an estimated 15–30% of mothers living with HIV will transmit the infection during pregnancy and delivery. Breastfeeding increases the risk of transmission by 10–15%. This risk depends on clinical factors and may vary according to the pattern and duration of breastfeeding. ([UNAIDS](#))
- Ways to reduce the risk of HIV transmission from mother to child include 1) taking HIV antiretroviral medication during pregnancy and 2) during labor and delivery, 3) delivering via cesarean section if the mother's HIV viral load is high, 4) giving the newborn HIV antiretroviral medication, and 5) avoiding breastfeeding. **By following these guidelines, 99% of mothers living with HIV will not transmit it to their babies** ([American College of Obstetricians and Gynecologists](#)). Advocating for pregnant people living with HIV to have access to

the above services is essential to reducing maternal-fetal HIV transmission globally!

- Expense for mothers who are on meds and prophylaxis for child after birth...
- Mention health gap...
- The average total cost of HIV care was \$19,912 per patient per year.
(<https://www.aidsmap.com/news/sep-2010/hiv-treatment-costly-especially-sickest-patients>)
- Women with HIV have a higher risk of cervical cancer. Additionally, cervical cancer screening is often excluded sexual and reproductive health services, during which the focus is often on family planning, prevention of vertical transmission of HIV, and STI transmission
(<https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/womens-health-issues>)
<https://www.womenshealth.gov/hiv-and-aids/living-hiv/hiv-and-womens-health>
-
- ARTs can interact with some birth control methods, increases chances of unwanted pregnancies
 - WHO recommended special consideration given to women taking Sustiva (efavirenz) or Viramune (nevirapine)... Sustiva reduced the effectiveness of a commonly-used progesterone contraceptive implant among women living with HIV in Uganda. Sustiva is used widely in resource-limited areas and is one of the WHO's recommended first-line HIV drugs for adults. Therefore, it is important that women and their health care providers be aware of Sustiva's effect on progesterone-containing contraceptive implants.<https://www.thewellproject.org/hiv-information/birth-control-and-hiv>
 -
- Higher risk for HIV= higher risk of other STIs
 - Having an STD can make it easier to get HIV. For example, an STD can cause a sore or a break in the skin, which can make it easier for HIV to enter the body. Having HIV and another STD may increase the risk of HIV [transmission](#). ([AIDSinfo](#))

Campaign Ideas

- 1) **“What Scares You?” Campaign-** This can be a social media and/or flyering campaign by members of your chapter. Each member selects one “scary” or glaring fact about HIV (ex. HIV prevalence among Black transgender individuals in the United States is 6.7%, which is more than twenty times higher than the prevalence rate in the overall U.S. population. Source- 2015 U.S. Transgender Survey: Report on the Experiences of Black respondents). This is meant to get people on your campus and in your community to pay attention to glaring disparities in HIV prevalence, access to treatment and prevention, etc.
- 2) **Promote Ready, Set PrEP**
(<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-program>)
- 3) **Write an Op-Ed**
<https://docs.google.com/document/d/1sYh-LCu2B4AcrM3xyioGyD1NWBujZhVZRy6pTzCTwgE/edit>
- 4) **Host an art competition with open submissions:** Organize an event that features art focused on HIV and AIDS education and prevention (can be specific to a certain population or community)
- 5) **Virtual Open Mic, Comedy night, poetry slam**
 - a) Invite artists to share work and discuss in a safe space how HIV and AIDS affects certain populations and communities
- 6) **Interactive school assembly:** Host an assembly at your school or find a local school to partner with to hold an interactive assembly or a program for a health class in honor of NWGHAAD.
 - a) Screen a movie about HIV and AIDS and hold a discussion with students after the film.
 - b) Ask students to create a poster, tabletop display, or other artwork that focuses on topics related to how HIV and AIDS affect women and girls. Display designs during the assembly for other students to view and learn from.
 - c) Play a game. Look online for interactive games that teach teenage students about how HIV is spread and the importance of protection/prevention.
 - d) Provide educational materials on HIV and AIDS and how it affects women and girls in particular or have a guest speaker discuss how HIV and AIDS have affected her life and ways to prevent the disease.
- 7) **Post on Social Media (I will be making a drive of content they can download and post) Hashtag ideas?**
<https://drive.google.com/drive/folders/1AQI0V4qBTkVxnU0PYHURL9xVW2FKQxhJ?usp=sharing>
 - a) **Social Media Ideas:**
 - i) **Follow Fridays**
 - ii) <https://whatworksinyouthhiv.org/strategies/social-media-and-marketing-strategies/strategies-social-marketing-campaigns>

- iii) <https://www.hiv.gov/federal-response/campaigns>
- iv) <https://www.healthline.com/health/hiv-awareness-awards-2016#11>
- v)
- vi)

b) Hashtags:

- i) **#amsaaan**
- ii) **#SpeakOutHIV**
- iii) **#KnowYourStatus**
- iv) **#UEqualsU #CantPassItOn**
- v) **#ScienceNotStigma**

Specific Populations

- **Women:** Heterosexual women accounted for 16% (roughly 1 in 6) of HIV infections in the U.S. in 2018. ([CDC](#))

Suggested activities and events, programs, resources, our contact info (rob.heusner@amsa.org) . Be creative. We want chapters to want to participate. It should be easy, fun, and effective. Suggest several things like OP-eds (and a resource on how to write them), virtual trivia night on HIV/AIDS. Lastly encourage them to post about it on social media and to tag us and national amsa. Let them know they can do anything they want though.

TAKE ACTION: Conduct a Legislative Visit

1. 1) **Start early!** Call your Members of Congress (MoCs), both Senators and Representatives now to schedule meetings.
1. a) Find the closest office to you - can be found on each MOC's webpage - and their contact info
2. 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.
3. 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. 2) **Gather:** a group of passionate students! Designate roles based on the number of students coming to the meeting:
 1. 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.
 2. 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
 3. 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
 4. d) One student should do the ask - more about that later.

3. 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. 4) **The ask:** will depend on who your MOC is
 1. 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?”
 2. 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?”
 3. 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. 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!](#)
6. **TAKE ACTION:**
7. - [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!
8. **TAKE ACTION:**
 1. *Work on a campaign at your university!*
 2. 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!
 3. *Get plugged into a campaign!*
 4. [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!

5. *Meet with your elected official*

6. 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!

9. **TAKE ACTION:**

-Sign the **zero declaration** immediately and help circulate it

(<http://www.treatmentactiongroup.org/tb/advocacy/zero-declaration>)

-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

10.

Other Resources:

<https://map.aidsvu.org/map>

Important Dates

Tool kits should have facts, different activities(media outreach, lobbying techniques, fun campus activities, and every toolkit should suggest December 1st as a "Day of Action". Op-Ed examples and trainings.