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Welcome

Thank you for taking part in the 2007 Global AIDS Week of Action presented by Physicians for Human Rights (PHR), the American Medical Student Association (AMSA), the Student Global AIDS campaign (SGAC), and University Coalitions for Global Health (UCGH). There has never been a greater need for the voice of health professionals and students to call attention to the speed with which HIV/AIDS has engulfed the developing world. With 8,000 deaths and 12,000 new infections each day, we need YOU to take action!

In January of 2003, President Bush pledged that the United States would spend \$15 billion over the next 5 years to combat HIV/AIDS, the largest financial commitment of any American President. Despite this historic moment, we are still faced with insufficient funding and undermining of the Global Fund; skepticism regarding effective preventive measures such as condom use; support for ideological beliefs over sound public health initiatives, and slowed production and delivery of low-cost, life-saving drugs. There is no more pressing time than now to unite as health professional students to make your voices heard.

You have joined a community of thousands of other medical, nursing, public health, and undergraduate students from across the country in a national week of education and action to fight the greatest health crisis of our generation. This organizing guide provides you with the information you need to get started. In it you will find suggested activities, tips on student organizing, and links to an array of resources on the web. We have also provides several issue-specific guides that include background information, suggested activities, postcards, petitions, and sample letters to the editor. In addition, your chapter will receive posters and flyers to promote the week on your campus. We look forward to working with you as you engage your classmates and your community to create a constituency of health professional advocates for an effective US response to the pandemic.

Thank you for joining us in the fight.

In solidarity,

Pete Witzler
Health Action AIDS Student Organizer
Physicians for Human Rights
Campaign

Laura Frye
Global AIDS Fellow
American Medical Student Association

Sara Renn
National Organizer
Student Global AIDS

"Somewhere in the lives you lead, there has to be a time carved out to shout from the rooftops, and if my kind of stormy invective is unwholesome, then shout in the muted tones of professional eloquence-but tell the world and its governments, especially the governments of the west, that an apocalypse has unfolded, and it has to be stopped in its tracks before it engulfs us all. If morality is found wanting in the actions of governments, let it be rediscovered in the advocacy of individuals."

-Stephen Lewis, UN Special Envoy for AIDS in Africa

How to Use this Organizing Guide

This guide provides the information you need to put on a successful Week of Action. The guide is organized in four sections.

- **Planning Resources**
 - This section contains information to help you plan for your Week of Action.
 - We recommend that you read this section before planning a specific activity.
- **Issue-Specific Guides**
 - Each issue-specific guide contains fact sheets, suggested activities and tips for implementing them
 - Your chapter can choose to focus on one issue for the entire week, or you can pick a few issues to highlight
 - You can do as little or as much as your resources allow; even one event or activity will help
 - The four most important issues and tactics we ask you to focus on are
 - Postcarding on the health workforce shortage
 - Holding an “Empty White Coat Event”
 - Petitioning on HIV Prevention for Injection Drug Users
 - Connecting with Ugandan medical students through a virtual discussion.
- **Additional Activities and Ideas**
 - This section provides ideas for additional activities you may want to consider. For example, if you are focusing on HIV Prevention for Injection Drug Users, you may want to organize a speaker’s panel in addition to getting petition signatures.
- **Additional Resources**
 - This section has links to an array of internet resources from AMSA and PHR.

What You'll Need for a Successful Week

- **PEOPLE** – Leaders, volunteers, and event participants/audience
For larger events, consider assigning coordinators for specific tasks, such as:
 - Logistics
 - Recruitment/Publicity
 - Fundraising
- **MATERIALS** – Please refer to the “Thinking Through Your Resources” section of this packet for a complete list of materials provided by PHR, AMSA and SGAC.
- **PUBLICITY** – Utilize emails, posters, banners, newspapers, radio, flyers, word-of-mouth, and tabling in dining halls and high traffic areas. Be sure to include an announcement about the Week of Action, upcoming events, ways to get involved, and general AIDS information. Ask your dean or the mayor to officially declare a Global AIDS Week of Action at your university! Use your campus newspaper's events calendar to post events for your Week of Action--listings are often free.
- **FINANCIAL SUPPORT/DONATIONS** – You will need to cover the costs of copying, postage, lunch/dinner with speaker, food for meetings and other events, materials for visual displays (e.g., spools of red ribbon, safety pins, large rolls of paper, markers, paint, sidewalk chalk, spray paint for banners). Consider securing support from the Dean's office, Multicultural office, Student Activities funds or other sources.
- **PLANNING** – It's never too early to start planning! For each event, consider:
 - **WHO** is your target audience?
 - **WHAT** is your goal?
 - **HOW** will you achieve it—what activities will you undertake?
 - **WHERE** will you hold your event(s)?
 - **HOW** will you advertise?
 - **WHAT** do you need to do to put on your event(s)?
 - **WHO** is going to help you organize/sponsor the event?
 - **WHAT** is your time frame—what needs to be done, and when?
 - **HOW/WHEN** will you conduct follow-up?
- **CREATIVITY!!!** Think through the best ways to engage your faculty and fellow classmates. This might mean having a theme for the entire week; a country-specific focus, such as AIDS in Zambia; or an issue-specific focus, such as the effects of brain drain on AIDS treatment, delivery and care. Have individual student organizations sponsor single events, such as AMWA hosting a talk on HIV and women. Also consider partnering with another health professional school on campus to share the work and reach a broader audience. Decide what you think will best tie the week together so that participants are motivated to action by what they learn about AIDS throughout the course of the week. For tips on student organizing, reference the packet of information sent at the beginning of the school year or contact Pete Witzler at pwitzler@phrusa.org

Thinking Through Your Resources

PHR's Health Action AIDS Campaign, AMSA, and SGAC will provide the following to students/chapters participating in the Global AIDS Week of Action 2007:

- An Organizing Tool Kit
- Event posters and flyers
- Support for media outreach including advice on how to talk to the media, templates and direct media recruitment
- List of state/specialty associations, PHR and AMSA chapter contacts
- List of suggested films
- Grassroots action materials (postcards, petitions)
- Contacts from our national coalition partners who may have a base near you
- Contact information for members of Congress, including national and district office contacts, bios and background information on AIDS policies



Before organizing any event, it is very important to assess your resources to evaluate what you currently have and what you need to obtain. Consider...

STUDENTS – Who is currently involved in your chapter? Who would be best able to take on leadership roles? Call every chapter member and email the general student body inviting everyone to a general interest meeting. Consider coordinating efforts among the nursing, public health, or undergraduate schools. Most medical schools have both PHR and AMSA chapters so you can coordinate a week together!

FACULTY – Are there professors at your school who are currently working on AIDS, or are from a country affected by AIDS? Who has helped your chapter in the past? Who may be interested in getting involved with the week or helping to organize students and health professionals around this “right to health” issue? Try to garner faculty support for your events to help increase faculty attendance and possibly qualify for financial and other support from your school. Ask department heads if they have discretionary funds that could be used for the week.

DEPARTMENTS – What are the various departments doing, if anything, on AIDS? Consider approaching the following for financial, publicity, and university support: Pediatrics, Infectious Diseases, Psychiatry, and Internal Medicine Departments—or groups focusing on women’s, international, minority or behavioral health.

OTHER STUDENT GROUPS – Are there other groups specifically working on AIDS or on health and human rights issues? Consider asking the following to co-sponsor an event:

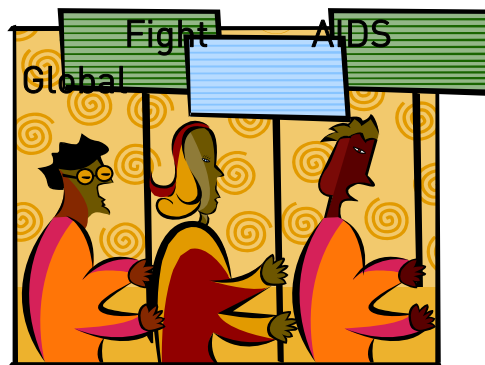
- International Federation of Medical Students’ Association (IFMSA)
- American Medical Women’s Association (AMWA)

- Student National Medical Association (SNMA)
- Physicians for a National Health Program (PNHP)
- Physicians for Social Responsibility (PSR)
- Public Health Student Association
- National Student Nursing Association (NSNA)

COMMUNITY SUPPORT – Who in the community could you ask to get involved—to speak, to volunteer, and/or to attend your events? Consider the Department of Public Health, AIDS service/advocacy agencies, churches, city council/mayor, state legislature, and groups such as Amnesty International and RESULTS International.

POTENTIAL DONORS – Are there restaurants, cafés, copy places, fabric stores, or other businesses you could ask to donate materials? Do any of your volunteers have connections to someone who can donate some supplies?

SPACES AVAILABLE – Are there spaces available for you to use? Are they free or can you negotiate a reasonable price? Consider all your options--hallways, lobbies, dorms, cafés, lounges, classrooms, auditoriums, sidewalks, open spaces...



Issue: Health Worker Shortage

The health worker shortage in Africa is at a crisis point. Already fragile health systems are rendered dysfunctional, particularly in sub-Saharan Africa, where the health worker shortage of over 1 million has become the most critical obstacle to achieving universal access to HIV/AIDS treatment, prevention, and care by 2010.

Goal:

Raise visibility and increase awareness among the public, the media and policymakers of the shortage of health workers in Africa. Urge the US congress to make global health a priority for the 110th Congress and support robust new US programs to overcome the massive health worker shortage.

Activities:

Postcarding, Rallies, Letters & OpEds, In-District Meetings

Important Note: Events should always couple **awareness** with a **clear advocacy target**. If the ultimate goal is to reach the White House with the message, letters could be faxed or calls made to the White House, a meeting could be arranged with a local policy-maker, or a rally could held at the local congressional headquarters.

- **Postcarding**
 - In a joint effort to educate our Members of Congress, PHR, AMSA, SGAC and UCGH have produced postcards urging support of increased funding to address the massive health worker shortage in Africa. Postcards will be shipped to each chapter. Signed postcards should be collected and stored in safe place—we will coordinate the delivery of the postcards to Congress.
- **Empty White Coat Events (Rallies)**
 - PHR, AMSA, SGAC and UCGH encourage chapters to organize an “empty white coat” activity to visually demonstrate the missing health workers in the fight against AIDS. This activity can range from a simple table display with a postcarding activity and an empty white coat, to organizing a press conference and/or rally with dozens of empty white coats hoisted into the air. (If you held a white coat event on World AIDS day, it is OK to hold another during the Week of Action. Or, you can choose to focus on other activities.) A guide on White Coat Events is included in this tool kit.
- **Generate Media Attention through Letters to the Editor (LTEs) and Op-Eds**
 - As the new Congress considers the issue of the health worker shortage, it is important they hear from their constituents in the local opinion pages. You can help by submitting letters to the editor and Op-Eds to local news papers about this issue. Sample LTEs and talking points are included in this guide.
- **In-District Meetings**

Resources included in this Toolkit

- Fact Sheet on the Health Worker Shortage
- Ideas for postcarding events
- Guide to planning White Coat Events
- Sample LTE, tips for writing an LTE and talking points
- Guide for holding an in-district meeting

Fact Sheet: Health Worker Shortage Crisis in Africa

The health worker shortage in Africa is at the crisis point, resulting in tens of thousands of preventable deaths and unchecked spread of treatable disease. In sub-Saharan Africa, the health worker shortage of over 1 million is the biggest impediment to achieving universal access to HIV/AIDS treatment, prevention, and care by 2010. We need a significant new investment in health systems or millions will continue to die.

What is the Scope of the Crisis?

The World Health Organization (WHO) estimates that sub-Saharan Africa will face a shortage of more than 800,000 doctors, nurses, and midwives and an overall shortage of 1.5 million health workers.¹

The Americas	Sub-Saharan Africa
14% of the world's population	11% of the world's population
10% of the global burden of disease	24% of the global burden of disease
42% of the world's health workers	3% of the world's health workers
>50% of global health expenditure	<1% of global health expenditure

Source: WHO, 2006²

- In Sub-Saharan Africa, a mere 3% of the world's health workers struggle against all odds to combat 24% of the global disease burden¹
- In Malawi, only 10% of the physician slots are filled while 10 people die every hour of AIDS³
- Out of the 1200 physicians trained in Zimbabwe from 1990 to 2001, only 360 remain³
- More than 3000 nurses from African nations migrated and registered in the United Kingdom in 2002-2003⁴
- Ghana has lost 69% of physicians, 25% of nurses, and 42% of pharmacists who graduated between 1993-2002⁵
- Ethiopia's public health sector is losing about 9.6% of their physicians every year to both the private health sector and to other countries⁶

What is driving the Health Worker Shortage?

Although particular causes of shortages vary by country, there are common threads:

- **Brain-Drain**, or the emigration of trained and talented individuals to other nations or jurisdictions, is a major and complex issue. By and large, it is driven not by health workers wanting to emigrate but by systemic failures of policy and practice. In Ghana, research indicates that 50% of graduates of medical schools emigrate within 5 years, and 75% within 10 years. Active recruiting by wealthy nations pull trained health care workers out of Africa.
- **Broken Health Systems** are a key factor. Faced with very low wages, overwhelming patient loads, poor and unsafe working conditions, and not enough supplies and technology to do their jobs, is it a surprise that many who would like to stay feel they

must leave Africa? And wealthy countries are not investing the resources to change this situation or replace the health workers who are recruited.

- **Community Health Workers**—family and community members who are doing the bulk of care-giving in many nations—are filling some of the massive gaps, but receive little or no compensation or training.
- **Poor Economic Policy** is a major driver of this brain drain. For decades international economic institutions have forced impoverished nations to adapt policies that dismantle existing public health systems and prevent the development of new infrastructure. The International Monetary Fund (IMF) is among the most problematic—imposing policies that require a public sector “ceiling” that prevents countries from hiring enough health workers or paying them enough to retain them.
- **HIV/AIDS** also has a massive direct effect on the health workforce. In South Africa, it is conservatively estimated that 16% of the existing health worker force is HIV+ and in Malawi the government estimates it will lose nearly 3% of it’s workforce each year to the disease.

What are some Possible Solutions?

- More direct investment in the training and support of health workers
- Revisions in the President’s Emergency Plan for AIDS Relief (PEPFAR)
- Wealthy nations should develop and implement strategies to reduce reliance on foreign health professionals.
- National plans and policies by African governments aimed at more efficient use of existing infrastructure, increasing the number of health professionals, and delegating simpler health care tasks to less skilled workers.
- Protection and fairer treatment of health workers, such as access to effective HIV prevention and treatment.
- Encouragement of women to enter health professions.
- Health worker training and development of career incentives to encourage service in rural and disadvantaged areas, and decrease incentives for early retirement.
- Better strategies to more actively engage communities and patients in their own health care.

Are there any Current Initiatives?

Stemming from activist pressure, there is momentum arising out of the White House to take significant actions, particularly with regard to community-based health workers. The AIDS activist community is calling for a **White House initiative of billions of dollars over 5 years** to address the health worker crisis in sub-Saharan Africa. However, there is much to do to ensure that the final version of any such initiative reflects the demands shaped by people living with AIDS and activists worldwide. A comprehensive approach would address not only the issue of funding health workers, but would also need to assure that

the initiative strengthens public health systems and that the work is not inhibited by ideological restrictions.

For detailed information on current efforts in Africa in response to the health worker shortage, download PHR's handbook www.physiciansforhumanrights.org/hiv-aids/issues/strengthening-africas-health.html

1 World Health Organization, *World Health Report 2006: Working Together for Health* (2006), at 8, 12-13. <<http://www.who.int/whr/2006/en/index.html>>

2 World Health Organization, *The Global Shortage of Healthcare Workers and its Impact*. Apr 2006 (19 Oct 2006)

<<http://www.who.int/mediacentre/factsheets/fs302/en/index.html>>

3 Physicians for Human Rights, *PHR and Africa Health Professionals Discuss Bold Solutions to Solve the Health Worker Shortage*. 16 Aug 2006 (19 Oct 2006) <http://www.phrusa.org/campaigns/aids/news_2006-08-16.html>

4 James Buchan & Delanyo Dovlo, *International Recruitment of Health Workers to the UK: A Report for DFID* (2004)

<http://www.healthsystemsrc.org/publications/reports/int_rec/int-rec-main.pdf>

5 Ministry of Health, presented by Dr. Kofi Ahmed, Chief Medical Officer, at meeting on Ghana Health Worker Migration and the Need to Strengthen Local Health Systems, March 8, 2006, Accra, Ghana

6 Gilbert Kombe, et al., *The Human and Financial Resource Requirements for Scaling Up HIV/AIDS Services in Ethiopia* (Feb. 2005) at 8.

Postcarding

Postcards to Members of Congress can be powerful educational tools. The following are ideas for how to collect signed postcards on your campus. The basic principle is to ask everyone and be creative!

Important Note: Do not pass out postcards and hope people send them in on their own; they may well forget. Collect signed postcards right away!

- Postcard Table
 - By far the easiest and most effective way to get postcards signed is to set up an information table in the student lobby or cafeteria; display fact sheets about the Health Worker Issue
 - Display information about other Week of Action Events
- Postcarding Stations and Drop Boxes
 - Ask the local coffee shop (or other business) if you can create a display that asks patrons to sign a postcard. Your display should include fact sheets and information about other Week of Action events
 - Leave pens and blank postcards at the coffee shop, and periodically stop by to re-stock and collect signed postcards
- Charge an admission fee of 1 signed postcard to all other Week of Action Events
- Distribute postcards on seats before a class
 - Ask the professor if you can make an announcement about the postcards at the end of class
 - Be certain to collect all signed and unsigned postcards

White Coat Activities and Rallies

Goal: Convince the White House and Congress to support major new health worker programs in Africa.

Activities:

Here are some ideas your chapter can consider:

- Organize a peaceful picket with lab coats suspended and creative chants in front of an important target or in front of a key office.
- Hold a vigil with candles every night for a week in front of a key office—mourn the death of millions who could be saved by more health care workers.
- Organize a big demonstration demanding action from the White House.
- Hang a banner from a prominent location (highway overpass, tall building, church steeple, etc).
- Stage a massive die-in (a form of street theater in which demonstrators lie down in the streets symbolically in memory of those who have died from HIV disease).
- Or, carry out your own idea.

Events should be held during the Week of Action--February 26th-March 4th. Hold the event on whichever day works best for your chapter that week. Even if you cannot have a rally, a tabling event with postcarding and the empty white coat visual, is definitely better than nothing!

Why Empty White Coats? They are a powerful symbol of the missing health workers in the fight against HIV/AIDS. Here are some tips:

- *First, you'll need to get the coats:*
 - Ask for donations of coats at your local or university hospitals; ask professors and health professionals you know at your school.
 - Put out a collection box with a sign that says "Donate white coats to help draw attention to the global shortage of health workers." Explain what you will be using these coats for.
 - Search online for disposable white coats and buy them in bulk. Here is one example: <http://allheart.com/ahd000410.html>
- *Here are some ways to display them:*
 - Hoist your empty coats into the air by making a "T" structure on which you can hang them. You can make this structure by rolling thick cardboard into tubes or by using plywood.
 - Make an empty white coat float by inflating balloons with helium and stuffing them inside a thin disposable white coat (real white coats will be too heavy to float).

- o Remember, we want these coats to make bold statements on the health worker shortage. They should draw attention and provoke a reaction! Here are some messages you can write on the coats

:

- Billion\$ Needed for Health Workers to Fight AIDS
- Fight AIDS: Fund Health Workers Now
- Health providers...More survivors

Planning your Event

Here are some guidelines for planning and executing your rally. For additional help, contact Pete Witzler at pwitzler@phrusa.org.

Build your team: Successful events require dedicated people willing to work! Ask students, faculty, and others to help stage the event. Add all the emails you get to a listserv, and keep your team informed by sending weekly updates on the planning. Have sign-making parties to get people involved.

Build a Constituency: Generate interest in the health worker shortage by setting up an informational table two weeks before the event. Set up your table in an area that gets lots of traffic, for instance, outside the cafeteria or student lounge. Have several empty lab coats hung on hangers nearby. At the table, ask people to sign the health worker postcard. After they sign the postcard (or if they don't have time to sign one), ask them to sign up to attend the rally. Get their name, email and cell number.

Publicize!

- Put posters up about the need for health workers in bathrooms. Ask people to come by the table and sign a postcard, they get a free red ribbon or cookie.
- Ask professors to let you come and promote the rally to their classes (get names, email and cell phone of interested folks), or ask their classes to sign postcards.
- Screen the movie, Salud!, which highlights the lack of healthcare workers abroad and stimulates discussion on the topic, coupled with sign postcards or calls to the Whitehouse. <http://www.saludthefilm.net/>
- Write letters to the editor of your local newspaper/magazine, discussing how the lack of health care workers is the main obstacle to achieving the G8's promise to achieve universal access to HIV/AIDS treatment, prevention, and care by 2010. The White House needs to make a strong commitment to address the problem.

- **Talking Points:** Here are some suggestions to use on posters, at your table, when talking to the media, recruiting students, and generally raising awareness:
 - 200 Doctors for 12 Million People in Swaziland
 - Sub-Saharan Africa: 24% of the world's disease burden, but only 3% of the world's health workers.
 - Africa needs 1.5 million more health workers!
 - 4,250,000 health workers needed to fill the global gap!
 - 5 doctors for 100,000 in Angola are not enough!
 - In Mpumalanga Province in South Africa, some people travel more than 62 miles to see a doctor.

Follow-up: Two days before the rally, call everyone who has signed up and remind them. Ask them if they still plan to attend. A rule of thumb: no means no, maybe means no, yes means maybe. So continue to convey the urgency of the event! Invite them to meet up at X location (if departure time is 10am, ask them to meet at 9:30am) and X time to travel together to rally site. Also call press and send them a heads-up press advisory.

Day before the rally: Have a sign and empty-coat making party! It's too hard to make lots of coats the morning of the rally. Call press again and send press release. Make press packets to give to press w/ consensus statement, fact sheet of sorts, and press release.

Day of the rally: Call all the yeses and maybes. Set up table at location point, have people sign in and get a white lab coat. Make more signs while people gather. When everyone arrives, head over together. Conduct the rally, drop off all letters that have been written, have speaker for the media.

Suggested chants: "Doctors wanna stay, Governments must pay"; "Stop AIDS, what's the key? Health workers for each country"; "Health providers, More survivors..."

Letters to the Editor and Op-Eds

For tips on how to write a Letter to the Editor (LTE) or an Op-Ed, check out PHR's advocacy toolkit online at: www.physiciansforhumanrights.org/toolkit/media-and-publicity

You can maximize your efforts by using newspaper websites and letters to the editor email addresses. RESULTS has listings in all 50 states at:

www.results.org/website/article.asp?id=424

Suggested talking points for an LTE or Op-Ed:

- Health workers are at the core of health systems everywhere. Where there are health worker shortages, health systems suffer, resulting in countless preventable deaths and the unchecked spread of disease. Such is the case now in sub-Saharan Africa where the health worker shortage of over 1 million is the biggest impediment to achieving universal access to HIV/AIDS treatment, prevention, and care by 2010. We need a significant new investment in health systems or millions will continue to die.
- In Sub-Saharan Africa, a mere 3% of the world's health workers struggle against all odds to combat 24% of the global disease burden.
- In Malawi, only 10% of the physician slots are filled while 10 people die every hour of AIDS in the country.
- The United States should provide significant financial and technical support enable developing countries, with a special focus on sub-Saharan Africa.
- The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) should require its Country Operational Plans to include health workforce strategies that will support the additions to the health workforce required meet AIDS prevention, care, and treatment goals, while enabling countries to scale up other health services in accord with other health goals.
- The United States should increase its support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, support a strong role for the Global Fund in health system strengthening, and provide technical support to countries to include system-wide health system elements in their Global Fund proposals.
- The United States should serve as a leader on health workforce and health system issues in international arenas, such as the G8.
- The United States should adopt and implement a comprehensive response to health workforce migration, including investments in health systems abroad.

Here are is a sample LTE on the Health Worker Shortage:

David Brooks rightly points out that AIDS treatment programs can change everything for a person with HIV, whether she lives in Botswana or Birmingham, AL. But in Sub-Saharan Africa, a mere 3% of the world's health workers struggle to care for 24% of the world's disease burden. Underfunded African health systems and worldwide braindrain drive African health workers to Europe and the US, leaving only a fraction to deal with an epidemic where in Malawi, for example, 10 people are dying of AIDS every hour and only one-tenth of the physician slots are filled.

The United States has committed significant resources to fight global AIDS through the President's Emergency Plan for AIDS Relief, but there are insufficient tools available to make the Plan a success. The US must help fund the estimated one million more healthcare workers needed to stop AIDS and other preventable and treatable diseases rampant in Africa. AIDS drugs are essential, but they aren't enough: people with AIDS in developing countries are desperate for more doctors, nurses, and community health workers. The AIDS pandemic is enormous; we must make sure resources are available to fight it.

Sincerely,

Setting Up an In-District Meeting

Meeting with a member of Congress or a congressional staff person can be an effective and direct way of conveying a message to promote change.

Members of Congress are required to take positions on an array of issues. Often when you meet with a Member of Congress it will be the first time that he/she has thought or talked about your issue. This can present problems and opportunities. The problems arise when the people meeting with the member are not prepared. The opportunities arise when the legislator is engaged by what someone has said at the meeting. Thus, not only must you have the information and clearly articulate your arguments, you must also determine who the best people are to bring to the meeting and what element of the issue is likely to affect the Member of Congress at a personal level.

Suggestions for setting up an in-district meeting:

- Members' schedules fill rapidly so plan your meeting well in advance. Members are usually in their districts during holidays and Congressional recesses, and often on Mondays and Fridays. You can find the congressional schedule by looking at the House or Senate web site at www.house.gov or www.senate.gov or by calling the Member's office directly.

- Call the state/district office and ask for the scheduler or appointment secretary. You should also ask for the name/contact information of the Health Policy Advisor or Legislative Aide (LA) working on global AIDS issues. Explain your purpose and whom you represent. Be clear about any sense of urgency—budget, appropriations, legislation coming up, etc. It is easier for congressional staff to arrange a meeting if they know exactly what you wish to discuss, who you will be bringing with you, and why you think the member will be interested.
- Fax the request to both the Member’s scheduler and their Health Policy Advisor/LA. **Be sure to follow up a few days later!** These offices process numerous requests a day and they may not notice if your request went unanswered. Your meeting may be with a legislative aide and not the Member. The meeting is still worth having even if you can’t meet with your legislator.
- After the meeting has been scheduled, forward any background materials to the Member’s office with a cover letter restating the time and purpose of the meeting.
- Call PHR (617) 301-4243 if you get a meeting scheduled - we can provide additional background information on the issue and general information on health and human rights. We can also provide additional tips on how to speak to your Member of Congress and do a practice presentation with you over the phone or in person.
- Prepare anyone who is attending the meeting with you. Be clear on who will speak to which issues, and exactly what you would all like to get out of the meeting. Forward any background information from PHR and other sources that you have gathered to everyone attending. Allow enough time for everyone to review the materials and for you or PHR to answer any questions that they may raise before the meeting.

Suggestions for the Meeting:

- When it is time to meet with the Member, be prompt and patient. It is not uncommon for a Member or legislative aide to be late and to have the meeting interrupted, so be flexible. It may be necessary to continue the meeting with an aide.
- Always bring a packet of information and materials to give to the Member or staff person. Contact Pete at (617) 301-4243 or pwitzler@phrusa.org if you need materials.
- Remember to think about the issue from the Member's perspective. It is important for him/her to best represent the interest of the district, state or country. Whenever

possible, demonstrate the connection between what you are requesting and the interests of the constituency. Make clear how many people/groups from their district support your cause.

- Always describe how you can assist the member and her/his staff.
- Always ask for a commitment, e.g., Will you write a letter to the President?
- Do your homework! Be prepared to answer questions—although only if you know the answer! If you don't, tell the Member you will get back to him/her later in the week.

Issue: HIV Prevention and Treatment for Injection Drug Users

Injection drug users make up a third of the world's HIV infections outside of sub-Saharan Africa. Despite the urgent need, fewer than 5 % of drug injectors receive any kind of exposure to HIV prevention. In many countries, effective, humane addiction treatment is rare. Moreover, only a very few of those infected via drug injection are receiving treatment with AIDS drugs.

Goal: Raise visibility and increase awareness among the public, the media and policy makers on HIV prevention and treatment for injection drug users. Urge Congress to support US policies that promote rapid expansion of the most effective, evidence-based HIV prevention methods for drug injectors and respect the human rights and dignity of this highly disenfranchised population

Activities:

- **Petitioning**
 - In a joint effort to educate our members of Congress, PHR, AMSA, and UCGH have produced petitions on this issue that ask our members of Congress to support rapid expansion of all of the most effective, evidence-based HIV prevention methods for drug injectors and respect the human rights and dignity of this highly disenfranchised population. Signed petitions should be collected and stored in safe place. The signed petitions will be delivered to Congress during the upcoming summit on this issue being organized by PHR.
 - For a copy of the petition, please email Pete Witzler at pwitzler@phrusa.org. Or visit: www.physiciansforhumanrights.org/students/fight-global-aids.html

- **Generate Media Attention through Letters to the Editor (LTEs) and Op-Eds**
 - As the new Congress begins to consider this issue, it is important they hear from their constituents in the local opinion pages. Submit LTEs and Op-Eds to local news papers about this issue.

Resources included in this Toolkit

- Fact Sheet on the HIV Prevention for Injection Drug Users
- Tips for writing an LTE or Op-Ed



**FACT SHEET:
HIV/AIDS PANDEMIC IN EURASIA:
WHAT IS NECESSARY TO REVERSE IT**

The HIV/AIDS pandemic is growing rapidly in Eastern Europe and parts of Asia and the Middle East. Injection drug use is driving its' spread.

- While national attention over the last three years has focused on sexually transmitted HIV/AIDS in Southern Africa, the pandemic has grown exponentially among populations in **Eastern Europe and the Former Soviet Union, Central Asia, Iran**, as well as **East Asia, China and Southeast Asia** where it is largely driven by unsafe injection practices among heroin users. An estimated 30% of all HIV infections outside of sub-Saharan Africa are attributed to injection drug use.¹
- The number of people with HIV in Eastern Europe and Central Asia is estimated at 1.6 million, almost a twenty-fold increase in less than ten years. In all of Asia, an estimated 8.3 million people are infected with HIV, and 1.1 million were newly infected in the past year.²
- In all these regions, rapidly expanding injecting drug use in the wake of economic and political disruption and increased heroin trafficking is driving HIV epidemics. According to UNAIDS, injection drug use accounts for 80% of all HIV cases in Eastern Europe and Central Asia.³ There are similar trends in other parts of Asia. For example, in Vietnam the number of people living with HIV doubled from 2000 to 2005, as the numbers of heroin injectors dramatically increased.⁴ Official estimates are that 260,000 people in Vietnam were living with HIV in 2005, and 57% of HIV cases were among injecting drug users.⁵
- The collapse of the Soviet Union, wars in Afghanistan, and decades of military dictatorship in Burma have all contributed to high rates of unemployment, lack of opportunity, and drug-dependent economies. The Bush administration admits that heroin trafficking will only increase in the near future, hence assuring increased risk of addiction, needle sharing, and HIV for many thousands.⁶
- Needle sharing is a highly efficient form of HIV transmission, and has led to explosive epidemics throughout these regions. Studies in cities around the world

¹ UNAIDS: *Report on the Global AIDS Epidemic; 2006*; 114.

² UNAIDS: *AIDS Epidemic Update, 2005*; 45.

³ UNAIDS, "At Risk and Neglected: Four Key Populations." *2006 Report on the Global AIDS Epidemic*; 114.

⁴ UNAIDS, "At Risk and Neglected: Four Key Populations." *2006 Report on the Global AIDS Epidemic*; 26.

⁵ Center for Strategic and International Studies. *The CSIS HIV/AIDS Task Force Delegation to Vietnam, Interim Report: Summary of Major Findings and Recommendation* January, 2006; 7.

⁶ Office of the US Global AIDS Coordinator. *The U.S. President's Emergency Plan for AIDS Relief HIV Prevention among Drug Users Guidance #1: Injection Heroin Use*. March, 2006.

have shown that without adequate prevention, HIV prevalence can rise among drug users to as high as 40-90% infection rates within a period of only months.⁷

- In many of these countries, HIV infection via drug injection occurs mainly among young, economically marginalized and sexually active males. In Russia, for example, more than 80% of such cases are in persons under age 30. The result is that HIV spreads sexually beyond drug user networks, infecting women and reaching points where it can lead to generalized epidemics.⁸
- In Russia, the number of infected women has grown quickly in recent years. In 2003 33% of newly diagnosed HIV infections were in women, up from 24% in 2001. In the first nine months of 2004, 9,651 children were born to HIV positive mothers, compared to 2,777 in 2002. Between 15-20% of these children were HIV positive.⁹
- Preventing generalized epidemics in many countries is still possible, but the timing and scale of HIV prevention is crucial to success. *There is an urgent need for HIV prevention for drug injectors on a large scale and at national levels.* In countries such as Russia, where the epidemic has already spread beyond initial infected groups, the need for scaled up HIV/AIDS treatment and comprehensive HIV prevention has become an emergency.¹⁰

HIV prevention strategies for injection drug users are straightforward, and their effectiveness is well established. Extensive research has also confirmed that they are cost-effective and do not increase drug use.

- During more than two decades, a large number of studies have established the efficacy of HIV prevention interventions among drug injectors. The following interventions make up the core of a comprehensive approach: 1) improved access to sterile syringes; 2) accessible addiction treatment (particularly opiate substitution therapy); and 3) outreach and risk reduction education. Promotion of sexual risk reduction and condom use is also an essential part of HIV prevention among drug users. *To prevent, control or reverse HIV/AIDS epidemics, all are needed simultaneously.*
- One review of data from 81 cities in Europe, Asia, and North America with and without needle exchange programs found that 52 cities *without* such programs had, on average, almost 6% increases of HIV prevalence per year. In contrast, in the 29 cities *with* syringe exchange programs HIV prevalence decreased by almost as much per year (5.8%). The average annual change in HIV prevalence per year was 11% lower in the cities with needle exchange programs¹¹.

7 International Federation of the Red Cross and Red Crescent Societies. *Spreading the light of science – Guidelines on harm reduction related to injecting drug use*, 2003; 13.

8 UNAIDS: *Report on the Global AIDS Epidemic 2006*; 114.

9 USAID *Health Profile: Russia*, 2005.

10 UNAIDS: *Report on the Global AIDS Epidemic 2006*; 34.

11 Hurley S., Jolley DJ, Kaldor JM. "Effectiveness of needles-exchange programs for prevention of HIV infection. *Lancet*. 1997; 21: 1797-1800.

- *Research has established that needle exchange programs do not increase drug use, negatively impact addiction treatment, or increase the amount of injecting equipment on the street.* According to the World Health Organization, “[t]here is no convincing evidence of major unintended negative consequences of programs providing sterile injecting equipment to injecting drug users, such as initiation of injection among people who have not injected previously, or an increase in duration or frequency of illicit drug use or drug injection.”¹²
- Official resolutions in support of HIV prevention programs for injection drug users have been issued by the mainstream US medical, nursing and public health community, including the American Academy of Pediatrics, the American Medical Association, the American Nurses Association, the American Psychiatric Association, the American Pharmaceutical Association, the American Public Health Association, the American Society of Addiction Medicine, the Institute of Medicine, the National Association of Boards of Pharmacy, and others.¹³
- The President’s Emergency Plan for AIDS Relief (PEPFAR) has led to HIV/AIDS treatment and prevention for thousands in some of the most heavily AIDS-burdened countries, primarily in Africa. In addition, the US Agency for International Development (USAID) funds a number of interventions aimed at HIV prevention among injecting drug users in China, Vietnam, Burma, India, Pakistan, Nepal, Indonesia, and the Philippines. These programs are important and should be expanded, given the rapid spread of the pandemic through injection drug use.
- Even though injection drug use is a driving force in the global pandemic, the US does not fund *or* promote programs that improve access to sterile syringes (such as needle/syringe exchange programs) – an absolutely critical means of preventing the spread of HIV/AIDS through injection drug use. Also important is promotion and funding of large-scale addiction treatment, especially opiate substitution therapy.
- In March of 2006, the Office of US Global AIDS Coordinator issued a policy Guidance for HIV Prevention among Drug Injectors for PEPFAR. While the Guidance does highlight the importance of risk reduction, counseling, and addiction treatment as HIV prevention methods, *it emphasizes secondary prevention for drug injectors already infected with HIV.* The Guidance does not prioritize HIV prevention for uninfected drug injectors, nor does it clearly promote comprehensive evidence-based prevention strategies.¹⁴ Notably absent is promotion of scaled-up opiate substitution addiction treatment therapy for uninfected heroin injectors, and acknowledgment of the essential role of access to sterile injecting equipment for HIV prevention.

¹² World Health Organization. *Policy Brief: Provision of Sterile Injecting Equipment to Reduce HIV Transmission*. 2004.

¹³ *Support for Needle Exchange*. <http://www.ihra.net/pdf/SupportforNeedleExchange.pdf>

¹⁴ Office of the US Global AIDS Coordinator. *The U.S. President’s Emergency Plan for AIDS Relief HIV Prevention among Drug Users Guidance #1: Injection Heroin Use*. March, 2006.

The US Government can make a difference by promoting comprehensive evidence-based HIV prevention in official documents and increasing multilateral efforts through the Global Fund.

Urgent Recommendations to the US Government:

- All official US documents and websites containing information on HIV prevention among drug injectors should highlight all components of comprehensive methods proven to be effective. These include accessible addiction treatment (for heroin addicts, primarily substitution therapy with methadone or buprenorphine), access to sterile syringes through programs such as needle exchange, outreach and risk reduction education, and promotion of sexual risk reduction including condom use.
- All such US documents and websites should promote primary prevention among drug users who are not yet infected, in addition to promoting prevention of transmission among or from HIV infected drug injectors to others.
- The US Government should support rapid expansion of HIV prevention programs among injection drug users, and place no constraints on US-funded programs' ability to collaborate with needle-exchange programs funded by other donors.
- The US Government should also encourage and support multilateral efforts (such as the Global Fund to Fight AIDS, Tuberculosis and Malaria) for prevention activities among drug users, with no constraints on funding HIV prevention methods that have been proven effective. This should be an urgent priority in countries where epidemics are driven by injection drug use, as in the regions highlighted here.

Timely access for drug injectors to the best available public health information and interventions is a human right. Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights, ratified by the UN, affirms “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health....” In the Declaration of Commitment, unanimously accepted at the 26th UN General Assembly Special Session on HIV/AIDS (UNGASS), 2001¹⁵ and reaffirmed in the UNGASS Declaration of Commitment in 2006, states made specific commitments relevant to people who inject drugs, including “expanded access to essential commodities, including male and female condoms and sterile injecting equipment.”

For more information, please contact Physicians for Human Rights at 617-301-4243 or 202-728-5355.

¹⁵ Declaration of Commitment on HIV/AIDS. Adopted by the UN General Assembly Special Session, June 25-27, 2001. Available at: <http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html>.

Letters to the Editor and Op-Eds

For tips on how to write a Letter to the Editor (LTE) or Op-Ed, check out PHR's advocacy toolkit online at: www.physiciansforhumanrights.org/toolkit/media-and-publicity

You can maximize your efforts by using newspaper websites and letters to the editor email addresses. RESULTS has listings in all 50 states at: www.results.org/website/article.asp?id=424

Suggested LTE and Op-Ed talking points

- While national attention over the last three years has focused on sexually transmitted HIV/AIDS in Southern Africa, the pandemic has grown exponentially among populations in **Eastern Europe, Russia, Central Asia, Iran, China**, as well as **South and Southeast Asia** where it is largely driven by unsafe injection practices among heroin users. An estimated 30% of all HIV infections outside of sub-Saharan Africa are attributed to injection drug use.¹⁶
- According to UNAIDS, injection drug use accounts for 80% of all HIV cases in Eastern Europe and Central Asia.^[i] There are similar trends in other parts of Asia. For example, in Vietnam the number of people living with HIV doubled from 2000 to 2005, as the numbers of heroin injectors dramatically increased.^[ii] Official estimates are that 260,000 people in Vietnam were living with HIV in 2005, and 57% of HIV cases were among injecting drug users.
- Needle sharing is a highly efficient form of HIV transmission, and has led to explosive epidemics throughout these regions. Studies in cities around the world have shown that without adequate prevention, HIV prevalence can rise among drug users to as high as 40-90% infection rates in less than a year. The result is that HIV spreads sexually beyond drug user networks, infecting partners, including non-drug injecting women and reaching points where it can lead to generalized epidemics.
- Preventing generalized epidemics in many countries is still possible, but the timing and scale of HIV prevention is crucial to success. *There is an urgent need for HIV prevention for drug injectors on a large scale and at national levels.* In countries such as Russia, where the epidemic has already spread beyond initial infected groups, the need for scaled up HIV/AIDS treatment and comprehensive HIV prevention has become an emergency.
- During more than two decades, a large number of studies have established the efficacy of HIV prevention interventions among drug injectors. The following interventions make up the core of a comprehensive approach: 1) access to sterile

¹⁶ UNAIDS: *Report on the Global AIDS Epidemic; 2006*; 114.

syringes; 2) outreach and risk reduction education; and 3) accessible effective addiction treatment (particularly medically-assisted therapy for opiate addicts). Promotion of sexual risk reduction and condom use is also an essential part of HIV prevention among drug users. *To prevent, control or reverse HIV/AIDS epidemics, all are needed and must work in coordinated fashion.*


- *Research has established that needle exchange programs do not increase drug use, negatively impact addiction treatment, or increase the amount of injecting equipment on the street.* According to the World Health Organization, “[t]here is no convincing evidence of major unintended negative consequences of programs providing sterile injecting equipment to injecting drug users, such as initiation of injection among people who have not injected previously, or an increase in duration or frequency of illicit drug use or drug injection.”
- The US Government should support rapid expansion of HIV prevention programs among injection drug users, and place no constraints on US-funded programs’ ability to collaborate with needle-exchange programs funded by other donors.

Issue: East African Advocacy Networks

In Uganda, the Action Group for Health, Human Rights and HIV/AIDS Uganda (AGHA), Students for Equity in Health Care (SEHC) and Physicians for Human Rights (PHR) are working together to engage Ugandan health professionals in AIDS advocacy so their powerful voices will be heard by donors and policy-makers across the globe.

Goal: Provide opportunities for US and Ugandan students to share experiences in the fight against AIDS. Raise awareness and educate your fellow students on PHR's efforts to create advocacy networks in East Africa.

Activities:

- **Sell AIDS pins as a fundraiser for Students for Equity in Health Care (SEHC)**
 - PHR will provide AIDS pins that can be sold for a suggested donation during the Week of Action. The money raised will be used to support Ugandan medical students advocate for better AIDS policies and working conditions in Uganda. For information on holding a fundraiser and to request AIDS pins, please contact Pete Witzler at pwitzler@phrusa.org. Be sure to check with your school about its fundraising guidelines.
 - The pins have already been purchased through the Positive Beadwork Project, and will be provided free to students. The project is part of the Kidzpositive Family Fund, which is dedicated to improving the health of HIV-positive children in Southern Africa. You can find out more information about them here: www.kidzpositive.org/beads
 - Here is what the Pins look like:
- **Participate in a virtual brown-bag lunch with SEHC during the Week of Action.** You will have the opportunity to hear about Ugandan medical students' experiences in the fights against AIDS and share your own. PHR is organizing a conference call for US-based health professional students and Ugandan medical students. Details on how to participate will be coming in the following weeks.

Resources included in this guide

- Fact sheets on PHR's Partners in Kenya and Uganda
- Fundraising logistics for selling the pins.
- Fact sheet on SEHC to be distributed with AIDS pins (for a print-friendly version email Pete at pwitzler@phrusa.org)

UGANDAN HEALTH PROFESSIONALS & AIDS ADVOCACY: CHANGING THE PARADIGM OF MEDICINE AND POLICY IN UGANDA

...to visit Africa repeatedly and to observe the unraveling of so much of the continent is heartbreaking...It's all too much: too much sickness, too much sadness, too much death...

I beg you to enter the fray. Admittedly, it's not in your collective terms of reference to mount the barricades. You're trained as scientists or professionals of other exotic disciplines; no one suggested a quotient of advocacy added to everything else you do. But this is a powerful constituency. You're knowledgeable; people listen.

Somewhere in the lives you lead, there has to be time carved out ... to tell the world and its governments, especially the governments of the west, that an apocalypse has unfolded, and it has to be stopped in its tracks before it engulfs us all.

If morality is found wanting in the actions of governments, let it be rediscovered in the advocacy of individuals.

STEPHEN LEWIS, UN SPECIAL ENVOY TO AIDS IN AFRICA, KEYNOTE SPEECH

11TH CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS
SAN FRANCISCO, CA FEBRUARY, 2004

Health professionals from African countries affected by HIV/AIDS can provide strong national and international leadership to promote sound HIV/AIDS funding, prevention, treatment and care policy. In addition to their expertise in clinical care, African health professionals and their respective institutions have enormous power to contribute to their nations' fight against AIDS. They can:

- **Educate** the public and policy-makers about AIDS.
- **Provide leadership** within the health professional community and civil society to support AIDS programs.
- **Advise policy-makers and donors** to ensure that decisions about resource commitments and the programs and policies that accompany them reflect the best knowledge of medicine, nursing and public health.
- **Offer support to colleagues** in other countries.
- **Promote peaceful civil society engagement and human rights** by ensuring that citizens have a voice in how policies are formulated and enforced, all within a human rights framework.

BUILDING A NETWORK OF UGANDAN HEALTH PROFESSIONALS DEDICATED TO AIDS ADVOCACY

In Uganda, the **Action Group for Health, Human Rights and HIV/AIDS Uganda (AGHA)** and **Physicians for Human Rights (PHR)** are working together to engage Ugandan health professionals in AIDS advocacy so their powerful voices will be heard by donors and policy-makers across the globe. Through consultations and training, PHR and AGHA connect health professionals with one another and help them understand and embrace their potential role in AIDS advocacy. Hundreds of Ugandan doctors, nurses, midwives, traditional healers, laboratory technicians, pharmacists, health managers, researchers, medical and nursing students, and others have joined this collaborative advocacy effort.

These health professionals are dedicated to advocating for best practices on seven major health challenges: increasing health sector funding, improving health infrastructure, ensuring drug treatment access, addressing health worker shortage, expanding prevention programming, combating stigma, and reaching vulnerable populations.



AGHA ACTIVITIES AND EVENTS

Consultation and Outreach: AGHA and PHR are reaching out to diverse health professionals from all disciplines and sectors to confirm the network's core agenda and engage new partners. Nurses, doctors, medical students, laboratory technicians, pharmacists, traditional healers, counselors, midwives, hospital administrators and many others, from the public, private and non-profit sectors, have all come together in this impressive effort. AGHA and PHR have engaged professional associations such as the Uganda Medical association, Pharmaceutical Society, and Nurse and Midwife Association, as well as national NGOs like The AIDS Service Organization (TASO), Join Clinical Research Centre (JCRC), Uganda National Health Consumers Organization (UNHCO), Raising Voices and research institutions like Makerere Institute of Public Health and Mbarara University. Members are connected via email and post mail and have a webpage on the PHR website (<http://www.physiciansforhumanrights.org/hiv-aids/partnerships-in-africa/>), as well as a quarterly newsletter on advocacy and human rights.

Health, Human Rights and HIV/AIDS Advocacy Workshops and Conferences: AGHA and PHR have held a series of workshops and conferences across Uganda that feature human rights and AIDS advocacy training, presentations by PLWAs, and participatory exercises which allow participants to discuss AIDS challenges and how to make their voices heard in policy circles. Workshops have been held in 4 districts of Uganda—Kampala, Rakai, Tororo and Mbarara—as well as at the Makerere Medical School in Kampala. At each of these sites, network members have come together to form AGHA chapters which contribute to the national advocacy platform as well as hold their own trainings and advocacy actions.

Health Advocacy Campaigns: AGHA is not only moving people and institutions to a better understanding of health rights, AIDS and advocacy, but it is helping policy makers and communities develop better AIDS and health sector programming. AGHA has three campaigns on stigma, health financing and health rights leadership-building to improve Uganda's AIDS response.

- **Stigma Reduction Campaign:** Stigma in communities and health settings remains a major barrier to prevention and treatment, even amongst health professionals. By conducting workshops and trainings on stigma, health professionals can work together to break down stereotypes and move towards health care free of discrimination. To combat stigma in health settings, the AGHA Stigma Task Force, formed in November 2005 after a training-for-trainers of 25 AGHA health worker and PLWA members, has since held 8 member-led stigma trainings for health workers in 4 districts across Uganda.
- **Health Financing Campaign:** The health sector in most sub-Saharan African countries is severely under funded, compromising the right to health for all. Donors like the U.S. need to give more money to fight global AIDS, and must ensure their funds are spent on effective, science-based programs. At the same time, African governments need to scale up their financial obligations and plan for sustainable, predictable AIDS and health sector funding. AGHA's Health Funding Campaign kicked off this year with a groundbreaking Health Economics Forum focusing on macroeconomics and budget ceilings. The meeting, held in Kampala, was attended by key health professional leaders, donors, activists, and policy makers, including the Minister of State for Health, the heads of the Parliamentary Budget Committee and HIV/AIDS Sub-Committee, and high ranking Ministry of Finance and Health officials. To follow up on this dynamic event, AGHA formed a high level Health Economics Task Force that has met with a key group of key parliamentarians to discuss how to increase and better allocate health budgets and will continue with a series of public forums on health funding. AGHA is also monitoring Global Fund funding in the wake of a scandal in Uganda that cut off Fund grants for some time. Finally, they have launched a Drug Stock Out Survey, which will track drug and staff shortages in clinics in rural Uganda and create critical data to highlight gaps in the health systems and the resources needed to fill them.
- **Health Rights Leadership Campaign:** Health rights is a relatively new concept for many Ugandans, and it is critical to build high level and grassroots awareness and support for equitable, accessible, affordable health care for all. The Health Rights Leadership Campaign educates health providers, patients, policy makers and the general public on health and human rights. AGHA's successful student leadership and advocacy program is part of this campaign. Students For Equity in Health Care (SEHC) has grown from a founding group of 4 in December 2004 to over 200 members, with chapters at all public medical schools in Uganda. SEHC has registered several successes: In April 2006 it held the first national health student AIDS advocacy conference for over 250 health students as well as their second annual AIDS Week of Action, and since then secured over 26 million Uganda shillings to vaccinate all students at Makerere for Hepatitis B—which led the Minister of Health to promise the vaccine for all Ugandan health workers. SHC leaders are also compiling a stigma handbooks for medical students and advocating for more rural community education options so that those in hard to reach areas have access to healthcare and so more medical students will be inspired to work in underserved areas.

Regional and International Networking: AGHA is also networking with the new Kenya Health Rights Advocacy Network that PHR is helping launch with the Kenya Human Rights Commission, as well

as with human rights groups across Africa to create a movement for health rights globally and build African leadership and momentum for change.

Contacts and Information: For more information on AGHA, please contact their office in Kampala at 256 41 348 491 or by email at agha@utlonline.co.ug.

Activities: Fundraising Guidelines and Logistics

- Before deciding to participate in the AIDS Pin fundraiser, it is important check with your University about fundraising guidelines or restrictions.
- If your Chapter would like to participate in fundraising for SEHC, contact Pete Witzler at pwitzler@phrusa.org or 617-301-4243. He will send your chapter the AIDS pins that have already been purchased by PHR. Students can order quantities of 50 or more.
- Holding the actual fundraiser can be as simple as setting up a table in the student center with fact sheets and asking students, faculty and staff to make a donation, or it could be as extravagant as putting on a benefit concert. The important thing is to be creative and ask everyone to make a donation!
- Everyone who makes a donation should also get the ½ page fact sheet on SEHC. (for a print friendly version email Pete at pwitzler@phrusa.org)
- We suggest a \$5 dollar donation for the Pins, but it is up to you to determine the right amount. We only ask that you set a minimum price of \$2
- It is important that you only accept **CASH** donations, **NO CHECKS**.
- Keep the money collected in a safe place until the end of the week. At the end of the week send an email to Pete Witzler (pwitzler@phrusa.org) listing
 - Your name
 - Your university
 - How much money was raised
- At the end of the week, convert the cash donations to a money order. The best place to get a money order is from the post office, as other locations charge a processing fee.
 - Make the money order out to “Physicians for Human Rights” and send to
Peter Witzler
Physicians for Human Rights
2 Arrow Street, Suite 301
Cambridge, Massachusetts 02138
- Please send any extra Pins you did not sell back to PHR along with the money order.
- PHR will then make the donation to SEHC once money orders are collected from all participating schools.
- For a more ideas about fundraisers you can visit the FACE AIDS campaign’s website at: www.faceaids.org/campaign/howto.zip

In Solidarity with Ugandan Student Activists, Support Students for Equity in Health Care

“The critical shortage of health workers and weak healthcare systems are key constraints to improving health care in Uganda. Sustained commitment and creative action are urgently needed to support health providers and patients.

Joint effort by US and Ugandan medical students will go a long way in securing the right to health of millions of Ugandans. ”

-Stella Oola, Makerer Medical School Student and President of SEHC



Students for Equity in Health Care (SEHC) is a student-run advocacy group founded in December 2004 by a group of 13 Makerere University medical students with a desire to advocate for equitable health care service delivery in Uganda and world wide. SEHC, which is supported by Physicians for Human Rights and their Ugandan partner group the Action Group for Health, Human Rights and HIV/AIDS (AGHA), gives health students the forum to provide needed leadership on AIDS and health rights on their campus and across Uganda.

Today, SEHC has grown from 13 student founders to a national presence, with chapters at all 3 public medical schools in Uganda: Makerere University, Mbarara University of Science and Technology and Gulu University. SEHC also has chapters at the Paramedical School and Nursing School in Mulago.

Since its inception, SEHC has been involved in numerous activities that promote equitable access to quality health care in Uganda and strengthen student leadership and empowerment, including:

- 🎗 Organizing an annual AIDS Action Week and National Student Conference both to raise awareness and to advocate for improved service delivery to people infected and affected by HIV/AIDS

- 🎗 Advocating for provision of a Hepatitis B vaccine to medical students in Uganda, an action which led the Minister of Health to promise the vaccine to all health workers country-wide

🚫 Working together with the faculty of medicine to find funding for rural education initiatives which bring medical students to poor, underserved rural areas to provide needed medical services

🚫 Holding health and human rights workshops to sensitize students to the importance of the human rights aspect of health care, including work to combat stigma in health settings

🚫 Building national and international partnerships to improve health rights

Support SEHC Today

As SEHC grows, they are looking for grants and donations which can help propel their advocacy networks in war-torn Gulu and in Mbarara, and support nation-wide -advocacy for human rights education and equitable health services in Uganda.

Your donation today will help SEHC grow and support the next generation of health leaders as they change the paradigm of medicine in Uganda to one based on both science and human rights.



Student for Equity in Health Care, Makerere University Medical School

P.O Box 7072, Kampala Uganda East Africa

For more information on SEHC, please email leaders at:

sehcmumsa@yahoo.com, nnyonzima@med.mak.ac.ug, essemaganda82@yahoo.com, lwilxeza2000@yahoo.com, adikini84@yahoo.com

Issue: Treatment Access

In recent years the price of first-line AIDS drugs has fallen dramatically, from US\$10,000 to US\$140/patient/year. But with growing resistance to these first-line drugs and side-effects, there is an urgent need for new “second-line” drugs. Unfortunately, affordable global access to these drugs is nearly non-existent. Abbott’s Kaletra (a combination of drugs Lopinavir and Ritonavir [LPV/r]) is among these critical second-line drugs. Abbott received FDA approval in October, 2005, for a new version of Kaletra (also referred to as Aluvia) that is a significant improvement for use in resource-poor settings. This newer version of Kaletra:

- Does not require refrigeration
- Can be administered without regard to meals
- Requires fewer pills per day (2-4 tablets a day vs. 3-6 capsules)

Sadly, this new formulation—perfect for saving lives in Africa and other regions—is not getting to people living with AIDS in the Global South. Instead of getting affordable drugs to people in need who are dying, Abbott has focused on seeking public acclaim for its so-called “Accelerated Access Initiative”, while making this drug available only in wealthy markets in the US and Europe.

Goal: Immediately establish affordable prices for new Kaletra for all low- and middle-income countries, including many in Southeast Asia, the Caribbean, Latin America, and Eastern Europe that are left out of Abbott’s program. Register Kaletra/Aluvia in all ACCESS countries and publish a timeline for country registrations; seek temporary waivers until registration is complete! Offer a voluntary open license to governments and companies to produce generic Kaletra/Aluvia in the Global South, and do not pursue any new patents. Create a half-dose tablet and syrup that is more palatable and doesn’t require refrigeration, and publish a timeline for development.

Activities

Student Global AIDS Campaign has an extensive online guide with suggested activities available at:

www.fightglobalaids.org/

Issue: HIV and Malaria

Malaria and HIV are two of the most devastating global health problems of our time and work synergistically to cause more than 4 million deaths a year. Both are diseases of poverty, and both are causes of poverty. To a considerable extent, both are concentrated in the same geographical regions. The resulting co-infection and interaction between the two diseases have major public health implications.

- People living with HIV are particularly vulnerable to malaria;
- Malaria & HIV co-infected individuals are at greater risk of transmitting HIV, through increasing viral load
- The effects of co-infection are especially devastating for pregnant women

Goal: Increase support for the President's Malaria Initiative.

Activities:

Advocate for the President's Malaria Initiative

Right now, there is insufficient support for the **President's Malaria Initiative** to become fully effective. Arrange a call-in or letter-writing campaign targeted at your Members of Congress to make a difference on this issue (for help writing a letter to your congressman, see www.supportchildsurvival.org/advocacy101.html & contact Student Campaign for Child Survival: sccs_coordinator@yahoo.com).

Participate in the Veto the 'Squito Campaign

Veto the 'Squito is a youth campaign aimed at saving millions of lives from being destroyed by malaria. The campaign engages young people to donate \$10 each – the cost of providing a bed net to prevent malaria – through pajama parties, town hall meetings, videoconferences, documentary screenings, and more. This grassroots, student led campaign seeks to raise money and to build awareness among young people.

Learn more at www.vetothequito.org.

Download the online version the organizers' toolkit in Microsoft Word at www.aidemocracy.org/veto.cfm

Further Malaria Background Information

http://rbm.who.int/cmc_upload/0/000/016/121/online_publications.htm

http://www.unicef.org/health/index_malaria.html

http://rbm.who.int/wmr2005/pdf/adv_e.pdf

<http://www.malarianomore.org/solution.php>

<http://www.globalscholar.org/vetothequito>

Issue: IMF Trade Ceilings

African countries are struggling to ensure that there is at least one community health worker per 1,000 residents. Achieving this minimum across sub-Saharan Africa requires investment in sustainable solutions to the health workforce shortage. Unnecessary budget ceilings imposed by the IMF prevent additional health and education spending.

Goal: Raise visibility and increase awareness among the public, the media and policy makers on the IMF's impact on health systems. Advocate for exemptions in International Monetary Fund budget ceilings for increased health and education spending.

Activities:

For information on suggested actions and activities for the Week of Action, see AMSA's toolkit online at: www.amsa.org/global/aids/

Issue: Women and Microbicides

Young women make up 75% of the 15-24 year olds living with HIV/AIDS. Unfortunately, not much attention and leadership is devoted to HIV prevention strategy focused on married and unmarried women and girls.

Goal: Raise awareness of the disparity in HIV infection rates among women. Increased awareness of prevention options, especially the potential of microbicides, is critical. Implement HIV prevention strategies, especially in developing countries, that focus on married and unmarried women and girls.

Activities:

For information on suggested actions and activities for the Week of Action, see AMSA's toolkit online at: www.amsa.org/global/aids/

Appendix: Additional Ideas and Resources to fight Global AIDS

AIDS Visibility Events: Global AIDS in the Arts



Highlight your Week of Action with a captivating visual display, both on campus and in the community! Visually depicting the impact of the pandemic through film, music and the graphic arts is a great way to grab people's attention and get them to start thinking about global AIDS! Be sure to photograph your display so we can highlight your work on the Week of Action website.

Posters and Flyers

Poster the student lobby/hallway with brightly colored flyers that include facts, figures and thought-provoking questions.

AIDS Ribbons

Create AIDS ribbons and attach them to a flyer listing recent statistics and a few simple ways to take action. Pass the ribbons/flyers out to faculty, classmates and hospital staff. You may also order ribbons from PHR. For more information, contact Pete at pwitzler@phrusa.org

Symbolic Solidarity

Ask classmates to wear red today to symbolize the number of individuals in a particular country who die of AIDS each day. You could also create an AIDS quilt panel or world map and post signatures from students, faculty and staff, pledging their commitment to be an advocate for those affected by HIV/AIDS.

Films

Show an AIDS-related film and invite a speaker to host a post-film discussion. Be sure to have a sign-up sheet and plenty of postcards so people can stay involved after the event. For list of AIDS films check out www.disabilityfilms.co.uk/aids1/a1dex.htm



Photo Exhibit

Photography can be a powerful medium to document the HIV/AIDS crisis. An exhibit can portray the pandemic with realism and have a very personal impact on its viewer. For ideas, check out the Loel Poor Photo Exhibit at <http://www.thebody.com/loelpoor>. Or consider hosting an exhibit like "The Faces of AIDS" photo documentary (http://www.thebody.com/faces_of_aids/faces_of_aids.html)

Candlelight Vigils

Candlelight vigils are a great way to publicly display your solidarity with those living with HIV/AIDS throughout the world, and those who have already passed away. They are also an effective way to incorporate community organizations, faith-based groups and the media.

Suggested Panel Topics

For more information on most issues below, visit www.healthactionaids.org

Women and Girls' Rapidly Growing Exposure to HIV/AIDS

The rate of HIV infection among women and girls is rising dramatically in much of the developing world, and has reached an alarmingly high level in sub-Saharan Africa, where young women aged 15 to 24 are three times more likely than young men to be infected. Women and girls are particularly at risk of HIV infection due to rape and domestic violence; marriage to older men; lack of education; sex trafficking; poverty; transactional sex; lack of power to negotiate condom use, and other harmful norms about the submissiveness of women to men.



Microbicides

The term “microbicides” refers to a number of different substances that, when applied topically, help prevent the sexual transmission of HIV (as well as other STIs). They are increasingly talked about in the HIV/AIDS community and in the media as a means to empower women in prevention efforts. For more information on the history of microbicides as well as current research and advocacy efforts, please visit the Global Campaign for Microbicides at www.global-campaign.org

HIV Prevention for People Who Inject Drugs

HIV transmission is an unfolding crisis among millions of injection drug-users, particularly in parts of Eastern Europe, Russia, and Asia. Effective HIV/AIDS prevention strategies, including syringe exchange, education, drug treatment, and condom distribution, are essential but largely unfunded interventions.

Strengthening Africa's Health Workforce

In Sub-Saharan Africa, 3% of the world's health workers struggle to combat 24% of the global disease burden. Experts estimate Sub-Saharan Africa requires at least a million more health workers who can deliver vital AIDS drugs and other health services to millions of patients.

The Politics of HIV/AIDS research

Are science-based programs under attack? There has been much debate recently on the various rules and regulations that stipulate how HIV/AIDS research is conducted in the United States. Learn about some of the current issues (CDC regulations on AIDS education, NIH grant requirements, etc) and invite a faculty researcher to discuss how certain policies affect their research.

Drugs in the Pipeline

The advent of antiretrovirals and fixed dosed combinations has significantly increased the life expectancy as well as the quality of life for those living with HIV/AIDS. Invite a

virologist or researcher to present on some of the promising new drugs in the works for HIV!

Generics

The mixed US record in promoting and relying on generics has been hotly contested by AIDS activists, international health organizations and the media. Become informed about the latest US policies on the use of generics as well as the international agreements affecting the creation, delivery and use of generic medications. Médecins Sans Frontières' website, www.msf.org, is a fantastic resource!

Vaccines

A growing network of scientists, health professionals and activists is working together to increase funding and resources for AIDS vaccine research. Invite a faculty member to discuss the state of AIDS vaccine research. For more information on current AIDS vaccine initiatives visit the International AIDS Vaccine Initiative at www.iavi.org.

Pediatric AIDS Care

This exciting and vital new area of research raises unique issues including when pediatric patients should begin therapy, what fixed dose combinations are available, and what kinds of monitoring are effective. Invite a pediatric AIDS specialist to talk about this growing field.

Volunteer Ideas: Bridging the Local/Global Disconnect



You don't need to work abroad to make a difference for those affected by AIDS. Join forces with your local AIDS organization(s) and find out what you can do to help those living with HIV/AIDS in your own community!



- Invite a faculty member who works both domestically and abroad or a person living with AIDS to talk about how students can become involved in local AIDS advocacy.
- Get a group of students together to volunteer for the day at a local AIDS organization. For a list of AIDS organizations in your area, please visit <http://www.thebody.com/tycu/tycu.html>
- Organize an event such as a town forum or film screening with a community AIDS organization. Be sure to have plenty of information about local and global AIDS issues as well as postcards, petitions and other ways for attendees to take action!
- Participate in the Students Teaching AIDS To Students (STATS) program. The STATS program was created by AMSA in order to train health professional students to become AIDS educators to middle school children. To become involved in the STATS program, please visit: www.amsa.org/global/aids/stats.cfm
- Encourage your classmates to join Universities Allied for Essential Medicines and endorse its "Equitable Access License," an initiative that links universities in the US, UK and Canada who are concerned that research, licensing and patenting policies of academic institutions are restricting access to medicines in poor countries. For more information, please visit www.essentialmedicines.org.
- Become an HIV Counselor. Contact University Health Services about state certification and training. Volunteer at Health Services or start a testing site at a student-run clinic.
- Act locally! The Week of Action is a great time to get your local leadership on board in the fight against global AIDS. You can also advocate for the mayor or the city council to pass a resolution in support of evidence- and human rights-based global AIDS policies, US support for the Global Fund to Fight AIDS, TB, and Malaria, or the declaration of a city wide "AIDS Awareness and Action Day."

Global AIDS and Human Rights

The link between health and human rights is not often taught at health professional schools. Making this connection is crucial for students interested in using their profession to advocate for increased social, economic and cultural rights. Please take this day to inform your fellow colleagues and faculty members of the fundamental role that human rights abuses and socioeconomic inequalities play in exacerbating the AIDS pandemic. The most recent report published by UNAIDS is filled with information on many of these topics: http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf.

The Right to Health within a Human Rights Framework



What is the right to health? What are the responsibilities of health professionals in helping patients realize this right? Take some time to explore the rights afforded to all, and the health consequences of being denied these rights. Engage your classmates in a discussion on the relationship between health and human rights.

The *UN Declaration of Human Rights* and the *Covenant on Economic, Social and Cultural Rights* are great places to start!

Gender Inequalities



Women now account for more than half of all new infections in the world today. In fact, in some countries marriage is now the single greatest predictor of HIV infection among women. The absence of education, inheritance and property rights, and the inability to make informed sexual choices are fueling this pandemic.

Orphans/Children Infected and/or Affected by AIDS

There are over 12 million children orphaned by AIDS in sub-Saharan Africa alone. Orphans are more at risk for exploitation, school fees exclude most orphans from attending schools, and many are forced to work or stay home to take care of sick parents and siblings.

Marginalized populations



Injection drug users, prisoners, commercial sex workers, men who have sex with men and LGBT populations are among those at greatest risk of HIV infection, yet they are often the farthest removed from health and social services, often as a result of repressive health policies. Harm reduction principles are needed to protect these at-risk populations without the threat of further discrimination.

Rights of Health Professionals

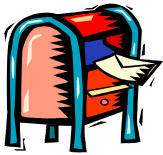


Learn more about the issues facing your health professional colleagues abroad. Explore the affects of “brain drain” and inadequate health infrastructure on the ability to administer treatment and care in many parts of Africa. The lack of sterile supplies, proper blood screening and injection safety – and the subsequent transmission of HIV in the health care setting – is putting health providers and patients at a great risk of infection. It is an unfortunate circumstance that health professionals have the knowledge and expertise to heal, but lack the simple tools to perform their job. Check out www.HealthActionAids.org for more info on all these topics.

Take Action!

www.physiciansforhumanrights.org/hiv-aids/ has lots of great information on key political issues such as PEPFAR, the Global Fund, dropping the debts of poor countries and current legislative initiatives. Get students, faculty, staff and members of your community involved in actions on global AIDS!

Postcard/Letter Writing Campaign



Set up a table in your student lobby and encourage people to sign postcards, petitions and letters to Members of Congress on the need for increased support to combat global AIDS. Place a postcard on every seat of your lecture hall or at every table in the hospital cafeteria, and ask people to return them to you –either filled in or empty. For more information on your Members of Congress, visit www.house.gov and www.senate.gov.

Political Advocacy Teach-In



Health professionals are poised to play a unique role in political advocacy on global AIDS. Teach your fellow students about how decisions are made in Washington regarding global AIDS funding, prevention, treatment and care programs.

E-mail/Call-In Day



Ask students to stop for a minute at an education/action table and make a phone call to their policy-makers about global AIDS policies. Have people call their members of Congress and let them know that they care about global AIDS and that they hope they will vote for increased funding and effective science-based programs.

Start Talking to the Media!



Write a Letter to the Editor, an Op-Ed, or have an editorial board meeting with your local paper. You could also stage a press conference and invite local members of the media to attend. We have people on staff who can help you get the word out to your local media. For tips, visit www.physiciansforhumanrights.org/toolkit/media-and-publicity or contact PHR a 617-301-4243 or pwitzler@phrusa.org

In-District Meeting



Go to the local office of your Member of Congress with a faculty member and another student and meet with your Senator/Representative (or their legislative aid working on these issues) to discuss their positions on global AIDS funding and treatment and prevention programs. For more information on how to set up these meetings, please contact Pete at pwitzler@phrusa.org

PHR-Recommended Resources

- Physicians for Human Rights: www.HealthActionAIDS.org
- Health Action AIDS: www.physiciansforhumanrights.org/hiv-aids/
- 2007 Global AIDS Week of Action: www.physiciansforhumanrights.org/hiv-aids
- List of AIDS-related films: www.disabilityfilms.co.uk/aids1/a1dex.htm
- HIV/AIDS and Human Rights: www.physiciansforhumanrights.org/hiv-aids/about/index.html
- PHR Student Activism website: www.physiciansforhumanrights.org/students/
- Donate to the Campaign: https://donate-phr.org/05/phr_donate
- UNAIDS website: www.unaids.org
- UN Declaration of Human Rights: www.un.org/Overview/rights.html
- International Covenant on Economic, Social and Cultural Rights: www.unhchr.ch/html/menu3/b/a_cescr.htm
- Global Campaign for Microbicides: www.global-campaign.org/
- Médecins Sans Frontières: www.msf.org
- International AIDS Vaccine Initiative: www.iavi.org
- Universities Allied for Essential Medicines: www.essentialmedicines.org
- The Body: The Complete HIV/AIDS Resource: www.thebody.com
- The Kaiser Family Foundation: www.kff.org
- The Bill and Melinda Gates Foundation: www.gatesfoundation.org/default.html

AMSA-Recommended Resources

Join **AAN**, or the AIDS Advocacy Network. There are a TON of resources on this website, including:

- HIV/AIDS Quiz: Fact or Fiction?
- AIDS Myths and Facts
- Global AIDS Pandemic Timeline
- Demographics and Economics
- AIDS Case Studies
- What Medical Students Can Do
- Information about **national AAN leadership**

www.amsa.org/global/aids.cfm

For a **history** of the epidemic, there's great background at

<http://www.amsa.org/global/aids/history.cfm>

The **Resources Page** has many more issue-related PowerPoints and PDF's, including information about the '06-07 Universal Access Platform, information about Access to Essential Medicines, Microbicides, Healthcare Workers, HIV Vaccines and Research, and more.

The resources page also has links that help you find state-specific information.

<http://www.amsa.org/global/aids/resources.cfm>

If you've never organized anything before or just want some helpful information on how to educate and mobilize members at your school, check out **AMSA's Activism Toolbox** at or e-mail Laura Frye at gaf@amsa.org:

<http://www.amsa.org/legislativecenter/activism.cfm>

About the Organizers



Physicians for Human Rights (PHR) promotes health by protecting human rights. PHR believes that human rights are essential preconditions for the health and well-being of all people. PHR educates health professionals and medical, public health and nursing students, and organizes them to become active in supporting a movement for human rights and creating a culture of human rights in the medical and scientific professions. PHR was a co-recipient of the Nobel Peace Prize in 1997

for its founding role in the International Campaign to Ban Landmines. For information about membership in PHR, please visit: <https://donate-phr.org/05/joinphr>

In coordination with Partners In Health, the Association of Nurses in AIDS Care, and the HIV Medicine Association, PHR's Health Action AIDS Campaign organizes U.S. health professionals to address the global AIDS pandemic. US health professionals are uniquely qualified to advocate for these life-saving tools, and for the fulfillment of fundamental human rights. By educating their communities and policy-makers about what works and what it will take to save lives, health professionals can help ensure an effective and sustained US response to the AIDS crisis.. For more information, go to: www.healthactionaids.org or www.physiciansforhumanrights.org/hiv-aids/



AMERICAN MEDICAL STUDENTS ASSOCIATION (AMSA) is the oldest and largest independent association of physicians-in-training in the United States. With 50,000 members and a half-century history, AMSA has long been a progressive voice of medicine and source of student activism. AMSA focuses on four Strategic Priorities: Achieving Universal Health Care, Transforming the Culture of Medical Education, Advocating for Diversity in Medicine and Eliminating Health Disparities, including Global AIDS. Our Health Professional Student AIDS Advocacy Network (HPSAAN) is a national network of local, regional and national student leaders who coordinate the student fight against the Global AIDS pandemic. Our hundreds of local chapters engage the discussion around HIV/AIDS and take action. Working in coalition with many national and international advocacy organizations, AMSA also participates in campaigns where we tackle the AIDS pandemic head-on and strengthen our collective voice, and bring health and life to the global community.

For more information, go to: www.amsa.org/global/hpsaan.cfm



The Student Global AIDS Campaign (SGAC) is a national movement with more than 85 chapters at high schools, colleges, and universities across the United States committed to bringing an end to HIV and AIDS in the U.S. and around the world through education, informed advocacy, media work, and direct action. With 42 million people living with HIV and AIDS around the world, an additional 15,000 becoming infected every day, and 8,200 people dying every day, we need effective and science-based

prevention programs and inexpensive, life-saving AIDS medications. In order to accomplish these things, SGAC demands access to treatment, complete funding of the U.S. share of the global HIV and AIDS need, comprehensive prevention programs, full funding of U.S. prevention and treatment programs, and debt cancellation.

For more information, visit www.fightglobalaids.org