



**UCGH**

university coalitions for global health

**MARCH 30 - APRIL 3**  
**GLOBAL HEALTH WEEK OF ACTION**  
**TOOLKIT**

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## Dear fellow activists,

Thank you for taking part in the 2009 Global Health Week of Action presented by the member organizations of the University Coalitions for Global Health (UCGH). Through the empowerment of young people, UCGH works to ensure that all people have the right to the highest attainable standard of health, as defined by the Universal Declaration of Human Rights. During the Week of Action we are bringing students together to educate their communities and advocate for the right to health for people who are underserved or neglected by the governments responsible for their welfare.

With a new administration and new Congress in the United States, there has never been a greater opportunity for student voices to remind their policymakers of their commitment to the right to health for all people. Young people demanded change in this past election and we must ensure that this change extends beyond our borders.

We need you to take action on behalf of the people who lack access to essential medicines, 1.3 billion people who may never see a doctor, nurse or midwife in their lifetime, the 33 million people living with HIV or AIDS, the 200 million women with an unmet need for family planning, and for all of the individuals whose human rights are violated or compromised.

The Global Health Week of Action consists of five days of action, each focused on a specific issue. The days are as follows:

March 30: Access to Essential Medicines

March 31: Health Care Workers

April 1: HIV and AIDS

April 2: Sexual and Reproductive Health

April 3: Human Rights

In order to increase the impact of our collective action, we ask that everyone participates in these actions at the same time. However, if you are unable to do a given action on the stated day, you shouldn't let that stop you from doing something.

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 Action to combat some of the greatest health challenges of our generation. This organizing guide provides information to help you get started. It includes suggested activities, tips on student organizing, and links to an array of web resources. We have also provided several issue-specific guides that include background information, suggested activities and a flyer for promoting the Week of Action on your campus.

We look forward to working with you as you engage your classmates and your communities to create a constituency of global health advocates.

In solidarity,

Advocates for Youth

American Medical Student Association (AMSA)

Americans for Informed Democracy (AID)

GlobeMed

Physicians for Human Rights (PHR)

Student Global AIDS Campaign (SGAC)

Student Partnerships Worldwide (SPW)

Universities Allied for Essential Medicines (UAEM)

## How to use this toolkit:

This guide provides the information you need to put on a successful Week of Action. The guide is organized in three 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 guide contains 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.
- **Additional resources**
  - This section also contains general “how to” guides for call-in days, lobby visits, etc.

## What you will need for a successful week:

Before organizing any event, it is very important to assess your resources. Consider both tangible and human resources and begin planning as early as possible. The following are resources you could look to for support:

- **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 PHR, AMSA and UAEM chapters so you can coordinate together!
    - You’ll need leaders, volunteers, and event participants/audience
      - For larger events, consider assigning coordinators for specific tasks, such as:
        - Logistics
        - Recruitment/publicity
        - Fundraising
- **FACULTY** – Are there professors at your school who are currently working on global health issues or who have connections to other countries? Who has helped your chapter in the past? Who may be interested in getting involved with the week or helping to organize around this “right to health” issue? Try to garner faculty support for your events to help increase faculty and student attendance at events. 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 global health? Consider approaching the following departments for financial, publicity, and university support: pediatrics, infectious diseases, internal medicine, women’s studies, political science, and international, minority, or behavioral health.
- **OTHER STUDENT GROUPS** – Are there other groups specifically working on global health and human rights issues? Consider asking them to co-sponsor an event.
- **COMMUNITY SUPPORT** – Who in the community could you ask to get involved—to speak, to volunteer, to publicize 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.

In addition, you will need to secure funding, plan each event, publicize your events, and access and distribute supporting materials:

- **FUNDING** – You will need to cover the costs of copying, postage, lunch/dinner with speakers, food for meetings, and other events. Consider securing support from the Dean’s office, Student Activities funds, or other sources.
- **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?
- **PUBLICITY** – Utilize emails, posters, banners, newspapers, radio, flyers, word-of-mouth, and tabling in dining halls and high traffic areas. Ask your dean or the mayor to officially declare a Global Health 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.
- **MATERIALS** – UCGH organizers will provide the following to students/chapters participating in the Global Health Week of Action 2009:
  - Organizing toolkit,
  - Event flyer,
  - Student planning calls at 7pm on March 12, 19, and 26  
Call-In # 218-844-0870 Code 767421#,
  - Contacts from our national coalition partners, and
  - Contact information for members of Congress, including national and district office contacts.

On the next page, we have also included the text of UCGH’s global health petition, which calls on the President to create a global health strategy and honor existing global health commitments.

This petition will be posted online for the Week of Action at [www.amplifyyourvoice.org/globalhealth](http://www.amplifyyourvoice.org/globalhealth). We ask that you sign the petition and recruit additional signatures throughout week.

Join us in calling on the Obama Administration to reassert U.S. global leadership on these issues!

## **A petition to President Barack Obama:**

Under the new administration and congress, the United States has the opportunity to restore leadership in global health through a demonstrated commitment to the promotion of human and economic development and the preservation of human rights. We applaud your administration for the commitment that you have made to increasing U.S. foreign assistance in your budget proposal.

Health must be a pillar of U.S. foreign policy and foreign assistance. If the U.S. acts as a global citizen now, long-term diplomatic, economic, and security benefits for the United States will follow.<sup>1</sup> Achieving the Millennium Development Goals (MDGs)<sup>2</sup> must be a primary priority of a larger strategic plan to tackle global health challenges.

We must respond promptly in areas that have been neglected, such as child and maternal mortality and youth and women's reproductive health. We must also renew our commitments in areas where the U.S has already invested a great deal, such as HIV and AIDS. On all fronts, we must better implement existing tools to increase access to prevention, treatment, and care. This is particularly true in the case of tuberculosis, malaria, and other neglected tropical diseases.

Furthermore, to meet long-term global needs, we must invest in a way that is sustainable. For U.S. global health efforts to be most effective, we need to shift toward fully integrated health services.<sup>3</sup> Funding must not solely be dedicated to specific health concerns but also to the development of health infrastructure such as by supporting the retention and training of health care workers.

Global health is at the center of the reduction of poverty and economic inequality and the path to a more socially just world. We must take action to ensure that the right to health is a reality for all people.

## **Together, we the undersigned:**

Call on your administration to create a transparent, coherent, and sustainable U.S. global health strategy that recognizes health as a human right; articulates objectives and measurable targets; serves to strengthen national health systems; restores the focus on primary health care through the integration of programs; and supports flexibility in programming at the country level.

Furthermore, we urge your administration to honor existing U.S. global health commitments and commitments made by the Obama for America campaign<sup>4</sup> and to prioritize them within the strategy.

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<sup>1</sup> Committee on the U.S. Commitment to Global Health, Board of Health, Institute of Medicine, "U.S. Commitment to Global Health, Recommendations for the New Administration."

<sup>2</sup> The full text of the Millennium Development Goals can be found here: <http://www.un.org/millenniumgoals/>

<sup>3</sup> Partners in Health, Francois-Xavier Bagnoud Center for Health and Human Rights, Physicians for Human Rights, Health Alliance International, RESULTS, and ActionAid. "Global Health Recommendations for a New Administration and Congress."

<sup>4</sup> Obama for America, "Barack Obama: Fighting HIV/AIDS Worldwide."

## March 30: Access to Essential Medicines

Join undergraduate and graduate students, faculty, and researchers at schools across the country for Access to Essential Medicines Day of Action by demanding that life-saving drugs developed in your campus laboratories and by pharmaceutical companies are available in poor countries.

### People are dying because they cannot access existing medicines

The World Health Organization estimates that ten million people die every year who could be saved by existing drugs but are simply too poor to afford them.

#### The Promise: Yale and Stavudine

Yale University created one of the first AIDS drugs, a molecule known as stavudine. Within a few years of its release, stavudine had revolutionized AIDS treatment, and helped change HIV/AIDS from a rapid death sentence to a manageable – if difficult – condition.

But – as the drug’s discoverer wrote in the editorial pages of the *New York Times* – it soon became clear that stavudine “was not reaching millions of desperately suffering people because they lacked the money to purchase it.”

Working with students on campus, *Médecins Sans Frontières* (MSF) urged Yale, as the patent-holder, to help increase access to the urgently needed drug. MSF’s request exploded into a student campaign that gave birth to Universities Allied for Essential Medicines.

Under pressure, Yale and Bristol-Myers Squibb jointly announced that they would allow generic manufacturers of stavudine to compete in certain markets, thus **lowering the price of the drug from \$1600 per patient per year to just \$55 – a 96% reduction.**

### Universities can change this...

Because many of these life-saving drugs are developed in campus laboratories, universities wield substantial leverage when they license their drugs to pharmaceutical companies.

Universities Allied for Essential Medicine’s (UAEM) proposal is simple: **Every university-discovered drug, vaccine, or medical diagnostic should be licensed with a concrete, effective, and transparent strategy to make affordable versions available in poor countries for essential medical care.** For example, when a university licenses a promising new drug candidate to a pharmaceutical company, it should demand that the company allow the drug to be made available in poor countries at the lowest possible cost. This would have virtually no financial impact on the company or university, but could ultimately save millions of lives.

Yale’s 2001 decision to release its patent on a critical AIDS drug showed the world that universities have the power to trigger substantial, immediate price reduction on lifesaving treatments (see sidebar). Yet the promise of that success has gone largely unfulfilled.

### ... as can pharmaceutical companies

After almost 30 years of fighting against HIV and AIDS, people living with HIV (PLWHIV) continue to face some of the same barriers to accessing treatment. Worldwide 33 million people are living with HIV/AIDS, 10 million are in need of access to life-saving anti-retroviral (ARV) medication, but only 4 million have access to these ARV drugs. This represents 31 percent of those in immediate need of treatment.<sup>5</sup> While these numbers represent a drastic improvement over the last four years, they still represent startling disparities in access to essential medicines.

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<sup>5</sup> UNAIDS, “Treatment and Care: Unprecedented Progress, Remaining Challenges,” 2008 Report on the Global AIDS Epidemic, Geneva, CH: 2008.

In recent years, major advances in medicine and science have made it possible for PLWHIV to live decades longer than before. However, these scientific advancements are not making it to resource-poor settings. Medicines used in resource-poor settings – where 90 percent of HIV-positive people live – must meet particular challenges but research continues to focus on high-income countries and non-neglected diseases. Additionally, drugs such as those treating pediatric AIDS and tuberculosis continue to be neglected simply because of the lack of profit potential in low-income countries. Currently, pharmaceuticals are the most profitable industry in the United States, with over \$218 billion in profits last year.

For years, generic drugs have been a mechanism within the pharmaceutical industry to drive down the price of essential life-saving drugs. They are held to the same Food and Drug Administration (FDA) standards as branded versions and generic manufacturers have the potential to produce effective, less potent fixed-dose combinations, which can be taken with greater ease and fewer side effects.

For example, although Brazil is a middle-income country with little access to reduced drug-pricing programs, the Brazilian government began to produce generic formulations of AIDS drugs. Through competition between generic drug companies, AIDS drug prices in Brazil have fallen by 82 percent.<sup>6</sup>

Drug companies often argue that the use of generic drugs will decrease their profits and lessen their capacity for innovation and the research and development (R&D) of new drugs. This is a misrepresentation of the pharmaceutical industry's role in the R&D and innovation of new drugs. In reality, R&D is significantly subsidized by public money. The World Bank estimates that about half of the \$70-90 billion spent globally on R&D has been publicly financed.<sup>7</sup>

### **Universities and the global health crisis**

University scientists are major contributors in the drug development pipeline. Further, universities are committed to the creation and dissemination of knowledge in the public interest. We thus believe that universities have an opportunity and a responsibility to take part in finding solutions to the global access to medicines crisis by ensuring access to their health-related technologies.

### **Universities have a critical role to play.**

- In 2000, a United States Senate report noted that 15 of the 21 drugs considered by experts to have the greatest therapeutic impact on society were developed using research funded by the United States government. In the United States, most government-funded research occurs at universities.<sup>8</sup>
- Approximately 25 percent of all drugs classified as “drugs used in the treatment of HIV infections” by the United States FDA include a university or hospital-held patent (35.7 percent for 2001-2006).<sup>9</sup>
- Universities, as nonprofit institutions, have committed to engaging in research that benefits the public interest.

### **But we must also pressure pharmaceutical companies to join the patent pool.**

In order to reduce the cost of AIDS drugs and to further propel drug research for all people who need access to life-saving medications, Student Global AIDS Campaign (SGAC) is joining forces with partner organizations, including Medicins Sans Frontieres, UK Student Stop AIDS Campaign, Knowledge Ecology International, Oxfam, and Essential Action, to compel drug companies to enter into patent pools.

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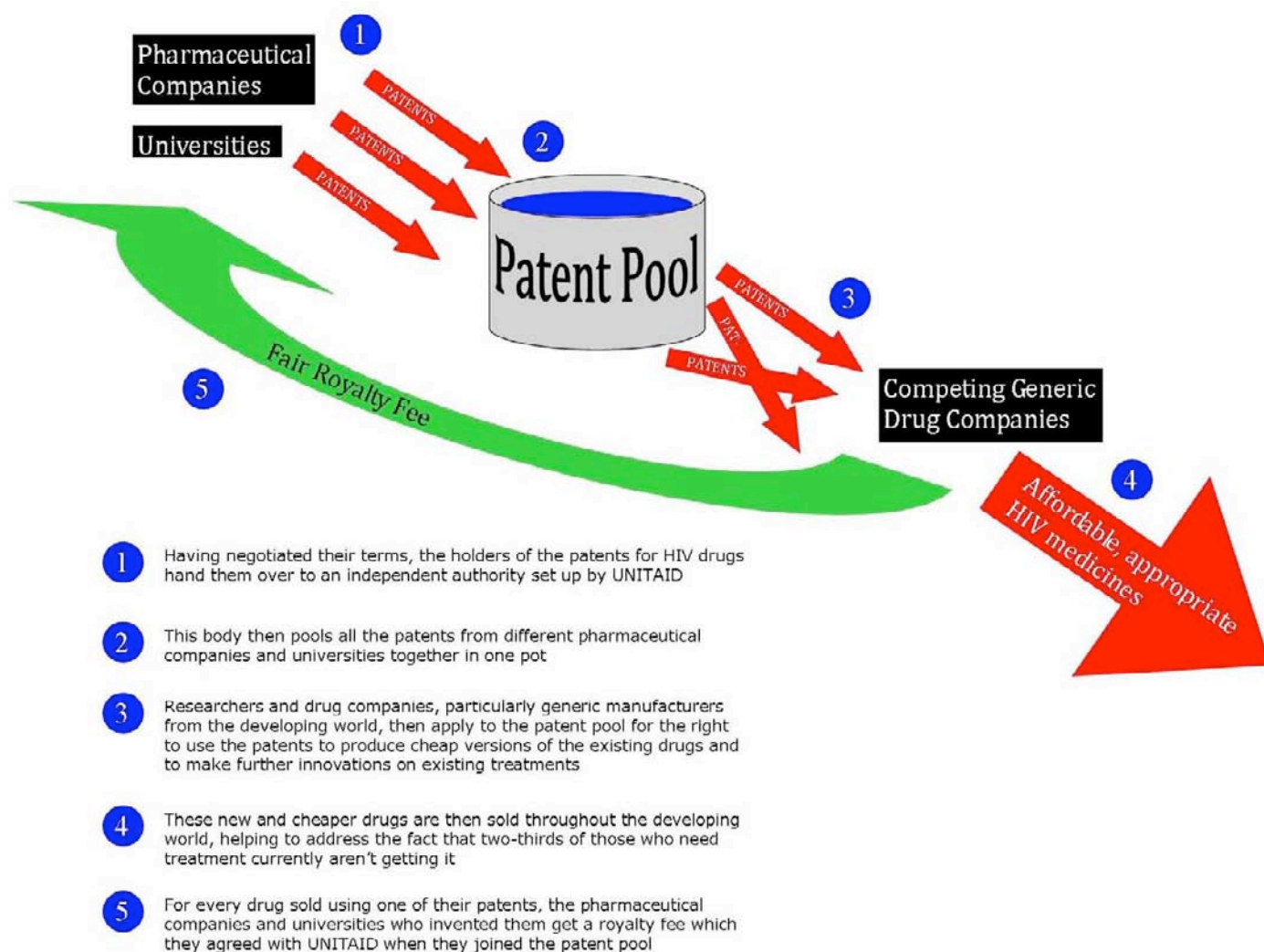
<sup>6</sup> Campaign for Access to Essential Medicines, “Untangling the Web of ARV Price Reductions,” 11th edition, Geneva, CH: MSF, 2008.

<sup>7</sup> Parker, Stephanie, “Big Pharma and Big Profits: Denying Access to AIDS Medication,” Washington, DC: Africa Action, 2007.

<sup>8</sup> United States Joint Economic Committee, “The Benefits of Medical Research and the Role of the NIH,” Washington, DC: 2000.

<sup>9</sup> Sampat, Bhaven. “Academic Patents and Access to Medicines in Developing Countries,” American Journal of Public Health 99.1, 2008.

A patent pool is a mechanism whereby patent owners agree to pool their patents and license them to one entity called a patent pool. UNITAID is an international drug purchase facility, based in Geneva, which was established to provide sustainable and predictable funding to increase access and reduce prices of quality drugs for the treatment of HIV and AIDS, malaria and tuberculosis in low- and middle-income countries. In 2008, UNITAID announced its plan to develop a patent pool to increase access to more affordable medicines worldwide.



In the case of HIV and AIDS, UNITAID is currently working with global health authorities to come up with a list of priority antiretroviral drugs to request for the patent pool. Patent holders are being encouraged to voluntarily place their patents into the pool with the intention that other companies, including generic manufacturers, will take out licenses on those medicines and produce new antiretroviral medicines in combined or improved forms. The creation of several new AIDS drugs will ultimately bring prices down. In the end, any company or generic manufacturer that has used intellectual property from the patent pool to create its new drug must pay a royalty fee to the pool, which will later be transferred to the patent owner. Within patent pooling, innovation is encouraged. For example, the development of fixed-dosed combination drugs containing multiple compounds that can better serve the needs of people living with HIV and AIDS becomes a realistic and attainable objective through patent pooling because producers do not have to navigate

through multiple patent owners. Instead of dealing with several different patent owners in attaining access to different drug compounds, a patent pool would allow companies the ability to accomplish this step in one negotiation with the pool.

Additionally, patent pooling would significantly lower the price of AIDS medicines because instead of waiting for the patent to expire, several generic drug producers would be able to pay the royalties to the patent owners and develop drugs right away. Due to the number of generic drug producers in the market, competition between the companies would occur, driving the prices down.

UNITAID has been established as an independent, non-profit entity that will establish and host a patent pool for AIDS medicines. Once the UNITAID patent pool has been established and companies agree to license their drugs, UNITAID will create a Memorandum of Understanding (MOU) with all parties involved. Standardized patent license terms, including the right for generic drug companies to manufacture and sell generic medicines, will then be drafted and signed by all companies involved. From there the pool will collect royalties from generic drug manufactures, which will then be allocated to the patent owners.

HIV treatment is extremely expensive and scarce in the parts of the world that need it most. Patent pooling greatly increases the treatment possibilities available to those people living in low- and middle-income countries with limited or no access to life-saving drugs. Patent pools promise cheaper and more widespread AIDS drugs and can deliver life-altering treatment and care options to poor countries, as well as to those most disadvantaged in the world's middle-income nations.

**This work is more important now than ever before.**

We are at a crucial moment for global health. Constitutional litigation over a life-saving cancer drug has been used to threaten production of affordable medicines in India; in Thailand, Abbott Labs, a multinational pharmaceutical giant, has withdrawn registration of all new medicines as leverage in a struggle over compulsory licensing; and right here at home, Merck faces growing pressure to make its revolutionary cervical cancer vaccine available to women worldwide.

“For too long, life-saving medical tools that are the fruits of university-led discovery have been denied to poor people in poor countries. If our universities really are to be institutions for the public good, this must change.”

Dr. Paul Farmer  
Co-founder of Partners in Health

Every one of these struggles involves a university-developed medicine:

- In India, the drug at the center of the lawsuit was Gleevec, a lifesaving cancer treatment based on research by scientists at the Oregon Health & Sciences University and the Dana Farber Cancer Institute.
- In Thailand, one of the drugs that Abbott is using as political leverage—Zemplar—is based on a patent licensed out of the University of Wisconsin, Madison while other HIV/AIDS medicines are also being used as leverage.
- Merck’s cervical cancer vaccine is based on patents held by Georgetown, the University of Rochester, and the University of Queensland in Australia.

The patent rights contributing to several currently marketed HIV drugs are held by universities:

- stavudine (Yale University),
- abacavir (University of Minnesota),
- lamivudine (Emory University)
- emtricitabine (Emory University)
- enfuvirtide (Duke University).

Overall, university patents are associated with 10 of the 30 HIV drugs approved by the US FDA between 1987 and 2007.<sup>1</sup>

Research universities have an opportunity to intervene in the access-to-medicines crisis in poor countries. By virtue of their upstream contribution to the drug development pipeline—estimated at \$19.6 billion in 2002 for the United States alone—universities have considerable untapped influence. Both the number of patents held and the number of license agreements executed by universities more than doubled between 1991 and 2005.

## Now is the time

Over the past two years, UAEM has brought these issues to the forefront, riding a wave of momentum:

- The launch of UAEM's Statement of Principles (called the Philadelphia Consensus Statement) garnered the support of more than 100 luminaries in the field – including Jeffrey Sachs, Paul Farmer, Stephen Lewis, James Orbinski, ten Nobel Laureates, top intellectual property professors—as well as thousands of other students and professors at over a hundred campuses around the world.
- Nature, Science, the Chronicle of Higher Education, the British Medical Journal, and the Financial Times have all covered UAEM's activities.
- Working with UAEM, Senator Patrick Leahy (VT) introduced legislation that would mandate humanitarian licensing terms modeled on the terms UAEM has urged universities to adopt voluntarily.
- The Stanford White Paper has been signed by forty five prominent universities and the Association of American Medical Colleges. In this paper, they have come together to publicly recognize their responsibility to ensure university research benefits the world's poor, and to commit to the principles at the heart of our policy proposals.
- At the World Health Organization Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, UAEM worked alongside other key NGOs to ensure that progressive innovation and access provisions are included in the WHO strategy.
- UAEM consultations with the Barack Obama campaign led to the adoption of a portion of UAEM humanitarian licensing policies into the Obama platform.
- The University of British Columbia, catalyzed by their UAEM chapter, licensed its first medicine under their new access licensing principles which will make a new treatment for leishmaniasis and HIV related opportunistic infections available at low cost in low- and middle-income countries.
- The University of Washington took its first steps in implementing humanitarian access licensing policies in 2007.
- Emory University, working with their UAEM chapter, adopted Global Access Guiding Principles, which will guide how the university licenses medical technologies.

But our work is far from over. Even as this language was being drafted, signatory universities continued to license drug candidates with no provisions for access. Principles are not enough. And delay has a real human cost.

**GOAL:** To ensure that every health product developed in campus and company laboratories reaches those who need it most.

## What can we do?

Join students, faculty, and researchers at top research institutions in the U.S., Canada and the United Kingdom by demanding that lifesaving drugs developed in your campus laboratories be made available in poor countries.

### 1) HOST AN EVENT

Screen a movie: show the film Pills, Profits Protest on your campus to teach your fellow students about the barriers to ensuring access to medicines.

Organize or attend a workshop on intellectual property, trade agreements and access to medicines.

### Time to Act

"Biomedical knowledge and achievement is growing at a tremendous pace, but is unmatched by ethical thinking about how to apply the results equitably, humanely and wisely.

The universities are forgetting their role as guardians of human wisdom, and instead are selling out to the highest bidders. UAEM has created consensus. Now it is time for the policy makers to act."

Sir John Sulston, Nobel Laureate in Medicine

### 2) SIGN THE PHILADELPHIA CONSENSUS STATEMENT

Host a sign-on for the Philadelphia Consensus Statement (PCS) to add your campus' voices to the thousands already calling for universities to play their role in ensuring access to medicines. You can log your new PCS signatures on <http://www.essentialmedicine.org/cs> to be counted as more voices calling for change.

### 3) ENGAGE YOUR UNIVERSITY

Educate scientists at your university about how to make sure the fruits of their research reach those who need it. Email Gloria Tavera at [grtavaera@ufl.edu](mailto:grtavaera@ufl.edu) for a "Scientist Outreach" toolkit and log onto [www.essentialmedicine.org/action](http://www.essentialmedicine.org/action) to register, learn more, download the toolkit, and log your action.

### 4) SIGN-ON TO A LETTER AND RECRUIT ADDITIONAL SIGNATURES

To make the UNITAID patent pool a reality, join SGAC in calling on pharmaceutical companies to voluntarily license their drugs to the patent pool. The Student Global AIDS Campaign has developed an online sign-on letter in support of the patent pools.

Sign-on with your support and ask your colleagues to do so as well! Afterwards, SGAC plans to send these letters to pharmaceutical companies to demonstrate public support for the UNITAD patent pool.

To gather support for the UNITAID patent pool campaign, SGAC suggests that you obtain permission from your school to set up an informational booth or table in a popular area on campus. Take a laptop with you and ask colleagues and strangers who stop by your table to sign-on in support of worldwide access to affordable antiretroviral treatment. A link to the sign-on letter as well as fact sheets you can include when you table can be found here: <http://www.fightglobalaids.org/resources/patentpools.php>. The text of the sign-on letter is also included on the next page.

Dear partners in the fight against AIDS,

As massive global inequality continues to exist for those in need of essential medicines, we support UNITAID's endeavor to create a patent pool as one means to increase access to existing and improved forms of treatment.

It has been nearly 30 years since the world first identified HIV/AIDS as a deadly disease, and people living with HIV/AIDS (PLWHA) continue to face many of the same struggles. Worldwide 33 million people are living with HIV and 10 million are in need of access to life-saving antiretroviral (ARV) medication, but only 4 million have access to these ARVs. While these numbers actually represent a drastic improvement over the last four years, they also reveal startling disparities in access to essential medicines. Today many more treatment options are available for PLWHA, which allow people to live for years longer than was previously possible. However, many of these scientific advancements and safer treatment options are not making it to the people who need them the most.

UNITAID was created in 2006 as an international mechanism to purchase life-saving medications for HIV, tuberculosis, and malaria, mainly for distribution in low-income and middle-income countries. In July 2008, in response to a request from Médecins Sans Frontières, and lobbying by a number of public health NGOs, UNITAID announced that it would seek to establish a patent pool in order to "provide patients in low and middle income countries with increased access to more appropriate and affordable medicines."<sup>10</sup>

By combining patent and other intellectual property rights for multiple medicines and pharmaceutical processes, the patent pool will be able to grant licenses that will: (1) increase generic competition for existing products leading to lower prices and more reliable supply systems, (2) allow the development of therapeutically fixed-dose combinations of existing medicines, and (3) incentivize the development of new formulations, including pediatric and heat-stable formulations, that are desperately needed in developing countries.<sup>11</sup>

Another important aspect of the project that is currently under consideration is what kind of incentives the UNITAID patent pool should offer to patent holders that voluntarily license their patents to the pool. The signatories of this letter encourage stakeholders to consider innovative incentive mechanisms that separate the market from the products from the market for innovation, like the prize fund proposals that the governments of Bolivia and Barbados presented to the World Health Organization. By linking the UNITAID patent pool with eligibility to participate in prize fund rewards, it will be possible to obtain voluntary licenses from private patent owners for more developing countries, including "middle income" countries. Experts say this is necessary to ensure that the generic market is large enough to attract sufficient numbers of competitors and to achieve adequate economies of scale, two conditions that are critical in obtaining low cost medicines.

UNITAID is currently preparing an implementation plan for the medicines patent pool which is expected to take place by the end of 2009. One of the obvious next steps is to encourage patent and other right holders, mainly private companies, universities and research institutions like NIH, to voluntarily license their right to the UNITAID patent pool. In this sense, the signatories of this letter request that the U.S. Government shows leadership in the fight for access to medicines in the developing world and mandates the open licensing of all patents in publicly funded biomedical research to the UNITAID patent pool.

We ask that you join us in supporting the establishment of the patent pool. Particularly, in the case of universities, public research institutions like NIH and pharmaceutical companies, we ask that you lend your public support to the concept of the Pool and express interest in engaging with UNITAID to include the patents of your life-saving medications in the Patent Pool.

In Partnership,

Student Global AIDS Campaign – National Steering Committee

*We, the undersigned individuals and organizations, support the idea of a patent pool as a workable one that strives to make treatment accessible to the world's people.*

1. Student Global AIDS Campaign

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<sup>10</sup> For more information, visit: <http://www.unitaid.eu/en/NEWS/UNITAID-moves-towards-a-patent-pool-for-medicines.html>.

<sup>11</sup> For more information, visit: <http://www.doctorswithoutborders.org/news/article.cfm?id=2843>.

## March 31: Health Care Workers

One of the most significant barriers to achieving universal access to health care is the lack of health infrastructure. In order to achieve universal access to comprehensive HIV prevention, treatment, care and support services; drastically reduce maternal and child mortality; and achieve the Millennium Development Goals, strong health systems are essential. The Hyde, Lantos Global AIDS, Tuberculosis and Malaria Leadership Act of 2008 authorized the training of 140,000 new health care professionals and paraprofessionals. Not only must these targets be met, but we must also invest across U.S. global health programs to train health care workers, particularly health care professionals and paraprofessionals, including skilled birth attendants.

The shortage of health workers is immense:

- The World Health Organization (WHO) has determined that countries below a threshold of 2.3 doctors, nurses, and midwives for every 1,000 population (along with other types of health workers) are very unlikely to achieve the health-related Millennium Development Goals.<sup>12</sup>
- Globally, 57 countries, including 36 in sub-Saharan Africa – are below this threshold with a shortage of some 4.3 million health care workers. This amounts to a shortage in sub-Saharan Africa of about 800,000 doctors, nurses, and midwives, and 1.5 million health workers overall. Sub-Saharan Africa has fewer than half of the health workers it needs for delivering essential health services.<sup>13</sup>

Causes of the shortage include major under-funding of the health system, insufficient training capacity, pandemics and epidemics, and health worker mortality. Furthermore, inadequate production and retention of health workers in high-income countries, including the United States, combined with the low salaries and poor working conditions for health workers in low- and middle-income countries, contribute to “brain drain” of health workers from African and other low- and middle-income countries to high-income countries. Beyond the shortage, severe inequities between the urban and rural distribution of health workers, poor management and supervision within health systems, failure to provide continuing education and training for health care workers, and lack of the supplies that health workers need to do their jobs also contribute to the strain on health systems felt throughout poor countries.

In countries with high HIV prevalence, death, primarily from complications from AIDS, is a major challenge to strengthening the health workforce. In countries such as Lesotho, Malawi, and Mozambique, AIDS is the leading cause of health worker loss. Unsafe working conditions contribute to health worker illness and death and are an important factor in health worker migration. Stigma and discrimination based on age, race, ethnicity, disability, religion, gender, sexual orientation, HIV status, etc. within the health sector is another major obstacle for health workers.

Efforts to ensure health care for health workers help stabilize and rebuild drained and lacking health workforces. In addition, such efforts will also help ensure the sustainability of U.S. supported programs through USAID and PEPFAR. Keeping health workers in these programs healthy will prevent gaps in service delivery, loss of institutional memory, need for training new health workers, and loss of morale that comes with the death of health workers. The health sector must recognize their employees’ right to health care as well as the economic incentives of keeping workers healthy.

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<sup>12</sup> World Health Organization, World Health Report 2006: 2006.

<sup>13</sup> Ibid.

**GOAL:** That members of Congress co-sponsor the Global HEALTH Act of 2009 which creates and supports a US global health strategy, particularly one to recruit, train, educate and retain the needed numbers of health care workers in their countries of origin.

## What can we do?

### 1) HOST AN EVENT

Build awareness within your campus community about health systems by showing one of the PowerPoints or slideshows that Physicians for Human Rights (PHR) has developed that describe the overwhelming obstacles health workers in Africa are working to overcome.

### 2) CONTACT YOUR MEMBERS OF CONGRESS

Educate policy makers about the need to fulfill the commitment to train 140,000 new health care professionals and provide access to universal precautions, safe workplace conditions, and access to affordable and confidential health services for health care workers. Ask them to co-sponsor the Global HEALTH Act of 2009.

#### CALL-IN SCRIPT:

“Hi, my name is [ ] and I’m calling from [your organization] to urge [your Representative] to co-sponsor the Global HEALTH Act of 2009. The United States has the opportunity to restore leadership in global health through a demonstrated commitment to the promotion of human and economic development and the preservation of human rights. Health must be a pillar of U.S. domestic and foreign policy and foreign assistance. Prioritizing these issues will lead to long-term diplomatic, economic and security benefits in the future.

In addition the bill will address the serious lack of health care workers in low- and middle-income countries. By strengthening the health care workforce and helping establish more effective health systems abroad, the U.S. can lead the way in saving millions of lives through sustainable initiatives.

After making your call, set up an in-district lobby visit with your representative when he or she is home during the congressional recess April 6-17.

### 3) ENDORSE THE STATEMENT OF RIGHTS OF NURSES AND HEALTH WORKERS

PHR, in collaboration with the Association of Nurses in AIDS Care, has developed a platform to address the global shortage of health workers and provide solutions to the problem. The statement calls for access to universal precautions, safe workplace conditions, and access to affordable and confidential health care. Ask students, faculty, community members, and your university to endorse the platform.

# April 1: HIV and AIDS

The HIV/AIDS epidemic is likely the greatest global health challenge of our lifetime. Globally, 33 million people are currently living with HIV/AIDS. While thousands die each day from complications from AIDS, thousands more newly contract HIV. According to the UNAIDS, the epidemic is not expected to plateau until 30-40 years from now. This is why young global health advocates and activists must keep up the fight for effective, evidence-based prevention programs, funding of sustainable country-developed programs, and affordable access to life-saving AIDS medications.

During the Week of Action we have plenty of actions planned for our HIV and AIDS Action Day. UCGH has pooled our organizational resources to provide action ideas for you and your community.

On HIV and AIDS Day of Action, we are asking our UCGH grassroots partners to take action on the following three key issues with respect to HIV and AIDS:

- 1) Evidence-based HIV prevention
- 2) Additional funding for the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and
- 3) Access to anti-retroviral (ARV) treatment.

Please read on for more background information on these areas, advocacy goals for grassroots mobilization, and ideas for activities and actions.

## HIV PREVENTION

While the U.S. has contributed to the successful global scale up on treatment, access to prevention and information services has lagged behind. Forty-six percent of new infections occur among young people aged 15-24, and for the past six years, through the President's Emergency Plan for AIDS Relief (PEPFAR), this age group has received primarily messages of abstinence-until-marriage from the U.S. government. Furthermore, family planning services are not required to be integrated with HIV services, thereby limiting opportunities to reach large numbers of young people with critical complementary reproductive health services.

It is apparent that in order to assist countries to make gains against the HIV/AIDS epidemic, PEPFAR must include an emphasis on comprehensive, evidence-based HIV prevention that is integrated with family planning services and implemented with the same urgency as treatment has been in the past.

While PEPFAR legislation was reauthorized last summer through the Tom Lantos and Henry Hyde Leadership Act of 2008, the policy's implementation guidance, which will greatly influence the way the law is enacted in practice, is still to be written by the Office of the Global AIDS Coordinator. While a Global AIDS Ambassador has not yet been appointed by the administration, in anticipation of his or her appointment, it is important to build awareness around these two key flaws in the legislation related to HIV prevention that the pending implementation guidance can remedy.

**GOAL:** To ensure that the implementation guidance of the Tom Lantos and Henry Hyde Leadership Act of 2008: 1) allows in-country programmers the flexibility to implement comprehensive, evidence-based HIV prevention programs for young people and 2) encourages the integration of HIV and family planning services.

## What can we do?

### 1) HOST AN EVENT

One of the first steps is building awareness about these issues. While the need for comprehensive, evidence-based HIV prevention programs and the integration of HIV prevention and family planning services are clear for some, for others we need to make our case. If you have access to speakers, you can host a forum or panel on these issues. If not, you can give a presentation yourself! Physicians for Human Rights (PHR) invites you to use their Power Point presentation focusing on the integration of services in Kenya, available online at <http://www.slideshare.net/bggreenberg/case-studies-from-kenya>

### 2) SIGN A PETITION AND RECRUIT ADDITIONAL SIGNATURES

As part of your event, collect signatures for the petition in support of international family planning funding. The petition is included in this toolkit under the section on sexual and reproductive health, and calls for the integration of HIV and family planning services.

### 3) WRITE AN OP-ED OR BLOG

Whether or not you have an organization or group to work with, you can get the message out by writing an op-ed for your local or campus newspaper or by blogging for a site devoted to related issues, like Amplify ([www.amplifyyourvoice.org](http://www.amplifyyourvoice.org)).<sup>14</sup> Discussing the HIV prevention needs of young people is a great way to promote both the need to integrate family planning and HIV prevention programs and to allow for comprehensive, evidence-based prevention programming to be implemented in-country without restriction.

#### TALKING POINTS:

- Stemming the tide of the global epidemic over the next five years of PEPFAR implementation will require a focus on comprehensive, evidence-based prevention interventions for young people.
- While abstinence itself is the only 100 percent effective way to prevent the sexual transmission of HIV (or other STIs and unintended pregnancy), there is no evidence that abstinence education alone is effective in reducing risk behaviors for HIV. On the other hand, comprehensive prevention programs that include information on abstinence, fidelity, negotiation skills, and correct and consistent condom use have been shown to delay the onset of sexual activity, reduce the frequency of sex, reduce the number of partners, and increase condom and contraceptive use.
- During the first five years of PEPFAR, the implementation guidance segmented the ABC model of prevention by population (abstinence for young people, be faithful for married couples, and use condoms for commercial sex workers and others at high risk). Young people therefore received incomplete information about how to prevent the transmission of HIV. The ABC model can be effective but only when used in combination rather than when separated into its parts.
- HIV prevention, treatment, and care programs that are integrated and coordinated with reproductive health are needed to meet the diverse needs of women and men, whether they are HIV-negative or HIV-positive. Programs integrating HIV and reproductive health lead to increased condom or contraceptive use, improved quality of services, and increased uptake of HIV testing.<sup>15</sup>

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<sup>14</sup> Amplify, [www.amplifyyourvoice.org](http://www.amplifyyourvoice.org), is an online community dedicated to sexual health, reproductive justice, and youth-led grassroots movement building both domestically and globally.

<sup>15</sup> Almers L. Linking Sexual and Reproductive Health and HIV: Evidence Review and Recommendations, presentation at the XXII International AIDS Conference, Mexico City, August 5, 2008.

## GLOBAL FUND

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was created in 2002 as a multilateral funding mechanism to combat these three diseases, which together take the lives of more than 6 million people every year. Since its inception, the Global Fund has been highly effective as it uniquely seeks to efficiently supplement the funding of programs that are already in place, rather than creating and implementing its own programs. This allows for local and national ownership over programming. The Global Fund also pursues an integrated and balanced approach to prevention and treatment and continues to be the best entity for funding comprehensive, evidence-based HIV prevention program and for purchasing generic drugs.

To date, the Global Fund has distributed nearly \$15 billion dollars in aid to 140 countries. Over this time period it is estimated that the Global Fund's programs have saved more than 2 million lives. The U.S. has historically been an important supporter of the Global Fund, contributing around one-third of the Global Fund's budget.

Currently, the Global Fund is facing a \$5 billion shortfall. This is due to the fact that support from high-income countries, including the United States, has not kept pace with increasing demand for funding from low- and middle-income countries. In 2007, the board of the Global Fund, including the U.S. representative, voted to increase the overall amount of funds distributed by the fund from \$6 to \$8 billion per year. In the Global Fund's funding round which closed in the fall of 2008, due to an increased number of high quality and larger scale applications, \$8 billion in grants were approved, three times that approved in the previous round. For more background on the funding shortfall, visit [www.healthgap.org/gfatm.htm](http://www.healthgap.org/gfatm.htm).

For 2009, the U.S. is on track to contribute between \$840 and \$900 million, which is \$1 billion less than its fair share. Since major cuts to existing and future grants will be required if additional funding is not pledged by May 2009, the U.S. must provide an additional \$1 billion to the Global Fund through any supplemental spending bill that comes up in the first half of 2009. It is imperative that the U.S. maintains its role as a strong donor in order to lead other donor countries by example, and to maintain the effectiveness of the Global Fund and its programs. Historically, if the U.S. contributes more, other wealthy nations raise their contributions as well.

Furthermore, in 2010, the U.S. should commit \$2.7 billion to the Global Fund, which is the U.S. fair share.

**GOAL:** The U.S. must contribute its fair share to the Global Fund in fiscal years 2009 and 2010.

### **What can we do?**

#### **1) CONTACT YOUR MEMBERS OF CONGRESS**

Voice your support for why the U.S. must fund an additional \$1 billion for the Global Fund.

#### **CALL-IN SCRIPT:**

"Hi, my name is [ ] and I'm calling from [your organization] to urge [your Senator/Representative] to support an additional \$1 billion for the Global Fund to Fight AIDS, TB and Malaria for fiscal year 2009. While the U.S. is on track to contribute between \$840 and \$900 million, this is \$1 billion less than its fair share. Since major cuts to existing and future grants will be required if additional funding is not pledged by May 2009, the U.S. must provide an additional \$1 billion to the Global Fund through any supplemental

spending bill that comes up in the first half of 2009. Additionally, for fiscal year 2010, the U.S. must support its fair share at \$2.7 billion. Contributions from high-income countries, including the United States, have not kept pace with increasing demand for funding to low- and middle-income countries, causing a \$5 billion funding shortfall in the fund. With the Senator/Representative [ ]'s leadership, the Global Fund will be able to meet the growing health needs of people in low- and middle-income countries. I hope that Senator/Representative [ ] will meet this challenge and call for the U.S. to support its fair share of the Global Fund to ensure that its effective programs are maintained and strengthened.”

## TREATMENT ACCESS

Interested in HIV/AIDS treatment access? See the Access to Essential Medicines section of this toolkit to learn about the UNITAID Patent Pool campaign and actions you can take to urge your university and/or pharmaceutical companies to make their drugs more affordable for people worldwide.

## April 2: Sexual and Reproductive Health

Sexual and reproductive health can be defined as a state of complete mental, physical and social well-being as related to reproductive process, and the enhancement of life and personal relations throughout the life cycle. Services to promote sexual and reproductive health include sex education, family planning, pre- and post-natal and delivery care, safe abortion care, and STI, including HIV, prevention, testing, and treatment services.

At the International Conference on Population and Development in 1994, the governments of 163 countries came together and committed to a platform - known as the Platform of Action or the Cairo Agenda - which placed sexual and reproductive health and rights as central to development and called for an investment in women and young people to make these rights a reality.<sup>16</sup>

While many in the global community altered their programs to adhere to the more comprehensive and integrated approach recommended at Cairo, the U.S. did not. The United States continued to promote siloed programming on family planning, maternal health, and HIV, rather than creating comprehensive programs that support sexual and reproductive health in its entirety, making U.S. investments less effective.

The new administration has performed well on sexual and reproductive health issues thus far. President Obama repealed the Mexico City Policy (or global gag rule) through executive order, removing restrictions on which organizations could be eligible for U.S. family planning assistance. He also recommitted the U.S. as a donor country to the United Nations Population Fund (UNFPA). Domestically, he has expressed support for comprehensive sex education. But for the U.S. to become a true global leader in human rights and public health, we must not only put science and evidence back on the table, but also make U.S. foreign aid more effective. We must not only "do no harm," but also determine how to "do good."

Just as was the case 20 years ago, each year, over half a million women die from pregnancy related complications, nearly all of which are preventable.<sup>17</sup> Ninety-nine percent of maternal deaths occur in low- and middle-income countries where, for young women ages 15 through 19, complications from pregnancy are the leading cause of death<sup>18</sup>. Each year at least 2 million young women in low- and middle-income countries undergo unsafe abortion in order to terminate an unintended pregnancy.<sup>19</sup> At the same time, more than 200 million women around the world who want to delay or avoid pregnancy still lack access to modern, effective contraception.<sup>20</sup>

We need to continue to push for comprehensive sexual and reproductive health programming and therefore it is imperative to call for an increase in international family planning funding. In recent years, while funding for HIV and AIDS has increased dramatically, family planning funding has decreased in real terms as the adolescent population has grown exponentially and is expected to increase over the next two decades<sup>21</sup>. This must change. Family planning programs reduce maternal and newborn mortality, unintended pregnancies, and the incidence of unsafe abortion. And they also support women's rights by allowing them to decide how to best plan their families and their futures.

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<sup>16</sup> The full text of the ICPD Programme of Action can be found here: <http://www.unfpa.org/icpd/summary.cfm>

<sup>17</sup> World Bank, Maternal Mortality [Public Health at a Glance], 2006.

<sup>18</sup> UNFPA, State of World Population, 2004

<sup>19</sup> World Health Organization, UNFPA, Pregnant Adolescents, Geneva: WHO, 2006.

<sup>20</sup> UNFPA, "Making 1 Billion Count: Investing in Adolescents' Health and Rights," State of the World Population, 2003.

<sup>21</sup> "International Family Planning Appropriations"—Data derived from Population Action International, "U.S. Funding for International Family Planning: 1965-2007."

**GOAL:** That Congress allocates at least \$1 billion dollars in U.S. international family planning assistance for fiscal year 2010 and insists that family planning programs be fully integrated with STI and HIV prevention, treatment, and care.

## What can we do?

### 2) SIGN A PETITION AND RECRUIT ADDITIONAL SIGNATURES

Please join Advocates for Youth in collecting signatures in support of this ask. Petition forms are available to download at [www.amplifyyourvoice.org/onebillion](http://www.amplifyyourvoice.org/onebillion). The petition can also be signed online at this link. The text of the petition has been included below.

#### A petition to the U.S. congress:

Reproductive and sexual health information and services are critically important to women – especially young women – around the world. In fact, complications from pregnancy are the leading cause of death for young women ages 15 through 19 in low- and middle-income countries.

Quality reproductive health care, which includes sex education, family planning services, and pre- and postnatal care, is often limited or nonexistent for young people.

More than 200 million women who want to delay or avoid pregnancy lack access to the modern methods of contraception to do so. It is estimated that the unmet need for family planning among young people is twice that among adults.

Reproductive and sexual health must remain a central component of a broader U.S. global development effort, as access to these services helps to reduce poverty, promote human rights, and secure social justice.

We must take action in support of the lives and well being of all young people around the world.

#### Together, we the undersigned:

Call on Congress to allocate at least \$1 billion dollars in U.S. international family planning assistance for fiscal year 2010. Family planning programs reduce maternal and newborn mortality, reduce unintended pregnancies and the incidence of unsafe abortion, and increase the awareness, acceptability, and use of contraceptives among young people.

We further urge Congress to ensure that reproductive health programming is fully integrated with HIV and STI prevention and treatment programs. Health service delivery is most effective when individuals can access a range of services in one location.

### 3) CONTACT YOUR MEMBERS OF CONGRESS

In order to ensure Congress takes these actions, we are asking you to contact your Congressional leaders today and voice your support for \$1 billion dollars for international family planning programs that are fully integrated in a broader sexual and reproductive health framework. Below is a call-in script that you can use for the call.

CALL-IN SCRIPT:

“Hi, my name is [ ] and I’m calling from [your organization] to urge [your Representative/Senator] to support the allocation of \$1 billion in U.S. international family planning assistance for fiscal year 2010. Family planning programs reduce maternal and newborn mortality, unintended pregnancies and the incidence of unsafe abortion, and to increase the awareness, acceptability, and use of contraceptives.

I further ask that [your Representative/Senator] ensure that reproductive health programming is fully integrated with HIV and STI prevention and treatment programs since health service delivery is most effective when individuals can access a range of services in one location. The funding of integrated family planning programs is essential to meeting today’s global health and development challenges.”

After making your call, set up an in-district lobby visit with your representative when he or she is home during the congressional recess April 6-17.

## April 3: Human Rights

Human rights are central to health. The violation of rights, particularly when experienced by specific groups within a community because of their identity, is damaging to both individuals and society as a whole.

Nearly 30 years after President Jimmy Carter signed the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW),<sup>22</sup> the United States remains the only democracy that has not ratified the world's most significant treaty guaranteeing gender equality.

The Convention defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

Ensuring women's equality can have significant health benefits for both women and their families. Women's empowerment, psychosocial support, and gender-based violence prevention and counseling programming are integral to women's health outcomes. Often women – particularly young women – are either economically or socially dependent on their male partners, limiting their ability to negotiate sex, including the use of condoms or other family planning methods.

Furthermore, eliminating gender disparities in primary and secondary education in 45 countries would save the lives of 1 million children a year and reduce malnutrition rates by several percentage points.<sup>23</sup> When women have access to the same rights and opportunities as men, better health outcomes for themselves and their children usually follow.

But gender equity must go beyond ensuring equality between men and women. There is also a great need to address stigma and discrimination related to gender identity as well as sexual orientation.

Diversity of sexual orientations exists in all societies. Yet, around the world, people who practice sexual behavior beyond heterosexuality experience social and legal inequality. Social norms in many communities around the world reinforce a sense that discrimination against people of differing sexual orientations and gender identities is acceptable. Even further, many countries around the world criminalize consensual sex between members of the same sex.

This January, nine gay men were tried before a court in Senegal and sentenced to prison for eight years for "indecent conduct and unnatural acts." Consensual sex between men is illegal in Senegal but, on top of that, the judge added three to five years above of the original sentence claiming these men were also part of a criminal group. They were part of a group providing HIV prevention information to other men having sex with men in their community.

Fueling stigma and discrimination toward men who have sex with men undermines both human rights and good public health practice. Homophobia and transphobia severely limit individuals' access to health information and services. Furthermore, lesbian, gay, bisexual, transgender, and queer (LGBTQ) people are

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<sup>22</sup> The full text of the Convention can be found here: <http://un.org/womenwatch/daw/cedaw/cedaw.htm>.

<sup>23</sup> Partners in Health, Francois-Xavier Bagnoud Center for Health and Human Rights, Physicians for Human Rights, Health Alliance International, RESULTS, and ActionAid. "Global Health Recommendations for a New Administration and Congress."

often provided with health information that doesn't apply to their behaviors and services that are not socially and culturally appropriate.

We must insist that the U.S. government provide leadership in ensuring the human rights of all peoples regardless of age, race, ability, ethnicity, sex, gender identity, and sexual orientation.

**GOAL:** That President Obama send the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) for immediate consent and ratification by the Senate and that the United States government support future United Nations' statements that protect human rights on the basis of gender identity and sexual orientation.

## What can we do?

### 1) HOST A FILM SCREENING

The prevention of violence against women is integral to achieving women's empowerment and economic, political, and social equality. SASA! is a documentary that speaks to the connections of gender-based violence and HIV infection and portrays the realities of two women's lives as they face these trials

The film can be screened in either a 6-minute or a 30-minute version. Both versions of the film and a film-screening guide can be found at [http://www.raisingvoices.org/women/Sasa\\_film.php](http://www.raisingvoices.org/women/Sasa_film.php)

### 2) ENGAGE YOUR UNIVERSITY

If you are a health professional in training, you can engage your classmates in a discussion of the relationship between health and human rights and how to incorporate human rights into traditional education curriculum. The United Nations Declaration of Human Rights and the Covenant on Economic, Social and Cultural Rights are great places to start! The Physicians for Human Rights Student Program has launched a new initiative, the Health and Human Rights Education Project (HHRED), which provides educational content and organizational resources to expand health professional education, and supports student and faculty efforts to incorporate a health and human rights paradigm into the academic work.

Check out the special HHRED section of the Student Program website for more information: <http://physiciansforhumanrights.org/students/hhr-ed/>

### 3) CONTACT THE PRESIDENT

In order to let the Obama Administration know the importance of ratifying CEDAW, contact them today and voice your support for the treaty's ratification. Below is a form message that you can use to contact the administration.

To send a message to the administration, visit <http://www.whitehouse.gov/contact/>.

#### FORM MESSAGE:

["In order to renew U.S. leadership on health and human rights, the Obama Administration must embrace gender equity as a central pillar of human and economic development efforts. One hundred eighty-five countries, including over 90 percent of members of the United Nations, have ratified the Convention on the Elimination of All Forms of Discrimination Against Women \(CEDAW\). I request that President Obama immediately send CEDAW to the Senate for advice and consent to ratification.](#)

Furthermore, in December 2008, sixty-six countries condemned violations based on sexual orientation and gender identity at the United Nations. The U.S was not among them. In the future, it is expected that similar statements will be drafted. At such a time, I request that the Obama Administration provide support and send a strong signal to the international community that the United States is committed to upholding human rights in respect to sexual orientation and gender identity.

In carrying out its role as a global power, the U.S. must be a leader in ensuring the human rights of all peoples, without exception.”

#### 4) WRITE AN OP-ED OR BLOG

Whether or not you have an organization or group to work with, you can get the message out by writing an op-ed for your local or campus newspaper or blog for a site devoted to related issues, like Amplify ([www.amplifyyourvoice.org](http://www.amplifyyourvoice.org)).<sup>24</sup> Spreading the word about the everyday challenges faced by GLBTQ people around the world is the first step to addressing stigma and discrimination.

#### TALKING POINTS:

- Healthcare for GLBTQ young people is many times more difficult to access because of a lack of cultural competency and social stigma. In a study in South Africa among GLBTQ people, 30 percent indicated that health care practitioners did not make them feel comfortable; 23 percent reported that heterosexist questions were asked; and 37 percent indicated that health care practitioners assumed they are heterosexual.<sup>25</sup>
- The risk of HIV infection among men who have sex with men in low-and-middle-income countries is, on average, 19 times higher than in the general population.<sup>26</sup>
- While a substantial amount of data is being collected daily in the United States and various countries in the developing world, a significant data gap exists for GLBTQ young people in low- and middle-income countries. In many cases the social stigma of not solely practicing heterosexuality is so strong that it precludes important health and social research from being supported. More data is needed to effectively respond to the needs of this population.

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<sup>24</sup> Amplify, [www.amplifyyourvoice.org](http://www.amplifyyourvoice.org), is an online community dedicated to sexual health, reproductive justice, and youth-led grassroots movement building both domestically and globally.

<sup>25</sup> OUT LGBT Well-being, “Health care for lesbian, gay, bisexual and transgender people: Issues, implications and recommendations,” Submission to the South African Human Rights Commission public service inquiry into the right to have access to health care services, 2007.

<sup>26</sup> Beyrer, Chris, "Hidden Yet Happening, The epidemics of sexually transmitted infections and HIV among men who have sex with men in developing countries," *Sexually Transmitted Infections*, 2008; 84 (6): 407-409.

# Appendix A: How to...

## PLAN A CAMPUS EVENT

- **Have a clear advocacy demand** – All events should join public awareness with action. Use your event as a mechanism for furthering your advocacy strategy.
- **Invite the media** – Make sure you invite the media leading up to an event, especially your local and school newspaper. Also, prepare media packets with educational information on your issue for media personnel.
- **Use the “rule of halves”**
  - If you want X amount of people to show up on the day for an event, you need to ask 8 times X. So if you want 10 people to show you need to ask 80 people and call them the night before the event. Trust us, it works.
  - Of all the people you first ask, half will tell you that they will come to the event. Of that initial half, only half of these people, when reminded a couple nights before the event, will say that they can come. Of this group, only half again will say that they can come when called the night before the event. Finally, only half of this group will actually show up.

## PLAN A CALL-IN DAY

Organizing a call-in day is a great way to contact your politician and inform the general public. You can call on your own or sit in a popular spot on campus - with cookie and candy incentives - and ask others to join in with you. Be creative in your approach to others.

### **Know the numbers**

- Congressional switchboard: 202-224-3121. The operator will connect you to the appropriate office.
- White House: 202-456-1111. It is likely that you will be asked to leave a message with a secretary.

### **Tips for calling**

- Reserve a table in populated area of campus-preferably during the lunch hour.
- Have multiple cell phones ready. Hand students a ringing phone.
- Have student callers:
  - Clearly state their name and affiliation and indicate that they are a constituent, as appropriate.
  - Explain briefly why they are calling.
  - Refer to a relevant recent article in the local paper or other event--even something they learned about in class.
  - Add a personal story about why they care.
  - Have a specific request – “Please ask Representative/Senator [                    ] to increase funding for international family planning assistance.”
  - Thank the staffers for their time.
- Review this toolkit for sample call-in scripts for each issue.

### **Key components of a table**

- Several copies of the call-in script.
- Information about your organization.
- Fact sheets about your issue.
- Candy/cookies-any sort of fun incentive to get people to make a call.

### **Creative call-ins**

- Students at Harvard University held a free concert and required concert goers to make a call before they could enter. Their effort generated over 400 calls in less than two hours!
- View a movie on campus that relates to your issue and have all that show make a call!
- Have students make a craft at the table—like AIDS ribbons.

## ARRANGE AND CONDUCT LOBBY VISITS

One of the best ways we can educate our elected officials is by meeting directly with them. April 6-18, most members of Congress will be back in district for April Recess, and will be available to meet with their constituents. This is an opportunity for you to voice your opinions to your members of Congress before key votes.

### **1. Make an appointment**

Look up your Congressional representatives and their office phone numbers at [www.votesmart.org](http://www.votesmart.org). You want to call your local, district office. When you call the *district* office, ask to speak to the scheduler. You want to convey a few points to the scheduler:

- Who you are, the organization or university with which you are affiliated, and that you would like to meet with the member of Congress regarding [ issue ].
- You are available to work around the member of Congress's schedule, although you would prefer [time, day].

You will likely be asked to send a formal request letter, either by email or phone. In the letter, you should repeat the key points above, and send it to the scheduler.

The most important step is to **follow-up**. In order to get a meeting, start working with the scheduler as early as possible. You should call 1-2 times a week to check on the status of your meeting. If you have not heard from the scheduler and it is the week before your requested meeting date, you should start calling daily to check in. This is critical. Schedulers give time to the groups and people who they find influential in the community or people who follow up regularly.

### **2. Prepare your team and your materials**

Once you have your time and date, you need to find a team. Consider including a few key constituencies (health professionals, religious leaders, students, etc) and inviting one person from each group until you develop a strong, diverse team. If possible, try to form a delegation by bringing friends who are also from your district. If they are not from your district, you have no obligation to divulge this fact if you are not asked, but also do not lie if asked. Your team should be no more than six people at the most.

Know your issue. Gather your facts and organize them into a one-sided, one page fact sheet. This will be the form that you will leave with your representative. The sheet should include your contact information so that the congressperson's staff can follow-up with you if they need additional information. Remember to be as concise as possible. Do not reinvent the wheel. If an amazing fact sheet already exists, use it or alter it as necessary for your meeting.

### **3. Attend the meeting**

Dress appropriately for your visit. Some lobbyists may try and create a grass-roots image for themselves by dressing down, but it is usually a safe idea to dress business casual. You should show up early but be prepared

to be flexible. Schedules can change quickly, so you should be prepared for the member of Congress to be late.

It is important to be as relaxed as possible during your visit. Expect to be a little nervous. If you have a delegation with you, choose a primary speaker based on familiarity with the issue and speaking skills. Introduce yourself to your member of Congress and their staff, and let them know what group you are representing. Let them know what piece of legislation or issue you are interested in, how you feel about the legislation, and how it will affect you. Try to be as clear and concise as possible.

- **Introduce** attendees. Start by briefly describing your group and having each attendee say who they are and what they do in the community in a few words.
- **Acknowledge** your member of Congress for any previous actions on the issue.
- **Connect** with your member of Congress and/or the aides by asking specific questions, such as, “What are your main priorities in Congress this year?”
- **Review** the agenda for the meeting, mentioning issues you would like to discuss, and give the member of Congress and aides your written requests for the meeting.
- **Present** the issues and requests. When discussing the issues with your members of Congress or their staff, focus on engaging them in the conversation over making requests.
- **Make** specific requests and ask for their answer right then. If they are unwilling to make a commitment, set a date to follow up. Also, carefully record any objections, questions, or concerns. If you can’t address a specific question, tell them you will get back to them with an answer. One person should take notes during the conversation, being sure to write down any commitments made by the legislator or his or her staff.
- **Set a plan** for following up with the appropriate congressional staff.
- **Send a thank-you note or email and follow up** with the staff. Without follow up, your effort in scheduling a meeting and speaking powerfully about our issues could be wasted. If your member of Congress does what you asked be sure to thank them and let them know you appreciate their continued efforts.

Your visit will not only help to persuade your representative, but it will also be an educational experience for you. During your visit, you will get an inside look at the political climate and get further insight on how to better promote your issue. Never be afraid to ask a question about the actual mechanics behind government.

For an example, check out **Americans for Informed Democracy’s “How to Lobby” video** at: <http://www.aidemocracy.org/development/march8idl.php>

## WRITE AN OP-ED

### **1. Identify your message**

Identify your reasons for writing an op-ed. Do you need to raise voter support for legislation? Are you trying to increase awareness of an issue? Understanding the reasons for writing the op-ed will help you hone the message and main points you should stress in the text.

### **2. Identify your audience**

Target your audience. Knowing your audience (policy makers, other youth, Joe Schoe, etc.) will help you decide which media outlet to target.

### **3. Know your media outlet's rules**

Know where you plan to submit your op-ed and the requirements of the outlet. In most cases the outlet will have a limit on word count usually between 500 and 800 words. Time the submission of your op-ed to coordinate with events or dates that stress your message.

### **4. Put forward the ask**

Keep in mind the text limit. Now consider the objective of your op-ed. Your piece should provoke discussion, controversy, and response. What do you want your target audience to do?

### **5. Get it together**

Now with your objectives, target audience and purpose in mind, determine what background information is essential for the readers to understand if they are going to follow your argument. Develop a brief paragraph or two that explains this necessary background information.

### **6. Aim!**

Focus on one issue in your op-ed and one clear action. Support your conclusion with three key points. Devote one paragraph to each supporting point. This paragraph breakdown will help maintain your focus and aid in effective organization of the op-ed as a unified piece.

### **7. Focus**

Identify and discuss the opposing side to your argument. Counter the opposing arguments with facts and point out other weaknesses in the opposing message. Explain why your position is stronger.

### **8. Fire!**

Your opening line should not make your reader turn the page. Importance should be placed on drawing the reader to the article and making the reader review the entire article. The article should end with a bang, not a yawn. Drive the point home and sum up the argument.

### **9. Provide backup support**

Submit your op-Ed with a letter that provides your contact information and reasons why your article is timely and relevant to readers. Collaborating with a relevant public figure, policymaker, executive director, or advocate may maximize impact on the audience. You might consider working with a relevant figure.

### **10. Keep pushing**

Thank the outlet if your piece is run. If your piece is not run, do not give up. Try different angles, different outlets, and different time periods to run your op-ed. Keep your information updated with changing events and sentiment.

## **ADDITIONAL INFORMATION**

Visit [www.ucgh.org/resources/toolkit-center/](http://www.ucgh.org/resources/toolkit-center/) for more information on:

- Letter writing,
- Letters to the editor,
- Op-eds,
- Working with the media,
- Advocacy tactics, and
- Effective campus organizing.

## Appendix B: Additional Resources

These links are also available on the UCGH website on [www.ucgh.org/2009-toolkit](http://www.ucgh.org/2009-toolkit).

### Access to Essential Medicines

Register, learn more, download the toolkit, and log your action: [www.essentialmedicine.org/action](http://www.essentialmedicine.org/action)

Fact sheets about patent pools: <http://www.fightglobalaids.org/resources/patentpools.php>

### Health Care Workers

District Meeting Talking Points: [http://phrblog.org/calendar/download\\_attachment.php?aid=20](http://phrblog.org/calendar/download_attachment.php?aid=20)

Fact Sheet on Health Care for Health Workers:

[http://phrblog.org/calendar/download\\_attachment.php?aid=19](http://phrblog.org/calendar/download_attachment.php?aid=19)

Statement on Rights of Nurses and Health Workers:

[http://phrblog.org/calendar/download\\_attachment.php?aid=55](http://phrblog.org/calendar/download_attachment.php?aid=55)

Endorsement Guide for Statement: [http://phrblog.org/calendar/download\\_attachment.php?aid=22](http://phrblog.org/calendar/download_attachment.php?aid=22)

Endorsement Signature Sheet: [http://phrblog.org/calendar/download\\_attachment.php?aid=54](http://phrblog.org/calendar/download_attachment.php?aid=54)

Fact Sheets on Health Worker Crisis and Strengthening Health Systems

<http://physiciansforhumanrights.org/students/hiv-aids/resources.html>

<http://physiciansforhumanrights.org/students/hiv-aids/strengthening-african-health-systems.html>

PHR PowerPoints on Health Systems: Learn more about Jane Byarugaba and Dr. Fred Katumba who work in rural Lyantonde District in southwest Uganda, where 3 doctors and 8 clinical officers serve a population of 70,000

<http://physiciansforhumanrights.org/hiv-aids/partnerships-in-africa/uganda/clinical-officer-jane-byarugaba/>

<http://physiciansforhumanrights.org/hiv-aids/partnerships-in-africa/uganda/meet-dr-katumba/>

Learn more about the factors driving the health worker shortage in Uganda and Kenya and the challenges they face.

Uganda: <http://www.slideshare.net/bggreenberg/africas-health-care-worker-crisis-views-from-the-ground/>

Kenya: <http://www.youtube.com/watch?v=Zmk35Nx4tFY>

### HIV and AIDS

Read more about the integration of services in Kenya

<http://www.slideshare.net/bggreenberg/case-studies-from-kenya>

Learn about the Global Fund crisis: [www.healthgap.org/gfatm.htm](http://www.healthgap.org/gfatm.htm)

Read additional information about young people and HIV from Advocates for Youth at:

<http://www.advocatesforyouth.org/publications/factsheet/fsglobalhiv.htm>

### Sexual and Reproductive Health

For petition forms, visit: [www.amplifyyourvoice.org/onebillion](http://www.amplifyyourvoice.org/onebillion)

To learn more about the need for \$1 billion in international family planning assistance, read Advocates for Youth's publication on the topic at:

<http://www.advocatesforyouth.org/publications/policybrief/pbonebillion.htm>

Also, read up on adolescent maternal mortality at:

<http://www.advocatesforyouth.org/publications/factsheet/fsmaternal.htm>

### Human Rights

"Human Rights and HIV/AIDS: Now More Than Ever," published by Open Society Institute's Law and Health Initiative, outlines the need to address HIV and AIDS in a human rights framework. Access it here::

[http://www.soros.org/initiatives/health/focus/law/articles\\_publications/publications/human\\_20071017/english\\_now-more-than-ever.pdf](http://www.soros.org/initiatives/health/focus/law/articles_publications/publications/human_20071017/english_now-more-than-ever.pdf)

## About the Organizers

**Advocates for Youth** is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates for Youth provides information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and in low- and middle-income countries. For more information, visit: [www.advocatesforyouth.org](http://www.advocatesforyouth.org); [www.amplifyyourvoice.org](http://www.amplifyyourvoice.org).



**The American Medical Student Association (AMSA)**, with a half-century history of medical student activism, is the oldest and largest independent association of physicians-in-training in the United States. Today, AMSA is a student-governed, national organization committed to representing the concerns of physicians-in-training. The American Medical Student Association is committed to improving health care and healthcare delivery to all people; promoting active improvement in medical education; involving its members in the social, moral and ethical obligations of the profession of medicine; assisting in the improvement and understanding of world health problems; contributing to the welfare of medical students, interns, residents and post-MD/DO trainees; and advancing the profession of medicine. For more information, visit [www.amsa.org](http://www.amsa.org).



**Americans for Informed Democracy (AID)** is a non-partisan 501(c)(3) organization that brings the world home through programming on more than 1,000 U.S. university campuses and in more than 10 countries. AID fulfills its mission by coordinating town hall meetings on America's role in the world, hosting leadership retreats, and publishing opinion pieces and reports on issues of global importance. For more information, visit [www.aidemocracy.org](http://www.aidemocracy.org).



**GlobeMed** connects the assets of a student-led network to local health organizations working in communities around the world. By inspiring and training university students to mobilize resources for global health, we seek to build a movement fighting for a more sustainable and secure world. For more information, visit: [www.globemed.org](http://www.globemed.org).



**Physicians for Human Rights (PHR)** mobilizes health professionals to advance health, dignity, and justice and promotes the right to health for all. The goal of PHR's Student Program is to advance health professional students' understanding and lifelong investment in health and human rights activism, and to cultivate their unique contributions as advocates promoting health and human rights locally, nationally and globally. For more information, visit [www.physiciansforhumanrights.org/students](http://www.physiciansforhumanrights.org/students)



**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](http://www.fightglobalaids.org)



**Students Partnership Worldwide (SPW)** is an established youth-led non governmental organization (NGO) dedicated to making young people central to the development process. Founded in 1985, SPW currently recruits just under 1000 volunteers (aged 18-28) each year to work on targeted health & environmental education programs in rural India, Nepal, Sierra Leone, South, Africa, Tanzania, Uganda, Zambia & Zimbabwe. Programs last between 5 and 12 months. Uniquely, 85% of SPW's volunteers are young African & Asian volunteers leading development in their own countries. These volunteers live and work alongside a number of international volunteers recruited primarily from North America, Europe and Australia. For more information, visit: [www.spw-usa.org](http://www.spw-usa.org).



**Universities Allied for Essential Medicines (UAEM)** is a coalition of students at over 40 top research institutions across the United States, Canada, Germany and the United Kingdom. UAEM's mission is to promote access to medicines for people in developing countries by changing norms and practices around university patenting and licensing, ensure that university medical research meets the needs of the majority of the world's population and empower students to respond to the access and innovation crisis. For more information, visit [www.essentialmedicine.org](http://www.essentialmedicine.org)



**University Coalitions for Global Health (UCGH)** is a coalition of international health-focused organizations and individuals with a university presence. Established in the fall of 2004, UCGH brings youth together to unite around common projects and events, multiplying their impact on global health issues. UCGH brings together leaders from global health-focused, student-serving organizations to harmonize efforts and collaborate on events and projects. For more information, visit [www.ucgh.org](http://www.ucgh.org).





university coalitions for global health

## JOIN US IN CALLING ON THE OBAMA ADMINISTRATION TO:

- ◆ fulfill existing promises to global health
- ◆ create a transparent and sustainable U.S. global health strategy

## ORGANIZE YOUR COMMUNITY TO ADDRESS:

- ◆ access to essential medicines
- ◆ health care workers
- ◆ HIV and AIDS
- ◆ sexual and reproductive health
- ◆ human rights

the 2009 global health week of action toolkit will be available march 5 at:  
[www.ucgh.org/2009-toolkit](http://www.ucgh.org/2009-toolkit)

# MARCH 30 - APRIL 3

# GLOBAL HEALTH WEEK OF ACTION



university coalitions for global health

# MARCH 30 - APRIL 3

## GLOBAL HEALTH WEEK OF ACTION

**EVENT:**

**LOCATION:**

**DATE:**

**TIME:**

**sponsored by:**