Campaign Overview

Dear SGACers,

During the spring semester of 2006, we saw SGAC chapters launch a nation-wide Treatment Access Campaign to bring affordable AIDS drugs to the Global South. Dozens and dozens of actions took place on college campuses throughout that time – targeting Abbott Laboratories, Gilead Sciences, and the U.S. Trade Representative. By summer's end, SGAC had already made great strides in the campaign against Gilead Sciences by getting them to commit to a change in policies guaranteeing increased access to their AIDS drugs.

With only 1 out of the 40 million people living with AIDS on treatment, there is still much to do. At last year's G8 Summit, leaders of the world's richest countries committed to achieving universal access to AIDS drugs by 2010. With only four years left to reach that commitment, it is obvious that world leaders must proceed with quick progress and make considerable changes.

We believe that access to life-saving treatment is a matter of justice and basic human rights. Governments and corporations can no longer evade their global responsibility to human rights. The deaths of millions every year as a result of weak health systems and exorbitantly priced drugs is unacceptable.

The SGAC is committed to bringing an end to such injustices. At a time of global pledges and commitments, the SGAC is committed to realizing such goals through real action. We hope that this Campaign Kit will be helpful to all those student/youth activists working together in this movement for Universal Access by 2010.

For those involved in last year's SGAC Treatment Access Campaign, you know the change that your actions can effect. We hope that chapters of SGAC all over the country can, again, take action side-by-side. We look forward to hearing from you as we move ahead in this national campaign to achieve Universal Access by 2010.

In Solidarity,

Anuja, Caiti, Erin, Grant, Jazzy, Matt, Mimi, Taylor, Tim, Will
SGAC National Steering Committee

Universal Access by 2010

Last year, there were close to 5 million new HIV infections worldwide, over 3 million of these in sub-Saharan Africa alone.

In 2005 the leaders of the world's wealthiest nations—the Group of 8 (G8)—together committed to ensuring "as close as possible" to Universal Access to AIDS Treatment by the year 2010. Coming on the heels of the WHO's unrealized goal of treating 3 million people by 2005, this promise was lauded as a necessary framework for continuing the fight. At the UN General Assembly Special Session on HIV/AIDS in June 2006, the concept of universal access was expanded to include access to information, voluntary testing and counseling, and prevention tools, such as male and female condoms. As individual member states signed on to the pledge, the commitment to create a world in which each person had the information and resources to respond to the pandemic became a global one.

In the United States and other wealthy nations, HIV/AIDS is increasingly becoming a chronic, treatable disease. Life-extending drugs are available to those with the money, insurance, or government support necessary to pay for them, and today many individuals have survived—and even thrived—with HIV for upwards of two decades. After the introduction of anti-retroviral therapy in the US in 1996, the HIV-related death rate declined by 70%.

Yet of the over 40 million people living with HIV/AIDS, over 6 million of whom are in "immediate need," only 1.7 million had access to treatment by mid-2006. At this rate we will certainly miss the goal of Universal Access by 2010. Why?

In the last decade, we have seen the price of first-line antiretroviral drugs fall drastically—due largely to low-cost generic production. Through recent efforts of activists around the world, including a powerful national campaign by SGAC last semester, we have seen pharmaceutical companies and governments change a great many policies and practices. Yet some drug companies continue to fail to make their newest drugs available and affordable. Governments continue to short-change global AIDS funding and have failed to address the drastic shortage of doctors, nurses, and healthcare workers in Africa. And the US government specifically continues to push new global trade rules that would give drug companies new rights that would block the production of low-cost generic drugs.

The Student Global AIDS Campaign this year is launching an expanded campaign to push government and corporate decision-makers to do what's right—to make "Universal Access" a reality, not just a catch-phrase. We will join with activists from around the world to demand that decision-makers put action behind their rhetoric.

GILEAD

One of the two companies targeted by SGAC in the Treatment Access campaign at the beginning of 2006 was Gilead Sciences. After several months of letter-writing, protests, media attention, and dialogue with the company, Gilead announced several major changes in its Tenofovir (Viread) policies. The company will register its drugs by the end of the year, cut its prices for "middle income" countries, and license Indian generic drug makers to produce the drug. Such commitments from Gilead would not have come about had it not been for a coalition of organizations from both the Global North and South to build power against a pharmaceutical giant. SGAC can take pride in being leaders in this campaign that resulted in such positive change.

ABBOTT

While SGAC can mark the Gilead campaign as a victory, another arm of the Treatment Access campaign is not yet finished. SGAC charged into the campaign against Abbott Laboratories with full force. Throughout the Spring semester, SGACers took part in a national phone-in/fax-in days to CEO Miles White's office, a National Week of Action where half a dozen SGAC chapters demonstrated at Abbott offices scattered all over the country, and an International Day of Action that coincided with Abbott's Annual Shareholders Meeting and multiple actions throughout the world. At the same time students were taking to the offices of Abbott Labs, Abbott representatives were reaching out to SGAC students to engage in dialogue about demands. Activists have made themselves heard loudly, and Abbott has taken notice. At the International AIDS Conference in Toronto this summer, it became clear that Abbott is on the minds of activists around the world as SGAC joined activists from South Africa, Thailand, India, Malaysia, and South Korea in demanding affordable access to the lifesaving drug Kaletra. Abbott Laboratories abandoned their reserved booth and were nowhere to be found during the week-long conference.

Despite the noise made by SGAC activists and partner organizations throughout the world targeting a change in Abbott's policies, Abbott has been reluctant to sacrifice a wider margin of profit for the saving of millions of lives. It is still unacceptable that Abbott has not publicized a timeline for the broad registration of new, heat-stable Kaletra in the Global South. Further, the price of Kaletra in low- and middle-income countries is simply too high. The cost of Kaletra ranges from $500 to $2,200/patient/year throughout the Global South – prices that make treatment a mere dream for millions who live on less than $2 a day. Despite growing criticism from not only activists but also other pharmaceutical companies around their bad pricing and intellectual property policies, Abbott continues to obstruct the path towards universal treatment by 2010.

HEALTHCARE WORKERS

A new initiative that the Student Global AIDS Campaign is taking on nationally this year focuses on the health care worker shortage throughout Africa. While availability and affordability of AIDS drugs is one key piece of providing Universal Access to treatment, people living with HIV/AIDS also need functional healthcare systems with the doctors, nurses, and community workers that can deliver drugs and care. Decades of dis-investment in healthcare systems have left families and communities—largely women—with the work of caring for those who are sick and dying of AIDS.

With Africa facing 24% of the world's disease burden, it has only 2.5% of its healthcare workers. Currently, there is no plan to address this shortage, and, without sufficient attention, this lack of people power could prove as harmful as a lack of appropriate medications, becoming the limiting factor in providing people with the testing and treatment that they need. Putting pressure on leaders to support programs and funding to build this crucial infrastructure, therefore, must be a part of the framework for achieving Universal Access.

TRADE ISSUES

The rules of global trade—from the World Trade Organization to the spread of US-sponsored bilateral deals—are increasingly giving big drug companies new rights while blocking those seeking to make low-cost AIDS drugs. Longer patents on drugs, making clinical trial data corporate property, and restricting the rights of countries to import affordable drugs are all ongoing problems. Current deals pushed by the US government would make things even worse. Last year we saw negotiations with Thailand and Southern Africa put on hold because of activist pressure (which SGAC was a part of). Yet, this push continues. AIDS activists throughout the global South have come together to oppose the expansion of bad trade rules—and we must work with them. Instead of a global trade system that blocks access to life-saving drugs, we need one that makes such access easy and affordable if we are ever to reach Universal Access to Treatment by 2010.

And so, this year, we have our work cut out for us. We will be partnering with groups across the country and around the world to build a real movement to make this promise a reality. From the Treatment Action Campaign (TAC) in South Africa to the Thai Network of People Living with HIV/AIDS (TNP+), the Student Stop AIDS Campaign in the UK, and to the American Medical Student Association—this year will be a key year in determining if this massive promise has a chance of being realized.