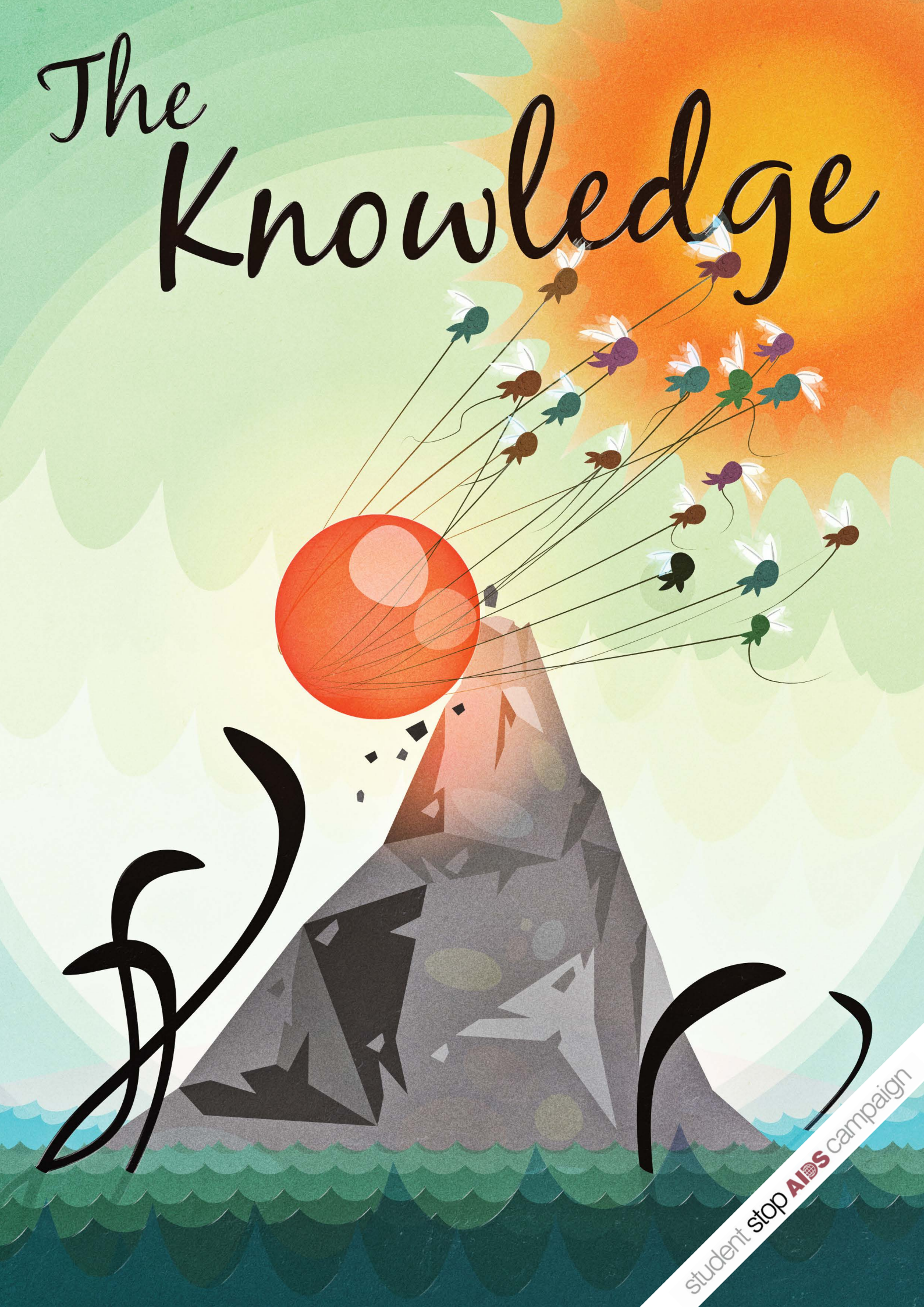
The Knowledge



student stop AIDS campaign

A tipping point for HIV?

We have the tools, the knowledge and the diversity of experience that can bring an end to AIDS—all we are missing is the political will. And that's where you come in!

In the last 15 years we have made incredible progress in the AIDS response. More people than ever are accessing treatment and the number of new cases globally is declining. We now know that treatment acts as prevention and we are getting better at reaching and including key populations like sex workers, people who use drugs and LGBT groups. But we are not there yet…

There are still 35.3 million people living with HIV, 16 million waiting for treatment and someone dies from an AIDS related death every 20 seconds. To see an end to AIDS in our lifetime we need to redouble our efforts:

- **Treatment** We may have won the battle to achieve affordable 1st line HIV medication but the war is not over. Newer medicines still cost $25,000 per person per year in some countries and we don't have the drugs we need for the diseases like TB that kill people with HIV.
- **People** Although low income countries, mainly in Sub-Saharan Africa, remain the worst hit by the HIV pandemic the virus is spreading fastest in middle income countries in Eastern Europe and Central Asia - particularly among those excluded or criminalised like people who use drugs. We need to make sure that treatment and prevention services are reaching these areas if we are going to maintain an effective AIDS response.
- **Money** We were successful in getting the UK to contribute £1 billion to the Global Fund to Fight AIDS, TB and Malaria but we still have an annual $7 billion resource gap that needs to be filled. The Robin Hood Tax would be the most logical and effective way for us to tackle this deficit but our government is yet to see the light.

Year after year, the Student Stop AIDS Campaign—as part of an international movement of activists, NGOs, doctors, people living with HIV and policy makers— have been responsible for many of the great achievements of the HIV response. Our activism was essential to the creation of the Medicines Patent Pool and we ensured the UK doubled its lifesaving contribution to the Global Fund but now, we need to be more focused and more ambitious than ever before.

To see an end to AIDS we have to fight to ensure that HIV stays at the top of our leader's agenda and must defend the right to health at every step - ensuring that people are put before profit. The progress we have made so far only happened because those with the power to act were forced to by campaigners like you. This guide will equip you, and hundreds of other student activists, with the info and skills you'll need to help make sure we force our leaders to make the end of AIDS a reality.

Never doubt that a small group of thoughtful, committed, citizens can change the world.

Indeed, it is the only thing that ever has.

Margaret Mead

Hi, I'm Saoirse. I'm the Student Stop AIDS Campaign coordinator. I'm here to support you in becoming informed, creative and effective campaigners. If you have any problems, want to lean a skill or need help I'm always here, so get in touch:

- Saoirse@restlessdevelopment.org;
- 0207633371
- Saoirse Fitzpatrick, Restless Development 7 Wootton Street, London SE1 8TG

Contents

Who Are We?

The Student Stop AIDS Campaign is made up of young people across the UK who believe that the world's response to the HIV pandemic is insufficient and unacceptable. We are part of STOPAIDS - an 80 organisation strong network dedicated to the global AIDS response. Through creative campaigns and effective advocacy we aim to fulfil our vision of a world where there are zero new infections, zero discrimination and zero AIDS related deaths. To achieve these aims we focus on three key areas that you can read all about here in **The Knowledge**:

- **Access to medicine** We want governments, global institutions and corporations to put the life-saving needs of people before profit and commercial interests to ensure access to appropriate and affordable medicine for all.
- **Funding the response** We want to see the reversal and ultimate ending of the HIV/AIDS pandemic through a) sustainable funding for the Global Fund to fight HIV, TB and Malaria and b) the commitment of the UK government to join the Robin Hood Tax.
- **A world free from stigma** We want to see a world free from stigma and discrimination through increased global awareness and education and a focus on the needs of key populations like sex workers, people who use drugs and LGBT groups who are often criminalised and marginalised within society.

At the centre of the Student Stop AIDS Campaign is the belief in the potential and capacity of young people to affect real change. We know, from 11 years of experience that the courage, hope and dedication of young people is a force to be reckoned with and the global shifts in the AIDS response have reflected the calls for change that we joined others in making.

Katy's Story

Katy Athersuch, Coordinator of the Student Stop AIDS Campaign in 2007 remembers what drew her to the organisation and how she's carrying on the fight to improve access to medicine at MSF.

In August 2006 I joined Restless Development (then SPW) as the Student Stop AIDS Campaign Coordinator. I had graduated from the University of Sussex a couple of months before and was really excited to have the opportunity to take on this campaigning role and continue working for a cause I believed so strongly in. Before going to university I had volunteered with Restless for 6 months in Nepal, and I'd learned about the Stop AIDS Campaign during our debriefing when I'd got back. The campaign appealed to me a lot because it felt very tangible, direct and I could clearly see the role that students could play in pushing for policy change with the government. During my time at Sussex I'd help set up the Student Stop AIDS Society there and become more involved with the national campaign as time went on. At that time we were pushing the UK to get a commitment from the G8 leaders to 'Universal Access by 2010'. During the summer of my second year of university we'd gone up to Gleneagles in Scotland where the G8 Summit was being held, camped out with other activist groups and taken part in a few media stunts for the campaign.

I'm now working for Médecins Sans Frontières' Access Campaign in Geneva as a Medical Innovation & Access Policy Adviser. I'm also studying part time for an MSc in Global Health Policy with the London School of Hygiene and Tropical Medicine (by distance).

Looking back I feel extremely privileged to have worked for Student Stop AIDS in my first job out of Uni. I was given huge amount of responsibilities but also huge opportunities - to learn from seasoned campaigners; to meet with activists from all over the world and to be a part of a campaign that really made things happen and changed government policy. From Coordinating the student arm of Stop AIDS I went on to become the Coordinator of the Stop AIDS Campaign - the national coalition of over 80 organisations working on HIV in international development. In November 2009 I moved to Geneva to work for MSF and although my remit has broadened out beyond HIV to look at many other disease areas, I'm still fighting for people to have access to the medicines they need; for innovation to serve the needs of people living in developing countries and for governments to keep their promises!

What We Achieved Last Year!

Campaigning works. There is no doubt about it. Every time a decision gets made, those in power make a calculation about the consequences of their choice. Good campaigning makes sure that they have to factor your voice into the equation. And throughout history - and even within the last year - good campaigning has changed the world and the HIV response for the better.

Thanks to all of your fantastic hard work and commitment the Student Stop AIDS Campaign has taken a huge amount of action and made some incredible achievements in the last year.

Success! GlaxoSmithKline join the Medicines Patent Pool

The Student Stop AIDS Campaign has been pushing for GlaxoSmithKline to join the Medicines Patent Pool since the it began in 2010. After 10s of thousands of action cards, pool parties and meetings with GSK staff - ViiV Healthcare, a subsidiary of GSK, decided to join the pool. This means that millions of people will able to access an affordable version of ViiV's brand new, super effective HIV drug! Our commitment to getting big pharmaceutical companies to join the pool has been commended by the MPP;

The Student Stop AIDS Campaign has been an unwavering voice in expressing the importance of the Medicines Patent Pool succeeding… And that is very much the spirit that the Student Stop AIDS Campaign has had all these years, believing that it could be done, that the Pool could work and that one should not give up

Esteban Burrone - Head of Policy, Medicines Patent Pool

Success! The UK pledge £1 billion to the Global Fund to fight HIV, TB and Malaria

During last year's speaker tour we got over 1500 people to sign action cards urging the UK to give £1 billion to the Global Fund.

In September last year, thanks to our continued pressure alongside other UK civil society organisations the UK agreed to the £1 billion pledge—which will account for an extra 750,000 people accessing antiretroviral therapy. The Global Fund were so impressed by our creative campaigning and advocacy work that they sent us a personalised thank you letter. **Read more about the Global Fund on page 11.**

We...

...Supported our comrades from South Africa with an internationally coordinated action around the #pharmagate scandal...

...Held an amazing speaker tour with Daisy, Jay and Nick...

...Campaigned to end vicious EU trade attacks on access to medicines and pushed for transparency in negotiations...

...Lobbied our MPs in parliament about the UK's position on the EU's trade agenda

...Stood in solidarity with the Support. Don't Punish campaign fighting for the de-criminalisation of drug use...

...Joined the movement against TTIP to show how the agreement could affect access to medicines in developing countries as well as the EU and USA.

The Stats...

...60 activists marched to the French and German embassies in Edinburgh to demand a greater contribution to the Global Fund...

...516 attendees to the Speaker Tour to hear first-hand accounts of the impact of HIV, and the policies which shape the response, on the lives of young people...

...8 public stunts performed...

...1221 transparent **letters to MEPs written**, **34 MPs lobbied**, and **4 videos produced** for our trade campaign work...

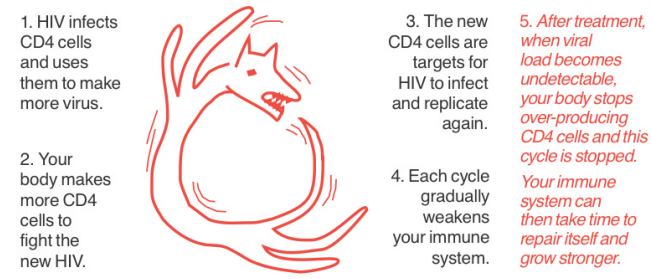
...15 Student Stop AIDS groups and over **250 committed activists.**

What is HIV?

Before we dive into the nitty gritty of our campaigns on how to tackle HIV and AIDS lets start at the start and talk about what HIV actually is and how it works.

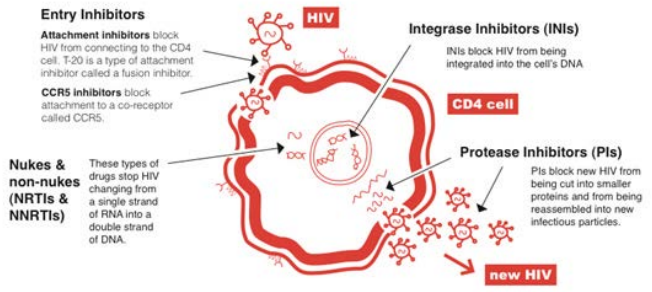
HIV (Human Immunodeficiency Virus) is a virus that is contracted through bodily fluid during unprotected sex, contaminated blood transfusions, hypodermic needles or from mother to child during pregnancy, birth or breastfeeding. The virus attacks your body's immune system decreasing its ability to fight off other viruses, infections and bacteria.

HIV does this is by infecting our white blood cells or CD4 cells which are a key part of our immune system. When HIV gets into these CD4 cells our body produces more of them to try and fight the virus off but these new cells then become a target for the HIV virus to reproduce itself - it is like a dog chasing its own tail. See image below courtesy of I-BASE.



To help control the HIV virus we take Antiretrovirals or ARVs which include a range of different drugs which fight the virus at different stages of its development.

See image below courtesy of I-BASE.



To determine whether a person needs to start ART - Antiretroviral Therapy - doctors test the number of uncontaminated CD4 cells in your body. A healthy person's CD4 count is usually between 500 and 1500 cells per millimetre cubed (mm3) , if your CD4 count falls below 500 then you will be advised to start treatment.

Without treatment, once your CD4 count falls below 200 mm3 then you are diagnosed as having AIDS Acquired Immune Deficiency Syndrome (AIDS) . With no immune system people are vulnerable to 'opportunistic infections' which include bacterial disease such as Tuberculosis (responsible for a quarter of all AIDS related deaths) and pneumonia, fungal diseases, viral diseases like Hepatitis B and C and particular Cancers.

A person living with HIV can lead a normal life if they are on treatment. Furthermore, thanks to research we now know that successful ART means a person's chance of passing on the virus to someone else is decreased by 96% - proving that treatment can also be used as prevention. This means that the opportunity to begin the end of the epidemic is in reach- if in the coming years the numbers of new cases of HIV can be outstripped by the number newly accessing treatment. The Student Stop AIDS Campaign is dedicated to making this hope a reality by working to ensure that affordable, quality treatment is available for all but there are obstacles that need to be overcome:

- **Laws and international rules need to be amended**
- **Leaders need to stop ignoring the human rights of people living with HIV and key populations**
- **Governments need to step-up their ambition**

These are the three issues we're going to be focusing on in the coming years. Read on to find out how we're going to tackle them.

Access to Medicines for All

Despite the existence of ARVs since 1996 there are still 16 million people in the world not accessing treatment. If we are to see the end of AIDS in our lifetime then we need to address this treatment gap.

Why are so many people still not getting the drugs?

There are many reasons why people are still not accessing treatment. The health infrastructure in many developing countries is often insufficient, health budgets are limited and stigma and discrimination mean that diagnosis, treatment and care is not reaching those most in need. However high drug prices remain one of the biggest barriers to people accessing medicine. But why do drugs cost so much?

Patents and the Price of drugs

The World Trade Organisation, or WTO, are the guys who make up the rules about how countries and companies are allowed to do business around the world. They have been heavily criticised for creating rules which favour the interests of rich countries at the expense of developing countries. One of the WTO's most controversial set of rules is known as TRIPS (Trade-Related aspects of Intellectual Property Rights) established in 1994 which states that if you come up with a new invention you can patent it, so no-one is allowed to copy it for a period of 20 years. That's a 20 year monopoly, which all members of the WTO (including developing countries) have to abide by. The idea behind this is to protect the investment (time, energy and money) of the inventor by rewarding them with a secure market. This might sound reasonable and in some areas it may be appropriate but TRIPS also applies to medicine. This means that if you come up with a life-saving HIV drug then you can charge whatever you like for it because the patent means there is no competition to bring the price down. Millions of people have been dying simply because they couldn't afford the drugs.

What has been done to stop this?

In the years following the introduction of TRIPS it became clear that these rules were having a seriously negative impact on access to medicine. To address this issue a group of developing countries put pressure on the WTO to come up with a strategy to mitigate the harmful effects of TRIPS. They were successful and in 2001 **TRIPS flexibilities** were born. These new rules meant two good things for developing countries;

1. It gave governments the right to override a patent if they were experiencing a public health emergency and file for a **compulsory license** to produce or import a generic (affordable) version of a medicine
2. **Strengthened patent law** to allow only new or improved drugs to be given a patent.

This is designed to stop pharmaceutical companies trying to extend their monopolies by making slight changes to a drug and re-patenting them—like turning a pill into a powder—a process known as '**ever-greening**'.

Before TRIPS Flexibilities the only option developing countries had was to wait 20 years for the patent to expire or accept the high price. Unfortunately though, despite the introduction of TRIPS flexibilities to protect public health, they are currently being undermined by the pharmaceutical industry—as well as governments they have successfully lobbied - with a series of underhanded tactics.

How do big Pharma fight back?

As if TRIPS weren't bad enough, the EU and US have been pushing for developing countries to implement even stricter rules around the enforcement of patents known as **TRIPS**

Why is India so important?

India is known as the pharmacy of the developing world, producing 80% of all the ARVs used in developing countries.

Generic drugs are legal, quality assured copies of copies of brand-name drugs.

Thanks to generic competition (lots of manufacturers selling the same thing means they constantly try to undercut the price their competitors are charging) the cost of ARVs has decreased from over $10,000 per person per year to as little as $87 per person per year. Combined with the scale up in resources for organisations like the Global Fund, this is the reason there are now 12.9 million accessing treatment compared with only 400,000 in 2003.

India had been producing generic drugs for the developing world for years but it became a member of the WTO and in 2005 had to start playing by WTO rules, including TRIPS. India can still produce generic copies of old ARVs but it cannot make generic versions of new HIV treatments. With no generic competition new HIV drugs can be 15 times the price of first line medicines.

A Swiss cigarette manufacturer sued the Uruguayan government under ISDS for passing a law that wanted to put bigger warning labels on cigarette packets as a public health precaution

PLUS provisions. Unlike TRIPS, developing countries are under no legal obligation to abide by these new regulations, but western governments are putting huge pressure on them to accept them by including them in the terms of Free Trade Agreements (FTAs). The EU and the USA have been aggressively pushing a TRIPS plus agenda in their trade policy which is having a disastrous effect on access to medicine. And we know for a fact that there is a strong pharmaceutical voice lobbying them from behind the scenes.

European's trade attacks on access to medicine: India, Thailand & TTIP

Currently three FTAs are being negotiated by the EU - with India (pharmacy of the developing world) ; Thailand - whose health system depends on generic drugs; and the USA—an agreement known as TTIP (Transatlantic Trade and Investment Partnership) which will set the standard for all future FTAs.

Examples of TRIPS Plus provisions included in the EU's trade policy include extending a patent beyond the 20 year minimum and introducing rules that will limit the use of compulsory licenses or restrict generic competition.

One of these provisions is known as 'data exclusivity' which gives pharmaceutical companies the right to withhold the clinical trial data of drugs meaning the generic producer will have to wait a further 5-10 years to produce a generic, affordable version. Without clinical trial data a generic company cannot legally sell a drug. Their only option is to repeat the clinical trials but this takes years, incurs huge costs and is unethical—as the drug has already been proved effective.

Thanks to pressure from campaigners including the Student Stop AIDS Campaign data exclusivity was removed from the draft text of the EU-India trade agreement in 2011 and the EU admitted its negative impact on access to medicines. Despite this however, 'data exclusivity' has found its way into the EU's FTAs with Thailand and with the USA meaning our work is far from over.

Mikhail Menezes—Student Stop AIDS Campaigner meets with Green MEP Jean Lambert

Another key provision included in all three FTAs is known as the ISDS—Investor-State Dispute Settlement—which has been put in place to protect the investment of companies. However part of this protection means that companies (including pharmaceuticals) would have the right to sue a government in secret arbitration courts, if they pass a policy that would affect their ability to make profit- even if that policy was put in place to protect public health.

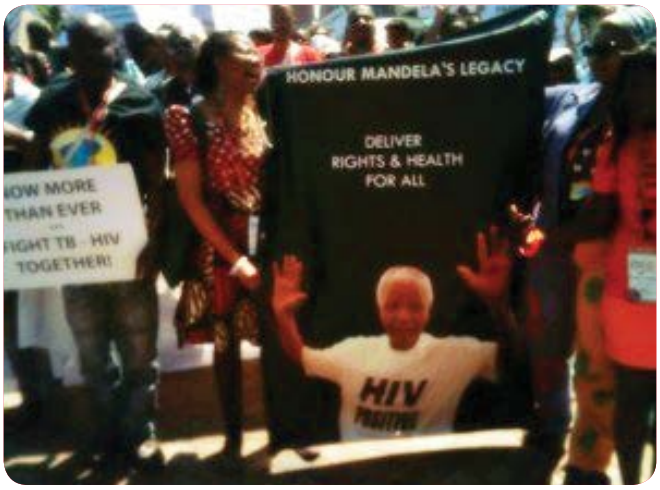
Governments think they can get away with forcing these unjust rules on developing countries to help their big pharma friends because there is almost no public oversight of the FTA negotiations. Negotiations happen behind closed doors with only decision makers and big business invited to the table, the only time civil society hear anything about what's included is when the text is leaked!

Student Stop AIDS Campaign action

This past year the Student Stop AIDS Campaign has put a lot of energy into raising awareness about the impact of the EU's trade agenda on access to medicines. We got 1200 transparent letters written to MEPs demanding just that: '100% transparency in all negotiations', as well as the removal of any harmful provisions that could compromise access to medicines. We did two stunts outside the European Commission, have written two letters (and got one response) to EU Trade Commissioner Karel De Gucht, joined the TTIP national day of action and have been meeting with MEPs to discuss the issue further.

Big Pharma's greed - a threat to access to medicines

On top of Big Pharma pushing their agenda via bilateral Free Trade Agreements, they are also using other tactics to try and limit the generic production of medicine. Why? Because low-cost generic drugs drive prices down upsetting the profits of big pharma. So what have they been up to?



Nelson Mandela Legacy March as the 2013 International Conference on AIDS and STIs in Africa (ICASA)

South Africa: Fix the Patent Law

In January this year a leaked email exposed a pharmaceutical industry plot bankrolled by hundreds of thousands of US drug company dollars to derail South Africa's plans to reform their patent law.

South Africa desperately needs to do this since their current system does not work. There is no review of patent applications meaning they granted 10 times more medical patents in one year than Brazil did in five!

Drug companies can make small changes to their drugs and file for new patents to maintain their monopolies. If a drug is patented, a generic version cannot be used in that country and as a result South African's have to pay top prices for the medicines they need.

In contrast Indian patent law, which has been written in a way that balances public health with patents, has enabled more generic production and bought the price of many drugs down. For instance the antibiotic Linezolid costs only £1.37 in India and a staggering £37 in South Africa.

Protesting outside the Pharma Summit held at The Dorchester Hotel in March

Our South African comrades—the Treatment Action Campaign—have been working with the government to make pro-health reforms to their patenting law. TAC had buy-in from the government and a draft proposal had been written when it was leaked that the Big Pharma mob had paid a 'high calibre' consultancy firm to dissuade the South African government from going through with the changes. This scandal, now known as #PharmaGate, comes 16 years after Nelson Mandela was sued for trying to change laws to facilitate access to medicines by 39 multinational pharmaceutical companies. All because Big Pharma can't bear to part with profits.

The Student Stop AIDS Campaign stood in solidarity with our South African comrades by protesting outside the Economist's Pharma Summit in London last March (where representatives from many of the guilty companies were present) on the same day as the TAC marched to government offices urging them to resist Big Pharma's pressure.

This exposé is a clear indicator of the power that the pharmaceutical lobby have. As the third richest industry in the world, this isn't a surprise. We also see examples of this in the fact that the US have placed India on a 'watch list' called the Special 301 report for the changes they have made to their patent law.

We, as civil society, need to do more to ensure that governments around the world are supported when taking actions to try and safe-guard public health. This means challenging the pharma lobby when it attempts to manipulate bilateral trade deals and holding them accountable for underhanded tactics. We want our government to stand-up for country's using legal TRIPS flexibilities and will continue to seek this support in the coming years.

Steps to safeguard access to medicines…

The Medicines Patent Pool

The Student Stop AIDS Campaign was one of the central civil society groups who helped to establish the Medicines Patent Pool in 2010. It is a solution that matches the scale of the problem and it is helping to make it much easier for generic versions of HIV treatment to be made; but it's success depends on the involvement of big pharma.

A patent pool is a system where patent-owners voluntary give their patents to a central organisation that then licenses them to generic manufacturers. The terms of this deal are made public - a big change from the shady, secret deals of the past. Manufacturers who wish to make a generic version can access the patents in the Pool in exchange for paying a fair royalty to the patent owners. In this way the Pool acts as a 'one stop-shop' for managing the negotiations and receiving and paying royalties.

The patent pool can help to solve two key problems:

- **Drug prices:** because the pool allows competition between generic producers - the most successful way of bringing a drug price down. This is particularly important for newer, more effective drugs which are still patented and therefore priced out of reach.
- **Development of new drugs:** with no patent, a company is free to build on existing research in order to develop new forms of the drug that may be more suitable for different groups of people such as children.

Since the pool was created the Student Stop AIDS Campaign has been tirelessly fighting to encourvvage pharmaceutical companies to join! And the thousands of action cards we have got signed and the 'pool parties' we've staged have been successful. Gilead was the first to join the pool in 2012 and last April we heard that ViiV healthcare (a subsidiary of GSK) have put their patent for a brand-new drug called Dolutergavir into the Pool. Dolutegravir has proved really promising due to its low side-effects, high barrier to resistance and suitability for children from 12 years old.

However although the patents are now in the Pool there are terms and conditions around the licenses which can affect who is able to access the drugs and this is something we need to be aware of. The license for Dolutegravir for example is open to countries where 99% of children and 93% of adults with HIV reside. However it excludes many countries - such as China, Russia, Ukraine as well as some countries in North Africa and Latin America - which also have high HIV burdens, poverty and high inequality.

The exclusion of these countries shows the limits of voluntary approaches like the MPP. We believe every developing country should have access to affordable generic drugs and we believe that all countries excluded from such deals should exploit their legal right to issue a compulsory licence to access generic supplies.

We are committed to getting the three remaining major pharmaceutical companies—Johnson and Johnson, Merck and Abbott—to join the pool using ViiV's recent actions as leverage. And to ensure the licenses that are agreed upon include all countries to enable the scale-up of people accessing ARVs to happen.

Innovation

The research and development (R&D) of new drugs is essential for the fight against HIV—and all diseases, but the way it is currently carried out is inherently flawed. The current system means that research and development is driven by market forces rather than health needs and relies on the patent system to recoup costs by charging high prices.

As a result of this system pharmaceutical companies will only invest in medicines where they can be sure of a financial return. In other words they only produce drugs for people who can afford them. This means two things - 1. the health needs of poorer countries are largely ignored and, 2. if drugs are produced for diseases that affect them they are priced out of reach.

A clear example of this is with paediatric HIV medicines. Almost no children are now born with HIV in the western world thanks to approaches that prevent mother to child transmission. However there are still 3.2 million children living with HIV, but because they don't live in rich countries (90% live in Sub-Saharan Africa) they are not seen as a 'viable market' for pharmaceutical companies. As a result little research is done into how to adapt ARV medicines — which are often in large pills, taste bitter and are too strong — into medicines suitable for the young.

Other urgent areas of need include Tuberculosis, responsible for a quarter of all AIDS related deaths. Despite Tuberculosis and other neglected diseases accounting for 12% of the global disease burden they receive only 1.3% of the global R&D investment.Too much global pharma R&D spend goes on things that are inconvenient but not life-threatening, like new treatments for male pattern baldness or erectile dysfunction. In the last 50 years, for example, we've had only one new TB treatment developed, but 14 new treatments for hayfever!

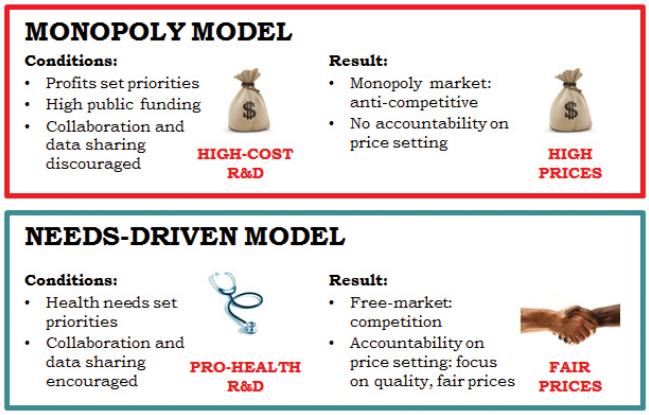
An illustration of the other problem is Gilead's new drug Sovaldi, which can cure Hepatitis C in 12 weeks - a huge improvement on the current treatment. Hepatitis C is another common HIV co-infection. Because they have a monopoly Gilead have given it a high price tag (sorry...understatement of the century): $1000 per pill or $84,000 per course in the USA. It has generated more sales in its first few months on the market than any medicine ever made! But the majority of need for the medicine is in middle income countries and Gilead, focused on protecting and maximising their profits in the West are only offering a discount price there that still leaves the medicine entirely unaffordable.

Watch **STOPAIDS** video about why we need to ensure that help is getting to those who need it most - **www.stopaids.org.uk**

Making sure innovation happens where we need it most

Frustrations over this failing system have been mounting and we are supporting a push to make sure the new medicines we are producing are the new medicines we need. We want to create a system that is driven by global public health need rather than profit incentive, with the drugs produced priced so that everyone can afford them.

The World Health Organisation (WHO) created a group of experts to come up with some answers to the problem. The CEWG (Consultative Expert Working Group) proposed a binding global agreement whereby all governments contribute a tiny percentage of their national income (0.01%) into a pot to be used for health R&D. This money would be used as prizes for new innovations and direct grants for initial research for medicines that disproportionately affect



courtesy of MSF Access Campaign

the developing world. Furthermore rather than just a few pharmaceutical companies doing the research there would be 'open-knowledge' innovation where institutions are encouraged to share developments in order to come up with the most effective drug. However, all this is not a reality yet and different models need to be tried and tested to ensure we have one that works for those who need it most.

Our campaign this year will focus on this. Along with other civil society groups we have started a movement to change the way we do medical innovation. We want the UK to become a champion for reform of the global health innovation model by;

- Committing to the CEWG 0.01% financial target on product development for diseases of the developing world
- Funding a project that demonstrates health need driven approach can work
- Commissioning a report to assess the costs and benefits of the current model versus a health needs-driven model

Watch this space for an INNOVATION Campaign Pack that will knock your socks off, coming your way soon!

Financing the Response

In the last 14 years there has been a dramatic increase in financial support for the pandemic, compared with the decade before, thanks to public pressure ensuring HIV was on top of the political agenda.

Though governments used the excuse of the financial crisis to cut back funding for a time, there has been a small resurgence of support to institutions such as the Global Fund to Fight AIDS, TB and Malaria. But not all is well - we need increased and sustained investment and innovative ways of funding the response like the Robin Hood Tax are vital. We also need to ensure the money is being spent in the right places. With substantial financial resources we have a chance of ending AIDS but without it we will see a reversal of the progress we have made so far.

The Global Fund to Fight AIDS, TB and Malaria

Since its creation in 2002 the Global Fund has become a main source of finance for programmes to fight AIDS, TB and Malaria. By the end of 2012 it had already saved 8.7 million lives and has been praised by the UK government for offering excellent value for money and for its commitments to transparency and accountability.

Without contributions from governments it can't function. From 2014-16 the Fund needs $15 billion. Last year, after getting thousands of signatures and a lot of lobbying we finally got good news from the Secretary of State for International Development: the UK would meet our demands! £1 billion pounds - the equivalent of a life saved every three minutes thanks in part to your campaign pressure.

Although total contributions amounted to just over $12 billion we have our fingers crossed that other countries will step up in the coming months and we will reach the $15 billion target helping to save a further 5.9 million lives, making sure that money goes to those who need it.

We believe the Global Fund is an incredibly effective organisation - the results speak for themselves. But there is always room for improvement, The Fund's approach to its work is very inclusive with people affected by the three diseases involved throughout the decision making structures—from programme delivery to the governing board.

However they have been criticised recently for decisions on who gets funding and how much. New rules mean that the amount of money each country can receive depends on their disease burden but it also depends on your economic status. This is problematic since the income levels determined by the World Bank (low income, middle income etc…) are based on national income figures. This does not account for massive inequality within countries. Also - some governments are not interested in properly caring for some groups within their society - like drug users.

HIV prevalence remains highest in Sub-Saharan Africa but for the last 13 years HIV prevalence has increased by 250% in middle income countries like Russia and countries in Eastern Europe and Central Asia making the region home to the world's most rapidly expanding epidemic. If we are going to maintain an effective AIDS response then the Global Fund needs to adapt with the changing demographic of the pandemic. The Student Stop AIDS Campaign will be working to ensure this happens.

Myth Buster: Things BIG PHARMA say to justify high drug prices

Myth 1: It costs $1 billion to produce a drug because of the cost of clinical trials, and accounting for all the R&D of other medical experiments that didn't prove successful

Busted! Even the big pharma boss of GSK has admitted this is "the industry's biggest myth". Yes clinical trials are expensive, but not that expensive! DNDI (Drugs for Neglected Diseases Initiative) estimate that at an absolute maximum the R&D for a completely new drug for a neglected disease would cost $120 million that's more than 8 times less than the amount Big Pharma claim.

Myth 2: We charge high prices so we have money to reinvest into new drugs.

Busted! The majority of financial return on medicines isn't even spent on R&D. Big pharma (obviously) aren't keen on being transparent about this issue but we know from an industry report that in 2011, of the $600 billion spent on brand-name drugs only 16% of that revenue went back into R&D. Gilead have also admitted that the price of their new Hep C drug Sovaldi has got nothing to do with the amount they spent developing it. Price is determined by market demand and that is that!

Myth 3: Private investment funds drug R&D so we need to charge high prices to be accountable to these investors.

Busted! Who pays for drug R&D? We do. A study from the Global Forum for Health Research showed that 43% of investment is fronted by public money, 45% from the private sector and 7% from Philanthropic groups. Furthermore in terms of who does the research, three-quarters of all new molecular developments have come from state funded organisations such as universities . Despite public investment the price given to these drugs is not reflective of the public's investment—so although the public have to front the risk, the reward is privatised.

Robin Hood Tax

Despite the resurgence in contributions to the Global Fund, we are still facing a funding gap for HIV/AIDS of $7 billion annually until 2015. We have the ability to stop AIDS but this year over 1 million people will die from AIDS related illnesses and 2 million more will become HIV positive needlessly.

We have enough money in the world to end the HIV pandemic and even enough to stop poverty and mitigate climate change, it's just that this money is in the wrong places. All this dosh is being tossed around by big bankers in the financial sector whilst austerity hits the most vulnerable. The Robin Hood Tax is about redistributing this money—taking from the rich and giving to the poor!

What is the Robin Hood Tax?

This is a proposed tax on financial transactions (FTT) such as the buying and selling of currencies, stocks and shares, and the sort of derivatives (or insurances) that have been at the heart of the global economic crisis.

Every day trillions of dollars change hands, in millions of individual transactions, and these have exploded over recent years where the volume of financial transactions is now an amazing 75 times global GDP. Because there is such a high volume of these transactions, even a very tiny tax of between 0.005 and 0.05% per transaction could raise as much as $409 billion a year.

We have to pay tax every time we pay for something—why shouldn't the banks? There actions are what caused the financial crisis but it's the public who are paying for it. It's high time they paid up to clean up their mess!

What's the progress?

Eleven European countries are now set to implement the Robin Hood Tax, but unfortunately the UK is not one of these—in fact the UK has been trying to stop all the other countries from going through with it too. Our ever-so-generous Chancellor of the Exchequer Mr. George Osborne took the issue to Europe's highest court in fear of the FTT affecting the UK financial sector. But his attempt to legal action was overruled by the court to the joy of campaigners across the land!

The Student Stop AIDS Campaign has stood in solidarity with the Robin Hood Tax over the years to try and get the UK government to bring the tax into effect. We were never going to have much luck with the current government but we are hopeful that a new election will expose some Robin Hood Tax champions and financial justice will be realised.

Human Rights and Equality

In many countries the groups at highest risk of contracting HIV and dying of AIDS are those that are most marginalised and criminalised by their government and wider society. These groups, described by UNAIDS as 'Key Affected Populations' include injecting drug users, sex workers, men who have sex with men and transgender people.

The denial of their right to health means that rather than getting access to lifesaving harm reduction services such as clean needles and opioid substitution therapy, people who inject drugs are being locked up and left without treatment or care. Sex workers are forced to risk their lives without recourse to police protection. Men who have sex with men and transgender people are at risk of violence and prosecution because of their sexuality or gender identity, meaning they often don't access the health support services they need.

These abuses drive and are driven by stigma and discrimination adding further fuel to the HIV pandemic. To end the epidemic we need to make sure that key population groups are given access to the support and services they need to lead happy, healthy and fulfilling lives. That's why the Student Stop AIDS Campaign actively supports and defends the human right to health by ensuring that governments around the world remove discriminatory laws and work to deliver full prevention, treatment and care to the people that need it the most.

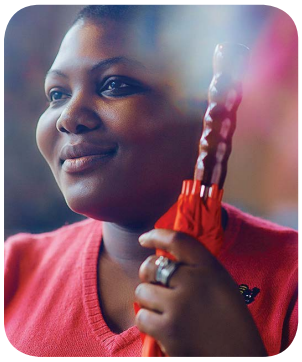
Support. Don't Punish

This year on our annual day of action we stood in solidarity with the Support. Don't Punish campaign - a global campaign to raise awareness about the effects of the criminalisation of drug use. Dressed in Putin masks we headed for the Russian embassy with placards and banners to try and get the Russian government to revoke its decision to end harm reduction services in the Ukraine.

Criminalisation of homosexuality

Unfortunately 2014 has seen an upsurge in countries criminalising homosexuality. There are now 70 countries who have out-lawed same sex relationships, having severe implications for the health and wellbeing of the lesbian, gay, bisexual, transgender and intersex community (LGBTI). Criminalisation will deter LGBTI people from accessing essential HIV prevention and care services as well as leading to increased stigma amongst health-workers.

The Student Stop AIDS Campaign will continue to support civil society organisations within countries where HIV is criminalised in their efforts to stop this. of the right to health means that rather than getting access to lifesaving harm reduction services such as clean needles.



Case study

DAISY Namakula Nakato from Uganda joined us on the 2014 Speaker Tour. Here she shares her story…

"My name is Daisy Namakula Nakato, I am from Uganda and I am a sex worker. I grew up in a small rural village in Uganda but I didn't have the chance of going to school like some of you. At 18 years old, I was staying in my house alone and a man came and raped me. When he raped me he got me pregnant. I did not want to marry this rapist but I had to find money to provide for my baby. So I went to town and got a job in a bar. There I met a man who looked after me but soon he started asking me for sex. When I said no he raped me. A few weeks later I discovered that this man had given me HIV.

With no money I was losing hope, but a friend introduced me to sex work and things got better. I could buy my own food, my own clothes and could rent a place to live. I felt good because for the first time I was choosing who to have sex with and I could always say no.

Many of the other sex workers didn't know about HIV, it became my job to tell them . I realised that sex workers needed more support to stay healthy and to stay safe. I founded WONETHA Womens Network for Human Rights and Advocacy to try to help them.

Our main problem now is the police. Sex work is illegal in Uganda but policeman are often our clients. Because they know that we cannot report them because what we do is 'illegal' they often beat, abuse and rape us.

WONETHA fights for the decriminalisation of sex work and we wont stop until we get it.

What Can You Do?

DIRECT ACTION

Get involved in as many national actions as possible. Protests, demonstrations and photo stunts have a direct impact on the decision being made! The Campaign will organise these but plan your own too!

Media work

Sometimes it can be hard to see how getting in your local paper could affect global change, but it does. The more noise created at local level, the more it will filter up to the national or even international level. Your MP reads the local newspaper like a hawk and if you're creative and visual you will get media attention.

Lobbying

Write to your MP or go and visit them in their constitutional office or in Parliament. They need people like you to tell them about the issues we need to be dealing with—so go and tell them why we need to fight for access to medicines if we want to see an end to AIDS.

Awareness raising

Take over your student union or hit the streets and start raising awareness about the issues surrounding from HIV/AIDS—talk about the need to fight stigma, educate people about the real reasons we pay so much for drugs.

Fundraising

Sell some cakes, jump in the North Sea, have a tombola and raise yourselves some money for travel to events or materials for campaigning. The student campaign is run on a shoe string so if you feel you can donate some of what you raise to support the work of the wider campaign please do.

Public engagement

Getting widespread public support for a campaign has influence over political and corporate decisions, so go engage the public! Collecting action cards, signatures for petitions, scrolls, photographs, or even hand prints ensures that we have large numbers of people behind our demands.

Glossary

HIV (Human Immunodeficeincy Virus) - A virus that attacks the body's immune system - the body's defence against diseases. HIV can be passed on through infected blood, semen, vaginal fluids or breast milk. When someone is said to be 'living with HIV' they have the HIV virus in their body and are described as being HIV positive.

AIDS (Acquired Immunodeficiency Syndrome) - A person living with HIV is considered to have developed AIDS when the immune system is so weak it can no longer fight off diseases with which it would normally be able to cope.

CD4 count - A way of measuring the amount of CD4 immune cells in the body. A normal count is between 500 - 1500. The World Health Organisaiton now recommends most people to start treatment when their CD4 count reaches 500 or lower.

Viral Load - The amount of virus in your blood

TB (Tuberculosis) - A bacterial infection that commonly affects the lungs (pulmonary TB) but can infect any part of the body. TB is responsible for 25% of all AIDS related deaths.

ART (AntiRetroviral Therapy) - Consists of the combination of at least 3 ARV drugs to supress the HIV virus

ARVs (AntiRetorvirals) - The common name for any HIV drugs. HIV is known as a 'retrovirus', so drugs to fight HIV are called antiretrovirals.

Generic Drugs - An exact chemical copy of a branded drug, normally much cheaper than the versions made by the originator big pharma companies

Monopoly - When a specific person or enterprise is the only supplier of a particular commodity. Monopolies are thus characterised by a lack of economic competition which leads to a price rise.

IP (Intellectual Property) - Refers to the rights given to persons over their ideas. They usually give the inventor an exclusive right over the use of his/her creation for a period of 20 years.

Patents - Are a type of I.P. They are a set of exclusive rights granted to an inventors usually a company- for a limited period of time. If a patent application is granted, it gives the owner the ability to take legal action to stop others from making, importing or selling the invention without permission.

WTO (World Trade Organisation) - An international body that sets international trade rules.

TRIPS (Trade Related Aspects of Intellectual Property) - A set of standardised IP rules that all WTO member states have to legally abide by.

TRIPS Flexibilities - Refers to a set of flexibilities in the TRIPS Agreement that allow countries to declare a public health emergency and avoid fully complying with TRIPS rules.

TRIPS Plus Provisions - Refers to provisions in Free Trade Agreements and other laws that set rules above and beyond the TRIPS agreement.

Compulsory License - A TRIPS Flexibility which allows a specific country to bypass patents and produce drugs generically, is a public health emergency is declared.

FTAs (Free Trade Agreements) - Are agreements made between two regions eg EU - India FTA, with free trade terms that may go beyond TRIPS.

Data Exclusivity - A term often found in FTAs, to restrict the production of generic drugs, by withholding clinical trial data - meaning generic producers cannot produce the drug unless they re - do the clinical trials (a costly, lengthy and unethical process).

ISDS (Investor - state dispute settlement) - Another damaging term found in FTAs that allows companies to sue government for passing laws that might affect ability to make profit.

MPP (Medicines Patent Pool) - A mechanism for negotiating with patent holders to share their HIV medicine patents facilitating the production of more affordable generic drugs.

R&D (Research and Development) - The term given to the development and innovation of new drugs or scientific advancement more generally.

FTT (Financial Transaction Tax) - A tiny tax on financial transactions. The Robin Hood Tax is a propsed FTT, that could generate billions that would go towards fighting poverty, climate change and financing the AIDS response.

Global Fund to Fight AIDS, TB and Malaria - An international financing institution that provides funding to countries to support programmes that prevent, treat and care for people with HIV and AIDS, tuberculosis and malaria.

Key Dates for the Diary

There are several key dates throughout the student year to take part in collective events and days of action. Here are some of the major milestones to scribble down and plan around.

Sept/Oct: Fresher's Week

Every fresher worth their salt is looking for something to get stuck into—be visual and creative to get new members to join your society or set up your own one! If you need support, I'm here to help.

Nov 2nd & 3rd: National Gathering (our AGM)

Your chance to learn in-depth information about our campaigns, hear talks lead by experts in the field, learn campaigning and advocacy skills and meet societies from all over the UK. The National Gathering gives you the chance to feed into plans for the future of the campaign and it is also where we hold the annual steering committee elections. We will provide food and accommodation and cover up to £30 of travel costs.

Nov 1st-7th: Access to Medicines Week

This week has been organised by our close allies UAEM (Universities Allied for Essential Medicine). It is all about raising awareness about the need for improves access to medicine and the lack there of. We will be launching our innovation campaign this week and asking students to organise panel discussion, screenings and campaigning events to help raise the profile of this issue.

Dec 1st: World AIDS Day

We are close to a 'tipping point' in the HIV response—this is our chance to get out and show people how far we've come and what we need to do now to see an end to AIDS. Take over your student union and make sure everyone knows it's World AIDS Day.

Feb: Speaker Tour

Known as our best event—the speaker tour brings together international and local people living or affected by HIV to share their personal stories. It is an incredible opportunity to hear the voices behind the statistics, have your misconceptions challenged and be inspired by their struggle.

March: National Day of Action

A chance to show people what the Student Stop AIDS Campaign is made of with some gold ol' direct action. Come and take part in the stunts, lobby decision makers, engage the public, challenge the world of big pharma and help bring justice to people living and affected by HIV around the world.

Restless Development

Restless Development, the youth-led development agency, coordinates the Student Stop AIDS Campaign.

Young people are most affected by the persistent problems facing the world, and yet are frequently overlooked as a resource. As the largest, most energetic population, young people can and must be part of the solution.

Our mission is to place young people at the forefront of change and development. Our strength comes from being led by young people and young professionals, from the boardroom right through to the field.

There are plenty of opportunities to get involved with Restless Development including overseas volunteering opportunities with ICS.

Find out more at
restlessdevelopment.org

RESTLESS DEVELOPMENT
THE YOUTH-LED DEVELOPMENT AGENCY

Useful Websites

Student Stop AIDS Campaign - stopaidscampaign.org/students
STOPAIDS - stopaids.org.uk

Great source of facts and info

MSF Access Campaign - www.msfaccess.org
Keep up-to-date with drug prices and access to issues with MSF's annual 'Untangling the Web' report
Avert - www.avert.org
UNAIDS - www.UNAIDS.org
HIV i-base - www.i-base.info
Health GAP - healthgap.org
World Health Organisation - www.who.int
Harm Reduction International - www.ihra.net
Knowledge Ecology International - www.keionline.org
Health Action International - www.haiweb.org
Public Citizen - www.citizen.org
Global Fund - www.theglobalfund.org
International Treatment Preparedness Coalition - www.itpcglobal.org

Allies

Medsin - www.medsin.org
UAEM - essentialmedicine.org
Medicines Patent Pool - www. medicinespatentpool.org
Restless Development - www. restlessdevelopment.org
Robin Hood Tax - www. robinhoodtax.org
Treatment Action Campaign - www. tac.org.za

Twitter: Follow us
@StudentStopAIDS

Facebook: Like us at
Facebook.com/StudentStopAIDS

designed by www.schuhlelewis.com