December 1, 2016

Dear Friend of TAG:

I write to you as one of the countless people who are alive today in part due to the fearless, passionate, and unrelenting activism of the Treatment Action Group, and to urge you to redouble your support for TAG so we can continue our work during the uncertain times ahead.

We live in an unprecedented political climate in which everything the community has fought for over the past 35 years to defeat AIDS is at risk, from powerful triple-drug combination therapies which can return the immune system to health and promise people with HIV a life as long as uninfected persons, to potent two-drug preventive therapies such as pre-exposure prophylaxis (PrEP), new hepatitis C virus (HCV) treatments which can cure over 90% of those living with HCV (including the coinfected who also have HIV), and better tuberculosis (TB) treatments, which are giving new hope for people with drug-resistant TB.

Research now underway promises to bring still better interventions, including a cure and a vaccine for HIV, as well as safer and shorter curative regimens for HCV and TB.

TAG played a critical role in accelerating research on all these breakthroughs, and as a result, millions of people are alive today.

However, we have much further to go, and we will need your steady support to end these three epidemics in our lifetime. We must:

- PROTECT the HIV and TB research budgets at the U.S. National Institutes of Health (NIH), the world’s leading funder of research against these two top killers of people worldwide;
- INTENSIFY our search for the vaccine and the cure for HIV;
- RADICALLY SCALE UP effective prevention, including PrEP, in the United States and around the world;
- REDUCE the excessive prices of the new HCV cures;
- ASSURE that the 1.2 million people living with HIV in the United States are diagnosed, treated, and able to successfully reduce their viral load to undetectable, bringing them a full life span and eliminating their chance of acquiring new infections;
• PREVENT 200,000 new HIV infections in the United States by assuring full treatment and radically scaled up prevention, including PrEP;

• ASSURE that the 17 million people now receiving life-saving anti-HIV drugs in developing countries remain on treatment, and that the 18 million not yet on therapy are diagnosed and treated for life;

• SCALE UP our responses to HCV and to TB to ensure that these curable diseases are eliminated; and

• PROTECT relief efforts in the United States, such as the AIDS Drug Assistance Programs (ADAPs), and globally, such as the President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM).

The next year will be vital in our struggle to assure that life-saving research, prevention policies, and programs are protected and strengthened in an unfriendly political environment which threatens all of those whose lives TAG has constantly striven to protect and preserve.

Your support will be essential for TAG to continue our life-saving work – and from the bottom of my heart, I thank you.

Yours truly,

Jason I. Osher
Board Member
Treatment Action Group
HIV PROJECT UPDATE

TAG’s HIV Project advanced its research and policy priorities on a number of fronts and continued to push the discourse for what it will take to effectively end HIV as an epidemic in the United States. On the heels of the community-driven initiative to end AIDS in New York State—the blueprint which continues to yield a high degree of implementation success—and in other jurisdictions, TAG spent the past year laying the groundwork to support other local communities to catalyze more activism toward ending the epidemic in heavily impacted states, counties, and metropolitan areas. Highlights include:

• Completion of a pioneering report elucidating the mechanisms, facilitators, and barriers of HIV community mobilization in several high-prevalence jurisdictions. The report and its recommendations are based on analyses of quantitative and qualitative findings stemming from a comprehensive questionnaire returned by 127 organizations in 15 metropolitan areas and in-depth, on-site interviews with 28 organizations in 9 metropolitan areas;

• Finalization of a novel, comprehensive, primary and secondary HIV prevention continuum model for the United States as a conceptual framework for identifying key steps in reducing HIV incidence and improving health outcomes among those vulnerable to, as well as those living with, HIV infection. A manuscript describing the model has been accepted for publication by the Journal of the International AIDS Society and includes a discussion of potential approaches for local health departments to address gaps in data required for program planning, implementation, and evaluation across the elements of the HIV prevention continuum;

• Administration of trainings by TAG’s Advocacy Education Initiative through capacity-building workshops to community activists in Georgia, South Carolina, and Louisiana to strengthen state and metropolitan area policy engagement regarding comprehensive HIV prevention service delivery needs, including PEP and PrEP scale up. Additional workshops in Florida, Texas, and the Appalachian region are planned for the first quarter of 2017; and

• Engagement with federal and state health officials to strengthen surveillance and outcomes measures required to rapidly and accurately assess progress and gaps toward ending HIV as an epidemic.

This work continues in tandem with the HIV Project’s long-standing commitment to advocacy which supports antiretroviral drug development and the advancement of international, national, and domestic policies required to ensure that people living with HIV have unrestricted access to testing, care, and treatment. In addition, for those vulnerable to infection, this advocacy supports access to culturally competent preventive care and the full toolbox of prevention modalities.
POLICY PROJECT UPDATE

An unlikely set of events this year became the springboard for the creation of a new coalition of HIV activists with the intent of impacting the presidential election. While speaking at Nancy Reagan’s funeral in March, then-presidential candidate Hillary Clinton referred to Reagan as an early champion for people living with HIV/AIDS. Nothing could have been further from the truth.

TAG staff played a key role in shaping the formation of the new coalition, called the Ad-Hoc Coalition. TAG, along with many other activists, drafted a statement calling on Clinton to recant her statement, and requested a meeting to discuss her plans for a new agenda to end the HIV epidemic in the United States and around the globe. Our goal was to correct the record with Clinton and to use this as an opportunity to educate the candidates on the challenges to ending the HIV epidemic, and how their potential administrations could play a critical role.

The coalition developed a consensus policy document that was given to all candidates. We were ultimately invited to meetings with both Clinton and Bernie Sanders, and organized the meetings to have representation from all of the critical issue areas and key populations. Policy Director Kenyon Farrow attended both meetings and also opened the meeting with Senator Sanders in Southern California with a statement on the US epidemic. We participated in all of the follow-up advocacy generated by those meetings, and were able to secure a position for PhD student and activist Daniel D. Driffin, a gay African American man living with HIV, as a speaker at the Democratic National Convention.

Now that the elections are over, we are continuing our work with several national coalitions to advance our goal to end the HIV epidemic, concentrating our efforts not only at the federal level, but also at key states and local jurisdictions.

BASIC SCIENCE, VACCINES, AND CURE (BSVC) PROJECT

TAG’s BSVC Project continues to play a key role in advocacy and education related to the scientific effort to develop a cure for HIV infection. TAG’s regularly updated website listing of ongoing and completed cure research clinical trials is a popular and widely cited resource, and the BSVC Project section of the TAG website features links to a broad range of information on the topic. The BSVC Project’s cure research media monitor webpage offers commentary and perspective on misleading stories in the mainstream media—such as those that have recently emerged from the United Kingdom erroneously suggesting that a trial participant had been cured—and in several cases TAG has successfully advocated for revisions to incorrect, overhyped headlines and articles. The BSVC Project also reports on cure research developments in the annual TAG Pipeline Report, published in July 2016, and via articles for TAGline and posts to the BSVC Project blog and Twitter feed.

At the July 2016 International AIDS Conference (IAC) in Durban, South Africa, BSVC Project Director Richard Jefferys participated in a panel presentation at a workshop on community engagement in cure research, and TAG helped support the attendance of over 60 community-based advocates from around the globe. The BSVC Project also cosponsored and participated in running the first-ever booth at the IAC Global Village specifically geared toward education on HIV treatment, prevention, and cure research (the Research Literacy Networking Zone).

Richard Jefferys is a member of the community advisory board for the Martin Delaney Collaboratories, which are research coalitions funded by the National Institutes of Health to pursue an HIV cure. In that capacity, Jefferys provided input into guidelines for community involvement in the collaboratories and also organized an educational webinar on the clinical trial of a cancer immunotherapy that will explore effects on the HIV reservoir.

The BSVC Project is participating in an ongoing collaboration with other activists aiming to promote the development of treatments for immunologic nonresponders (INRs); these are HIV-positive individuals who experience inadequate immune recovery despite suppression of virus replication by antiretroviral therapy. Poor immune recovery is associated with a greater risk of illness and death. In June 2016 a conference call was held with the U.S. Food and Drug Administration to discuss the issue and the possibility that therapeutic candidates for INRs could be designated as orphan drugs, in anticipation of encouraging more research and development.
TB/HIV PROJECT UPDATE

With direct actions against underperforming governments, progress in ensuring that the most vulnerable can benefit from scientific progress, and a data-driven push to ramp up research and development (R&D), TAG’s advocacy for the rights of people affected by tuberculosis (TB) reached new heights in 2016. Key moments include:

• The first-ever plenary talk on the right to science at a TB conference, which detailed how human rights can be harnessed to advance TB research and extend its benefits to all people affected by TB. An adaptation of this pivotal talk, given by TAG senior TB/HIV project officer Mike Frick, can be read in TAGline: http://www.treatmentactiongroup.org/tagline/2016/fall/science-and-solidarity;

• The creation of a TB in pregnancy research workgroup that will work across TB research networks to ensure that new prevention and treatment options benefit pregnant women, who are at increased risk of TB, yet often left out of research;

• A campaign for increased funding for TB research, based on sharp analysis of funding trends and scientific achievements published in TAG’s 11th consecutive Report on Tuberculosis Research Funding Trends, 2005–2015 (http://www.treatmentactiongroup.org/tbrd2016). The campaign calls on the BRICS countries (Brazil, Russia, India, China, and South Africa), which are home to nearly half of the world’s TB burden but fund just four percent of research to end it, to triple their funding for TB R&D; and

• An action at the Union World Conference on Lung Health calling attention to the Indian government’s failures to deliver on basic TB services, such as daily treatment and preventive therapy for children and people with HIV. In solidarity with Indian activists, TAG mobilized global TB activists to ask the Indian Director General of Health Services, Dr. Jagdish Prasad, to rectify nine TB-related promises the Indian government has made but failed to implement. A Twitter campaign called #brokenTBpromises, started by TAG in August, continues to count each day these promises go unfulfilled.

HCV/HIV PROJECT UPDATE

The hepatitis C virus (HCV) can now be cured in three to six months with oral direct-acting antivirals (DAAs) that treat all genotypes. Yet 700,000 people around the world die each year from HCV complications. In the United States alone, more people die from HCV-related illnesses annually than 60 other infectious diseases combined, including HIV, and only half of those with chronic HCV infection know their status. Monitoring and surveillance systems for HCV in the United States are fragmented and in great need of better coordination and dissemination of data.

TAG’s HCV Project continues to confront exorbitant prices as a major barrier to patients’ access to the cure. We also fight for the removal of disease progression, sobriety, or adherence restrictions imposed by public and private payers. We participate in community consultations and advocate for the involvement of people who are most at risk and under-served in HCV planning and policy-making processes. Our treatment activism shares campaign strategies and advocacy tools with partners domestically and in low- and middle-income countries. Recent campaigns place harm reduction as central to ending the HCV epidemic and support efforts to establish supervised injection facilities and safe consumption spaces in New York and around the United States.

In 2016, the HCV Project:

• Welcomed two new co-directors to lead the research and advocacy for better preventive treatment and curative interventions, and for universal access to effective HCV interventions, harm reduction, human rights, and lower drug costs;

• Mobilized people with HCV and dozens of organizations from Spain and around the world at the International Liver Congress to protest egregious pricing and push for generic competition;

• Monitored HCV drug and diagnostics development;

• Jump-started a campaign for New York State to cover the latest DAAs for HIV/HCV coinfected people;

• Coordinated and led discussions with local, state, and national coalitions with a view towards HCV elimination strategies and harm reduction;
• Provided scientific expertise to an ongoing Freedom of Information Act request to the FDA regarding DAA clinical trial data;
• Mapped global trends in treatment access using mapCrowd data and, with our partner Doctors of the World, launched Dying at These Prices: Generic HCV Cure Denied, on World Hepatitis Day;
• Presented a guerilla poster session during the International AIDS Conference and convened with partners at the Third International HIV/Viral Hepatitis Coinfection Satellite Meeting and the International Symposium on Hepatitis C in Substance Users;
• Delivered presentations and technical assistance to community educators, the NYC Department of Health and Mental Hygiene, NYS DOH staff, and national policy-makers;
• Created campaign materials and advocacy tools for use by our networks of Access to Medicines activists;
• Managed two global listservs that provide information and technical assistance on HCV treatment research and advocacy to hundreds of people; and
• Raised the profile of HCV issues and drug pricing via social media platforms.

SUPPORT TAG

Supporting TAG is a wise investment in AIDS treatment advocacy. Every donation brings us one step closer to better treatments, a vaccine, and a cure for AIDS. Donate online: www.treatmentactiongroup.org/donate.

Does your company have a matching gifts program? If so, you can double or even triple your donation. Just complete the program’s matching gift form and send it in with your donation to TAG.

When you shop on Amazon, enter the site at smile.amazon.com. Choose TAG Treatment Action Group as your designated charity, and 0.5 percent of the price of your eligible purchase will benefit TAG.

ABOUT TAG

Treatment Action Group is an independent AIDS research and policy think tank fighting for better treatment, a vaccine, and a cure for AIDS. TAG works to ensure that all people with HIV receive lifesaving treatment, care, and information. We are science-based treatment activists working to expand and accelerate vital research and effective community engagement with research and policy institutions.

TAG catalyzes open collective action by all affected communities, scientists, and policy makers to end AIDS.

TAG

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