



STEPPING UP & SAVING LIVES IN THE FIRST 100 DAYS

ENDING THE GLOBAL THREAT OF AIDS
WHILE CONFRONTING COVID-19 AND
SECURING GLOBAL HEALTH JUSTICE

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HEALTH GAP
GLOBAL ACCESS PROJECT

We congratulate President-elect Biden and Vice President-elect Harris on their victory. Now they must transform their pledges to “listen to science,” be “guided by equity,” and be driven by “trust, transparency, common purpose, and accountability”¹ into ambitious global health policies and practices.

We recognize that this poses a monumental challenge. The Biden-Harris administration is faced with colliding, antagonistic global pandemics of HIV and COVID-19, exposing and exacerbating deadly global health inequities. The largely preventable devastation caused by the COVID-19 pandemic in impoverished countries points to the imperative of U.S. leadership in global health solidarity and the catastrophic neglect perpetrated by the Trump administration.

People in the U.S. are not safe until people are safe worldwide. While isolationist, “America First” rhetoric might sound tough, it does not keep people healthy or save lives. As President-elect Biden has said, it “lacks any human dignity.”² Given his extensive international experience, President-elect Biden is strongly positioned to act on that knowledge.

U.S. leadership in the fight against HIV and other leading infectious disease killers across the globe is a moral imperative, a public health imperative, and human rights and human security imperatives. The systemic failures that have threatened health systems with collapse and led to attacks on human rights during the COVID-19 pandemic are also blocking further progress against HIV.

AIDS activists have long criticized the deadly harm of years of flat funding for life-saving U.S. global AIDS programs.³ Incremental progress is too little, too late when evidence shows us we have the tools we need to defeat HIV once and for all.

A high-impact pandemic response means confronting these structural problems head-on. The benefits will

outlast the COVID-19 pandemic and help us finally end AIDS as a global public health threat.

This is within our reach: if the best treatment and prevention options are deployed at scale, U.S. leadership, together with allies, could defeat global AIDS. Political will is what we need.

The Biden-Harris administration must step up and save lives in the face of a once-in-a-generation opportunity to defeat the AIDS pandemic—one of the greatest public health catastrophes the world has known.



“I will ensure that addressing global health threats – including current ones like HIV/AIDS, COVID-19, and ones that have yet to materialize – are front and center of our global leadership.”⁴

President-Elect Biden

FIVE PRIORITIES FOR THE FIRST 100 DAYS OF THE BIDEN- HARRIS ADMINISTRATION

1

SCALE UP FUNDING TO SAVE LIVES

Increase funding for U.S. global HIV programs through the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and mobilize global leadership to fill the remaining gap.

- ☐ Support emergency funding for COVID-19 and to mitigate the harms COVID-19 has done to the HIV response
- ☐ Deliver a budget request to Congress that scales up funding for global HIV and other existing and emerging infectious disease threats
- ☐ Increase funding to fight against tuberculosis (TB), the number one killer of people living with HIV in Africa
- ☐ Tax Wall Street to end AIDS

2

BREAK THE STRANGLEHOLD OF PHARMACEUTICAL INDUSTRY MONOPOLIES PREVENTING ACCESS TO LIFE-SAVING MEDICINES AT HOME AND ABROAD

Your administration should not only support nations breaking monopolies in order to meet their public health needs, but also deploy the same strategies to save lives and increase access for consumers in the U.S.

- ☐ Stop U.S. opposition to the South Africa-India COVID-19 World Trade Organization (WTO) Waiver proposal⁵
- ☐ Make good on your promise to share any effective COVID-19 vaccine with the world⁶ and use your power to support a People's Vaccine: COVID-19 technologies free from intellectual property barriers
- ☐ Support and incentivize open licensing and deep technology transfer of COVID-19 health products, including via the WHO COVID-19 Technology Access Pool, to keep prices affordable at home and abroad to meet critical needs
- ☐ Impose conditions on federal funding of COVID-related research requiring transparency, data sharing, open licensing, and technology transfer, and equitable distribution of funded health products
- ☐ Stop negotiation of Trump-era trade deals including the U.S.-Kenya FTA, which would undermine access to medicines
- ☐ Direct the USTR to stop using the "Special 301 Watch List" to punish and bully countries working to increase medicines access by increasing competition

3 LEAD WITH EVIDENCE, NOT POLITICS

From the Trump administration's ban on using U.S. COVID-19 global health funding for Personal Protective Equipment (PPE), to the deadly harm of the vastly expanded "Global Gag Rule," to the decades of harm done by the Helms Amendment, your administration must undo policies that play politics with our lives.

- ☐ Repeal the expanded Global Gag Rule, and work to remove existing Global Gag Rule obligations from existing agreements with service providers
- ☐ Repeal the Helms Amendment, which bars countries from using foreign aid for abortion as a "method of family planning"
- ☐ Repeal the anti-prostitution pledge
- ☐ Fund comprehensive harm reduction including syringe service programs (SSPs) and ensure that these policy shifts are immediately reflected in all relevant health spending, including PEPFAR 2021 Country Operational Plans
- ☐ Repeal restrictions preventing procurement of PPE by recipients of foreign aid

4 FIGHT FOR HUMAN RIGHTS

Discrimination, bigotry, and criminalization make gay men, trans women, sex workers, people who use drugs, women and girls, and other oppressed communities at higher risk of HIV infection and at higher risk of unnecessary suffering and death from HIV.

- ☐ Support national efforts to win laws and policies that undo the harms of discrimination through decriminalization and other approaches rooted in evidence and human rights
- ☐ Scale up ambitious service delivery and advocacy programs designed and implemented by and for these communities
- ☐ Cancel the so-called "Geneva Consensus Declaration" and dissolve the U.S. Department of State's Commission on Unalienable Rights

5 BE ACCOUNTABLE TO PEOPLE WITH HIV

Your global AIDS and global health strategies must be guided by the priorities of people living with HIV —people whose lives depend on U.S. assistance. That's real accountability.

- ☐ Expand the minimum standards for meaningful civil society engagement in developing PEPFAR country priorities
- ☐ Convene an 'End the Epidemics' task force immediately after taking office



**“This isn’t about politics,
it’s about saving lives.”⁷**

- Biden-Harris COVID-19
Transition Plan

1 SCALE UP FUNDING TO SAVE LIVES

COMMIT INCREASED FUNDING FOR OUR GLOBAL HIV PROGRAMS AND MOBILIZE GLOBAL LEADERSHIP TO FILL THE REMAINING GAP.

- ☐ Support emergency funding for COVID-19 and to mitigate the harms COVID-19 has done to the HIV response
- ☐ Deliver a budget request to Congress that scales up funding for global HIV and other existing and emerging infectious disease threats
- ☐ Increase funding to fight against tuberculosis (TB), the number one killer of people living with HIV in Africa
- ☐ Tax Wall Street to end AIDS

U.S. funding to PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has expanded treatment, prevention, testing, and critical health infrastructure around the world. But the U.S. has not increased its investment in the global AIDS response to keep pace with need. A UNAIDS/Kaiser Family Foundation analysis found donor funding for global AIDS showed a decline in funding available to countries from 2018-2019, with the most significant drop in bilateral funding almost \$220 million coming from the U.S. via PEPFAR. If the U.S. had continued funding PEPFAR fully since 2003 instead of letting funding levels slip into a flat-line for the last 11 years, the HIV pandemic would look remarkably different today. The unconscionable lack of political will in recent years has created a world in which people cannot get access to the life saving services they need.

As of 2019, 1 in 3 people living with HIV worldwide lack access to life-saving treatment. Among children with HIV, global treatment coverage has remained abysmally low for a decade at only 53%.⁸ Despite the significant treatment gap that remains, and global commitments to scale up the response, donor government funding for the AIDS response has been flatlining or declining in recent years. And while the share of the response paid for by low- and middle-income countries has been steadily increasing, many national governments in the global South are still unable to invest as much as they should to fight HIV. A dramatic increase in funding is urgently needed from all sources if the world can successfully expand access to quality HIV treatment and evidence-based prevention services to all who need them.



THE DEADLY IMPACT OF FLAT FUNDING...

in rural Malawi

some people have to travel more than 21 miles to access their closest health center, and when they get there, they often wait many hours before they are seen. People living with HIV must set aside a whole day every two months to wait at the clinic to collect their HIV treatment, causing huge disruption to their lives as workers and carers.

in South Africa

people often arrive at the clinic to find out their medicines are not available. When there are stock-outs of life-saving medicines, some patients are given a few pills to share with a neighbor. Some get new dosages and a change of medicine, causing confusion and disruption, and others simply get sent home empty-handed. Overburdened and under-resourced nurses shout at patients waiting for services. Too few people are screened for TB—the leading cause of death for people with HIV—as they pack into small waiting areas without access to tissues or masks.

in Kenya

marginalized populations, including LGBT people, people who use drugs, and sex workers, often forego seeking life-saving health services entirely (including lifesaving HIV prevention and treatment) for fear of prejudice and discrimination. And overcrowded healthcare facilities, make it hard for a patient to see their doctor in private complicating doctor-patient confidentiality.

The COVID-19 pandemic has collided with the AIDS pandemic, throwing treatment and prevention programs further off course. The Biden administration must show global leadership with the release of a bold global HIV COVID-19 catch-up plan to save lives, particularly the lives of those who have suffered the most during the pandemics: children, young people, pregnant people, LGBTQ+ people, sex workers, people who use drugs, and incarcerated people. Scaling up the U.S. investment in the global AIDS response should be a priority in your first budget proposal and repeated year after year for the duration of your administration.

Your administration should explore innovative sources of additional revenue as well. A tax of less than half of one percent on financial sector transactions can generate hundreds of billions each year in the U.S. alone — economists estimate as much as \$350 billion. A tiny slice of this revenue could allow the U.S. to reject AIDS austerity and ensure we can do our share to fund the global AIDS response fully. In your first 100 days, we request that your administration put together a package of urgent domestic and global priorities such as student debt, climate change funding, global HIV, and COVID-19 mitigation and start working with Congress to enact a financial transaction tax dedicated to fully funding these priorities.

HIV has led to a resurgence of tuberculosis (TB) – the number one cause of death for people with HIV worldwide, particularly in Africa. According to the WHO in 2014, an estimated 1.2 million (12 percent) of the 9.6 million people who developed TB worldwide were HIV-positive. The number of people dying from HIV-associated TB was 390,000 in 2014.

That same year, HIV-associated TB deaths accounted for 25 percent of all TB deaths (among HIV-negative and HIV-positive people) and one-third of the estimated 1.2 million deaths from AIDS. Africa accounted for 74 percent of the estimated number of HIV-positive incident TB cases. You should also recommend doubling USAID's TB funding to \$400 million. For many years, USAID's budget for TB has been flat and has not met the need for TB programs globally. Increasing USAID's budget to support global TB programs in high-burden countries to account for inflation and an increased need to meet the 2030 goals to end TB is critical.

Recent advances in tuberculosis science have allowed us to make massive strides against one of the world's leading killers of people living with HIV and one of the deadliest diseases of our lifetime. With new drugs that create a preventative for the most vulnerable people. As well as a new drug that can tackle multidrug-resistant tuberculosis, one of the most dangerous forms of the virus, science has provided new tools. However, these advances are new and require scale up to be effective. PEPFAR remains one of the single best entities to do large purchasing and deploy these resources in the settings that need them the most. With some additional resources, these could go a long way.



2 BREAK BIG PHARMA'S STRANGLEHOLD

PHARMACEUTICAL INDUSTRY MONOPOLIES ARE PREVENTING ACCESS TO LIFE-SAVING MEDICINES AT HOME AND ABROAD. FIGHT BACK AGAINST PHARMACEUTICAL INDUSTRY PROFITEERING AND TRADE POLICIES THAT UNDERMINE AFFORDABLE ACCESS TO MEDICINES FOR ALL.

- ☐ Stop U.S. opposition to the South Africa-India COVID-19 World Trade Organization (WTO) Waiver proposal⁹
- ☐ Make good on your promise to share any effective COVID-19 vaccine with the world¹⁰ and use your power to support a People's Vaccine: COVID-19 technologies free from intellectual property barriers, with the technology transfer and shared know-how among pharmaceutical companies needed to deliver truly equitable access
- ☐ Stop negotiation of Trump-era trade deals including the U.S.-Kenya FTA, which would undermine access to medicines
- ☐ Direct the USTR to stop using the "Special 301 Watch List" to punish and bully countries working to increase medicines access by increasing competition

The expansion of HIV treatment globally – reaching 25.4 million people by 2019 – has been possible only because of the absence or elimination of intellectual property barriers, allowing robust generic competition resulting in a 99 percent drop in the price of the most commonly used regimens. But the U.S. continues to increase demands for enhanced patent and data protection exclusivities that go far beyond the requirements stated in the World Trade Organization's (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). These factors threaten the goal of defeating HIV by 2030. Likewise, they are obstructing global access to sufficient supplies of vaccines and treatments for COVID-19.

As president, you must support new trade and intellectual property policies that reduce intellectual property barriers to life-saving medicines. In your first 100 days as president, we call on you to announce that you will take actions to (1) stop U.S. trade and diplomatic pressure on countries that are adopting and using lawful TRIPS-compliant flexibilities, and (2) stop trade threats under the Special 301 Watch List for countries that may not match U.S. levels of intellectual property protection but that are nonetheless TRIPS compliant. Developing countries should be allowed – indeed encouraged – to use all lawful TRIPS public health flexibilities to encourage generic competition and expanded access to affordable medicines.



**AIDS ISN'T OVER
FOR ANYBODY
UNTIL IT IS
OVER FOR
EVERYBODY!**

The most compelling justification of these more innovative approaches in the intellectual property rights space are that they address the major barriers in making sure there is fair and equitable access to essential medicines. Significant barriers include scale-up and diffusion of manufacturing capacity to produce sufficient quantities of vaccines, medications, diagnostic tests, personal protective equipment, and other medical technologies needed to detect, prevent, treat, and cure COVID-19. COVID-19 provides a unique opportunity to set a standard that should be extended to other critical diseases.

Major biopharmaceutical companies have been highly subsidized by the U.S. and Europe that have invested tens of billions of dollars in speeding development, clinical trials, and initial supplies of COVID-19 health technologies. Despite these investments that have de-risked the race for effective and safe vaccines, medicines, and diagnostics, companies have been enabled to maintain the intellectual property status quo – their monopoly empires are untouched. But their monopolies stand in the way of the production of sufficient quantities of desperately needed health products. Their monopolies result in unaffordable prices, like Gilead's \$3,120 price for remdesivir or Moderna's \$74 price for its yet unproven mRNA vaccine. Their monopolies have provoked waves of vaccine/therapeutic/diagnostic nationalism that leaves crumbs on the table for smaller and poorer countries.

But countries are not powerless, though they act as if they are disarmed. Join together in global solidarity, join together in common cause to expand and share the growing treasure trove of medical technologies that can defeat COVID-19. Flex your muscles and issue compulsory and government use licenses. Put pressure on global institutions like the ACT-Accelerator to assure that medicines, vaccines, diagnostics, PPE, oxygen, and other health supplies are distributed equitably and quickly within and between countries. Every day countries wait, thousands of more lives are lost, tens of thousands more people are infected, and billions of people continue to suffer from social and economic dislocation. We have to think of a strong standard that can change the lives of millions.

The most immediate need in this regard is to support waivers of TRIPS obligations on COVID-19-related intellectual property rights (IPRs) for the duration of the pandemic. The U.S. should immediately use its contracting in NIH and DOD grant agreements to impose conditions ensuring licensing and deep technology transfer to expand supply and increase COVID-19 health technologies' affordability. Similarly, the U.S. should support TRIPS flexibilities by other countries to expand supply capacity and increase affordability.

Ensuring access to affordable life-saving COVID-19, HIV, and other priority medicines will require more than safeguarding low- and middle-income countries' rights to make use of lawful TRIPS flexibilities. As president, you should lead the way in exploring new systems for medical research and development.

The pharmaceutical industry has held the upper hand for far too long – and the American people have reached a breaking point. The election season showed that Americans are hungry for a change in the way medicines and medical technologies are developed, priced, and sold. There are other ways to incentivize research and reward for developing new medicines, and you should seize this moment to explore and promote alternatives.

You can also take swift action to address the price gouging of the biopharmaceutical industry within the U.S., where, for example, excessive pricing leads to rationing medications to cure hepatitis C, a leading cause of death for people with HIV. The U.S. should take dramatic steps to control new medicines' launch prices and rampant price inflation. The U.S. needs to reconsider the design and implementation of its orphan incentives and exclusivities and the 12 years of data/marketing exclusivity granted on biologic medicines.

3 LEAD WITH EVIDENCE, NOT POLITICS

- ☐ Repeal the expanded Global Gag Rule, and work to remove existing Global Gag Rule obligations from existing agreements with service providers
- ☐ Repeal the Helms Amendment, which bars countries from using foreign aid for abortion as a “method of family planning”
- ☐ Repeal the anti-prostitution pledge
- ☐ Fund comprehensive harm reduction including syringe service programs (SSPs) and ensure that these policy shifts are immediately reflected in all relevant health spending, including PEPFAR 2021 Country Operational Plans
- ☐ Repeal restrictions preventing procurement of PPE by recipients of foreign aid

We call on you to follow the experts on harm reduction, drug use, and criminalization, and direct PEPFAR, USAID, and CDC to roll out a full package of harm reduction programs for people who use drugs, including SSPs.

The Supreme Court ruled that inclusion of an anti-prostitution pledge as a condition of U.S. funding was a violation of the first amendment and that this policy that was shown to undermine effective anti-HIV programs remains in USAID and CDC contracts, PEPFAR funds recipients are forced to sign the pledge to access funding. Your administration can remove the clause for both U.S. and non-U.S. based organizations and direct that U.S. funding must follow global guidance on best practices for sex worker programs.

Your administration should ensure women have greater access to integrated HIV, reproductive health, and maternal healthcare services: repeal the Global Gag Rule and champion the Global HER Act to permanently protect sexual and reproductive health rights for women around the world.



In a sign of their disregard for women's health, one of the Trump administration's first actions was to reinstate and expand the Global Gag Rule, also known as the Mexico City Policy, which bans non-U.S. non-governmental organizations from receiving any U.S. funds if they give information about or referrals for abortion care, provide safe abortion, or advocate for better abortion rights legislation. The Gag Rule also stops organizations from using their own or other sources of funding for these purposes, and while it does not apply to funds provided by the U.S. government to other governments, it applies to U.S. funds provided directly to non-U.S. NGOs or indirectly through U.S.-based NGOs.

This unprecedented expansion has affected more than \$2 billion in global health assistance every year. It has had a chilling effect on HIV service providers by forcing them to choose between providing the highest standard of comprehensive care and losing funding, functionally denying their basic free speech rights, including in Uganda where access to information is constitutionally protected and South Africa, where safe abortion access is legal. Evidence from the last four years of Trump's already drastically expanded Global Gag Rule has revealed substantial cuts to life-saving services. In Mozambique, for example, a country with one of the highest burdens of AIDS-related mortality globally, at least 90 family planning clinics have closed since 2017 as a result of gag rule implementation, further undermining extremely poor access to essential treatment and prevention services in that country.

The administration should immediately repeal the Global Gag Rule and further ensure access to reproductive health and freedoms across all foreign aid programs. You should direct the Department of Health and Human Services to identify and remove barriers to healthcare services in all global health programs, including COVID-19 and HIV prevention and treatment programs, as well as those pertaining to reproductive health assistance.

Your administration can have a lasting impact on the health of women and girls around the world by championing the passage of the Global HER Act, which would end the partisan, anti-science, and anti-human rights cycle that shifts U.S. policy every time a new political party is elected to the presidency. Women around the world should not have their healthcare decisions driven by U.S. partisan politics.

Further, your administration should work to repeal the Helms Amendment, the longstanding U.S. law that restricts U.S. foreign assistance dollars from paying for abortions as a method of family planning. Decades of evidence shows us that the best health outcomes for women and girls are achieved when health service delivery is integrated. Partisan policies like the Global Gag Rule and the Helms Amendment hamstring front-line service providers

delivering integrated HIV, reproductive health, and maternal healthcare services. Leading with science-based policies means ending these failed restrictions and prioritizing health above rhetoric.

Finally, a refocus on human rights must be a cornerstone of foreign policy, and that has to expand across the board. In that effort, we support the transition recommendations submitted by the Council for Global Equality.¹¹

4 FIGHT FOR HUMAN RIGHTS

DISCRIMINATION, BIGOTRY, AND CRIMINALIZATION MAKE GAY AND BISEXUAL MEN, TRANS WOMEN, SEX WORKERS, PEOPLE WHO USE DRUGS, WOMEN AND GIRLS, AND OTHER OPPRESSED COMMUNITIES AT HIGHER RISK OF HIV INFECTION AND AT HIGHER RISK OF UNNECESSARY SUFFERING AND DEATH FROM HIV.



- ☐ Support national efforts to win laws and policies that undo these harms through decriminalization and other approaches rooted in evidence
- ☐ Scale up ambitious service delivery and advocacy programs designed and implemented by and for these communities
- ☐ Cancel the so-called "Geneva Consensus Declaration" and dissolve the U.S. Department of State's Commission on Unalienable Rights

During the election, you put vulnerable people at the center of your priorities, making the fight for an inclusive government and society a key part of your campaign. We must act to address the social and structural drivers of vulnerability and poor health outcomes to end AIDS globally, and in the U.S., social deprivation and marginalization are key drivers of HIV. Structural drivers including poverty, gender inequity, inequality, mental health distress, stigma, criminalization, housing and food insecurity, and interpersonal violence. Comprehensive, rights-based responses are critical for members of disparately impacted populations experiencing substantial human rights violations and barriers to accessing services.

We call on you to pledge an additional \$1 billion per year for a whole-of-government, multi-sectoral effort focusing on the excluded that integrates AIDS alongside development assistance for real, evidence-based impact.

Building on important experiences from PEPFAR's DREAMS and Key Populations Investment Fund, you should launch a bold

new effort to address the social and structural drivers of HIV infection and poor health outcomes among young women, men who have sex with men, sex workers, people who use drugs and other socially and economically marginalized persons with and at risk of HIV.

Available evidence demonstrates the effectiveness of a range of approaches in simultaneously strengthening HIV prevention and treatment while bolstering development and human rights aims. These programs provide an array of benefits from economic empowerment, social protection programs, and transformative human rights approaches such as decriminalization, anti-discrimination laws, and campaigns to change social norms. As president, you can create an integrated, intersectoral initiative including actions to eliminate poverty and inequalities, provide access to comprehensive social protection and child protection, improve food security, stable housing and access to quality education and economic opportunity, achieve gender equality, reduce the harm associated with drug use and sex work, and promote healthy cities and just and inclusive societies.

**5 BE
ACCOUNTABLE
TO PEOPLE
LIVING WITH
HIV**

**YOUR GLOBAL AIDS AND
GLOBAL HEALTH
STRATEGIES MUST BE
GUIDED BY THE PRIORITIES
OF PEOPLE LIVING WITH
HIV—PEOPLE WHOSE LIVES
DEPEND ON U.S
ASSISTANCE. THAT'S REAL
ACCOUNTABILITY.**

☐ Expand the minimum standards for meaningful civil society engagement in developing PEPFAR country priorities

☐ Convene an 'End the Epidemics' task force immediately after taking office

Continue to support and partner with civil society organizations and ensure their meaningful commitment at all levels of the global AIDS response. They are using innovative approaches such as community-led monitoring, which is a system of community-developed and community-owned data collection and monitoring at the site of service delivery, followed by development and implementation of advocacy solutions to respond to the evidence generated. The evidence they collect will be used to advocate for changes with decision-makers such as the Department of Health and PEPFAR.

In your first 100 days in office, we ask that you name members of your End the Epidemic task force, including an equal number of domestic and global advocates, and that the group holds its first meeting to begin planning an action agenda with concrete steps and timelines for implementation. This group must deliver new targets and strategies that present a bold vision for U.S. leadership in ending both the global and domestic AIDS epidemics.

The group needs to also factor in the effect climate change is having on health. It will take true investment in early warning systems and adaptation efforts to address a warming planet's disease challenges as part of a bold climate strategy. The movement of people, and drawing nature closer, and the scarcity of resources all place the effects of health and climate on an intersection. This group should also heavily inform and advise the new PEPFAR as well as giving guidance to both the UNAIDS and Global Fund processes.



Health GAP is an international advocacy organization dedicated to ensuring that all people living with HIV have access to affordable life-sustaining medicines. Our team pairs pragmatic policy work with audacious grassroots action to win equitable access to treatment, care, and prevention for people living with and affected by HIV worldwide. We are dedicated to eliminating barriers to universal access to affordable life-sustaining medicines for people living with HIV/AIDS as key to a comprehensive strategy to confront and ultimately stop the AIDS pandemic. We believe that the human right to life and health must prevail over the pharmaceutical industry's excessive profits and expand patent rights.

END NOTES

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