**January Advocacy Network Webinar**

Following the 2016 AIDS Philanthropy Summit in December, FCAA created an Advocacy Network – in partnership with amfAR, the Kaiser Family Foundation, NASTAD, Open Society Foundations and NMAC – to help advise HIV/AIDS funders, in real-time, of implications of the unfolding U.S. political landscape.

On January 30th we hosted the first webinar of the FCAA Advocacy Network. Given the nebulous nature of the first ten days of this Administration, facilitator **Greg Millett**, of amfAR and Chair of the FCAA Advocacy Network, framed the call with the four key things we do know: 1) This Whitehouse will take action unilaterally, without thorough vetting or the reliance of expert opinions; 2) Facts are not universally regarded as truths; 3) The Congressional majority in the new Administration are not necessarily in lock step; and 4) There is an appetite in our country to fight for important policies.

To discuss the latest pending or imposed changes related to the fight against HIV/AIDS, as well as the potential role for private funders, speakers provided overviews on Trump cabinet nominees, budget priorities for PEPFAR and the Global Fund, ACA repeal efforts, and efforts to defund Planned Parenthood.

**Speakers included:**

* Asal Sayas, amfAR
* Chris Collins, Friends of the Global Fight
* Amy Killelea, NASTAD
* Dr. Raegan McDonald-Mosley, Planned Parenthood

**Download slides here.**

**Discussion Highlights included:**

* **Nominations**: PEPFAR Ambassador Deborah Birx and NIH Director Francis Collins have been asked to temporarily stay in their positions. The names of the new USAID administrator as well as the Director of the CDC have not yet been shared. During his confirmation hearings, confirmed Secretary of State Rex Tillerson spoke positively of PEPFAR, noting both the value and good will the program has provided for the country.
* **Budgets and Cuts**: According to a recent story in [The Hill](http://thehill.com/policy/finance/314991-trump-team-prepares-dramatic-cuts), the Administration may be prepping for dramatic cuts based off of an Heritage Foundation blueprint published last year. Others have suggested a future draft Executive Order that would make immediate and significant cuts to UN agencies and foreign assistance. A topline FY2018 budget is expected in late February, with a full budget expected in April.
* **To be a global health advocate is to be a “150 advocate,”**: U.S. foreign assistance through the international affairs budget is often referred to by its line item name, or the [150 account](http://www.cgdev.org/page/foreign-assistance-and-us-budget). **It will be essential to watch this budget line closely, as any reduction will impact spending for PEPFAR and the Global Fund.**
* **Congress:** We have solid support for global health efforts among both the House and Senate, however it will be critical to shore up this support while also helping to educate new members on the importance of programs such as PEPFAR and Global Fund. **We also need to revisit our message, such as Friends of the Global Fights’ recent issue brief on global health’s “**[**return on investment for America**](http://blog.theglobalfight.org/case-us-investment-gf-global-health/)**.”**  It will also be important to stress the relationship and necessity of both Global Fund and PEPFAR – neither could be successful without the other.
* **Global Gag Rule:** While this was an expected Executive Order, the new Administration has extended the reach into global health assistance provided by all agencies and departments.
* **The ACA repeal - what we know, what we think, and what we can still do:** The repeal of the Affordable Care Act (ACA) is already underway via a budgetary reconciliation process. New bills to defund major portions of the ACA are expected by end of February, but it is unclear whether they will include new legislation to replace the ACA. While the related [Executive Order](https://www.whitehouse.gov/the-press-office/2017/01/2/executive-order-minimizing-economic-burden-patient-protection-and) cannot change any of the ACA, it does direct the Health & Human Services and other agencies to ease related “regulatory burdens”. Some direction for “replace” legislation has been laid out; however, Republicans have not coalesced around one policy or framework. **Massive advocacy is needed to force Republicans to present “replace” plans before repealing the current legislation.**
* **What do they mean when they say “Defund Planned Parenthood,”:**  Federal funds are prohibited from covering abortion care as per the Hyde Amendment, and Planned Parenthood is not a line-item in the Federal budget – they are reimbursed for services rendered just like any other healthcare provider. Planned Parenthood provides healthcare for 2.5 million patients through 642 centers across the country. Forty five percent of services focus on STI/STD screening, including HIV testing, followed by 31% of services for birth control; Planned Parenthood centers provide 652,000 HIV tests each year, and was recently funded by Gilead Sciences to scale up access to PrEP services. Sixty percent of Planned Parenthood clients access health care through publicly funded programs like Medicaid and/or Title X. What is at stake is an attempt to block Medicaid patients from accessing services at Planned Parenthood centers, which could result in 390,000 women losing accessing, and another 650,000 having reduced access to preventive health services within one year. The resulting health implications could cost the federal government $130 million over ten years. The upcoming budget reconciliation process (through March) presents an opportunity for Congress to defund Planned Parenthood from Medicaid. **With only 51 votes needed during the reconciliation (as opposed to the usual 60), strong advocacy is needed to shore up votes against this legislation.**

**Helpful actions in support include both donor communications, and grasstops and grassroots advocacy, such as writing a statement or op-eds of support for Planned Parenthood, engaging grantees and partner organizations to stand with Planned Parenthood, and calling your Senators to encourage them to protect these vital services**. States for focused advocacy include: AR, AZ, IN, ME, ND, NV, PA and WV.

* **Discussion:** It was shared that one major challenge is the “wait and see” nature of the current landscape; with so many changes coming on an almost daily basis, it’s hard to know the “what and the when,” and so while funders are ready to provide support to their grantees, those organizations may not be fully ready to ask or even know what they need yet. Some shared a few suggestions, at the state level, including **reaching out to Governors and State Insurance commissioners to discuss the ACA appeal process as well as the future of Medicaid.** We do know that the 2018 insurance plans will be impacted by repeal efforts.

**What’s next for the Advocacy Network?**

* FCAA will be convening the Advisory Network Planning committee to plan future programming, including at least quarterly webinars or convenings. If you’re interested in joining this committee, please e-mail [john@fcaaids.org](mailto:john@fcaaids.org).
* Are you increasing your support for advocacy w/in this environment? Do you have a grantee that is doing exciting work to protect global and domestic health funding and/or legislation? Please share w/ [sarah@fcaaids.org](mailto:sarah@fcaaids.org).
* Look for FCAA’s monthly e-newsletter for a collection of related articles, op-eds and resources on this changing landscape. Follow us on Twitter at @FCAA in the interim for more real-time news sharing. Send items to include newsletter to [Sarah@fcaaids.org](mailto:Sarah@fcaaids.org) by the 20th of every month.
* **Save the Date:** The FCAA Advocacy Network is planning an in-person convening in New York City on April 26th. Details coming soon!