CALIFORNIA
HIV / AIDS POLICY
RESEARCH CENTERS

THE POLICY CONTINUUM

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WHAT IS POLICY?

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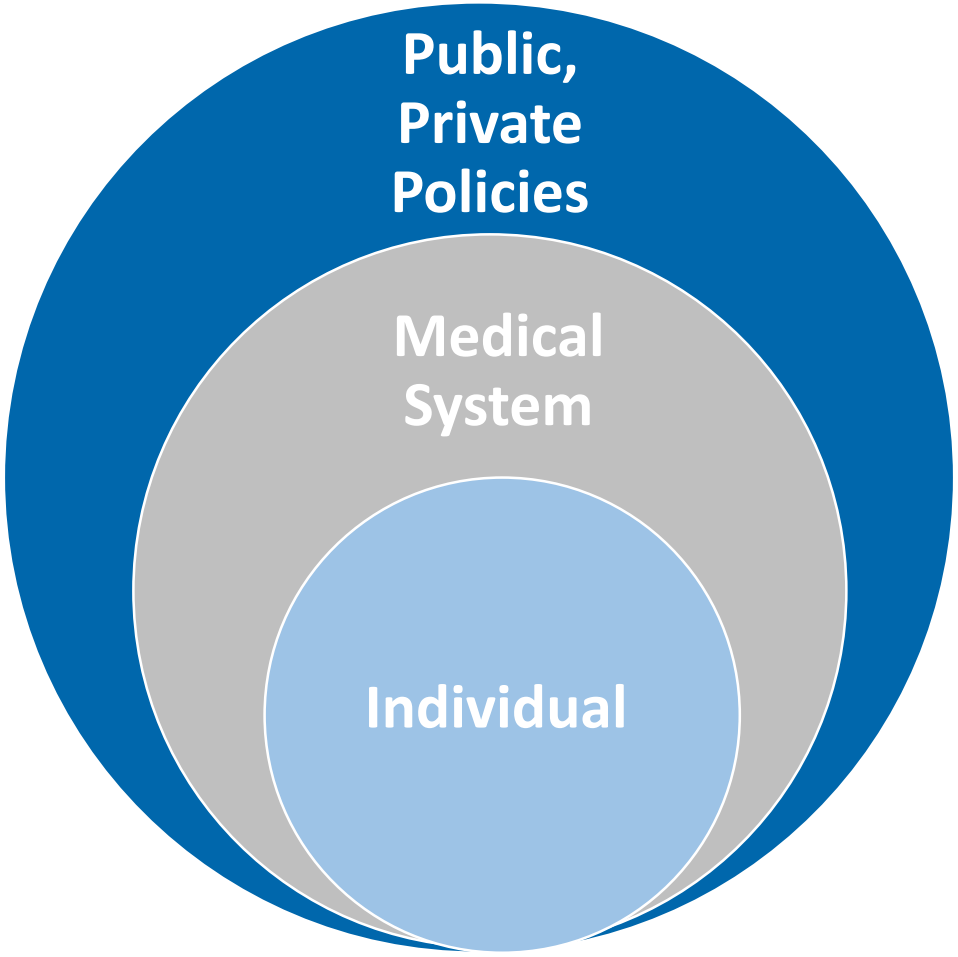
- Context within which decisions are made
  - Public (e.g. opt-out HIV testing)
  - Private (PrEP insurance coverage)
- What is the role of evidence in policy-making?



NATIONAL HIV/AIDS STRATEGY GOALS

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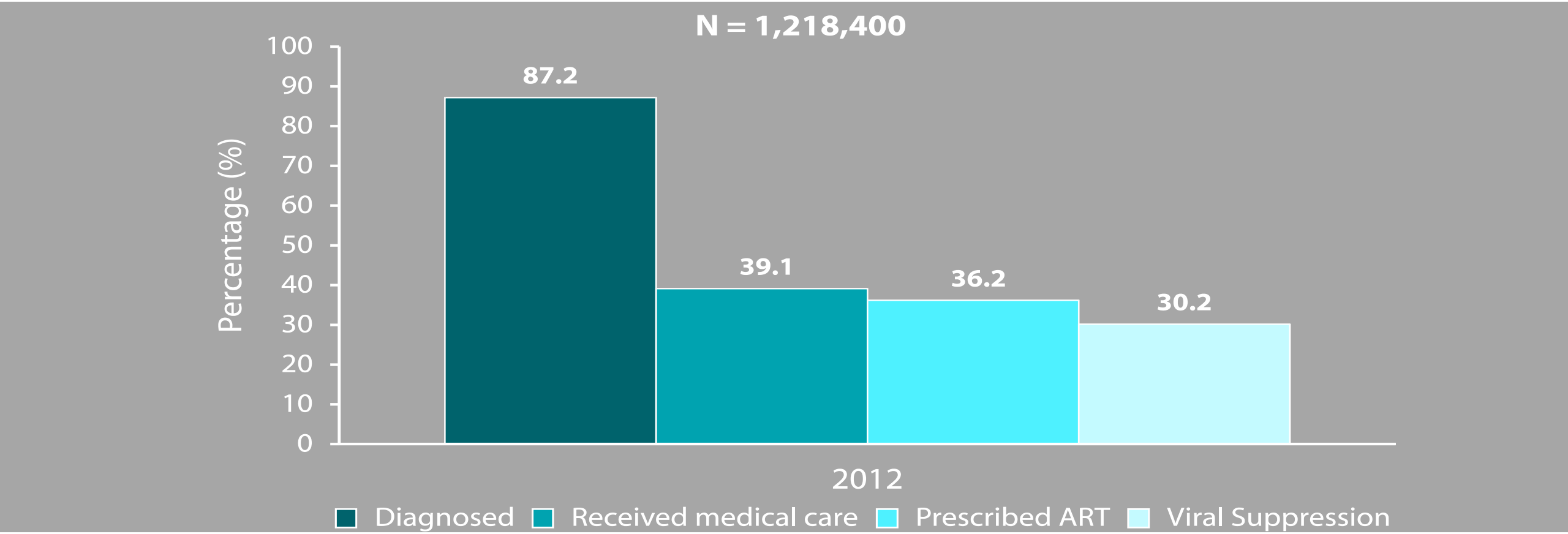
1. Reduce new infections by at least 25%
2. Increase access to care and improve health outcomes
   - Increase awareness of infection to 90%
   - Increase linkage to care in 1 month to at least 85%
   - Increase retention in care to 90%
   - Increase viral suppression to 80%
3. Reduce HIV-related disparities in new Dx by 15%

   MSM, young, black MSM, AA women, Southerners
4. Achieve more coordinated response

PERSONS LIVING WITH DIAGNOSED OR UNDIAGNOSED HIV INFECTION HIV CARE CONTINUUM OUTCOMES, 2012 — UNITED STATES AND PUERTO RICO



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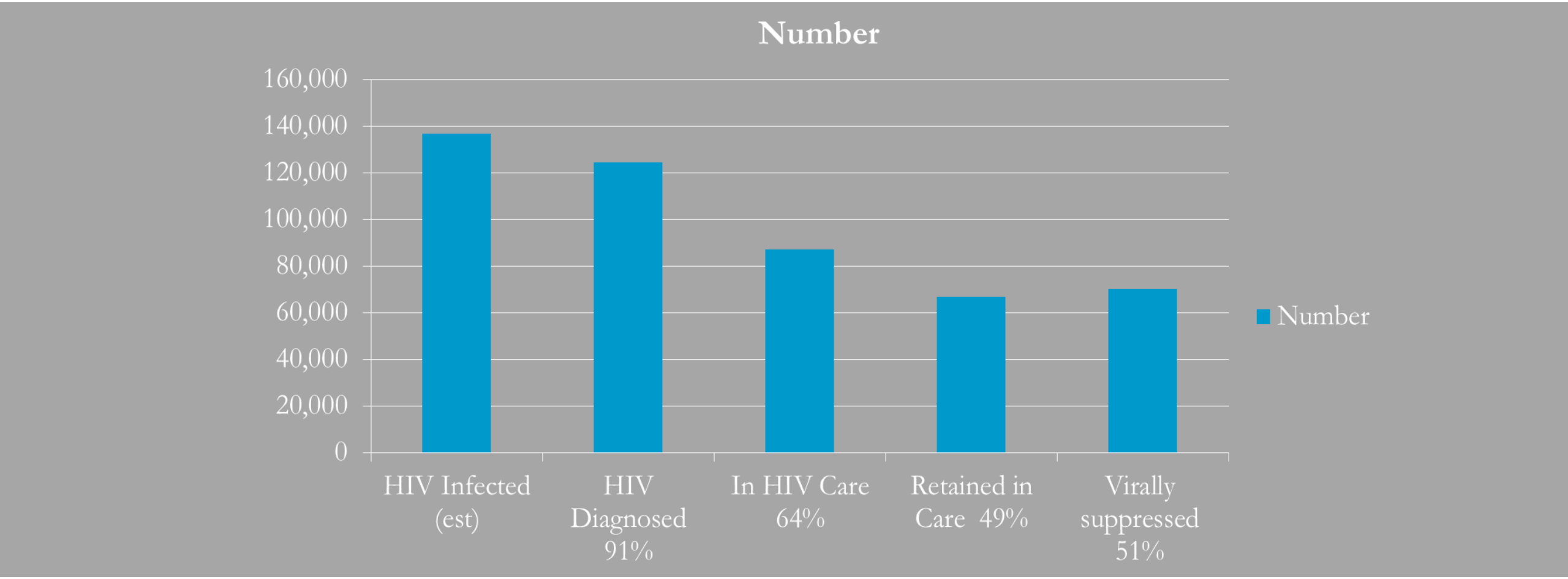
National HIV Surveillance System,: Estimated number of persons aged ≥13 years living with diagnosed or undiagnosed HIV infection (prevalence) in the United States at the end of 2012. The estimated number of persons with diagnosed HIV infection was calculated as part of the overall prevalence estimate.
Medical Monitoring Project: Estimated number of persons aged ≥18 years who received HIV medical care during January to April of 2012, were prescribed ART, or whose most recent VL in the previous year was undetectable or <200 copies/mL—United States and Puerto Rico.

CALIFORNIA'S CONTINUUM OF HIV CARE- 2014



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PROBLEM RECOGNITION

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- Problem amenable to a policy solution
- Identified by
  - Systematic indicators –quantitative measures
  - Focusing events –new incidents that draw attention
  - Routine governance, monitoring

IDENTIFY CAUSAL MECHANISMS

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- Not just correlation
- Seek a cause that policy can address
- Propose options

EVALUATE OPTIONS

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- Expected outcomes for
  - Specific populations
- Expected costs
  - Whose costs? Patients, providers, state, federal government? Society?
- What time frame?
  - One year?
  - Lifetime?

COMMUNICATE TO POLICY MAKERS

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- Non-technical language
  - Tailored to policy makers' concerns
  - Cost-saving argument
  - Narratives
- The right messenger
- Digital media provide opportunity for direct communication –of information and disinformation

THE POLICY DECISION

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- Strong analysis of options can reduce *policy uncertainty*
  - Support policies more likely to have beneficial effects
- Political Uncertainty—how constituents will react to the policy
  - Can outweigh scientific evidence
  - Opens gap in policy continuum

RYAN WHITE SUCCESS STORY

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- Initially, causal mechanism of AIDS was unknown
  - Misidentified as a “punishment from God” for immoral behavior
  - HIV virus identified in 1983
  - Assay developed in 1985
- Identifying the HIV virus allowed for development of AZT treatment, but it was costly
- By 1990 increasing recognition of the need to address the impact of HIV/AIDS on the health care system

COMBINING EFFECTIVE COMMUNICATION AND SCIENTIFIC ADVANCES

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- Lack of funding identified as a barrier to treatment
- Communication: AIDS advocacy community reframed AIDS from a personal failing to a “natural disaster”
- “Epicenters of this disease must be considered natural disaster areas and be eligible for the type of emergency funding we would afford a drought in Kansas, a flood in Texas…an earthquake in San Francisco.”
- Changed frame from individual to city

PASSING RYAN WHITE LEGISLATION

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- Ryan White, an “innocent victim”
  - Diagnosed at 13 with HIV from a blood transfusion in 1984
  - Symbolized the moral imperative for care
  - Illustrated the potential effectiveness of treatment
- Almost universal support for Ryan White Program in Congress

POLICY DEVELOPMENT EXERCISE

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- PrEP can prevent HIV infection, and is cost-effective
- Yet take-up is slow, even in populations at risk
  - Especially African-American MSM
- Suggest causal mechanisms for low take-up
- Propose interventions to address causes
- Suggest how to evaluate options—what should you measure?
- How best to frame your advice to policy makers?

POLICY CONTINUUM

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POLITICAL UNERTAINTY (NEEDLE EXCHANGE)

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- In 1983, the CDC identified causal pathway --needle sharing as a source of HIV infection
- Policy option: provide sterile needles
  - This policy had successfully reduced HepC among IDUs
- Opponents claimed that needle exchange condoned and increased drug use and increased crime

RESEARCH ON NEEDLE EXCHANGE (NE)

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- Research finds
  - NE programs reduce HIV and viral hepatitis transmission
  - Increase drug treatment
  - Are cost effective (save $6 for each $1 invested)
  - Do not lead to increased drug use

NE POLICIES

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- HHS Sec. Shalala said: “meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs.”
- In 1988 Congress (Sen. Jesse Helms) banned federal funding for NE
  - Included in Ryan White CARE Act and PepFar
- In 2009, under Pres. Obama, NE ban briefly repealed
- Congress reinstated NE ban in 2012

A FOCUSING EVENT

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- In 2015 an outbreak of HIV among IDUs in Scott County Indiana
  - 5 HIV infections in prior 10 years
  - 181 new infections 11/2014 to 10/2015
  - 20 new cases/week
- Gov. Mike Pence, an opponent of NE, approved temporary NE program
- Q: Could NE have been framed differently?

PEPFAR

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- In 2003 George Bush proposed to commit $15B over 5 years to combat AIDS epidemic abroad
  - Based on evidence of ART effectiveness
  - RCT evidence that male circumcision reduced HIV transmission from women to men
- Broad bipartisan support, but the bill included provisions for which there was no evidence
  - Required that 20% of PEPFAR prevention funding be spent promoting abstinence, monogamy
  - No funding for needle exchange

PEPFAR COULD HAVE HAD GREATER IMPACT

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- PEPFAR spent $1.4B on abstinence and faithfulness programs from 2004-2013, for which no evidence
  - Programs discussing condoms had to discuss abstinence
  - 2/3 of recipients (40 M) received only abstinence counseling
- Ban on generic ART until 2007, doubled drug costs
- Explicit policy opposing prostitution required
- PEPFAR estimated to have averted 2.9 million new infections—but heeding evidence could have prevented more

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ROUTINE HIV SCREENING IN MEDICAL SETTINGS

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- CDC
  - Evaluated evidence on cost/benefit of HIV testing
- CDC removed barriers to testing
  - Neither separate written consent nor pre-test counseling required
  - Opt-out rather than Opt-in

CALIFORNIA

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- California changed laws to conform to CDC recommendations
- But 7 years after the changes ½ of Covered California providers reported as major barriers to HIV testing:
  - Need for written informed consent
  - Pre-test counseling
- 53% of well-informed providers screened new patients for HIV, but only 7.1% of less informed providers did
- Policy Communication to Implementers in vital.

WRAP-UP: POLICY CONTINUUM

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- "Policy" is an evolving process
- Rarely happens in a linear fashion
  - Problems, potential solutions, political support, and other factors change
- Collaboration between community and academics to be prepared for next focusing event
- Different countries have different contexts, but this continuum is generalizable

POLICY RESOURCES

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HRSA	http://www.hrsa.gov
CDC	http://www.cdc.gov/hiv
NIH	http://www.nih.gov
CHRP	http://chrp.ucop.edu
CHIPTS	http://chipts.ucla.edu
Kaiser Family Foundation	http://www.kff.org/hivaids
CAPS	http://www.caps.ucsf.edu