

ADVOCACY AND ENGAGEMENT ON HIV/AIDS POLICY

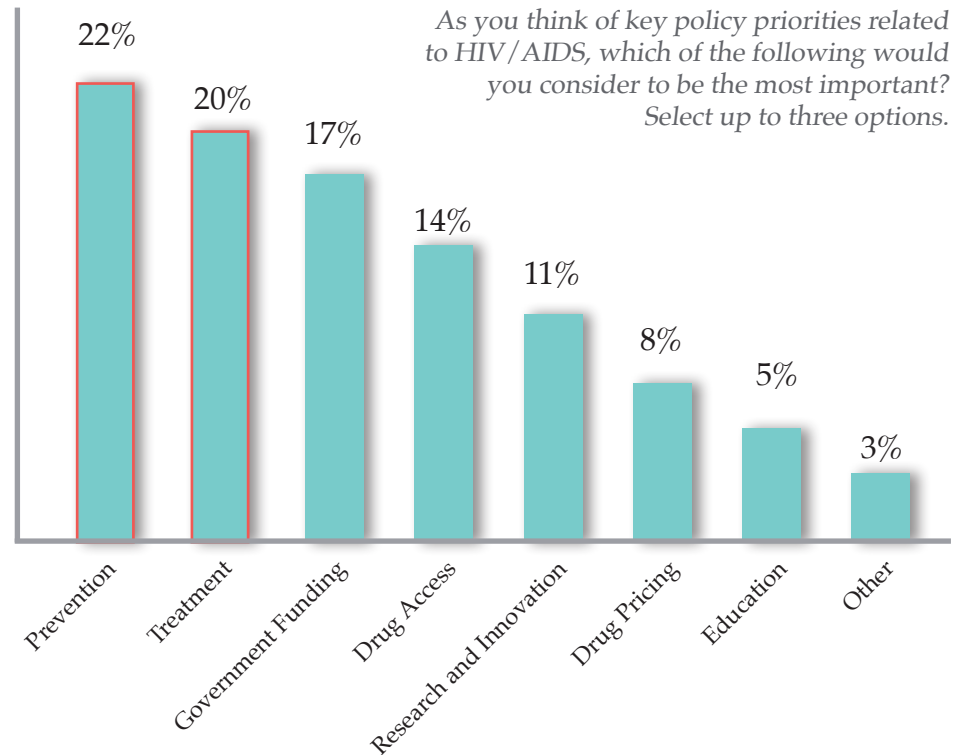
HOW ADVOCATES, POLICYMAKERS, AND THE PRIVATE SECTOR ARE
RESPONDING TO HIV/AIDS IN THE UNITED STATES



THE HIV / AIDS POLICY RESPONSE IS COMPLEX

Approximately 1.2 million people are living with HIV in the United States today, according to the United States Center for Disease Control.¹ Given the complexity of the HIV / AIDS policy space, it is important that the private sector and advocates align with policymakers on priorities and next steps forward.

WE SPOKE WITH
POLICYMAKERS,
EXPERTS, THOUGHT
LEADERS, AND
RESEARCHERS ABOUT
THEIR THOUGHTS ON
HIV / AIDS POLICY
IN THE UNITED
STATES.



FUNDING, PREVENTION, TREATMENT, AND CARE

While respondents indicated Prevention and Treatment as the most important policy priorities related to HIV / AIDS, they emphasized that no one priority stands above the rest.

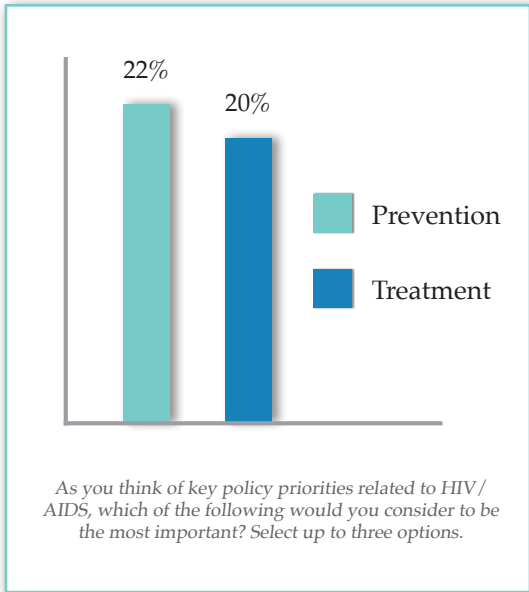
*“The AIDS response is very complicated. It’s not just a disease. Typically, when you think of the HIV response, you think of **funding, prevention, treatment, and care**. If you do only prevention, you’re probably going to die because you’re not on treatment. If you only do treatment, more people are going to get newly infected, and you’re basically in a losing battle. You have to protect government programs. The UN estimates every year what it costs to control the epidemic, and **epidemic control is not the same thing as eradicating it.**”*

-Foundation Director

1. US Center for Disease Control; National Center for HIV / AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV / AIDS Prevention

PREVENTION AND TREATMENT

Despite differences in allocated funding and conceptions of a “false dichotomy,” policymakers view prevention and treatment as equal policy priorities.



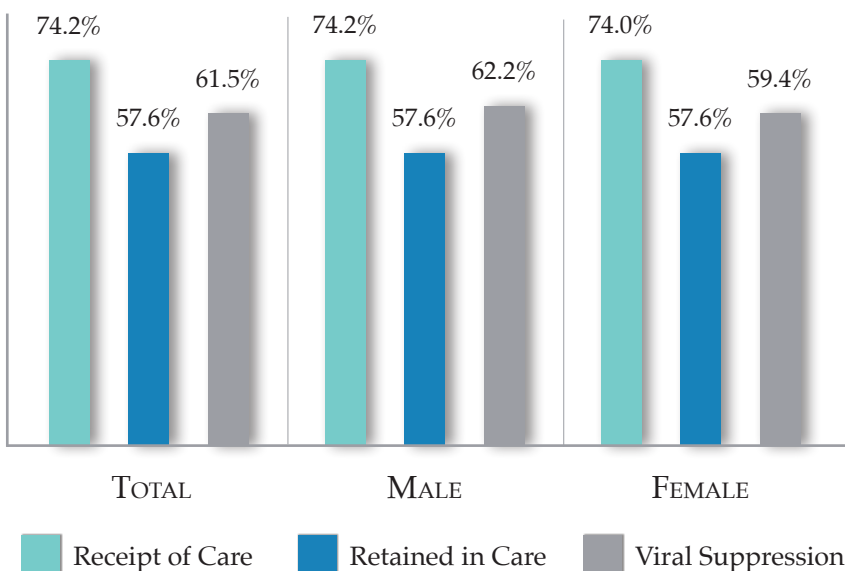
“I always think it's a false dichotomy. First of all, treatment has and always will have much more money than prevention. Even if you could theoretically achieve a “Triple 95,” you could treat everybody and the modelers will still tell you, that will not end the epidemic. So you have to have some focus on prevention.

But you always need to prioritize saving people's lives. You've got to make sure the treatment dollars are there first, and once you treat someone and you get them sustained on treatment—and this is the hard part, because there's no cure—you have to keep them on treatment for the rest of their life; then you do get a preventive effect. So your treatment dollars are buying you some prevention efforts but it alone is not sufficient enough to break the epidemic.”

-Policy Director, NGO

ACCESS

RECEIPT OF HIV MEDICAL CARE, RETENTION IN CARE, AND VIRAL SUPPRESSION AMONG PERSONS AGED > 13 YEARS LIVING WITH DIAGNOSED HIV INFECTION, BY SEX, 2016. 41 STATES AND THE DISTRICT OF COLUMBIA¹



Access to care remains a high priority among those working on HIV / AIDS policy. Further, policymakers acknowledge that demographic and regional differences can drastically affect the treatment and well-being of infected individuals.²

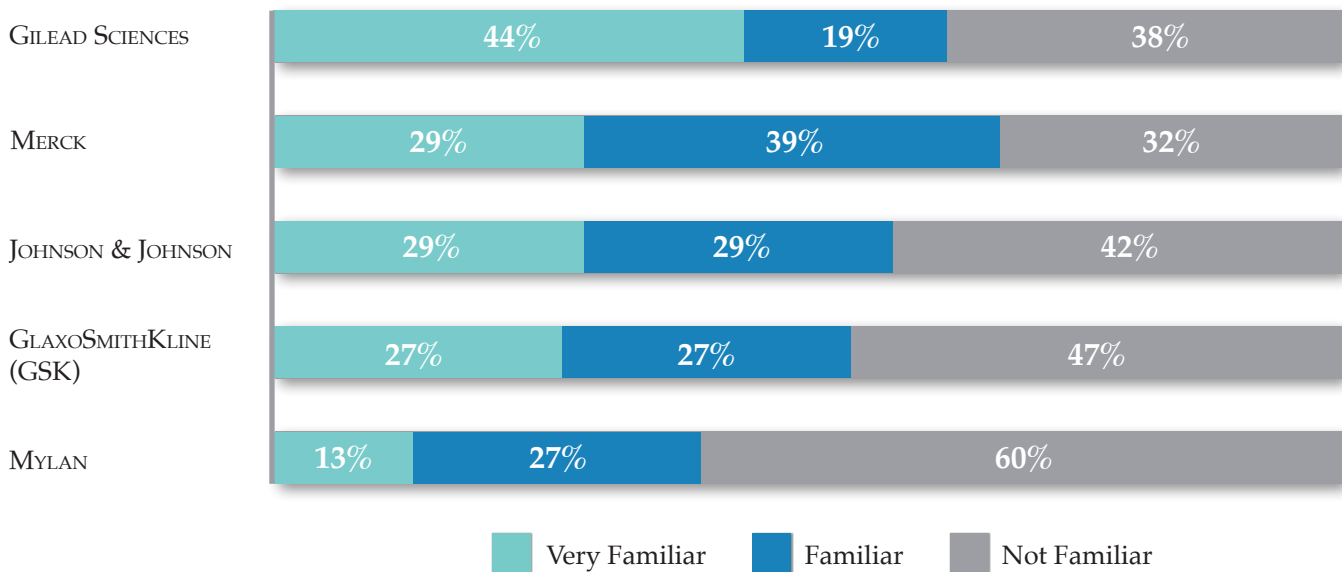

“Access is a priority because one of the things that we all know and understand, while there are services out there for people living with HIV and AIDS, there's not always easy access. When we talk about access we want to talk about what the barriers are to those individuals who are most in need to gain access. That's still an issue. Access has always been an issue and continues to be an issue in this arena.”

-Deputy Executive Director, NGO

1. US Center for Disease Control; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention; 2. Ibid

MAJOR HEALTH ORGANIZATIONS' RESPONSE TO HIV / AIDS

We asked respondents how familiar they are with the following organizations' HIV / AIDS advocacy efforts in Washington.

“Gilead originally got strong because they had multiple products in the HIV area back in the day. It was when HIV was not considered a major product and was considered kind of an orphan drug or an unattractive area. They proved that you could grow a company there, and they proved that you could launch multiple products. They were also key in getting the medicine's patent pool off the ground.”
 -Special Adviser, Executive Branch



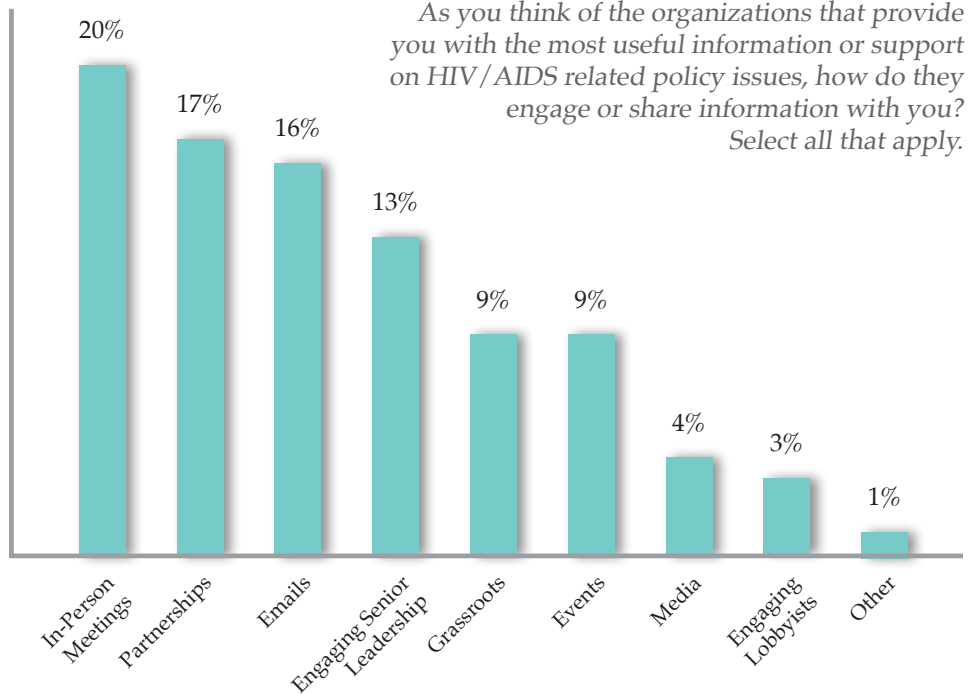
“With Merck, more of my exposure's been around global HIV and the work that we're all doing with the Global Fund, and some of their work and advocacy there, which has been terrific and admirable. There is some really good work in that space that Merck has been spearheading.”
 -Senior Policy Staff, NGO



“Early on, Johnson & Johnson made a company decision to hire a couple of companies that were expert in actuarials and health legislation. They brought a new level of expertise from their government affairs work that they then allowed us as outside partners to gain access to. They would convene regular meetings with the consultants who provided us with a lot of data that we otherwise would not have had.”
 -Director of Legislative Affairs, Foundation

POLICYMAKERS WANT PHARMACEUTICAL COMPANIES TO BE MORE PROACTIVE ON HIV / AIDS POLICY

“I haven’t had any direct conversation around HIV/AIDS with the drug company advocates. Yes, with community hospital advocates. But not the drug companies. If there’s a leader out there, I don’t know who it is.”
 -Legislative Assistant, US House of Representatives



RECOMMENDATIONS FOR ADVOCATES



PRESENT DATA-DRIVEN ARGUMENTS

“You have to look at sources’ credibility. If I cite a private sector organization, I’m scrutinized more because it’s industry. But it’s different if I cite the American Federation of Scientists, for example.”
 -Deputy Chief of Staff, Capitol Hill



SHOW CONSTITUENT CONNECTIONS

“I know there is research out there on rates and education. However, knowing where my district currently is on HIV would be helpful to me and getting things through.”
 -Policy Advisor, US House of Representatives



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