Reduce Mortality from AIDS in Henan Province

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Background

1. The number of reported AIDS death cases has a rapid increased trend year after year, even taken the highly active anti-retroviral therapy (HAART) strategy since 2003. This issue became a serious problem in Henan province and China.

2. In all death cases, the proportion of untreated cases were more than 75%.

3. Half of the untreated death cases, survival time was less than 6 months after HIV-infected notification.
Background

- The objective of our research is to conduct a policy change on the HIV test strategy, and try to find HIV/AIDS more and earlier. This will make more HIV-infected people receive treatment earlier. The government tries to reduce the mortality from HIV/AIDS.
Problem Tree Analysis

Problem:
Mortality Still High After HAART Strategy

Effects:
- Death
- Lost labour & Income, Orphan
- Increased Pressure
- Panic, Unstable, Discrimination
- Increased Financial Burden

Individual
- No Treatment
  - Undiagnosed
  - HIV/AIDS Found late
- Delayed Treatment
  - Diagnosed
- Treatment Failure
  - Drug-resistance
  - Stop Treatment

Family
- Lost labour & Income, Orphan

Health
- Increased Pressure

Social
- Panic, Unstable, Discrimination

Government
- Increased Financial Burden

Causes:
- PLWHAs:
  - ↓Awareness & Attitude
  - ↓Knowledge
  - Refuse HIV test & treat
- Community:
  - ↓Awareness & Attitude
  - ↓Knowledge
  - Discrimination & Stigma
- Health Facilities:
  - Lack of Capacities for VCT/PITC
  - Poor accessibility
  - ↓HIV, CD4 & VL test
- Administration:
  - Lack or inadequate Policy
  - Poor implement
  - Limit drugs & Options
  - Weak Surv & Alert For Drug-resistance
  - Referral failure
Mortality Still High After HAART Strategy

**Problem**
- No Treatment
- Delayed Treatment
- Treatment Failure

**HIV/AIDS Found Late**

**PLWHAs:**
- ↓ Awareness & attitude
- ↓ Knowledge
- Refuse HIV test & treat

**Community:**
- ↓ Awareness
- ↓ Knowledge
- Refuse HIV test
- Discrimination & Stigma

**Health Facilities:**
- Lack of Capacities for VCT/ PITC
- Poor accessibility

**Administration:**
- Lack or inadequate Policy
- Poor implement

**Causes**

**Solutions**

**PLWHAs:**
- Health education:
  - Increase knowledge
  - Change attitude
  - Change behavior
  (Government, NGO, Health Facilities)

**Community:**
- Health promotion:
  - Raise awareness & change attitude
  - Increase knowledge
  - Change behavior
  - Create a non-Discrimination & Stigma Social environment
  (Government, NGO, Media, Health Facilities)

**Health Facilities:**
- Training the health facility's workers
- Establish HIV screen test lab and ripad HIV test sets
- Develop an instruction manual
  (Health Facilities)

**Administration:**
- Policy change:
  - Improve HIV test strategy from VCT to VCT+PITC
  - Strengthen the monitor & evaluation
  - Financial support
  (Government, BOPH)
My Policy Objective

- **Change the policy of HIV test strategy from onefold VCT to combined VCT&PITC in Henan province.**
  - **The output:** the policy adopted by BOPH.
  - **The outcome:**
    - To offer more opportunities to get HIV test for the public
    - Find HIV/AIDS more and earlier
    - Make more of HIV/AIDS received treatment earlier.
  - **The impact:** To reduce the mortality of HIV/AIDS.
The Stakeholders

• **Decision makers:**
  – The Provincial Bureau of Public Health (BOPH)
  – The Office of HIV/AIDS Prevention & Control (OHAPC)
  – The Department Of Medical Administration (DMA)
  – The Department Of Financial Administration (DFA)

• **Supporters:**
  – CDC, PLWHA, NGOs, International Organizations

• **Opposers:**
  – Hospitals
  – patients
  – NGOs

• **Neutrals:**
  – Mass Media
### SWOT Analysis

#### Strengths
- HIV testing lab system were set up
- Good relationship with OHAPC & DMA
- PITC pilot
- Comprehensive CDC system

#### Weaknesses
- Workload increase
- Doctors lack of skill
- Need financial support

#### Opportunities
- Government attaches importance to HIV/AIDS
- Support by the NGO & International Organizations
- Mass media’s mobilization

#### Threats
- Patients refused
- Medical disputes even lawsuits
- Be considered forced
Stakeholder Analysis (AIIM)

Alignment

High

Low

Interest

High

Low

1. OHAPC
2. DMA
3. DFA
4. CDC
5. PLWHA
6. NGOs
7. Intern-Organiz
8. Hospitals
9. Patients
10. Mass Media
Stakeholder Analysis (AIIM)
—What Influence on the Stakeholders

1. OHAPC
2. DMA
3. DFA
4. CDC
5. PLWHA
6. NGOs
7. Intern-Organiz
8. Hospitals
9. Patients
10. Mass Media
Theory of Change

Reduce Mortality from AIDS

Treatment ↑
Early Treatment
↓Treatment Failure

HIV/AIDS Found more & early

Preferred Policy change: VCT→VCT+PITC (Universal HIV test)

Alternative policy change: VCT→VCT+PITC (for key departments only)

Step 1
CDC → OHAPC

Step 2
DMA + DFA

Step 3
NGO & Mass Media

GAP & GF

Hospital
Patients
The Policy Influence Plan

Communication and engagement: submit and discuss policy brief for HIV test

CDC make an alliance with OHAPC

Advocacy and lobby: adopt the policy.

Other recommendations to reduce the mortality

The policy brief adopted

Preferred policy change: VCT→VCT+PITC (Universal)

Alternative policy change: VCT→VCT+PITC (for key departments only)

1. Discuss the policy brief.
2. Expert group meeting to achieve consensus.
3. Revise policy brief.

Advocacy and lobby: Seek financial support.

CDC

OHAPC

DMA + DFA

GAP, GF

1. Technical support to CDC
2. Help to lobby the DMA & DFA

Invite the officer discuss the policy brief

NGO & Mass Media
The Goals:

• Adoption of the policy by the Bureau of Public Health of Henan Province.
Objective 1: Strengthen the evidence base of the policy brief.

Objective 2: Policy brief adopted by the Office of HIV/AIDS Prevention & Control.

Objective 3: Policy adopted by DMA & DFA and issued by BOPH.

Goal: Adoption of the policy by the Bureau of Public Health of Henan Province.
Objective 1: Strengthen the evidence base of the policy brief

<table>
<thead>
<tr>
<th>Activities</th>
<th>Stakeholders</th>
<th>Time</th>
<th>Process</th>
<th>Outputs</th>
<th>Risk: prevention &amp; control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discussion with experts to solicit support and expand problem-solution evidence</td>
<td>The experts in our institution</td>
<td>Oct-Nov, 2012</td>
<td>Meeting record</td>
<td>Policy brief draft</td>
<td></td>
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<tr>
<td>2. Report the policy brief draft to the Director of CDC &amp; experts</td>
<td>The director of our CDC, The experts in our institution</td>
<td>Dec, 2012</td>
<td>Workshop &amp; Meeting records</td>
<td>Achieve consensus</td>
<td>The director disagree it, discuss &amp; modify again</td>
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<tr>
<td>3. Revise policy brief</td>
<td>The colleagues in our institution</td>
<td>Dec, 2012</td>
<td></td>
<td>Finalized Policy Brief</td>
<td></td>
</tr>
<tr>
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<tr>
<td>1. Submit and discuss the policy brief with the director and the members of OHAPC, and modify the policy brief according their recommendation</td>
<td>The director and the members of OHAPC</td>
<td>Jan-Feb, 2013</td>
<td>Participation to discuss &amp; workshop</td>
<td>Policy brief adopted by OHAPC</td>
<td></td>
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<tr>
<td>2. Present the Policy Brief to the HIV/AIDS experts advisory committee</td>
<td>OHAPC, The HIV/AIDS experts advisory committee</td>
<td>Feb, 2013</td>
<td>Workshop &amp; Meeting records</td>
<td>Obtain consensus</td>
<td></td>
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<tr>
<td>3. Draft the policy</td>
<td>OHAPC</td>
<td>Mar, 2013</td>
<td></td>
<td>Draft policy</td>
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### Objective 3: Policy adopted by DMA & DFA and endorsed by BOPH

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<th>Indicators</th>
<th>Risk: prevention &amp; control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lobby to the DMA &amp; DFA, and hold a workshop, get a negotiation with them</td>
<td>The DMA &amp; DFA, NGOs, GF, GAP</td>
<td>Apr-May, 2013</td>
<td>Workshop record</td>
<td>If refused by DMA or DFA, then carry out Alternative policy change: VCT+PITC for key departments only</td>
</tr>
<tr>
<td>2. policy endorsed by BOPH</td>
<td>The DMA &amp; DFA, the Director of BOPH</td>
<td>Jul, 2013</td>
<td>Policy issued</td>
<td></td>
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</table>
The Impact:

• By the end of 2015, reduce 30% of the mortality in Henan Province.

Thank you!

A little push in the right direction can make a big difference.