

## Special Article

**Health Policy and Global Health in HIV/AIDS****Dakena M. Nelson, MSN, RN, CNL**

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**Correspondence:** Danita R. Potter, PhD, APRN, PMHNP-BC, CAS Email drpotter41@yahoo.com; CommuniHealth Services, 1825 North 18<sup>th</sup> Monroe, LA. USA**Abstract**

The aim of this paper is to examine global and national advocacy for individuals diagnosed with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) through evidence-based practice (EBP) and the role of clinical nurse leaders (CNL). A critical analysis of national and global HIV/AIDS evidence-based treatment and prevention strategies is discussed. The impact on future practice revealed that the CNL focusing on the microsystem, improving access to healthcare and equipping individuals with appropriate education, socio-economic development, and confidence in preventing and suppressing HIV/AIDS is vital.

*Key words: Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), evidence-based practice, clinical nurse leader.*

**HIV/AIDS**

Human immunodeficiency virus (HIV) was first detected in a human blood sample in the late 1950s (The AIDS Institute, n.d.). After years of observing rare strands of other disease processes, the United States began tracking the disease process in the 1980s. At that time, the common denominator of many of those rare strands were male patients that were sexually involved with other men (The AIDS Institute, n.d.). For many years, it was thought that HIV only existed in the homosexual community. This quickly proved to be fictional information. Behaviors that increase risk for contracting HIV include participating in any form of unprotected sex, intravenous drug users, men who have sex with men, individuals with multiple sexual partners, and children of infected mothers.

A common myth is that a person that is HIV positive, has AIDS. AIDS is a late stage of the HIV infection (WHO, 2017; WHO, 2018; CDC, 2019; HHS, 2019). It should not be assumed that a HIV positive individual has AIDS. Criteria for diagnosis include HIV infection with a CD4+ helper T-cell count of less than 200cell/mm<sup>3</sup>, plus infection with opportunistic pathogen, and or the presence of AIDS defining malignancy (WHO, 2018).

**National & Global Levels**

Today, there is a global epidemic of HIV prevalence. According to World Health Organization (2017) data reports, there are more than 36.9 million people living with HIV globally. For comparison, the number of people living with HIV exceed the populations of Louisiana (4.68 million), Mississippi (2.98 million), and Texas (28.3 million) combined (U.S. Census Bureau, 2017). Homosexual and bisexual men accounted more than two-thirds of all HIV diagnoses thereby having an increased risk of having an HIV positive partner (HIV Surveillance Report, 2016). In the HIV surveillance report of 2016, African American homosexual and bisexual men under 35 years of age lead in the number of new HIV diagnoses; ages 35 and older the number of new HIV diagnosis are led by White and Hispanic men (HIV Surveillance Report, 2016). In a recent State of the Union address, President Trump addressed a very important public health initiative: *Ending the HIV epidemic in America* (Azar, 2019). The goal was to reduce new infections 75 percent in the next five years and by 90 percent in the next ten years (Azar, 2019). The plan was projected to fund three major areas of action: (1) increasing investments in areas of greatest know risk via existing programs; (2) using data to pinpoint where the disease process is spreading

the fastest and direct policy-making to address prevention, care and treatment needs at the local level; (3) creating and funding a local HIV agency in these targeted areas to expand prevention and treatment (Azar, 2019). Working to eradicate HIV is crucial. The initiative plans were to focus on the key points: diagnose, treat, protect, and respond. Early diagnosis is essential for any disease process. The earlier an individual is diagnosed the sooner the plan of treatment can begin, and the more people can be protected. There are thousands of individuals living with HIV who do not know it (Azar, 2019).

**Evidence-based Treatments & Prevention Strategies:**

Major contributions to the treatment and prevention of HIV are antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) medication. HIV positive individuals, that are compliant with their ART, can have a viral load that is undetectable and minimum to no risk of transmitting the disease to a partner. Individuals that are HIV negative are to take PrEP. While taking PrEP, the HIV negative individuals' chances of contracting the disease has substantial reductions. The use of PrEP does not equate immunity of HIV or any disease process. Safe sex practices are essential and should be used in combination with ART or PrEP. All individuals, not just those that are sexually active, are to be educated on how to reduce the risk of contracting HIV. Education topic including knowing your HIV status and the HIV status of partners; getting tested for other sexually transmitted infections; practicing safe sex; and routine visits to primary care physicians. Although this is not an all-inclusive list, there are critical points. Knowing your own status helps gauge intimate relationships. Other sexually transmitted infections make it easier to contract HIV due to having an already weakened immune system. In efforts to educate both negative and positive HIV individuals, multiple programs are implemented.

**HIV/AIDS Advocacy:** Building communities that effectively advocate on HIV/AIDS is a major challenge (Sanicki & Mannell, 2015). Stigma is a major issue in the community regarding HIV. Many HIV positive individuals are subject to HIV shaming, or stigma. As characterized by CDC, HIV shaming allude to contrary convictions, emotions and mind frames towards individuals living with HIV. Due to shaming and stigmas, much of the HIV community is also subject to various forms of discrimination. The shaming and discrimination can even extend to their families. Discrimination can be established through laws, policies, and practices. HIV positive individuals have reported being stigmatized by family, friends, co-workers, and healthcare professionals after disclosing status (Brinsdon, Abel, & Desrosiers, 2017). Every person in the medical system is entitled safety, competent medical care and treatment, and confidentiality. Self-advocacy is an approach used by

many HIV positive individuals when confronted with discrimination or stigma (Brinsdon, Abel, & Desrosiers, 2017). Self-advocacy is rooted in a strong knowledge base of the disease process. This strategy helps HIV positive individuals resist internalized or anticipated stigma. Advocating for the patient, regardless of HIV status, is priority and it begins at the micro level. The implementation and advancement of HIV advocacy programs are largely responsible for the global community's success in reducing the burden of HIV and can be found at the micro, meso, and macro levels (Sunguya, B. F., Munisamy, M., Pongpanich, S., Junko Yasuoka, & Jimba, M., 2016). There are multiple assistant and support programs available to HIV positive individuals and their families. The Ryan White HIV/AIDS program, named after Ryan White, a 13 year old boy who was diagnosed with AIDS after receiving a blood transfusion, provides a wide-ranging system of HIV primary medical care, crucial support services, and medications for low-income individuals living with HIV who are uninsured and underserved (HRSA, n.d.). This program is available for all HIV positive individuals regardless of health insurance or ability to pay for services. The U.S. Department of Housing and Urban Development (HUD) also assist those living HIV/AIDS with housing opportunities. The Housing Opportunities for Persons with AIDS (HOPWA) Program is the only federal program that does this. Under the Americans with Disabilities Act (ADA), individuals with HIV or AIDS are protected whether symptomatic or a symptomatic. According to U.S. Department of Justice Civil Rights Division, ADA prohibits employment discrimination and requires the workplace to make reasonable and effective accommodations for the employee with known disability. This does not mean that the HIV positive person has to disclose to the employer that they are HIV positive. The HIV positive employee, if unwilling to disclose their HIV status, can request a reasonable accommodation by stating they have an illness or disability covered by ADA. ADA also applies to rights of public accommodations, state and local governments, and housing. HIV/AIDS advocacy programs increase public knowledge and awareness about the infection, thereby empowering effective prevention and treatment strategies (Sunguya et al, 2016). World AIDS Day, founded in 1988 and takes place on the first of December annually, is an opportunity for people globally to come together and recognize the importance of HIV awareness, support those living with the disease process, and remember those whose life was shortened due to it (Worlds AIDS Day, n.d.).

**Impact on Future Practice:** Currently, there is not a cure for HIV or AIDS. Because of this, communities will be affected in a variety of ways. Due to recent implementations set forth, such as PrEP, ART, and FY2020 budget proposal, communities may potentially

see a decline in the number of new HIV infections as well as a decline in the number of individuals that are detectable. Recent work via government agencies have shown just how important the HIV/AIDS epidemic is. We should expect to see an increase in programs aimed towards assisting those with HIV/AIDS to live as *normal* as possible. Although, there may be circumstances of uneducated, or misinformed, individuals that may use PrEP and ART to engage in unsafe sexual practices. We should expect an increase in midlevel providers and laypersons committed to the educational practices of HIV/AIDS. The time to educate and reeducate is now. Health education will be applied at all three levels of disease prevention, primary, secondary, and tertiary, focusing at the micro, meso, and macro levels. As a practicing Clinical Nurse Leader (CNL) focusing on the microsystem, improving access to healthcare and equipping individuals with appropriate education, socio-economic development, and confidence in preventing and suppressing HIV/AIDS is vital. Primary prevention such as providing information on abstinence, monogamous relationships, and condom use will be at the forefront of preventing the onset of illnesses. Secondary prevention at the micro level for the CNL include encouraging routine HIV testing and reducing stigma around getting tested. Improving lives with an end goal of eradicating the disease process is not as impossible as it seemed to be forty years ago.

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