

Targeting disparities: a spotlight on the Ryan White HIV/AIDS Program

A case study by Economist Impact



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Health disparities are particularly prevalent among people with HIV

The success of the health sector relies on long-term vision and clear targets. Increasingly, organisations recognise the need to overcome inequity to achieve such targets. So how do we turn the vision behind these targets into a reality? A report by Economist Impact, sponsored by ViiV Healthcare, looks at how to achieve equity in healthcare, assessing the roles of a broad range of health and non-health stakeholders. In this case study, we focus on the impact of setting clear, equity-focused targets (and monitoring progress towards achieving them), with a specific focus on the Ryan White HIV/AIDS Program.

People living with HIV experience a range of disparities related to race and ethnicity and sexuality. People of colour, for example, are disproportionately affected by HIV, as are men who have sex with men (MSM).^{1,2} Black MSM in the US experience poverty, incarceration and unemployment at twice the rate of white MSM, compromising their access to healthcare.^{1,2} Racial disparities also negatively affect HIV research.^{3,4}

As demonstrated in our report, creating health equity in HIV prevention, treatment and beyond requires a full ecosystem of health and non-health stakeholders to co-operate on programmes which should be monitored and evaluated against targets.

Turning visionary targets into action and impact

More and more, institutions recognise the threat that health disparities pose to broader health targets. The key to eliminating disparities lies in defining clear roles and actions for the range of stakeholders in and outside of healthcare, including health services, local authorities, industry, national governments and communities. There are several notable examples of major, target-based initiatives with health at their core.

Probably the most prominent set of overarching developmental targets is the UN Sustainable Development Goals (SDGs), 17 broad societal objectives to be reached by 2030, many of which can be linked directly to health and disparities.⁵ SDGs target health and wellbeing, poverty, hunger and sanitation, affecting the poorest and most deprived members of society in low-, middle- and high-income countries. Progress on SDGs concerning gender, sustainable cities and responsible consumption would also yield significant, if less immediately obvious, benefits for physical and mental health.

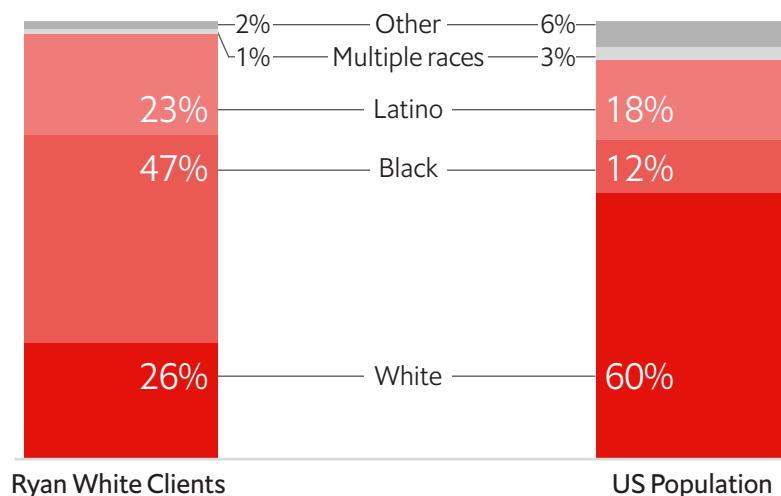
The Ryan White Program is a multidisciplinary programme supporting over half of people living with HIV or AIDS in the US

The historical and current response to HIV presents great examples of using targets to drive progress on health equity and the potential impact these targets can have. The Ryan White HIV Program, operated by the US Health Resources and Services Administration, has successfully used targets to drive progress towards equity in HIV prevention and care. The programme is part of the US government’s “Ending the HIV Epidemic: A Plan for America” initiative, which aims to reduce new HIV cases by 75% in five years and by 90% in ten years.

Through a system of grants to states, cities, counties and community organisations, the programme funds HIV primary medical care, support services and medications for low-income people with HIV. In 2020, the programme spent US\$2.39bn on direct healthcare and support services for more than 500,000 people living with HIV—more than half of the total population diagnosed with HIV in the US.^{6,7} Its initiatives focus on racial and ethnic groups that are disproportionately affected by HIV (see Figure 1).

The programme also supports projects to identify innovative interventions to meet emerging needs among people with HIV who may be marginalised or overlooked, including transgender women of colour and youths. These interventions span prevention, treatment, housing, employment and a host of other factors involving the health and non-health stakeholders who have an impact on health disparities and HIV outcomes.

Figure 1: Ryan White client and US population by race/ethnicity, 2018



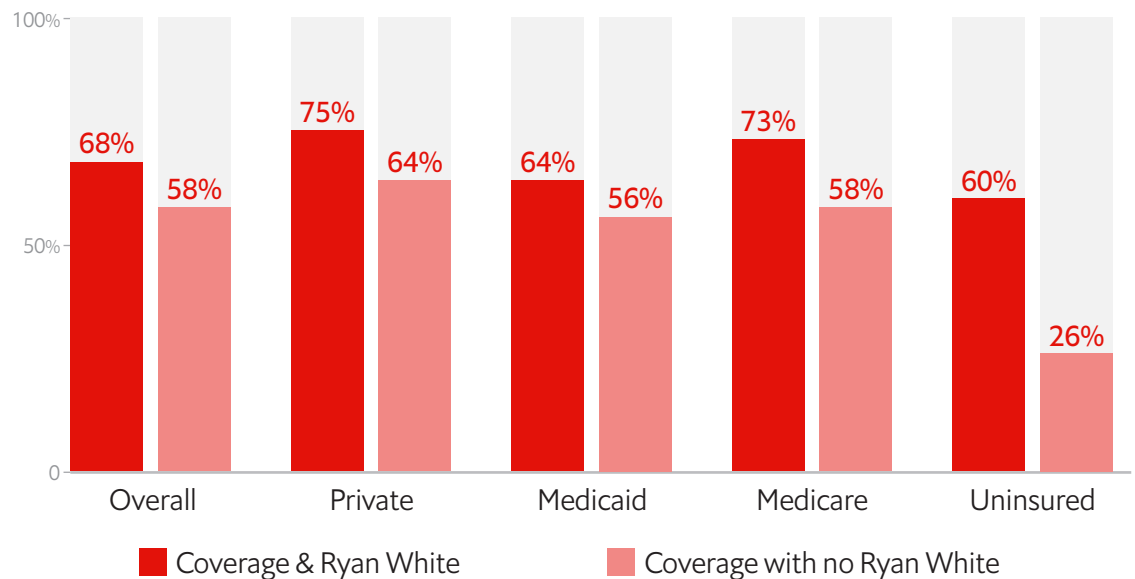
Source: KFF <https://www.kff.org/hiv/aids/fact-sheet/the-ryan-white-hiv-aids-program-the-basics/>

Using data to monitor overall success and identify gaps or disparities

The programme focuses on services that keep people with HIV in better overall health and taking medication that suppresses their viral load, reducing the risk of their passing HIV on to others. One aspect of the programme's success is its ability to monitor individual progress towards targets. More than 2,000 organisations funded by the programme provide de-identified patient data to monitor progress on indicators of specific health outcomes, including retention in HIV medical care and viral suppression. Such data are also used to assess the demographics of clients, which can be linked to their progress and outcomes to identify disparities.

Both coverage and outcomes have improved during the programme's lifespan. The proportion of people served by the programme with a suppressed viral load increased substantially in 2010-16, from 69.5% to 84.9%.⁸ In addition, the number of people receiving outpatient ambulatory healthcare increased by 35%.

Figure 2: Ryan White support and sustained viral suppression among adults with HIV, by insurance coverage, 2018



Source: KFF <https://www.kff.org/hiv/aids/fact-sheet/the-ryan-white-hiv-aids-program-the-basics/>

The programme has also demonstrated surprising agility for such a large-scale initiative. When covid-19 struck in early 2020, the programme provided care in new, covid-safe ways to ensure that people with HIV were retained in care, even when the programmes that served them were strained.

Key takeaways

As our report shows, eliminating health disparities requires all stakeholders to commit to a shared vision by implementing effective programmes that are monitored and evaluated against clear targets. The Ryan White HIV/AIDS Program shows how equity-focused targets can drive progress specifically in HIV prevention and care, where disparities are prevalent.

Create a long-term plan with defined and measurable intermediate steps and a focus on equity

Broader health system change is only feasible when backed by long-term vision and clear, achievable (even if challenging) targets that engage all stakeholders. As seen in the Ryan White programme, progress results from specifically targeting, measuring and incentivising actions that eliminate existing or potential inequity.

Ensure that all plans and targets incorporate all health and non-health stakeholders

Health systems cannot achieve major, effective systemic change by themselves—and neither are they the only ones to benefit from it. The Ryan White HIV/AIDS Program includes nonmedical support services, recognising their value in achieving clinical goals and in supporting participation in such medical programmes. Thus our report looks beyond direct care, highlighting the roles of a full ecosystem of health, non-health, industry, community and government stakeholders, all of whom must be consulted and involved where necessary in design and implementation.

For further information from this research, visit:

<https://impact.economist.com/perspectives/Achievingtheequity>

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