

## Public - Private Partnerships: Fighting HIV/AIDS in the United States

### Rationale for the course

Public-private partnerships (PPPs) are playing a larger role in addressing social issues today. The budget crises in many states are forcing state officials to consider PPPs while the federal government has become a partner in PPPs as a result of the financial meltdown. Whether in transportation, energy, public works, public safety, technology, economic development, healthcare or the financial crisis, arrangements between public agencies and private sector entities can move society forward where working alone would result in stagnation. The regulation, organizational structure, political environment, stakeholders and financing differ with each PPP and that flexibility creates complexity and opportunities that need to be understood to implement effectively.

A current healthcare issue that could benefit from public-private partnerships is the fight against HIV/AIDS in the United States. On August 21, 2009 the White House issued a press release about the administration's next step toward fulfilling President Obama's pledge to develop a strategy for fighting HIV/AIDS in the United States. The latest effort will include National HIV/AIDS Community Discussions that are held across the country and provide an opportunity for the public to contribute. In the statement President Obama reiterated his pledge to call attention to the effect of the pandemic in the U.S.<sup>i</sup>

"HIV remains a serious challenge to the American people and I am committed to developing an effective National HIV/AIDS Strategy"

In the United States:

- More than 56,000 new HIV infections occur each year.<sup>ii</sup>
- Estimates suggest that more than 1 million are infected with HIV<sup>iii</sup>
- Estimates suggest that more than 500,000 have died from AIDS.<sup>iv</sup>
- In 2006, African-Americans accounted for 49% of the diagnosed AIDS cases, but only make up 12% of the overall U.S. population.<sup>v</sup>
- 2% of the Blacks as compared to 0.23% of whites were HIV positive.<sup>vi</sup>
- Black teens account for 69% of new AIDS cases in 2005 but represented on 16% of all teenagers.<sup>vii</sup>
- The number of AIDS cases per 100,000 among Blacks and Hispanics are 9 times and 3 times, respectively, more likely than whites.<sup>viii</sup>
- HIV was the 5<sup>th</sup> leading cause of death for Latinas aged 25-44.<sup>ix</sup> HIV infections were the leading cause of death for Black women (including African Americans) aged 25-34 years.<sup>x</sup>

For households, HIV/AIDS causes a loss in income while at the same time increasing spending on healthcare and away from education. For firms, HIV/AIDS causes an increase in workers' sick leave and more time away from work to take care of family members leading to lower productivity. For governments, HIV/AIDS causes a deterioration of the taxable income base as the disease increases the mortality rate and decreases the productive capacity of the communities' younger population. The reductions in tax revenues and increases in healthcare costs and services provided to families affected by HIV/AIDS (e.g. orphans) increase the pressure on states' finances.<sup>xi</sup>

Even after massive amounts of investment in research on HIV/AIDS, this effort has not prevented the spread of HIV or its devastating consequences around the world or in communities within the U.S. Because the characteristics of the virus are barriers to a cure or vaccine, increasing prevention efforts is exceptionally important yet a lack of knowledge about, awareness of, and interest in the threat of HIV/AIDS impede saving lives through prevention in the U.S.<sup>xii</sup>

As noted by many, the response to the HIV/AIDS epidemic occurring in the U.S. has not kept up with the response to the global epidemic. Drew Altman, the President and CEO of the Henry J. Kaiser Family Foundation, notes several things about the U.S. response to HIV/AIDS occurring within its borders in his recent article.<sup>xiii</sup>

- Overall levels of spending on HIV prevention has been essentially flat since 2004, despite the fact that the number of new HIV infections in the U.S. is 40% higher than previously thought.
- Recent state budget issues and cutbacks threaten HIV/AIDS prevention yet the level of spending in most states prior to these budget issues was not enough to administer the necessary level and consistency of interventions to reach high risk groups.
- While the treatment agenda has received more attention than prevention in recent years, more must be done to improve prevention. Treatment needs more resources because it is naturally more expensive, but prevention was also embroiled in disagreements on social issues.

This course provides graduate students an opportunity to contribute to the prevention of HIV/AIDS in the U.S. by designing a public-private partnership.

### **Objectives of the course**

Thomas Jefferson's Academic Village encourages interaction between students and faculty and across disciplines. In that spirit, this course offers graduate students at the University of Virginia the opportunity to engage in both of these interactions.

Through its small class size, graduate students (6-10) from the business, law, medical, nursing, public health and public policy schools at UVA will work closely with the faculty and each other in the exploration and design of a public-private partnership (PPP) that addresses a current issue. This type of interdisciplinary, experiential learning experience is important for PPPs, as well as other endeavors, that require teams with members from a variety of backgrounds to work effectively to achieve the objectives of their stakeholders.

Winning the battle against the HIV/AIDS crisis will require talented people from a variety of backgrounds to work together for the common goal of saving lives. Creating programs that effectively address the testing, treatment and prevention of HIV/AIDS will require governments and the private sector to effectively work together in order to save the most lives.

In the end, the course will highlight for these leaders of tomorrow how they can use their talents to promote the welfare of the community to which they are members.

## **Summary of Objectives**

- Provide experience with a public-private partnership
- Learn about and address a major healthcare issues (HIV/AIDS) in the United States
- Communicate with executives and government officials
- Provide an educational and professional experience with an interdisciplinary team

## **Teaching Method**

The course will be taught in a collaborative and experiential learning environment. In order to allow participation by students and faculty from other schools within the University of Virginia and provide 3 hours of credit, this course will be offered as a course with evening classes and significant independent and coordinated research time over the entire 2009-2010 academic year.

1. **Classes:** From September to January, the faculty and students will meet seven times for 3 hours to discuss the issues surrounding PPPs and HIV/AIDS. In each class, at least one student will be responsible for a significant component of the content. The faculty will act as an advisor for each student as they prepare their classroom experience for their fellow students. The objective is to have students engage their colleagues in a discussion of PPPs and HIV/AIDS from the perspective of the discipline that they are studying in graduate school. Throughout the classroom experience, professors from different departments across UVA will be invited to join the class for discussion.
2. **Team Project:** Starting in February, the course will evolve to independent and coordinated research time to prepare for the presentation of the team project at the end of the course discussed below.

The course will culminate in a project that models a public-private partnership addressing HIV/AIDS. The partner from the private sector will be the Female Health Company (FHC). Recently, FHC had its second generation female condom approved by the FDA. This second generation product is cheaper to produce, and therefore, provides FHC with a new opportunity to request that U.S. municipalities include the female condom in their prevention programs. The municipalities, the public partner, need to consider how to bring together testing, treatment and prevention into an effective HIV/AIDS program. If the municipalities and FHC work together to implement these new HIV/AIDS programs, the communities and the company will both win.

The project requires the team of students to prepare a model for a public-private partnership that will be used to implement the introduction of the female condom into municipal prevention programs. The model must be specific enough to be actionable and flexible enough to be used as a model for a variety of cities such as Atlanta, Baltimore, Chicago, New York City, Philadelphia, and Washington DC. New York City is unique in that it has already incorporated the female condom into its prevention program. However, including NYC allows the team to consider ways their model could improve the FHC's PPP with NYC. In its design the model must also consider funding partners because many municipalities are

under financial pressure and the company must provide an attractive return to its shareholders.

Travel would be beneficial but is limited by funding. For example, some students would travel to NYC to interview New York City officials about their successful program. Others would travel to the various cities to assess the needs, opportunities, and constraints within each municipality. Similarly, the entire team would travel to Chicago to interview the executives of FHC. In addition, the team would travel to present their model to the FHC and potentially one municipality. To the extent travel is limited by funding, efforts will be made to use technology to provide interaction with executives and government officials.

Each discipline is needed for this project. For example, the skills provided by each discipline include, but are not limited to:

Business: marketing, financial analysis, team management

Law: regulation and law

Medicine: patient management and treatment

Nursing: patient communication and training, implementation

Public health and policy: public sector, governments, community issues

Credit Hours: 3

Grading: 25% Development and Instruction for Class Module  
15% Class Discussion  
10% Peer Evaluation  
50% Team project  
100%

Faculty: Mary Margaret Frank  
Associate Professor of Business Administration  
Darden School of Business

---

<sup>i</sup> [http://www.whitehouse.gov/the\\_press\\_office/President-Obama-Announces-National-HIV/AIDS-Community-Discussions/](http://www.whitehouse.gov/the_press_office/President-Obama-Announces-National-HIV/AIDS-Community-Discussions/) downloaded on August 22, 2009

<sup>ii</sup> Ibid

<sup>iii</sup> <http://www.avert.org/usa-statistics.htm> downloaded o August 22, 2009.

<sup>iv</sup> Ibid

<sup>v</sup> The Henry J. Kaiser Family Foundation, *HIV/AIDS Policy Fact Sheet: Black Americans and HIV/AIDS*, May 2008.

<sup>vi</sup> Ibid

<sup>vii</sup> Ibid

<sup>viii</sup> The Henry J. Kaiser Family Foundation, *HIV/AIDS Policy Fact Sheet: Latinos and HIV/AIDS*, May 2008.

<sup>ix</sup> Ibid

<sup>x</sup> <http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm> viewed on May 15, 2008.

<sup>xi</sup> The Henry J. Kaiser Family Foundation, *The Multisectoral Impact of the HIV/AIDS Epidemic – A Primer* July 2007.

<sup>xii</sup> Kallings, L. O. *The first postmodern pandemic: 25 years of HIV/AIDS*. Journal of Internal Medicine. 263(3):218-243, March 2008.

<sup>xiii</sup> [http://www.kff.org/pullingittogether/080309\\_altman.cfm](http://www.kff.org/pullingittogether/080309_altman.cfm) downloaded on August 22, 2009.