

USC Law and Global Health Working Group - Meeting Notes
April 14th, 2015
12:30pm-1:30pm PST

Participants

Alex Capron, Michael Cousineau, Laura Ferguson, Hannah Garry, Sofia Gruskin, Ian Henry, Shubha Kumar, Peg Levine, Doe Mayer, Alexandra Nicholson, Jessica Peet, Neeraj Sood

Meeting Summary

The Fourth Meeting of the Law and Global Health Working group began with brief introductions. All participants had been at prior meetings save one new addition to the group: Peg Levine, the inaugural fellow at the USC Shoah Foundation Center for Advanced Genocide Research. She joins us from the School of Global and Population Health at the University of Melbourne. She is a medical anthropologist, clinical psychologist, and specialist on torture. She is currently studying aspects of the Cambodian genocide, including ritual and cultural destruction under the Khmer Rouge. Many thanks to Hannah Garry for introducing her to the group.

This meeting continued the exploration of how we work at the intersection of law and global health with presentations by Alex Capron, Shubha Kumar and Doe Mayer. By way of framing, this meeting continues some of the work began in the prior meeting, in which Laura Ferguson and Neeraj Sood shared some of their work regarding criminalization of HIV transmission. For this meeting, we decided to hear from other disciplinary perspectives, taking the same issue and set of questions. The questions addressed were as follows:

1. What would be your starting point for doing this work and your outcome of interest?
2. What would be your theoretical framework?
3. What would count as evidence?
4. What would be the population of interest?
5. In what way(s) would you consider public health of importance to how you would frame this research?
6. In what way(s) would you consider law of importance to how you would frame this research?
7. Can you expand on the importance (or not) of considering the interactions of public health and law for this work?
8. Can you expand on the generalizability of your approach beyond the topic of HIV criminalization?

Presentation by Shubha Kumar

Dr. Kumar's presentation built on the economic and qualitative approaches presented at the last meeting, and noted her starting point for doing this work would involve estimating the social and economic impact of an intervention using Social Return on Investment (SROI) analysis. SROI Analysis is a process for understanding, measuring, and reporting on the social, economic, and environmental value generated by an intervention or policy, taking into account both positive and negative outcomes as well as intended and unintended consequences.

SROI analysis generally works from the perspective that stakeholders are best positioned to identify how an intervention affects them, and thus they must all be included in the process. With respect to criminalization of HIV transmission, key stakeholders would include: the "intended"

beneficiaries, including those at risk of HIV infection; people living with HIV; the implementing agency, e.g. the government imposing criminalization; public health officials; police and law enforcement professionals; local NGOs working on HIV/AIDS issues; school teachers, etc.

Dr. Kumar would engage key stakeholders (through focus groups, interviews, surveys, etc.), and build an impact map to identify the following: the *inputs* of the intervention (i.e. the cost of implementing the law); *activities* (i.e. passage of the law, information dissemination and other required activities); *outputs* (including intended and unintended consequences, such as increase or decrease in convictions, testing, doctor visits, treatment compliance); and *outcomes* (i.e. the increase or decrease in HIV transmission, morbidity and mortality, etc.).

Dr. Kumar would combine published data with information gathered from stakeholders, including evidence of outcomes in determining the value of the intervention. This would include not only interview data but data from government or medical records, patient narratives, legal records, police records, and other sources. She would then monetize those outcomes by assigning a dollar value to each, sum the dollar value of all benefits, subtract any negative values, and compare the return on investment. While recognizing the assumptions inherent in assigning such values, a positive SROI would indicate that the intervention created positive value to society, whereas a negative SROI would indicate that the intervention caused more harm than good.

Expanding on generalizability: this is a prospective approach to evaluate an intervention (as she hasn't done such a study yet). Her approach engages a number of disciplines, as it combines economic, social, qualitative, and quantitative aspects. The SROI approach itself emerged out of the social enterprise industry as a way to measure impact for venture philanthropists, but it is increasingly being used in health and development sectors.

Participants asked a quick clarifying question: how does one monetize the values in SROI analysis?

Dr. Kumar responded that valuation is the most challenging part. For the most part, traditional cost-benefit analysis methods are used but given the issues inherent in criminalization clearly more work would be needed to ensure valuation was sufficiently grounded in understanding of social concerns.

Presentation by Doe Mayer

Professor Mayer described her work as coming from a different angle than most other participants—she calls it anomalous. Her work is as a communications practitioner, and she is specifically concerned with communication and outreach. The content of her work is often framed by NGOs, Governments, or the group she is working with, and it is the approach to communication that is the focus of her research and work.

Professor Mayer is particularly interested in narrative theories: how story allows us to have a visceral and emotional response to content that needs to be promoted in particular contexts. By *not* starting with yourself, you can have a more open way of looking at the world.

Regarding evidence, it is specific to the project she is working on. This could be AIDS data, data on policy issues, specific attitudes towards stigma, criminalization, etc.

Communication campaigns have been dealing with criminalization, stigma, and HIV for many years and there is a lot of substantive evaluation on how communication approaches work to decrease stigma in Southern Africa and Western Africa, a good deal of which is done by Johns Hopkins (as demonstrated by the links she passed along to the group). Changes in attitude are often hardest to measure. Behavior is easier but still elusive.

As for the population of interest, this may be people living with HIV, people vulnerable to the risk of infection, advocates, people in government who might be able to affect law and policy, etc. In this context, the impacts of law may be felt at both institutional and individual levels. As an example, work may focus on attitudes of health workers, who often feel misunderstood and disrespected. Communications campaigns to decrease stigma can help health workers understand the importance of working against stigma, and understand that they are valued.

Regarding the importance of public health, law, and their interaction, Professor Mayer asked if we can make changes that would improve public health in the context of how people think of HIV and what can be done, even when law is problematic. Obviously law can be supportive, e.g. excessive taxes on cigarettes resulting in reductions in smoking, but her concern is where law is bad: how can we ensure communication occurs in ways that do not increase, but rather decrease stigma?

One of the campaigns she sent information on was from South Africa. The theme of the campaign was “I can’t change my HIV status but you can change your attitude. Zero stigma, zero discrimination.” [<http://jhhesa.org/news/campaign-address-hiv-aids-and-tb-stigma-and-discrimination-launched.html>] Professor Mayer emphasizes this as one good example of generating a conversation that can be critical to change even in the context of bad law.

Presentation by Alexander Capron

Professor Capron decided to approach the question for the purposes of this conversation as someone with a more general “legal” starting point, as contrasted with that generally taken in his own work. In broad, one would need to consider if there is interest in a particular place on adopting laws on transmission, or such laws have already been adopted. One would not begin with a personal view about whether these laws are uniform or desirable, but rather with the assumption that these laws vary in context and approach and that we can learn from the variations. To that end, there may be laws focused on transmission, intentional transmission, transmission in certain circumstances, transmission with a focus on certain populations, transmission when a person is or is not on treatment, etc. Professor Capron suggests two starting points for analysis of such laws: (1) the idea of individual responsibility, and (2) deterrence of harm.

Aside from that specific rationale for the law (punishment and deterrence), a key outcome of interest would be reduction in the number of cases of knowing transmission of HIV, and the associated effect on public health activities around HIV. As a researcher, this would be limited to *observational* research, as well as data and information from other similar jurisdictions.

Key issues to consider would be: any percentage change in rates of HIV transmission associated with the existence of the criminal law; the content of the law; its application and ultimately who is targeted with the law and who is not; the degree of implementation; and awareness of the law by the general public and by affected populations. Another outcome to pay attention to is the effect of the law on social attitudes towards HIV infection: does the law cause more “blaming” and stigma, by associating status with intentional harm or for some other reason?

Professor Capron also pointed to an assumed causal relationship between laws, behavior, and attitudes. Does a state adopt a particular law because people in that state already have that attitude? Does the law implant that attitude? Qualitative examination can help here, focused on what was going on, what the legislative process entailed, who the legislators were, and other

considerations. The relationship can work both ways: laws can impact attitudes, and attitudes can impact laws.

Professor Capron also emphasized the importance of public health outcomes in discussing potential effects of the law—including secondary outcomes, as changes in rates of screening and treatment, funding available for care and screening, along with changes in attitudes towards HIV infection are vital components of the research.

As for the interaction between public health and law, it would be important to pay attention not only to the law but to what public health activities exist alongside it, particularly those that aim to reduce transmission (e.g. education and awareness campaigns, voluntary screening, and provision of free or reduced-cost treatment). A place that has both law and education efforts, when compared to another place with just a law, may reveal differences that are more important than simply the details of the laws in explaining any changes in behavior or outcomes that occur.

As for the generalizability of the approach, Professor Capron suggested that attention to these sorts of issues is relevant to any law or legal change that implicates health and human rights.

Group Discussion and Conclusions

The floor was then opened for questions and discussion. Participants noted that across the presentations there was certainly similarity in terms of outcomes and populations, but the entry points, framing of research questions, and what counts as evidence seem to differ—and ultimately this prompted some really interesting ideas for collaboration across disciplines.

Participants noted the compatibility of the viewpoints offered by these presentations, and those that took place at the previous meeting. Content, approach, and implementation of laws, public health and societal effects, money spent, the use of the narrative in framing the law and reinforcing/addressing it, as well as the relevance of cultural constructs both in how we frame research questions and how we understand the results were commonalities.

In wrapping up, participants agreed it would be useful to have another meeting before the end of the year for a general conversation, but this time without presentations, and with a bit of extra time if possible. The goal would be to figure out the added value of such a group to our own work and where we might do something collectively. Criminalization of HIV transmission ought *not* be the focus of discussion, even if this is a case study we ultimately agree can be of use in grounding future activity. Outside sources have suggested that an article may be interesting that summarizes the lessons learned through this exercise, and the potential approach and method to working across disciplines that occurred here. This may not be the right way forward, but it is something to discuss. Another suggestion was to consider a special issue or supplement to a journal, laying out the various perspectives presented, and then tying them together in some way in an intro or conclusion. Other ideas also on the table include a course next year, speakers, etc.

As a final note, many thanks to Alex Capron, Shubha Kumar, and Doe Mayer for their willingness to present and help move our discussion forward.

Action Items

- Please attend the meeting on **Tuesday, May 26th, at 12:00pm in Room 118/120** at the law school.