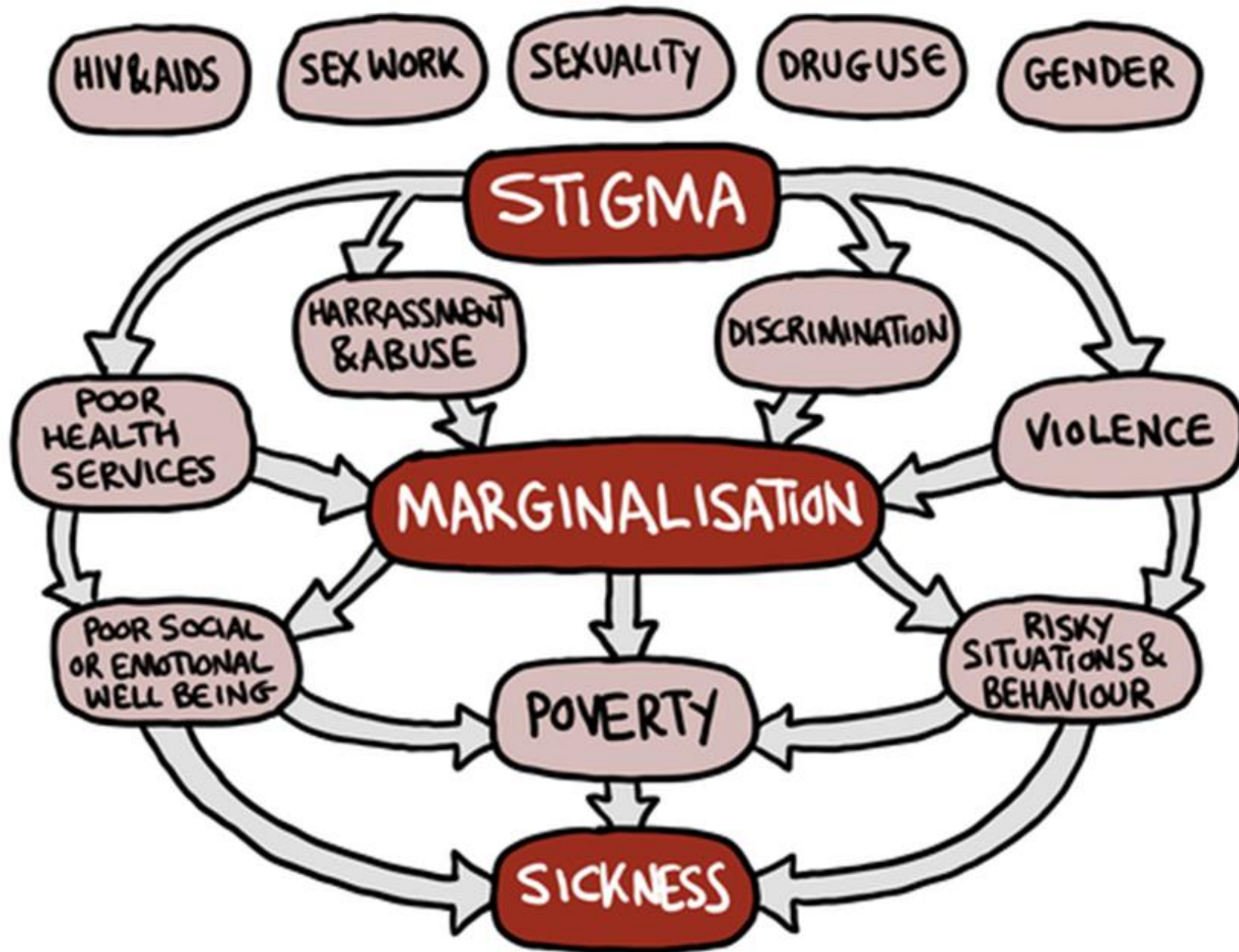


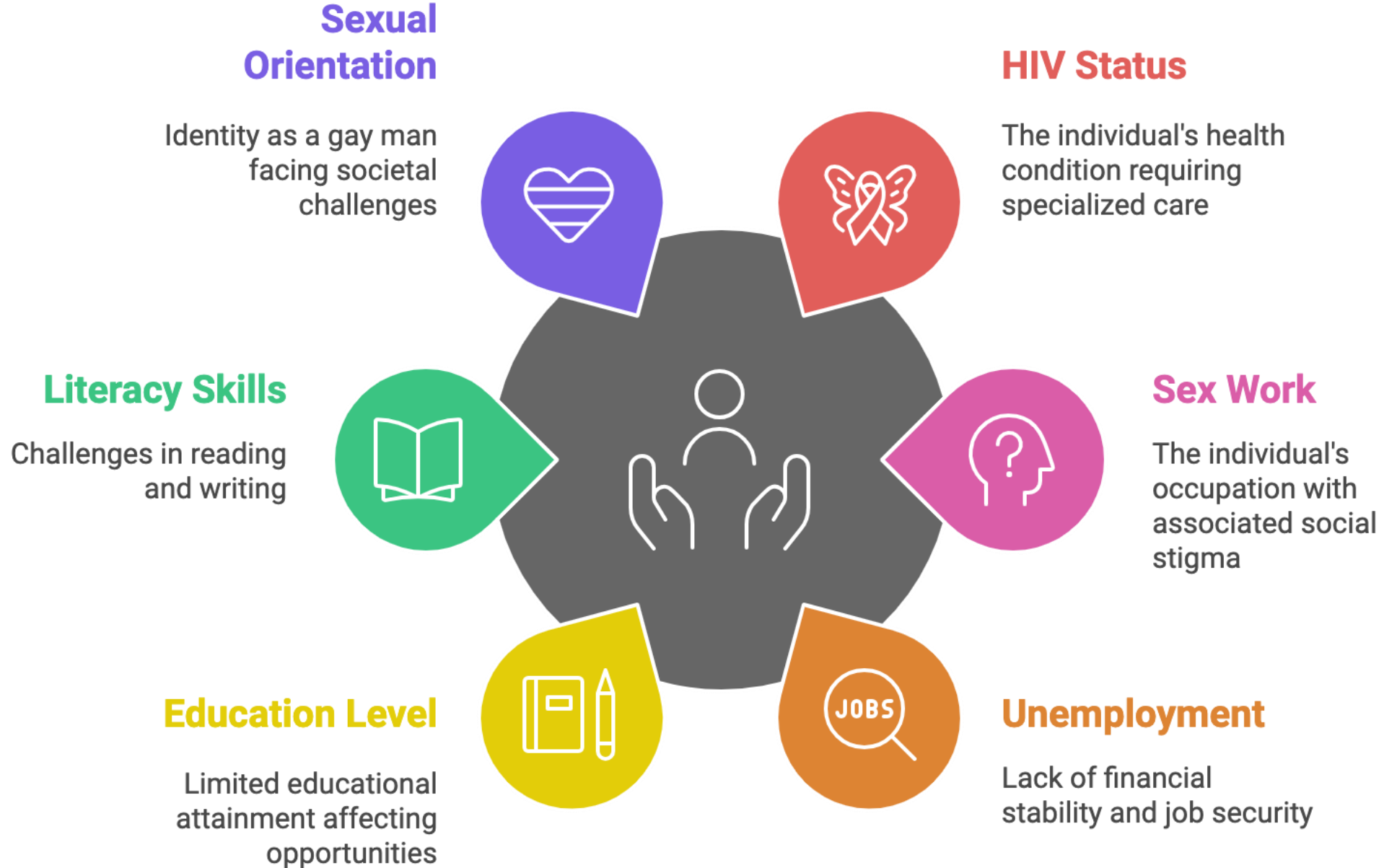
Community Perspective:

**Supporting person-centered care by
integrating HIV and non-HIV
services**

Jumoke Patrick. - Executive Director, The Jamaican Network of Seropositives (JN+) and Chair of the Jamaica Civil Society Forum on HIV



Factors Necessitating Person-Centered Care





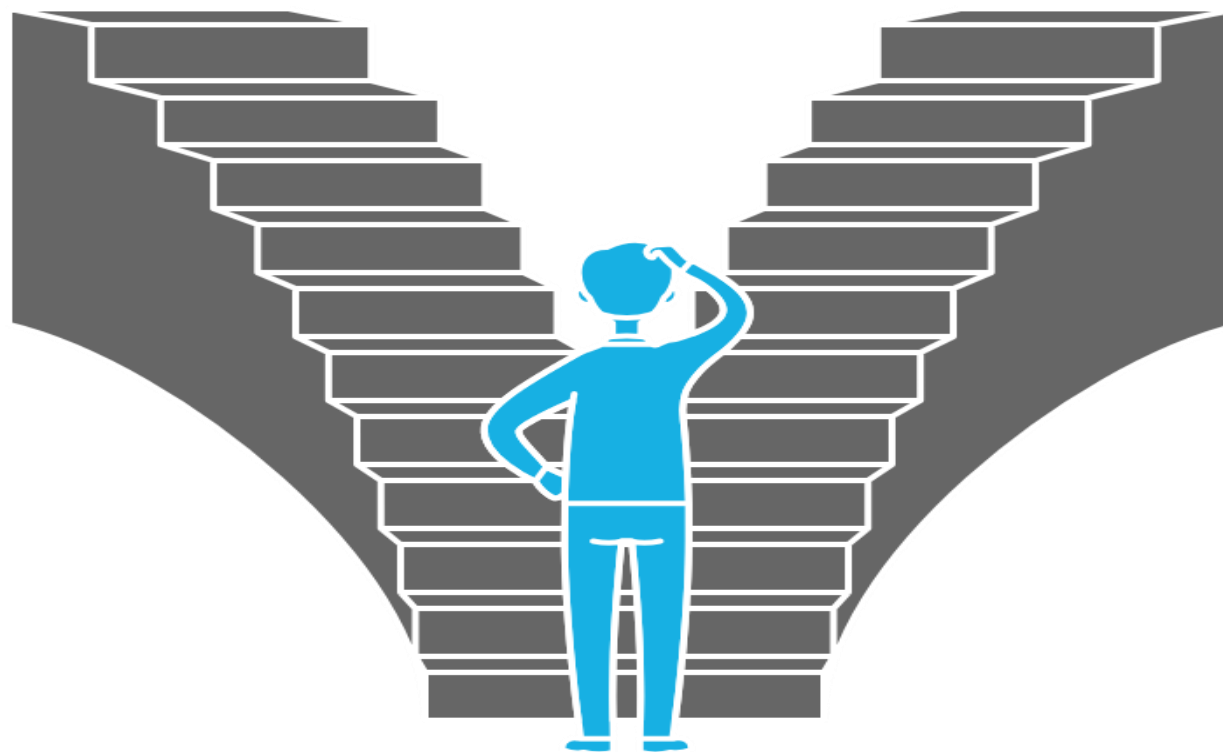
How to provide care for a marginalized person living with HIV?

Person-Centered Approach

Tailor care to individual needs, preferences, and circumstances.

Standardized Approach

Apply uniform care protocols without considering individual differences.




What Does People/Patient Centered Approach Address?


Availability	Accessibility	Acceptability	Affordability	Appropriateness
<ul style="list-style-type: none"> • Do the required health services and/or medication exist? • Are they in adequate supply? 	<ul style="list-style-type: none"> • Are there long travel distance/ wait time? • Are the operating hours convenient? • Is the referral process smooth? 	<ul style="list-style-type: none"> • Is it a high quality of care? • Are the services free from stigma and discrimination? 	<ul style="list-style-type: none"> • Do services require out-of-pocket spending on behalf of the client? 	<ul style="list-style-type: none"> • Are services tailored to the specific needs of Persons (key and vulnerable populations?) • Are age and gender considered in service packages?

Person Centered Approach

Person Centered Approach looks different for each person accessing treatment and care

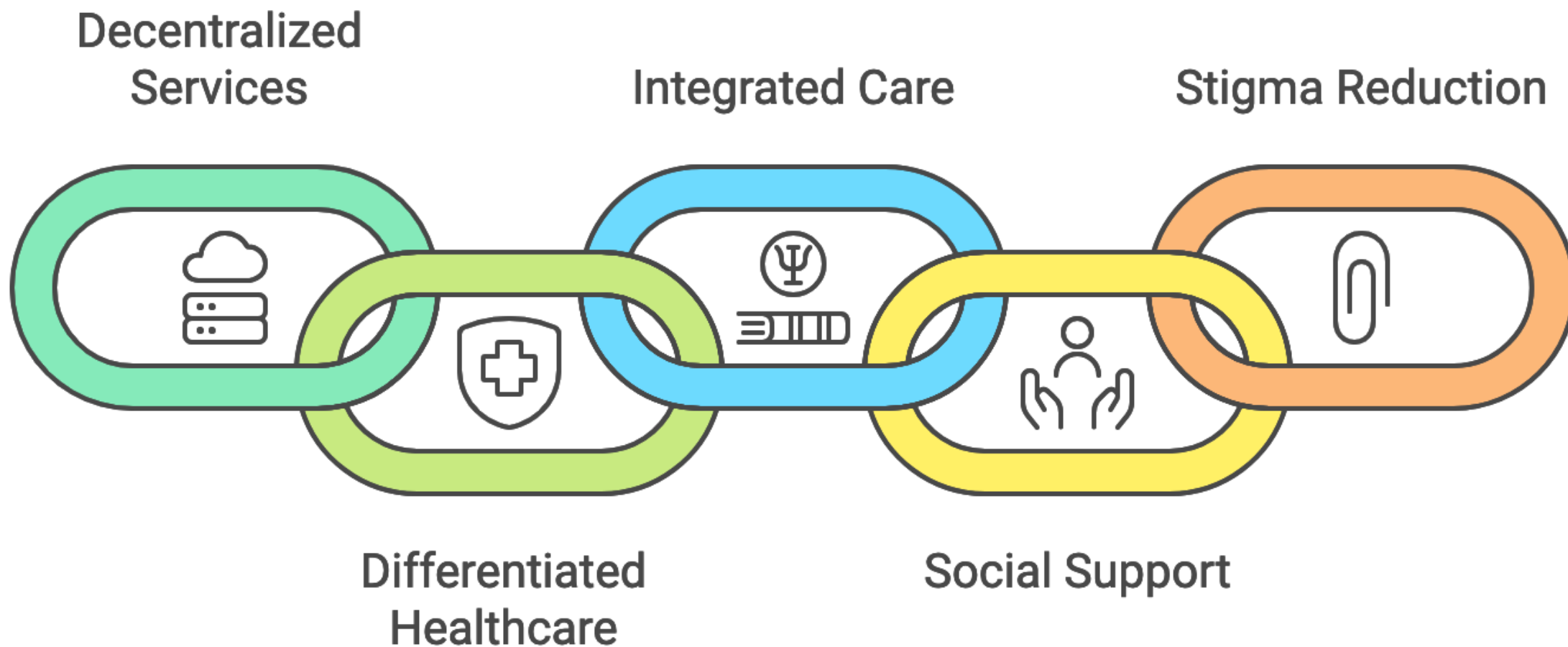


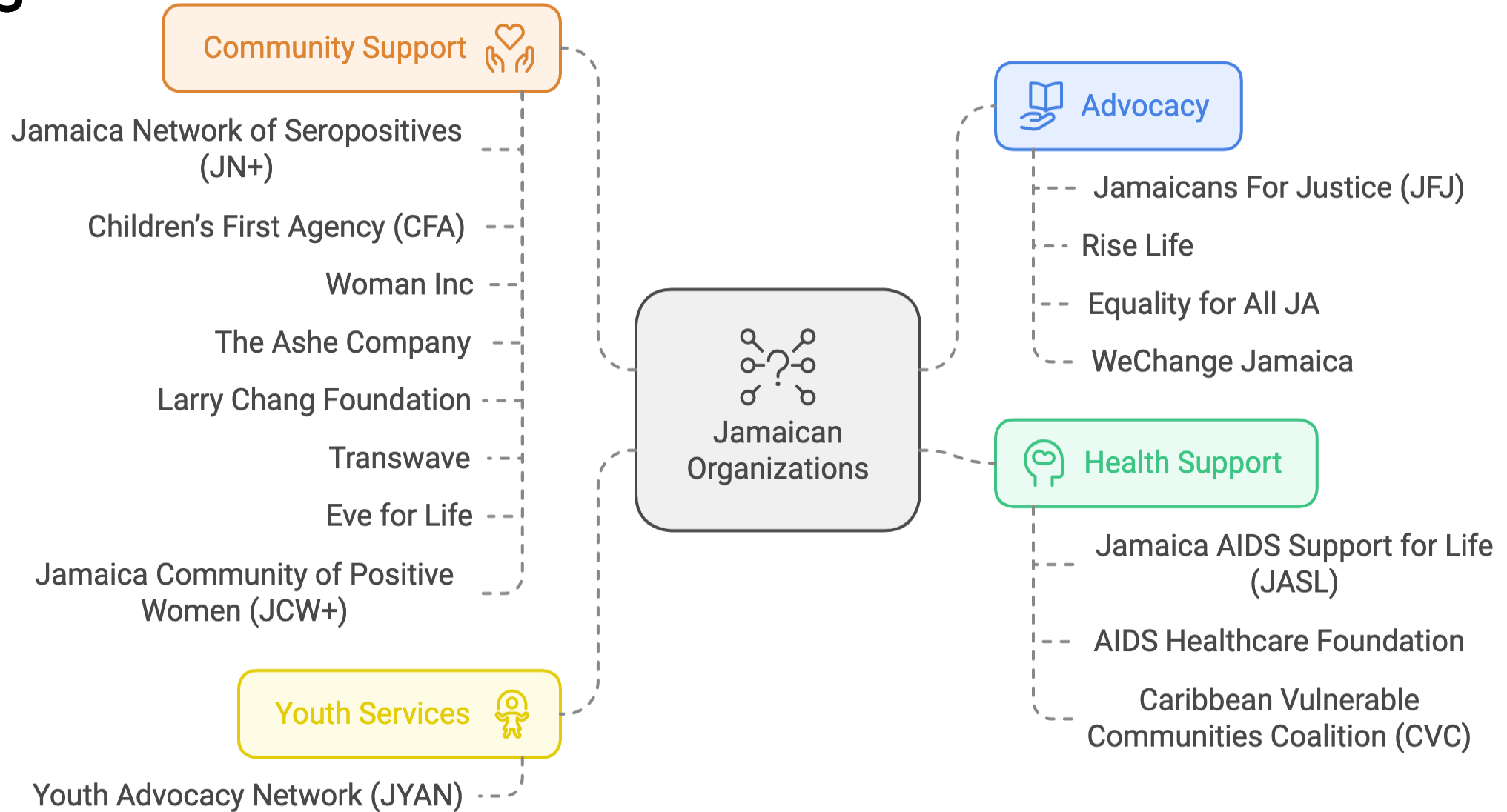
Yes – A minimum/standard package of care is available - BUT does it meet the needs of the person? Is it getting the person stable? Does this package factor socio/economic issues facing the person? Is this package of services informed by the Person/s input?



IMPORTANT - Holistic patient-centred approaches to providing care for people living with HIV bind together **ECONOMIC, SOCIAL, EMOTIONAL AND PHYSIOLOGICAL** aspects and have the potential to improve retention in care and ART adherence.

Jamaica's HIV Care Approach





Important Elements of People Centered Approaches



Community Empowerment

- **Skills building and Educational grants**
 - Increase Employability towards reducing dependency
- **Entrepreneurship Grants**
 - Training and Exposure to Business management
 - Support for starting and scale-up of businesses
- **Short Term Housing**
 - Emergency response



Community Empowerment

- **Food Security**
 - Care Package Distribution
 - Nutrition Support tied to improved adherence and treatment compliance
 - Relationship with Corporate Sponsor
- **Stipend Support**
 - Increased access to services without worry about affordability
- **Support for Diagnostic Testing**
 - Improve health outcomes (Healthy workforce etc)



Community Empowerment

- Community-Led Monitoring of service providers
- Social Assessments and linkage
 - Identify needs
 - Route to Service (Social inclusion etc)
 - PATH, NHF, etc
- Back to School Support
 - Support for Children's Education -*Impact cycle of poverty*



Gender Equality and Gender-Based Violence Prevention

- Women led Support groups
- GBV capacity building sessions/workshops
- Mentor-moms programmes for WLHIV (U=U)
- Shelters and Safe houses for women experiencing GBV
- Establishing of domestic violence intervention centers
- Income Generating Opportunities for Women
- Transwave – Trans-led advocacy and Gender Affirming services



Reduction of Stigma and Discrimination

- Community-Led Monitoring – (within health services)
- Report and Redress mechanism for HIV related Discrimination
- PLHIV Peer led Programmes
- Legal Literacy Sessions
- Anti Stigma and Discrimination social and mainstream media campaigns
- Stigma Free Spaces (public and Private sector organizations outside of health)
- Access to Justice/Redress and Legal services/representation



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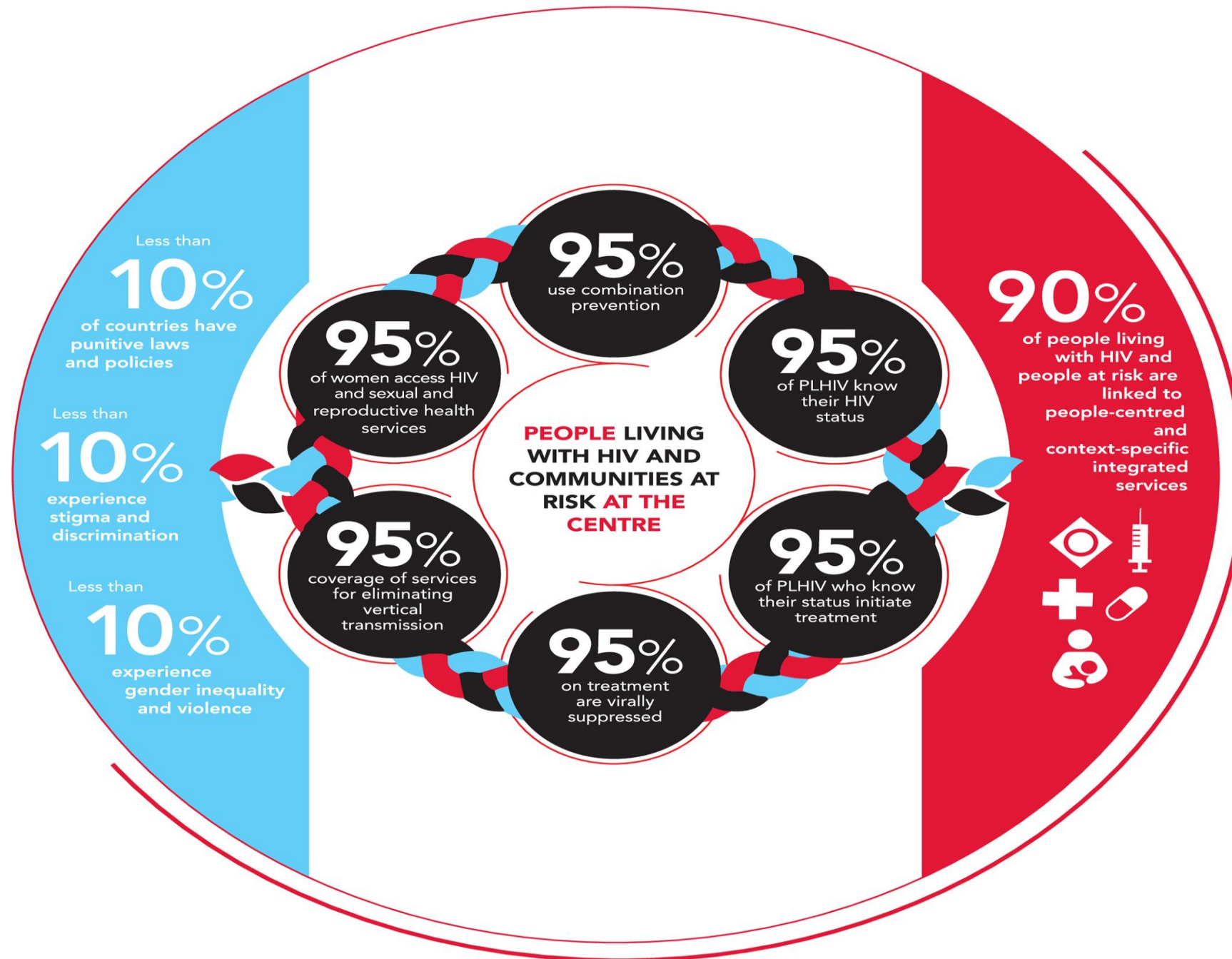
5 Key Recommendations

- 1. Sustainability of NGOs/Community-Led** - Core funding to continue to provide PCC to PLHIV and those affected by HIV. The targets/goals set by IDPs cannot and will never be achieved if we don't begin to invest more in CSOs and see them as valuable patterns towards ending AIDS.
- 2. Investment in Healthcare and Health Systems Strengthening** - Infrastructure related issues, outdated and damaged equipment, not enough train HIV specialist, long wait time, unavailability of drugs. All these things affects PCC.
- 3. Strengthen Coordination and Engagement of CSOs** - to ensure that PCC services are responsive to the needs of the communities. This in turn will empower communities to participate in decision-making processes and advocate for their services and rights.

5 Key Recommendations

- 4. Human Rights Barriers Addressed** – Laws, policies, guidelines, spaces outside of health.
- 5. Address gender-based vulnerabilities, disparities** – Community Led monitoring; report and redress systems, integrating communities into healthcare

Top-line targets for 2025



Thank you

