Person-centred care stakeholder consultation series

Meeting 4 – 22 June 2023

What are the core elements and mechanisms of person-centred care within the HIV response?
Instructions for participants

- Please ask questions to presenters using the JamBoard.
- The chat is for any technical issues or general questions.
- Slides will be sent to all participants and posted on the IAS website.
- The Q and A and breakout group time is your chance to speak up! Please stay on mute during presentations.
PCC stakeholder consultation objectives

1. Provide a platform for exchange on the concept of person-centred care in the HIV response.

2. Develop a joint consensus statement including recommendations for different groups of stakeholders as they work towards realizing the full potential of person-centred care for the HIV response.
PCC stakeholder consultation series

- **July 2022** – Setting the scene
- **May 2023** – Service delivery considerations
- **July 2023** – Prioritization for action
- **April 2023** – Evidence focus
- **June 2023** – Core elements and mechanisms
- **Sep to Dec 2023** – Consolidation of feedback
Recap of previous meetings in the series

- PCC must acknowledge contexts, identity and complex clinical needs
- Healthcare provision must be informed by client experiences and needs,
- Services that are community-led and community-based and supported by trained providers and peer navigators are essential
- Funding, targets, policies and access to technology are key enablers

- PCC frameworks exist
  - Evidence within the HIV response is building
  - One size does not fit all
  - Community is crucial
  - The level of integration of services can expand over time
  - Investment in health care providers key
  - Long-term success requires a focus on changing needs over the life-course
  - Barrier of stigma and discrimination

- Client choice requires access to a mix of options
  - DSD 2.0 will see further integration of health care services
  - Integration is needed at all levels of the health care system
  - Increased training, incentives and investment in the health care workforce is crucial
  - Deliberate policies, monitoring and mentorship is needed from government, donors and implementers

**July 2022 – Setting the scene**

**April 2023 – Evidence focus**

**May 2023 – Service delivery considerations**
Meeting objective
To review and prioritize the core elements and mechanisms of person-centred care within the HIV response for different population groups while ensuring that individual client needs are at the centre.

Discussion questions
What are the core elements and mechanisms of person-centred care for people living with or affected by HIV related to:
   1. HIV prevention?
   2. HIV testing and linkage to care?
   3. HIV treatment and integrated healthcare needs?
   4. Quality of life?

How does this differ when considering the specific context of individuals from different population groups?

What are the opportunities to implement person-centred care, even within current resource constraints?
Order of Events

1. Welcome and introduction
2. Presentations (40 mins)
   ○ Homelessness and HIV
   ○ The whole person / provider relationship
   ○ Community-led monitoring
   ○ PCC consensus statement in Australia
3. Q and A with presenters (10 mins)
4. Breakout group discussions (15 mins)
5. Report back and moderated discussion (20 mins)
6. Closing remarks

Moderator:

Marlène Bras,
International AIDS Society,
Switzerland
Presentations
Put people first:
Enabling access to quality integrated HIV services for people experiencing homelessness

Rodnie Arnaiz Olete, MSc, RN
- IAS Person-Centre Care Advocate
- PhD Student, National Cheng Kung University
- Technical Consultant for Grants & Research. Sustained Health Initiatives of the Philippine (SHIP)
- Clinical Instructor III, College of Nursing, Iloilo Doctor’s College
Homelessness and HIV

• Intersectional barriers to health systems
• Models of good practice
• Recommendations for key stakeholders
In the United States in 2020, 17% of people diagnosed with HIV experienced homelessness or inadequate housing.

A study of 1,057 people experiencing homelessness in Jamaica found that HIV prevalence was 2x as high among women experiencing homelessness than among men.

Source [1]
Source [2]

Women: 26.7%
Men: 11.6%
Vulnerabilities and social injustices

- Food insecurity
- Violence
- Incarceration
- Racism
- Poverty
- Substance use
- Post-traumatic stress disorder and mental illness
- Depression
- Discrimination
- Disasters and forced migration
Person-centred care interventions

- Housing and social determinants
- Pharmacological interventions
- Psychosocial interventions
- Case management
- Disease prevention
- Well-being
- Tailored interventions for women
- Tailored interventions for young people

Adapted from Luchenski et al, Lancet, 2018
Share

www.iasociety.org/homelessness-and-hiv

#housingHIV

Contact us

pcc@iasociety.org
More details in case of questions
Someone held my hand when I lost hope. Now, I’m doing the same for my fellow sex workers. Even within these hotspots, we can still take our ART and attain viral suppression.

Annie
Institutional responses

World Health Organization
June 2021

World Health Organization
November 2018

World Health Organization
since 2015

Global Fund
July 2022

PEPFAR
2022
My outreach programme for injecting drug users allowed me to get support and to access HIV services. It has been the only support around, and really, it literally provided a lifeline for me.

IAS

Omar
A selection of good practice models
Recommendations for policy makers

- Be inclusive
- Collaborate with experts by experience
- Invest in affordable housing
- Universal health coverage
- End criminalization
Recommendations for service providers

- Use harm reduction principles
- Use trauma-informed approaches
- Rethink eligibility criteria
- Enhance capacity for case management
- Focus on peer leaders
- Develop robust safeguarding practices
- Nourish community linkages
Recommendations for surveillance teams and researchers

- Invest in surveillance
- Capture data on community interventions
- Research early intervention
- Engage multidisciplinary groups
- Determine research gaps
- Promote good practices
Recommendations for advocates

- Include “experts by experience”
- Facilitate client empowerment
- Raise awareness
Status Neutral Testing and the “Whole Person” to Provider Relationship for Long Term Success in HIV and Prevention

Lisa Sterman, MD, MPH
ED Global HIV Medical Affairs, Gilead Sciences
The continuum of care: A fourth goal has been proposed focusing on improved HRQoL\textsuperscript{1}

In order to meet these treatment goals, an integrated, outcomes-focused and person-centred approach is required for people living with HIV\textsuperscript{4}

**UNAIDS 2020 treatment goals\textsuperscript{1}**

- **90%** of all people living with HIV will know their HIV status
- **90%** of people diagnosed with HIV will receive sustained ART
- **90%** of people receiving ART will have viral suppression

**UNAIDS 2025 treatment goals\textsuperscript{2}**

- **95%** of all people living with HIV will know their HIV status
- **95%** of people diagnosed with HIV will receive sustained ART
- **95%** of people receiving ART will have viral suppression

### Proposed fourth goal: Good HRQoL\textsuperscript{1,3}

Sexual health and well-being are dependent on:

- **Information**: ...about sex and sexuality
- **Access**: ...to sexual healthcare
- **Knowledge**: ...about potential effects of sexual activity and mitigating strategies
- **Environment**: ...that affirms and promotes sexual health

HCPs can contribute positively to each of these

HCP, healthcare professional
World Health Organization. [https://www.who.int/health-topics/sexual-health#tab_1](https://www.who.int/health-topics/sexual-health#tab_1) (accessed March 16, 2023)
A status neutral and ‘whole-person’ approach is essential for optimal care

Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment

Figure based on materials developed by the CDC. [https://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html](https://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html) (accessed March 3, 2023). Use of the material, including the link on the CDC website, does not constitute endorsement or recommendation by the CDC.
Five pillars were identified by the expert panel that support the vision for LTTS and define the framework

1. **Getting viral load to undetectable** was identified as the primary treatment goal
   - Desired outcome: Sustained undetectable viral load
2. **Treatment-related factors and excessive clinic visits** were identified as the most notable burden of living with HIV
   - Desired outcome: Minimal impact of treatment and clinical monitoring
3. **Maintaining “optimal” health-related QoL** was identified as an important goal for people living with HIV
   - Desired outcome: Optimised health-related quality of life
4. **Consistency of care** among different HCPs was identified as a key factor in improving healthcare outcomes
   - Desired outcome: Lifelong integration of healthcare
5. **Stigma and discrimination** were identified as key barriers to achieving optimal healthcare outcomes for people living with HIV
   - Desired outcome: Freedom from stigma and discrimination

HCP, healthcare professional; HIV, human immunodeficiency virus; LTTS, long-term treatment success; QoL, quality of life.
HIV management goals have shifted to meet the evolving needs of people living with HIV\(^1,2\)

<table>
<thead>
<tr>
<th>Previous HIV management goals(^1)</th>
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<tbody>
<tr>
<td>Achievement of viral suppression</td>
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<tr>
<td>Restored/preserved immunologic function</td>
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<tr>
<td>Prolonged duration and quality of survival</td>
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<td>Reduced HIV-associated morbidity</td>
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<td>Prevention of HIV transmission</td>
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<th>Current HIV management goals(^3)</th>
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<tr>
<td>Rapid treatment initiation</td>
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<tr>
<td>Treatment simplicity to reduce DDIs and improve adherence</td>
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<td>Long-term efficacy without resistance</td>
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<tr>
<td>Improved short- and long-term safety profile</td>
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<tr>
<td>Improved quality of life and reduced stigma</td>
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There has been a shift from going beyond an undetectable viral load to **optimising long-term health and HRQoL**, as well as supporting people living with HIV throughout their lifetime\(^4,5\).

DDI, drug-drug interaction; HIV, human immunodeficiency virus; HRQoL, health-related quality of life.

A person-centered approach is key for the care of people living with HIV\textsuperscript{1–5}

Several factors should be considered by people living with HIV and their HCP when initiating or switching ART:\textsuperscript{1–5}

Taking a person-centered approach can help people living with HIV better understand the challenges ahead and enable them and their HCP to take the necessary steps to achieve long-term good health\textsuperscript{3}

ART, antiretroviral therapy; HCP, healthcare professional; HIV, human immunodeficiency virus.

Tailoring HIV Prevention Implementation

Improving PrEP uptake requires considering the needs of both the individual and community to overcome key barriers. PrEP as an HIV prevention strategy is more than just the medicine: tailored implementation may help reach those who may benefit.


- Globally, >925,000 people took PrEP medication at least once by 2020 (31% of 3M people goal)
- Adapt the building blocks of differentiated PrEP:
  - When: Longer PrEP medication refills
  - Where: Decentralized and closer to home (drop-in center, pharmacy, at home, community-led)
  - What: PrEP medication refills and comprehensive health services
  - Who: support by peers, clients, nurses, pharmacists, community health workers
- Diverse options and diversified delivery
  - Mobile PrEP
  - Online PrEP
  - TelePrEP
- Guidance on implementation of future PrEP delivery modalities is needed

Innovation prompted by COVID-19 is a silver lining for PrEP
New technology allows for differentiated access and client-centered approaches

Innovation as a key component of Person Centred care

- Focus on stigma and discrimination to tackle HIV inequities at their root cause to ensure those most affected and at-risk populations are not left behind

- Additional person-centred therapies to provide further options for HIV-related care

- Remove structural and systemic barriers to accelerating the progress of ending the HIV epidemic

- Paradigm shift in health systems’ approach to HIV prevention, care, and service delivery - with broader and holistic focus across all sectors

- Ensuring broad and open access to innovation to address inequities in access
Diversity and Inclusion in Clinical Trials

- Explain and evaluate gender-affirming hormone therapy and PrEP drug interactions
- Site PI and staff representative of participant population
- Judicious site selection
- Game-changing potential of long-acting formulation for addressing stigma, healthcare access and increasing uptake of PrEP among populations historically underrepresented in PrEP (and HIV care)
- Set demographic goals to improve inclusion

PI, primary investigator
The Foundations for HIV Treatment (and PrEP) Success

Optimal impact requires:

- Support for adherence, care, engagement, and retention
- Addressing psychosocial needs

- Care access
- Culturally competent care; Provider and clinic/organizational factors

- Addressing stigma; community support; structural factors

watipa

Acknowledgment of Country
Break out discussion groups

1. HIV prevention
2. HIV testing and linkage to care
3. HIV treatment and integrated healthcare needs
4. Quality of life

Thank you for your participation

Final meeting in this series is on 25 July 2023 in Brisbane, Australia

What priority consensus statements and guidance are needed to inform different stakeholders?

With support from: Gilead