

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



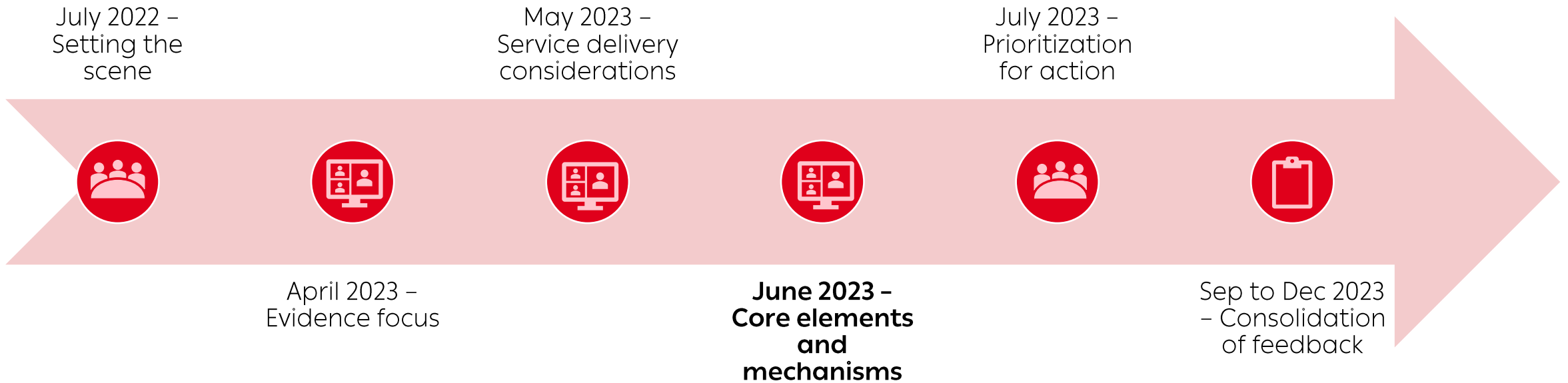
- Please ask questions to presenters using the JamBoard.
- The chat is for any technical issues or general questions
- Slides will be sent to all participants and posted on the IAS website
- The Q and A and breakout group time is your chance to speak up! Please stay on mute during presentations.



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



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

July 2022 –
Setting the
scene



- 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

April 2023 –
Evidence
focus



- Client choice requires access to a mix of options
- DSD 2.0 will see further integration of health care services
- Integration is needed all 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

May 2023 –
Service delivery
considerations



Meeting 4: 22 May 2023

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



International AIDS Society

iasociety.org

Presentations

Put people first: Enabling access to quality integrated HIV services for people experiencing homelessness

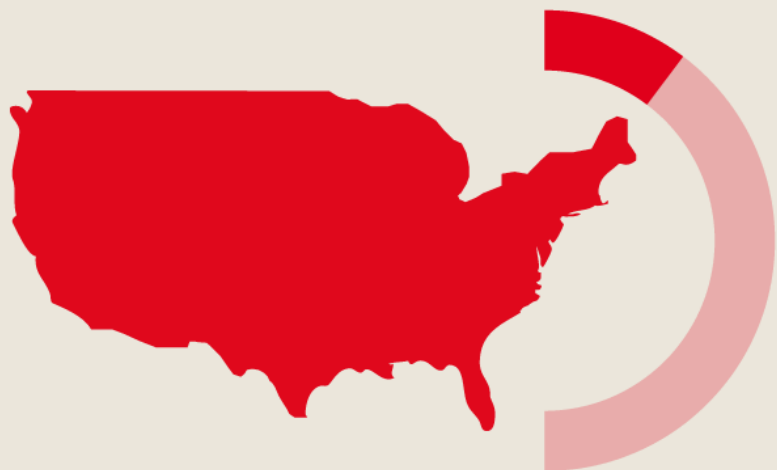
Rodenie Arnaiz Olete, MSc, RN

- 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

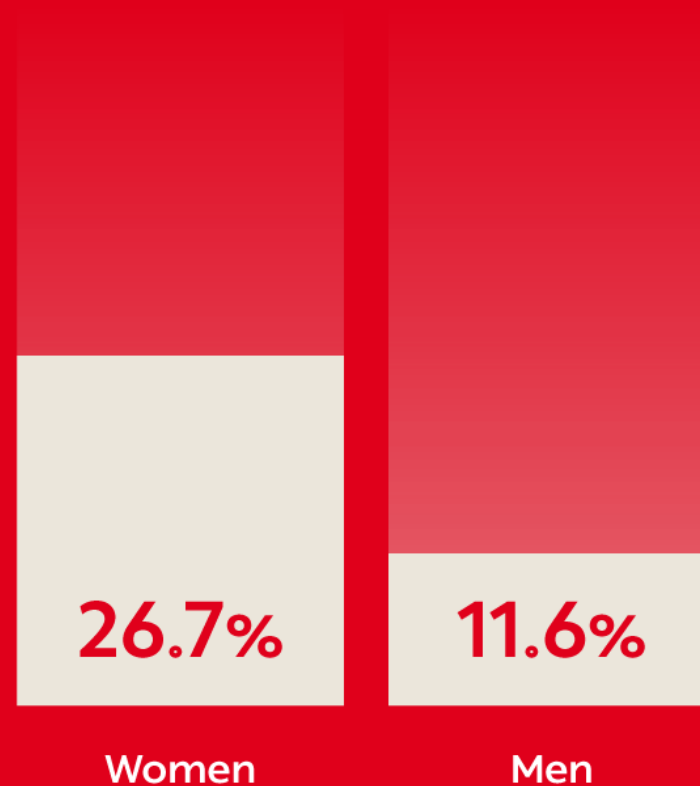
Source [1]

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 [2]



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



International AIDS Society

iasociety.org

Share

[www.iasociety.org/
homelessness-and-hiv](http://www.iasociety.org/homelessness-and-hiv)

#housingHIV

Contact us

pcc@iasociety.org



More details in case of questions

#housingHIV



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



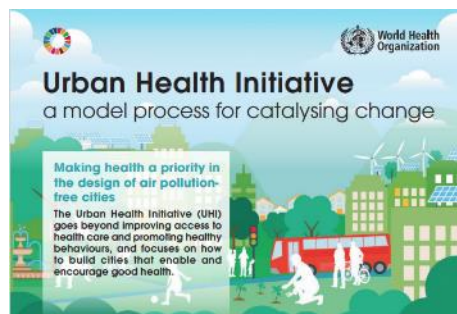
Institutional responses



World Health
Organization
June 2021



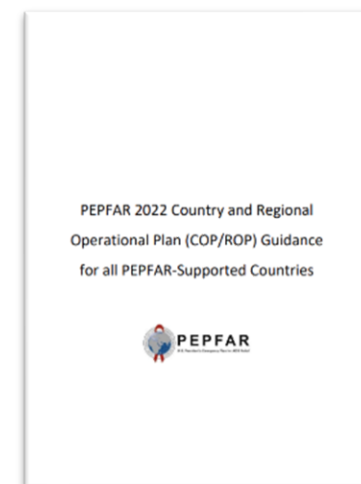
World Health
Organization
November 2018



World Health
Organization
since 2015



Global Fund
July 2022



PEPFAR
2022

#housingHIV

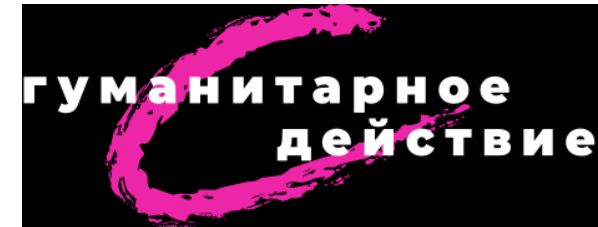


My outreach programme for injecting drug users allowed me to get support and to access HIV services. It has been the only support around, and really, it literally provided a lifeline for me.

 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

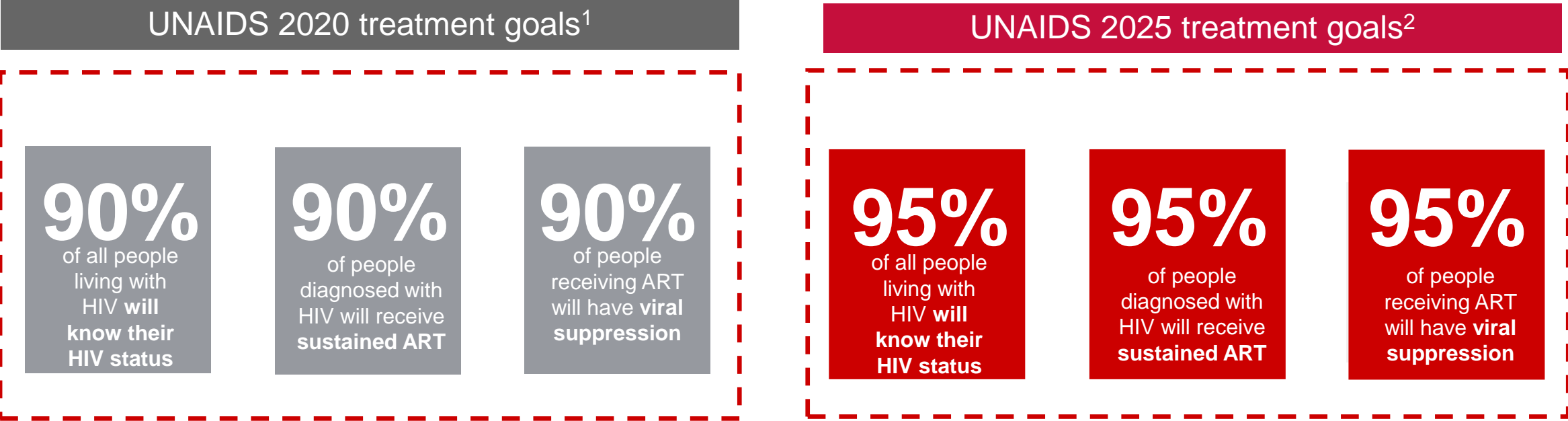
- Include "experts by experience"
- Facilitate client empowerment
- Raise awareness



Status Neutral Testing and the “Whole Person” to Provider Relationship for Long Term Success in HIV and Prevention

Lisa Serman, MD, MPH
ED Global HIV Medical Affairs, Gilead Sciences

The continuum of care: A fourth goal has been proposed focusing on improved HRQoL¹



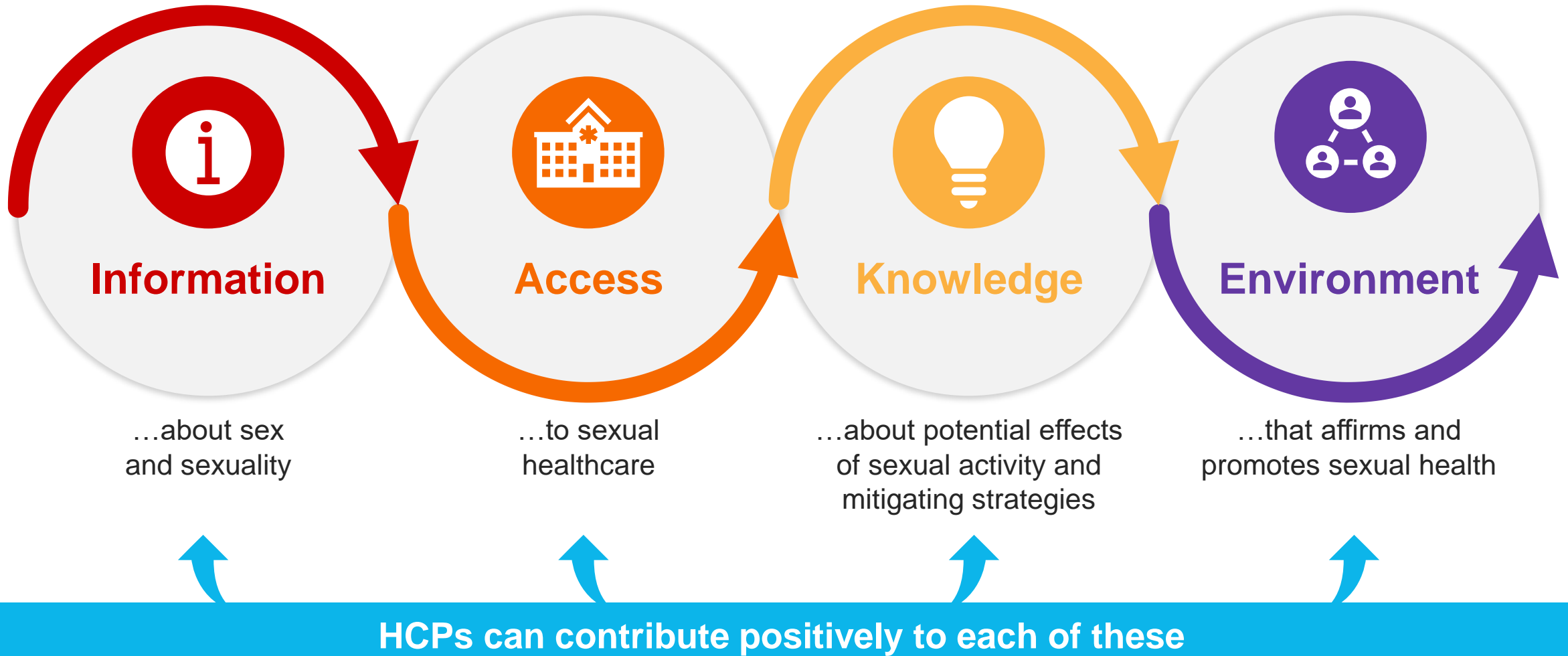
Proposed fourth goal: Good HRQoL^{1,3}

In order to meet these treatment goals, an integrated, outcomes-focused and person-centred approach is required for people living with HIV⁴

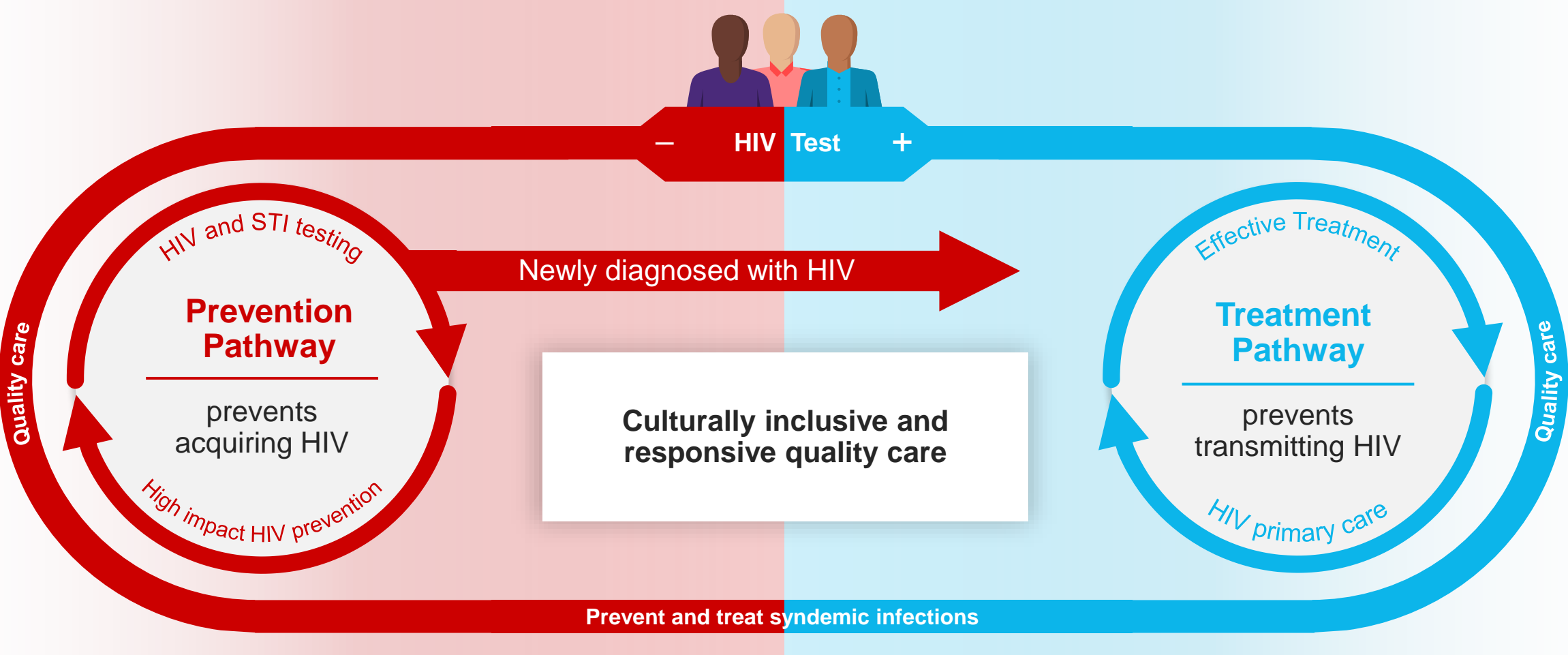
ART, antiretroviral therapy; HIV, human immunodeficiency virus; HRQoL, health-related quality of life; UNAIDS, Joint United Nations Programme on HIV/AIDS.

1. Lazarus JV, et al. *BMC Med.* 2016;14:94; 2. Prevailing against pandemics by putting people at the centre. World AIDS Day Report. UNAIDS. 2020. Available at: https://aidstargets2025.unaids.org/assets/images/prevailing-against-pandemics_en.pdf (Last Accessed: July 2022); 3. Safreed-Harmon K, et al. *Lancet HIV.* 2019;6(12):e869–77; 4. HIV Practice. From Patient Education to Patient Empowerment. Available at: www.hivpractice.com/From-Patient-Education-to-Patient-Empowerment/ (Last Accessed: July 2022).

Sexual health and well-being are dependent on:

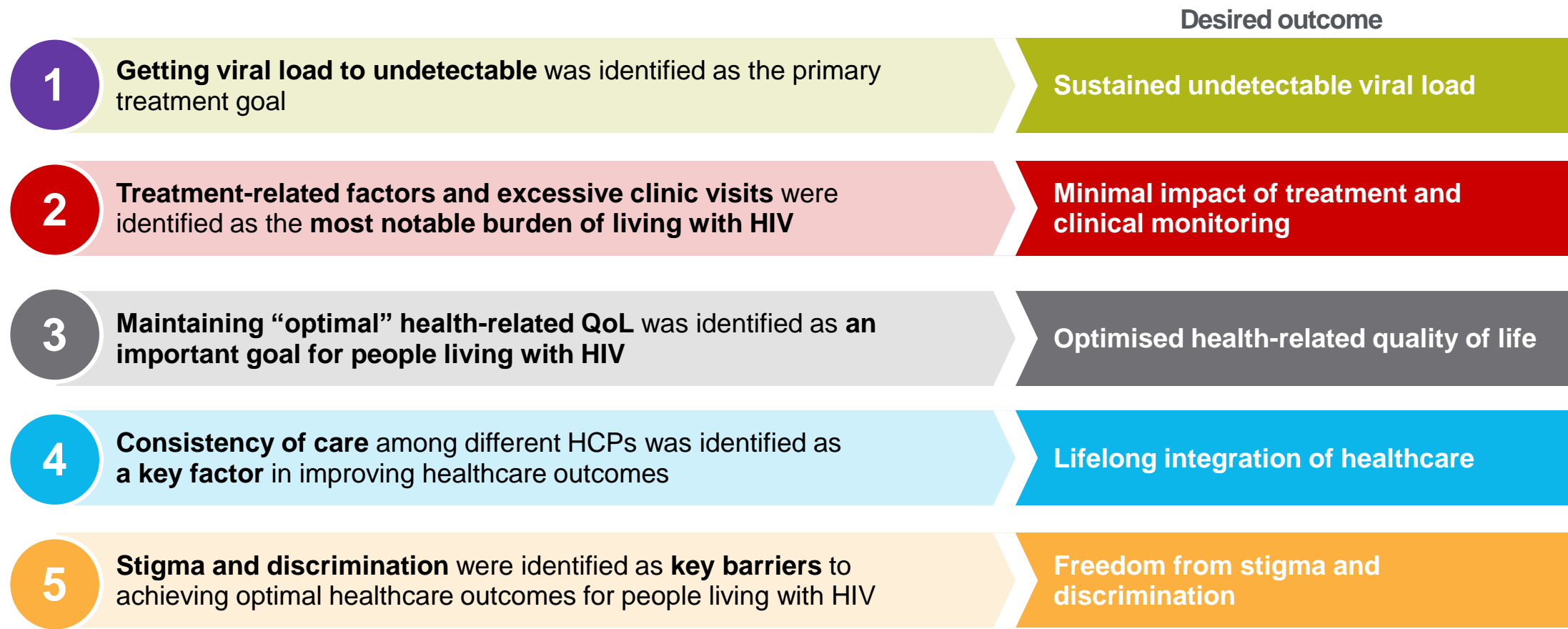


A status neutral and ‘whole-person’ approach is essential for optimal care













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

Five pillars were identified by the expert panel that support the vision for LTTS and define the framework



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}

Previous HIV management goals ¹			Current HIV management goals ³		
					
Achievement of viral suppression	Restored/preserved immunologic function	Prolonged duration and quality of survival	Rapid treatment initiation	Treatment simplicity to reduce DDIs and improve adherence	Long-term efficacy without resistance
					
Reduced HIV-associated morbidity	Prevention of HIV transmission		Improved short- and long-term safety profile	Improved quality of life and reduced stigma	

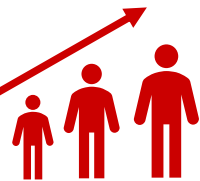
There has been a shift from going beyond an undetectable viral load to **optimising long-term health and HRQoL, as well as supporting people living with HIV throughout their lifetime**^{4,5}

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

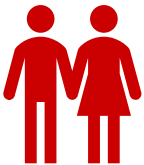
1. DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents. 2021. Available at: https://clinicalinfo.hiv.gov/sites/default/files/guidelines/archive/AdultandAdolescentGL_2021_08_16.pdf (Last Accessed: July 2022); 2. Saag MS, *et al.* JAMA. 2020;324:1651–69; 3. Antela A, *et al.* J Antimicrob Chemother. 2021;76(10):2501–18; 4. Lazarus JV, *et al.* BMC Med. 2016;14:94; 5. Prevention Access Campaign. Available at: www.preventionaccess.org/about-introduction (Last Accessed: July 2022).

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

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



Age



Sex



Pregnancy



Medical history



Lifestyle



Drug use



Laboratory evaluations



Comorbidities



Drug-drug interactions



Regimen tolerability



Preference



Readiness



Socio-economic background



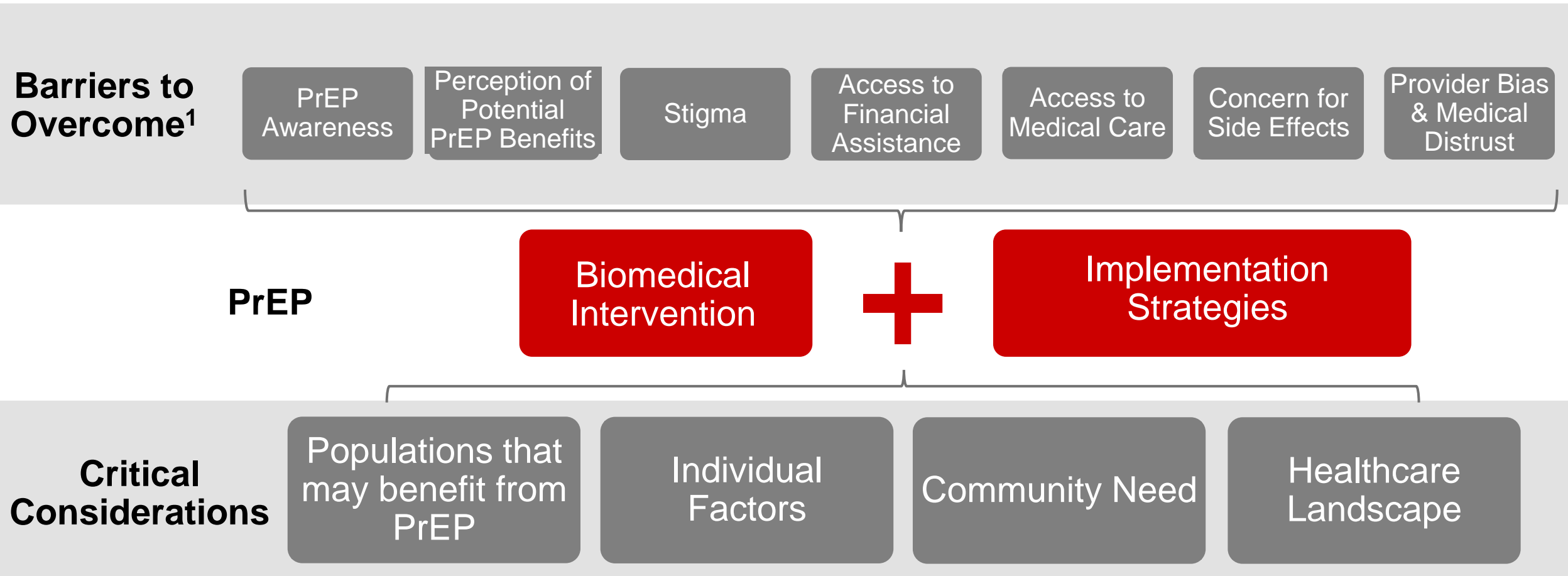
Mental and physical health

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 health³

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

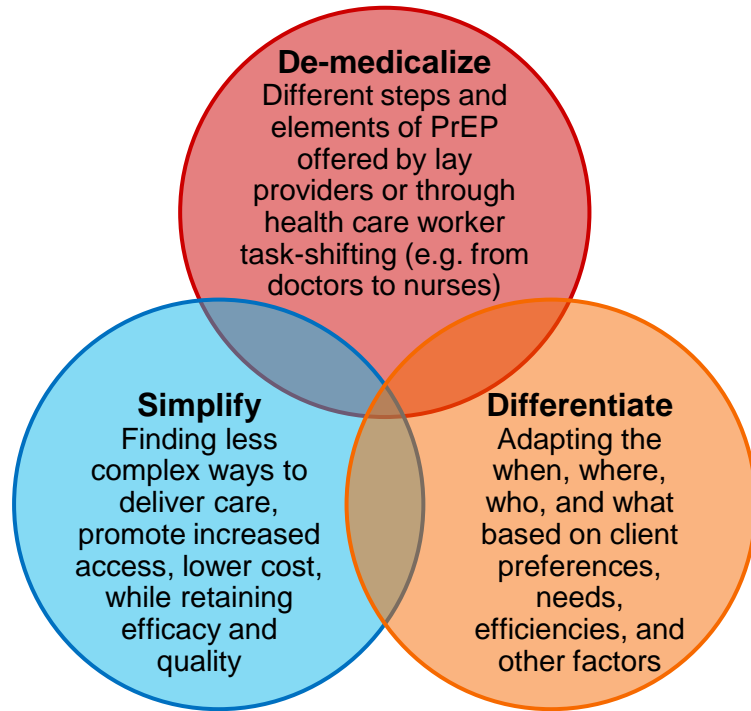
1. Lazarus JV, et al. *BMC Med.* 2016;14:94; 2. Lazarus JV, et al. *Nat Commun.* 2021;12(1):4450; 3. HIV Practice. From Patient Education to Patient Empowerment. Available at: www.hivpractice.com/From-Patient-Education-to-Patient-Empowerment/ (Last Accessed: July 2022); 4. DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents. 2021. Available at: https://clinicalinfo.hiv.gov/sites/default/files/guidelines/archive/AdultandAdolescentGL_2021_08_16.pdf (Last Accessed: July 2022); 5. EACS guidelines. Version 11.0. 2021. Available at: https://www.eacsociety.org/media/final2021eacsguidelinesv11.0_oct2021.pdf (Last Accessed: July 2022).

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.

Bringing PrEP to the People: Democratizing Access to PrEP Through Differentiated Delivery Before, During and After COVID-19



- 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

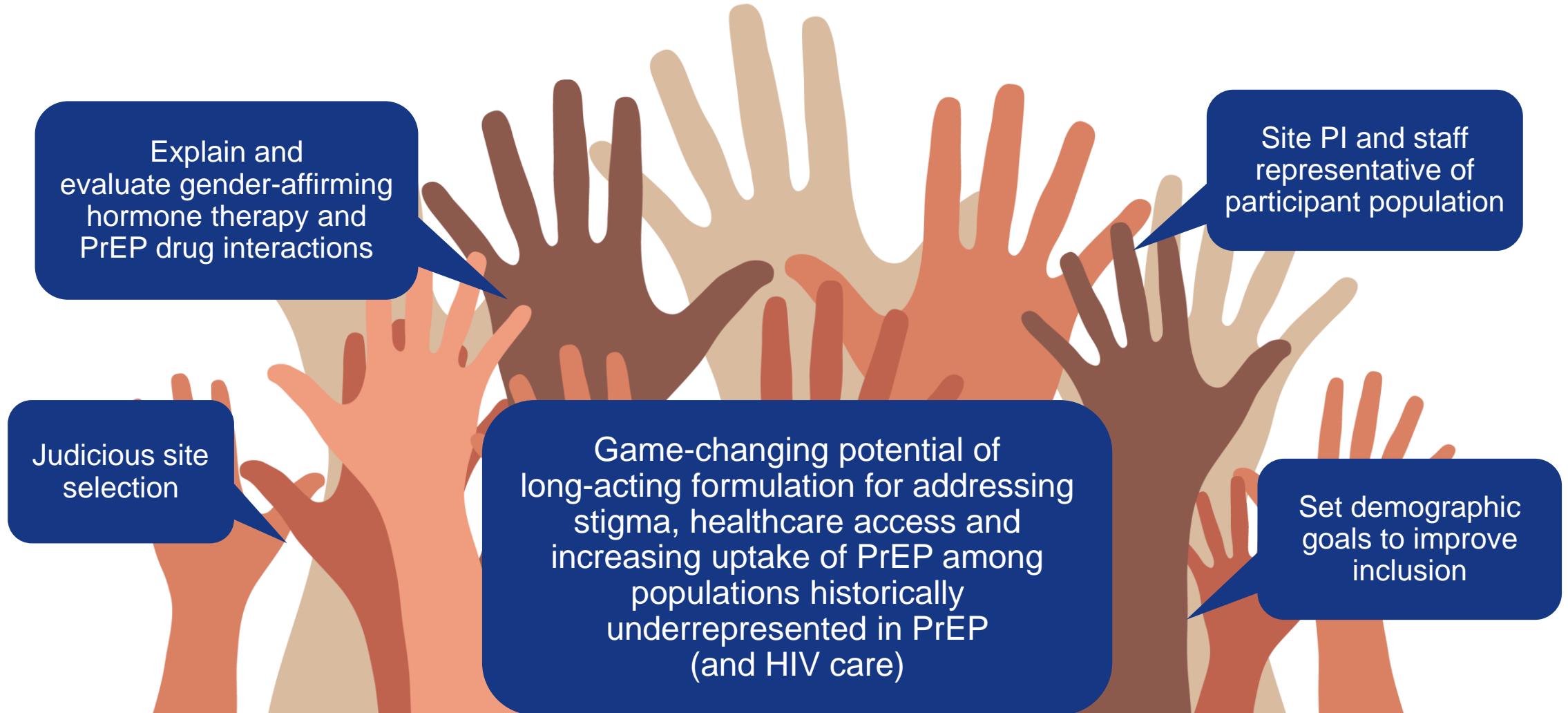


Paradigm shift in health systems' approach to HIV prevention, care, and service delivery - with broader and holistic focus across all sectors



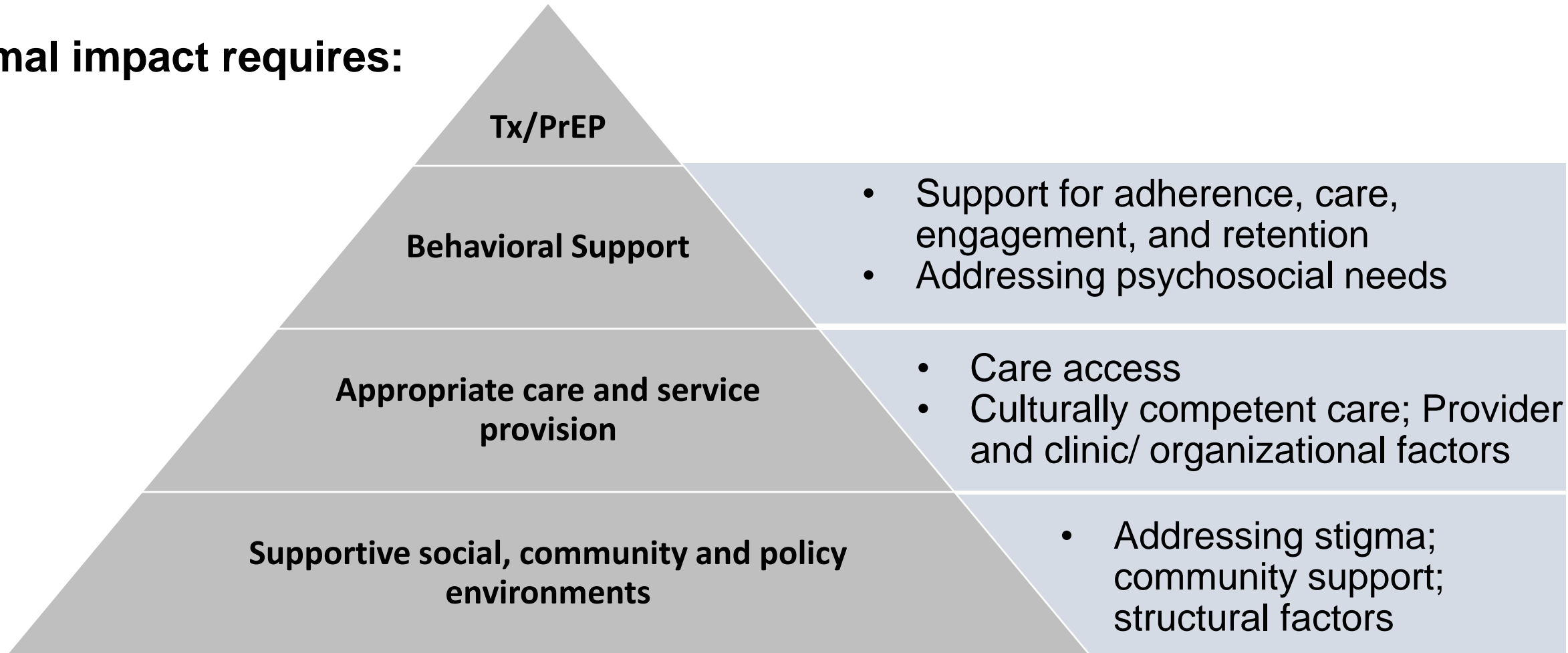
Ensuring broad and open access to innovation to address inequities in access


Diversity and Inclusion in Clinical Trials



The Foundations for HIV Treatment (and PrEP) Success

Optimal impact requires:



A portrait of a man with short, dark, curly hair and a light beard. He is wearing round, reddish-brown glasses and a mustard-colored jacket over a dark shirt. The lighting is warm and directional, coming from the side, casting shadows on his face. The background is a plain, light-colored wall with a faint, dark, shield-shaped shadow on the left side.

GF - Keith Mienies



ashm

napwha national association of
people with HIV australia

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

<https://bit.ly/46hohYl>



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**