Person-Centred Care

IAS

Detailed priority actions for stakeholders to realize the full potential of PCC within the HIV response

Stakeholder group	Priority actions
Clients	• **Engage as a partner in healthcare:** Clients can advocate for themselves – and their peers – through active and meaningful participation in design, decision making, delivery and monitoring of healthcare services. • **Engage in life-long learning:** For clients, learning about their health, rights, commodities and service delivery options empowers them to ask informed questions and engage in shared priority setting and decision making. • **Request and provide peer support:** Community support from and with peers, in both formalized ways – through client-led service delivery – and non-formalized ways, can be empowering and healing.
Community-based organizations	• **Prioritize engagement with clients and decision makers:** Ensuring service quality and securing buy-in from all stakeholders in the implementation of community-led service delivery and monitoring activities necessitates meaningful participation from clients and various levels of government. • **Share educational and advocacy resources widely:** Ensure collaboration and information sharing with like-minded community-based organizations with similar missions to drive systemic change. • **Diversify funding sources:** Explore both domestic and international funding sources, including public, private and corporate donations, while also advocating for alternative social contracting models to enhance sustainability.
Healthcare workers	• **Ask questions and listen to your clients:** Routinely request and assess client-reported outcomes. Listen and act to support and address all health needs that the client determines as a priority. Explain the health impact of different healthcare decisions. • **Take care of your own health and well-being:** Recognize the demands of your role and prioritize training on and time for implementing stress-management techniques. • **Advocate for a strategic approach to PCC:** Advocate for training, support and fair remuneration for PCC skills and competencies, including in discussions with supervisors and departments. • **Strengthen your communication skills:** Explore techniques and professional development opportunities for motivational interviewing, cultural humility and other PCC communication approaches. • **Collaborate across disciplines:** Reach out and build connections with healthcare professionals in other fields to better meet clients' diverse needs. Support fair remuneration and recognition of peer navigators and community HCWs.

Healthcare system administrators

Fostering systemic shifts

- **Invest in comprehensive HIV services across the cyclical care cascade:** To address the full spectrum of HIV-related health needs, invest in person-centred testing, prevention, treatment and re-engagement programmes.

- **Integrate HIV services into PHC:** Accelerate the appropriate integration of HIV services within PHC to improve service delivery, respond to funding cuts and ensure continuity of care.

- **Support community-based services:** Maintain and support community-led services that meet the needs of specific population groups, including young people, LGBTIQ+ individuals, people who use drugs and sex workers. Ensure that service provision is designed in a complementary and not mutually exclusive manner.

- **Scale up DSD:** Adopt policies and scale up implementation of DSD models for HIV and explore DSD for chronic care needs beyond HIV, including for hypertension, diabetes and family planning.

- **Explore digital service delivery:** Invest in appropriate, trusted and accessible digital technology and telehealth infrastructures and explore the use of artificial intelligence.

Supporting the healthcare workforce

- **Provide training and support to HCWs:** Train staff on PCC competencies, including shared decision making, evolving care plans based on individual needs, the use of destigmatizing language, cultural humility and effective communication.

- **Reward PCC skills:** Through incentives, professional development opportunities and formal recognition, reward staff mastering PCC competencies.

- **Remuneration of community and lay providers:** Ensure the fair remuneration of peer navigators, lay providers and community healthcare workers.

- **Invest in staff well-being:** Promote staff well-being and reduce burnout by creating healthy, supportive and safe workplaces through intentional efforts.

- **Encourage multidisciplinary collaboration:** Coordinate efforts for collaboration, exchange and joint problem solving among staff across different healthcare disciplines.

Policy makers

- **Adopt and implement global normative guidance on PCC:** Encode PCC approaches and provider competencies in national policies, guidelines, SOPs, training and human resources for health systems.

- **Establish national targets for HrQoL:** Define national targets that incorporate self-reported HrQoL measures and account for the social, economic and structural determinants of health.

- **Strengthen integrated PHC:** Adopt policies and increase funding allocations for integrated PHC, while ensuring continuity of dedicated support to people with HIV prevention and harm reduction-related needs.

- **Decriminalize behaviours and identities:** Remove laws and policies that criminalize same-sex practices, gender-affirming care, drug use or possession of drugs for personal use. Legal reforms are essential to improving public health equity.

- **Recommit to global health goals:** To ensure that no one is left behind, recommit to the sustainable development goals and the UHC agenda.

Researchers

- **Prioritize community-academic partnerships:** Use co-production approaches to research, grounded in and informed by the lived experience of people living with and affected by HIV. This includes collaboration on research questions, methods, data collection, analysis and dissemination of results.

- **Advance research on client-reported outcomes:** Prioritize research on the role of client-reported outcomes and improved methods for collecting and interpreting these measures and the development of consistent outcome indicators.

- **Conduct implementation and programme science studies:** Apply implementation and programme science approaches to better understand how interventions work in different settings and to inform improvements within existing service delivery infrastructures.

- **Defend scientific integrity:** Resist pressures to censor science, and uphold science that recognizes and respects the diversity of human experience, including the recognition that sex and gender are distinct.

- **Support the translation of science for a broader audience:** Intentionally and actively communicate scientific evidence in accessible language and formats, tailored to different target audiences.

List of abbreviations

DSD	Differentiated service delivery
HCW	Healthcare worker
HrQoL	Health-related quality of life
LGBTIQ+	Inclusive of lesbian, gay, bisexual, trans, intersex, queer people, among others
PHC	Primary healthcare
SOPs	Standard operating procedures
UHC	Universal health coverage

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