

A roadmap to scale up person-centred care in the HIV response: Recommendations from a global consensus process (THPEE134)

Lina Golob¹, Emma L. Williams¹, Mariène Bras¹, Brent Clifton², Nathan Ford^{3,4}, Elvin H. Geng⁵, Kimberly E. Green^{6,7}, Rena Janamnuaysook⁸, Ingrid T. Katz², Lillian Mworeko¹⁰, Rodenie A. Olete¹¹, Clarice Pinto³, Reena Rajasuriar¹², Kombatende Sikombe^{13,14}, Darrell H. S. Tan¹⁵, Beatriz Grinsztejn¹⁶

Corresponding author: Lina Golob, lina.golob@iasociety.org

Introduction

World Health Organization global normative guidance recommends person-centred care (PCC) approaches to reduce HIV-related mortality and morbidity, and to improve health-related quality of life (HrQoL). However, consensus on the priority PCC elements and guidance on how different stakeholders can realize PCC principles at the health systems, service delivery and individual client-healthcare worker (HCW) levels are lacking. We conducted a global consensus-building process to define core PCC elements and develop recommendations for implementation at scale.

Methods

We used a multi-phase process to build consensus and prioritize recommendations, consisting of a literature review, five stakeholder consultations (34-43 participants each) between July 2022 and July 2023 and a three-round Delphi survey from March to July 2024 (49 participants). We sought diverse actors (including clients, HCWs, policy makers and researchers) from all world regions. Initial statements were drafted during the final consultation meeting and adjustments to statements and recommendations were made during the Delphi survey.

Results

All statements achieved over 90% agreement and recommendations reached at least 95% agreement. At the core of PCC is an effective primary healthcare (PHC) system, which prioritizes individual health, HrQoL and well-being and which adapts to evolving needs.

Operationalizing PCC includes a commitment to the use of destigmatizing, person-first language. Other core elements include: HCW responsibility to create safe, inclusive and stigma-free spaces; prioritizing community leadership, including in care provision by trained and compensated peers and community HCWs; power sharing within client-HCW relationships, reinforced by HCW training and client literacy; use of appropriate digital technology to increase engagement; and cross-disciplinary collaboration to address different health issues in an integrated manner.

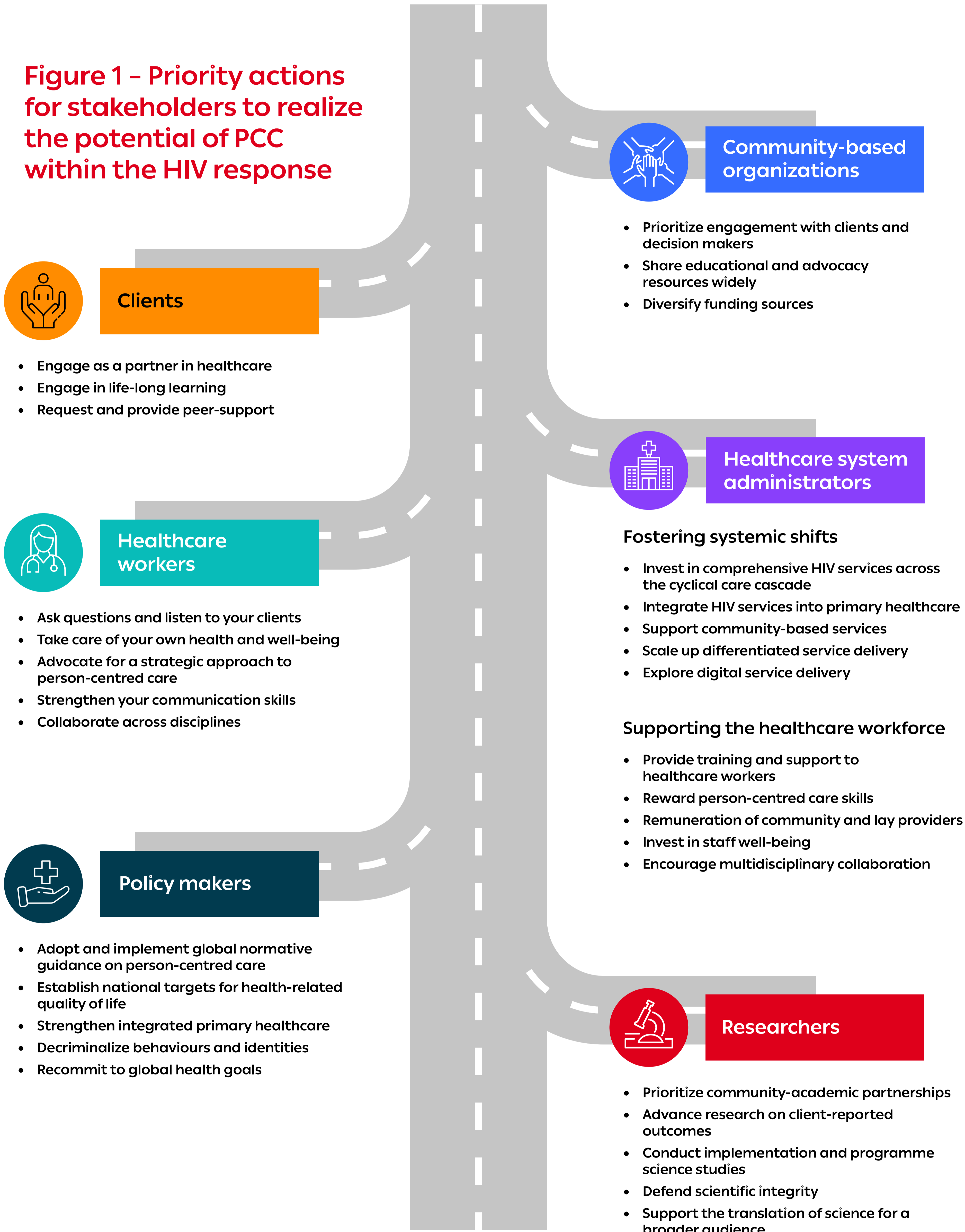
Recommendations include: policy makers setting national targets for self-reported HrQoL; strengthening integrated PHC; researchers prioritizing community-academic partnerships; and HCWs routinely assessing client-reported outcomes.

Conclusions

Our findings outline a roadmap with roles and actions for different stakeholders to realize the full potential of PCC, outlined and visualized in Figure 1.

Given the current challenges, including significantly decreased funding for HIV services and research, as well as shifting political priorities, this roadmap underscores the need to uphold the core principles that have driven progress over the past four decades: an evidence-based HIV response grounded in human dignity.

Figure 1 – Priority actions for stakeholders to realize the potential of PCC within the HIV response



Jointly, there is a need to foster a culture that hears all voices in the care team, including clients and their caregivers, community and all HCW cadres.

At a systems level, it will be crucial to strengthen HIV/PHC integration and align with the universal health coverage agenda for increased investment in inclusive, responsive and sustainable healthcare for all.

We call on all stakeholders to advocate for the integration of care for people living with and affected by HIV within PHC services where appropriate, while also recognizing that tailored and often community-led services may be more effective in meeting the needs and expectations of individuals from key and vulnerable populations.



Explore recommendations in more detail



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Author affiliations

- HIV Programmes and Advocacy, IAS – the International AIDS Society, Geneva, Switzerland
- National Association of People with HIV Australia, Newtown, Australia
- Department of HIV, Hepatitis and STIs, World Health Organization, Geneva, Switzerland
- Centre for Infectious Disease Epidemiology and Research, University of Cape Town, Cape Town, South Africa
- Washington University School of Medicine in St. Louis, St. Louis, United States
- PATH, Geneva, Switzerland
- Harvard University, Boston, United States
- Institute of HIV Research and Innovation, Bangkok, Thailand
- Bureau of Global Health Security and Diplomacy, President's Emergency Plan for AIDS Relief, Washington DC, United States
- International Community of Women Living with HIV Eastern Africa, Kampala, Uganda
- Sustained Health Initiatives of the Philippines, Mandaluyong City, Philippines
- Centre of Excellence for Research in AIDS, University of Malaya, Kuala Lumpur, Malaysia
- Centre for Infectious Disease Research in Zambia, Lusaka, Zambia
- Department of Public Health Environments and Society, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, United Kingdom
- Division of Infectious Diseases, St. Michael's Hospital, Toronto, Canada
- Instituto Nacional de Infectologia Evandro Chagas, Fiocruz, Rio de Janeiro, Brazil