Person-Centred Care

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Futureproofing person-centred HIV care: Ensuring appropriate integration for and with key populations

ICASA 2025, 3 December 2025, Accra, Ghana

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Co-chairs:

Daisy Kwala, Bar Hostess Empowerment and Support Programme, Kenya

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Presenters:

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Tadios Munyimani, GALZ, Zimbabwe

Linah Kampilimba Mwango, Ciheb-Zambia, Zambia

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Session overview

Title	Presenter
Welcome and introductions	Co-chairs
Guardrails of Integration	Richard Muko, COMPASS Africa/AVAC, Kenya
We will not be erased	Tadios Munyimani, GALZ, Zimbabwe
Providing integrated person-centred HIV services for key populations in Zambia	Linah Kampilimba Mwango, Ciheb-Zambia, Zambia
Panel discussion and Q&A	All

Access the slides here

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AVAC 25 Years and Counting

Guardrails for Integration: KVP Community Leadership in Shaping HIV–Primary Health Care Integration Across Nine African Countries

Richard Muko Ochanda, AVAC/COMPASS Africa

ICASA 2025, 3 December 2025, Accra, Ghana

COMPASS

KP-TNC Inclusivity, Respect, Well-being

Study scope

Qualitative Thematic Analysis

- 250 open-ended responses from people living with HIV and key populations
- Across 10 countries

Methods:

- Questionnaire
- Key informant interviews
- Focus group discussions
- Meta Documents analyses

- **Target populations**: people living with HIV, men who have sex with men, female sex workers, people who inject drugs, trans people
- **Focus**: Assessing how community defines hopes, concerns and conditions for safe access with respect to integration
- **Countries**: NG, KE, TZ, MW, GH, ZM, ZW, BI, LR, DRC, etc.

External Shocks

- Global funding cuts (USG–40%, NL–70%, DE–27%)
- Rise of G2G models excluding communities
- Weakening multilateralism

Communities must be at the core of the emerging health and HIV architecture

System Weaknesses

- PHC strain
- Chronic HRH shortages
- Fear, stigma and confidentiality breaches
- Low domestic financing (<25%)

Community Resilience

- **Community consultations**
- **Inputing into emerging frameworks**
- **Extablishing Guardrails**

The global HIV infrastructure is changing faster than Africa can adapt

Existing country systems are not resilient to external shocks

Appropriate and person-centred integration

Respect, Safety & Dignity

- Confidential, stigma-free services for KP & PLHIV
- Trauma-informed, rights-based care
- Legal & physical safety protections

Continuity of KP-Led & PLHIV-Led Services

- Preserve KP/PLHIV-led centers & safe spaces
- Peer navigators integrated at PHC points
- Holistic care: HIV, PrEP, STI, MH, OAMT, SRH

System Readiness & Accountability

- Trained PHC workforce on KP & PLHIV realities
- Strong commodity security (Condoms, ARVs, PrEP, MAT/NSP)
- Independent oversight with KP & PLHIV leadership

Enabling Environment

- Rights-affirming policies & decriminalisation
- Financing safeguards to keep services free
- UHC-aligned national integration frameworks

Study results

Hopes for integration

- **Service Sustainability**: Less reliance on volatile donor funding; recognition of health services as a basic human right.
- **Dignity and Normalization**: The ability to seek care like any other citizen without being "othered."
- **Comprehensive Care**: Access to a full suite of services (HIV, PrEP, STI, other health services) plus crucial mental health support.

Concerns for integration

- **Rampant stigma and hostility**: Pervasive history of judgment and abuse from untrained primary care staff.
- **Confidentiality as a safety issue**: Fear that staff will "out" individuals, leading to violence or legal risk.
- **Loss of safe spaces**: Deep concern that integration means the closure of trusted, KP-led safe houses/centers.
- **Consequence**: Dominant perception is DISAGREE; the current approach risks service avoidance and a surge in defaulters.

Percentage acceptance of HIV-PHC integration in the countries

Country	Percentage acceptance rate
Tanzania	58%
Ghana	48%
Malawi	32%
Nigeria	21%
Kenya	9%

Community Guardrails and emerging models

Guardrail 1: Human-Centered Workforce and Specialized Care

- KP-Led Training
- Staff Incentives
- Zero-Tolerance Accountability
- Comprehensive Care
- Realistic timelines & certification

Guardrail 2: Community Leadership, Resources, and Data Security

- Preserve PLHIV-KP-Led Models
- Confidential Service Pathways
- Resource Guarantee
- Data Security

Emerging Integration Models according to Preference

- The Hybrid Model (Preferred)
- The Dedicated Corner/Facility space Model (compromise)
- Full HIV-PHC integration (not accepted)

Conclusion and Call to Action

Summary

- The community of key and vulnerable populations is not rejecting PHC integration; they are rejecting unsafe, stigmatizing care.
- The essential investment is in the attitude and accountability of the workforce.

Policy Recommendations

- Adopt the People living with HIV and Key and Vulnerable Populations-Centered Integration Model.
- Guarantee elimination of structural barriers to services.
- Adopt a Primary Health Care Key Population-HIV Integration Certification Protocol: CBO services scale down only after PHC facilities are jointly KVP-Certified as safe and stigma-free, guaranteeing a non-disruptive transition.

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AVAC
25 Years and Counting

»The future of HIV–PHC integration must be built on community core: People living with HIV and key populations shaping the standards, the safeguards, and the accountability mechanisms that make the new health architecture both resilient and humane.«

COMPASS and KPTNC Conclusion of this Study

COMPASS

KP-TNC
Inclusivity, Respect, Well-being

Acknowledgement of contributors

KP-TNC Team

- Solomon Wambua-Kenya
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COMPASS Team

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- Michael Mhando-Tanzania
- Alfred Frank-Tanzania
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- Justine MacWilliam-USA

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Find the Full Study Here

Guardrails for Integration: KVP Community Leadership in Shaping HIV–Primary Health Care Integration

Study Conducted Across East, West and Southern Africa 2023-2025

COMPASS
THE COALITION TO BUILD MOMENTUM, POWER, ACTIVISM, STRATEGY & SOLIDARITY IN AFRICA

KP-TNC
Inclusivity, Respect, Well-being

1st December 2025

IAS Person-Centred Care

‘WE WILL NOT BE ERASED, FUNDING CUTS, POLITICAL SHIFTS AND WHERE WE GO FROM HERE.

Presented by
Tadios Munyimani,
GALZ, Zimbabwe

GALZ

ICASA 2025, 3 December 2025, Accra, Ghana

We will not be erased

- GALZ: community rooted, rights based
- Safe spaces for key and vulnerable populations
- Protecting dignity, safety and access

What is appropriate and person-centred integration?

- Safety and dignity at the core
- Designed *with* communities
- Strengthens, not replaces, trusted systems

Our approach

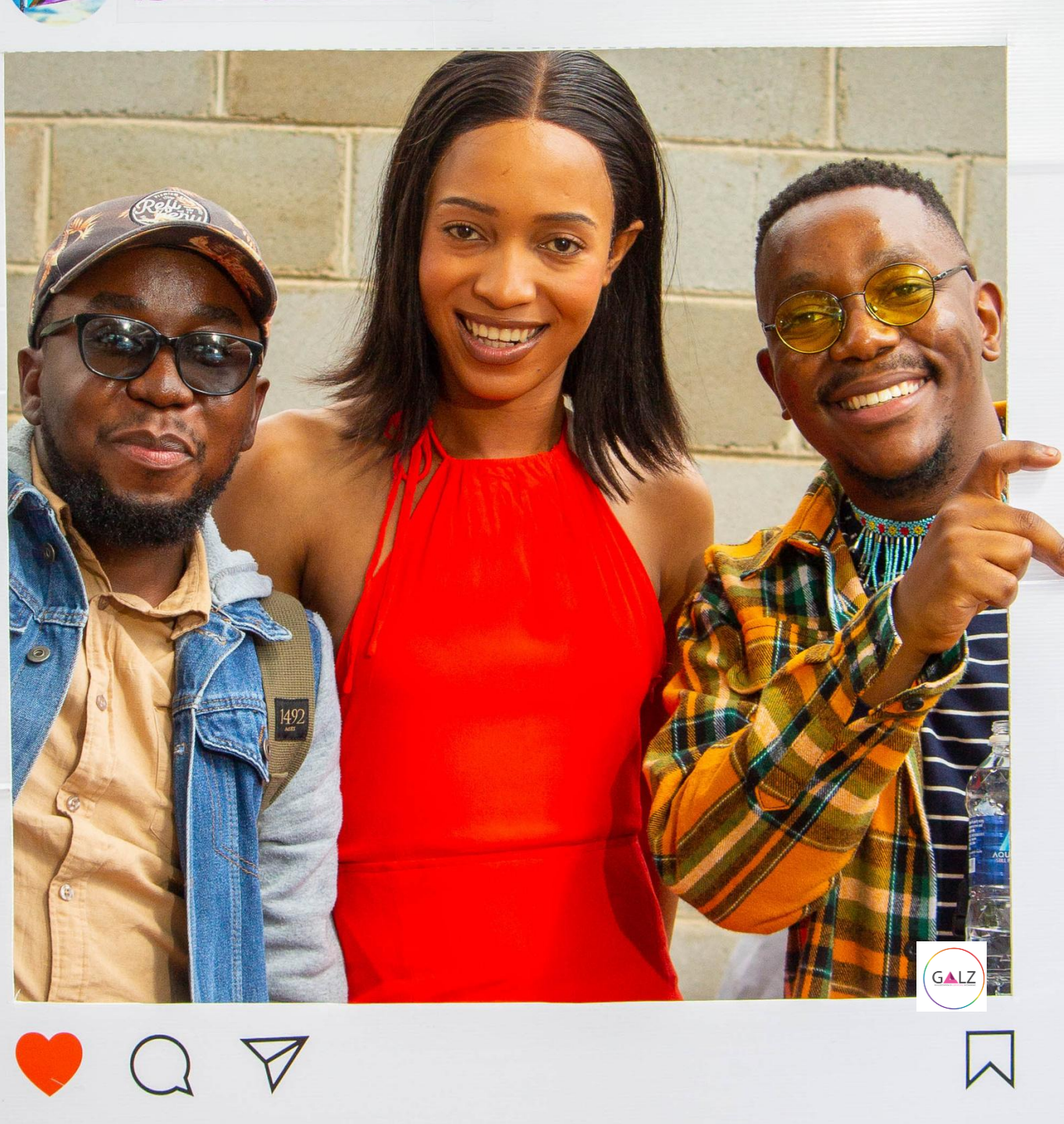
- Grounded in lived experience and community evidence
- Informed by halted IBBS–PSE process
- Guided by community led monitoring and frontline realities

Our evidence

- Unsafe systems push people out
- Loss of safe spaces reduces access
- Halted study shows structural erasure
- Political hostility deepens risk

We will not be erased

- Governments and donors: co-create integration with key and vulnerable populations
- Community led organisations: protect and sustain inclusive care pathways
- Communities: shape evidence, drive accountability, resist erasure



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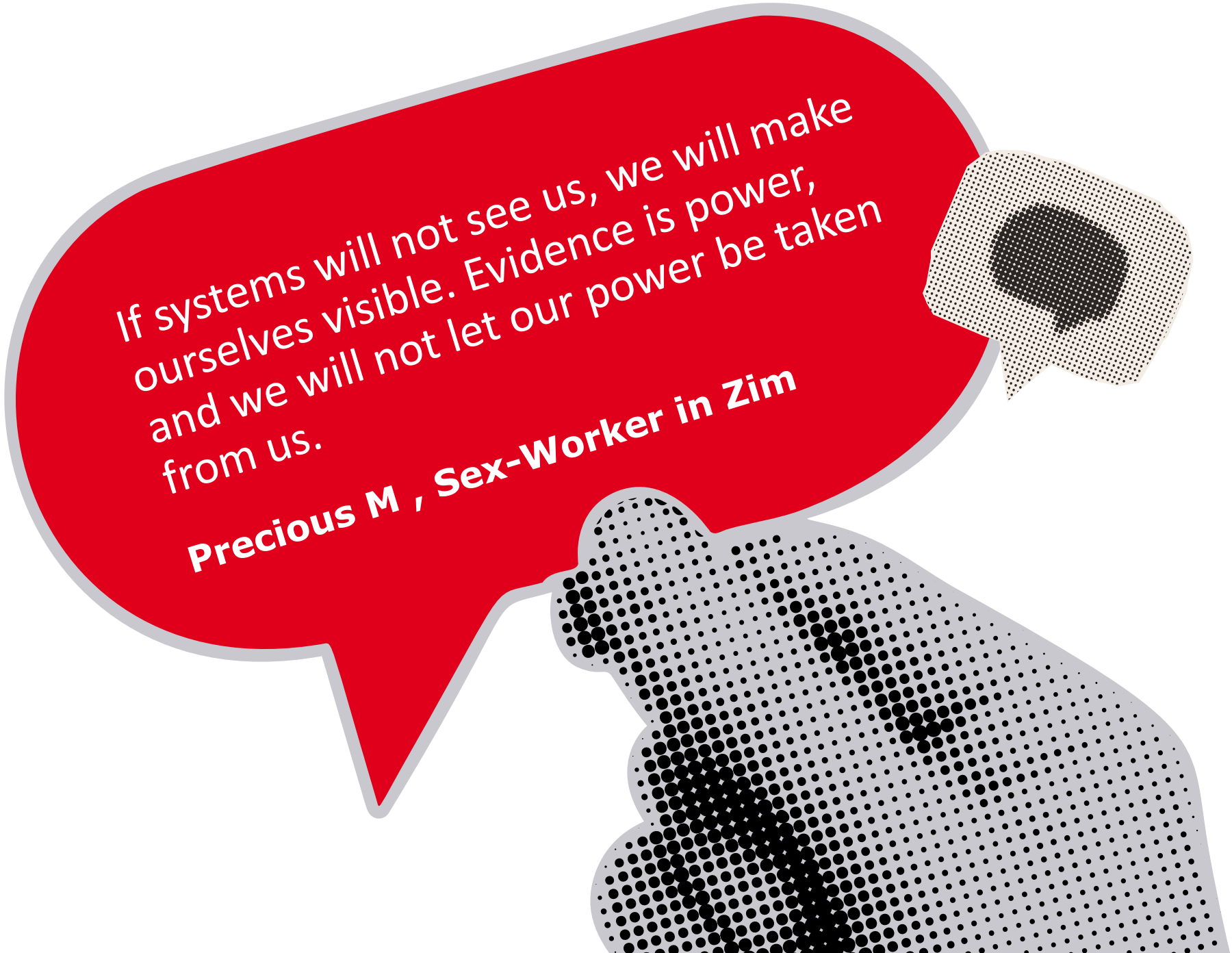
If systems will not see us, we will make ourselves visible. Evidence is power, and we will not let our power be taken from us.
Precious M , Sex-Worker in Zim

Acknowledgements

- GALZ Programmes Team
- KVP Forum Zimbabwe

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Providing integrated person-centred HIV services for key populations in Zambia

Linah Kampilimba Mwango, Ciheb Zambia, Zambia

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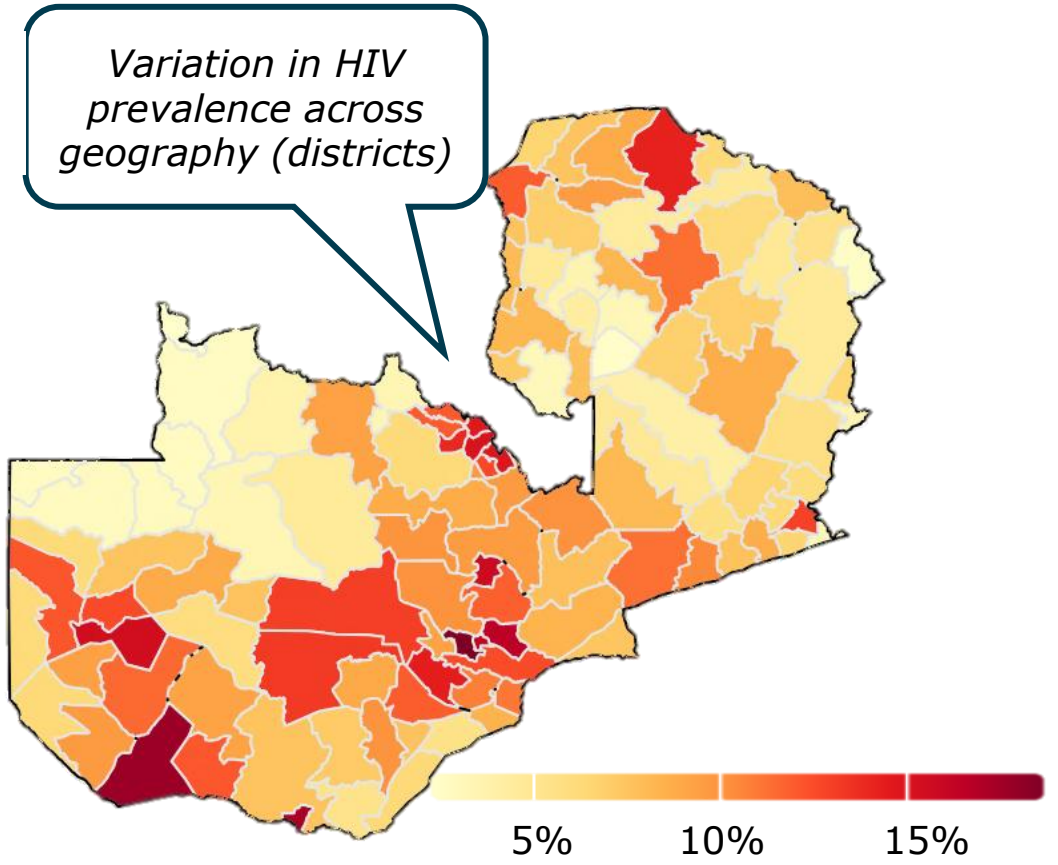
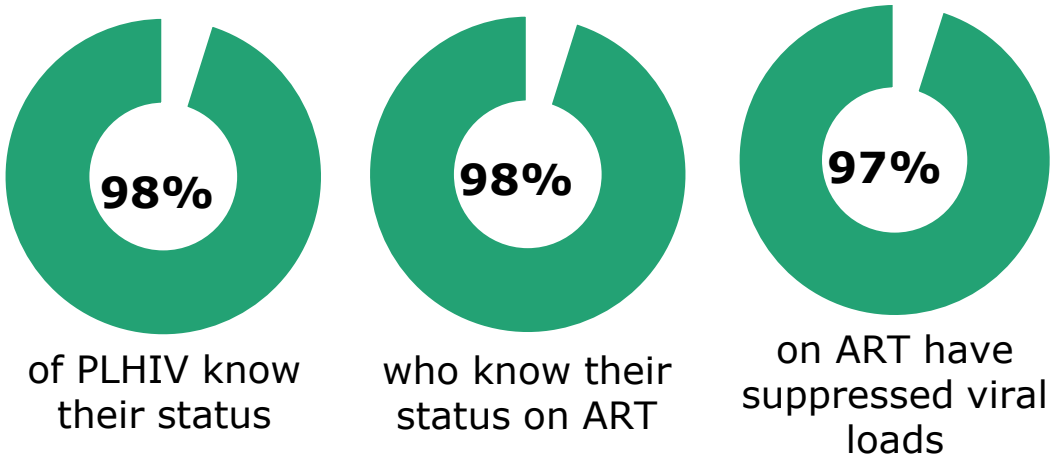
IAS HIV in Zambia

- 22 million population with 66% under 25 years – Large youth population.
- Among the top 10 countries most affected globally with an adult HIV prevalence of 11%
- Decentralized service delivery, with a strong network of Primary Health Care facilities and community health care workers.



Progress towards UNAIDS targets ***2024***

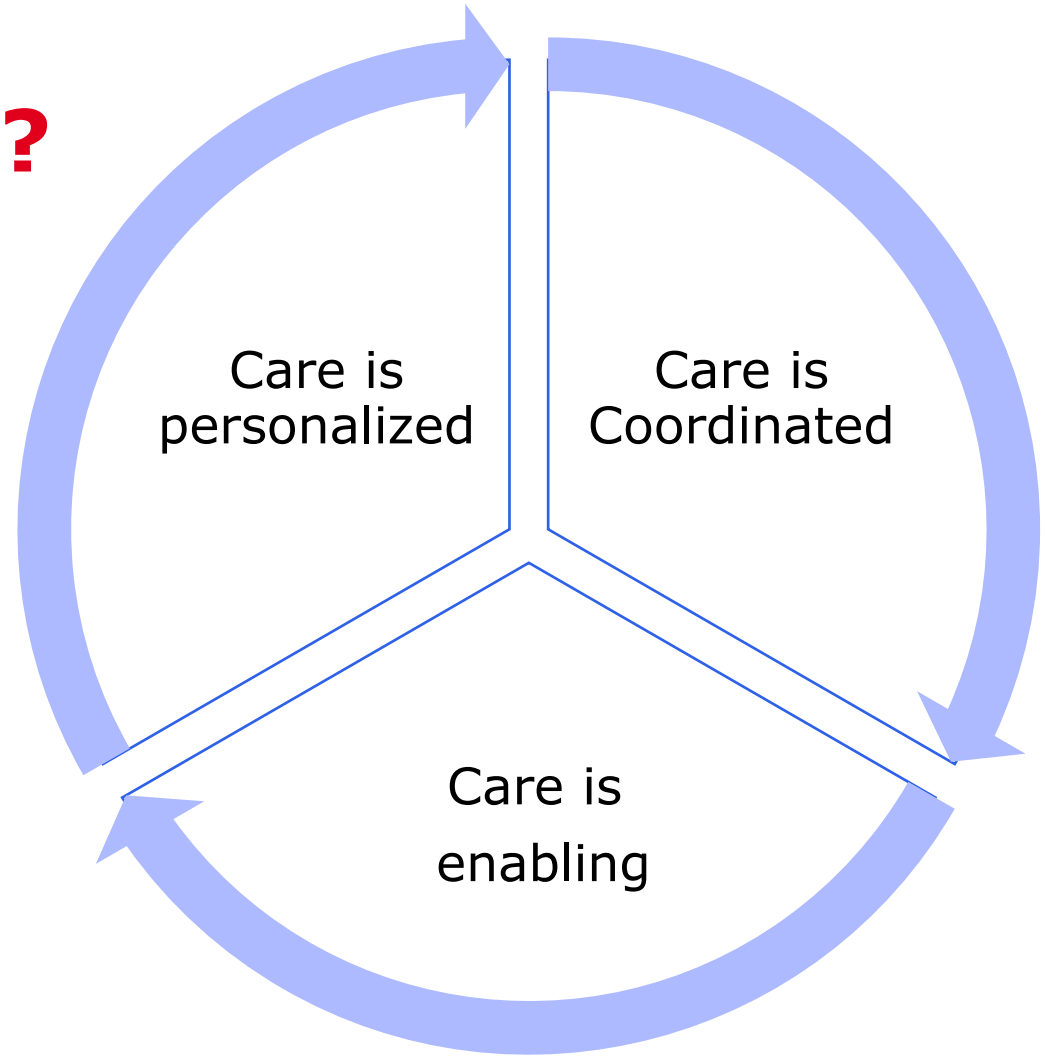


HIV Prevalence among key populations: Female sex workers 56.4%; Men who have sex with men 33%; People who inject drugs 24% (BBS 2021)

Source: Spectrum-Naomi: 2025 Zambia HIV Estimates

What is appropriate and person-centred integration?

- A coordinated approach in health and social services where care is tailored to the individual's needs, preferences, values, and context.
  - Aligns with an individual's unique needs, values and circumstances
  - Coordinates services across sectors so that care is seamless
  - Ensures interventions are relevant, culturally sensitive, feasible and supportive



Research on client perceptions

Study title: "Client perception on the peer-led community-based HIV Services among sex worker, men who have sex with men, people who inject drugs in Livingstone, Zambia".

Methods: Mixed method approach; quantitative and qualitative interviews to capture a comprehensive understanding of client perceptions

- Qualitative: Focus group discussion with the RoC, Peer promoters ; In-depth interviews RoC and CHWs/Peer promoters
- Quantitative: Structured Questionnaire

Data analysis: Data were cleaned, validated, and analysed using Stata and ATLAS.ti 24.

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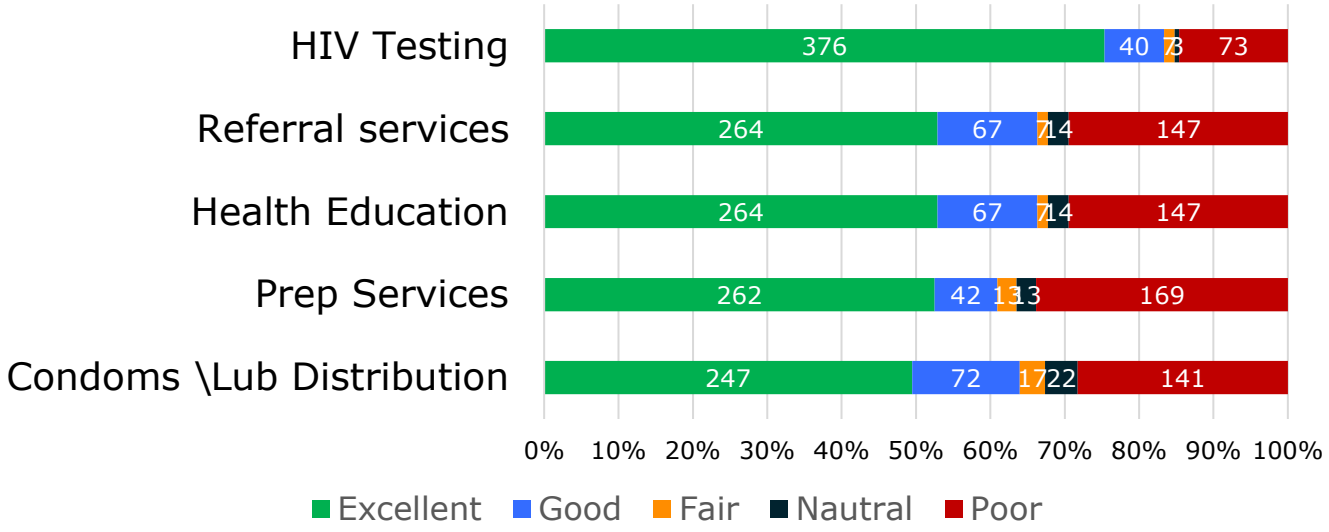
Results-RoC Responses

- 499 recipients of care consented to participating in the survey
- 259 (52%) male and 240 (48%) were female



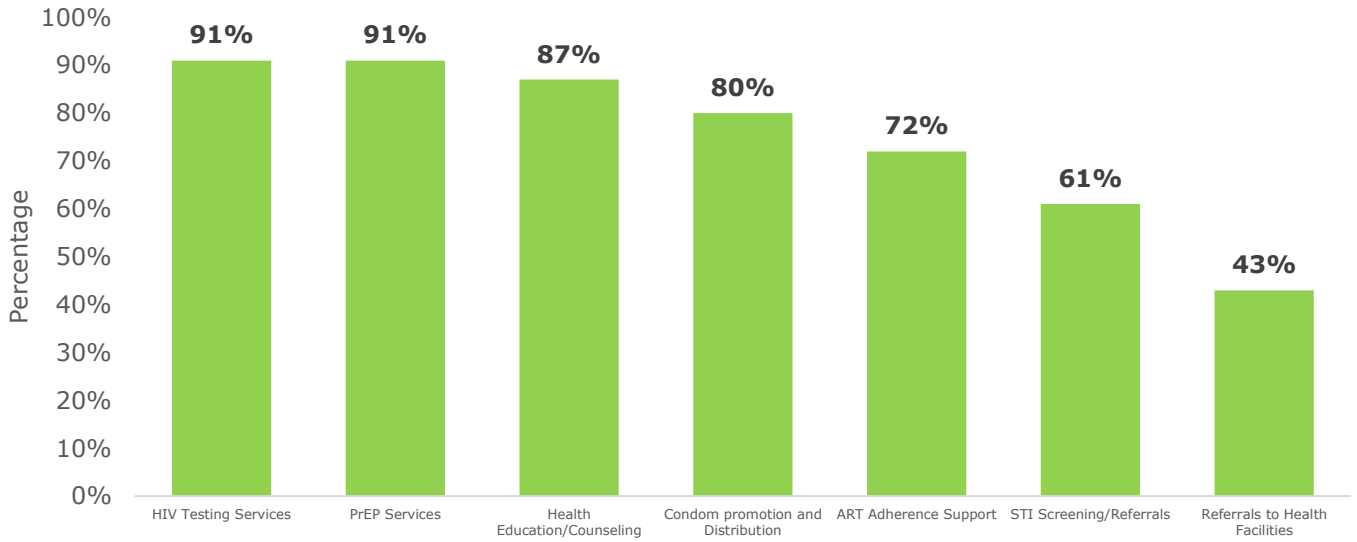
"They give us medicine, condoms… but sometimes condoms run out, and that's not good for us." (FSW)

Characteristic	Not satisfied	Satisfied	p value
How old are you ?, median (IQR)	27 (23, 30)	27 (23, 32)	0.72
Age Category			
18-24 Years	13 (34.2%)	156 (33.8%)	0.61
25 -35 years	22 (57.9%)	229 (49.7%)	
35-45 years	3 (7.9%)	60 (13.0%)	
45 years and older	0 (0.0%)	16 (3.5%)	
What is your sex?			
Female	15 (39.5%)	225 (48.8%)	0.31
Male	23 (60.5%)	236 (51.2%)	
What is your highest educational level?			
No formal education	3 (7.9%)	25 (5.4%)	0.38
Primary	14 (36.8%)	125 (27.1%)	
Secondary	18 (47.4%)	275 (59.7%)	
Tertiary	3 (7.9%)	36 (7.8%)	
What is your employement status?			
Formally employed	6 (15.8%)	55 (11.9%)	0.62
Not Employed	15 (39.5%)	170 (36.9%)	
Self employed	17 (44.7%)	236 (51.2%)	
What is your Marital Status?			
Married	10 (26.3%)	115 (24.9%)	0.85
Single	28 (73.7%)	346 (75.1%)	
What is your Population group ?			
Female Sex Worker (FSW)	13 (34.2%)	190 (41.2%)	0.41
Male Who has sex with Men (MSM)	14 (36.8%)	124 (26.9%)	
Person Who Injects Drugs (PWID)	11 (28.9%)	147 (31.9%)	
From where (location) did you recieve your			
Community Out reach site	14 (36.8%)	167 (36.2%)	0.064
Home	11 (28.9%)	89 (19.3%)	
Other	3 (7.9%)	12 (2.6%)	
Wellness Centre	10 (26.3%)	191 (41.4%)	
Non response	0 (0.0%)	2 (0.4%)	

- Clients were most satisfied with HIV testing
- Satisfaction was reported to be 92%
  - It was not associated with any social demographic characteristics (p-value>0.05)

IAS Results-Providers (CHWs)

- 54 CHW participated in the survey
- 27 (50%) had been working as CHW for over 5 years
- 21(39%) attended to more than 50 clients a month



"Another thing affecting if not all the key populations is stock out of test kits and condoms that is a major one. Condoms have been a real major challenge because the first thing they ask in the community is do you have condoms then we say we do not have" (CHW)

Characterics	n(%)
Age, median (IQR)	36.5 (29,44)
Age Categories	
18-24 years	2 (4%)
25-35 years	25 (46%)
36-45 years	14 (26%)
45 years and above	13 (24%)
Sex	
Female	40 (74%)
Male	14 (26%)
What is your highest educational level?	
No formal education	5 (12%)
Primary	3 (7%)
Secondary	15 (36%)
Tertiary	19 (45%)
Years of Experience as CHW	
Less than 1 year	9 (17%)
1 - 2 years	5 (9%)
3 - 5 years	13 (24%)
More than 5 years	27 (50%)
In the past month, how many clients have you provided community based HIV services	
0-10	3 (6%)
11-30	15 (28%)
31-50	15 (28%)
More than 50	21 (39%)

- Most offered services are HTS, PrEP and condoms
- 85% indicated receive supportive supervison weekly

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Conclusion

- Community-based HIV services are trusted, accessible, confidential & respectful
- **High satisfaction** among female sex workers, men who have sex with men, people who inject drugs
- **Success factors:** respect, privacy, cultural sensitivity, outreach
- **Key needs:** Continuity of community-based services, supply consistency (esp. condoms) & CHW support (trainings, logistics)
- Peer-led service provision

"in fact, the main reason I called them was for the condoms then after they also started explaining on PrEP that's when I became interested"

Acknowledgement of contributors

Recipients of care
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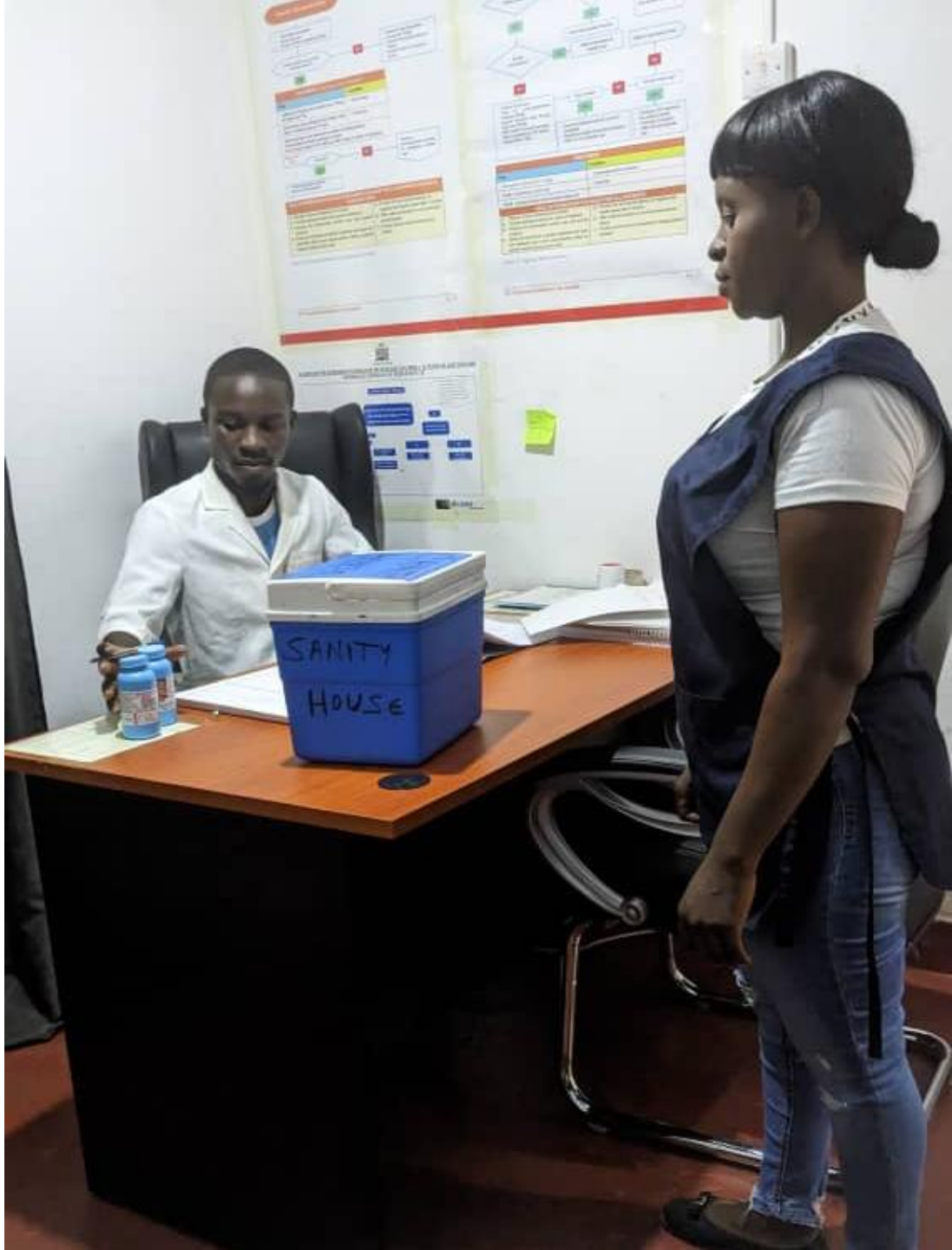

Panel discussion


Q&A

We need your voice!

Join the global movement by sharing your experience using **#RethinkRebuildRise**.

AIDS 2026
26–31 July

Rethink. What should change in how we approach the HIV response?

Rebuild. How can we rebuild systems to put people first?

Rise. What does it mean for all of us to rise together?

Find out more about our theme at **aids2026.org/theme**

Access our social media toolkit at **aids2026.org/social**

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Thank you!

INCLUSION™ Global 2026 Request for Proposals

(ImplemeNtation of twiCe-yearly Lenacapavir to address Unmet needS in HIV preventION)

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