

Best practices on adherence to strengthen treatment as prevention

Evidence-based approaches to improve adherence, strengthen viral suppression, and reduce HIV acquisitions.

Session 3: Closing the gaps to reach the UNAIDS 95-95-95 targets

29 April 2026

15:30–15:40

**Presenter: Kandasi Walton-Levermore
Executive Director - JASL**

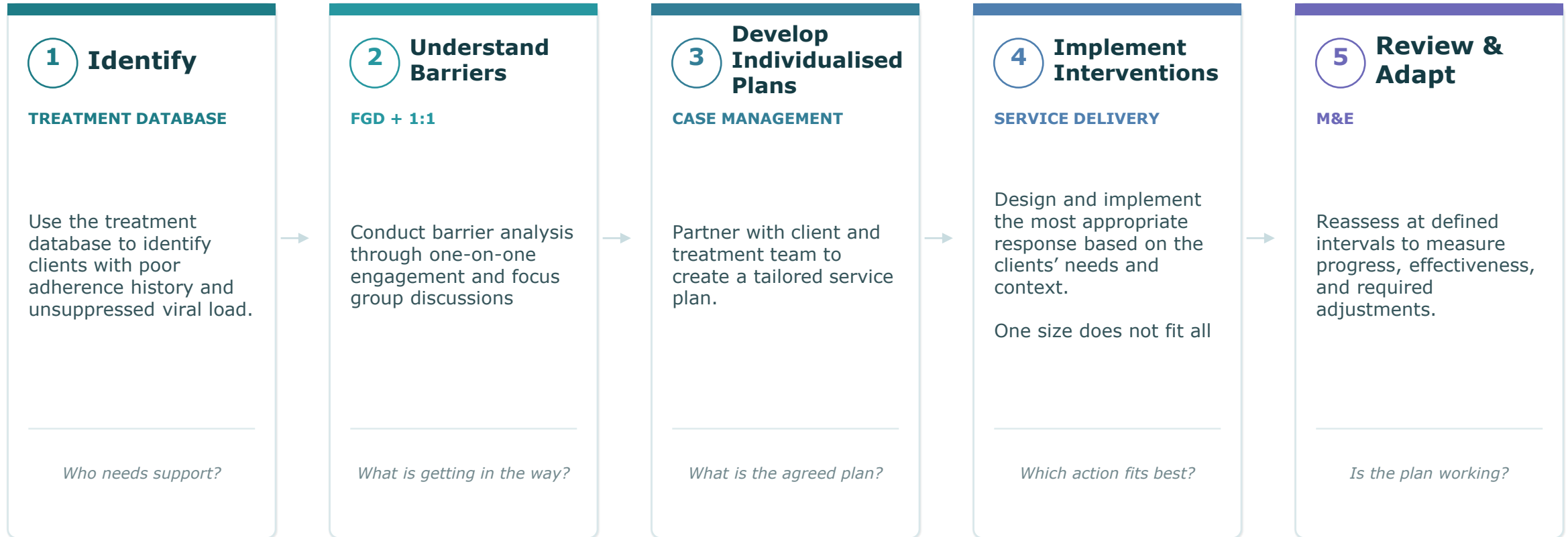


35 Years of Love, Action
and Support

*"Delivering Care – Compassion –
Community"*

Key Context

- Adherence is not just about taking meds, it is a full treatment engagement process.
- Adherence is not only a treatment issue; it is also a prevention strategy
- You cannot fix adherence without understanding and responding to the multiple complex needs of People living with HIV
- Reduced New HIV infection is a byproduct of good adherence and viral suppression



Continuous improvement cycle

Outcome focus: better adherence, improved viral suppression, and responsive case management.



Close the gap by tailoring support to who is at highest risk

One-size-fits-all adherence support leaves too many people behind.

Young people

Youth-friendly communication, digital touchpoints, peer mentors, transition support, fast follow-up after missed visits.

Men

Target outreach and flexible hours—global data still show lower status awareness and treatment coverage for men.

Key Populations

Confidential, stigma-free services, peer navigation, legal literacy, safe referral pathways.

Women facing violence

Integrated GBV response, childcare-sensitive scheduling, trauma-informed counselling.

Older Clients

NCD and mental health integration, medication review, family or caregiver support where appropriate.

JASL Advantage

JASL already works with MSM, transgender women, sex workers, OVC, hearing impaired/deaf clients, and women at risk of violence. That makes tailored adherence support not optional—but entirely feasible.

Identify the risk

Match the support

Measure continuity

Global signal to note

UNAIDS reported in 2024 that men lag women globally on the first and second 95; adherence and retention strategies must therefore be population-specific.

What's Available at JASL

Global data on treatment says Adherence is highest when support is multi-component: clinical + psychosocial + practical + community-based.

Case Management

The case manager coordinates care and support around the client, helping to identify needs, develop service plans, link services, and monitor progress over time. They also provide follow-up, problem-solving, and advocacy to help the client overcome barriers and remain engaged in care.

Peer Navigation / Community Facilitation

The Peer Navigator supports clients through shared lived experience, helping them understand services, access care, and stay motivated throughout treatment. They also provide practical guidance, emotional support, and linkage to services while helping clients overcome stigma, fear, and other barriers to care.

Digital reminders

SMS, phone calls and simple reminders improve dose-taking and continuity. It also helps with appointment reminders for clinic visits and bloodwork appointments. Some digital systems like TSIS have an SMS option embedded in them so clients can be reminded easily

Simplified regimens

Fixed-dose, once-daily regimens reduce complexity and support routine (Example TLD)

Clients are routinely assessed for treatment resistance and when necessary matched with the best regime

DSD

Differentiated service delivery and less frequent pick-up where appropriate.

JASL understands that not everyone has the exact needs and so clients are managed based on their unique circumstances

Virtual Directly Observed Therapy (VDOT)

Adapted from TB management. Directly observed therapy works by having a trained provider or peer observe the client taking their medication at agreed times. It helps ensure medication is taken correctly and consistently, especially for clients who struggle with adherence, treatment interruption, or complex life challenges

What's Available at JASL



Adherence Counselling

The adherence counsellor helps clients identify and address barriers that affect consistent treatment, while providing tailored education, motivation, and problem-solving support. They monitor adherence challenges, reinforce treatment goals, and support clients to remain engaged in care and achieve viral suppression.

Socioeconomic support

Transport, food supplies, short term housing, health diagnostics and linkages to social services address real barriers to staying in care.

Other support services include skills building, internship, and job placements

Mental Health Integration

Sessions with a psychologist are standard.

Depression, anxiety, anger, denial, alcohol use and other mental health challenges undermine adherence if untreated.

Community Services

Home Visit & Wellness Calls help us maintain regular contact with clients, identify problems early, and provide support in a more personal and responsive way

Support Groups

Clients are placed in groups (Cohorts) based on Unique Treatment Nuances

- Newly Diagnosed
- Treatment Fatigue
- Serial Defaulters

Support groups are conducted usually over six sessions to explore a focused theme.

Session provides a safe nonjudgemental space for cross sharing and engagement among peers

Clients Discuss challenges together and support each other to design and explore agreed solutions

Pre-and post evaluations are conducted as well as client outcome reviews to determine usefulness of intervention

Peer Accountability Advancement Programme (PAAP)

Long-standing stable /viral suppressed clients identified and supported by the psychologist and Case Manager to become mentors

Mentors are paired with less adherent PLHIV for 1 on 1 sessions

The mentor and mentee agree on practical goals, timelines, and how they will work together. For example:

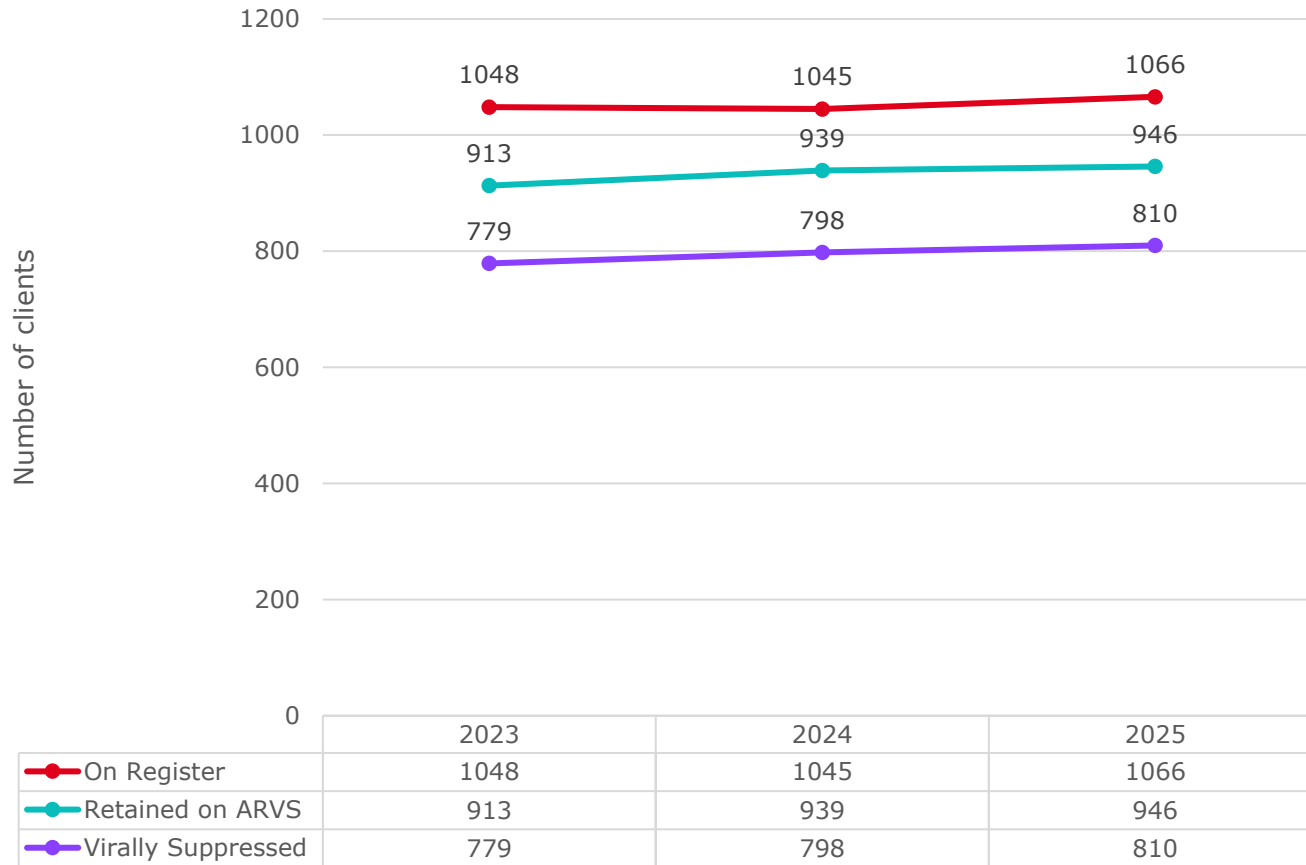
- improve ART adherence over 3 months
- reduce missed clinic visits

The mentor provides ongoing support through scheduled sessions.

The mentor demonstrates good practice and helps the mentee apply them

As the mentee improves, the support can be reduced, adapted, or transitioned. Some mentees later become mentors themselves

JASL ARV Retention and Suppression Trends



Key Take Away

As ARV Retention/adherence increases, so does Viral Suppression

Recommendations

1. Invest in adherence as a core prevention intervention.
2. Scale peer-led, community-based and digital support as standard practice.
3. Measure interruption, re-engagement and suppression history—not only clinic attendance.
4. Understand and respond to the full person, not just their treatment experience
5. Adherence require a comprehensive mix of interventions working together to optimize client outcomes

Jamaica AIDS Support for Life

Location: Jamaica

Detail:

- Largest and Longest serving non-government (NGO) provider of HIV services in Jamaica and the wider LAC region
- Covers full continuum of care (HIV Education and testing, Treatment, Enabling Environment and Human Rights)
- 3 Physical Locations/clinic sites
 - 1096 Persons Living with HIV in Care
 - 10,000+ HIV Tests Annually (All Population inc. Key & Vulnerable Populations)
 - 800+ Managed on PrEP
- Comprehensive Health and Case Management Model (proponents)



Jamaica AIDS Support for Life



jaslinfo



jasltweets

*Adherence today.
Prevention tomorrow.
Thank You !!!*