

Putting the Person first **Person- Centered Care**





"There is no such thing as a single-issue struggle because we do not live single-issue lives"

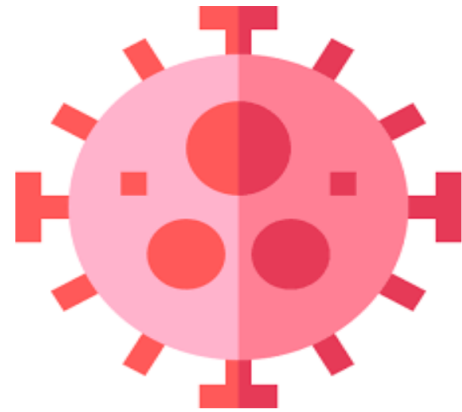
Audre Lorde

Writer, feminist, womanist, librarian, and civil rights activist.



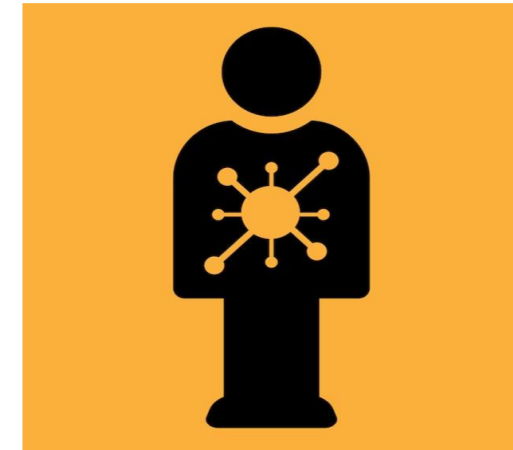
Slides courtesy of IAS PCC Advocacy Academy:
HIV in Latin America and the Caribbean,
26-28 March 2026

Paradigm shift: Beyond viral suppression



Disease-focused HIV care

Focus on antiretroviral treatment
and viral suppression



Person-centred HIV care

Focus on long-term well-being and health-related quality of life

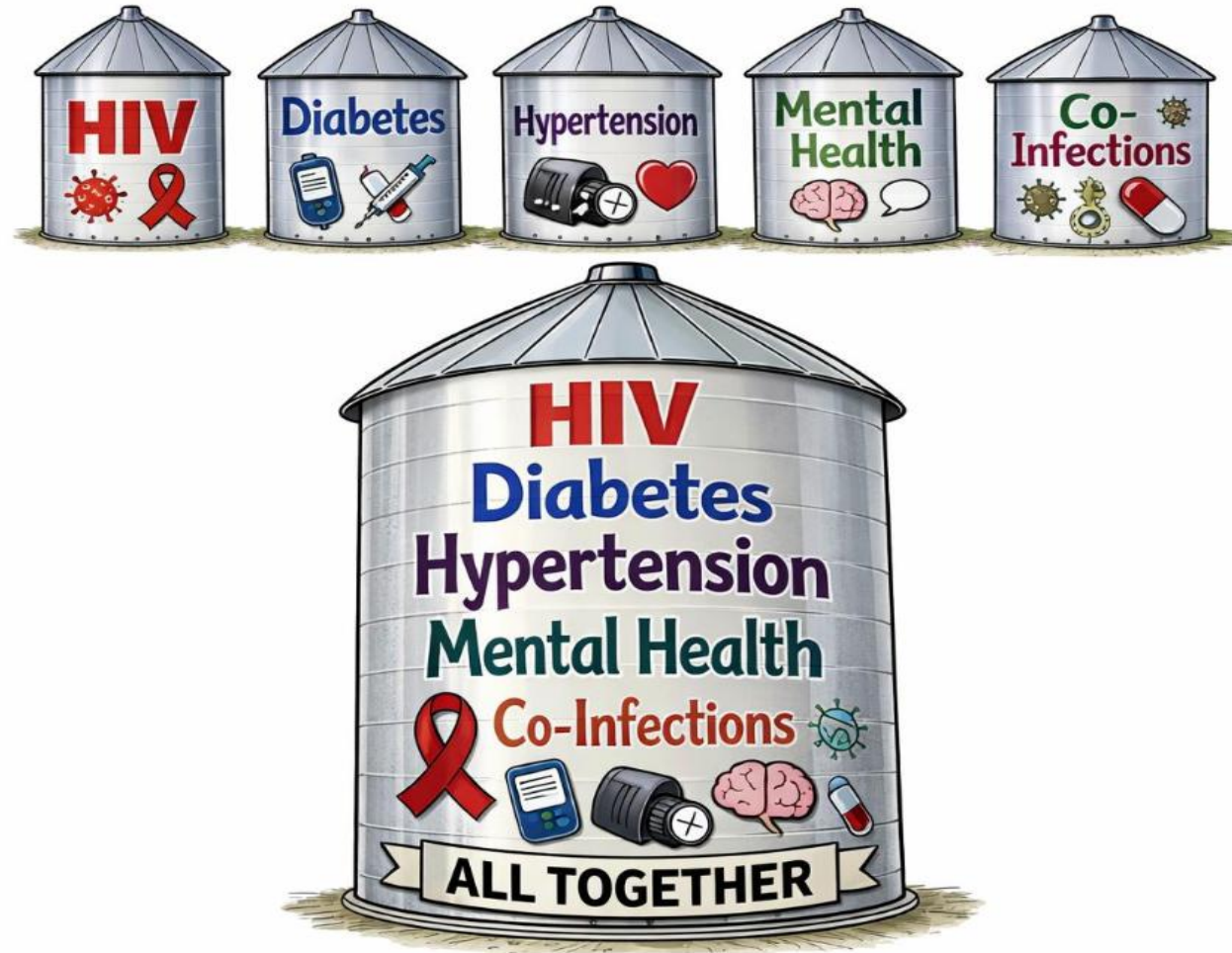
Why PCC? The context we can't ignore

- Historical Trauma
 - Many persons remember when HIV was a death sentence. This memory lives in communities
- Stigma is multi-layered
 - HIV stigma intersects with racism, homophobia, poverty and substance use stigma
- Mental health burden
 - Up to one-third of people with HIV report symptoms of depression and/or anxiety
 - At least 20% have alcohol use disorder, associated with sub-optimal adherence
- Integration of Comorbidities
 - Up to 5% of people living with HIV in sub-Saharan Africa have diabetes
 - Up to 25% have hypertension
- **Key Takeaway: We cannot treat the virus without treating the person**

Defining Person-Centred HIV Care (IAS)

Pillar	Meaning	In Practice
Respect & Dignity	Acknowledge the user's life experience and expertise	Use people-first language; listen without judgment
Shared Decision-Making	Collaborate on treatment choices	"Which regimen fits your schedule?" not "Take this."
Holistic Support	Address mental health, substance use, housing, disclosure, intimate partner violence	Integrate services; don't silo HIV care
Trauma-Informed	Recognize that medical mistrust is often earned	Ask "What happened to you?" not "What's wrong with you?"

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From “Compliance” to “Collaboration”

⚠️ TRADITIONAL MODEL	🌟 PCC focused on DSD MODELS
Focus: “Client must take pills exactly as ordered”	Focus: “What barriers is this person facing?”
Language: “Non-compliance”, “Failed therapy”, “Defaulted”	Language: “Not yet virally suppressed,” “Working on adherence,” “Re-engagement”
Approach: Scolding, lecturing, or threatening	Approach: Problem-solving together; tailored support
Service Design: One-size-fits-all clinic visits	Service Design: Differentiated—when, where, who, what flexibly designed
Goal: Viral suppression at all costs	Goal: Improved well-being to enhance viral suppression and reduced HIV transmission

Differentiated Service Delivery (DSD)

The "U=U" Message as a PCC Tool

The evidence: When a person living with HIV has an undetectable viral load, they cannot transmit HIV sexually.

"U=U gives people living with HIV a powerful, positive goal. It helps them internalize that they are not a threat to others."

Traditional Framing	U=U Framing
"Take meds to protect others" (implies danger)	"Take meds to protect YOUR health and liberate yourself from transmission worry"
Focus on public health alone	Focus on individual empowerment AND public health
Can reinforce stigma	Reduces stigma

PCC in ART: Practical Strategies

Making ART a Partnership, Not a Prescription

Strategy 1: Shared Decisions

Explain and involve the individual in decisions concerning their health

Strategy 2: Believe and Address Side Effects:

Ask specifically: "How are the medications making you feel?" Don't dismiss concerns—they're real to the client.

Strategy 3:

Explore the "Why" Behind Adherence Challenges : Depression? Anxiety? Alcohol use? Substance use? Unstable housing? Food insecurity? Stigma fear?

Strategy 4: Celebrate Small Wins

You're here today—that's a victory. Let's build on that. Positive reinforcement builds self-efficacy



Integration: One Person, One System

Why it is important?

- ✓ **Up to 18% of adults in Mexico have diabetes (DBT)**
- ✓ **One third of people in LAC have hypertension (HTN)**
- ✓ **One third of people living with HIV have depression/anxiety symptoms**
- ✓ **20% of people living with HIV have alcohol use disorder**

Updated*
recommendation
(from 2016)

Diabetes and hypertension care should be integrated with HIV services
(Strong recommendation, moderate certainty evidence for blood pressure control / very low certainty evidence for diabetes control)

New
recommendation

Mental health care for depression, anxiety and alcohol use disorders should be integrated with HIV services.
(Strong recommendation, moderate certainty evidence for depression/ low certainty evidence for anxiety and alcohol use disorder)

Integration: One Person, One System

Is my clinic person-centred?

Checklist for health services:

Are we integrating NCD (HTN, DBT) or mental health?

But also

Are our hours accessible to people who work?

Can people get care without taking a full day off?

Is transportation affordable and available?

How do we react when someone misses an appointment?

Punitive disenrollment? Or a warm phone call to check in?

Do we have peer navigators available?

Integration: One Person, One System

Is my clinic person-centred?

Stigma checklist:

- Does our intake paperwork and our personnel use respectful, non-judgmental language?
- Do our posters and images reflect the diversity of our client population?
- Do we use people-first language consistently?
- Are staff trained in stigma reduction?
- Is the space welcoming and confidential?
- Are people living with HIV represented in the institution?

IAS 1. Which of these is the correct language?

¿Cuál de estos es el término correcto?

Qual destes é o termo correto?

English

- A) HIV-positive person
- B) A positive
- C) Person living with HIV
- D) HIV victim
- E) HIV-infected person

Español

- A) Persona con VIH positivo
- B) Un positivo
- C) Persona que vive con VIH
- D) Víctima del VIH
- E) Persona infectada con VIH

Português

- A) Pessoa com HIV positivo
- B) Soropositivo(a)
- C) Pessoa vivendo com HIV
- D) Víctima do HIV
- E) Pessoa infectada pelo HIV

IAS 2. Which of these is the correct language?

¿Cuál de estos es el término correcto?

Qual destes é o termo correto?

English

- A) Addict
- B) PWID
- C) Person who injects or uses drugs
- D) Drug abuser

Español

- A) Adicto/a
- B) PWID u otro acrónimo
- C) Persona que se inyecta o usa drogas
- D) Consumidor/a abusivo/a de drogas

IAS 3. Which of these is the correct language?

¿Cuál de estos es el término correcto?

Qual destes é o termo correto?

English

- A) Alien
- B) Refugee crisis
- C) Illegal migrant
- D) Migrant

Español

- A) Extranjero/a
- B) Crisis de refugiados
- C) Migrante ilegal
- D) Migrante

People first language

✓ = do use
✗ = don't use

- ✓ "People living with HIV"
- ✗ "Infected people"

- ✓ "HIV acquisition"
- ✗ "HIV infection"

- ✓ "A person who has acquired HIV"
- ✗ "A person who has caught HIV"



Call to Action

#PutPeopleFirst

Think of one person living with HIV you will see next week

Ask yourself:

"What's one question I can ask to understand their life better?"

Not their viral load. Not their CD4 count.

Their life.