

Person-
Centred
Care
 IAS



Advancing equitable, person-centred HIV prevention and care in Europe – a World Health Summit side meeting

World Health Summit, 11 October 2026, Berlin, Germany

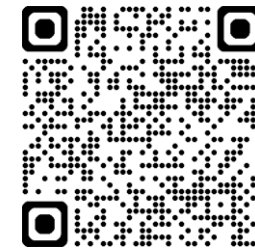


Today's objectives

1. Advocate for supportive policies and appropriate investment to scale up person-centred care approaches in the HIV response
2. Disseminate evidence of good practice models of person-centred care approaches from across Europe to spark dialogue on policy reforms needed
3. Reinforce the call to action of the Coalition for a European HIV Response



A roadmap to scale up person-centred care in the HIV response: recommendations from a global consensus-building process



Policy makers

1. Adopt and implement global normative guidance on person-centred care
2. Establish national targets for health-related quality of life
3. Strengthen integrated primary health care
4. Decriminalize behaviours and identities
5. Recommit to global health goals



Nina Tumanyan, AIDS Action Europe, Germany

Advancing equitable, person-centred HIV prevention and care in Europe



The state of PrEP in Europe: AIDS Action Europe Report 2026



Background

Except for the second 95% , **Europe has failed to meet the 2025 HIV testing and prevention targets**



-75%

Reduction of new acquisitions from 2010, by 2025 (UNAIDS target)

Instead, the wider European region rose **+5%** (149,000 → 156,000). EU/EEA fell just **-20%** (24,000 → 19,000).



500,000

PrEP users (WHO Europe target for 2025)

Only **~345,000** people had used PrEP at least once by 2025 — about 70% of an already modest target.



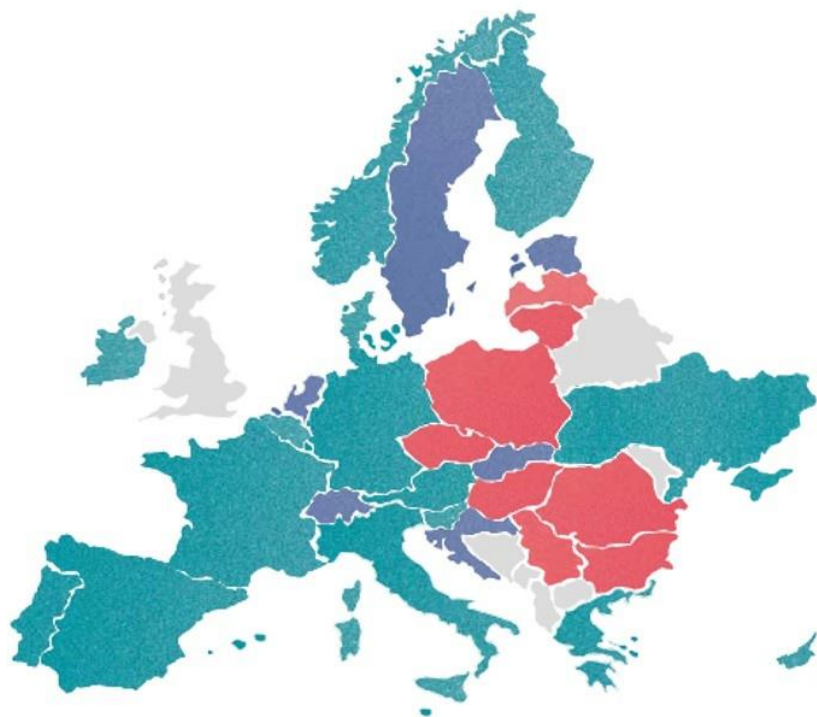
~70%

of all PrEP users in Europe are concentrated in: UK, France, Germany, Spain, Italy



- **2022:** Rapid baseline assessment & report on access to PrEP in the EU
- **2025-2026:** Updated baseline information & second edition of the report
- Data collected through AAE members, **community-led and -based organizations**

Reimbursement Coverage 2026



15

Fully or largely reimbursed

Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Malta, Portugal, Slovenia, Spain, Ukraine

6

Partially reimbursed

Croatia, Estonia, the Netherlands, Slovakia, Sweden, Switzerland

8

Not reimbursed

Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Poland, Romania, Serbia

— PrEP REIMBURSED, BUT...



High medication prices



Narrow eligibility



Hospital-only delivery



Long waiting times



Uninsured people left out



Provider knowledge gaps



Stigma & Discrimination

— PrEP NOT REIMBURSED



Out-of-pocket costs



Online & informal access



Hidden costs & barriers



Reliant on small pilots



Limited clinical monitoring



Community-delivery
(CZ, RO, BG)

Conclusion

- PrEP access has expanded but access remains uneven
- Community-based delivery is still the exception
- Funding gaps, legal restrictions and weak partnerships persist
- Missed opportunities to reduce stigma and expand access

Ending AIDS by 2030 requires political commitment and investment in community-led prevention

**DOWNLOAD THE
FULL REPORT:**



Recommendations



Ensure affordability



Decentralize delivery



Community service delivery



Inclusive guidelines



Secure supply



Build provider capacity



Awareness and outreach



Data and monitoring



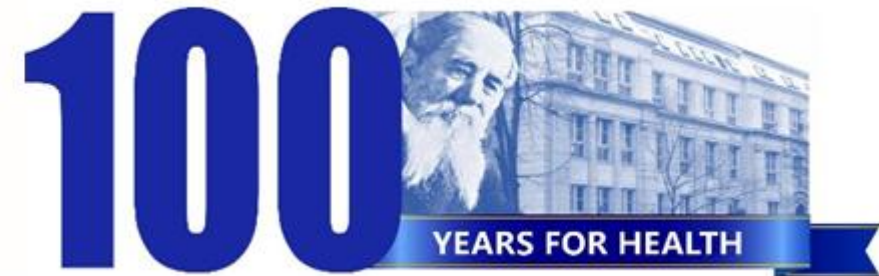
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HIV prevention and PrEP implementation strategies in the Republic of Serbia

-from pilot implementation to sustainable, people-centered HIV prevention-



Maja Stosic, MD, PhD, HIV Project Manager – Global Fund Grant,
Institute of Public Health of Serbia „Dr Milan Jovanovic Batut“



HIV programme priorities in Serbia

1. Strengthen combination prevention
2. Expand PrEP access
3. Improve early diagnosis
4. Strengthen linkage to care
5. Ensure sustainable community-based HIV services
6. Ensure adherence to treatment



Current state of national PrEP implementation

- National PrEP guidelines developed 2024 (Regional Global Fund grant)
- The current practice of PrEP prescribing is not fully aligned with the clinical guidelines.
- No countywide programmatic implementation of PrEP by public health institutions
- PrEP implemented by the communities without legal harmonization
- No national PrEP funding - out of pocket payment of ARV drugs for PrEP by vulnerable people
- ARV drugs registered only for treatment, not for chemoprophylaxis
- Education provided by Primus, funded by the IAS PCC seed grant, and in collaboration with health professionals





From pilot implementation to sustainable, people-centred HIV prevention in Serbia

Current Global Fund HIV grant in Serbia aims to strengthen the sustainability and transition of HIV prevention in the Republic of Serbia

Specific objectives:

- Ensuring the **sustainability of community-based HIV prevention** services and introducing innovative approaches
- **Comprehensive Pre-Exposure Prophylaxis (PrEP) Programme for men who have sex with men**, including training of healthcare workers, procurement of medicines and tests through an international procurement mechanism, establishment of PrEP counselling centres within the network of Institutes of Public Health (IPH) and District Institutes of Public Health (DIPH), and establishment of a monitoring and follow-up system
- **Strengthening the HIV laboratory system**
- **Strengthening a sustainable monitoring and evaluation (M&E) system**

The Institute of Public Health of Serbia “Dr Milan Jovanović Batut” is the principal recipient of the Global Fund grant, “Maintaining Low HIV Prevalence in the Republic of Serbia”, consisting of 2.3m Euro from 2026 to 2028

Global Fund PrEP project – results so far

- Implementation in line with the national guidelines
- Training of healthcare workers performed (for 14 district IPHS and students healthcare center)
- Wambo procurement of WHO prequalified medicines and tests realized, with medicines in Serbia waiting for regulatory approval
- Ongoing establishment of PrEP counselling centers within the Institut Batut and network of District Institutes of Public Health
- Facilitation of collaboration between health institutions and CSOs
- Monitoring and follow-up system established within the national electronic system for communicable diseases



Description of Goods	Quantity	Unit Price in USD	Line Total in USD	Country of Origin	Manufacturer
Emtricitabine/Tenofovir disoproxil fumarate 200/300	13,500	\$ 3.29	\$ 44,415.00	India	Macleods Pharmaceuticals Ltd

Institut za javno zdravlje Srbije "Dr Milan Jovanović Batut"
Servis javnog zdravlja Republike Srbije

Korisničko ime
majastolic

Šifra

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Prijava preko eUprave

Future priorities

- Expand availability of PrEP through the public health system through Wambo
- Ensure free or affordable access for people at substantial risk of HIV acquisition through negotiation with the Serbian National Health Insurance Fund
- Strengthen community-based and decentralized delivery in primary healthcare centres
- Strengthen the link between PrEP, HIV and STI testing and prevention services
- Improve access among key and priority populations
- Raising awareness and demand
- Introducing long-acting PrEP options



"The first and most natural condition of human progress is his health...in it is the beauty, strength, longevity of each individual and thus also of human communities, tribes, states and the entire humanity."

Dr. Milan Jovanović Batut

(1847 - 1940)



Miloš Perić, PRIMUS, Serbia

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Community partnerships delivering on equitable, person-centred HIV prevention in the Republic of Serbia



What can community-based experience contribute to PrEP access?



2022
Community-based PrEP at CheckPoint



Free & accessible
Testing Counseling
Medical report



The majority of PrEP users were from the community in Belgrade

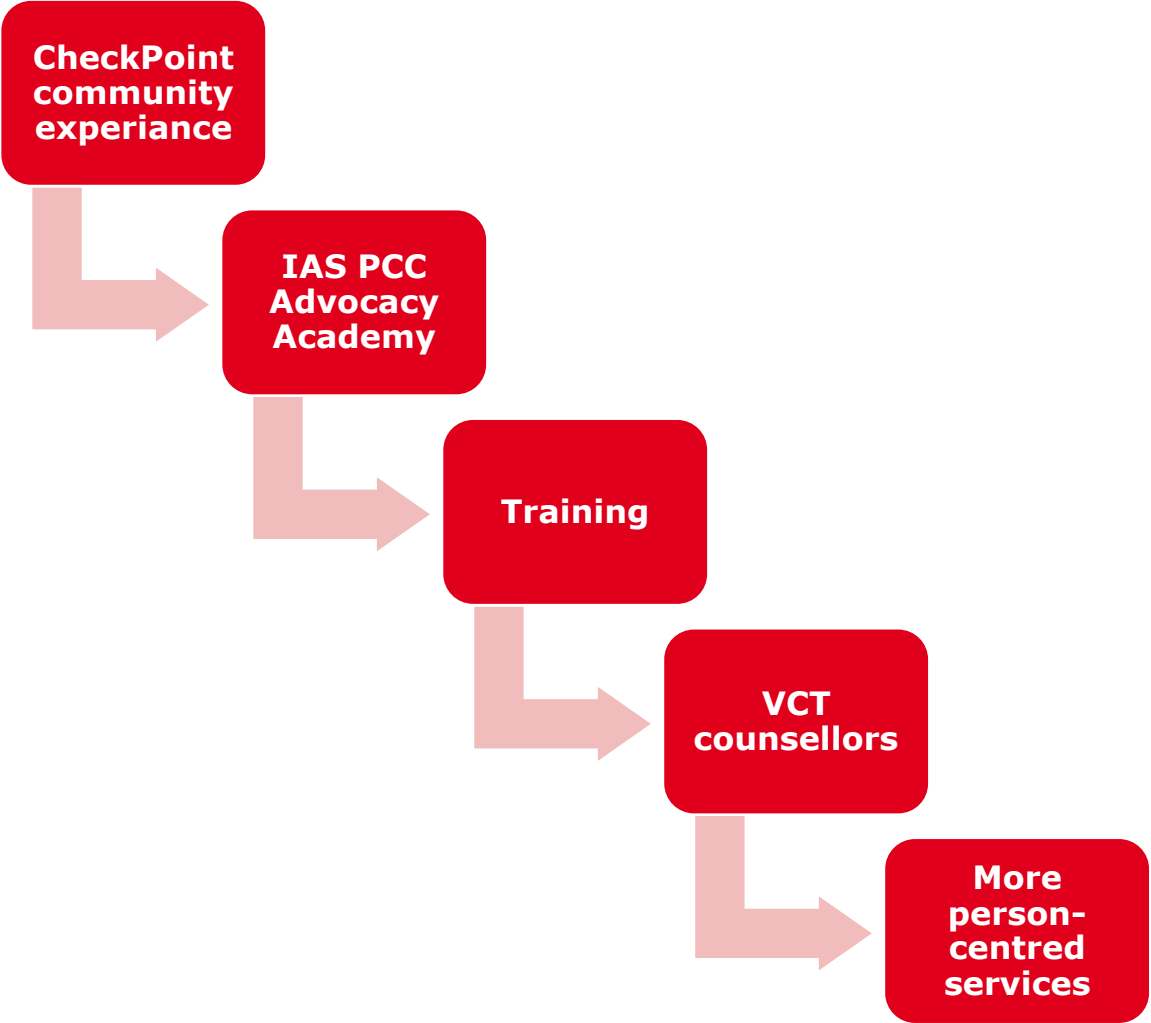


How can this experience help expand PrEP services across Serbia?





Bringing community experience into PrEP services



Training, tools and collaboration

18

• VCT
counsellors

6

• Cities/centers

1

• PrEP guide

Training focused on:

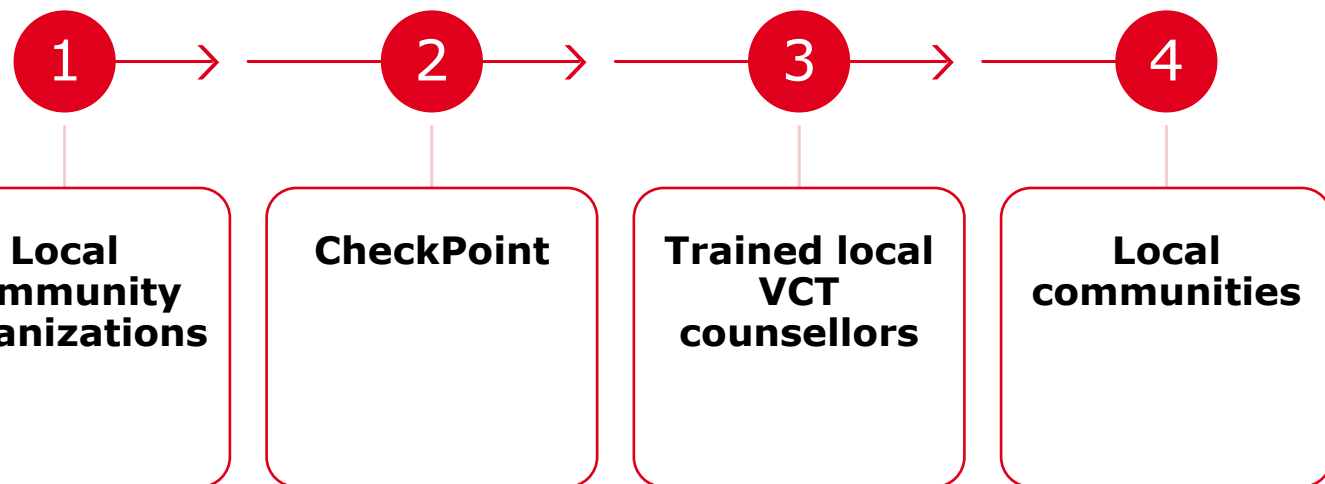
- PrEP
- Person-Centred Care
- Community-based practice

And we developed:

- A PrEP guide for VCT counsellors
- Community – VCT collaboration



From training to community



Outcome

- Several centres outside Belgrade have already started providing PrEP services

Looking ahead

- Free PrEP → trained VCT counselors → community partnership → more person-centred PrEP access beyond Belgrade.



Key messages for policymakers

- Build on existing capacity
- Connect community services with health system services
- Make decentralization meaningful
- Ensure policy and regulation keep pace

To make PrEP truly accessible, policy must connect community-led services with existing health-system capacity





Olga Avdeeva, Global Fund to fight AIDS, Tuberculosis and Malaria

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Enabling supportive policy environments through strategic financing



Lessons from the Global Fund's transition experience in Serbia and the EECA region



EECA investment logic: A smaller HIV burden makes domestic financing more feasible

Domestic financing becomes more feasible when prevention and treatment reduce the future number of HIV acquisitions, services and costs that national systems must absorb



>50% Lower HIV incidence-to-prevalence ratio since 2010

+20% Testing coverage of men who have sex with men in 2020-2024

70% Receiving ART in 2024

The transition challenge is both financial and epidemiological: reduce the burden while building sustainable financing systems

EECA strategic financing: use the grant to change the rules

Transition succeeds when donor-backed innovation becomes something national systems can buy, regulate and sustain



The aim: turn donor support into routine national capacity

Serbia: from community innovation to domestic financing



When prevention reaches the people at highest risk, fewer acquisitions also mean a smaller future treatment bill

Different policy barriers in EECA. Different financing solutions

MOLDOVA

Finance community services through health insurance

Community-led providers are reimbursed as part of the national health insurance scheme

ARMENIA

Removed regulatory barriers to quality health products

Streamlined registration for WHO-prequalified medicines and stronger integration into national financing.

UKRAINE

Made government purchasing more efficient

Legislative reform opened access to pooled procurement allowing better prices and quality

KAZAKHSTAN

Decentralize domestic purchasing

Regional health authority tendered state social contracting packages for men who have sex with men, sex workers and people who inject drugs

What sustainable transition requires

Transition succeeds when financing changes - but access does not

Reduced HIV BURDEN

+

PREDICTABLE DOMESTIC
FINANCING

+

COMMUNITY-LED SERVICES
THAT LAST

+

SUPPORTIVE POLICIES

A RESILIENT HIV RESPONSE



Person-
Centred
Care
IAS

Liudmyla Legkostup,
Public Health Center of the Ministry of Health of Ukraine

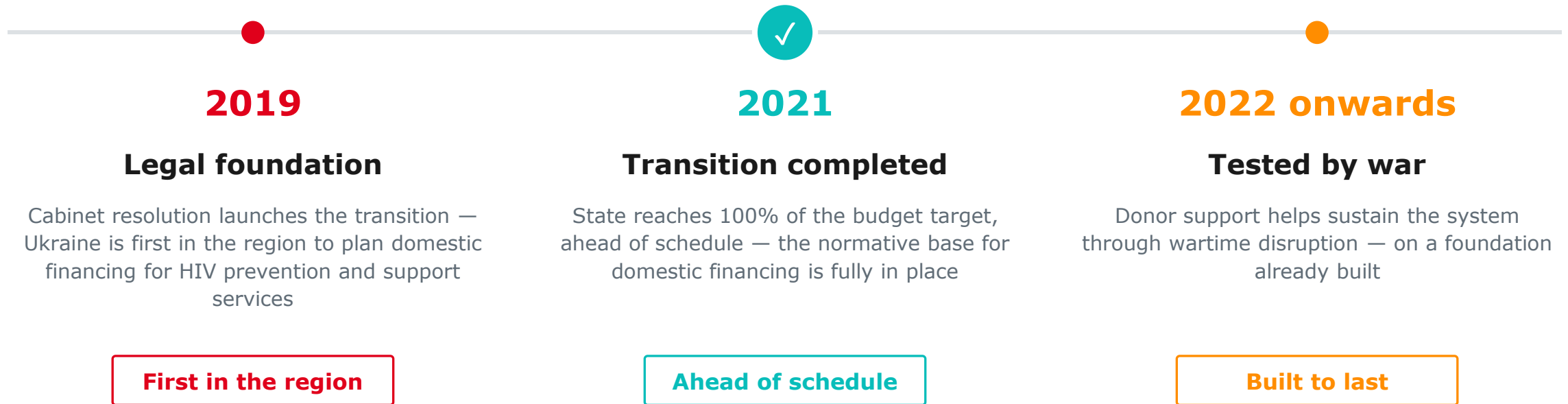
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Sustaining HIV care and support
in Ukraine: a model of
integrated, state-coordinated
community-based services

Financing transition and service continuity

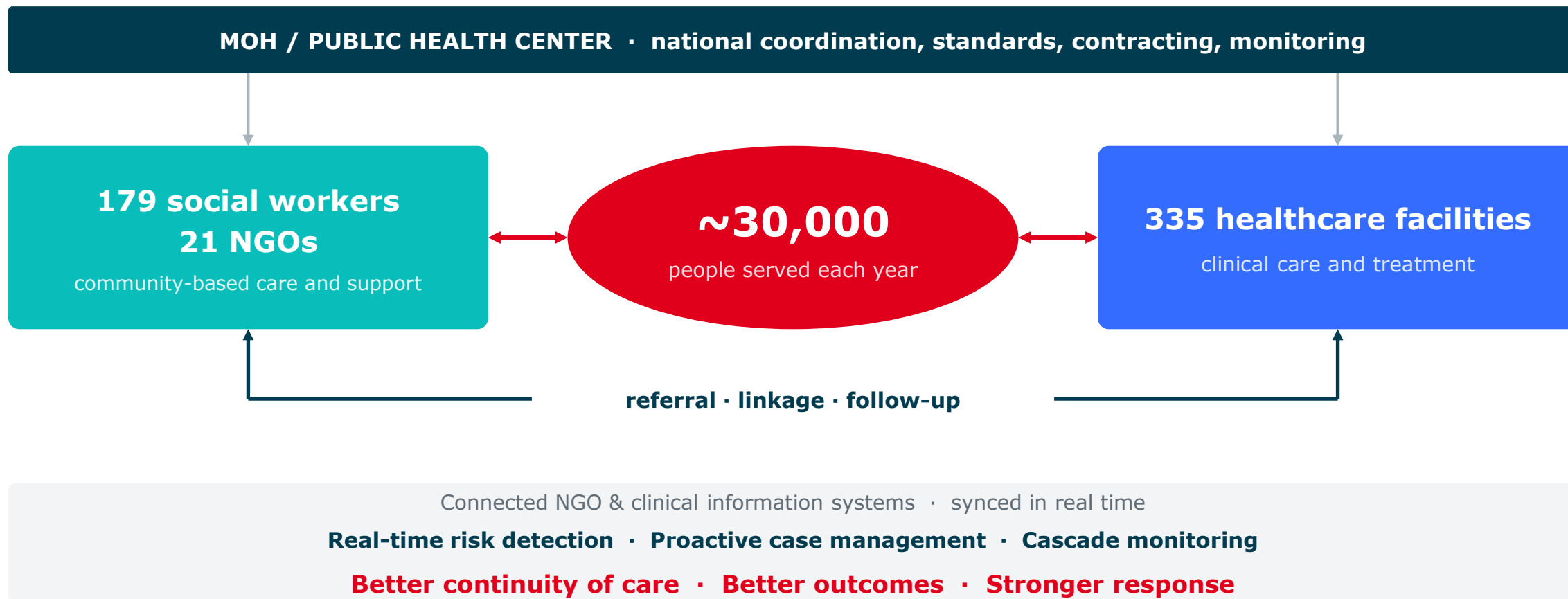
A pre-war financing transition: completed, then tested by war



Protect the financing foundation. Sustain NGO contracts. Invest in service quality.

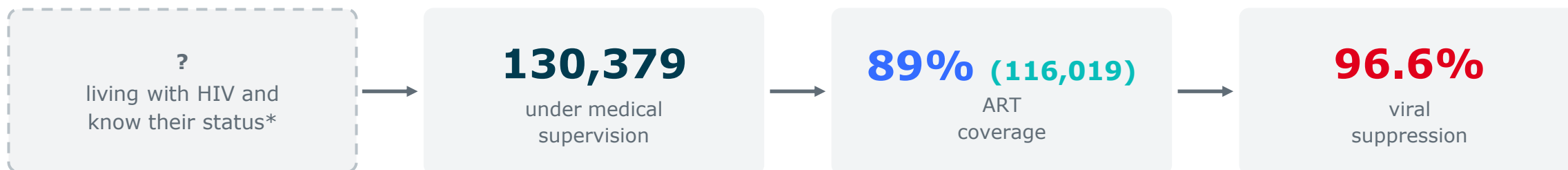
Ukraine's HIV care and support model

WHO IS INCLUDED: people living with HIV preparing for or receiving treatment — including those at risk of interruption or returning to care after loss to follow-up



Where the cascade loses momentum

Continuity of treatment remains a priority within an established national system



* not reliably known — war and mass displacement make this estimate impossible right now

Quarterly loss from treatment: from 4.6% to 2.5% — improving, but people are still leaving care every quarter

War

Frontline movement and active hostilities disrupt care

Infrastructure

Facilities damaged, relocated or closed

Migration

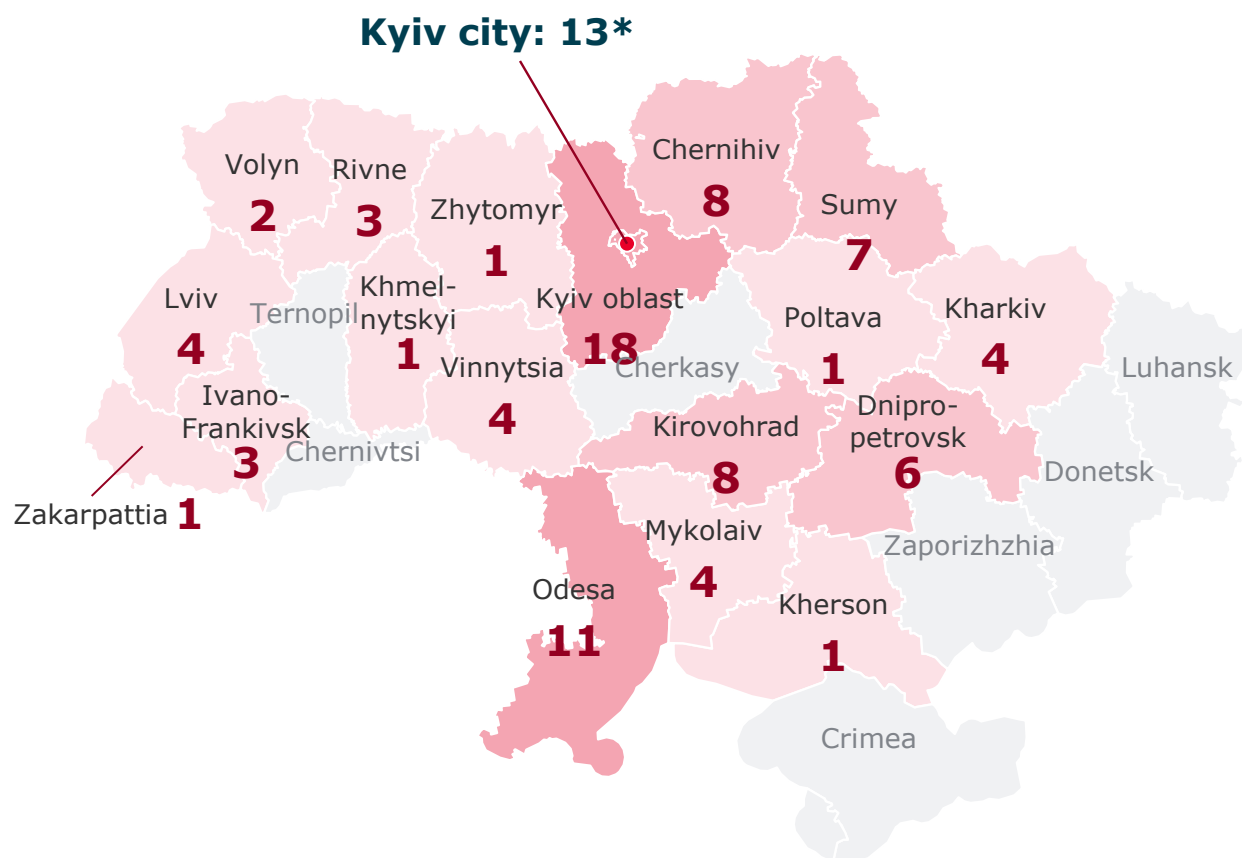
Internal displacement and refugee movement abroad

Psychosocial burden

Distress, stigma and treatment fatigue

Communication skills are one part of supporting treatment continuity, alongside access, stable services and psychosocial support.

Motivational interviewing in the national programme



4

trainings delivered

25 Aug – 17 Sep 2026

100 unique people

104 participations

Including the organizing team

19

regions reached

18 oblasts + Kyiv city

MULTIDISCIPLINARY REACH

38 infectious-disease physicians
25 nursing professionals · 10 family physicians
27 other specialties / functions

*Kyiv city includes 5 Public Health Center staff. Counts include the organising team. Grey: no participants recorded.

Training in practice

Multidisciplinary teams practising person-centred communication

SURVEY RESULTS

4.95 → 4.99 / 5

avg. daily rating · first 2 of 4 trainings

**87.5% → 100% rated the course
'excellent'**



PARTICIPANTS HIGHLIGHTED

Reflective listening, readiness scales and practice with colleagues

Feedback also called for more practice with complex, real-life situations.

Next steps: invest in quality and in people

Protect predictable financing and NGO contracts while strengthening the teams delivering care.

01 EVALUATE

Follow up use of skills.
Assess practice and care experience.
Improve delivery.

02 BUILD CAPACITY

Invest in continued learning, mentoring and practical support for doctors, nurses and social workers.

03 SUPPORT TEAMS

Provide supervision, peer support and time to recover.
Prevent burnout under wartime pressures.

**Thank you to Ukraine's care teams and communities —
and to IAS, donors and partners supporting Ukraine.**



Stephen Amoah, Afrikaherz, Berlin, Germany

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Community-led
initiatives to support
migrant populations



Afrikaherz creates a trusted community

We meet migrant communities where they are, with culturally sensitive information and counselling



Bringing communities closer to equitable, person-centred HIV prevention and care



Community impact is more than numbers

Unmet needs

- Stigma and discrimination
- Language & cultural barriers
- Lack of trust
- Legal and socioeconomic constraints

Person-centred care approaches

- Multilingual and culturally sensitive counselling
- Trusted community and peer engagement
- Confidential support and follow-up

Impact measures

- Community outreach
- Training of peers
- HIV/STIs testing and counselling





Denis Onyango, Africa Advocacy Foundation, United Kingdom

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European policy reform
priorities for migrant
communities

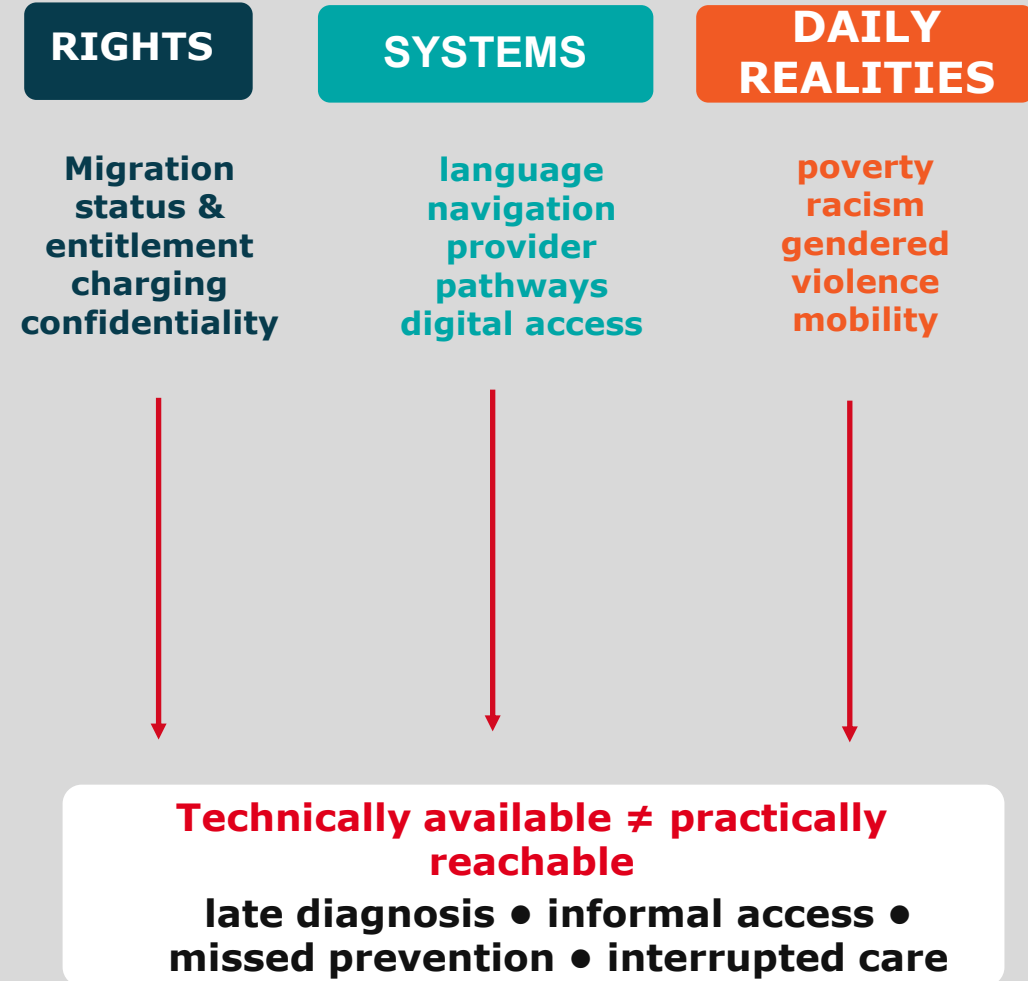


Services can exist and still remain out of reach

Exclusion happens where legal rights, health systems and lived realities fail to align

The measure of an effective policy is whether people can access care without fear, financial barriers, repeated disclosure or loss of trust.

Migrants are not inherently hard to reach; services can be hard to access, navigate and trust.



National averages can hide who is being left behind

Country-level HIV outcomes often mask inequalities in migrant access to prevention and care

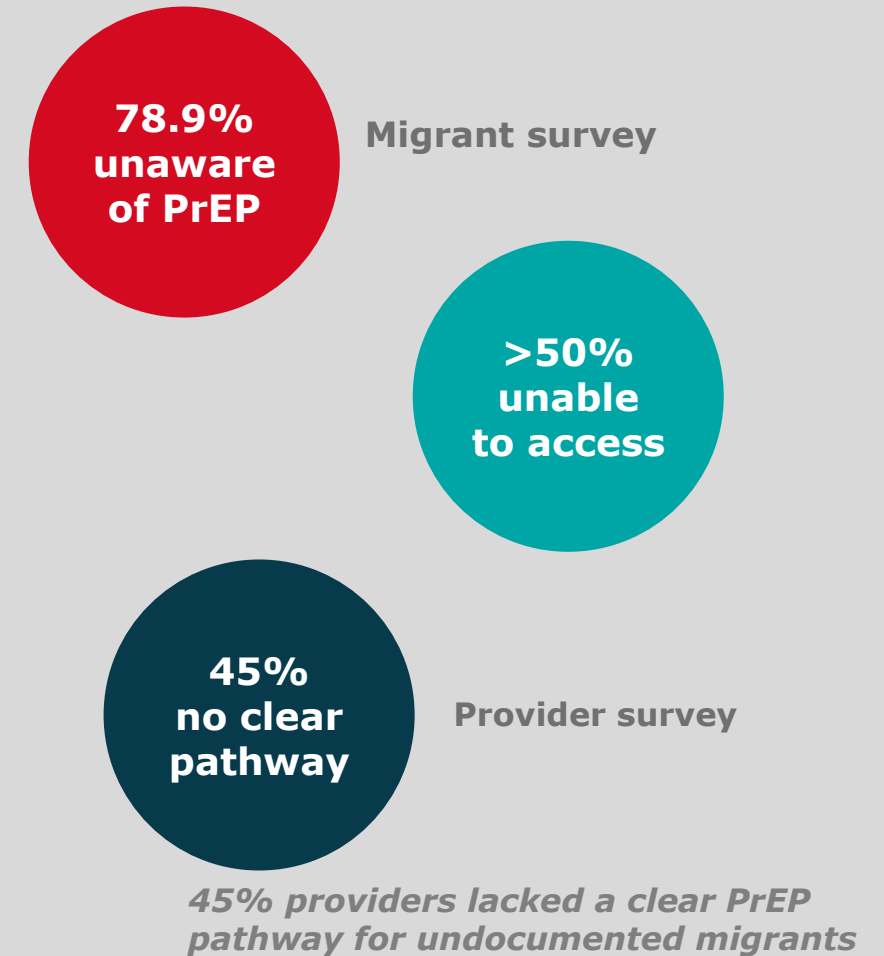
What we currently measure

Incidence • testing • treatment • viral suppression

Add equity measures

- Disaggregate outcomes by migration/residence status
- Track practical barriers to access
- Measure stigma, discrimination and trust
- Monitor access delays and continuity of care
- Assess provider readiness and community reach

Mi-Health Europe PrEP survey data reveal the gap between availability and access



Design health systems that include migrants

Community-based services for migrant communities should be sustainably funded and integrated into mainstream public health delivery

1. **Make entitlement explicit** regardless of migration or residence status.
2. Include **multilingual information, rights advice and peer support** as part of routine care.
3. Build **formal partnerships** between **migrant-led organisations and public health services**.
4. **Guarantee continuity across mobility** for testing, PrEP, treatment, prescriptions and monitoring.
5. **Measure equity** and **direct funding to where the gaps are greatest**.

Europe's HIV response should be designed, funded and measured to reach migrant communities equitably.

What an equitable system requires





Ferenc Bagyinszky, AIDS Action Europe, Germany

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Key takeaways and call to action



Key takeaways

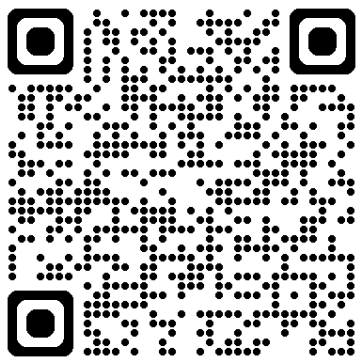
- The HIV response in Europe is off track
- Equity needs community leadership...
 - ...in prevention
 - ...in testing and treatment access
 - ...in advocating for enabling legal and policy environments
- **Community-led responses need sustainable funding**



Sustaining and scaling up the community-led HIV response

1. **Community-led, integrated services are a core component** of effective health systems
2. **Community-led organizations are leaders** in creating the enabling legal and policy environments that address stigma, discrimination and punitive laws
3. **Community-led systems must be recognized and resourced** as integral to public health delivery





Call to action

Renewed EU commitment to ending AIDS

as a public health threat by 2030 through:

- **EU Action Plan on HIV** and communicable diseases
- Sustained and scaled up **funding for community-led HIV response**
- Strengthened **EU leadership in the global HIV response**

Joint advocacy for earmarked public health budget in the **EU Multiannual Financial Framework ("MFF") 2028-2034** with dedicated funding for civil society.

