



# Person-centred care stakeholder consultation meeting series, 2022-2023

## Concept note

### Background

IAS – the International AIDS Society – recognizes that quality healthcare for people living with and affected by HIV must integrate other health issues and be responsive to the evolving needs, priorities and preferences of each individual. Established by the IAS in 2021, the [Person-Centred Care programme](#) promotes care that responds to people’s complex and evolving health needs and is sensitive to identities and contexts.

### About the consultation series and its objectives

The stakeholder consultation series aims to provide a platform for exchange on the concept of person-centred care in the HIV response. The discussions, learnings and recommendations from the series will form the basis of a joint commentary article to build consensus around the concept of person-centred care. It will provide recommendations for different groups of stakeholders as they work towards realizing the full potential of person-centred care for the HIV response.

### Meeting series overview

#	Dates and times	Topic
1	<i>Held on 30 July 2022</i>	<i><u>Person-centred care approaches to improve quality of life for people living with and affected by HIV</u></i>
2	27 April 2023, 15:30 – 17:00 CEST virtual (Zoom)	What is the evidence supporting a person-centred care approach within the HIV response?
3	25 May 2023, 15:30 – 17:00 CEST virtual (Zoom)	What are the service delivery considerations for providing integrated person-centred care for people living with or affected by HIV throughout their life course?
4	22 June 2023, 15:30 – 17:00 CEST virtual (Zoom)	What are the core elements and mechanisms for person-centred care within the HIV response?
5	TBC, likely 23 or 24 July 2023, 15:00 – 17:00 AEST Brisbane, Australia	What priority consensus statements and guidance are needed to inform different stakeholders?



Each 90-minute session will include a series of three to five presentations followed by breakout groups. Small group discussions with three to four other participants will then be followed by a group report back and reflection facilitated by the moderator(s). A Google Jam Board and Zoom polls will keep you engaged and enable the group to get a sense of the areas of consensus so far. Some pre-reading will be recommended for participants. While we encourage you to attend multiple sessions, there is no requirement to attend all the virtual meetings.

## Meeting 2: What is the evidence supporting a person-centred care approach within the HIV response?

### Meeting objective

To take stock of the current evidence supporting the contribution of person-centred care to the well-being and health outcomes for people living with and affected by HIV.

### Discussion questions

1. What does the evidence tell us about the contribution of person-centred care approaches to improved well-being and health outcomes for people living with and affected by HIV? What are the current research gaps?
2. What priorities are emerging for person-centred care within the HIV response?
3. What does the evidence tell us about how to best operationalize person-centred care and does this differ depending on context and sub-populations?
4. Where, how and by whom can a person-centred approach be implemented to strengthen current efforts within the HIV response?

## Meeting 3: What are the service delivery considerations for providing integrated person-centred care for people living with or affected by HIV throughout their life course?

### Meeting objective

To reflect on the practical service delivery considerations for delivering integrated person-centred care services, as well as the role of client-reported outcomes and quality of life measures.

### Discussion questions

1. What actionable feedback can we provide to healthcare workers and health system administrators on clients' needs and preferences?
2. At the policy and financing level, what measures should be considered to promote person-centred care approaches?
3. What type of demand-creation and awareness-raising activities (including about client rights, existing services and eligibility criteria for different services) should be implemented to support clients in taking informed choices about their health?
4. What can we learn from the development of differentiated service delivery frameworks and their implementation?



## Meeting 4: What are the core elements and mechanisms of person-centred care within the HIV response?

### Meeting objective

To review and prioritize the core elements and mechanisms of person-centred care within the HIV response for different population groups while ensuring that individual client needs are at the centre.

### Discussion questions

1. What are the core elements and mechanisms of person-centred care for people living with or affected by HIV?
2. How does this differ when responding to clients' needs for prevention, testing and linkage to care, treatment and integrated healthcare?
3. How does this differ for specific groups living with or affected by HIV?
4. What are the opportunities to implement person-centred care, even within current resource constraints?

## Meeting 5: What priority consensus statements and guidance are needed to inform different stakeholders?

### Meeting objective

To provide feedback on the draft consensus statement and the development of relevant guidance for a broad array of international stakeholders.

### Discussion questions

1. What is crucial to include in the consensus statement for each key stakeholder group: clients, civil society, healthcare professionals, government, ministries of health, funding agencies, researchers and global advocates?
2. How can we effectively disseminate this consensus statement?
3. What kind of guidance do healthcare providers need to implement person-centred care? What are the gaps? Does it relate to staffing, standard operating procedures and funding? What else?
4. What are the next steps for developing toolkits and resources for service providers, policy makers and funders?