AIDS 2024 POST-CONFERENCE WORKSHOP IN PARTNERSHIP WITH PANCAP

And in collaboration with PAHO, the Global Fund, and Plataforma LAC

Uniting science and communities to accelerate the HIV response in the Caribbean

Workshop Report
Authored by: S. Indra Francis

This report was developed in collaboration with PANCAP. The views expressed in the report do not necessarily reflect the views of IAS - the International AIDS Society.[i]

The IAS - International AIDS Society - Educational Fund, in partnership with the Pan Caribbean Partnership against HIV/AIDS (PANCAP) and in collaboration with the Pan American Health Organization (PAHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Plataforma LAC, convened a workshop on 4 and 5 November in Port of Spain, Trinidad and Tobago. Following on the milestones of the AIDS 2024 Conference, this workshop enabled discussions how to bridge the gap between evidence-based science, policy, and action in the Caribbean.

Discussions in the workshop, titled "Uniting science and communities to accelerate the HIV response in the Caribbean," concentrated on developing creative approaches to implementing future-focused policies intended to improve HIV service delivery in the region. Opening remarks by Heather Rodney, Chairperson of the National AIDS Coordinating Committee (NACC) of Trinidad and Tobago, encouraged stakeholders present—healthcare workers, social service providers, researchers, policymakers, and representatives of key populations—to take advantage of the valuable opportunity provided to continue the groundwork that would support the expansion of the regional HIV response. And over the course of the two-day workshop, participants lived up to the task, engaging in dialogue that placed particular emphasis on knowledge sharing and centered implementation success stories. Best practices and lessons learned were formative discussion points, as well as the need for flexibility in the face of deferred success.

Critical issues regarding stigma and discrimination mitigation strategies, investing in prevention strategies, and comprehensively addressing the integration of HIV-related and sexual and reproductive health (SHRH) services toward normalizing them within primary healthcare also dominated the discourse. Presentations and panels took participants through the complexity of issues directing the regional HIV response.

The workshop program, slides, and recordings are available on IAS+. The group work recommendations are available as an annex to the report.

1. Opening: Community representation, AIDS 2024, and regional snapshot 2024

This opening session grounded the workshop endeavor. In creating space for voices from key populations, the workshop offered attendees the opportunity to feel represented, as well as to connect with and connect their work to those at the center of the HIV response. Key messages from AIDS 2024 were presented, as well as an overview of the HIV response in the region.

1.1. Community representation:

HIGHLIGHTS

- The community response to HIV/AIDS is commendable; however, greater investment into understanding and addressing the unique challenges faced is needed.
- Support networks and safe spaces endure as vital resources that aid key populations combat marginalization and violence.
- To advance the regional response, the distinct contextual realities and intersectionalities in the Caribbean must be taken into account.
- Key populations, specifically men who have sex with men and transgender women, still face significant vulnerabilities to HIV and AIDS and have statistically higher rates of HIV prevalence.
- The success of the response, ameliorating the lived realities, and reducing the marginalization of key populations necessitates:
    - Reducing stigma associated with HIV
    - Increasing funding for initiatives and
    - Developing regulations that guarantee access to healthcare and the eradication of non-biomedical obstacles.
- Access to and knowledge of critical HIV prevention tools such as pre-exposure prophylaxis (PrEP) and HIV self-testing must be combined with continued community efforts and initiatives.

1.2. Presentation: Key messages from AIDS 2024

HIGHLIGHTS

- Cure cases via stem cell transplantation of the CCR5 Delta 32 mutation, in addition to a non-recipient of the HIV-resistant CCR5 Delta 32, injected hope into the global response.
- The findings of the Purpose One Study (Africa) and the Purpose Two Study (Lima) further substantiated the use of Lenacapavir as an affordable and effective treatment tool.
- DoxyPEP and DoxyPrEP pilot studies presented data supporting their use as effective sexually transmitted infection (STI) prevention tools, respectively.
    a. 200 mg within 72 hours of last exposure.
    b. ½ dose or 100 mg daily
- Healthcare, societal, and internalized stigma and discrimination continue to negatively affect uptake of antiretrovirals and viral spread.
- Discriminatory legal frameworks and criminalization of LGBTQ or homosexuality also adversely affect prevention.
- Advocacy must continue for increased access to drugs, and work must continue to reduce stigma, discrimination, and eliminate criminalization that is counterproductive to the HIV response.

1.3. Presentation: The HIV response in the region in 2024

HIGHLIGHTS

- A global shift in the prevalence of HIV has marginally transformed the statistical landscape for the region as of 2023.
- HIV prevalence in the age demographic of adults 50 years and over has increased.

- Conversations around HIV need to include comorbidities, focusing critically on comorbidities and women living with HIV.
- The enabling environment is a critical factor that demands attention to improve diffentiated service delivery (DSD) strategies for prevention and treatment in key populations.
- The region needs to address inherent issues of stigma and discrimination within and outside the healthcare system that affect individuals' decisions to test, seek treatment, and enter into care.
- There is a distinct need to broaden the use and inclusion of existing technologies such as PrEP, new testing modalities, and innovative means of treatment into the regional response.
- Caribbean countries continue to show good results in elimination of vertical transmission programming, but attention must be paid to the gaps in care for children affected by HIV.
- The region recorded a 57% reduction in AIDS-related deaths, with more people going on treatment and being tested; however, significant gaps remain in regard to late diagnosis and viral suppression.

2. Translating the science of advanced HIV into action in the Caribbean

The session included two presentations, the first of which gave a summary of the pre-workshop webinar on advanced HIV disease (AHD), recapping the knowledge and information shared in that forum. The second presentation by Unitaid provided a snapshot of the structure of the organization and their central focus in regard to AHD. A panel discussion focused on translating the science of AHD into action followed the presentations.

2.1. Presentation: Summary of pre-workshop webinar on advanced HIV

HIGHLIGHTS

- There continues to be a high rate (70%) of death among patients admitted with HIV, with a significant percentage (42%) being AIDS-related, (19%) tuberculosis (TB), and (26%) bacterial infections.
- Comprehensive appreciation of the variety of bacterial infections affecting patients is required to increase the definiteness of diagnosis.
- The parallel use of Xpert and the LAM for patients with advanced HIV disease is now recommended in the WHO guidelines.
- Significant work is still needed to meet set patient treatment targets once TB has been ruled out.
- Regionally, data paucity continues to burden and limit the capacity of the advanced HIV response.
- The PAHO proposed Rapid AHD Dx has resulted in Unitaid funding:
    - Output 1: evidence generation, epidemiological data and implementation research.
    - Output 2: supply-side intervention, catalytic donations, forecasting support.
    - Output 3: Technical cooperation for updating national strategic plans, guidelines and norms, training and digital tools.
    - Output 4: Community engagement and demand generation.

- Output 5: Global advocacy collaboration and partner coordination.

2.2. Presentation: Global Unitaid Approach to Reducing Preventable HIV-related mortality.

HIGHLIGHTS

- Unitaid's investment in HIV constitutes 25% of its portfolio; $394M invested in 15 projects over 37 countries.
- The Unitaid portfolio is comprised of three focal points:
  - HIV Prevention: Sustaining effectiveness of prevention and treatment (PrEP)
  - HIV Diagnostics: Accelerate access to HIV self-testing and diagnostics.
  - HIV Treatment and AHD: sustain effectiveness of prevention and treatment (ART); optimize and enable AHD packages of care.
- Unitaid's progress in Phase 1 of AHD investments included:
  - Price reduction of priority health products; market coordination.
  - Catalytic procurement and product introduction support.
  - Decentralized screening; supply security of optimal AHD treatment.
  - Demand generation; transition of AHD programs to Ministries of Health (MOHs).
- Unitaid's Phase 2 Objectives:
  - Introduce tools with the capacity to implement existing care packages for people living with HIV.
  - Execute innovative strategies that enhance implementation of the STOP-AIDS toolkit and expand its use in paediatric populations to facilitate prevention, diagnosis, and treatment of AHD-associated opportunistic infections (OIs).
- Unitaid's Phase 2 AHD grant portfolio encompasses three grants extended across twelve African nations and the Latin America and Caribbean region. Expected portfolio outcomes include:
  - Evidence generation.
  - Supply-side interventions.
  - Country readiness and transition support.
  - Community engagement and demand generation.
  - Global advocacy and partner coordination.
- The AHD Alliance has been expanded into a partnership body that will continue its work identifying new partners and donors and providing assistance in improving country representation.

2.3. Panel: How can the science of advanced HIV be translated into action in the Caribbean?

HIGHLIGHTS

- An AHD research document has been published aimed at assisting in the active identification of OIs and providing physicians with a relevant diagnostic tool.
- Systematic reviews are currently underway for the development of guidelines and guidance documents. Concerns include:
  - CD4 testing and availability versus viral load assessment.
  - Developing post-discharge interventions aimed at reducing high mortality and readmission rates.
  - Kaposi's sarcoma and its disproportionate effects on specific geographic regions.

- Future publications with an epidemiologic focus are scheduled.
- The first phase of a Delphi process has been embarked upon; survey hosted on the WHO website.
- Technical Resources for Advanced HIV Disease Capacity and Knowledge TRACK series has completed eight webinars and engaged with 98 countries.
- The HIV landscape has changed significantly over the last ten years; however, AHD is perceived as a "neglected" one.
- Healthcare systems continue to struggle under the weight of limited resources and the consequences of these.
- The donor environment influences the structure of the HIV response in many countries, particularly in developing countries.
- Point-of-care CD4 diagnostics, a critical tool in the AHD response, remain elusive in much of the Caribbean.
- Establishing a specialty service with existing templates and standard operating procedure (SOP) forms that facilitate screening and testing is critical to transitioning knowledge into action.

RECOMMENDATIONS AND CONCLUSIONS

- Expanding regimen availability across the regions, in addition to shortening existing regimens.
- Awareness-raising endeavors should be undertaken.
- Efforts should be made to fill a possible AHD knowledge gap.
- Explore country-specific challenges and opportunities in regard to the ways in which we translate knowledge into science.
- The formalization of cause of death data should be instituted.
- The development of a package of care for advanced HIV disease where the required individual tests for OIs and CD4 can be offered at point-of-care
- It is important to bring advanced HIV disease to the forefront as a key part of HIV programming.
- Post-discharge protocols and interventions that optimize inpatient-outpatient care center communication and have a clear transition to disengaging patients from direct care.
- There must be a change in thinking toward the training of healthcare workers to one that views this as a sustained and continuous programmatic activity.

3. Addressing HIV-related stigma and discrimination in the Caribbean

HIV prevention, care, and treatment is negatively affected by both internalized stigma and stigma and discrimination in the community and within the healthcare system. This session explored the impact of self-stigma and external stigma and discrimination against people living with HIV. The discussion touched on the ways in which this phenomenon prevents individuals from undergoing testing, contributes to postponed care, affects medication adherence, and causes viral spread. Speakers also deliberated on implementing strategies and structures meant to mitigate the effects of stigma and discrimination.

3.1. Presentation: The impact of stigma and discrimination on the HIV response in the Caribbean

HIGHLIGHTS

- The 2021-2026 Political Declaration on HIV & AIDS is currently being revised by UNAIDS.
- As of 2017/2019, there is limited data on discrimination. However, the CDC has shared an incident database, which has expanded regional knowledge on that issue.
- Very few countries have conducted stigma index studies to determine the scope of the issue regionally.
- There is a distinct cost attached to failing to address all forms of stigma and discrimination.
- The current donor landscape is largely external, with all of the region's prevention programs being funded by international resources.
- There is a pronounced need to expand domestic investment into the HIV response to increase ownership and drive initiatives aimed at treating stigma and discrimination issues.
- While enabling policies and structural and constitutional laws are developing, considerable work is required to address and ameliorate the legal environment.
- Focus must be put on creating a policy environment that sanctions the breach of individual fundamental rights, extends protections, and supports redress.

3.2. Presentation: How to address internalized stigma

HIGHLIGHTS

- The most decisive first step to addressing people living with HIV self-stigma is to define and understand its manifestations and impact.
- The effects of internalized stigma in people living with HIV actualize beyond the HIV cascade, psychologically affecting the individual.
- Self-stigma can result in silencing people living with HIV and result in withdrawal.
- In the context of the Caribbean, the root causes of people living with HIV self-stigma are:
    - Deep-rooted historical trauma shapes community responses.
    - Socio-economic challenges that limit access to support.
    - Education barriers that affect health literacy and healthcare engagement
    - Substance use patterns and exposure to systemic and systematic violence.
- A trauma-informed approach is a formidable means of addressing people living with HIV self-stigma, the key principles of which are:
    - Creating physically and emotionally safe spaces.
    - Building trustworthiness and transparency
    - Fostering peer support collaboration
    - Encouraging collaboration and promoting empowerment and choice.
    - Honoring cultural, historical, and gender concerns.
- Community-based programs like Common Threads and Catch a Rising Star are examples of creating safe spaces for people living with HIV.

RECOMMENDATIONS

- Professional development: Develop sustainable peer-support networks.

- Policy framework: Establish protective legislation and policy frameworks within which existing policy can be enacted.
- Support system development: Create long-term community intervention strategies and robust program evaluation systems to gauge the sustainable impact of programs.

3.3. Presentation: Reducing stigma and discrimination in healthcare settings

HIGHLIGHTS

- The FRESH workshop best practice, first attempted in Africa, then adapted to Alabama, instituted:
  - The total facility approaches—involving all staff in programming.
  - A proportional and participatory method of learning.
  - Incorporating people living with HIV into stigma-reducing activities to facilitate training and not just as a point of feedback.
- The FRESH approach also incorporated:
  - Healthcare worker surveys gauged training and stigma and discrimination awareness of providers.
  - People living with HIV stigma and discrimination surveys encompassed four dimensions: personalized stigma, disclosure concern, negative self-image, and concern with public attitudes.
- The process highlighted:
  - The need to incorporate methodologies that account for the intersecting of sex, race, sexual orientation, and other health concerns into stigma and discrimination initiatives.
  - Peer learning and exchange form an integral part of reducing stigma and discrimination within healthcare environments.
  - Including people living with HIV from development to implementation of initiatives contributes positively to a reduction of stigma and discrimination .
- In the final analysis, though stigma and discrimination training and sensitization may not alter individual beliefs, it can result in changed behavior that can positively affect people living with HIV attitudes.
- The quality improvement (QI) systematic approach presented as an effective means of realizing good results in reducing stigma and discrimination .

RECOMMENDATIONS

- Create action plans.
- Collect data.
- Build inclusive QI projects based on the assessment in your setting.
- Deliver educational materials and teaching in all ways possible—in person, video streaming, role playing.
- Have frequent regular staff meetings and engage staff in gatherings with stigmatized groups to encourage knowledge sharing and information exchange.
- Bring external experts, facilitators.
- Involve the community and train champions; bring new champions and opinion leaders from within your program.
- Consider task shifting and service integration.

- Change policies as needed, consider space restructuring, and make sure that the universal precautions and infection protection supplies are in abundance.

3.4. Presentation: Integrating human rights into HIV service delivery: The case of Jamaica

HIGHLIGHTS

- The integration of human rights into HIV programming is an organic process meant to treat the disproportionate way in which key populations are affected by HIV.
- Cultural and historical context must be taken into account when engaging in integration initiatives, as these directly affect the lived realities of key populations.
- Early barriers identified within the Jamaican case:
    - The Savings Clause protects the constitution from being challenged.
    - Legislative systems are slow and tiring.
    - Limited governmental programming consistency and administrative ministerial mandate transition.
    - Shallow grasp of marginalized communities, consequently comprehension of rights and violations are lacking, in addition to insufficient support systems capable of addressing violations.
- Training foci:
    - Healthcare and judicial arm: human rights training for healthcare providers, police officers, and justice of the peace, emphasizing empathy and non-discrimination.
    - Community arm:
    - training key populations in legal literacy and facilitating empowerment activities, enhancing claim of rights knowledge, monitoring and evaluation, and advocacy.
- Results:
    - The implementation of the Treatment Observatory.
    - Trained 467 key populations in legal literacy.
    - Enabled 56 instances of legal support.
    - Launch of stigma-free zones.

RECOMMENDATIONS

- A multifaceted approach is required for advancing human rights within the HIV response.
- Community engagement and monitoring and evaluation systems are essential.
- Policy reform should not be a key indicator of success.
- Employing complementary systems capable of enacting checks and balances where necessary.
- Continuous implementation of processes and integration activities.

3.5. Panel: Innovative approaches to responding to stigma and discrimination.

HIGHLIGHTS AND RECOMMENDATIONS REGARDING THE ROLE OF REPRESENTATION MEDIA

A Belize-based panellist uses his position as an openly gay man in the media to address stigma and discrimination within the LGBTQIA+ community and advocate for HIV/AIDS:

- Being on a national television show which airs on social media and cable TV allows him to showcase the diversity of the LGBTQIA+ community, highlighting their experience and increasing awareness, broadening the scope of representation within the LGBTQIA+ movement.
- Having a public forum to start conversations on topics such as human rights and language utilized within the HIV discourse and environment also allows him to engage with current issues and subjects relevant for viewers.

"*Being visible in the media is not easy, but it is a responsibility that I take to heart, as it is necessary to love all and foster an inclusive and diverse community. Because there are those who listen to us, accept us for who we are, and are able to show us empathy, attention, and understanding can change our lives.*" – Advocate from Belize

HIGHLIGHTS AND RECOMMENDATIONS REGARDING THE ROLE OF PSYCHOSOCIAL SERVICES

Another panellist spoke about the necessity for therapy, particularly regarding how the factors predisposing persons to acquiring HIV often also exacerbated self-stigma after diagnosis. The panellist spoke about how organizations or agencies can actively employ psychosocial services to support marginalized communities:

- Data collection is an impactful first step, as "relevant interventions cannot be designed without a picture of the lived reality".
- The stigma index is now used in several countries and must be able to adjust its methodology to accommodate smaller islands.

"We must advocate for the reallocation of resources to the Caribbean and reassess our treatment of persons entering the system to reduce the trauma-anger that newly diagnosed persons have. Healthcare in the Caribbean is reactive, where it needs to be proactive and holistic to treat the patient and the person." – Advocate from Trinidad and Tobago

4. Normalizing HIV-related services in the Caribbean.

HIV-related services are those that can assist people living with HIV, those at risk of acquiring the virus, and their families and caregivers. This package of services includes several commodities aimed at treating the individual and their support network medically, psychosocially, and otherwise. This session discussed the ways in which these services can be more readily normalized and integrated into primary care to increase access and uptake.

4.1. Presentation: Increasing uptake of HIV testing in the Caribbean.

HIGHLIGHTS

- Increased HIV testing services options, differentiated service delivery (DSD), and decentralization contribute to success, but gaps persist, representing an additional cost output for testing to reach all populations.
- The core of the additional testing needs to be rationalized and concentrated.
- The global trend of new acquisitions has declined 39%, with a 22% decrease in the Caribbean, but progress has stalled over the past five years.

- Key populations account for 47% of new cases, demanding innovative delivery models that remove service barriers.
- Established attitudes toward treatment must be adopted for prevention.
- HIV testing services strategies should complement the context within which they are being applied.
- The 5-Cs critical enabler recommendations need to be emphasized when structuring initiatives.
- Prioritizing rapid HIV self-testing quality as key populations prefer quick diagnostics, as well as interacting with lay providers.
- Using lay providers and rapid tests is cost-effective and more acceptable compared to lab-based methods.
- WHO recommends a three-testing strategy for rapid HIV diagnosis to prevent misdiagnosis.
- HIV self-testing for PrEP allows for a flexible response and accommodates for the complexity of the lived realities of individuals lives.

RECOMMENDATIONS AND CONCLUSIONS

- Optimizing social network testing can increase linkages and uptake.
- Provider-assisted partner services is a best practice that should not be disregarded.
- HIV self-test at health facilities to complement existing provider HIV testing and replace risk-based screening tools.
- The use of HIV self-testing for initiation and completion of post-exposure prophylaxis (PEP) and for PrEP (oral and ring) for initiation, re-initiation, and continuation.
- Prioritize enabling environments.
- Accelerate adoption of innovative strategies for HIV testing services (HTS).
- Adopt a variety of strategic HIV testing services approaches that accommodate context, community, and population.

4.2. Presentation: Increasing uptake of HIV testing in the Caribbean.

HIGHLIGHTS

- Increased HIV testing services options, differentiated service delivery (DSD), and decentralization contribute to success, but gaps persist, representing an additional cost output for testing to reach all populations.
- The core of the additional testing needs to be rationalized and concentrated.
- The global trend of new acquisitions has declined 39%, with a 22% decrease in the Caribbean, but progress has stalled over the past five years.
- Key populations account for 47% of new cases, demanding innovative delivery models that remove service barriers.
- Established attitudes toward treatment must be adopted for prevention.
- HIV testing services strategies should complement the context within which they are being applied.
- The 5-Cs critical enabler recommendations need to be emphasized when structuring initiatives.
- Prioritizing rapid HIV self-testing quality as key populations prefer quick diagnostics, as well as interacting with lay providers.

- Using lay providers and rapid tests is cost-effective and more acceptable compared to lab-based methods.
- WHO recommends a three-testing strategy for rapid HIV diagnosis to prevent misdiagnosis.
- HIV self-testing for PrEP allows for a flexible response and accommodates for the complexity of the lived realities of individuals lives.

RECOMMENDATIONS AND CONCLUSIONS

- Optimizing social network testing can increase linkages and uptake.
- Provider-assisted partner services is a best practice that should not be disregarded.
- HIV self-test at health facilities to complement existing provider HIV testing and replace risk-based screening tools.
- The use of HIV self-testing for initiation and completion of post-exposure prophylaxis (PEP) and for PrEP (oral and ring) for initiation, re-initiation, and continuation.
- Prioritize enabling environments.
- Accelerate adoption of innovative strategies for HIV testing services (HTS).
- Adopt a variety of strategic HIV testing services approaches that accommodate context, community, and population.

4.3. Panel: The role of DSD in normalizing HIV prevention, treatment and care.

HIGHLIGHTS FROM BELIZE

A panellist spoke about his work in terms of DSD for HIV prevention, treatment and care in Belize:

- Key population representatives have collaborated with the Ministry of Health to recognize the role of civil society organizations (CSOs) in enhancing access to HIV services.
- A civil society hub and the Belize Family Life Association (BFLA) identify key community focal points who offer linkage to care.
- Education is central to the success of this approach, as many people seek information on service delivery, comfort and safety of locations.
- In his role, he facilitates conversations with individuals about their options, and refers them to the Ministry of Health or Belize Civil Society Hub for further discussion.
- In Belize, there are ongoing discussions regarding declaring HIV a non-commuicable disease, moving HIV testing to point-of-care. This would enable persons to access testing alongside other services such as glucose and blood pressure checks, thus normalizing access to HIV testing.

"In Belize, the DSD HIV service prioritizes mental health support. To ensure PrEP treatment continuity, empower individuals to engage in effective communication and better negotiation of sexual practices and behaviors." – Advocate from Belize

HIGHLIGHTS FROM JAMAICA

Another panellist, responsible for coordinating mental health and psychosocial services at the private NGO Health Connect Jamaica, spoke about her involvement in DSD of HIV treatment, care and support services in Jamaica:

- Health Connect Jamaica proposes a client-centered, differentiated care model and is primarily funded by PEPFAR through USAID, operating in alignment with the Ministry of

Health and Wellness to offer testing, treatment and care options through clinicians, psychologists, labs and pharmacies. Their linkage to care DSD model encompasses over 90 clinicians, labs and pharmacies in the 14 parishes.

- The NGO contracts and utilizes pharmacies and labs as turnaround time is crucial for network sustainability. Clients are able to visit private labs alongside the National Public Health Lab, which processes sambles and reports.

"*Our client-centered model provides private, quick, and affordable service delivery, either free or reduced based on a needs assessment. In addition to telehealth, multi-month drug dispensing, and social assistance.*" – Psychologist from Jamaica

5. Integrating services to address intersecting healthcare needs

Integrated health care addresses the needs of individuals and the community. Its impetus is the provision of complete, high-quality services across a person's life course. Developing strong primary care through the use of multidisciplinary teams that engage in cross-context collaboration and evidence-based processes to continuously improve performance forms the foundation for integrating health services with the capacity to support people-centered health systems and aid in resource optimization. The session spoke to what is at the core of integration and what must be done to best achieve it.

5.1. Presentation: Providing integrated services to support people with non-communicable diseases in the Caribbean.

HIGHLIGHTS

- Expanding the focus to include persons with chronic conditions in the integration process would be beneficial to overall healthcare.
- Health systems and services are not static organizations, and crucial for comprehending healthcare systems is to understand the centrality of the care model.
- From 2000 to date, the focus has been on constructing systems and capacities to renew primary healthcare goals and transform health systems towards universal health, ensuring care for all.
- Current health systems in most countries are experiencing a transition from a biomedical model that prioritizes doctors and hospitals to people-centered care that is linked to the community.
- It is crucial to note the difference in focus differentiate between the patient-centered biomedical model and the person-centered holistic model of care.
- The division of health services into priority or vertical programs leads to exclusion and equity issues due to the fragmented organization of services offered.
- Integrated healthcare addresses health determinants, namely living, working, and interaction conditions, so as to improve the system's capacity to:
    - respond to the needs of the individual and the community, and
    - provide care along a continuum.

RECOMMENDATIONS AND CONCLUSIONS

- Invest in increasing the capacity and strengthening the primary-level care, as this is the first point of contact.
- The first level of care teams should work to coordinate and facilitate user experience and care throughout the continuum in a favorable manner.
- The first level of care should be multidisciplinary and include disciplines able and required to respond to the needs identified.
- Cooperation and coordination of all parts of the healthcare system should be enhanced to reduce fragmented service delivery and stand-alone care.
- Appropriate the Life Course Approach, which supports positive life trajectories and prevents negative life events.
- Achieving an integrated healthcare system requires a complete system-wide transformation that pushes toward a people-centered model of care.
- Health services systems cannot continue to be disease-oriented, vertical programs but need to reorganize and deliver care on a permanent basis throughout the individual's life course.
- Integrated healthcare systems must be founded on an organization of care framework that meet people's needs and encompass all programs.
- Organization of care must be based on lifestyle in combination with the life course approach.

5.2. Presentation: Integrating sexual and reproductive health services to support STI management, family planning and HIV needs.

HIGHLIGHTS

- Sexual health definitions have broadened beyond the absence of illness or infirmity to encompass an individual's physical, emotional, mental, and social well-being related to sexuality.
- Sexual health necessitates a positive and respectful approach to sexuality and relationships to ensure safe, pleasurable experiences free from coercion, discrimination, and violence.
- Multidisciplinary teams can enhance the effectiveness of sexual health services by addressing overlapping key populations.
- Integration can be a cost-effective means of improving adherence and follow-up, but it must account for STI-HIV infrastructural diversity.
- Current STI programs are in many settings very stigmatizing, affecting the way that services are being provided and taken up.
- Perception and language used in relation to key populations affect uptake, however collaboration and the use of inclusive language can boost uptake.
- Promoting SRHR as key populations' responsibility and shifting away from the HIV-STI risk model represents a sex-positive approach to SRHR integration.
- Making key populations essential partners within systems and implementing key population-led health services can positively influence integration.
- Integration cannot be conceptualized outside of the framework of required linkages.
- Linking HIV and SRHR is crucial for addressing human rights, gender equality, and achieving sustainable development goals.

- Integration and increased package options through "one-stop" modalities admittedly place a burden on human resources.

RECOMMENDATIONS

- Establish community-based facilities in hotspot areas.
- Institute flexible service hours that accommodate the key populations' lifestyles.
- Offer one-stop service that promotes inclusion.
- Embark on training and certification of key population community health workers who can provide tailored and accessible services free from stigma and discrimination.
- Build capacity.
- Advocate for investment, for strengthening and scaling up the integration process.
- Advocate for political commitment to an integrated SRHR and HIV agenda
- Documentation and sharing of research, good practice, lessons learned, and successful models of integration.

5.3. Presentation: Community perspective: Supporting person-centered care by integrating HIV and non-HIV services.

HIGHLIGHTS

- Person-centered care involves integrating communities, civil society organizations, and those living with HIV into the process.
- Within the context of integration in the Caribbean, healthcare workers in the region are faced with the challenge of determining which care model to implement.
- Regional healthcare providers must balance resources and the individual's health determinants to effectively support and treat persons.
- The integration language should adopt de-medicalized terminology and utilize people-centered terms.
- The people-centered approach looks different for each individual and addresses:
    - Availability, accessibility, acceptability, affordability, and appropriateness
- Social support is an important component within the person-centered model and requires the involvement of the community.

RECOMMENDATIONS AND CONCLUSIONS

- Sustainability of NGO/community-led organizations.
- Investment in healthcare and health systems strengthening.
- Strengthen coordination and engagement of civil society organizations.
- Address human rights barriers.
- Address gender-based vulnerabilities and disparities.
- Important elements to a people-centered approach:
    - Community empowerment
    - Skills building and educational grants.
    - Entrepreneurship grants, food security, and short-term housing
    - Stipend support for programmatic arm of intervention.
    - Reducing stigma and discrimination to address the development of a community-led approach and monitoring.
    - Suggestion for south-to-south collaboration among civil society organizations.

Annex

Uniting science and communities to accelerate the HIV response in the Caribbean

Group work recommendations

4-5 November 2024

Port of Spain, Trinidad and Tobago

IAS Educational Fund and PANCAP workshop

In collaboration with PAHO, the Global Fund, and Plataforma LAC

Recommendations from workshop on 4 November 2024 – Advanced HIV

Question: How can hospital and outpatient mortality be reduced?

Nº	Recommendations	When? (Most precise timeline possible)	Who? (Institutions responsable for implementation)	How? (First steps towards implementation)	Financing (Funders/ implementation partners)
1	Develop standard operating procedures (SOPs) and guidelines for the management of Advance Diseases such as Histoplasmosis, cryptococcal disease, cervical cancer, tuberculosis (TB), other sexually transmitted infections etc (in-hospital).	November 2025	Regional bodies and adopted by countries	CD4 Count testing. Reduction of stigma and discrimination. Physician training programs. Inclusion of kits and drugs on national drug formulary. Creation of and/or increase of access to medicines for the treatment of advanced diseases. Procurement and supply chain management. Creation of linkages to care and other relevant social services. Development of databases.	Strategic fund. PAHO/PANCAP. CSOs. Government: MOH. UNAIDS.
2	Develop integrated community-led health programs for targeted groups to aid in the identification of advance diseases (out-patient).	May – November 2025	Technical partners, MOH, civil society orgnaizations (CSOs)	Develop and implement pilot targeted programs, campaigns, mapping, multi-stakeholder involvement, reduce stigma and discrimination, recency testing, public-private strengthening.	Government: MOH

Question: How can PAHO support country efforts in preventing and reducing HIV-related deaths?

N°	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	PAHO, through national audits, will support countries in the analysis of cause-of-death.	End of 2025	MOH Government Registry – health information unit	Curriculum assessments	Technical assistance (TA) PAHO with government support
2	PAHO will provide clear policy guidelines on issues regarding mental health, stigma and discrimination to country partners to be used in advocacy in their respective countries.	End of 2025	NGOs	Campaigning	TA PAHO with government support
3	PAHO will advocate with donors to promote early access to Opportunistic Infections testing and treatment in Haiti.	End of 2025	Civil Society	PAHO CSOs	PEPFAR PAHO

Question: How can civil society be involved in detecting and referring severe AIDS cases?

N°	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Conduct training aimed at equipping civil society with the knowledge and resources to detect and refer advanced cases of HIV.	November 2025	National AIDS Program (NAP)/HIV Commission CSOs	First, execute a pilot program. Undertake capacity mapping Develop training modules. Collate best practices from countries that have implemented similar programs. Establish MOUs for organizations that will receive the training.	WHO/PAHO Unitaid Global Fund PEPFAR PANCAP
2	Implement an integrated peer-to-peer buddy/navigation program.	November 2026	Civil Society Government NAP	Engage Caribbean Vulnerable Communities Coalition (CVC) in capacity building initiative. Develop a referral program. Institute The Caribbean Public Health Agency (CARPHA) M&E framework. OECS	Global Fund
3	Advance and institute collaborative initiatives between the state, civil society and strategic partners through social contracting.	November 2027	Government and Opposition Civil Society NAP	Attain a desk at the various Ministries.	Government
4	Establish a coalition among CSOs in the national HIV response.	June 2025	All CSOs NAP or country coordinating mechanism.	Reestablish country coordinating mechanism. Acquire subvention.	Global Fund OECS

5	Design opportunities for NGOs to work closely with people living with HIV organizations to assist in identifying potential activities that can be funded following a needs assessment.	November 2026	CSOs	Conduct a needs assessment	WHO/PAHO Unitaid Global Fund PEPFAR PANCAP

Question: Question: How can we implement standardized treatment of opportunistic infections?

N°	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Update and publish standardized operating procedures utilizing language understandable to the layperson.	2027 - 2029	MOH (responsible for the provision of requirements needed to support adherence to SOP -PPE, aseptic, sterile environments). To be tailored to each country's specific reality.	Organize a cohort of researchers, clinicians, CSOs, faith-based organizations (FBOs) to be tasked with determining priority guidelines to be adopted (these will be published).	Budget at the parliamentary level. It would be required of the MOH to divert additional monies to be invested into HIV OI prevention. Measure readmissions as an indicator of the program's success.
2	Link patients to NGO/CSO support after leaving clinics/hospitals	2025-2026	NGOs	Knowledge sharing workshops aimed at training NGOs/CSOs/FBOs. As part of case management, a food support program, in addition to medicine home delivery service will be established by supporting partners.	Global Health E-Learning Program (EDGH) provides free online university short courses around HIV and HIV related care. Link supporting partners to the University of Washington. Tap into local public and private sector funding, in addition to regional and international funding and donors.

Question: How can we improve analysis of mortality at country-level?

N°	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Review and understand the existing documentation system within each country-specific public and private health sector.	6 months – based on fiscal year (January 2025 - June 2025)	MOH will contract a consultant and establish a committee to undertake the task.	Consultant engages public sector health coordinator. Consultant engages private sector representatives. Consultant establishes records of current systems/protocols for documentation of deaths. Include review of charts of past deaths to determine if preventive measures were conducted to assess impact on death (screening of OIs, TB preventative treatment, Co-trimoxazole preventive therapy).	MOH to acquire aligned partners (UNAIDS, PEPFAR etc).
2	Develop policies, protocols and guidelines for registering mortality, including amending the cause-of-death classification to bring into alignment with international guidelines.	July 2025 - September 2025	MOH Chief Medical Officer (CMO)	Review existing policies and reframe to include international guidelines.	MOH
3	Build capacity: provide differentiation of mortality causes and coding training to healthcare workers.	October 2025 – March 2026 (country specific)	Contracted trainer.	Number of sessions at public and private health institutions.	MOH

Recommendations from workshop on 5 November 2024 – Addressing stigma and discrimination and normalizing HIV services

Question: What policy interventions are necessary to reduce stigma and discrimination in healthcare settings?

N°	Recommendations *Integration into existing programs (e.g climate change) to be attempted.*	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Develop training program - HUMAN RIGHTS Targeting: - Medical personnel and clinic staff (including non-medical staff) - Legal community - Labor unions	By November 2026	MOHW, CSO. Medical aspect. Key population experience.	Data Collection – e.g stigma score cards, patient satisfaction surveys. Development of training programs. Develop an M&E framework.	MOHW, PAHO, UN agencies. Commonwealth Foundation. Give out
2	Develop and/or update Patients' Bill of Rights	By November 2025	Country Coordinating Mechanism (CCM)	Analyze best practices from other countries. Develop a bill of rights. Endorse bill of rights. Educate community. Develop communication strategy. Create patient advocates. Develop an M&E framework.	MOHW. Attorney General's (AG) office

3	Establish avenues for redress.	By November 2027	CCM	Develop mechanism for registering complaints and seeking redress. Conduct consultation with Human Rights Caribbean Observatory. Proceed with implementation by legal aid and ombudsman. Develop an M&E framework	AG office. Human rights commission

Question: How can we address internalized stigma?

N°	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Conduct advocacy.	November 2024 – May 2025	MOH NGOs	Promotion of the benefits of medicine Habilitation initiatives aimed at improving the daily lives of people living with HIV.	MOH, PAHO
2	Develop peer-to-peer sensitization programs and initiate education initiatives for peer counsellors who are people living with HIV.	November 2024 – November 2026 (6 month intervals)	NGOs	Undertake an intrinsic and extrinsic approach. Educating peer counsellors who are people living with HIV	MOH
3	Change providers' approach to key populations, general populations, LGBTQIA, Sex Workers and other populations.	By November 2026	MOH WHO PAHO	Campaigning, training, and education and awareness programs.	MOH WHO PAHO
4	Provide mental health awareness and support	6 months onset (lifelong)	NGOs Health Support Services	Address internalized stigma through empowerment and consciousness raising programs that address stigma and incorporate practice mechanisms/interventions that improve self-concept, esteem, and image.	MOH PAHO
5	Create safe spaces and establish support groups.	By November 2026	MOH NGO	Develop structures that can equally provide anonymity, while fostering community.	MOH PAHO PEPFAR/USAID

Question: How can we better ensure that HIV services are aligned to Human rights principles to reduce stigma and discrimination?

N°	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Enact or amend laws to support actions geared towards human rights.	Long term goal but requires immediate action	Advocacy groups (people living with HIV, key populations, migrants etc), legal teams/bodies, Parliament	Begin advocacy, collect data supporting cause, stakeholder consultations, review and amend existing documents	Government and Regional technical partners (UNAIDS, PANCAP, PAHO, WHO, PEPFAR)
2	Monitoring and accountability for redress.	By May 2025	NGOs and other CSOs Community led Monitoring	Consider implementation of a complaints and redress system similar to Jamaica anti-discrimination system.	CSO Government
3	Adopt a people-centered approach to integrate HIV services into public health services	2030 completion period	PAHO, UNAIDS, Government and technical partners	Educating persons, rights-based training for service providers (health quality services training) including auxiliary staff. Sensitization of health workers package of care/ services that is inclusive, (non-judgemental, prejudice) and cross-sectional (sector, departments etc.),	Government and technical partners

Question: How can we better deliver HIV-related services to key and vulnerable populations? (such as PrEP, self-testing, and partner notification).

Nº	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Engage an amalgamation of representatives from different groups within key and vulnerable populations (youth, migrants, GBV, people who use drugs, people in incarcerated settings)	February 2025 – May 2025	Private sector engagement MOH	Mapping of focal points. Tailored communication strategies (influencers)	Multi-sectoral partnership among government, NGOs, international donors, private sector
2	Develop community-led initiatives to target populations (take the services to the community).	May 2025 – November 2025	CSO and coalition founded for the purpose.	Mobile clinics Engage persons at events, at the end as an exit package. Partner with the Department of Justice to message risk management. Sponsored messaging on social media/traditional media Home delivery of kits. Workplace targeting.	Multisectoral
3	Integrate services within the clinics promoting coded healthcare packages. Package health care to mitigate stigma and discrimination, introduce PrEP as "risk management", wholistic screening.	2026-2029	MOH, Regional health authorities Multifaceted	Establish tailored packages to meet the individualized needs of the person (coded cards)	Multisectoral

4	Re-orientat HIV programming towards understanding behaviors and risk.	By 2029	Multifaceted	Expand messaging (PrEP ads, using television to reach rural communities) Understand the realities of non-mainstream sexual practices. The term "partner" being too heteronormative and suggestive of normalized concepts of monogamy.	Multisectoral

Question: What interventions should be implemented to ensure early diagnosis and treatment (testing and detection)?

Nº	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Conduct a review and/or update the status of the HIV testing policy that will encompass a comparative analysis of the various testing modalities.	November 2025	Government Civil Society	Review of the testing policy.	Government PEPFAR Global Fund (Country specific)
2	Develop a knowledge management and educational forum aimed at increasing awareness of late HIV diagnosis.	November 2025	Government - MOH CSO Development partners	Strategy for general population. Strategy for key populations.	Government PAHO PEPFAR Global Fund Unitaid
3	Conduct a Knowledge, Attitude, Practices & Behavior (KAPB) and/or other study to determine the factors contributing to late testing.	November 2026	CSO University Government	Conceptualisation and ethical approval.	Government PAHO
4	Review standard operating procedures associated with linkage to care.	November 2025	Government CSO	Review of existing SOP.	Government

Recommendations from workshop on 5 November 2024 – Integrating services

Question: How can we better integrate health promotion and HIV prevention within sexual and reproductive health and other STI services?

N°	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Initiate the cross training of healthcare providers encompassing HIV sensitization training of healthcare specialists using standardized training processes and modules.	By November 2025	MOH NGOs	Integrate STI services through collaboration with HIV prevention health providers and NGOs. Ensure anonymity in testing and treatment spaces - establishing structures that providing multiple interaction options within designated buildings. Providing safe spaces. Phase in PrEP implementation. Establish financial mechanisms in specific Caribbean nations factoring in contextual coverage options, i.e. private insurance in relation to universal or subsidized healthcare coverage.	MOH PAHO
2	Establish one stop services and SOPs for family planning clinics and nutrition specialist centers.	By February 2025	MOH Family planning centers	Integrate primary care services that undertake a holistic approach to health promotion through screening and family planning services inclusive of pap smears, STI screening, and full package	PAHO WHO

				workings. Additionally, screening within the cancer spaces.	
3	Strengthen data collection.	By November 2025	MOH Government services NGO	Ascertain areas that would benefit from the collection of data in regard to patient demographics. Appreciate the ways in which immigration is being achieved whether positive or negative.	MOH
4	Integrate of SRH in disaster preparedness.	May 2025 – November 2025	UNFPA	Addresses disaster coordination, and maternal and child care services as an entry point to integrating SRHR.	MOH

Question: How can we involve civil society in integrating services to address intersecting healthcare needs?

N°	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Conduct an updated mapping of CSO service provision to accommodate determining which organization is best positioned to assist with the incorporation of particular integration objectives into primary health care services/ essential package of service package.	February 2025 – May 2025	NACC CCM	Use established mapping tools. Technical working group to determine strengths and challenges of CSOs.	MOH Government Bodies International development partners
2	Implement CLM that is country-owned and country-led (community led programming).	May 2025 – November 2025	CSO	Use of the established framework developed by UNAIDS, Global Fund, PEPFAR.	Local and Donor funds TA support from UNAIDS TA Providers
3	Strengthen CSO provision on SRH, mental health, GBV, HR, TB, malaria (other services where CSOs have a comparative advantage)	May 2025 – November 2025	MOH CSO	Capacity building. Knowledge sharing workshops.	International development partners MOH Donor Funding

Question: Do you think the current service delivery model in your country supports comprehensive care of persons with HIV and other chronic conditions? Kindly explain how best the services can be improved to address all chronic conditions including HIV in support of person-centered care.

N°	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Establish prevalence of comorbidities in people living with HIV.	November 2025	MOH	Done at site level Undertake burden of disease meta-analyses among HIV cohorts.	Cost free, using available data and published studies.
2	Define services by level of care and according to context and capacity.	November 2025	MOH WHO/PAHO Key populations	Identify unmet needs/capacity through assessments and public consultations. Develop context-specific protocols applicable to each level (primary, secondary, and tertiary).	MOH Support: Global Fund, WHO/PAHO Public/Private cost sharing
3	Explore innovative methods of expanding coverage in the face of context-specific limitations.	Before November 2025	PAHO (policy brief)	Utilization of public/private models. Teleconsultation. Task shifting (prescriptive powers to nursing).	MOH. Private sector. PAHO CARPHA, and civil society.
4	Develop national integrated health information systems that facilitate free and easy movement of persons in treatment and care.	November 2026	MOH	Collation of regional country experiences to develop a model founded on applicable best practices.	CARPHA

Question: How can civil society support people with HIV and other chronic conditions to access comprehensive and integrated services?

N°	Recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Utilize CSOs for linking, mobilizing and educating for integration.	Continuous process	GOV/CSO relationship.	Guidelines, SOPs and MOU for CSO involvements, alignment of efforts between GOV and CSOs.	Government and international donors/partners
2	Carry out community led monitoring for the package of services offered.	TBD: Budget limitation (funding access)	GOV/CSO relationship.	Development of tools, resource mobilization. Development of package of services.	Donor organizations
3	Build capacity of CSOs for HIV and Chronic disease education (combined approach).	January 2025	GOV/CSO relationship.	Expanded treatment literacy, status assessment.	Government and international donors/partners
4	Psychosocial support management.	Q3 2025	GOV/CSO relationship.	Standardizing support structure, Guidelines, SOP's and MOU for CSO involvements.	Government and international donors/partners

Question: How can we better integrate mental health and HIV services to support person centered care?

N°	Facility-level recommendations	When? (most precise timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Provide basic psychological support training for all persons, particularly peer navigators and counsellors in the healthcare setting enabling them to screen, detect, and make referrals to mental health services.	September 2025	Ministries of Health In collaboration with key populations.	Develop a screening tool. Review and adaptation of existing programmes.	Government: Ministry of Health PAHO PEPFAR Donor agencies
2	Ensure access to professional mental healthcare services to people living with HIV.	November 2026	Government	Review the MhGap programme documentation: Scaling up care for mental health, neurological and substance use disorders.	PAHO/WHO
3	Develop a psychological and mental healthcare protocol to be integrated into people living with HIV treatment.	November 2027	Government	Development of the mental health and psychosocial support protocol.	Government: Ministry of Health Global Fund Donor agencies
4	Implement a trauma informed care model among all health care providers.	November 2027	Government	Raise awareness of trauma-informed approach to care.	Government: Ministry of Health Global Fund Donor agencies

i *The IAS Educational Fund is supported by independent educational grants from ViiV Healthcare and Gilead Sciences. The funders were not involved in the development of content or selection of faculty for this educational activity.*