Positive Prevention: Common Misconceptions

It's just another term for the public health goal of preventing onwards transmission.

Positive prevention in the way that it has been conceptualized by people living with HIV is not focussed on the public health goal of preventing onwards transmission. It is a more global approach, focussed on the holistic health needs of people living with HIV.

The primary goals of positive prevention are to improve the dignity, quality, and length of life of people living with HIV; which, if achieved will, in turn, have a beneficial impact on their partners, families, and communities, including reducing the likelihood of new infections.

It's about regulating the behaviours and sexuality of people living with HIV.

Positive prevention in the way that it has been conceptualized by people living with HIV is not about regulating behaviours and intervening in the sexuality of people living with HIV. "Most people don't get that. They assume it's about condom distribution, or just a reminder that you really need to use condoms."

Positive prevention is based on the principle that people living with HIV are entitled to full, satisfying and healthy emotional and sexual lives.

It blames and puts all responsibility for prevention on people living with HIV.

People living with HIV have been very opposed to this concept. It puts people living with HIV in a position of greater vulnerability to punitive action.

The perception of people infected with HIV as vectors of disease and therefore the cause of HIV transmission constricts prevention strategies by further stigmatizing people living with HIV.

Positive prevention rejects the notion that people living with HIV are solely responsible for the health of others they interact with. It promotes supportive policies and programmes that help empower individuals to take responsibility for their own health and well-being.

It's its own separate programming.

Positive prevention is not separate from other programs, or a stand-alone initiative. This misconception manifests itself as AIDS service organizations saying that they need a positive prevention worker. There may still be a need for champions of positive prevention, and people living with HIV articulate what positive prevention means.

The components of positive prevention need to be integrated into all programs responding to people living with HIV. It is the establishment of a new cultural norm in responding to people living with HIV. It should be integrated into anywhere people living with HIV can get programs.

This can sometimes be challenging for organizations that have both support and prevention activities. There is often a different set of staff and volunteers working on prevention and support, and they often work with different populations: HIV-positive and HIV-negative.

Positive prevention requires HIV service organisations, HIV support groups and NGOs to integrate positive prevention with existing HIV programmes. It is important that information and/or support around safer sex, re-infections, reproductive choices, the effects of ARV treatment, and safer injecting drug use is available in all settings. This should include medical centres, treatment delivery sites, family planning clinics, home-based care programmes and community centres.

One approach will work for all.

Not all people living with HIV are the same. To be effective, programs must acknowledge the diversity of lived experiences amongst people living with HIV. They should that take into account the needs of people living with HIV who are of different genders, ethnicities, ages and sexual orientations.

"Among those who are doing this work, we sometimes believe that positive prevention can work for all people living with HIV. I'm not so sure. Because most injection drug use and sexual practices are driven by their respective cultures, these are very powerful drivers—whether a programmatic response to a system can be powerful enough to reach everybody and make a shift in the culture is a big question. There are some pretty strong drivers that people use in their decision-making. Serosorting didn't come from prevention programming. Safer barebacking didn't come from prevention programs. Eros is ahead of our intellectual bravery."