



# Positive Prevention: Guiding Principles and Values

## Guiding Principles and Values

## Program Elements

## Common Misconceptions

## Strategies for People Living with HIV

## What New HIV Prevention Technologies Mean for People Living with HIV

## Resources

### **Greater Involvement of People Living with HIV (GIPA)**

People living with HIV are leaders in the design, programming, implementation, research, monitoring and evaluation of all programmes and policies affecting us. People living with HIV have a great deal of knowledge, experience and insight into the issues that are important for them and for responding to the epidemic effectively. If the health and prevention needs of people living with HIV are to be adequately addressed, they must be meaningfully involved in all aspects of policies and programmes that impact them.

### **Human rights**

People living with HIV strive for policies and programmes that do not oppress, manage, control, abuse or criminalize them. Positive prevention requires a human-rights framework (including rights-based approaches to HIV programming) supported by protective laws to: ensure non-discrimination; reduce stigma; provide access to justice; and change harmful gender norms. Such policies and programmes must enable people living with HIV to protect themselves and others—not through fear but through empowerment, and with dignity.

### **Living free of stigma and discrimination**

Stigma and discrimination foster an environment in which communication related to drugs, sex and safer sex is inhibited, making it more difficult for people living with HIV to disclose their HIV status and to practice safer sex to reduce the risk of drug-using behaviours.

### **Sexual and reproductive health and rights**

Sexual and reproductive health and rights must be recognised and exercised by everyone regardless of HIV status.<sup>1</sup> People living with HIV are entitled to full, satisfying and healthy emotional and sexual relationships. Positive prevention programs should ensure that the sexual health and well-being of people living with HIV is a primary focus of the work.

### **Shared responsibility for prevention**

Preventing new HIV infections is the shared responsibility of everyone irrespective of HIV status. Positive prevention is about including people living with HIV in all aspects of HIV prevention. It rejects the notion that people living with HIV are solely responsible for the health of others they interact with. It also acknowledges and addresses HIV-related stigma and other social determinants of health

that impact the vulnerability of those affected. It promotes supportive policies and programmes that help empower individuals to take responsibility for their own health and well-being. By doing so, this will have beneficial impact on partners, families and communities.

The perception of people infected with HIV as vectors of disease and therefore the cause of HIV transmission not only constricts prevention strategies by further stigmatizing people living with HIV, it in fact promotes an environment whereby primary prevention strategies are rendered ineffective by diverting attention from personal sexual and drug using behaviours and choices of all adults and reduces primary prevention efforts to a static formula that condemns those who are HIV-positive to bear all responsibility for HIV transmission and prevention.

## **Empowerment**

When people become more engaged in their own self development, it has effects in drug-using and sexual decision-making. One of the outcomes of programs for taking charge in your life is different decision-making in your life. That puts the core of positive prevention deeply in the concept of empowerment and raising consciousness about decision-making. One of the outcomes of that is a shift in risk reduction.

Part of that work means creating opportunities for greater participation, and the opportunity to lead, whatever that looks like: participation in conferences, committees, meetings beyond the AIDS service organization, workshops, social events. All of this should be peer-led. It increases confidence, and the feeling of being part of the community.

## **Diversity and cultural competency**

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. For example, issues facing people who have been newly diagnosed might vary considerably from those who have lived with HIV for some time.

In addition to having approaches that take into account and that are adapted to meet the needs of people living with HIV who are of different genders, ethnicities, ages and sexual orientations, it is also important to be conscious of power dynamics between service providers and users. Positive prevention should incorporate gender sensitivity, anti-homophobia, anti-racism and anti-oppression work. Holistic health and social determinants of health Positive prevention is not just about HIV. It includes health and wellness, treatment adherence, dental care, healthy eating, serodiscordant relationships, medical marijuana, resilience, aging, sexual and reproductive health, spirituality, psychosocial and mental health.

In a holistic model, that incorporates all the aspects of transmission, prevention and health promotion, there is a greater likelihood that a person living with HIV will make informed decisions regarding their behaviours, being supported through the challenges of living with the virus. Holistic and population health models acknowledge that a person is affected not only by his or her serostatus, but also by socio-economic status, education, gender, sexual orientation, ethno-cultural background and more. Psychosocial support and addressing social determinants of health are essential to assisting people living with HIV to develop and maintain healthy lifestyle choices.

## **Complexity of behaviour change**

Positive prevention work must take into account the complexities underlying behaviour change. This includes, but is not limited to the interplay of individual life experiences, personal perspectives on sexuality and HIV and any social, economic and cultural conditions. In addition, recognition must be given to the influences of stigma and discrimination on community environments and personal decision-making.