



Positive Prevention: Program Elements

**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

Advocating for universal access

Providing or advocating for universal access to counselling, testing, diagnosis, treatment, care and support services for people living with HIV is a core element of positive prevention.

Many of the values, principles, and components of positive prevention go hand-in-hand with the goals of achieving universal access and vice versa. Lack of universal access is destructive to a broad, rational response to HIV, including preventing new HIV infections. Conversely, ensuring universal access may create demand for services by motivating more undiagnosed people living with HIV to undergo earlier testing; achieve greater access for HIV-positive people to supportive services; and give people living with HIV a more compelling reason to remain in contact with their clinic between testing HIV-positive and being eligible for antiretroviral therapy.

Addressing social determinants of health

People living with HIV face multiple challenges in their lives that go beyond securing health care and dealing with a life threatening concerns. Economic emergencies, racism, homophobia, issues around caring for their children, threats of violence, drug and/or alcohol misuse are some of the factors that complicate living with HIV.

Failure to meet the basic needs of people living with HIV leads to problems with risk reduction, treatment adherence and prevention. Positive prevention requires a framework based on the social determinants of health that works towards decreasing societal vulnerability and lowering individual risk. This includes addressing a range of social determinants of health, including food and water security, stable housing, income supports, active living, and education. ,

Opposing criminalization

Effective positive prevention work requires advocating against criminalization of non-disclosure of HIV status and transmission of HIV.

UNAIDS and advocates from civil society argue that the use of such laws, and prosecutions using existing laws, does far more harm than good, damaging public health and ignoring international human rights conventions; and can result in the further stigmatisation and marginalisation of people living with HIV by overstat-

ing risks, creating a false sense that HIV is someone else's problem, providing further incentive for people to avoid learning their HIV status, and discouraging HIV-positive people from accessing HIV prevention resources. They also argue that the significant human and financial resources devoted to a limited number of individual cases within the criminal justice system could be more productively used to expand evidence-informed and human rights-based HIV prevention efforts.

In addition, stigma and discrimination are often behind the continued criminalisation of behaviour that places people at risk of HIV—such as sex between men, sex work, and drug use. Such individuals living with HIV who engage in these often socially stigmatised behaviours are doubly stigmatised by both their HIV status and their behaviour.

Promoting human rights

Positive prevention means promoting the human rights of people living with HIV, including their sexual and reproductive health and rights. This includes: confidentiality of HIV-positive status; conditions for safe, voluntary, and beneficial disclosure; respect for individual autonomy; and, choosing when, and if, to test, disclose, and/or initiate antiretroviral therapy. It also means the establishment of an enabling environment, including protective laws, stigma and discrimination reduction, support for advocacy and activism leading to legal and policy reform and implementation, and a focus on shared responsibility for preventing new HIV infections, including removal of HIV-specific criminal laws. Addressing stigma and discrimination Challenge community beliefs and attitudes that reinforce stigma and discrimination against people living with HIV, particularly negative perceptions that deny the right of people living with HIV to have children or relationships.

Stigma and discrimination limit the effectiveness of positive prevention and of the overall response to HIV. People who are vulnerable to or living with HIV are less likely to come forward, limiting their ability to access HIV information, testing, prevention, treatment, care and support. Thus, stigma and discrimination significantly hamper HIV responses and increase vulnerability to HIV and/or other illness.

Promoting GIPA

Positive prevention must be developed through the leadership of people living with HIV. The active involvement of people living with HIV in identifying their own prevention needs is key to the success of positive prevention interventions.

“People living with HIV can define what positive prevention is quite easily. They can tell the story of what was happening in their lives when they became positive. Each person has a message about how to prevent that. Positive prevention comes from those stories.”

“Who can understand the vulnerabilities that can lead to decisions that can lead to transmission better than people living with HIV? We need people who can reflect on their experience and the implications of that beyond their personal story.”

Building capacity

This means providing education and literacy through a variety of means, including individual counselling, peer support, workshops and training. Topics should include treatment, sexual health, prevention of transmission, reproductive health, family planning, legal rights, health education for living well (improving nutrition, ceasing smoking, limiting alcohol and drug use, increasing exercise), building of self-esteem and confidence. ,

Addressing sexuality

People living with HIV are entitled to full, satisfying and healthy emotional and sexual lives. Positive prevention must address their sexual health and well-being. This includes: the right to pleasure and intimacy; reproductive health and family planning choices; the prevention, diagnosis and treatment of sexually transmitted infections; access to a range of existing and new HIV prevention options such as male and female condoms and microbicides; skills for communication, negotiation and self-efficacy; dealing with disclosure; and, access to and understanding of scientific information on HIV transmission and prevention. , , ,

Encouraging testing

Early diagnosis of HIV infection enables HIV-positive people to have greater control over their health.

However, there are many barriers to testing, often related to fears about HIV and AIDS, the stigma associated with HIV and the ensuing discrimination that HIV-positive people commonly face.

A significant proportion of people living with HIV are unaware of their status—an estimated 26% in Canada. For prevention efforts to be effective, including positive prevention, Canadians at risk of HIV should be encouraged to get tested. This includes creating supportive environments free of stigma and discrimination, and advocating for universal access to counselling, testing, diagnosis, treatment, care and support services for people living with HIV.

Reducing new infections

To achieve this goal, positive prevention work should include:

- Providing information to people living with HIV on how to prevent onward transmission of the virus

- Access and availability of tools and technologies that help prevent sexual HIV transmission, including male and female condoms and condom-compatible lubricants, antiretroviral therapy, post-exposure prophylaxis, pre-exposure prophylaxis, vaccines and microbicides as they become available
- Access and availability of services that help prevent vertical transmission
- Access to evidence-informed harm reduction for people who use drugs, including opiate substitution therapy
- Serodiscordant couples counselling (including partner and couples testing)
- Prevention, screening and treatment of sexually transmitted infections, including viral hepatitis, human papillomavirus vaccination, and hepatitis A and hepatitis B vaccination