



# PRINCIPLES

## of HIV Prevention with Positives

**F**or far too long, we have paid too little attention to the very real issue of meeting the prevention needs of people living with HIV/AIDS. HIV prevention was something that was done for HIV negatives to keep them negative, ignoring the central role of people living with HIV/AIDS.

Successful strategies for preventing new HIV infections must engage people living with HIV/AIDS as partners. As people living with HIV/AIDS, we welcome the enhanced interest in prevention service for people living with HIV/AIDS. As programs are implemented in this area, several important understandings and principles must inform and shape the effort to do prevention work with positive people. These principles were developed in a series of meetings with diverse groups of HIV+ people from around the country, and represent the essential perspective of the people who will be most directly impacted.

### 1 Prevention must be a shared responsibility.

Developing prevention programs for positive people must not become an excuse for shifting all responsibility for prevention (or blame for new infections) onto the shoulders of people living with HIV/AIDS. A culture of shared responsibility that encourages communication and equality in relationships should be a goal of our prevention programming.

### 2 Don't assume serostatus. HIV prevention programs should deliver messages that are inclusive, understanding that HIV positive people are in the audience for these programs.

It needs to be assumed that any HIV prevention effort will reach some people living with HIV/AIDS. Messages that are meant to apply only to uninfected people ("Stay negative," "Don't have sex with a person with AIDS," etc) will be heard and understood differently by different people). Think about how these messages shape the way people living with HIV/AIDS think about prevention, and the way others think about us.

### 3 HIV positive people have unique needs and concerns that require targeted approaches to reach us.

It isn't the same for positive and people of unknown or negative status.

### 4 People living with HIV/AIDS are extremely heterogeneous and programs need to address the different needs of such a diverse group.

It simply isn't the same for everyone, and we need culturally competent interventions for diverse populations: race, gender, sexual orientation, age, language, geography, addiction, etc. all impact the type of programming needed. One size does not fit all.

## 5 Effective programs must fully accept the right of people living with HIV/AIDS to intimacy and sexual health.

Few issues are as emotionally charged as sexual activity by people living with HIV/AIDS. Providers must learn to be truly non-judgemental and support the human right to a fulfilling sexual life, while working with people to decrease potential risk to others and themselves.

## 6 Behavior change is tough for everyone... including people living with HIV/AIDS.

Expecting 100% perfection from people who are HIV+ is as unrealistic as expecting it from the uninfected. Creating and sustaining behavior change is rarely instantaneous

## 7 Knowledge of serostatus is important, but isn't enough.

Knowing is the first step, but it still requires support and skills. Most people who know they are HIV+ will take steps to avoid infecting others – but it is unrealistic to expect people to make and maintain change solely based on knowledge of status.

## 8 There is no magic bullet, no single type of intervention that will work for everyone.

Just like every other population, people living with HIV/AIDS need a variety of interventions delivered in a variety of settings, and sustained over time. While medical settings offer one important venue for interventions, there are many drawbacks to relying on them for positive prevention. A diverse range of interventions, delivered in diverse settings, is required.

## 9 Disclosure isn't always the answer.

Disclosure doesn't guarantee safe behaviour. Disclosure may produce severe and negative consequences. Helping people assess their readiness to disclose and developing the skills to do so is different than telling people they must disclose.



# Principles of HIV Prevention with Positives



**Stigma, discrimination, shame and fear drive people underground and make prevention harder for everyone, especially positive people.**

Programs must function with an acute understanding of the centrality of these issues in the experience of people living with HIV/AIDS, must help people cope with their impact, and should challenge these harmful attitudes in communities.

**Coercion/criminalization is not the answer—and certainly shouldn't be the first answer.**

It is impossible to retain the trust and honest engagement of people if our prevention strategies are predicated on the threat of criminal prosecution for engaging in consensual activities.

**Programs must be anchored in the real needs and concerns of people living with HIV/AIDS.**

If it is driven solely by a prevention agenda without considering the priorities of people living with HIV/AIDS, it will fail. Listen to what is important to your population. Addressing relationships, housing, economic security, personal safety, etc are all important in engaging people in prevention.

**People living with HIV/AIDS need to be involved in the planning, design, delivery and evaluation of these programs.**

Things that are “done to us” won’t work as well as things that are “done with us.”

**Resources and capacity-building efforts must support the development of HIV+-run programs to respond to this need.**

There is an important role for PWA coalitions and other organizations run by and for positive people in these programs. We must invest in the capacity of organizations to do this work, creating sustainable PLWHA-led prevention efforts.



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