

Statement on Positive Prevention

Friday, 20 February 2009

Positive prevention (PP) is an approach to prevention that seeks to increase the psychosocial well-being of PLHIV and encourage solidarity amongst and for PLHIV. Part of PP is to engage PLHIV to propagate HIV prevention through activities such as social marketing and peer education.

Traditionally, many public health experts have been defining the PP agenda within a non-holistic, non-human rights based framework that tends to be associated with blame and lays sole responsibility for primary prevention on PLHIV. There is also a sentiment that PP might be something that has been "imposed" on PLHIV. Because of this, communities of PLHIV themselves tend to have narrow perspectives of what PP is and do not necessarily see the benefits of being involved in PP. The challenge for communities of PLHIV - including women and those most affected - is to build consensus and define PP for themselves so they can develop effective, evidence-informed advocacy strategies to influence policy and services in this area.

There is a need to clearly state what PP means for PLHIV. Many PLHIV are not familiar with the term or do not have a good understanding of this approach to prevention. For PP measures to be successful, it will require buy-in from the PLHIV community, peer support, and opportunities for PLHIV involvement in the design and implementation of PP initiatives as well as a coordinated communication mechanism to ensure an informed and knowledgeable PLHIV community. What is crucial in this, is that PP needs to be based on a culture of shared responsibility, which means that the responsibility for avoiding HIV transmission is not only placed on the person living with HIV but on both partners and that there is an environment of open communication and equality in relationships ("we are all responsible for prevention"). The focus of PP should be on people's well-being as a whole and not on "HIV positive versus HIV negative"; and that PP needs to be an empowering concept, not one associated with blame or shame.

In addition, there is a consensus that PP should be defined and owned by PLHIV - and not imposed and defined as a concept from outside the PLHIV community. Stigma and discrimination, which is still pervasive, needs to be tackled for PP to be successful.

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