Positive Health, Dignity and Prevention (PHDP)

Engaging people living with HIV in prevention

• HIV stops with me •
Prevention efforts have tended to focus on people assumed to be uninfected – remain uninfected.

‘Positive prevention’ centres on people who know their HIV-positive status.

It is a major gain that people on treatment are significantly less likely to pass on the virus.

However, most people with HIV do not know their status and many of those that do are not on treatment.

PHDP focuses on creating and environment for engagement of all people living with HIV (PLHIV) whether they know their status of not.

‘Positive Health, Dignity and Prevention’ (PHDP) is an encompassing approach to addressing this.

‘We are not vectors of transmission’

‘We have needs and desires to be fulfilled’

‘We are ALL responsible for HIV prevention’
Obstacles and challenges

• There has been little development of policies in this area
• There remains significant stigma, although diminishing
• There is self-stigmatising
• People may avoid dealing with the realities of having HIV, sometimes for years
• Depression, anxiety, post-traumatic stress disorder, substance abuse and a lack of trust in health care systems and government are common among PLHIV
• A generation of young people vertically infected by HIV is becoming sexually and reproductively active and there has been little emphasis on their relation to HIV prevention
Build networks of support to:

- Build self esteem
- Manage depression
- Combat stigma
- Provide legal support
- Promote the idea that HIV/AIDS is a chronic manageable condition
- Provide needed health services
• HIV-positive people are inherently motivated to prevent spreading HIV to their partners
• Positive prevention responses to HCT even without optimisation
• After testing, PLHIV tend more than HIV-negative clients to make changes in sexual behavior to reduce HIV transmission risk
  – Condom use
  – Abstinence
  – Serosorting (preferring to have a sexual partner who is also HIV+) carries some health implications (recombinant viruses, drug-resistant viruses, and superinfection)
• Networks of organisations support the interests and needs of PLHIV exist
Three key PHDP foci

Protect your own health
✓ Prevent re-infection
✓ Prevent other STIs
✓ Use health services
✓ ART adherence

Protect your partner(s)
✓ Disclose your status
✓ Prevent transmitting HIV to your partners
✓ ART adherence

Protect your family
✓ Prevent unwanted pregnancy
✓ Prevent mother-to-child transmission
• Support prevention of unwanted pregnancies as one of the prongs of PMTCT
• Offer family planning counselling during antenatal care to inform women of appropriate post-delivery options
• Provide guidance on safe conception
• Equip providers to routinely guide post-natal care clients for their fertility intentions and unmet contraceptive needs
• Integrate family planning and HIV services at the policy, systems, and service delivery levels
HCT as a missed opportunity

- HCT is often not optimised for HIV prevention
- Poor quality of counselling for prevention
- A once-off opportunity
- Approaches relevant to needs of couples & families not developed
- Counselling should cover:
  - Disclosure, partner communication, family planning, ART and the benefits of adherence, STI screening, and mental health services
  - That HIV is a chronic illness remains important in challenging stigma and promoting attitudes that are conducive to good health