Poz Prevention Definition, Values and Principles

Developed by the Poz Prevention Working Group and Approved by the Provincial Advisory Body of the Ontario Gay Men's HIV Prevention Strategy Version: January 25, 2008

Definition of 'POZ prevention'

POZ prevention for HIV+ gay men aims to empower individuals, promote healthy relations with sexual partners and improve conditions, to strengthen the sexual health and well-being of HIV+ gay men and reduce the possibility of new HIV infections and other sexually transmitted infections.

Values for conducting POZ prevention work

As gay men with HIV we value:

- Full, satisfying and healthy emotional and sexual relationships.
 - Historically, people living with HIV/AIDS were seen as needing support services to help them manage a fatal disease. As HIV/AIDS mortality has declined, there have been some shifts in service provision that acknowledge that HIV has become a life-long, manageable disease, yet rarely if ever have the sexual health needs of those with HIV been acknowledged. Gay men with HIV need programs and services that support their ability to have fulfilling emotional and sexual relationships.
- Living free from stigma and discrimination. Stigma, discrimination, shame and fear can be internalized by HIV positive gay men, contributing to marginalization and disempowerment, particularly in relation to sexuality. Similarly, stigma and discrimination foster an environment in which communication related to sex and safer sex is inhibited, making it more difficult for gay men to disclose their HIV status and to practice safer sex.
- The confidentiality of all medical information, including HIV status and information specific to their sexual health.

Programs that work to support the sexual health of HIV positive gay men must recognize the right to self-determination of HIV positive gay men over all aspects of their sexual health, including disclosure of their HIV status to sexual partners, service providers, and any other individuals in their lives.

• The importance of acknowledging the diversity of men, our cultures, communities and self *definitions*.

Not all gay men with HIV are the same. To be effective, programs must acknowledge the diversity of lived experiences amongst gay men with HIV. For example, issues facing men who have been newly diagnoses might vary considerably from those who have lived with HIV for some time.

• Involvement in the planning, design, delivery and evaluation of programs in support of their sexual health.

As with the development of any prevention or health promotion program, to ensure that programs are response, relevant and appropriate, the target population(s) must be involved in all aspects of program development and implementation.

Poz Prevention Definition, Values and Principles

Developed by the Poz Prevention Working Group and Approved by the Provincial Advisory Body of the Ontario Gay Men's HIV Prevention Strategy Version: January 25, 2008

• The development of new prevention technologies that meet the needs of gay men with HIV and are consistent with their sexual lives.

Currently, condoms remain the only technology available to gay men to avoid HIV transmission during anal sex. Yet, condoms may be an unrealistic technology for many gay men for whom condoms affect their ability to maintain an erection, create barriers to intimacy and pleasure, or signify emotional distance within a relationship. It is vital that new prevention technologies increase the options available to gay men, to enable more gay men to have fully intimate sexual and emotional relationships with other men while avoiding HIV transmission.

Principles for conducting POZ prevention work:

Shared Responsibility for Prevention:

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

Complexities of behaviour change -- addressing social determinants of health:

• 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.

Health promotion and risk/harm reduction:

• Coercion and criminalization are not the solution to the risk-taking activities of gay men with HIV, and certainly are not the first answer. This approach creates a climate in which trust and honest engagement of people, cornerstones of effective HIV prevention, are unlikely. Rather, programs rooted in health promotion and risk/harm reduction will ensure that individuals and communities are actively engaged.

Disclosure of HIV status -- a life long process:

• Disclosure is not always the answer and is not a magic solution to HIV transmission. There is no single HIV prevention intervention or solution that will work for all people in all circumstances. Disclosure does not guarantee safer activities. Disclosure must be considered within an environment of stigma and discrimination; it may result in both risks and benefits to people with HIV. Helping people assess their readiness to disclose and developing the skills to do so is different than telling people they must disclose.

Sexual health and well-being:

• POZ prevention programs can best support a reduction in new HIV infections by ensuring that the sexual health and well-being of HIV positive gay men is a primary focus of the work.

Poz Prevention Definition, Values and Principles

Developed by the Poz Prevention Working Group and Approved by the Provincial Advisory Body of the Ontario Gay Men's HIV Prevention Strategy Version: January 25, 2008

Evidence must inform actions:

• *POZ prevention programs should be evidence informed, timely, and relevant to HIV positive gay men, they should be evidence-informed.*

Programs should be evaluated:

• All HIV prevention programs should be evaluated to ensure that they are having the intended outcomes for gay men with HIV. Evaluations should consider both the intended and potential unintended impacts that HIV prevention programs can engender. For example, HIV prevention campaigns may have the unintended impact of not being relevant to HIV-positive gay men if they do not include messages relevant to those who already have HIV.

Diversity of needs must be addressed:

• Gay men with HIV have the right to sexual health programs that address their unique needs, while recognizing that HIV positive gay men are a heterogeneous group.