MODULE 1

The Framework of Positive Health, Dignity, and Prevention
## What is in This Module?

This module provides an introduction to the Framework of Positive Health, Dignity, and Prevention (PHDP). The first two activities provide a basic overview of PHDP, including a holistic, participatory process to define PHDP and an overview of the PHDP Framework with a PowerPoint presentation and discussion. The additional activities provide opportunities to consider the PHDP Framework in greater depth. These include an in-depth review of the nine elements of PHDP programming; an exercise during which people draw and write what they envision their individual lives and communities would be like in 20 years, with PHDP fully realised; and a process to begin prioritising gaps that need to be addressed to realise this vision. A final activity helps participants to reflect on key learnings from this module and identify how they might apply these in their own lives and their engagement in the HIV response.

### OBJECTIVES

By the end of this module, participants should be able to:

- Describe the three key concepts of Positive Health, Positive Dignity, and Positive Prevention, and their relation to each other
- Describe the global PHDP Framework
- Describe the nine core elements of PHDP and link these to the overall PHDP framework
- Discuss how the PHDP relates to their lives
- Give examples of how to operationalise PHDP in Jamaica
- Develop strategies on how to share the PHDP Framework with others

### TIME

5 hours, 40 minutes – 6 hours, 55 minutes

### ACTIVITY OVERVIEW

1.1 Introduction and Warm-up (10 minutes)
1.2 What Is Positive Health, Dignity, and Prevention? (1 hour – 1 hour, 30 minutes)
1.3 The Positive Health, Dignity, and Prevention Framework (45 minutes)
1.4 Envisioning PHDP: What is PHDP in Our Lives and Communities? (1 hour)
1.4.1 Nine Key Programme Elements of PHDP: What Are These? (45 minutes)
1.5 Linking Nine Key Programme Elements to PHDP (15 minutes)
1.6 Priority Areas to Make PHDP a Reality in Our Lives (1 hour, 30 minutes or 45 minutes; see options)
1.7 Key Messages, How to Put this PHDP Module into Action, and Wrap-up (up to 1 hour)

### MATERIALS

**For PowerPoint Presentation**
- PowerPoint: Positive Health, Dignity, and Prevention: Introduction and Overview
- Laptop, screen, projector

**Handouts**
- PHDP: Nine Programmatic Components, Elements, and Linkages
- Positive Health, Dignity, and Prevention: One-Page Overview
- Key Messages—Positive Health, Dignity, and Prevention
- Putting Learning into Action: How Can I Use What We’ve Done? The Framework of Positive Health, Dignity, and Prevention

**Prepared Flipcharts**
- Group work instructions
The Framework of Positive Health, Dignity, and Prevention

**PHDP Programme Elements for prioritising**

**Other Materials**
- Coloured paper (ideally heavy paper—i.e., construction paper)
- Scissors
- Glue sticks
- Glitter or other art materials
- Coloured dot stickers (with at least three colours) to use in prioritisation
- Pre-printed ‘nine programme element’ cards (facilitator will need to create two sets of these, see Activity 1.4.1)
- Flipchart paper
- Coloured markers/crayons
- Masking tape or blue tack (to post flipcharts)

**Activity 1.1  Introduction and Warm-up**

**OBJECTIVES**
By the end of this activity, participants should be able to share openly about whether they know about PHDP.

**TIME**
10 minutes

**MATERIALS**
- Flipchart paper
- Markers

**STEPS**
1. Explain that this module seeks to introduce a framework developed in the past year by the Global Network of People Living with HIV (GNP+), called Positive Health, Dignity, and Prevention (PHDP). Highlight that this framework was developed to provide a vision of health, dignity, and prevention from the point of view of people living with HIV—and to foster stronger, collective national responses to HIV.
2. Ask participants, “How many people have heard of the PHDP Framework?” If anyone has, ask them: “What have you heard?” Take a couple of responses.
3. Ask participants, “What would you like to know about this framework?” Take a couple of additional responses and record them on the flipchart.
4. Review the objectives of the session. Note how these objectives link to what participants said they would like to know.

**Activity 1.2  What Is Positive, Health, Dignity, and Prevention?**

**OBJECTIVES**
By the end of this activity, participants should be able to:
- Define the words ‘positive,’ ‘health,’ ‘dignity,’ and ‘prevention’
### The Framework of Positive Health, Dignity, and Prevention

<table>
<thead>
<tr>
<th>TIME</th>
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<tbody>
<tr>
<td>1 hour – 1 hour, 30 minutes</td>
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**Facilitator Note:** Time table: 50 minutes for Activity 2, Part One; 40 minutes for Activity 2, Part Two. If you conduct Activity 2, Part One only, you should allow 60 minutes.

<table>
<thead>
<tr>
<th>MATERIALS</th>
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<tbody>
<tr>
<td>Prepared flipcharts with group instructions</td>
</tr>
<tr>
<td>Flipchart paper for each table</td>
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<tr>
<td>Markers for each table</td>
</tr>
<tr>
<td>Masking tape or blue tack (to post flipcharts)</td>
</tr>
<tr>
<td>Materials for art projects</td>
</tr>
<tr>
<td>Coloured paper (ideally heavier—i.e., construction paper)</td>
</tr>
<tr>
<td>Scissors</td>
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<tr>
<td>Glue sticks</td>
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<tr>
<th>STEPS</th>
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<tbody>
<tr>
<td>1. Transition to this activity, explaining that participants will explore the core concepts of ‘Positive Health, Dignity, and Prevention’ in depth. Explain that this activity will be carried out in small groups.</td>
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</tbody>
</table>

**Key Concepts, Part One**

2. Introduce Part One of the activity. Explain that in the first part of the activity, participants will explore what these terms mean to the people in the room. Referring to a prepared flipchart with instructions, explain that each small group will be assigned one of these key terms; within the group, participants are to do the following:

**Prepared Flipchart**

*Small Group Work: Key Concepts—Part One*

Your group will be assigned a key concept: Health, Dignity, or Prevention.

- **First,** for your key concept:
  - Brainstorm what it means for you, in the context of your lives.
  - Record key words, ideas, phrases—whatever comes to mind.

- **Second,** add the word ‘Positive’ to your concept:
  - Brainstorm what Positive Health, Positive Dignity, or Positive Prevention means for you, in the context of your lives.
  - Record any additional words, ideas, or phrases.

Be prepared to take five minutes to share your responses.

3. Explain that participants will have 20 minutes for their small group work. Divide participants into groups. Give each group one key concept.

4. After 20 minutes, ask the groups to reconvene.

5. Have each group present its key concept in five minutes (seven minutes maximum). Ask for any clarifying questions after each presentation. Then, after all groups have presented their concepts, facilitate a discussion, asking the following:
1 The Framework of Positive Health, Dignity, and Prevention

a. What strikes you about these key concepts?
b. Are there any surprises? What?
c. How does adding ‘positive’ affect these core elements?
d. Are there any additions you would like to make? (The facilitator should record these on the appropriate flipcharts.)

**Facilitator Option**
If you do not have time to complete Activity 1.2, Part Two, include discussion of the following questions here. Otherwise, proceed to Part Two and wait to discuss these questions as part of the processing questions for Activity 1.2, Part Two (see below).

e. How do the individual components ‘Positive Health,’ ‘Dignity,’ and ‘Prevention’ relate to each other?

**Possible Prompts**
- Is one more important than the other? Why or why not?
- Is one harder to achieve than the others? Why or why not?
- What does ‘Positive Health, Dignity, and Prevention’ add to ‘Positive Prevention’?

6. How might the framework of ‘Positive Health, Dignity, and Prevention’ help you in your life and work? How might the framework help your activism for improving the quality of life for people living with HIV?

**Key Concepts, Part Two**

7. Introduce Part Two of the activity. Explain that participants should now consider how these key concepts relate to each other. Say that to do so, participants will return to their small groups. Review the instructions for their small group work, posted on a flipchart:

**Prepared Flipchart**
Small Group Work – Key Concepts, Part Two
Create an image that shows how Positive Health, Dignity, and Prevention relate to each other.

8. Clarify that the image can be drawn, made out of collage, sculpted, done as a cartoon or a diagram, etc. Participants should use their imagination. Point out the materials available for their work (construction paper, coloured pens, crayons, scissors, glue stick, etc.). Tell the groups that they will have 20 minutes.

9. After 20 minutes, ask each group to display its image. Have each group briefly describe its image. Facilitate a discussion using the following questions:
   a. What strikes you about the images?
   b. Are there any surprises?
   c. What do the images tell us about how positive health, dignity, and prevention relate to each other?

**Possible Prompts**
- Is one aspect more important than the other? Why or why not?
- Is one aspect harder to achieve than the others? Why or why not?

10. How might the Positive Health, Dignity, and Prevention framework help you in your life? How might the framework help in your activism for improving the quality of life for people living
The Framework of Positive Health, Dignity, and Prevention

11. You might end the discussion on concepts by asking the participants if they have other concepts related to PHDP that they would like to discuss.

a. A list of other key concepts that have been used in terms of prevention and living with HIV might include terms such as the following: ¹

- Primary prevention: Activities with both infected and uninfected people to reduce primary (i.e., initial or new) HIV infections.
- Secondary prevention: Activities to maintain the well-being of people with HIV (including wider sexual health) and delay disease progression.
- Serodiscordant: Where one partner is HIV positive and the other is HIV negative.

b. There are many other terminologies that could come up in the discussion. Have a copy of the UNAIDS terminology guidelines at hand to help with definitions. Available at http://www.unaids.org/en/resources/documents/2015/2015_terminology_guidelines.

Activity 1.3 The Positive Health, Dignity, and Prevention Framework

**OBJECTIVES**

By the end of this activity, participants should be able to describe the PHDP Framework.

**TIME**

45 minutes

**MATERIALS**

For PowerPoint Presentation

- PowerPoint: Positive Health, Dignity, and Prevention: Introduction and Overview
- Laptop, projector, screen
- Copies of the PowerPoint presentation for participants

Handout

- Positive Health, Dignity, and Prevention: One-Page Overview

**STEPS**

1. Transition to this activity by saying that the group will now take a moment to highlight some of the main components of the global Positive Health, Dignity, and Prevention (PHDP) Framework, noting that the framework reflects many of the ideas already identified by participants. Point out that the full PHDP prevention document is available on the GNP+ website.

2. Present the PPT presentation. Encourage participants to ask any questions they have during the course of the presentation. Explain that there will be time to discuss the presentation at the end, too.

3. After the presentation, facilitate a brief discussion asking the following:
   a. What do you think of the framework? What stands out for you?
   b. What questions do you have?
   c. How does the framework relate to your understanding of PHDP from the previous exercise?

1. The Framework of Positive Health, Dignity, and Prevention

- Were there any elements that surprised you?
- Are there any additions you would want to make?

Optional Discussion Questions for Key Populations and Youth:

- How does the PHDP apply to key populations?
- How does the PHDP apply to adolescents (young people)?
- How does the PHDP apply to Jamaica?
- Are there any parts that you want to particularly emphasise in the context of what’s important in your life? How about in the context of priorities for action for people living with HIV in Jamaica?

4. Summarise the main points shared by participants and share the handout PHDP: One-Page Overview as a reference. Ask if there are any final comments before concluding the activity.

Facilitator Option

The facilitator also has an option of conducting Activity 1.4 as an open discussion (see the question under the Prepared Flipchart, below), rather than using the small group work and prioritisation process. This also would shorten the time required.

Activity 1.4 Envisioning PHDP: What is PHDP in our Lives and Communities?

**Objectives**

By the end of this activity, participants should be able to explain how PHDP relates to their lives, using pictures.

**Time**

1 hour, plus 15 minutes for coffee break and gallery walk

**Materials**

- Markers/crayons
- Blank paper
- Tape

1. Initiate a brief discussion to recap and refresh, asking the following:
   “Remembering our prior discussions, have you had any further thoughts or ‘Aha!’ moments related to PHDP?”

2. Introduce the exercise. Explain that to make the group’s vision of PHDP even more concrete, participants will work in small groups to create this vision through drawing. To do this, ask participants to follow two steps:
   a. As individuals, think about and draw the following: “When you hear PHDP, what visuals come into your mind? Take five minutes to draw your own picture.” Distribute blank computer paper and markers/crayons.
   b. As a group, think about and draw the following: “What does PHDP—fully realised—look and feel like in our lives (20 years down the road)?” Take 25 minutes to draw your collective vision. Distribute flipchart paper and markers/crayons. One flipchart should be given to each group.
3. Divide participants into four groups. Allow 30 minutes for group work. Ask participants to post their drawings prior to taking a break—and to be sure to look at each other’s drawings while on break.

4. Reconvene the group. Have each group present its visions. Paste the drawings on the wall.

5. Afterwards, facilitate a discussion asking the following:
   a. How was the process of drawing their vision of PHDP? Easy or hard? Any key debates?
   b. What strikes them about the visions?
   c. What (more) do the drawings tell about what PHDP is?
   d. Are there any new insights into what it takes to fully make PHDP a reality?
   e. How does having a collective vision help our work?

6. Note that drawing the concept of PHDP can help to anchor this work by providing a vision of what participants should work for in their lives and communities. Encourage participants to remember their vision and use it as a resource as they identify priority actions to take in their lives and in their efforts to strengthen the HIV response in their communities.

Activity 1.4.1 Nine Key Programme Elements of PHDP: What are These?

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>By the end of this activity, participants should be able to recite at least four of the nine programme elements of PHDP and explain what they mean.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>45 minutes</td>
</tr>
<tr>
<td>MATERIALS</td>
<td>Pre-printed ‘nine programme element’ cards (facilitator will need to create these) with the following:</td>
</tr>
<tr>
<td></td>
<td>- The titles of the nine PHDP Elements (e.g., Gender Equality)—one title per card</td>
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<tr>
<td></td>
<td>- The definitions and/or example(s) of each element—the example(s) or definition on each card must match one element</td>
</tr>
<tr>
<td>Example</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>GENDER EQUALITY</strong></td>
</tr>
<tr>
<td></td>
<td>Definition: having equal rights, responsibilities and opportunities for women, men, girls, and boys</td>
</tr>
<tr>
<td></td>
<td><strong>Example:</strong> Legal advocacy and activism for women’s rights</td>
</tr>
</tbody>
</table>

**Facilitator Note:** Print two sets of these cards.

| STEPS       | 1. Transition from the previous exercise, noting that there are nine key elements of programming that the PHDP document identified as key to fully realising PHDP. |
|            | 2. Explain that this exercise is designed to familiarise everyone with these nine elements.                                     |
|            | 3. Ask participants to work in their small groups. Hand each group a stack of cards. Explain that participants are to match each key element with its best definition; note that there are more definitions than terms. |
4. Allow 15 minutes to carry out the exercise in small groups. When done, invite each group to arrange its matched responses on the floor in the front of the room.

5. Gather participants around one group’s cards. Ask for a volunteer to point out each card and ‘matched’ definition; after each card, ask if there were any other (different) responses in other groups. Clarify any questions or confusion.

6. After all nine elements have been defined, facilitate a brief discussion of the following:
   a. What do you think about these nine programme elements?
   b. Are there any surprises? Any gaps? (Are there other elements needed?)
   c. Are there any additional questions or clarifications?
   d. How can knowing these nine specific programme elements help you to realise PHDP in your own life? What about in your work to improve the HIV response in your community?

7. Thank participants for their participation and transition to the next exercise.

Activity 1.5 Linking Nine Key Programme Elements to PHDP

**OBJECTIVES**
By the end of this activity, participants should be able to describe how the nine programme elements are linked/connected to the overall framework of PHDP.

**TIME**
15 minutes

**MATERIALS**
- Prepared Flipchart
  - Three large circles (each one labelled Health, Dignity, or Prevention), posted on a wall in an overlapping Venn diagram
- Other
  - One set of the nine programme elements cards (see Activity 1.4.1)

**STEPS**
1. Explain the purpose of this short follow-up activity.
2. Refer to the circle diagram of the PHDP on the wall. Give each group two of the nine elements cards. Ask the group to take five minutes to discuss their two cards and to decide in which circle they fit best.
3. After five minutes, ask all groups to place their cards on the diagram on the wall. Then ask each group to explain why they placed their cards where they did. Take any clarifying questions after each group presents.
4. After all of the groups present, facilitate a discussion:
   a. Were there any surprises?
   b. What strikes you about where the nine elements were placed?
   c. What (new) insights does this provide about PHDP?
   d. What does this mean, in terms of our work as people living with HIV to make PHDP a reality?
5. Thank everyone for the insights and transition to the next activity.
**Activity 1.6 Priority Areas to Make PHDP a Reality in Our Lives**

**OPTION 1 (LONGER)**

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>By the end of this activity, participants should be able to explain how PHDP is or isn’t connected to their everyday lives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>1 hour, 30 minutes (30 minutes small group work, 1 hour report out)</td>
</tr>
</tbody>
</table>
| MATERIALS  | Prepared Flipchart  
|            |   - Flipchart with group work instructions (see Step 2)  
|            |   Other  
|            |     - Flipchart paper  
|            |     - Flipchart easel  
|            |     - Markers |
| STEPS      | 1. Introduce this activity, explaining that participants will now take an initial look* at how PHDP relates to the current realities of their lives. In particular, for each of the nine programme elements, participants should begin to identify the following from the perspective of their own lives (and the lives of their peers): What are the priority issues/challenges that we face in each area?  
|            |   *Participants will then explore these issues in more depth over the next couple of days.  
|            | 2. Ask participants to work in four small groups. Explain that each group will receive two of the nine PHDP elements. Review the group work instructions:  
|            |     **Small Group Work Instructions (on flipchart or PowerPoint)**  
|            |     For each of your group’s PHDP programme elements, please do the following:  
|            |       - Brainstorm the list of issues/challenges you face.  
|            |       - Prioritise the top three to four issues/challenges.  
|            |       - Write these on a flipchart.  
|            |       Be prepared to share your responses (five minutes for each element).  
|            | 3. Allow 30 minutes for the small group work.  
|            | 4. Reconvene the groups and have each group report out. Take clarifying questions after each group’s report. Once all groups have reported, facilitate a discussion, asking the following:  
|            |       - a. How did it feel to work on this exercise?  
|            |       - b. Were there any surprises?  
|            |       - c. Do you have any additions to any of these areas?  
|            |       - d. Looking across all of the elements (and the issues)  
|            |         - i. Where are the strengths? Why are these strengths?  
|            |         - ii. Where are the biggest gaps/problems? Why?  
|            |         - iii. What does this mean in terms of our work as leaders to advance PHDP? |
|            | 5. Thank everyone for their participation. |
Activity 1.6 Priority Areas to Make PHDP a Reality in Our Lives

OPTION 2 (SHORTER)

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>By the end of this activity, participants should be able to explain which of the elements are most important to them as a focus for initial action, in order of priority.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>45 minutes</td>
</tr>
<tr>
<td>MATERIALS</td>
<td>Prepared Flipchart</td>
</tr>
<tr>
<td></td>
<td>▪ Flipchart prepared with the instructions for the small group activity</td>
</tr>
<tr>
<td></td>
<td>Handout</td>
</tr>
<tr>
<td></td>
<td>▪ PHDP: Nine Programmatic Components, Elements, and Linkages</td>
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<td></td>
<td>Other</td>
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<tr>
<td></td>
<td>▪ Coloured dot stickers (with at least three colours) to use in prioritisation—one colour per small group, three dots per table</td>
</tr>
<tr>
<td></td>
<td>▪ Flipchart paper</td>
</tr>
<tr>
<td></td>
<td>▪ Markers</td>
</tr>
</tbody>
</table>

Facilitator Option
The facilitator also has the option of conducting this activity as an open discussion (see the question under the prepared flipchart, below), rather than using the small group work and prioritisation process. This also would shorten the time required.

STEPS

1. Transition to this activity, noting that a main next step for the Positive Health, Dignity, and Prevention Framework is the ‘now what’—that is, putting it into practice—which means building on successful efforts underway and identifying new areas and ways to move PHDP forward.

2. Acknowledge that there are different entry points for putting the framework into practice. Explain that for this activity, participants will focus on the nine PHDP Programme Elements to consider how to put the Positive Health, Dignity, and Prevention Framework into practice.

3. Re-orient participants to the nine elements, returning to that slide of the PPT presentation. Acknowledge that these elements are very interrelated, but ask participants to consider the following:

Prepared Flipchart
Small Group Work—Nine PHDP Programme Elements
Based on the current context of your communities, which of these nine programme elements would you prioritise for additional focus in Jamaica?

1. Discuss and identify your top three choices.

2. Be prepared to elaborate why these are priorities and give some ideas of what needs to happen in this area.

3. When asked, post your dots by your chosen programme elements.

5. Ask participants to return to their small groups. Allow 20 minutes for small group work. Distribute flipchart paper and markers. Ask groups to write the titles of each of the nine elements and post their dots by each of their three prioritised programme areas.

6. Briefly summarise the patterns of the ‘priorities’ (i.e., where groups placed their dots). Facilitate a discussion on the following questions, taking a few responses from different groups/participants:
   a. How was the process within groups? Easy or hard?
   b. For the areas that have the most dots, why are these areas prioritised? What within these areas needs to be addressed?
   c. For some of the areas with fewer dots, what are the needs/concerns related these areas?
   d. What patterns, if any, do we see among these priorities? What are some key areas on which to focus (in your communities and your country context)?
   e. How can we move PHDP forward? That is, what next steps can be taken
      i. In your lives?
      ii. In your support groups and programs?
      iii. In broader advocacy?

**Activity 1.7 Key Messages, How to Put this PHDP Module into Action, and Wrap-up**

**OBJECTIVES**
By the end of this activity, participants should be able to:
- Summarise key messages from the module
- Develop a plan of action regarding how they can put their learning into action

**TIME**
45 minutes (if all parts completed)

**MATERIALS**
- Handouts
  - Key Messages: Positive Health, Dignity, and Prevention
  - Putting Learning into Action: How Can I Use What We’ve Done? The Framework of Positive Health, Dignity, and Prevention

**STEPS**
**Part One—Review Key Messages**
1. Explain that the group has finished the overview to the Positive Health, Dignity, and Prevention Framework.
2. Invite participants to share any further comments or reflections on the Positive Health, Dignity, and Prevention Framework that they have at this time.
3. Explain that the group should conclude this module by reflecting on key take-away messages.
4. Ask participants to take three minutes to discuss with a partner, “What are your key learnings about Positive Health, Dignity, and Prevention?” Ask participants to note their responses so they can share them out loud.
5. After three minutes, ask for responses to people’s discussions. Record responses on a large flipchart.

6. Share the handout, Key Messages: Positive Health, Dignity, and Prevention, and ask one person to read the key messages aloud. Facilitate a brief discussion, recognising key messages already identified by participants, highlighting any new ones, and clarifying any questions. Invite participants to include their additional responses on the key messages handout for their own future reference.

**Part Two—How to Use This Module**

7. Carry out the activity steps, including completion of the workshop, outlined for this activity—Putting PHDP into Action.

**Part Three—Wrap-up**

8. Highlight that this orientation is part of the larger effort to strengthen how Positive Health, Dignity, and Prevention is put into practice—and that the ongoing and future efforts of all the participants will continue to be vital to this process.

Thank participants for their active participation and contributions.
Operationalising Positive Health, Dignity, and Prevention is not necessarily about creating new programmes, except where basic programmes do not currently exist. Rather, it is about using this new framework to create linkages among existing programmes, as well as taking them to scale, so that they are more efficient and more responsive to the needs of people living with HIV.

Individual programmatic elements will inevitably differ from setting to setting, as local needs and resources dictate, but fall under nine major component headings.

1. Empowerment
2. Gender equality
3. Health promotion and access
4. Human rights
5. Treatment literacy
6. Preventing new infections
7. Sexual and reproductive health and rights
8. Social and economic support
9. Meaningful involvement of people living with HIV in measuring impact

**EMPOWERMENT**

- Meaningful involvement of people living with HIV
- Positive leadership
- Participation in policy dialogue and advocacy
- Mentoring of future leaders, including women and young people living with HIV
- Peer support groups
- Education and literacy, including
  - Treatment
  - Sexual health and comprehensive sexuality
  - Prevention of transmission
  - Reproductive health
  - Family planning
  - Legal and rights
- Health education for living well (improving nutrition, ceasing smoking, limiting alcohol and drug use, increasing exercise), which helps provide information on health options
- Building self-esteem and confidence
1 The Framework of Positive Health, Dignity, and Prevention

- Age-appropriate and HIV-specific sex and relationships education for children and adolescents born with HIV
- Capacity building for organisations and networks of people living with HIV

**GENDER EQUALITY**

- Gender-based violence prevention and management
- Health provider training on sexuality, gender, stigma, discrimination, and gender-based violence
- Legal reform and enforcement of laws and mechanisms protecting people from gender-based violence
- Constructive engagement of men in reproductive and sexual health
- Appropriate health services for women living with HIV, including, but not limited to, prevention of vertical transmission of HIV
- Legal advocacy and activism for women's rights
- Networking opportunities
- Legal advocacy and activism for rights of men who have sex with men and lesbian, gay, bisexual, transgender, and intersex people
- Networking opportunities
- Economic empowerment of women, education, support for caregiving, and social empowerment, including equality in decision making and negotiating skills

**HEALTH PROMOTION AND ACCESS**

- Knowledge of HIV status under conditions of informed consent, confidentiality, and good counselling
- Community-based voluntary counselling and testing
- Provider-initiated counselling and testing
- Treatment and care access, availability, sustainability, and quality assurance
- Psychosocial well-being services access, availability, sustainability, and quality assurance
- Mental and emotional health services
- Counselling services and support groups

**HUMAN RIGHTS**

- Confidentiality of HIV-positive status, including conditions for safe, voluntary, and beneficial disclosure
- Respect for individual autonomy
- Choosing when and if to test, disclose, and/or initiate antiretroviral therapy
- 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 of a non-punitive approach to health
- A focus on shared responsibility for preventing new HIV infections, including removal of punitive, HIV-specific criminal laws
The UNAIDS Secretariat promotes seven key programmes to reduce stigma and discrimination and increase access to justice. These programmes should be integral to every national AIDS response. These are programmes to:

- Provide legal literacy or ‘know your rights and laws’
- Train healthcare workers in nondiscrimination, informed consent, confidentiality, duty to treat, and universal precautions
- Train police in nondiscrimination and providing space for HIV outreach interventions
- Provide legal services
- Reduce stigma and discrimination
- Reform laws
- Achieve gender equality, transform harmful gender norms, and eliminate violence against women

All of these, in varying ways, protect and empower people living with HIV, enabling them to be full citizens with equal rights and dignity, and have access to justice as well as health services.

Preventing New Infections

- Accessibility and availability of tools and technologies that help prevent sexual HIV transmission
- Male and female condoms and water-based lubricants
- Male circumcision
- Antiretroviral therapy
- Post-exposure prophylaxis
- New prevention technologies, such as pre-exposure prophylaxis and microbicides, as and when they become available
- Access to and availability of services that help prevent vertical transmission
- Providing appropriate treatment, care, and support to mothers living with HIV and their children and families
- 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
- Hepatitis A and Hepatitis B vaccination

Sexual and Reproductive Health and Rights

- Sexual health and well-being
- Age-appropriate, comprehensive sexuality education, including a focus on the specific needs of adolescents born with HIV
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- Prevention and treatment of sexually transmitted infections, including viral hepatitis
- Counselling and support for a satisfying sex life, including, but not limited to, improving libido and treating sexual dysfunction
- Reproductive health
- Maternal health
- Family planning, including infertility and contraceptive services
- Cervical, breast, and other related cancer screening and management
- Access to appropriate, safe, and non-coerced termination services
- Sexual and reproductive health and rights advocacy and funding

SOCIAL AND ECONOMIC SUPPORT

- Food and water security
- Social and economic support for caregivers
- Access to financial services
- Support of productive linkages, including cooperatives
- Employment of people living with HIV
- Further education and retraining opportunities for adults with HIV
- Access to full education and employment opportunities for young people living with HIV
- Health and social protection for children and adolescents living with HIV

MEANINGFUL INVOLVEMENT OF PEOPLE LIVING WITH HIV IN MEASURING IMPACT

Meaningfully engaging and supporting people living with HIV to develop data collection tools, conduct evaluations, and review and analyse data can result in more relevant and nuanced understandings. This helps to ensure that programmes
The primary goals of Positive Health, Dignity, and Prevention (PHDP) are to improve the dignity, quality, and length of life of people living with HIV; if achieved, this will in turn have a beneficial impact on their partners, families, and communities, including reducing the likelihood of new infections.

PHDP is not just a new name for the concept of HIV prevention for and by people living with HIV, formerly known as ‘positive prevention.’ Rather, PHDP is built on a broader basis that includes improving and maintaining the dignity of the individual living with HIV to support and enhance that individual’s physical, mental, emotional, and sexual health, which, in turn (among other benefits), creates an enabling environment that will reduce the likelihood of new HIV infections.

PHDP encompasses the full range of health and social justice issues for people living with HIV. It espouses the fundamental principles that responsibility for HIV prevention should be shared, and that policies and programmes for people living with HIV should be designed and implemented with the meaningful involvement of people living with HIV.

By linking together the social, health, and prevention needs of the individual living with HIV within a human rights framework, PHDP results in a more efficient use of resources, with outcomes more responsive to the needs of people living with HIV and more beneficial for their partners, families, and communities.

Programmatic components of PHDP fall under the following nine thematic areas:

- Empowerment of people living with HIV and people living with HIV networks
- Gender equality
- Health promotion and access
- Human rights
- Treatment literacy
- Preventing new infections
- Sexual and reproductive health and rights
- Social and economic support
- Meaningful involvement of people living with HIV in measuring impact

The meaningful involvement and engagement of people living with HIV and networks of people living with HIV throughout all levels and stages of design, implementation, monitoring, and evaluation is a common thread of all actions in all nine component areas.
Key Messages—Positive Health, Dignity, and Prevention

Key messages related to PHDP include the following:

- PHDP is a global framework for strengthening program and policy responses to HIV.
- People living with HIV led the development of the PHDP Framework, along with other stakeholders. It is a positive framework that seeks to enable prevention, as well as a response wherein all people can live together with health and dignity.
- Health, dignity, and prevention all are linked together. This framework emphasises that if the dignity, quality, and length of life of people living with HIV are improved, prevention for all will also be improved.
- There are nine key programme areas of PHDP:
  - Empowerment
  - Gender equality
  - Health promotion and access
  - Human rights
  - Treatment literacy
  - Preventing new infections
  - Sexual and reproductive health and rights
  - Social and economic support
  - Meaningful involvement of people living with HIV in measuring impact

However, PHDP is not about creating new programmes, except where basic programmes do not exist currently. Rather, it is about using this new framework to create linkages and respond to gaps in existing programmes so that they are more efficient and responsive to the needs of people living with HIV.

Additional key messages or learnings include the following (please fill in, based on your own reflections and those of others):

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
1. How can I use information from this module in my own personal life? Please list.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. How might I want to share information from this module with others? (For example, in support groups, at work, in advocacy with healthcare providers, or ...)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

a. With whom would I want to share? Please list.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

b. For each person or group with whom I would like to share, please consider:

PERSON 1 OR GROUP 1: _______________________

1. What do I want to share?

2. How will I share the information? (For example, conversation, presentation, use of methods or materials from the curriculum, or ...)

3. If I am going to use methods or materials from the activities I’ve just done, what other preparation or adaptation might I need to consider?
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**PERSON 2 OR GROUP 2:** _______________________

1. What do I want to share?

2. How will I share the information? (For example, conversation, presentation, use of methods or materials from the curriculum, or ...)

3. If I am going to use methods or materials from the activities I’ve just done, what other preparation or adaptation might I need to consider?

**PERSON 3 OR GROUP 3:** _______________________

1. What do I want to share?

2. How will I share the information? (For example, conversation, presentation, use of methods or materials from the curriculum, or ...)

3. If I am going to use methods or materials from the activities I’ve just done, what other preparation or adaptation might I need to consider?

3 What additional support or information do I want? How can I get it?