

# Rises in New Infections

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# Rises in New Infections

## Overview

- How do the rises play out amongst HIV positive gay men / organisations?
- The “blame” game
- Do we really want in to the response or not?
- STIs
- Disclosure
- American response

# Rises in New Infections

How do the rises play out amongst HIV positive gay men / organisations?

- The ethics of sexual practice
- The role of positive people questioned
- The focus - prevention of transmission and disease progression
- Conservative political climate and competing health interests
- National accountability and searching for solutions to complex issues

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## The “blame” game

- Blaming, shaming and ‘othering’ leads to further tightening of surveillance and control.....because HIV positive people become “the problem”
- Also leads to solving transmission issues by resorting to the courts and criminal processes instead.

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Do we really want in to the response or not?

- Already play an important and central role
- Partnership framework – cooperative and collaborative
- Management of HIV requires mutual effort and shared responsibility
- The language of prevention – for many an unfamiliar language
- Continued support - so we can articulate the roles we want to play in national prevention framework
- We want to retain control over decisions affecting our health

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Do we really want in to the response or not?

- Consumers and the medicalisation of HIV
- We value peer-based approaches:
  - Lifelong, supportive personal and community learning and initiatives which inform, educate, politicise and mobilise us.
- We want our voices heard as partners – not just as consumers

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## Superinfection:

- It happens
- When it does happen, it may have a large impact on an individual's HIV disease progression, and...
- It may have an impact on the ability to treat HIV disease
- It doesn't happen in people on treatment
- HIV positive people need the information in making their own decisions concerning personal care and safety.

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Sexually transmitted infections (STIs):

- Positive gay men have the highest levels of STIs within the gay communities
- ‘Epidemiological synergy’ – makes acquisition and transmission more likely
- HSV-2 and HIV example
- Complex policy and strategic issues

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## Sexually transmitted infections (STIs)

- Historical dominance of behavioural approaches in HIV and medical approaches in STI
- Integrate different approaches for different diseases?
- Role for behavioural approaches in STI?
- Complexities facing people with HIV and their doctors
- A task around positive sexual health

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## Disclosure:

- Encouraging an ethic of disclosure of serostatus at all times for positive people is not the Australian way.
- An ethic of disclosure discourages active participation and is unhelpful in fostering a cooperative, collaborative approach to community wide responsibility for the prevention of transmission of HIV

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## Disclosure (cont)

- Disclosure should be based upon shared responsibility
- Shared responsibility is vital to a successful response
- “Beneficial” disclosure is the go!

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The American response:

- **SAFE: Serostatus Approach to Fighting the Epidemic**
- Increased surveillance and control
- Three conerstones:
  - **Voluntary testing and counselling**
  - **Identification of those at risk – the difficult people, Prevention Case Management (PCMs)**
  - **Positive people**
- HIV positve = naughty vector of disease
- Positions HIV positive people firmly as ‘consumers’

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The American response (cont):

- PCMs incorporate regular compulsory behaviour screening by their doctors
- Framework focus: diagnosis, care and treatment, supporting adherence, but.....
- Ancillary services and supports - just rhetoric?
- The real focus is on identification, increased surveillance and control of HIV positive people.

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## The American response (cont)

- Australian policy makers and educators view this as wrong approach for two main reasons:
- Firstly, shifts the burden of responsibility squarely onto the individual shoulders of positive people
- Result: culture of 'blaming' and 'othering'
- Secondly, likely to drive positive people and those at risk underground
- 'Result: Bad prevention

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The American response (cont):

- Good prevention education is not based on people fearing identification and retribution
- Result: Invisibility
- Good prevention education requires open discussion and participation involving positive people
- Result: 'combination' prevention

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Conclusions:

Do we want in?”:

- Now more than ever PLWHA organisations are maximising their contributions to prevention.
- We claim our rights and responsibilities to be a full partner in the response.

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Conclusions:

How do we want to do it?:

- PLWHA promote the sexual health of individuals and the community, utilising best practice principles when selecting and integrating biological and behavioural approaches to prevention.
- PLWHA reject approaches that seek to define and limit the plwha experience into linear equations of transmission and disease.

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Conclusions:

What do we value?:

- The triumph of human experience is not in how we manage disease, but in how we embrace and express living.
- We have full rights to health because we have full rights to living and expressing our lives.