



Putting people at the heart of the HIV response



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The Alliance Strategy (2016-2020) [HIV, Health and Rights](#) and [theory of change](#) describe ‘using a person-centred approach’ to increase access to quality HIV and health services and to realise the human rights of people living with HIV and others affected by HIV.

Why are we talking about a person-centred approach?

As the HIV response becomes increasingly biomedical, we believe it must also be firmly embedded in rights-based and community-led approaches, and in the principles of [Greater Involvement of People living with HIV and Positive Health, Dignity and Prevention](#), all of which have been the bedrock of the AIDS response so far.

Fortunately, there is growing consensus to integrate services, empower service users¹, and provide differentiated care and treatment delivery models². The Sustainable Development Goals also promote an integrated response to a full range of social, economic, political and environmental issues.

Our vision for a person-centred approach, however, goes beyond these concepts. We work

alongside people so that they can increase control over their lives by shifting power dynamics, leading community action and holding policy makers to account to end AIDS. Given the history of the HIV movement, these values may seem self-evident to many within it. But now more than ever we feel the need to recommit ourselves and others to these values in our programming and advocacy.

What do we mean by a person-centred approach?

At its most basic level, we look at health from an individual perspective, placing individuals at the centre of our HIV response. We consider health as much more than the absence of illness and think holistically about an individual’s full range of needs, desires, capacities and human rights. The overlapping values of **equality, equity, power** and **integration** underpin this approach at all levels of intervention: individual, peers, family and community, services, Alliance practitioners, and the legal and policy environment.

In addition to a person-centred approach there are three other guiding principles for our programming: **community action, human rights** and an **evidence-based response**.

Through **community action**, we work in partnership with individuals affected by HIV, who are best placed to address their own needs, demand and provide services, and hold

EQUALITY

We treat people equally as individuals in all their diversity, taking into consideration the multiple intersecting identities, realities, priorities, opportunities, vulnerabilities and risks that we experience throughout our lives. As such, we strive not to label people as homogenous groups, but to understand the complex realities of people’s lives and adapt our responses to these nuances.



Our work with women who use drugs in Kenya includes taking into account their concerns as young women, lovers and mothers related to safety and security, HIV, sexual and reproductive health and rights (SRHR), relationships and childcare.

EQUITY

We strive to promote equity and address systemic exclusions of those who are most marginalised, and often criminalised, for their identities and behaviours, e.g. people who sell sex, people living with HIV, people of diverse sexual orientations or gender identities, and people who use drugs. We analyse how identities such as age, gender, and socio-economic status affect people, and address this in our work.



Under the [Link Up](#) project we improved the SRHR of young people marginalised for their identities and behaviours as well as their age. We worked with young people to ensure that barriers to access information and services at individual, family, community, service and structural levels were analysed and addressed.

1. World Health Organization (2016) WHO Framework on integrated people-centred health services. Available at: www.who.int/service-delivery/safety/areas/people-centred-care/framework/en/

2. WHO (2016) What’s new in service delivery. Fact sheet: HIV treatment and care. Available at: www.who.int/hiv/pub/arv/arv2015-service-delivery-factsheet/en/

governments to account, and who are the most powerful advocates for change. Our work is testament to the enormous positive impact of a community of peers whose organisations we help strengthen.

Our **human rights-based approach** recognises and responds to underlying inequalities, prejudices and power relationships that increase vulnerability to HIV, promoting not only the right to health, but also a range of other civil, political, economic, social and cultural rights linked to health and wellbeing.

Our **evidence-based approach** involves making decisions by integrating the best available evidence with programmatic expertise and community preferences. Evidence-based practice must be rooted in the understanding of local context, power dynamics, programming experience, community preferences and ethical considerations.

How does this work in practice?

We need to ensure that all our work adheres to the person-centred approach – and the other Alliance programming principles – and find practical ways to analyse our programming through this lens. One way to do that is to build programming frameworks, such as the one developed for work with gay men and other men who have sex with men in Africa, which takes a key population

approach but acknowledges the diversity of individuals and upholds the values of the person-centred approach (see page 4).

The framework sets out the values underpinning our work and ensures that our programming strategies, at all levels of intervention, align to the principles of a person-centred, community-led, human rights-based, and evidence-based response.

This type of framework can be adapted to other programming areas and can be used in programme design, partnership building, monitoring and evaluation, research, tools development and documentation of good practice.

In the context of a quickening epidemic, an increasingly hostile environment for individuals marginalised for their identities and behaviours, and a predominantly biomedical response, we must hold true to our values. We will only end AIDS when each of us has the power to make informed choices about our own health, access high quality, evidence-based services, and live in communities that are free from discrimination, stigma and violence.

We believe that delivering person-centred, integrated, human rights-based and community-led HIV, health and rights programmes is the most effective and sustainable way to end AIDS.

POWER

We strive to shift unequal power relationships, and respect and promote the agency of individuals to make informed and positive choices and engage in collective action. Our approach focuses on engaging with individuals from key and priority populations as change agents rather than merely recipients of services. We strengthen community-led organisations to shape their programming according to their experience, needs and priorities at all levels of intervention.



Under the [Vihaan](#) project, Alliance India supports community-based organisations and networks of people living with HIV to take a leadership role in the national care, treatment and support programme.

INTEGRATION

We think holistically about a person's needs, desires and priorities, with HIV as an entry point to ensure comprehensive health, rights and wellbeing. We respect and promote the capability of individuals to negotiate their health journey at different stages of their lives and to think holistically about their health and wellbeing, and we strive to adapt, tailor, and integrate our services and programming accordingly.



The [READY](#) model strengthens the capability of adolescents and young people living with and affected by HIV to make and enact informed and healthy choices. Furthermore, READY promotes their leadership in improving the quality of and engaging in the delivery of integrated HIV, SRHR, psychosocial support, and gender-based violence prevention and care services.

Programming framework for gay men and other men who have sex with men’s sexual health and rights in Africa

