

Perspective Article

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People Do not Live in Programmes: Rethinking HIV Health Promotion in a Fluid and Intersecting World

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ABSTRACT

HIV health promotion has often been organized through programmes that address specific populations, behaviours, risks, or health outcomes. While this approach has contributed significantly to the expansion of HIV prevention and treatment, it can also overlook the complexity and fluidity of people's everyday lives. People do not experience their lives through separate programmes. They live one life in which health, sexuality, gender, relationships, work, economic circumstances, social environments, stigma, mobility, and access to services intersect and change over time.

This perspective argues that HIV health promotion needs to move beyond programme-based thinking towards approaches that recognize people as whole and evolving human beings. Drawing on community experiences and reflections from HIV and community health work, the article explores how intersecting identities and changing life circumstances influence people's engagement with health services and prevention interventions. It highlights the limitations of fragmented systems in which individuals are expected to navigate multiple programmes, eligibility criteria, service providers, and forms of support separately.

The article proposes a shift from asking which programme a person belongs to towards asking what matters in that person's life at a particular moment. Such a shift requires health systems to become more flexible, person-centred, community-informed, and responsive to changing needs. Integrating HIV health promotion with broader wellbeing, social support, rights, and community systems may create more meaningful pathways to health and dignity.

Ultimately, people do not live in programmes; they live one life. If people's lives are fluid, interconnected, and constantly changing, health systems must also become capable of responding to the whole person rather than to isolated categories or programme boundaries.

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Introduction

People do not live in programmes. People live one life. These opening frames the central argument of the article: although health systems and HIV responses are frequently organized through distinct programmes and population categories, people's lived experiences do not follow these boundaries. The full introduction from the previous manuscript should be retained here and revised only as needed to connect with the new abstract and framing.

From Programme Categories to Whole Lives

This section retains the original argument concerning programme-based approaches, population categories, intersecting identities, fluidity of people's lives, and fragmented services. The central proposition is that integration happens inside people's lives not inside the system.

HIV Health Promotion in a Fluid and Intersecting World

This section connects HIV health promotion with sexuality, gender, relationships, work, economic insecurity, mobility, stigma and discrimination, social environments, and access to health and

social services. HIV should not become the sole lens through which a person's life is understood.

When Systems Fragment People's Lives

This section develops the observation that fragmented programmes can require individuals to navigate multiple systems themselves for example HIV services, sexual health, mental wellbeing, social protection, legal support, livelihood assistance, and community support even though these dimensions are interconnected in everyday life.

Towards Whole-Life HIV Health Promotion

The conceptual shift proposed is from asking, "Which programme does this person belong to?" towards asking, "What does this person need, value, and experience in their life at this moment?" The approach connects health, wellbeing, rights, community, and social support.

Implications for Health Systems and Community Practice

This section connects the conceptual argument with community practice, emphasizing flexible services, community-led approaches, integrated referral and support, dignity, reduced stigma, meaningful participation, and systems that can respond to changing lives.

Conclusion

People do not live in programmes. People live one life. If people's lives are fluid and intersecting, health systems need to become sufficiently flexible, connected, and person-centered to respond to whole lives rather than isolated categories or programme boundaries.

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