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ENDING HIV: AN INNOVATIVE COMMUNITY ENGAGEMENT PLATFORM FOR A NEW ERA OF HIV PREVENTION

Yves Calmette

Abstract

ACON is Australia's largest LGBTI health organisation with a primary focus on the prevention of HIV and other sexually transmitted infections (STIs), as well as health promotion with gay men and other men who have sex with men (MSM). This is the group most affected by HIV in New South Wales (NSW), making up around 80% of all new infections annually (NSW Health, 2013). ACON is a community-based organisation, running a number of programs tailored to gay men's sexual subcultures, practices, ethnicities and ages. In February 2013, ACON launched Ending HIV, the first large-scale campaign designed to meet the new targets set out in the NSW HIV Strategy 2012-15: A New Era (NSW Health, 2011). This strategy set the ambitious targets of reducing the transmission of HIV between gay and other homosexually active men in NSW by 60% by 2015, and 80% by 2020. Ending HIV was designed to mobilise the gay community to reach these targets. Ending HIV is an interactive social marketing campaign based on peer-education principles that incorporates communication, campaign and community mobilisation initiatives to reach this goal. Ending HIV has been rolled out nationally and has received a high level of international attention, including winning the 2013 and 2014 Sydney Design Award, Australian Creative Best of the Best, Communication Arts Award of Excellence and the 2014 Graphis Annual Design Award. This article explores the genesis of ACON's innovative engagement platform, which now drives all of ACON's HIV and STI prevention work, and discusses the approach's growing promise for prevention for diverse contexts.

Keywords: HIV, Ending HIV, Social Media

Ending HIV: Introduction and Background

2020: Ending the decade, ending HIV. Imagine that.



In 2013, the NSW Health Minister Jillian Skinner, launched ACON's innovative education initiative designed to help end the HIV epidemic by 2020. ACON's *Ending HIV* campaign was launched at the start of the 35th annual Sydney Mardi Gras festival. This multiplatform campaign was targeted at gay men to educate them about the real

possibility that HIV transmission in NSW could be virtually eliminated by 2020. This article outlines the steps that led to ACON's ground-breaking initiative and its development through the first three phases of implementation to date. These phases included the launch (phase 1) to educate on the possibility of ending the epidemic by 2020. This was followed by a focus on the importance of maintaining the strong culture of safe sex in NSW (phase 2). Finally the campaign focused on testing (phase 3). The 4th phase honing on early treatment will be launched next year.

Ending HIV is possible

In 2011, Australia became a signatory to the United Nations Political Declaration on HIV/AIDS (UNAIDS, 2011). This significant international agreement was endorsed by all UN member states. Given Australia's leadership role negotiating the Declaration and also Australia's role as host of the International AIDS Society conference (AIDS2014), it was considered that there would be considerable international interest in Australia's efforts and progress towards achieving the UN Political Declaration goals (Australian Federation of AIDS Organisations (AFAO), 2012).

The global targets set in the declaration include reducing sexual transmission of HIV by 50%, reducing HIV transmissions through injecting drug use by 50% and eliminating mother to child HIV transmissions by 2015. The Declaration also sets a target of having 15 million people living with HIV in low and middle-income countries on antiretroviral treatment (ARVs) by 2015. Promising emerging research findings (Matassa, M, 2011; Anderson, PL et al, 2013), together with the commitment encompassed in the Declaration, offer nothing less than the possibility of bringing the HIV epidemic to an end.

Australia, the NSW government endorsed this approach and the NSW HIV Strategy 2012-15: A New Era was launched on 1st December 2012. In line with this strategy ACON has committed to work towards reducing new HIV transmissions between gay and other homosexually active men by 80% by 2020.

New biomedical approaches such as Truvada used as post-exposure prophylaxis (PEP) and Pre-Exposure prophylaxis (PrEP) have been called a lot of different things by HIV experts. It has variously been called 'Combination Prevention', the 'Prevention Revolution', the 'New Prevention Paradigm', 'Treatment as Prevention' or even 'Treatment for Prevention.' Whatever it is that we choose to call it, it is about one thing – *Ending HIV*.

We are entering into the third and possibly final, phase in the history of HIV/AIDS in NSW. In the first phase in the 1980s, many gay men took up and promoted safe sex practices to protect themselves and their partners from the threat of the virus. Thing changed in the second phase in the 1990s, with the introduction of combination therapy, HIV stopped being a death sentence and became a manageable chronic condition. There was new hope for people living with HIV and HIV stopped being a death sentence. Understandably, condom use declined after this period as HIV became less of a visible threat to gay men. Now, for the first time, we know that treatments can be as effective (if not more so) than condoms. Everything has changed, as we enter into this 3rd phase of the epidemic. Finally we are able to look forward to a day where we can end HIV transmissions.

However, as for any revolutionary change, challenges, barriers and obstacles can potentially stop ACON and communities of gay men and other men who have sex with men from meeting the challenge of *Ending HIV*. This HIV-prevention approach is very ambitious and different from the simplicity of messages around condom-reinforcement. This complex set of messages differs from previous campaigns in several key ways:

- It is not about a decrease in HIV notifications, but the elimination of HIV transmission for good.
- It is not only about condoms, but about building community awareness of other risk reduction methods such as treatment as prevention, the effects of having an undetectable viral load (UDVL) and PEP and PrEP as prevention methods.
- It is about mobilising key populations, educating them and encouraging them to embrace a vision of a world without HIV – then take steps to make this a reality.
- It is about radically changing behaviours within a few years – creating a massive upscale in testing frequency and early treatment uptake while maintaining a strong safe sex culture.



In

Image 1: 'by 2015, we will reduce the transmission of HIV among gay and other homosexually active men by 60% and by 80% by 2020.' (NSW Health, 2013).

Ending HIV has a number of ambitious objectives, leading towards these goals.

- to inform gay men about recent research findings, new prevention approaches and technologies that make ending HIV transmissions attainable.
- to update gay men's knowledge about significant advances in HIV treatment, resulting in simpler regimens, far fewer side effects and much greater health and prevention efficacy benefit.
- to encourage all sexually active gay men to test for HIV more frequently.
- to support and encourage gay men to sustain safe behaviours sufficient to ensure the goals are attained.
- to ensure that gay men diagnosed with HIV are able to access treatment and care as soon as possible.
- to achieve a dramatic decline in community viral load sufficient to attain the overall reduction in transmission goal.
- to refresh and reposition the role of condoms as the safest and most assured means of preventing HIV transmission, among a 'toolbox' of prevention strategies.
- to reinforce the importance of regular HIV/STI testing for all gay men.
- to update knowledge and awareness about the prevention benefits from maintaining an UDVL, sustained over time.

ACON is well-positioned to meet these challenges. As a community based organisation it is run by members of the community most affected by HIV. This peer-led approach ensures that messaging can be tailored to subcultures within the broader population of gay men. By adapting campaign messaging to target these groups, messages become more personally meaningful and help to encourage behaviour change (Spina, 2013).

The populations of gay men we work with are diverse. Certain individuals may find these discussions uncomfortable, others will be sceptical and some will be already convinced. Research into attitudes towards these new approaches among HIV positive and negative gay men in Australia (Holt et al., 2013) revealed very high levels of disbelief about the prevention benefit of treatment.

'HIV-negative men more strongly disagreed that HIV-positive people on treatments are unlikely to transmit HIV and that a person with an undetectable viral load cannot pass on HIV' (page 6).

This indicates that education around these new approaches is needed to ensure that most gay men are aware of the effectiveness of these new approaches. The research must be translated so that these individuals know what they can do to help end the HIV epidemic.

Creative collaborations for designing the new prevention landscape

Ending HIV is a complex set of messages. There are key conditions that will need to be met to 'end' new HIV transmissions by 2020. It requires all stakeholders from non-governmental organisations (NGOs), government departments, clinicians to community members to work together in close partnership. The one-size-fits-all approach to HIV prevention, support and care will not work. Core messages had to be designed to speak to gay men collectively, convincing them of the possibility of ending HIV by 2020. This involved active participation by affected communities, both LGBTI and heterosexual.

In addition to the broader messaging of *Ending HIV*, customised messages were also disseminated to provide sub-culturally tailored information. This involved targeting the campaign in culturally appropriate ways to specific sub populations. The *Ending HIV* website contains different ‘entry portals’ directing a website visitor to tailored information that are designed to meet their needs. These portals are ‘Young’ (under 29), ‘Sexually Adventurous’, ‘HIV +’, ‘HIV –’ and ‘In a Relationship.’ The messaging through these portals uses language aimed at engaging that specific population, as well as information specific to that group. Specific information that needs to be communicated differently includes recommended frequency of testing and treatment options.

Finally barriers to achieving the stated goals needed to be addressed. These are both structural and based on addressing the perceptions of gay men. Structural barriers continue to be addressed through strong partnerships with government, clinicians and regulatory bodies, with advances made in the ease of access to treatment as well as the scale up of rapid testing centres and the introduction of home testing. Looking to the future other barriers such as access to PrEP and the use of rectal microbicides are yet to be introduced. Other barriers including stigma and discrimination towards LGBTI people and especially those living with HIV, must also continue to be challenged through the campaigns being run.

ACON’s Ending HIV Strategic Approach

The Ending HIV approach required a radical rethinking of how we did HIV prevention work. This required major organisational change as well as challenging the beliefs of HIV ‘experts’ about what is effective HIV prevention. Both anecdotally and through qualitative research studies (Prestage, et al., 2010) on the perceptions of gay men and other men who have sex with men. ACON was receiving feedback that its campaigns were boring or that they did not relate to the condom-reinforcement messaging and that it did not speak to their sexual practices and needs. It is difficult to galvanise community mobilisation if the communities being served do not feel sufficient ownership or engagement with campaign messages. The Pleasure and Sexual Health (PASH) study (Prestage G et al, 2009) showed that while most men were generally appreciative of HIV prevention messages and supported their continuation, there were also many criticisms. These criticisms ranged from feeling that the messages were not hard-hitting enough and failed to show HIV as a sufficient threat. Still others believed the messages were out of proportion to the real level of HIV threat and were designed to make gay men afraid of having sex. Even though HIV still matters to most gay men, they do not tend to personally engage with the details of HIV prevention messaging and campaigns. Also, they often don’t pay particular attention to those messages. The majority of respondents also suggested that there was little to distinguish campaigns from one another, that they all look much the same. Some respondents indicated they had simply switched off from HIV education messages as this quote from a 33 year old, HIV-negative, PASH study participant exemplifies:

‘All that talk about “condoms not being a nuisance” or even “being part of the fun” is simply a lie so don’t keep telling us this BS – no wonder no one reads it.’

Business-as-usual approaches, even if they are best practice, are no longer enough. To re-engage gay men HIV prevention, education and care organizations must use new approaches.

How to End HIV

HIV notifications have remained relatively stable in NSW over the past ten years (NSW Health, 2013) but *Ending HIV* is about eliminating new HIV transmissions, not accepting stability as the status quo. This dedication required ACON to innovate and move away from using the traditional social marketing framework. In order to position *Ending HIV* as an achievable goal ACON had to rethink the ways that it communicates and engages with gay men.

This required much more than a standard campaign. ACON developed an entire community engagement platform that sought to achieve a massive impact in reaching and engaging the majority of gay men in NSW. It was also designed so that it was not a static campaign, but rather had the flexibility to grow and evolve along with the community it engages. It has been released through various phases released over multiple years to keep the messages fresh and relevant. The social media presence allowed resources from partners and key stakeholders to be shared with our audience. Through being adaptable, innovative, interactive and responsive the campaign ensured an ongoing dialogue with community members could be maintained.

The five pillars of Ending HIV: Impact, Reach, relevance, Dialogue and Ownership.

Impact

ACON had to think ‘outside the box’ to demonstrate that *everything had changed*.

New messages needed to be communicated in terms of HIV testing frequency, the health benefits of new treatments, treatments impacts on transmission and other HIV risk reduction strategies. ACON’s creative development process was driven by:

- Looking at creative inspirations from sources beyond the traditional gay imagery and the ‘sex sells’ formula commonly (over)used in the HIV sector.
- Developing a holistic concept to perfectly fit all communications channels including; print, digital, video, social and ambient.
- Designing a communication platform with the potential to be used as a brand for multiple years and multiple campaign iterations.
- Leveraging the same guidelines for optimum activation around multiple sets of executions.

It all started as a provocative promise, which became our new HIV prevention brand. *Ending HIV* (by 2020) came to life with a very simple yet effective visual mnemonic:

$$[TEST\ MORE] + [TREAT\ EARLY] + [STAY\ SAFE] = [ENDING\ HIV].$$

Ending HIV embodies a movement, a vision, a target and a new journey. ACON would like gay men to go on that journey with them. The campaign speaks to all gay men, whether HIV positive or negative. *Ending HIV* is an inclusive movement that everyone affected by HIV can be a part of.

While the ‘2020’ target isn’t part of the core message, it is referred to throughout the channels that support the campaign such as the web portals, videos and relevant print material. The equation visually explores the link between testing, early treatment, risk reduction and ending HIV.

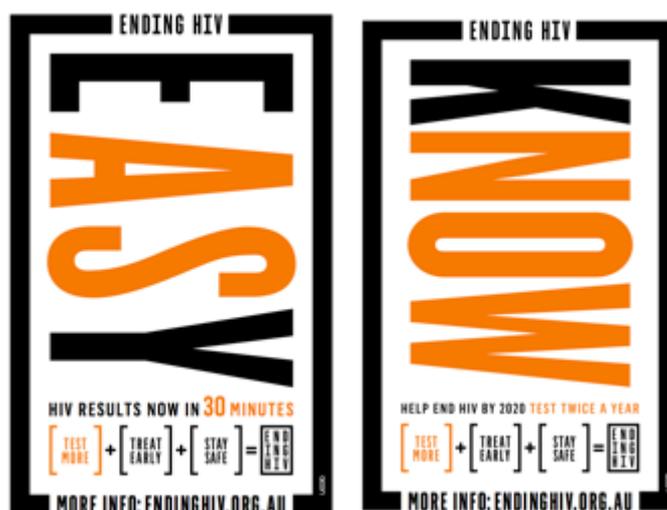
equation alone for quick messaging, to in-depth information through media articles and websites. The website address (endinghiv.org.au) is very prominent and directs the viewer to further information.

Since its inception in February 2013, 5 different executions have been developed.

Phase 1 – *Ending HIV* and *I'm IN* executions, promoting community education and buy-in.

Phase 2 – *Carry On* series focusing on safe sex practices.

Phase 3 – *Easy As* and *Know Now* focusing on promoting HIV testing services.



18 months after the initial launch campaign evaluations have shown that the *Ending HIV* brand and design earned a very strong currency with the gay community, with each phase building upon the last and strengthening recall, reach and engagement (Spina, 2013).

Reach

The campaign is asking gay men to radically change their behaviours. In order to cut through the noise it had to be big, loud and visible everywhere. It needed to leverage what works best to hit hard and engage as many gay men as possible, as quickly as possible.

The team at ACON knew that changes in the gay community meant that relying on the gay press, posters in sex on premises venues (SOPVs) and the traditional gay bars was no longer sufficient. Spina's evaluation reports (2010a, 2010b) show that relatively low readership of the gay press and declining numbers of gay men going to gay venues means that a four week print-only campaign would likely miss up to half the target audience, with only a third of the target audience having multiple exposures to the campaign. ACON worked with Universal Media, one of the leading global media planning agencies, who offered to collaborate on a pro-bono basis. Their expertise combined with efficient media planning tools helped develop a solid mix of outdoor, online and mobile advertising formulated to optimally target the gay community.

Mainstream outdoor media was used to maximise impact and reach. Large format billboards on street furniture and bus shelters where gay men live, work and play were prime sites for campaign messages. The total reach was expected to be 50% of all men (gay and heterosexual) in Sydney aged 18 to 55 at a frequency of 4 to 5 exposures. These figures ended up being much higher for our target audience, as the gay population was over-represented in the selected areas.

Digital approaches were key to increasing reach and generating further engagement. This approach increased the frequency of messaging and added to the impact generated by the outdoor advertising. High impact digital executions targeted to gay sites such as Samesame, Manhunt, Gaydar, Aussiemer were used alongside sophisticated targeting approaches including demand side platforms, smart targeting, YouTube advertising, Google Adwords, search engine optimisation and mobile advertising. This was effective as gay men over-index against all mobile statements in terms of mobile usage compared with the rest of the population.

Social media was also central in the mix and included series of ads run through Facebook. This allowed the ads to be highly targeted and a comprehensive content plan with daily posts and updates for the main social media platforms. Given that gay newspapers and magazines are now among the less utilised media among gay men, campaign presence was kept to a minimum. It was limited to 2 gay publications. This helped the campaign to reach men in regional areas outside of our targeted outdoor advertising.

Relevance

‘What’s in it for me?’ If each gay man could find the answer to this question in the *Ending HIV* platform, it would go a long way towards optimising our chances of meeting our targets.

It was rapidly identified that an interactive website would play a significant role in delivering the key messages and help drive the cultural shift within the gay community. Convinced that this shift would need to be sustained for a few years, the opportunity was taken to develop a web portal dedicated to gay men’s sexual health. This aimed to develop a highly interactive platform where gay men could find generic and customised information, videos and tools delivering more information on how they can be a part of *Ending HIV*. It also hosted comprehensive content on sexual health, in particular other popular sites ACON developed in recent years.

An entire section of the portal was dedicated to a range of interactive tools and interfaces to allow gay men to find customized information to encourage them to test more often, consider treatment if positive and to stay safe and minimize the risk of HIV transmission. The tools were distributed as follows:

Tools for Testing:

- *Where to Test* – a geo-locational tool to search for the nearest location to get an HIV test or rapid HIV test
- *Remind Me* – an email/SMS notification service for gay men to receive reminders for their next HIV test.
- *How Often to Test* – a tool to determine how often guys should get tested for HIV, based on their HIV status and number of sexual partners
- *Won’t get Tested?* – an interactive tool to educate gay men about HIV testing and demystify the concept of testing
- *Get a Check-up* – a geo-locational tool to search for the nearest sexual health clinic, gay-friendly GP and/or bulk-billing GP

Tools for Treatment:

- *Recently Diagnosed?* – A tool for recently diagnosed gay men to easily get access to services such as counseling and workshops
- *Won’t get Treated?* – An interactive tool to educate gay men about the benefits of HIV treatment uptake

- *Get a Check-up* – A geo-locational tool to search for the nearest sexual health clinic, gay-friendly GP and/or bulk-billing GP

Tools for Stay Safe

- *Where to find free condoms?* – a geo-locational tool to search for the nearest location to get free condoms in NSW
- *Risk calculator* – the tool developed for our previous campaign *Know The Risk*, which aims to educate gay men on non-condom based risk reduction strategies.

One year after the launch, new sections were added to give customised information and tailored calls to action to address specific needs of priority populations. This was especially aimed at sexually adventurous men who drive 35% of new infections (Prestage, 2006), guys in relationships who drive 25% of new infections and younger men who make up about a third of all new infections in NSW (NSW Health, 2014). Negative men and positive men each got a dedicated section as well. This addition proved to be very successful at improving the time spent on the website.

Dialogue

Given the massive behaviour changes we are seeking from gay men and the need to develop, grow and sustain a huge level of mobilisation, we moved away from the traditional off-on education campaign model to a new framework. This allows ongoing dialogue and interactions with gay men. This dialogue builds on a new ‘contract’ between ACON and gay men. While gay men commit to increase testing and treatment uptakes while sustaining a strong safe sex culture, ACON commits to play an active advocacy role to facilitate access to rapid and home testing, access to treatment, support, research on PrEP and microbicides. ACON also committed to deliver the most up-to-date information, and regularly consult with and report back to the community. Paramount for facilitating the dialogue with gay men, engagement tools to interact and participate in the campaign were placed prominently on the portal. In particular, the ‘*Ask an Expert*’ tool, where users can submit questions on the campaign, testing and treatment which is answered by ACON and commented by other users who signed up to the web portal. Also, the blog section where new articles are regularly posted is another channel for gay men to share and interact.

The ongoing dialogue was also developed via very strong social media activities focusing on delivering relevant, engaging and informative content to our existing network of Facebook fans and Twitter followers. For this, a multimedia editorial content calendar was developed to ensure consistent delivery across the life of the campaign and continuous activity across the social network channels each day. This included an extensive mix of internal and external curated content, specific information and articles relating to the campaign, as well as some general content consisting of personal narratives around HIV, stigma, world news and advances in treatments. Social media activities focused on developing content for Facebook, however this content was replicated and adapted to Twitter. As an example, here is a typical weekly content schedule for phase 3 (focusing on ‘Stay Safe’):

- Monday: Re-posts from the first phases of *Ending HIV*, call to action, education and current information on treatments and testing
- Tuesday: Condom content from *Ending HIV* website / general content articles
- Wednesday: Condom content from *Ending HIV* website, general content articles or rapid testing promotion
- Thursday: Safe sex ACON campaigns through the years

- Friday: Question of the week around the *Stay Safe* component
- Weekend content would consist of two posts with lighter content.
- Saturday: Video post of condom campaigns, commercials or general content articles
- Sunday: Saluting public identities, celebrities who have supported and advocated safe sex campaigns and HIV/AIDS prevention through the years

Ownership

Making sure all stakeholders shared the same vision and ownership of the *Ending HIV* project was a priority. ACON started by developing 2 separate interfaces for people and organisations to demonstrate their support to the movement. Through this they could choose to stay connected and receive updates and news about the campaign.

These were ‘*Join in*’, a functionality to allow people to show their support and commitment to the campaign and share the website through their personal networks and ‘*Sign up*’ a functionality for people to sign up and be able to receive news, updates and participate in the website’s blogs and forums. So far, more than 30 organisations including the City of Sydney, the Kirby Institute (national research center in HIV), other HIV organisations, gay venues or commercial brands support the ACON initiative and their logos are featured on the web portal. Our main funder, the Ministry of Health also decided to use the *Ending HIV* design as its umbrella branding for all its HIV initiatives.

The campaign furthers this sense of ownership by encouraging face-to-face interactions with the gay communities. Several forums took place to encourage gay men to share their views on topics related to condoms use, testing and treatment and their critical role to end the HIV epidemic. Stunts took place regularly with crews of men wearing *Ending HIV* shorts and carrying campaign sandwich-boards engaging with the crowd and distributing branded safe packs in the gay areas on weekends. All gay parties and events were systematically covered with a huge *Ending HIV* branding presence. Our key partners such as gay sport or social groups were also mobilised to disseminate our messages and interact with their members during their events.

Impact, reach, relevance, dialogue and ownership. These five key principles found their full expression in the videos developed. Evaluations (Spina, 2013) showed that videos could potentially play a powerful role in communicating the details of campaigns, embody our vision, and generate a high level of mobilisation while giving a tool to community members and stakeholders to spread the word and increase the campaign’s reach.

Yes we can.

Using a comprehensive range of qualitative data collected in focus groups, quantitative data via online surveys completed by more than 500 men, as well as data from Google and social media analytics, two campaign evaluations have been completed (Spina, 2013a, 2013b). One in May and the other in December 2013. Both were conducted by an independent market research consultant.

So 12 months since the launch of *Ending HIV*, is this working? Have we met our education and mobilisation objectives? Can we see a shift in gay men’s health literacy and behaviours?

All data indicates the campaign evaluated extremely well across a range of key indicators. *Ending HIV* has been a very successful campaign at engaging, communicating and persuading the audience. It achieved a very high level of recall, communicated its message effectively and caught the attention of its target audience. The significant investment in the advertising budget has had a beneficial impact.

Outdoor advertising (particularly bus shelters, but also street banners) and social media advertising contributed to high levels of campaign awareness in conjunction with the well-executed creatives.

The implementation tactic of engaging the audience's attention through eye-catching advertisements, then encouraging them to seek out further information on the internet or social media has been shown to be effective. It is worth noting that those who sought out additional information tended to find the campaign messages more persuasive. Key evaluation findings are as follows:

- **Recall:** A very high 66% to 70% of NSW survey respondent recall seeing the advertisements. This is by far one of the highest levels of recall ever achieved by an ACON campaign in recent years. Even more pleasingly (given significant advertising placement occurred in Sydney) this jumps to an even higher 76% recall among Sydney respondents.
- **Engagement:** Apart from the high level of recall, there are other indications that the audience found *Ending HIV* an engaging initiative. One-in-two described the campaign as eye-catching. One-in-four respondents thought the campaign was a lot better than previous HIV advertisements they had seen, while another 30% thought it was a little better. Focus group participants responded well to the design indicating it caught their attention.
- **Communication:** Approximately 63% of survey respondents thought the advertisements explain how we can end HIV. This was supported by focus group participants who were able to articulate, at times with a good level of detail, about the steps required to end HIV.
- **Impact on health information seeking behaviour:** As there is a limitation to the amount of detail that can be addressed within the advertisements, a key strategy was to direct the audience to the website or Facebook page for further information. This approach worked extremely well with a very high 35% of survey respondents having visited the website or Facebook page and 21% watched the *Ending HIV* video. Furthermore the survey itself contributed to dissemination of the message, as 30% of survey respondents watched the *Ending HIV* video which was embedded in the survey.
- **Acceptance of the message:** Focus group participants demonstrated acceptance of the campaign messages. They thought asking gay men to test at least twice a year as a minimum was reasonable (although, of course, behaviour does not necessarily match intent) and they were receptive to the *Treat Early* message as many understood treatments had improved significantly and had heard that increasingly the recommendation was for early testing.
- **Persuasion:** Very importantly, the *Ending HIV* campaign contained a persuasive message. This is a necessary precursor to motivating individual behaviour change. 45% of survey respondents believe that we can end HIV transmission by 2020. Yet the more respondents engage with the campaign the more persuasive the message is as among those who had watched the video it leaps to 61% who believe we can end HIV by 2020 and among those who had visited the website or Facebook page 62% believe we can end HIV by 2020.
- **Impact on health literacy:** Pre and post-survey of attitudes towards seven key statements indicate a shift in knowledge is underway.
- There is an increase in the number of respondents reporting having been tested for HIV in the last six months and a decrease in those respondents who have reported never having been tested for HIV.

- There is an increase in recognition that we can now dramatically reduce HIV transmission.
- There has been an increase in recognition of the importance of frequent HIV testing.
- There is also an increasing recognition that early HIV treatment is better for your health and can help protect your sex partners.
- The most significant change in knowledge has been an increase in the recognition that HIV treatments reduce the risk of passing on HIV, however, the surveys highlight that still one-in-two respondents are either neutral or disagree with this statement.

Critical feedback was minimal. Among respondents who were more critical it tended to be for one of three reasons: a) they were not persuaded by the message and didn't believe HIV could be ended by 2020, b) they believed using the terminology 'ending' was inappropriate because an 80 per cent reduction in HIV transmission is not 'ending' HIV, or c) they were concerned about how others may interpret this message and that this may fuel complacency and have unintended impact on safe sex practices.

Many of these respondents raise legitimate issues. The last point regarding the campaign fuelling complacency is a significant risk in running this campaign. Although participants in the evaluation generally understood that the campaign is not saying 'HIV has ended' but that we now have the tools to work together to end it. It is important to note that some of the respondents who did not believe the message still indicated that they hoped it was true and often still commented that they liked the campaign.

The Facebook fan database grew from 2,200 to more than 7,700 in December 2013 and to 11,200 fans at the time of writing. These results are alongside other Facebook analytics demonstrating a high level of reach and engagement:

- Facebook engagement indicator: up to 2.68% (industry average: 0.5% - 0.99%)
- Average number of Facebook organic reach per week: 3,972
- Average number of Facebook total reach per week (organic and paid): 211,468
- Average number of engaged users per week: 2,507
- Average number of likes, comments and shares per week: 501
- Total number of Facebook users reached organically: 168,862
- Total number of engaged users: 16,414
- Total number of organic impressions: 315,840
- Total number of impressions (organic + paid): 47,216,072
- Traffic generated from Facebook to the *Ending HIV* website: 1,598 visits

The web portal attracted more than 90,000 visits with viewers spending 2 to 3 minutes at each visit. In regards to online advertising, the Google AdWords campaign was the most effective, generating alone more than a quarter of the total traffic generated to the *Ending HIV* web portal at the most cost-effective rate, successfully targeting NSW. This is followed by Facebook, generating over 12% of the total traffic. These 2 online advertising channels were essential to drive traffic to the *Ending HIV* web portal.

Survey findings highlight that (particularly among HIV negative men) there is still room to improve the understanding of developments in HIV treatment and the benefits of treatment as prevention. While testing practices appear to be changing, the surveys still find that the respondent's own testing patterns do not match what they consider appropriate testing practices for gay men. Future iterations of the campaign need to give consideration to focusing on testing more and the benefits of treating early and their

role in ending HIV. It is also important to recognise that there remain significant structural impediments to achieving the outcomes desired by the campaign. For instance, one respondent highlighted his difficulties in accessing early treatment.

Conclusion

In an era where information and imagery are ubiquitous, the positive reception accorded to *Ending HIV* indicates that the revised framing was an effective means to re-engage with a target audience that tends to view all HIV messages as ‘more of the same’. It was time to challenge what used to be unquestionable, and to explore new routes.

Ending HIV was built around 5 pillars: Impact, Reach, Relevance, Dialogue and Ownership. By focusing attention and developing strategies around each of these pillars a greater level of engagement was able to be developed. By tailoring this approach to the existing evidence base the campaign was able to leverage of what we already knew about our target demographic to re-engage them with our new messaging.

Innovative design-driven strategies combined to the power of outdoor media and online channels have proved to have the ability to transform the way gay men think and act for the ultimate cause of tackling HIV transmission by 2020. 2020:

Ending the decade, ending HIV?

Yes, we can.

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