



Awareness and interpretation of the *Ending HIV* campaign and changing attitudes about treatment as prevention in an online cohort of MSM

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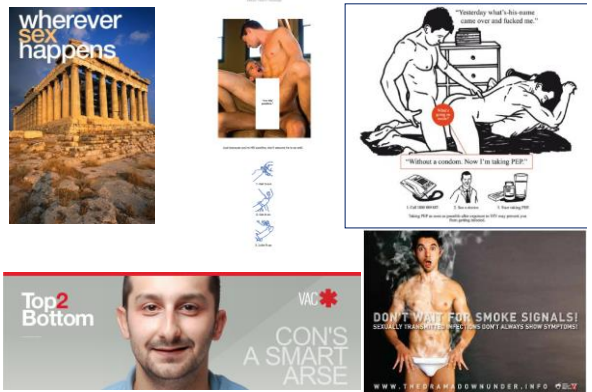
Background: HIV in Victoria

- Increased HIV notifications in gay and other MSM in VIC
- Increased STIs notifications among gay and other MSM
- Evidence of ongoing increase in condomless anal intercourse with casual partners (CAIC)
- Evidence of additional risk reduction practices in use among the community

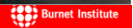


Background: HIV Prevention

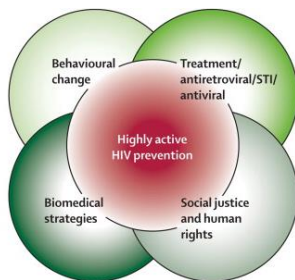
- Since 2007, the Victorian Department of Health and Human Services (DHHS) has funded the Victorian AIDS Council to implement a range of social marketing campaigns targeting gay men.



Source: Victorian AIDS Council



Background: Evolution of Prevention



Coates et al. (2008)

Background: *Ending HIV* in Victoria

- In February 2013, ACON launched the Ending HIV campaign.
- Adapted for national implementation, launched in Victoria by VAC in September 2013.

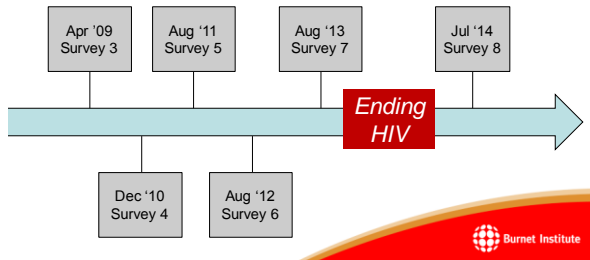
$$\boxed{\text{TEST MORE}} + \boxed{\text{TREAT EARLY}} + \boxed{\text{STAY SAFE}} = \boxed{\text{ENDING HIV}}$$

Everything has changed. We can end HIV.

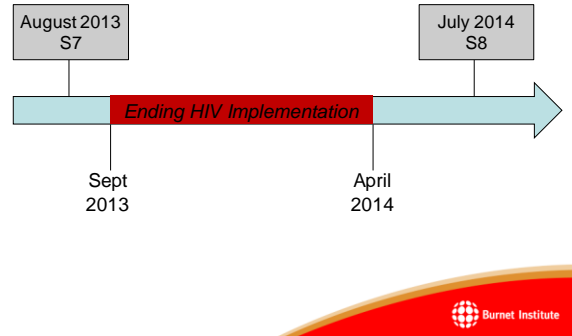


Methods: Online Cohort

- The BI has been commissioned by the DHHS since 2008 to undertake an outcome evaluation of HIV/STI prevention social marketing.



Timeline

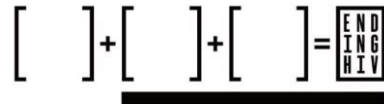


Methods: Campaign Awareness & Message Recall

- Campaign awareness & message recall for *Ending HIV* was assessed in 2014 (both in survey and focus groups), following the implementation period of the campaign.
- Campaign awareness questions in survey were aided
 - Modified campaign image shown and participants asked if they recognised the image.

Methods: Campaign Awareness & Message Recall

- Message recall questions were unaided
 - Participants were asked what they thought was the main message/s of the campaign



Methods: Attitudes to TasP

- To assess changes in attitudes and awareness of TasP and biomedical prevention, a panel of statements were added in 2013, pre-campaign implementation, with participants asked to agree or disagree.
- e.g. Treatment as prevention* means condoms are not as important anymore*
(Strongly Agree – Agree – Neither – Disagree – Strongly Disagree)

**Definition provided to participants:*

Treating HIV positive individuals with HIV medication with the intention of creating an undetectable viral load and providing HIV medication to HIV negative individuals prior to or after exposure to HIV (known as PrEP and PEP) to prevent new HIV infections.

Results

	2013	2014
Number of participants	353	328
Median Age (IQR)	33.8 (28.6-42.6)	35.4 (29.6-45.4)
Self-reported HIV status	n (%)	n (%)
HIV Negative	271 (76.8)	239 (72.9)
HIV Positive	33 (9.3)	39 (11.9)
Reporting casual partners in prev. 6 months	231 (65.4)	212 (64.6)
Any condomless anal sex with casual partners	109 (47.2)	94 (44.3)

Results: Awareness & Message Recall

2014 Survey (n=328)	n (%)
Ending HIV campaign awareness	158 (48.2)
Recalled at least one campaign message	112 (70.9)
Correctly recalled at least one campaign message	87 (55.1)
Message type recalled:	
Testing	51 (51.6)
Ending HIV	41 (47.1)
Early Treatment	32 (36.8)
Stay safe	26 (29.9)



Results: Awareness & Message Recall

- Awareness of *Ending HIV* varied widely in focus groups, but roughly half recalled having seen the campaign.
- Message recall and comprehension was mixed:
 - Most commonly recalled as a testing message.
 - Variations of "Treat Early" messages were offered, there was confusion within groups regarding the meaning of this message.

"If you meet someone and have bareback sex with them without asking them the question, the basic right thing to do is get treated quickly. Someone else might be scared to do this."

"I feel the 'treat early' part is the bit that's new. Now they're actually saying that you should take the drugs early on."



Results: Attitudes to TasP among HIV negative men

Treatment as Prevention

Statement	2013	2014
Start HIV treatment at CD4+ <500		
Agree	17%	15%
Disagree	6%	11%*
Delay treatment until absolutely necessary		
Agree	8%	6%
Disagree	60%	72%*
Treated person less likely to transmit		
Agree	34%	36%
Disagree	33%	25%*

^Neither Agree/Nor Disagree not presented

*Significant at $P < 0.05$



Results: Attitudes to TasP among HIV negative men

Importance of Condoms & Treatment Optimism

Statement	2013	2014
TasP means condoms are not as important anymore		
Agree	6%	5%
Disagree	70%	79%*
Condomless anal sex is never safe regardless of viral load		
Agree	63%	64%
Disagree	7%	14%*
HIV is less of a threat to my health because of better HIV treatment		
Agree	37%	29%
Disagree	43%	46%

^Neither Agree/Nor Disagree not presented

*Significant at $P < 0.05$



Results: Attitudes to TasP among HIV negative men

Perceived ARV Experience

Statement	2013	2014
It is difficult to take HIV treatment every day		
Agree	17%	29%*
Disagree	26%	26%
HIV medication regimes are difficult and have many side effects		
Agree	43%	38%
Disagree	12%	13%

^Neither Agree/Nor Disagree not presented

*Significant at $P < 0.05$



Results: Attitudes to TasP among HIV negative men

PrEP

Statement	2013	2014
PrEP is effective in preventing HIV infection		
Agree	17%	35%*
Disagree	14%	15%
HIV medication should be available to anyone, regardless of their HIV status		
Agree	33%	44%*
Disagree	36%	29%

^Neither Agree/Nor Disagree not presented

*Significant at $P < 0.05$



Conclusions

- Community awareness of the campaign was encouraging
- Message recall and comprehension is inconsistent:
 - May be due to the newness of the TasP and combination prevention messages
- Given interpretation of campaign as primarily about testing, future implementation should ensure emphasis on early treatment messages and primary prevention.
- Given that campaign awareness did not have an impact on shifts in attitudes and beliefs about TasP, these changes are likely to be driven by influences beyond *Ending HIV*
 - *AIDS 2014: community engagement, media coverage?*



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