

# HIV Anti-Stigma Social Marketing Initiative

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# Overview

- Background + Context
- Process
- Timeline
- Community Feedback + Phase 1 Insights
- My Learnings



# National HIV Action Plan for Aotearoa (2023 –2030)

- Released in March 2023 by the Ministry of Health.
- Vision: An Aotearoa New Zealand where HIV transmission is eliminated and all people living with HIV have healthy lives free from stigma and discrimination.
- Stigma significantly impacts quality of life for people living with HIV (PLHIV).

**Figure 2: Summary of overarching framework of the strategy**

International and Aotearoa New Zealand strategic context	Te Tiriti o Waitangi						
	UNAIDS Global AIDS Strategy 2021–2026		UNAIDS 2021 Political Declaration on HIV and AIDS			Global Health Sector Strategy on HIV 2016–2021 (WHO 2016)	
	New Zealand Health Strategy: Future directions (Ministry of Health 2016)		Sexually Transmitted and Blood Borne Infection Strategy			He Korowai Oranga: Māori Health Strategy (Ministry of Health 2002)	
	Whakamaua: Māori Health Action Plan 2020–2025 (Ministry of Health 2020b)			Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 (Ministry of Health 2020a)			
	Consensus Statement on Comprehensive HIV Prevention			Aotearoa Statement on Closing the Gap on STIs and BBVs among Indigenous Peoples of Australasia			
Vision	An Aotearoa New Zealand where HIV transmission is eliminated and all people living with HIV have healthy lives free from stigma and discrimination						
Goals	Reduced number of new locally acquired HIV infections (UNAIDS target: 90% reduction) (Sustain the low incidence of HIV among sex workers, people who inject drugs, and zero cases of mother-to-child transmission of HIV)	Improved Māori health and wellbeing in relation to HIV by delivering on our Tiriti o Waitangi obligations	Decreased mortality and the negative consequences of HIV on health and wellbeing (No AIDS-related deaths)	Decreased experiences of stigma and discrimination for people living with HIV (UNAIDS target: No people living with HIV experiencing stigma and discrimination)	Increased equity in relation to all HIV goals and objectives		
Objectives	Increased ability to identify inequities in HIV outcomes and monitor progress towards our goals	Increased information to improve HIV prevention and care programmes	Increased uptake of combination prevention (UNAIDS target: 95% of people who are at risk of HIV use combination prevention)	Increased timely testing, diagnosis, and treatment (UNAIDS target: 95% of people living with HIV know their status) (UNAIDS target: 95% of people diagnosed with HIV are on treatment and 95% of people on HIV treatment have viral suppression)	Increased access to culturally appropriate support services for people living with HIV	Improved regulatory frameworks and practices to reduce stigma and discrimination against people living with HIV	
Focus areas	Surveillance, information and knowledge systems		Combination prevention and health promotion		Testing and linkage to care	Support for people living with HIV, including addressing stigma and discrimination	
Priority groups	People living with HIV	People who inject drugs	Gay, bisexual and other men who have sex with men	Māori at risk of and living with HIV	Sex workers	People who have migrated from high HIV prevalence countries	Transgender and non-binary people
Priority settings	Primary health care		Community-led HIV health promotion, services and outreach			Prisons	
	Kaupapa Māori services			Specialised health care			

Evaluation and monitoring

## *Focus Area 4:*

# Support for people living with HIV, including stigma & discrimination initiatives

Anti-stigma and discrimination initiatives for the wider public



Action point 4j – develop a social marketing campaign to tackle stigma and discrimination experienced by people living with HIV.

# The Task

- Action 4j) Develop a **social marketing campaign** to tackle stigma and discrimination experienced by people living with HIV. There must be meaningful involvement of Māori and other ethnic groups living with HIV in the development of the campaign.



# The Process

- **PLHIV Working Group** was brought together to co-lead HIV anti-stigma project
- **MIPA** - Meaningful Involvement of PLHIV
- **Co-design process** with Curative, a social change creative agency
- **Social marketing approach vs campaign**
- **Community engagement** – make sure community voice/feedback is incorporated throughout.



**Burnett Foundation  
Aotearoa**



**curative\_**

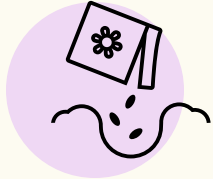
# Timeline: 3 Phases



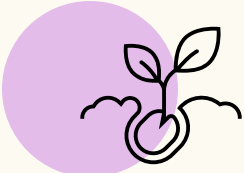
Community Engagement



# PHASE ONE ROADMAP



Working group established



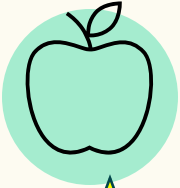
Vision



Root causes



Audiences, impact + considerations



Community Testing + Feedback



Key messages + Change goals



Guardrails



Social Marketing Strategy

# Community Feedback

*"I wish more people knew that it's not HIV that kills people in modern times, it's stigma."*

*"I'd like to see a shift toward more compassionate and informed attitudes, where people understand that HIV is a manageable condition and that those living with it should not be treated differently."*

*"Many people still hold outdated or incorrect beliefs about how HIV is transmitted, which fuels unnecessary fear and prejudice."*

*"More education on what living with HIV actually looks like - aka normal life"*

*“High levels of HIV stigma exist among healthcare professionals. Greater workforce education is needed to address stigma and discrimination within healthcare”*

*“The media plays a powerful role in shaping public attitudes. I'd like to see more responsible and informed reporting that avoids sensationalising HIV and instead focuses on education, humanizing stories, and the promotion of empathy”*

*“Too many younger people have heard of [HIV], but really very little have accurate knowledge.”*

*“I would love to be able to freely talk about when I have appointments with managers and trusted colleagues like if I had another condition and not feel fear of the consequences if I did”*

*“A lot of people Gen X and older are incredibly clueless about HIV and their understanding hasn't moved on since the 90s. Public education is almost exclusively directed at MSM not the wider public.”*

# Phase One Insights

- Vision: Aotearoa is a place that protects, uplifts, and supports people living with HIV, their whānau, and their communities.
- Misinformation and ignorance are significant sources of stigma.
- Knowledge is power → Need for population-level education
- Key audiences: healthcare workers, educators, employers, media makers, young people, GenX and older
- Need to be inclusive of many groups in design, but our approach should be specific to each audience.
- Young energy and Community leaders
- We can learn from existing campaigns (e.g. U=U, Positive Speakers Bureau)

# Learnings (so far)

1. Take time to establish positive relationships and ways of working
2. Social marketing is only one piece of the puzzle
3. Everyone has a story
4. Community feedback is key
5. Look back to look forward

# Ngā mihi

Any patai, feel free to email  
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