What's Going on Out There?

How Can a Non-Government Organisation Track its Progress Towards [Ending HIV] in the Absence of Behavioural Surveillance?

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Background

In 2016 New Zealand recorded its greatest ever number of locally acquired HIV diagnoses, with over 80% of these occurring among gay, bisexual and other men who have sex with men (GBM).

In this same year, government funding for HIV behavioural surveillance conducted since 2002 was not renewed. Therefore, factors driving this increase could not be ascertained and prevention agencies, such as the New Zealand AIDS Foundation (NZAF), could not make evidence-based decisions around programming.

In 2016, NZAF developed and implemented repeat online behavioural surveys to inform and evaluate its programmes and monitor progress towards its strategic goals (**Figure 1**).

Methods

An online survey was launched three weeks after the end of each social marketing campaign run by NZAF on November 2016, July 2017 and December 2017.

Participants were recruited nation-wide over five weeks through banner advertisements and pop-up messages across social media, dating apps and other online channels targeting GBM (**Figure 2**).

Each survey contains core questions on self-reported HIV-related knowledge, attitudes and behaviours. In addition, questions relating specifically to the previous campaign were included, e.g. home testing for HIV, chemsex, and barriers and benefits of condoms, PrEP, testing, and ART.

The study was reviewed by the New Zealand Ethics Committee, which has agreed that it meets the appropriate ethical standards for social research. Application: NZEC 2016_21.

Results

Three survey rounds have been completed to date, recruiting 4,111 participants.

Figure 3 shows that since baseline in November 2016 to the latest round in December 2017, after controlling for age and site of recruitment, there were increases in:

- knowledge of PrEP (AOR=3.07, 95% CI: 2.55-3.69),
- knowledge of UVL (AOR=1.36, 95% CI: 1.14-1.62),
- agreement that "we now have the potential to end HIV" (AOR=2.20, 95% CI: 1.84-2.63)
- recent HIV testing behaviour (AOR=1.24, 95% CI: 1.04-1.48).

While, after controlling for age and site of recruitment, self-reported sexual behaviours have remained stable, including:

- number of male sexual partners (AOR=0.82, 95% CI: 0.59-1.15)
- condom use with casual male partners (AOR=0.80, 95%CI: 0.63-1.02).

Conclusion

Though these data have limitations, most notably recruitment and reporting bias, the information collected in these surveys fills a gap left by disinvestment in HIV behavioural surveillance, allowing NZAF to be responsive and demonstrate its progress towards the goal of ending HIV by 2025.

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Figure 1. Process

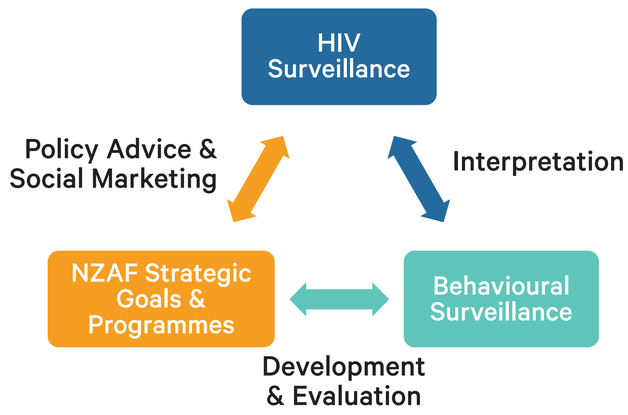

Figure 2. Recruitment
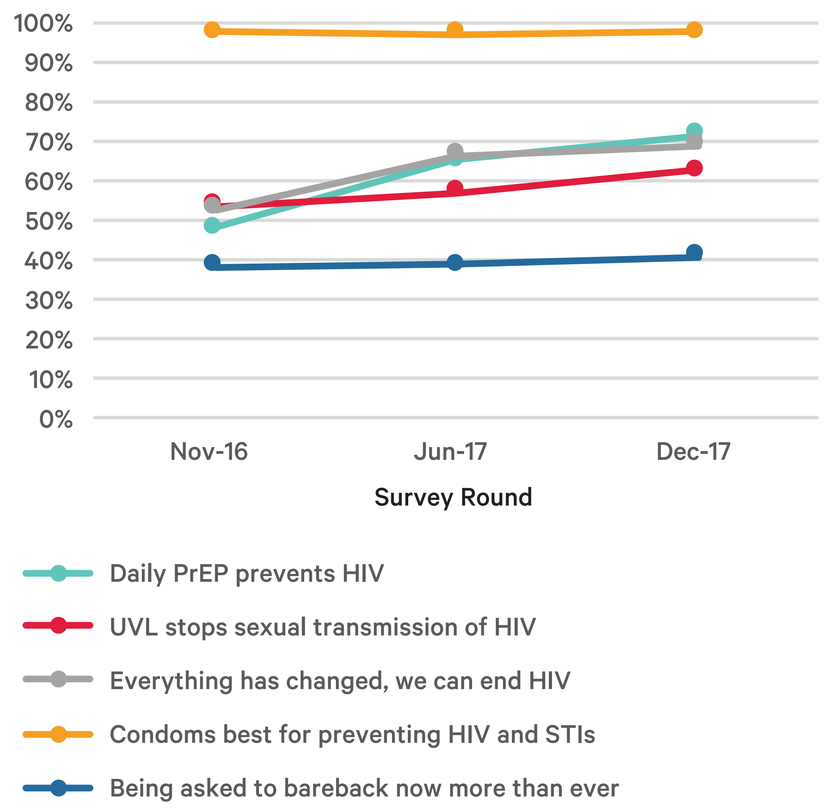
Figure 3. Key Knowledge & Attitude Trends by Survey Round