We are QPP and Wonderkarma and we're changing the conversation.









Despite all the progress of the last 40 years, stigma still remains.

For almost every person living with HIV, the stigma surrounding the virus they live with has played some role in their life. For a lucky few, it may play a forgettable cameo, for many it's a recurring villain, but for some it plays a leading role, forever scarring their experience of life.

QPP knows all too well the prevalence of HIV stigma, and from the QPP engagement survey, the people living with HIV community asked for one thing more clearly than anything else, they asked for something meaningful to be done to change HIV stigma.

QPP partnered with the creative team at Wonderkarma. As they knew that any campaign with this task would need to be different, bold, and challenging. It would need to address the stigma, old notions, and misconceptions where they were felt most, in peoples' everyday lives.

With the generous support of ViiV Healthcare and Gilead Sciences, and with additional support from Queensland Health and NAPWHA,

QPP together with Wonderkarma set out to change the conversation around HIV.



This is a positive, bold, and optimistic creative direction.

It's a self-educating campaign. If you get to know this person, you get to know that you can be HIV positive and still lead a full and vibrant life.

Visually we are disarming the conversation by fading the V from HIV into the background. So that the person is the focus, not HIV.

The campaign plays on the idea that there is value in knowing the little things that make up a person. Just another of those little things that makes up the whole is the fact they're HIV positive. It doesn't and shouldn't define them.







We knew that community consultation would be critical to success.

Campaigns about HIV in Australia aren't new, and especially in the early days of the HIV response, the potential impacts experienced by people living with HIV were rarely considered, and even less often prioritised. These often created negative sentiments, judgements, and discrimination, felt long after the campaign had disappeared from the airwaves and newspapers.

We knew our campaign had to be different. It was crucial that we had the input and support of the PLHIV community, using their collective knowledge and insights to ensure that we only reduced stigma, rather than perpetuate it.

We held a series of online consultation sessions, inviting sector partners, community members of people living with HIV, and healthcare professionals from all across Australia to review the campaign's concepts and give their feedback.

With the assistance of NAPWHA, the refined concepts were used in market research, with a focus on the "stigmatisers" from the broader community.

The deep insights gained from this research, together with our community consultation gave QPP and Wonderkarma the blueprint for the final campaign direction.



HELP US MAKE A DIFFERENCE

ney. There have been roadblocks, slowdowns, sometimes

we'd love is to take the express train towards that

om our community to do something to reduce HIV want your help to take that big leap forward, towo ain to a future we all dream of.

rain to a future we all dream of. **paign focused on reducing HIV related stigma.** Ive agency Wonderkarma, and with the support of nd Health, and NAPWHA we have all that we need to

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de with the International AIDS Society HIV Science helping to bring its impact not just through our

adverts like billboards and bus shelters, in print, ie imagery will be used in a TV commercial orry, no speaking to comera required. We are ss Queensland, Australia and internationally.

THE CHANGE

TO HIV STIGMA

JOIN OUR CAMPAIGN

www.qpp.org.au/hi

by the public. We don't want to hide anymore

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qqp

t least before the launch of the campaign, is coming to a shoot will take place in late May, in Brisbane where partraits taken. You'l work with the full creative team, teap artist, and stylist to ensure you laok your absolute the other individuals in the campaign, and a member need them. HIV, or closely connected with the lived idy open with your HIV status. We know this is a need them. the well access the crasts of travel and to be more locally, we can help get you to and from your with the full creative team, including an and stylest to ensure you look your absolute best the television commercial ready for the lounch of the with the sneek predict drag the way to to. I at the Powerhouse in Britisone, held in conjunction in y 2023, the company will be landword and start Brisbane and further out. We car't wait.

Vhat happens if I am selected? run mose who are chosen, firstly we releases, consent forms etc. We will the process, and what you can expe

is totally ok, but for this campaign to work, we us, so that others can follow in their footsteps.

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EOI form or to request a Call Back.

EOI form or to request a Coll Back. ade and confidential, with only relevant parts of is if required. If you are chosen to take part in kuments for you to sign. Is. The main reason for this, more than incide with being involved. Some of the en a little private, but they are designed that ed is the right thing for you. We also want to esents the wonderfully diverse group of people

the entire process of choosing individuals

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ortlist the candidates to ensure we kes up our community.

P, our creative agency and national body rticipants to be included in this landmark

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cy will make a time to contact you and interview you ove They are incredible at finding out all those little things

Coversiand

I/hi and express your interest in pur details and we will call you back. us about the campaign at r phone 07 3013 5555

CCC

Real faces and real stories of people living with HIV.

We knew that finding community members to be featured in the campaign would be potentially challenging. If being open about your HIV status was easy, there wouldn't be a need to create a campaign in the first place. Asking people living with HIV to be public with their status, not just to people they know, but people they don't, is a big ask.

We could have used professional models or stock images, but this was never an option we considered. It was so important to showcase just how amazing our positive community is, and have their beautiful faces and stories be front and centre. Its success relied on its authenticity.

Leveraging our local, state, and national sector partners, we widely promoted the opportunity for PLHIV communities to take part. From our initial brief, affirmed with community feedback through the consultation process, we were aware that the campaign needed to be as inclusive of the many faces that make up the positive community. Our process ensured that people from multicultural backgrounds, women, and First Nations individuals had ample opportunity to take part, through our Queensland and national networks and partner organisations.

A comprehensive and transparent expression of interest/application process was developed, detailing the overall process, potential issues that ambassadors may be confronted with, and naturally, how their involvement will make a difference. All applicants were independently assessed, including phone interviews, for their psychological safety by our Life+ team at QPP. Their safety always remained our priority.

Everyone who applied, regardless of their level of involvement, were regularly reminded that they had access to QPP's support services at any stage, or reciprocal support in their home state/territory of residence thanks to our nationwide partner organisations. We also offered an independent psychologist as an alternative support option where and if needed.

We received an amazing response, with dozens of expressions of interest from all around Australia, who were narrowed down to a select group representing the diversity of our community as much as possible. The final ambassadors were chosen in collaboration with Wonderkarma's creative team, joining our campaign alongside our media ambassador Ji Wallace.

Warning: Aboriginal and Torres Strait Islander readers are advised that the following contains the name and image of a deceased person.

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Sadly one of our ambassadors, Terrilee, passed away after a road accident in December 2023. Her family were very supportive of her HIV advocacy and we honour her memory by including her in this document.

Ambassadors







NETWORK OF GLOBAL ARTISTS

OUR 9 CAMPAIGN AMBASSADORS



On show

This campaign was designed for and shown to the public.

Unlike some campaigns that target a refined group, this campaign takes our diverse positive community and makes it visible, in a way many have never seen before -bold, beautiful, and vibrant.

With generous support from our media partners, the campaign was featured on TV, radio, in print, on social media, and on digital billboards throughout Brisbane, South East Queensland and beyond.

A bespoke site, www.qpp.org.au/hi was created to sit alongside the campaign to showcase the stories and images, together with easy-to-understand information about HIV, and how anyone can make a change to HIV stigma.

SOCIALS - CAROUSEL



OUTDOOR - CAMPAIGN SERIES



OUTDOOR - EXAMPLE







15/30 SECOND TV AD SHORT FORM AV INDIVIDUAL AV'S Image: A strain of the str

COURIER MAIL 1/4 PAGE AD



I'm a painter I'm a proud mother I have a PhD in Public Health I fight for the rights of women I'm HIV positive and living a positive life.



Help end the stigma.

qpp.org.au/hi



Results

The extremely positive results of the Queensland Positive People campaign during the 2-week period around IAS 2023 in Brisbane.

Post-campaign analysis revealed that the campaign was extremely effective in its goal of changing opinions about the stigma around HIV.

Key research messaging takeout:

The campaign was easy to understand and effective in communicating that HIV effects all types of people and they shouldn't be discriminated against.

67%

Two-thirds of people found the ad effective in changing opinions about the stigma around HIV.

83%

said the ad make them feel that people living with HIV should not be discriminated against.

84%

believe that you can live a long and happy life with HIV after seeing the ad.

84%

now understand that HIV effects people from many different backgrounds.



Above forecast target

Reach: 1,551,125 Impressions: 2,489,881 Post engagement: 65,635



prompted awareness from 15 sec Free to Air TV.



Over 30,000 visits to QPP website

Thousands of visits to the QPP website during the 2 week campaign to view 'ambassador' stories.

\$25,447 **Total Investment**



That's a very positive 2,000%+ return on investment.

Earned media:

- Interview with QPP ambassadors on radio station B105.
- Interview with QPP on ABC Brisbane radio.
- Feature story in The Courier-Mail Q Weekend magazine.
- Extensive general local media coverage.
- Dozens of outdoor billboards in NSW and the Northern Territory.

Media partners:









\$250,000+ in strategic and

Total Wonderkarma investment:





Who is QPP?

Queensland Positive People is a peer-led, community-based organisation committed to helping people live well with HIV and help reduce new infections of HIV and STIs across Queensland. Some of what QPP offers includes: peer-led HIV & other STI testing; community development and peer support; peer navigation; legal support and referral; emergency funding support; advocacy and research; aged care navigation; and case management which provides practical assistance with accessing medications, clinical services, food, housing, and other essential support services.

What is HIV?

Human Immunodeficiency Virus (HIV) is a virus that weakens the immune system and can make you prone to getting sick if left untreated.

Acquired Immunodeficiency Syndrome (AIDS) isn't HIV. AIDS occurs when you leave HIV untreated, and your immune system becomes so weak you become much more vulnerable to a range of illnesses or infections.

What is U=U?

Undetectable equals Untransmittable or U=U means that a person living with HIV who has an undetectable viral load cannot pass on HIV through sex. An undetectable viral load means that a person is living with HIV, but the level of the virus is so low that it is undetectable in their blood. Generally, this means they've been taking treatment for 6 months and this treatment stops HIV from making copies of itself, which allows the immune system to control the virus.

Myths & facts

You can get HIV from sharing eating utensils, hugging, kissing or from contact with saliva.

FACT

HIV can come into the body through blood, semen, vaginal and rectal fluids, and breast milk. Fluids like saliva and urine, and casual contact like touching, can't pass it on.

HIV only affects gay men.

FACT

In Australia, heterosexual sex makes up approximately 20% of all transmissions of HIV. 54% of all people living with HIV globally are female.

Even in countries with healthcare systems similar to ours like the United Kingdom, women make up 29% of new diagnoses, and approximately 45% of all transmissions are a result of heterosexual sex.

There is a vaccine for HIV available.

FACT

Unfortunately not yet.

However, there is an easy to take prevention drug called PrEP (pre-exposure prophylaxis). PrEP is available on the PBS, through a script from any GP in Australia, just like the contraceptive pill. It's extremely effective at protecting against HIV transmission.

If you are living with HIV, there are not many jobs or professions that you can work in.

FACT

In Australia, for someone living with HIV, and on effective treatment, there are very few professions that they can't work in, other than the military. They could be a teacher, lawyer, chef, surgeon, barista, accountant, dentist, almost anything. Like any other manageable illness, it's just a part of

life, and doesn't define someones life.

Getting a HIV diagnosis is a death sentence.

FACT

In Australia, effective treatment for HIV is available, accessible, and affordable. Most people living with HIV can and do live long, healthy, productive, and vibrant lives.

However, the stigma and discrimination experienced by people living with HIV all over the world is what gets in the way of people living a full life.

HIV is a virus, stigma is the deadly disease.

If you have sex with someone living with HIV without a condom, you will 100% "get it".

FACT

HIV transmits by getting access to the blood stream where it makes copies of itself. Not every act of sex will cause this to happen, so the risk of transmission varies, and is often quite low.

More importantly though, most people in Australia that know they are living with HIV have an undetectable viral load (95%) because they take effective treatment. This means the risk of them passing on HIV through sex is zero.

There are people in Australia who don't know they are living with HIV yet, which is why using condoms and other prevention methods like PrEP are important, as is regular, appropriate testing for HIV and other STIS.

You can't have healthy HIV negative children if either or both parents are HIV positive.

FACT

In Australia, the vast majority of HIV positive parents have healthy pregnancies and give birth to healthy HIV negative babies, even if the mother, or father, or both are living with HIV.

With the use of the current effective HIV treatments, mother to child transmission of HIV (also known as vertical transmission) is very rare in Australia, and is reduced to less than one percent, if people maintain their prescribed HIV treatment, and their HIV viral load remains at an undetectable level throughout the pregnancy.

Common terms

HIV response

The terms 'AIDS response', 'HIV response', 'response to AIDS', and 'response to HIV' are often used interchangeably to mean the response to HIV globally or in a specified region.

Antiretroviral therapy or antiretroviral treatment (ART) or HIV treatment

It is better to spell out 'antiretroviral therapy' or 'antiretroviral treatment' and avoid this acronym since it can be confused with ARV, AZT, etc. Either term is acceptable but should be used consistently. The term antiretroviral therapy refers to a multiple antiretroviral drug combination. Other regimens are monotherapy and dual therapy.

HIV-related disease

Symptoms of HIV infection may occur both at the beginning of HIV infection and after immune compromise sets in, and if untreated, lead to AIDS. During initial infection with HIV, when the virus comes into contact with mucosal surfaces, it finds susceptible target cells and moves to draining lymph nodes, where massive production of the virus ensues. This leads to a burst of high-level viraemia (virus in the bloodstream) with wide dissemination of the virus. Some people may have flu-like symptoms at this stage, but these are generally referred to as symptoms of primary infection or acute infection rather than HIV-related disease. The resulting immune response to suppress the virus is only partially successful and some virus escapes and may remain undetectable, sequestered in reservoirs for months to years. If left untreated, as crucial immune cells, called CD4+ T cells, are disabled and killed, their numbers progressively decline. In this manner, HIV-related disease is characterised by a gradual deterioration of immune function. Eventually high viral turnover leads to destruction of the immune system, sometimes referred to as advanced HIV infection, which leads to the manifestation of AIDS.

People living with HIV (PLHIV)

Avoid the expression 'people living with HIV and AIDS' and the abbreviation PLWHA. With reference to those living with HIV, it is preferable to avoid certain terms, such as: 'AIDS patient', which should only be used in a medical context (most of the time a person with AIDS is not in the role of patient); the term 'AIDS victim' or 'AIDS sufferer' as these imply that the individual in question is powerless, with no control over his or her life. It is preferable to use 'people living with HIV' since this reflects the fact that an infected person may continue to live well and productively for many years. Referring to people living with HIV as 'innocent victims' (which is often used to describe HIV-positive children or people who have acquired HIV medically) wrongly implies that people infected in other ways are somehow deserving of punishment. It is preferable to use 'people living with HIV' or 'children living with HIV'. The term 'people affected by HIV' encompasses family members and dependents who may be involved in care giving or are otherwise affected by the HIV-positive status of a person living with HIV.

Post-exposure prophylaxis (PEP)

Post-exposure prophylaxis refers to antiretroviral medicines that are taken after exposure or possible exposure to HIV. The exposure may be occupational, as in a needle stick injury, or nonoccupational, as in unprotected sex with a partner where their HIV status is unknown.

Pre-exposure prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) refers to antiretroviral medicines prescribed before exposure or possible exposure to HIV.

Language guide

Stigmatising Language ("Try not to use")	Preferred Language ("Use this instead")
HIV-infected person	Person living with HIV; person with HIV; PLHIV
HIV or AIDS patient, AIDS or HIV carrier	Never use "infected" when referring to a person
Positives or HIVers	Never use inflected when referring to a person
Died of AIDS, to die of AIDS	Died of AIDS-related illness, AIDS-related complications,
	end-stage HIV
AIDS virus	HIV (AIDS is a diagnosis, not a virus; it cannot be transmitted)
Full-blown AIDS	There is no medical definition for this phrase; simply use the
	term AIDS, or Stage 3 HIV
HIV virus	This is redundant; simply use the term HIV
Zero new infections	Zero new HIV transmissions; zero new HIV cases
HIV infection	HIV case; HIV acquisition; diagnosed with HIV
HIV infected	Living with HIV or diagnosed with HIV
Number of infections	Number diagnosed with HIV; number of HIV acquisitions
Became infected with HIV	Contracted or acquired HIV; diagnosed with HIV
HIV-exposed infant	Infant exposed to HIV; infant born to a person living with HIV
Serodiscordant couple	Serodifferent, magnetic, or mixed-status couple
Mother-to-child HIV transmission	Vertical HIV transmission or perinatal HIV transmission
Victim, innocent victim, sufferer, contaminated, infected	Person living with HIV; survivor; warrior
	Never use the term "infected" when referring to a person
AIDS orphans	Children orphaned by loss of parents/guardians who died of
	AIDS-related complications
AIDS test	HIV test (AIDS is a diagnosis; there is no AIDS test)
Catch AIDS, contract AIDS, transmit AIDS, catch HIV	AIDS diagnosis; developed AIDS; acquire HIV (AIDS is a
	diagnosis and cannot be passed from one person to the next)
Compliant	Adherent
HIV risk, at risk for HIV	HIV relevance; reasons for HIV prevention; vulnerable to HIV;
	chance of acquiring HIV; likelihood of acquiring HIV
Prostitute or prostitution	Sex worker; sale of sexual services; transactional sex
Promiscuous	Having multiple sex partners
	("Promiscuous" is a value judgment and should be avoided)
Down-low man; on the down-low	Man who has sex with women and men; bisexual or pansexual
	man; same-gender-loving man (depends on individual identity)
Unprotected sex	Sex without barriers or treatment-as-prevention methods,
	Condomless sex with PrEP, Condomless sex without PrEP,
	Condomless sex
Death sentence, fatal condition, or life-threatening condition	HIV is a chronic and manageable health condition when people
	are able to access care and treatment
"Tainted" blood; "dirty" needles	Blood containing HIV; used needles
Clean, as in "I am clean, are you"	Referring to yourself or others as being "clean" suggests that
	those living with HIV are dirty. Avoid this term.
A drug that prevents HIV infection	A drug that prevents the transmission or acquisition of HIV
End HIV, End AIDS	End HIV transmission, end HIV-related deaths





What is HIV stigma?

HIV stigma is a complex issue that manifests itself in many ways. It can stem from fear combined with a lack of knowledge or understanding of HIV. Stigma is any act that treats people living with HIV (PLHIV) as less than or different because of their HIV positive status.

Stigma isn't just present in interpersonal relationships, it occurs frequently and is often most impactful when observed in healthcare settings, or in the workplace. Stigma doesn't just affect PLHIV, it can also be directed to and impact their partners, friends, families, and the broader community.

The stigma of HIV impacts the everyone's willingness to engage in testing, making it harder to ensure that everyone living with HIV in Australia can be diagnosed and take control of their health and protect the community from further transmissions.

Types of HIV stigma

HIV stigma affects people living with HIV in more ways than one.

HIV stigma can be perceived based on past and current experiences, such as people using terms like "clean only", which reinforces the mis-held view that PLHIV are 'dirty' in some way. It can also be experienced where someone is treated differently, such as a healthcare worker using excessive precautions for a simple procedure.

These perceptions of HIV stigma can then lead to stigma being anticipated, meaning it is expected to occur, whether it is grounded in truth or not. This can lead to feelings of anxiousness or isolation.

At its worse, HIV stigma can become internalised, whereby a person might start to believe some of these stigmatising messages about themselves.

This leads to increased risk of anxiety, depression, social isolation, and suicidality.

Stigmas impact

The impacts of HIV stigma in Queensland

In 2021, QPP conducted a survey to capture the perspectives of people living with HIV (PLHIV) in Queensland regarding QPP and its services. The survey also included a quality-of-life tool to gain further insights into the social, functional, psychological, and physical health needs of PLHIV across the state.

These results suggest that PLHIV generally enjoy life and are optimistic about the future. However, when compared to their PLHIV peers across the country, people living with HIV in Queensland are quite worried about rejection due to their HIV status and how their status may limit their social relationships.

This data reveals the corrosive impact of HIV stigma on the quality of life of people living with HIV and highlights it as a leading concern in Queensland. It also suggests that they are especially vulnerable to loneliness and isolation.



How to help

Challenge the way you feel about HIV

What was the first time you heard about HIV/AIDS?

It could be from your school education, it might be from movies and TV, or even a public health campaign from the past (we've all got a particular one in mind). All too often, peoples first experience learning about HIV/AIDS was imbued with fear, outdated or incomplete information, or some kind of value or moral judgment (intended or otherwise). How did that make you feel then?

Now consider, what's changed since? Almost certainly you've changed and grown as a person. Well HIV treatment and prevention options have definitely changed, too.

We know that how people treat others, is partly or even solely driven by how they feel about something, and how they feel might remain unchanged if it's never thoughtfully challenged.

It's always a good time to challenge how you feel about HIV.

Understand the science

Understand the basics, such as how HIV is transmitted, the current HIV treatment and HIV prevention options, the science and importance of U=U, and the difference between HIV and AIDS. Since all are useful for everyone in the community to understand.

Respect people's privacy

A person's HIV status should not be disclosed without their permission. It's their private health information, and they decide who should or needs to know their status. Remind others if and where needed.

Help others update their knowledge

We're sure by now, you know more about HIV than many. It's clear that what we know and how we feel about HIV can directly influence the way we treat others.

So, helping everyone update their knowledge, challenge their misconceptions, and dispel the myths, can go a long way to reduce the stigma experienced by people living with HIV.

Everyone can be an ally to people living with HIV by helping educate others to change how they feel about HIV, and therefore change how they treat others.

Use appropriate language

Using the right language when talking about HIV is important. Using the correct terminology helps to stop myths or misconceptions about HIV from being affirmed.

For example, many people use HIV and AIDS interchangeably, which leads to a lot of misunderstanding. HIV (human immunodeficiency virus) is the virus that can lead to the condition called AIDS (acquired immune deficiency syndrome). Although these conditions are linked, the terms refer to specific and separate diagnoses.

See our HIV language guide for more.

Contacts

Digital & Media Resources

Queensland Positive People NAPWHA Health Equity Matters

HIV Media Guide ASHM U=U Media Guide Positive Women Media Guide UN AIDS Terminology Guidelines Kirby Institute HIV Data

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