

HIV Prevention England Evaluation: achievements and learning (September 2017)

1 Background

Public Health England (PHE) commissioned Research Works Ltd (RWL) to explore and understand stakeholder views of the HIV Prevention England programme (HPE), currently contracted to the Terence Higgins Trust (THT).

Commissioners, stakeholders, providers, and health professionals have given their views on the programme and THT's performance. This summary report sets out the findings from the research, and indicates the key achievements of the programme, along with the key areas of learning.

2 Method

Qualitative telephone interviews were the main method employed in gathering feedback for this evaluation. RWL completed 60 qualitative telephone interviews with stakeholders' from the following organisations: Local Authority sexual health commissioners', provider organisations involved in the programme and national stakeholder organisations. In addition, a further 28 Local Authority sexual health commissioners completed an online survey. Fieldwork was completed between January and May 2017.

3 Achievements

3.1 Awareness of, and involvement in, the HPE programme

Awareness of the HPE programme is uniformly high across the research sample.

National Testing Week has the highest recognition factor; it is understood as part of the national programme, and as being managed by THT.

Other elements of the programme that have high recognition include: online self-testing; campaign advertisements; and outreach campaigns.

Providers, particularly those providers nominated as Local Activation Partners (LAPs), feel most involved in the programme.

Involvement is highest across the research sample around National Testing Week.

Involvement in the programme is typically higher in major urban areas than in rural areas.

3.2 Key strengths

National cover: stakeholders are very positive about having a programme that covers the whole country; they feel it adds weight and momentum to local programmes and campaigns.

High profile: National Testing Week in particular has a high public profile, raising awareness of both national and local HIV prevention campaigns.

Programme material: the posters and leaflets produced as part of the HPE programme are seen by many stakeholders as a key strength; the imagery is seen as inclusive, and the language is regarded as direct and simple; the ability to 'customise' material for local use is also seen as strength.

Social media: the presence of the programme on a wide range of media (social media in particular was mentioned most often) is a key strength of the programme.

Normalisation: many stakeholders talked about the positive effect of the programme in terms of normalising testing, and reducing the stigma around HIV.

Responsiveness: providers in particular felt they were able to give feedback and make suggestions; the feedback was responded to, and the suggestions taken on board; thus providers felt they could have an influence in shaping the programme, particularly at a local level.

3.3 Impact

The main impact of the HPE programme is seen to be around National Testing Week.

Numbers testing for HIV are perceived as spiking during Testing Week, and this effect is felt by many to last beyond the duration of Testing Week.

There is an uptake in social media activity around Testing Week, and this is seen as helpful in raising awareness of HIV and prevention in general, and national and local programmes in particular.

4 Learning

4.1 Awareness and involvement

Awareness of programme elements and campaigns other than National Testing Week is patchy; there is room for better promotion of these other elements.

Some stakeholder groups (particularly commissioners) feel that that there is insufficient communication from the programme.. There is some evidence that this is improving, but there is room for more and better communication to stakeholders.

Stakeholders want to see the programme increasing local involvement beyond LAPs; there is a lot of local knowledge, and a fund of local skills, that the programme could tap into to improve the local impact of national campaigns.

Health professionals do not feel very involved in the HPE programme. They feel that more could be done to include them, and direct communication is seen as the best way of achieving greater involvement.

4. Going forward

There is an appetite for more and better communication with stakeholders, particularly in regions outside London, and in rural areas. The main points raised by stakeholders were as follows:

- **Targeting:** Many stakeholders want to see the programme address a wider audience, to capture groups not currently targeted, to normalise HIV/prevention among the public, and to lessen the stigma on specific target groups.
- **Potential duplication of effort:** in some (typically urban) areas, local programmes are comprehensive; stakeholders feel that the programme could do more (via better communication) to dovetail national and local campaigns, and ensure there is less potential for duplication of effort.
- **Campaign approaches:** There is a view that there is scope for campaigns that rely less on paper materials (leaflets and posters) and more on social media-based approaches. Also many stakeholders called for longer lead-in times for specific campaigns; the delivery of campaign materials for them is often too short which makes it more difficult to plan and utilise resources locally.
- **Leadership:** Some stakeholders want to see the programme evolve from health promotion (which is already being undertaken at a local level) towards providing more public leadership and support on HIV prevention, particularly for high-prevalence areas.
- **PreP:** More promotion and education about PrEP in order to increase public awareness of this HIV therapy was raised.
- **National Testing Week:** Some stakeholders want National Testing Week to either run for a longer period, or to happen more than once a year; this is regarded as the “biggest splash from the programme”, and stakeholders want to build on its success. Further, some stakeholders want to see more in the national programme around safe sex and condom use. There is evidence that this has improved, but there is still room for a broader focus in this respect.

- **HIV positioning:** There was view that the programme should consider broadening public awareness of HIV as a long-term condition (LTC); there is also some appetite for seeing the programme to do more to set HIV among a range of STIs.
- **Evaluation:** Stakeholders want to know more about any evaluation projects being undertaken, and would like to see this information in a timely manner in order that it could be used to help plan and shape their sexual health strategies. This implies they are unaware of any evaluations undertaken, specifically the “It starts with me campaign” report which is published on the HPE website. Thus there should be more publicity /signposting to the published reports. See link:
<https://www.hivpreventionengland.org.uk/2016/07/28/new-report-finds-high-recognition-starts-national-hiv-testing-week/>
- **London-centric:** there is a perception (particularly among stakeholders in rural areas, but also in urban areas in other regions of England) that the programme is focused too much on London (or for some, London and Brighton). Stakeholders want to see the programme deliver campaigns with ads that are as much about the regions and that recognise that other areas of England have specific needs and issues in relation to HIV prevention. Also, there is a desire to see the programme spread its engagement activities (training programmes, conferences etc.) beyond London to reach the regions more, to encourage more involvement across the country in the programme.

Research Works
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