



**University of  
Zurich<sup>UZH</sup>**

**Department of Political Science**

---

# **Analysis of the implementation of Break the Chains 2015**

Kathrin Frey, Christopher Goodman, Elodie Panoussopoulos and Daniel Kübler

December, 2015

Department of Political Science  
University of Zurich  
Affolternstrasse 56  
8050 Zurich  
kfrey@ipz.uzh.ch  
044 634 52 09

## Table of Contents

<b>1 Object, aims and questions of the analysis</b>	<b>1</b>
<b>2 Methods</b>	<b>2</b>
<b>3 Break the Chains 2015: Concept</b>	<b>3</b>
3.1 Core assumptions and general concept “Break the Chains”	3
3.2 Focus of BTC 2015	3
3.3 Implementation scheme of BTC 2015	4
<b>4 Perspectives of the BTC campaign managers</b>	<b>7</b>
4.1 Aim and methods	7
4.2 Campaign’s concept	7
4.3 Implementation	8
4.4 Collaboration	9
4.5 Evaluation of the campaign 2015 and suggestions for improvements	10
<b>5 Perspectives of the collaborators and mediators of BTC</b>	<b>12</b>
5.1 Aim and methods	12
5.2 Views on HIV prevention and information needs	13
5.3 Campaign awareness among the mediators	15
5.4 Understanding of and support for the concept of BTC 2015	15
5.5 Collaborators’ motivation and preparation for the campaign	18
5.6 Outreach work of the BTC collaborators	18
5.7 Counselling at the Checkpoints during BTC	20
5.8 Collaborators’ perceptions of the reception of the campaign among MSM	21
5.9 Mediators’ campaign support	22
5.10 Evaluation of BTC 2015 – layout, messages and tools	23
<b>6 Synthesis and conclusion</b>	<b>27</b>
<b>7 References</b>	<b>29</b>
<b>8 Appendix</b>	<b>29</b>

# 1 Object, aims and questions of the analysis

“Break the Chains” is the name of the primary HIV prevention campaign targeting men having sex with men (MSM) in Switzerland. The Federal Office of Public Health (FOPH) and its partners have been implementing BTC every spring since 2012 (see FOPH 2011, Frey et al. 2013, Lociciro et al. 2013). In a nutshell, the campaign aims to decrease HIV infections among MSM by the promotion of preventive behaviour (e.g. safer sex) and HIV testing.

The present analysis deals with the implementation of “Break the Chains 2015” (BTC) by the responsible actors and does not measure any effects among the target population. As multiple, national and local, actors are involved in the implementation of BTC 2015, the effectiveness of BTC 2015 depends on their commitment, cooperation and campaign activities. The campaign communication needs to flow from the campaign managers at the national level to the regional coordinators and local campaign managers until it gets diffused either by outreach workers or other mediators to the target population. BTC 2015 aimed to be a community campaign and, thus, outreach work was a strong element of the campaign. Personal contacts and communication was complemented and supported by target group specific media communication, including gay press and social media.

The present analysis aims to measure how successful the involved actors implemented BTC 2015. The research questions are:

- 1) What are the conceptual bases of the implementation of BTC 2015? Who is involved in the campaign implementation? What is the expected contribution of the multiple actors?
- 2) How well have the involved actors cooperated?
- 3) Which were the core activities of BTC 2015?
- 4) Were the conceptual bases and messages of BTC 2015 well received and disseminated by the local partners, outreach workers and other mediators? Who did actively disseminate the campaign messages and how?
- 5) How successfully was the campaign implemented?

The present analysis of the implementation of BTC 2015 is part of a more comprehensive study that includes an analysis of the costs spent for the implementation of BTC and an analysis of the effects among the target population of MSM. These analyses were conducted by our research partners from the University of Zurich (Epidemiology, Biostatistics and Prevention Institute EBPI) and the University of Lausanne (Institut universitaire de médecine sociale et préventive IUMSP).

The present report is structured as follows: Section 2 provides an overview of the methods used for the analysis of the implementation of BTC. Section 3 describes the campaigns concept and deals with research questions 1. Sections 4 and 5 present findings of the interviews and the online surveys and provide answers to the research questions 3 to 4. An intermediate conclusion is presented in section 6. This last section deals with the core question 5, whether the campaign was successfully implemented or not.

## 2 Methods

The implementation of BTC 2015 is measured with the following three methods:

### Analysis of BTC documents

We performed a document analysis to collect detailed information on the implementation plan and the actual implementation. Besides the campaign materials, the contracts between the involved key actors and respective internal reporting are important documents that manifest how the campaign was implemented and which activities the key actors performed.

### Expert interviews with national and local campaign managers

We have interviewed nine key actors responsible for the implementation of BTC at the national level and in the five key cities Basel, Bern, Geneva, Lausanne and Zürich. The guideline based interviews focused on the commitment, the cooperation among the involved national and local actors and activities performed to implement BTC 2015. Special attention was paid to the understanding of the campaign concept and the diffusion of its core messages.

### Survey among the local campaign managers, outreach workers and further mediators

We conducted an online survey among the local collaborators of the responsible organizations in the five key cities (Basel, Bern, Lausanne, Geneva and Zurich) to measure how they understood the campaign's concept, which messages they delivered and how they evaluate the campaign. Additionally, we conducted an online survey among further mediators (e.g. gay associations, managers of gay bars, gay friendly physicians, staff of voluntary counselling and testing sites, other member organizations of the SAF). This survey included some questions of the survey among the local collaborators of BTC concerning the understanding and evaluation of BTC 2015. Additionally, the mediators were asked whether, and how, they supported the campaign.

Table 1 provides an overview on the methods and data sources and shows their contribution to answer the research questions listed in section 1.

Table 1: Overview on the methods, data sources and research questions

Method	Data sources, sample	Research question				
		1	2	3	4	5
Document analysis (qualitative)	Documents on the campaign implementation (contracts between the key actors, reporting on outreach activities, documents on further activities)					
Expert interviews (qualitative)	Guideline based interviews with national and local campaign managers (N=9)					
Online survey (quantitative)	Survey among local campaign managers and their collaborators (outreach workers and checkpoint staff involved in counselling) (N = 38; 54 persons were invited to participate, return rate 70.4%)  Survey among further mediators (N= 80; 138 persons or organizations were invited to participate, return rate 58.0%)					
Shaded areas: Data are gathered to answer the respective research questions.						

## 3 Break the Chains 2015: Concept

### 3.1 Core assumptions and general concept "Break the Chains"

The campaign was based on the assumption that half of all HIV infections among MSM in Switzerland are passed on during the highly infectious primary infection phase by MSM who are not aware of their HIV infection. It was assumed that HIV transmissions decrease and the "community viral load" lowers if MSM reduce their risk exposure during the primary infection phase (FOPH 2011). In other words, the chains of infections would break if fewer MSM have unprotected sex during the primary infection phase. Therefore, BTC 2015 aimed to better inform MSM about primary HIV infection (primo infection).

As an HIV infection is, at the earliest, detectable two weeks after a person has become infected, it was argued that transmission chains are stopped most effectively if all potentially infected MSM avoid taking any risk during the same period and are getting tested at the same point of time. Therefore, BTC called upon all MSM to break the transmission chains, for example by consistently practicing safer sex, during the period of one month (April) and until they get tested together (May). Or, in the words of BTC 2015:

"It's simple: In order to prevent new HIV infections, avoid taking any risks for the month of April and then take an HIV test for CHF 10.- in May. The more men who take part in this campaign, the more successful we will be in our efforts to combat HIV. So tell your friends about Break the Chains and join us."

(<http://www.breakthechains.ch/en/> Stand 6.3.2015)

The campaign consisted of three phases: (1) information on "primo infection" and mobilization of the target population in March, (2) Break the Chains action month in April (participation "zero risk behavior") and, (3) HIV testing activities in May (special tests offers).

### 3.2 Focus of BTC 2015

The FOPH had mandated the Swiss Aids Federation (SAF Aids-Hilfe Schweiz) to implement BTC in 2015. The SAF closely collaborated with its local partners and thereby concentrated on areas that are particular relevant (concentration of HIV infections among MSM / gay party scenes). The cities of Zurich, Lausanne and Geneva enjoyed first priority, Basel and Bern second priority, followed by the rest of Switzerland.

The FOPH and the SAF had decided to focus BTC 2015 on "primo infection". BTC 2015 used the slogan "HIV or flu?" (HIV oder Grippe?", "VIH ou Grippe?") and aimed to deliver key information on the primary infection phase (increased infectiousness, symptoms, risk to infect others while not knowing the own HIV infection status). The Love Life Campaign 2015 for the general population used the same slogan and started mid-March 2015.

Further, the FOPH and SAF aimed to tailor BTC 2015 especially for gay men and other MSM that are at risk of becoming HIV infected. Previous BTC also had aimed to reach this particular group. However, in 2015, the FOPH and the SAF elaborated a precise definition of this subgroup of MSM. They developed a "questionnaire" to identify gay men and other MSM that BTC aims to reach and motivate to participate in the campaign. On the one hand, the questionnaire served as basis for the online tool "Risk Check". Thereby, MSM could check their HIV risk online and received a tailored prevention campaign message adequate to their risk profile which states how they can contribute to BTC 2015. On the other

hand, the questionnaire should support the training of the outreach workers. The outreach workers were expected to use the questionnaire in order to tailor their work to the target population of BTC. Thus, outreach workers should have counseled MSM that are at risk of becoming HIV positive and motivate them to participate in BTC 2015.

### 3.3 Implementation scheme of BTC 2015

The following description of the BTC 2015 implementation scheme is based on the chain of effects formulated together with our research partners from the University of Lausanne and the national campaign managers of the SAF and the FOPH (Locicero et al. 2015). Additionally, we draw on more detailed information from the SAF about their implementation concept and expectations for BTC 2015.

As mentioned above, the FOPH has commissioned the SAF to implement BTC 2015. The cooperation between these national partners was formalized by a specific contract on BTC 2015. The SAF received a campaign budget from the FOPH and was responsible for the national coordination of BTC 2015, the production and diffusion of campaign materials, the relations with gay media and for social media campaigning (Facebook). The campaign materials comprised posters, flyers, ads, internet banners, rollups, and T-shirts for outreach workers as well as some giveaways (catch covers, silicon bracelets).

The campaign team of the SAF consisted mainly of a program manager and two regional coordinators, one for the German and one for the French/Italian speaking part of Switzerland. The SAF campaign team elaborated a more detailed intervention concept for BTC 2015 together with its key partners. Thereby, they had used the chains of effects elaborated within this research project.

Figure 1 systematizes the implementation scheme of BTC 2015. It depicts how the SAF aimed to deliver the campaign messages. Thus, it shows the multiple campaign channels that the SAF used to spread the campaign's messages. It highlights that the SAF aimed to deliver the campaign messages directly and indirectly, via multiple mediators, to its target population.

The direct communication channel was established with the campaign website, social media, posters, flyers and ads. The indirect communication channels depended on the collaboration of the mediators. We can distinguish between different types of implementation partners according to the activities the SAF expected them to perform.

The SAF had set up two core teams: One team was responsible for the French speaking cities Geneva and Lausanne and involved the Checkpoint Vaud managed by Profa and Checkpoint Geneva managed by dialogai. A second team was responsible for the German speaking cities and comprised the Checkpoints Zurich/ Zürcher Aids-Hilfe, the Checkpoint Basel managed by the Aids-Hilfe beider Basel and Checkpoint Bern managed by the Aids-Hilfe Bern. The SAF commissioned these local organizations to implement the campaign. The organizations received campaign budgets from the SAF.

The responsible campaign managers within these local organizations should put great emphasis on outreach work in order to reach the target population with personal communication. More precisely, outreach workers should diffuse the campaign messages and mobilize the target population to participate in BTC 2015. First, outreach workers were expected to use their contacts to managers of gay bars, clubs and gay party organizers and convince these contacts to put up the BTC posters and flyers and welcome campaign activities (outreach worker) in March to Mai. Second, the outreach workers should intensify their community work from March to May 2015 and visit gay venues and personally inform, counsel and mobilize the target population to participate in BTC 2015. For the community mobilization, the Queen "Trudi Vanbrekken de Chaîne" – a campaign character visiting gay parties and events and

performing a community “BUZZ” supported the outreach workers to mobilize the community. Third, the Checkpoints<sup>1</sup> - HIV/STI counselling and testing facilities for MSM of the five key organizations - were also expected to contribute to the campaign. The staff of the Checkpoints should contribute to the diffusion of the campaign messages and also motivate their clients to participate in BTC. Last but not least, the Checkpoints were the key facilities offering HIV tests at special price in May. This test offer was complemented in some key cities (Zurich and Geneva) with outreach testing.

Further, the SAF had commissioned a few local organizations in more remote areas of Switzerland to participate in BTC test activities (e.g. outreach test activities at motorway service areas). Among these organizations were Aids-Hilfe Graubünden, Fachstelle für Aids- und Sexualfragen St. Gallen, Groupe Sida Genève (Valais Romande) and Perspektive Thurgau. These organizations should also diffuse the campaign materials in March and April.

SAF member organizations that are either not particularly working with MSM or intervening in areas that are less affected, were also welcomed to support BTC. The SAF asked them to put up BTC posters and flyers in their facilities and further diffuse the campaign materials to local mediators who are in contact with the target population of BTC (e.g. local gay associations). While these organizations did not receive campaign budgets, the SAF supported these organizations with campaign materials.

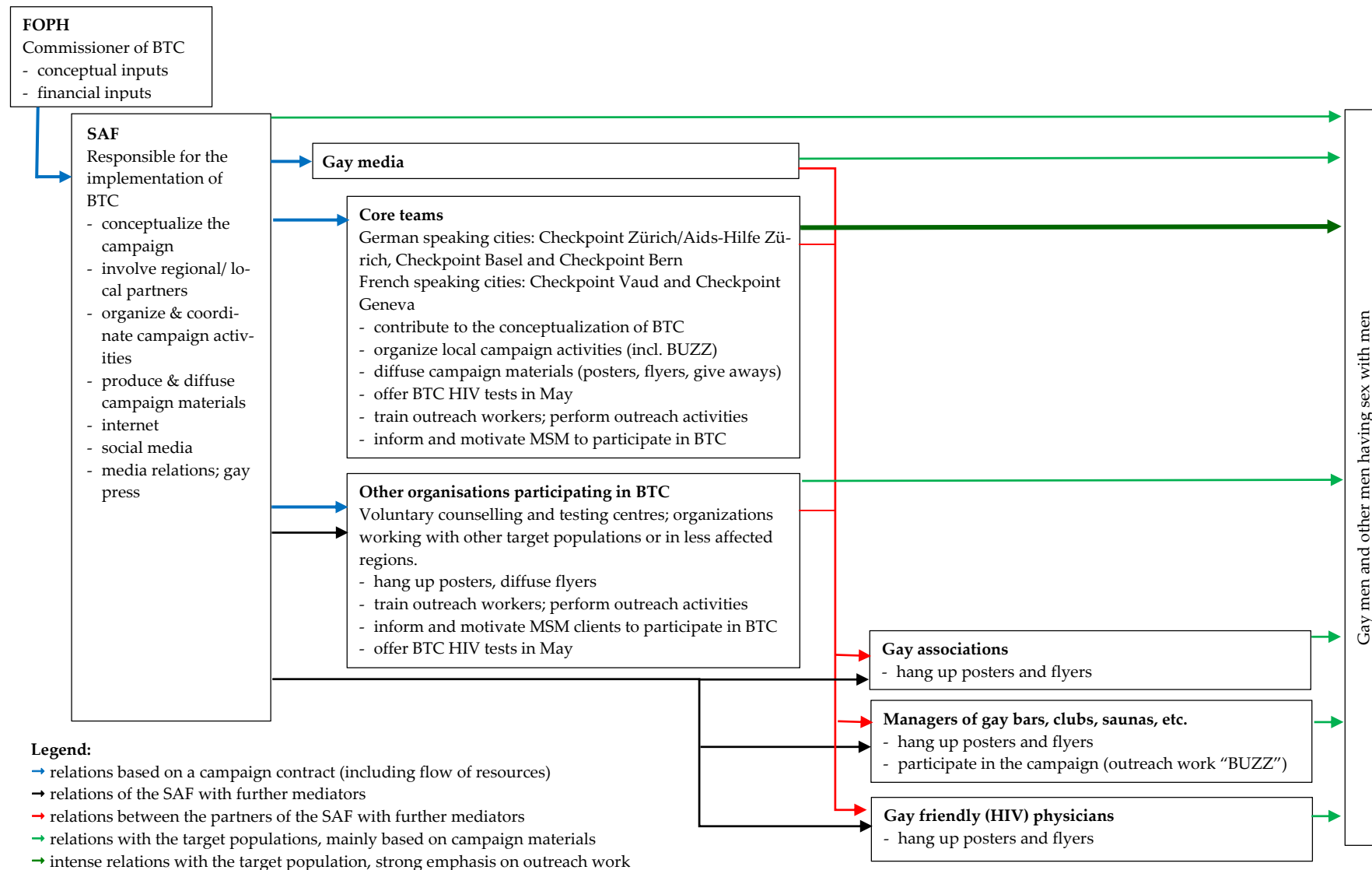
The SAF and its member organizations aimed to involve further mediators such as gay associations, managers of gay bars, clubs, etc., voluntary counselling and testing sites or physicians that are specialized in HIV. These mediators received campaign materials and were asked to hang it up in their localities. As mentioned above, managers of gay bars were additionally asked to welcome campaign activities.

Thus, the target population “gay men and other MSM with HIV risk behavior” could have read or heard from the campaign by various channels in different ways. While the shortest channel directly links the SAF campaigners with its target population (internet, social media), the longest channel involves several steps of communication between the SAF, its local campaign managers and for example an outreach worker who asked a manager of a gay bar to hang up the poster and flyers. The contact with the target population could be personal or mediated.

As mentioned, Figure 1 depicts how, through which channels, the SFA aimed to reach the target population. Whether these channels did work as intended cannot be taken for granted and is the object of the present analysis. For instance, it is questionable if mediators such as physicians hanged up the campaign materials. It is also not clear how strongly the (medical) counsellors of the checkpoints were committed and involved in the campaign. Figure 1 does not differentiate between the three campaign phases. The intensity of the cooperation and use of particular channels could have varied between the phases.

<sup>1</sup> The Checkpoints are “health centres for the community” and targeting gays, bisexual men, men who have sex with men, transgender people, and male sex workers. Most checkpoints are accessible, without an appointment, during opening hours.

Figure 1: Implementation of BTC 2015 – Involved actors, cooperation and campaign channels





## 4 Perspectives of the BTC campaign managers

### 4.1 Aim and methods

This part of the present report deals with the experiences and perspectives of the BTC campaign managers. We have interviewed nine campaign managers. The interviewees focused on the understanding of the campaign's concept and implementation activities (incl. collaboration with other involved actors).<sup>2</sup>

### 4.2 Campaign's concept

The interviews with the national and local campaign managers show that they share a common understanding of the campaign's concept, its aims and the key messages. The conceptual bases such as the national reference document "Urgent Action Plan" (FOPH 2011) were well known.

Some interviewees emphasized the complexity of the concept of BTC and stated that its aims are rather too ambitious. For instance, behavioral changes need some time and are hardly achieved within one to three months. Others considered the conceptual timing of the campaign (1<sup>st</sup> month information, 2<sup>nd</sup> month action, 3<sup>rd</sup> month testing) as too exhaustive; outreach workers and the recipients (MSM) are likely to become overloaded. Interviewed local campaigners questioned that it is possible to explain the campaign's concept to the target population as detailed as it would be necessary.

In general, the interviewees welcomed the adaptations of the campaign's concept in 2015. In particular, they appreciate the shift from the community concept ("community viral load") to a concept that emphasizes more the campaign's benefit for the individuals. They experienced in previous BTC campaigns that it is very difficult or even not possible to impart the notion of the "community viral load" to the target population.

The interviewees all knew the current conceptual documents such as the chain of effects (Locicero et al. 2015) and the questionnaire of the SAF for the identification of the target group of BTC (MSM with HIV risk behavior). German and French speaking local campaign managers assessed these documents quite differently. The Swiss German Speaking campaign managers consider both documents as too complex and escapist. They emphasized that these documents were not of use for their campaign activities. The questionnaire was criticized of being not adequate for outreach conversations. In contrast, the French speaking collaborators appreciate both documents. They share the opinion that these documents contributed to a clarification of BTC 2015.

Further, all interviewees agreed that it is important to specify the target population of BTC. They are convinced that BTC or more general HIV prevention should address in particular MSM with risk behaviors and also include HIV positive MSM. However, they pointed out that it is very difficult to identify and reach this target population. The interviews clearly show that conceptual bases or concrete approaches how to reach this target population other than the SAF's questionnaires were not developed and were greatly missing. This also holds true for MSM who are not frequenting public parties, bars, clubs or saunas. Thus, the conceptual specification of the target population was rather not implemented by concrete campaign activities. The interviewees were well aware of this gap between the

<sup>2</sup> A list of the interviewees is provided in the Appendix

campaign’s concept (aim) and the lack of conceptual approaches and concert campaign instruments to reach out the target population.

According to the interviews, the campaign managers did not explicitly define local aims for the campaign. Some interviewees pointed out that they had aimed to achieve a high(er) number of HIV tests in May than the year before. Further, some stated that they also had aimed to increase the publicity for their services (Checkpoints) among MSM by the means of BTC.

### 4.3 Implementation

In general, the interviews show that the key organizations were strongly committed to the campaign and put much effort in outreach and testing activities. We can observe difference in the implementation of BTC among the key cities in terms of intensity and content. We will first highlight the differences concerning the intensity of the outreach activities, and thereafter discusses the observed differences concerning the contents of the campaign.

In March and April, the all key organization greatly invested in outreach activities (see Table 2). In Basel the campaigners went to parties, bars, clubs and saunas at 8 evenings, in Bern at 5, in Geneva at 24, in Lausanne at 15, and in Zurich at 19 evenings. These numbers highlight that outreach workers were very present at public gay venues in these cities. The size of the campaign teams varied between one and seven outreach worker according to the nature of the outreach activity (size of the party, bar, etc.) and the capacity of the local organizations. The majority of the activities was performed by local teams of two to three outreach workers (permanent collaborators and/or volunteers).

Table 2: BTC outreach activities of in the key cities by the members of the core teams

	March/April 2015			Mai 2015		
	Outreach activities (parties, bars, clubs, etc.)*	Contacts with MSM	Counselling of MSM	Outreach activities (parties, bars, clubs, etc.)*	Contacts with MSM	Counselling of MSM
Basel	8	400	10	2	56	17
Bern	5	420	134	1	100	15
Geneva	24	1144	331	5	188	145
Lausanne	15	2'240	294	4	1'190	80
Zurich	19	6'380	2'400	no info	no info	no info
<b>Total</b>	<b>71</b>	<b>10'584</b>	<b>3'169</b>	<b>12</b>	<b>1'534</b>	<b>257</b>

Source: SAF collected data on the BTC campaign activities.

\* We show here only “pure” outreach activities (1 activities = presence of outreach worker(s) at public gay venues at one particular date in the respective cities). Preparation time or (social) media activities (Facebook, gay radio interview, etc.) are not included here.

Only contacts and counselling of MSM are counted that were performed “outdoor” at public gay venues.

Table 2 also provides data on the number of contacts with MSM and number of counselling conducted during these activities. The BTC collaborators collected and estimated this information for the SAF. In total, the outreach workers reported an estimate of 10'584 contacts with MSM and of 3'169 counselling of MSM during March and April 2015.

The local campaign managers of Basel, Geneva, Lausanne and Zurich share the opinion that the intensity of the outreach work at public parties, bars etc. was completely sufficient in 2015 and should not be further increased. They were able to reach the same MSM several times. Otherwise, they fear that

they will annoy the target population, and thereby the impact or the efficiency of the campaign might decrease. In contrast, the intensity of outreach work was not as high in Bern.

In May, all key organizations have increased the opening hours and/or the staff of the Checkpoints. The campaign teams in Geneva and Zurich additionally intensified their mobile test services. The other three cities did not offer this service. The test statistics of the Checkpoints show a considerable increase of the number of tests in May 2015 (significantly more HIV tests compared to May 2014 and compared to the rest of the year, see Locicero/Bize 2015).

These outreach and testing activities were accompanied by local gay media relations and the online campaigning.

The interviews reveal that the shared national BCT concept was differently implemented at the local level. The regional differences manifest in varying emphasis given to the communication of the messages about primary infection, avoiding any risk in April, and test promotion. In a nutshell, we observed a tendency that test promotion had been coming to the fore. On the one hand, some interviewees stated that it is more difficult to communicate the preventive behavioral messages compared to the test promotion. On the other hand, outreach activities at parties would not allow long conversations on risk behaviors. Nevertheless, interviews reveal that the simplified message "Take a test in May, protect yourself in April" was inherently present in local implementations.

Further, the local campaigners creatively added "special features" such as "Trudi", a party photographer or the distribution of sweets.

#### 4.4 Collaboration

In general, the interviews show that the key actors collaborated well in order to plan and implement BTC 2015. In the following we highlight some aspects of the collaboration at the national, regional and local level.

At the national level, the relation between the FOPH and the SAF is perceived as cooperative. The responsible collaborators regularly exchanged about the campaign's concept and implementation. Further, the SAF enjoyed the freedom for the implementation of BTC 2015. Two issues came up: First, it was pointed out the contract between the FOPH and the SAF assigning the funds for the campaign was completed rather late, in early 2015. The concrete planning of the campaign was accompanied by uncertainty about the funds and therefore, the SAF started not very early. Second, the access and utilization of the data gathered by BerDa (Bertunagsleitfaden und Datenverwaltungssystem für VCT-Stellen, counselling guideline and data management system for voluntary testing and counselling sites) seems not to be satisfactory.

All interviewees assessed the collaboration between the SAF and the members of the regional two core teams positively. In particular, it was appreciated that the SAF had employed two regional coordinators for the support the German and French/Italian speaking part of Switzerland. Some interviewees criticized the very short time assigned for the feedback on the campaign materials. It was pointed out that it was partially not clear who is approaching further mediators. Whether the SAF or the local campaigners should have provided them campaign materials. Some interviewees critically mentioned that they received some campaign materials too late (flyer for the test phase) or too much material.

Some interviewees call for more involvement of the local campaign managers in the elaboration of the campaign's concept. Further, it was pointed out that the collaboration should include more common reflection and conceptual work, in particular about the question how to reach the target population.

At the regional and local level, the collaboration did not traverse the language regions and varied considerably. On the one hand, more intense cooperation, as in the case of the campaigners of Basel and Zurich, was appreciated. On the other hand, weak cooperation between the different key cities was not much criticized.

Finally, nearly all interviewees pointed out that they maintain good relations to gay associations and managers of gay bars, clubs and saunas. They emphasized that their outreach activities are very welcomed.

#### **4.5 Evaluation of the campaign 2015 and suggestions for improvements**

In the following we first present the interview findings on the campaign's layout and materials. Second, we synthesize the interview statements that assess the campaign more generally.

The interviewed local campaign managers evaluate the campaign materials – the flyers, adds, posters, internet banners, rollups, condom catch covers, silicon bracelets, t-shirts for the outreach workers – in general positively with two major exceptions and some minor criticisms.

- Several interviewees criticized that the target population MSM was not mentioned on the flyers for the test offer although the test offer was clearly restricted to MSM. Therefore, not all campaigners used the flyers as they feared to attract persons that actually were not allowed to benefit from the test offer.
- Several interviewees pointed out that the campaign comprised too many different materials for each campaign phase (information in March, no risk in April and test in May).

Additionally, single interview statements reveal that the language was not totally adequate for the target population of MSM. The postcard flyers with the campaign's picture only were not considered as beneficial. While some interviewees stated that MSM had appreciated the giveaways (silicon bracelets), other interviewees emphasized that MSM had not accepted them. We also collected different views on the flyers' information about primary infection.

More generally, the campaign managers share the opinion that the implementation of BTC in 2015 has improved compared to previous years in terms of actors' cooperation, intensity and quality of outreach work. They are convinced that the campaign is well-known amongst MSM who met at gay parties and clubs in March and April. In contrast, they also share the impression that only few MSM have received the necessary explications to understand the concept of the campaign. Further, they assume that they were not able to effectively reach the target population of BTC, namely MSM with risk behaviors. Nevertheless, they suggest that BTC 2016 should retain this specification and aim to reach more effectively MSM with HIV risk behaviors. Additionally, the next year's campaign should also focus on MSM who do not meet at public parties, in bars or clubs. However, they all requested better conceptual bases and instruments how to reach these particular groups. They would like to be involved in the elaboration of these concepts and measures. Some interview statements point out that new means should be developed to attract the interest of MSM.

Some interviewees suggested that the involvement of the mediators of the gay communities and the medical sector (physicians) should be strengthened. It was also pointed out that gay friendly businesses

appreciated their involvement in the past years' campaigns (special offers, vouchers, etc) and missed these opportunities in 2015. Interviewees reveal that the gay community organizations were involved, informed and received outreach prevention activities in 2015. However, we missed a systematic approach and explicit understandings between the national and local campaign managers. It was not totally clear who (SAF or its local partner organizations) is responsible for the communication with the gay community organizations.

All interviewees shared the opinion that the test promotion was successful. The additional BerDa module introduced for the evaluation of BTC was criticized of being too long. Further, some interviewees suggested to simplify the campaign, and run a test promotion campaign only. Others interviewees pointed out that access to HIV testing needs to be improved not only during the campaign but in general (e.g. increase test offer; offering tests at low price twice a year; reduce the price for an HIV test in general).

Finally, several interviewees critically mentioned LOVE LIFE – the national campaign for the general population that is ran by the FOPH and its partners each spring. In 2015, LOVE LIFE also focused for the first time on primary HIV infection. Some interviewees are convinced that LOVE LIFE 2015 was not been beneficial for BTC. On the one hand, the target population MSM is better informed about primary infection than the general population. On the other hand, the campaign targeting the general population is not likely to reach MSM. Further, LOVE LIFE did not explicitly link or even refer to BTC.

## 5 Perspectives of the collaborators and mediators of BTC

### 5.1 Aim and methods

This part of the study deals with the perspective of the collaborators of the five core teams and further mediators (e.g. gay associations, managers of gay bars, gay friendly physicians, staff of voluntary counselling and testing sites, other member organizations of the SAF) who have received campaign materials either from the SAF or the local campaign managers. The aim is to measure their understanding of and commitment to the campaign as well as their opinion on the layout of the campaign in practice. We depict how the campaign's content was diffused at the local level. Two aspects are of major interest: The intensity of campaign activities (contributions of collaborators and mediators) and the coherence between the national and local understanding of the campaign's content in terms of aims and messages.

To measure the perspectives of the campaign collaborators and mediators, we conducted two online surveys one month after the campaign was terminated (end of June till the beginning of August). On the one hand, the surveys included a common part with questions on campaign's concept, messages and materials. On the other hand, the surveys comprised a set of specific questions about the contributions of the collaborators and mediators, respectively. The survey was conducted online in German and French. Questions on the campaign's layout, messages and information were illustrated with originals of the campaign. All participants were invited by email. To enhance the return rate, we sent out two reminders.

We asked the local campaign managers of the five key cities Basel, Bern, Geneva, Lausanne and Zurich to complete a list with their collaborators involved in outreach work and counselling activities at the Checkpoints during the campaign period. In the following, we address this group as BTC collaborators although it includes campaigners and checkpoint staff that can be much less involved in the campaign and perceive themselves not as campaigners or BTC collaborators. In total, we invited 54 local campaign collaborators to participate in the survey. The sample includes 24 permanent employees and 30 volunteers. While volunteers mainly performed outreach campaign activities, permanent employees were responsible for the management of the campaign, performed outreach activities and/or worked as counsellors at the Checkpoints for the duration of the campaign. Some organizations pay their volunteers for their activities others do not. The sample includes between 12 and 16 persons for the cities of Geneva, Lausanne and Zürich, as well as seven persons for both, Basel and Bern. In total, 38 (70.4%) persons participated in the survey. While the return rate does not vary between the German and French speaking parts of Switzerland, more permanent employees than volunteers participated in the survey (see Table 3).

Table 3: Return rate of the survey among the BTC collaborators (campaigners and counselling staff of the checkpoints)

	Persons invited	Respondents	Return rate in %
<b>Permanent collaborators</b>	24	20	83.3%
<b>Freelancers/volunteers</b>	30	18	60.0%
<b>Total</b>	<b>54</b>	<b>38</b>	<b>70.4%</b>

Additionally, we asked the SAF and the local campaign managers of the five key cities to name their mediators, such as gay associations, managers of gay bars, clubs and saunas, gay party organizers, etc. We systematically added all HIV-testing sites that are listed on the website of the FOPH and all local

SAF member organizations which offer HIV prevention targeting MSM and other population groups.<sup>3</sup> In total, we invited 138 mediators that might have supported the campaign in the five key cities and in other Swiss regions or at the national level. These mediators include 25 gay associations and 51 party organizers, managers of gay bars, clubs or saunas. While these mediators are mainly located in the five key cities, the HIV-testing sites and the local SAF member organizations are situated all over Switzerland. In total, 80 persons (58.0%) filled in the questionnaire. Table 4 shows that people from the French and Italian speaking part participated more frequently in the survey than people from the German speaking part of Switzerland. Further, local SAF member organizations participated more frequently than other types of mediators.

Table 4: Return rate of the survey among the mediators of BTC

	German speaking part		French/Italian speaking part		Total	
	Persons invited	Respondents	Persons invited	Respondents	Persons invited	Respondents
<b>Bar, club managers &amp; party organizers</b>	33	15	18	13	51	<b>28 (54.9%)</b>
<b>Gay associations</b>	21	11	4	3	25	<b>14 (56.0%)</b>
<b>HIV-testing sites</b>	13	5	26	16	39	<b>21 (53.8%)</b>
<b>Local SAF organizations</b>	12	8	11	9	23	<b>17 (73.9%)</b>
<b>Total</b>	<b>79</b>	<b>39 (49.4%)</b>	<b>59</b>	<b>41 (69.5%)</b>	<b>138</b>	<b>80 (58.0%)</b>

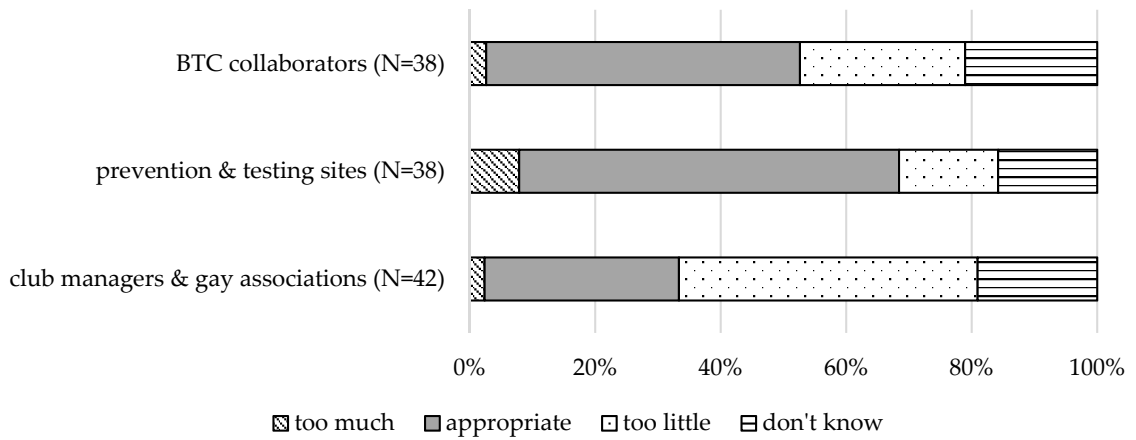
## 5.2 Views on HIV prevention and information needs

Survey participants were first asked about their views on the relevance and scope of HIV prevention as well as their perception of MSM's information needs on HIV/STI related issues. Both collaborators and mediators deem HIV prevention equally important for all target populations presented (general population, MSM; migrants from high prevalence countries, sex workers). Thus, the survey participants seem not to attach more relevance to HIV prevention for a specific target population, e.g. based on its affectedness by HIV.

Assessing the scope of HIV prevention among MSM in Switzerland, respondents differ in that almost half of all club, bar, sauna managers and gay associations (47.6%) state that it is too little. As the following figure shows, for the prevention and testing sites as well as collaborators, this number is much lower (15.8% and 26.3%, respectively). In other words, the respondents that are strongly involved professionally or voluntarily in HIV prevention and testing activities are convinced that the scope of HIV prevention amongst MSM is appropriate in Switzerland.

<sup>3</sup> SAF member organizations that are exclusively focusing on one particular target population (e.g. sex workers) other than MSM were not invited to the survey.

Figure 2: Perception of scope of HIV Prevention among MSM in Switzerland



Question: "How do you evaluate the scope of HIV prevention among MSM in Switzerland?"

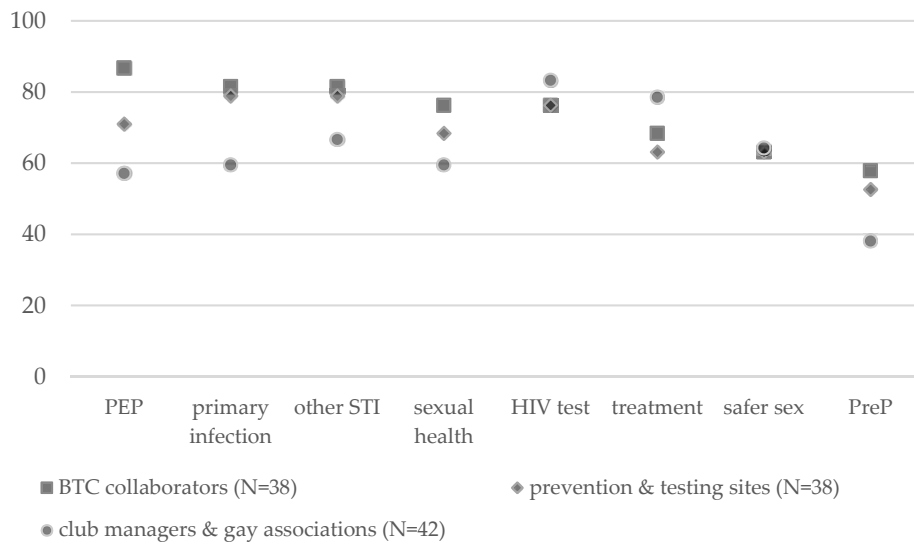
Regarding MSM’s need for information on certain issues, respondents state that all issues mentioned (see Figure 3) bear importance. By and large, information need of MSM wasn’t evaluated as “very low” for any of the issues presented. Pre-exposure prophylaxis (PreP) is the (only) issue where a notable portion of respondents (collaborators 15.8%, mediators 16.3%) perceive a “very low” information need among MSM.<sup>4</sup> While collaborators state that post-exposure prophylaxis (PEP) is the issue on which MSM need information the most (86.8% “high”/“very high” information need), mediators evaluate this issue as less important (63.8% “high”/“very high”). In general, mediators assess information need on HIV testing as highest (80% “high”/“very high”).

Notable differences in the perceived information need of MSM can be found between respondents who are performing prevention and testing activities (BTC collaborators and respondents from prevention and testing sites) and other mediators that facilitate and support the activities of the former (club/bar/sauna managers, gay associations). As Figure 3 shows, respondents of the first group often evaluate MSM’s information need similarly. As the issues MSM need most information on, the first group identifies other STI and primary infection, while the second group names HIV testing and treatment.

<sup>4</sup> Low information need was commonly stated. For example, safer sex (collaborators 34.2%, mediators 30%), HIV treatment (26.3% and 22.5%) and other STI (13.2% and 21.3%).



Figure 3: Perceived information need of MSM for certain issues



Question: "How do you evaluate MSM's information needs regarding the following issues?" Displayed answer categories: „rather high information need“ & „very high information need“.  
 PreP = Pre-exposure prophylaxis; PEP = Post-exposure prophylaxis; STI = Sexually transmitted infections.

### 5.3 Campaign awareness among the mediators

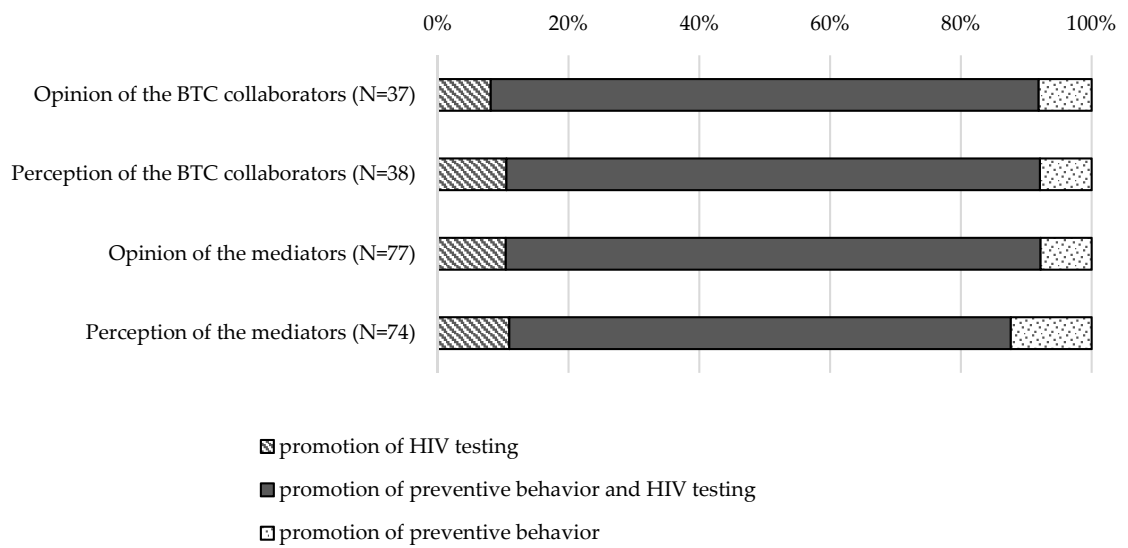
We asked the mediators whether they knew the campaign BTC 2015. Almost all of them stated that they knew the campaign (3 out of 80 respondents stated "no"). This comes as no surprise as we mainly invited mediators who the SAF and core teams worked with to diffuse the campaign materials (see above). Further, it is more likely that people that support BTC participate in a survey about BTC in the first place.

The mediators (85.7%) reported that they had learned about the campaign from the SAF and/or the local partner organization of the SAF. Only a few stated that they had learned from the campaign solely through other means (such as posters, social media, etc.).

### 5.4 Understanding of and support for the concept of BTC 2015

In order to measure the understanding of and support for the concept of BTC 2015, the survey contained several questions. First, we asked the survey participants whether, in their opinion, HIV prevention among MSM should promote HIV preventive behavior, or promote HIV testing and if necessary early treatment, or promote both equally intense. We also asked the survey participants how they perceive the strategy of BTC in this regard (perception of the prevention intervention implemented). The survey shows that collaborators and mediators consistently share the opinion that HIV prevention should promote both, preventive behavior and HIV testing (see Figure 4). Further, they perceive BTC as an intervention that pursues this strategy.

Figure 4: Opinion on and perception of the HIV prevention strategy among MSM



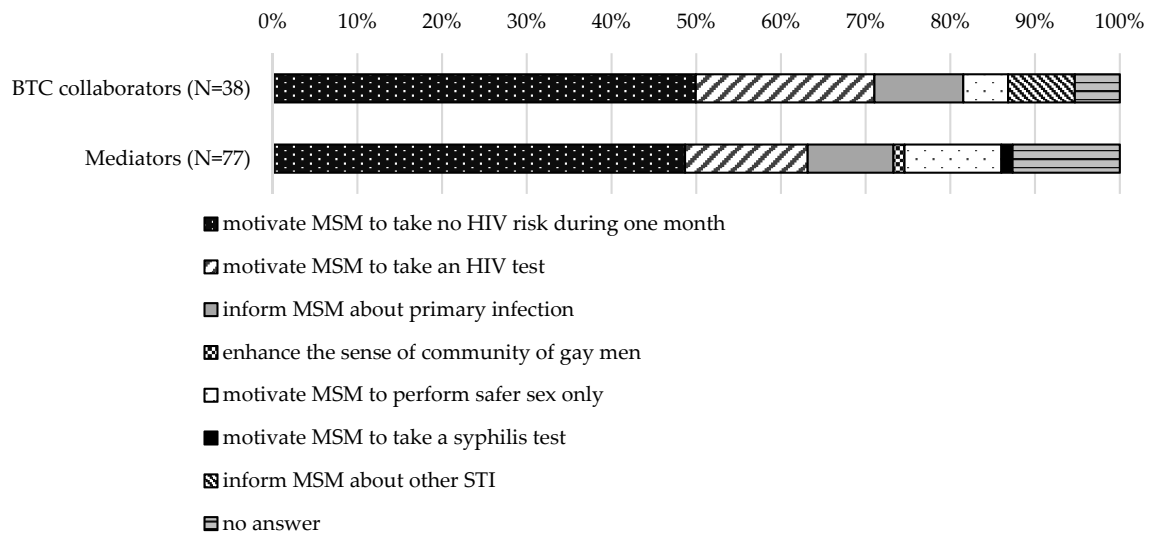
Question: Opinion: "Which strategy should HIV prevention among MSM pursue?" Perception: "Which strategy does BTC pursue?"

Second, we asked the survey participants to state whether BTC approaches HIV prevention among MSM in the right way. The majority (BTC collaborators 68.4%; mediators 68.8%) shares the opinion that the BTC campaign approaches HIV prevention among MSM in the right way.

Third, we aimed to measure the understanding of the concept of BTC in greater detail. For this purpose, we asked the survey participants to specify the aims of BTC, and to rank seven aims according to the relevance for BTC. The seven aims proposed included such that were not part of BTC concept.

Figure 5 shows that there is no common understanding on the most important aim of BTC, both among BTC collaborators and the mediators. Further, a considerable number of respondents did not answer this question.

Figure 5: Most important aim of BTC



Question: “Which aims does BTC pursue in your opinion? Please rank the following aims according to their relevance for BTC. Please rank the most important aim at the top. BTC aims ... “ (displayed answer category: “rank 1”)

We also asked the national campaign managers to rank the aims during the qualitative interviews (see above). According to the national campaign managers of the SAF, the most important aim listed in this question is “BTC aims to motivate MSM to take no HIV risk during one month”. While they ranked this aim at the top, they ranked either “BTC aims to motivate MSM to take an HIV test” or “BTC aims to inform MSM about primary infection” second respectively third. At the fourth position, they put “BTC aims to enhance the sense of community of gay men”. The other aims do rather not belong to the aims of BTC and thus, should not have been selected.

If we compare the understanding of the national campaign managers to the survey results, we observe that only 50.0% (BTC collaborators) and 48.8% (mediators) ranked “motivate MSM to take no risk during one month” at the top. We can observe a difference between mediators from the German and French/Italian speaking part of Switzerland, as the latter ranked “motivate MSM to take an HIV test” at the top more often than the mediators from the German speaking part of Switzerland. At least, a great majority ranked one of the three most important aims of BTC at the top (BTC collaborators: 81.6%, mediators: 72.4%).

Only two BTC collaborators ranked the four aims in accordance with the national campaign managers’ understanding of BTC. Table 5 shows that one third of the collaborators ranked the same three aims as the national campaign managers at the top. The mediators didn’t rank the aims in great accordance with the national campaign managers, either. We can observe that the collaborators of local prevention, testing and treatment sites more often answered in accordance with the national campaign managers than managers of gay bars, clubs, etc. and gay associations.

Table 5: Understanding of the BTC concept in terms of aims

Ranking of the aims: First three positions, the ranking of the other four proposed aims are not considered here.	BTC collaborators (N=36*)	Mediators (N= 67*)
1. motivate MSM to take no risk during one month 2. / 3. motivate MSM to take an HIV test 2. / 3. inform MSM about primary infection	22.2%	22.4%
Ranked the following three aims at the top "motivate MSM to take no risk during one month", "motivate MSM to take an HIV test" or "inform MSM about primary infection".	33.3%	29.9%
Question: "Which aims does the campaign BTC pursue in your opinion? Please rank the following aims according to their relevance for BTC. Please rank the most important aim at the top. BTC aims ..." Percentage of respondents that ranked the first three position in accordance with the content of the first row. * This question was only asked the participants if they had stated that they knew the campaign; the respondents that did not rank the aims at all (no answer) are excluded here.		

### 5.5 Collaborators' motivation and preparation for the campaign

We asked the volunteers (N=18) why they got involved with BTC 2015. There are no noteworthy differences between language regions. All volunteers report that they got involved because they care about the (sexual) health of gay men and because they could improve their skills and gain experiences through the campaign activities. Roughly 60% of all volunteers agree that being in contact with people they are sympathetic to and having a counterbalance to occupational duties was also a motive for their contribution to BTC. In contrast, gaining recognition, earning some money, or solving their own problems through BTC activities seem not to have been key motivational factors. Interestingly, though, those who agreed with the statement regarding remuneration are likely to have conducted more outreach activities from March to May.

Collaborators, except the local campaign managers, were asked how they were trained for their campaign activities. Nearly all collaborators that participated in the survey report that they were trained for the campaign in one way or another.<sup>5</sup> Nearly half of them (48.3%) report that they were prepared by oral information and/or with the help of the campaign material (flyers, posters, ads). Some respondents (41.4%) state that they obtained an instruction (training course) and/or written campaign briefing. In contrast, only few collaborators (27.6%) state that their campaign preparation included a plan (schedule) with the campaign activities. Nearly all collaborators evaluate their training for the campaign activities as rather or very good (83.4%).

### 5.6 Outreach work of the BTC collaborators

BTC particularly aims at targeting MSM with risky HIV behavior. According to our survey, the majority of the respondents (61.9%) that performed outreach activities share the opinion that they were able to identify the BTC target population after having approached a man. However, the questionnaire developed by the SAF to facilitate the identification of the target population is either not known or evaluated as not helpful by a large majority of the respondents (75.0%).

<sup>5</sup> In total, 29 collaborators received and answered this survey question. Those who managed the local BTC campaign did not received this question.

Collaborators who reported having conducted outreach activities (N= 19) were asked about the scope of their activities (how many events, how many MSM contacted).<sup>6</sup> On average, collaborators took part in 5.5 activities (median 5). Permanent employees reported a higher average number of outreach activities in March and April 2015 than the volunteers.<sup>7</sup> A notable share of BTC collaborators participated in two or less activities (roughly one-third of all collaborators; about half of all volunteers). The number of outreach activities also differs between language regions as respondents from German-speaking regions (N=8) report a higher average number of activities in March and April (8.25, median 8.5) than French-speaking respondents (3.5, median 2.0, N=11).

Respondents were further asked to give an estimate of the average number of MSM and MSM with risky behavior contacted per outreach activity. On the one hand the responses (estimation for contacted MSM) vary a lot, on the other hand some survey participants provided no answers to these questions. Additionally, we are dealing with a very small sample<sup>8</sup> and we do not exactly know in which type of outreach activities the respondents had been involved<sup>9</sup>. Hence, we would like to emphasize that we were particularly interested in the proportion of MSM contacted with risky behavior. This proportion varies a lot amongst the survey respondents. Between 17% and 100% of all MSM contacted were reported to have been identified as MSM with risky behavior (on average of 47%, median 40%). There are multiple explanations for this range of answers. First, survey participants might have understood the questions differently, e.g. what is understood as a “contact” or “who counts as MSM with risk behavior”. Second, the outreach workers might have differently assessed their ability to recognize MSM with risky behavior. Finally, we do not know whether MSM with risky behavior are equally present at the public venues covered by outreach activities. We assume that the observed differences are at least partially caused by varying understandings who is belonging to the target group of BTC in a narrow sense; namely MSM with HIV risk behavior.

Further, we aimed to measure the content of the outreach activities. What were the messages the outreach workers diffused to MSM? For this purpose, we put up a list of possible contents of these conversations and asked the survey participants to estimate in how many out of ten they addressed these issues. According to the respondents of our survey, outreach workers most frequently and consistently promoted the test offer (on average in nine out of 10 conversations). This can be seen in Figure 6 as the distribution (size of black box) is smaller for this topic than, for example, for the issue of primary infections. They also frequently report that they motivated MSM to participate in BTC and to take no risk in April (on average in eight out of ten conversations). In contrast, the risk and testing behaviors or the relevance of sexual networks seem to have been addressed less frequently; approximately in every second conversation.

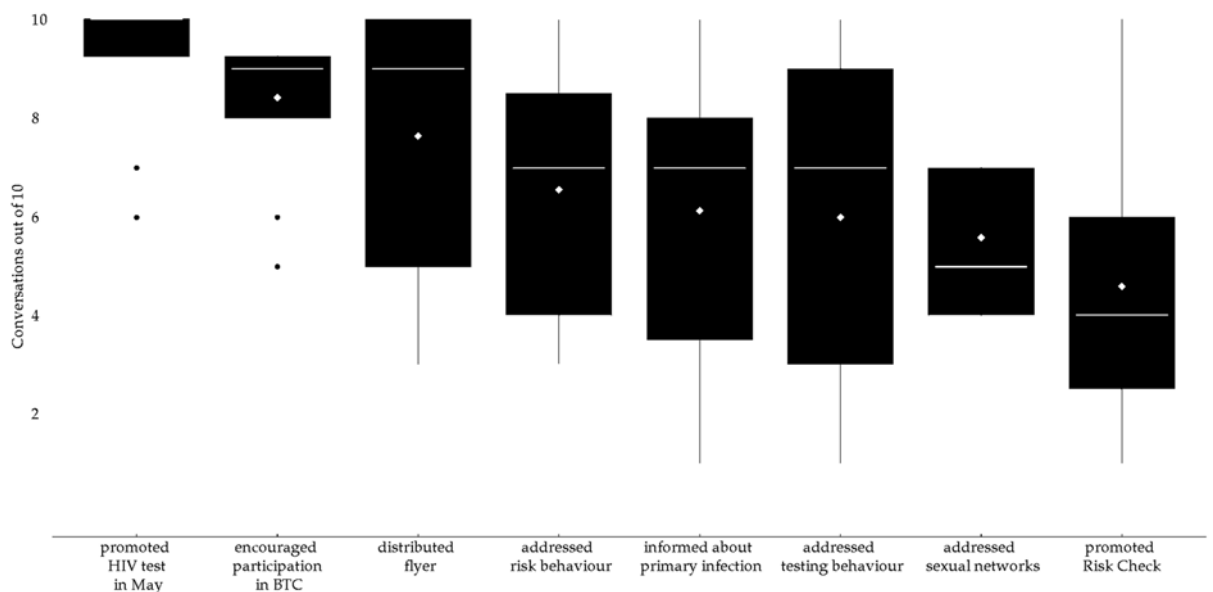
<sup>6</sup> One respondent is left out of the analysis of the number of contacts respondent as he/she reported much higher values. It is assumed that this participant filled in values for his team.

<sup>7</sup> In March and April, volunteers (N=14) took part in an average 4.9 (median 3.0) activities. The permanent employees (N=5) that reported outreach activities participated in an average of 7.0 (median 6) activities.

<sup>8</sup> Only 12 respondents provided an estimation for the average number of MSM contacted per outreach activity and an estimate for the average number of MSM with risk behavior.

<sup>9</sup> Thus, it is very difficult to interpret the responses and we also refer to the estimation provided by the SAF (see section 4.3). Those estimates (10'854) and the reported numbers from the survey (6980, but only 70% respondents) are similar.

Figure 6: Topics of outreach conversations



N= 16 – 18 BTC collaborators that reported an involvement in outreach activities during March and April 2015.

Question: “Please think about the conversations with MSM during March and April 2015. To how many, out of ten, conversations do the following statements apply? In the conversations, I have ...”.

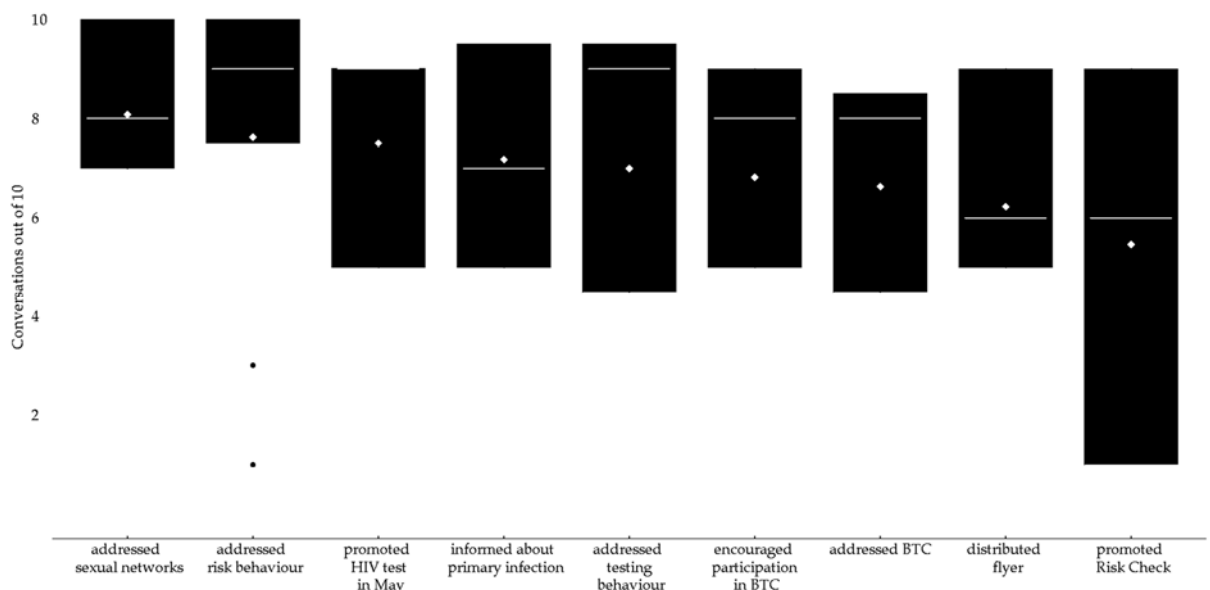
Answer 0 to 10 conversations; the full question is provided as separate document.

White points denote the mean, white horizontal lines show the median, black points are outliers. The thick black box shows the range from the 25<sup>th</sup> to the 75<sup>th</sup> percentile.

### 5.7 Counselling at the Checkpoints during BTC

In total, 17 counsellors who worked at the Checkpoints during BTC have participated in our survey. Figure 7 shows the topics of the conversations these counsellors had with MSM during March and April 2015. They stated in the survey that they had promoted BTC very frequently during their counselling activities in March and April 2015. According to the survey, they not only mentioned BTC but also encouraged MSM to participate in BTC by avoiding any HIV risk during April in seven to eight conversations out of ten. On average, they even mentioned the “Risk Check” in every second conversation during this period. However, there is great variance in the reported number of conversations during which it was addressed, as depicted by the large distribution of the respective boxplot. The overall high reported compliance might be biased by social desirability and by a biased survey participation rate among Checkpoint counselling staff who is very much in favor of the campaign.

Figure 7: Topics of conversations at Checkpoints in March and April 2015



N= 17 BTC collaborators that have reported that they had been involved in counselling activities at a Checkpoint during March and April 2015.

Question: "Please think about the counselling conversations with MSM during March and April 2015 at the Checkpoint. To how many, out of ten, conversations do the following statements apply? In the conversations, I have ...".

Answer 0 to 10 conversations; the full question is provided as separate document.

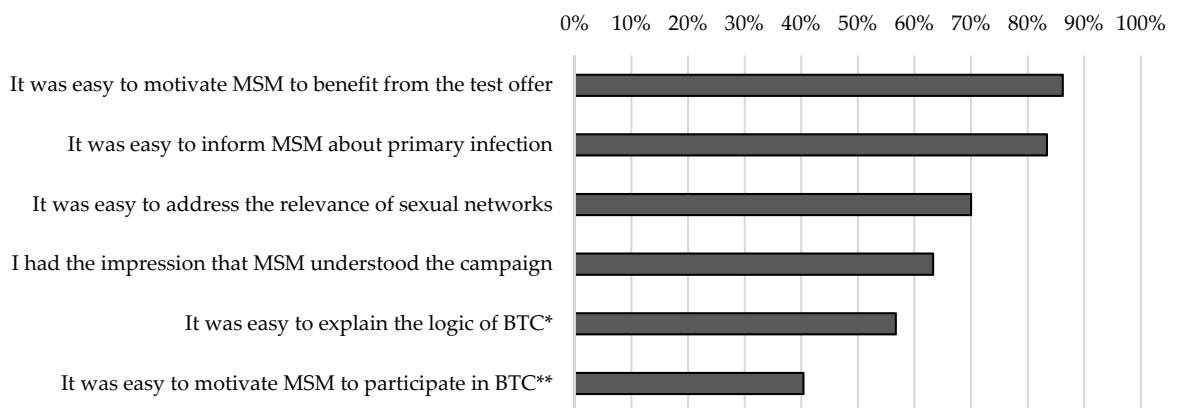
White points denote the mean, white horizontal lines show the median, black points are outliers. The thick black box shows the range from the 25<sup>th</sup> to the 75<sup>th</sup> percentile.

The survey comprised a question on the content of the HIV counselling and testing conversations during the test offer in May 2015. Survey participants that reported such were asked about their impression of their client's campaign awareness and participation. While the respondents report that they mentioned BTC during the test activities in nearly all conversations, they less frequently motivated their clients' to inform their partner(s) about the test offer. Further, they state that at least every second client knew the campaign, while approximately every third client had participated in BTC (avoided any risk during April). Respondents often had the impression that MSM tested because of the lower price during the test promotion in May (see Figure 13 in the appendix).

### 5.8 Collaborators' perceptions of the reception of the campaign among MSM

The outreach workers and counsellors at the Checkpoints that participated in the survey agree that it was easy to motivate MSM to benefit from the test offer in May (83.4%). In contrast, they share the opinion that it was rather difficult to motivate MSM to participate in BTC and avoid any HIV risk during April (see Figure 8). At least half of the collaborators report that it was easy to address primary infection, the relevance of sexual networks, and the logic of the campaign. Further, nearly two third of the respondents share the impression that MSM understood the campaign (63.3%).

Figure 8: Perception of the outreach workers and counsellors at the Checkpoints of the reception of the campaign (N=30)



Question: How did MSM take the campaign messages? Please assess the following statements. Answers categories displayed: "rather agree"/"totally agree".

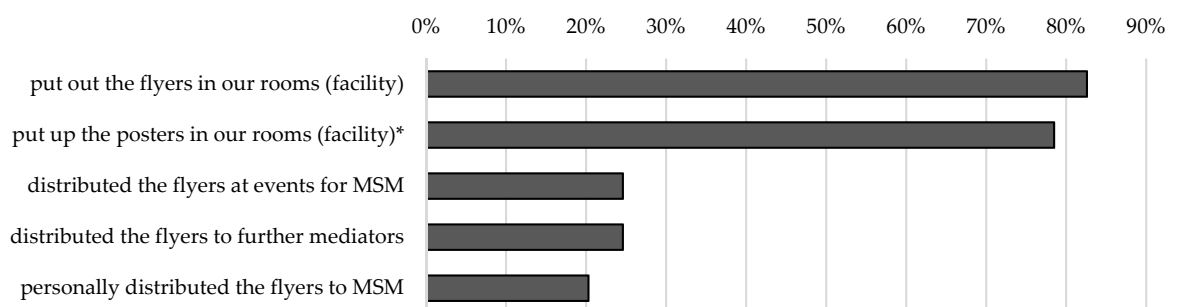
\*The statement in full length: "It was easy to explain to MSM that the number of new HIV infections and the infection risk decrease if all MSM avoided any HIV risk during one month together, and thereafter get tested together."

\*\*The statement in full length: "It was easy to motivate MSM to participate in BTC and to take no risk during one month in April."

### 5.9 Mediators' campaign support

The survey results show that nearly all mediators had received both, the flyers and posters (84.4%), while a few respondents state that they had only received the flyers (5.2%) or no campaign materials (10.0% "no material"/"do not know"). The mediators who had received the materials report that they distributed the flyers and put up the posters in their facilities. Very few report that they had not distributed the materials at all. These respondents name other reasons than a general refusal of the campaign. Figure 9 shows that more intense activities such as "personally distributing the flyers to MSM" are seldom reported. In general, the survey shows a high compliance of the mediators. This result might be biased by social desirability.

Figure 9: Distribution of the campaign material by the mediators



Question: "Did you put out/distribute the flyers and/or posters of the campaign?" Multiple answers are possible (N=69 respondents that received the flyers; \* N = 65 respondents that received the posters)

Additionally, the large majority of the club, bar, or sauna managers and party organizers that participated in the survey report that they hosted campaign activities (e.g. "Trudi Vanbrekken de Chaîne",

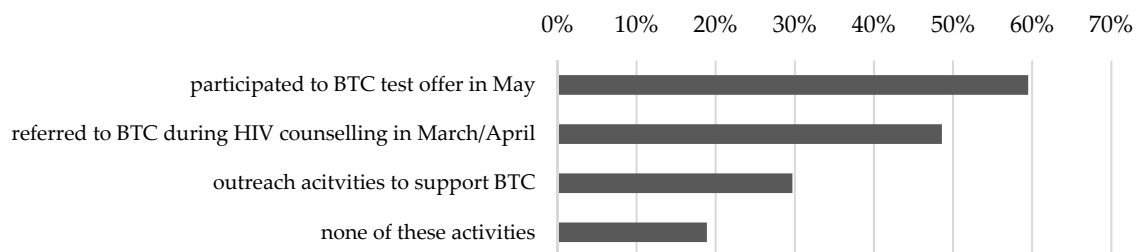


“Mobil Testing”) by outreach workers in their facilities (74.1%).<sup>10</sup> While some managers and gay associations from the German speaking part of Switzerland state that did not host such activities, only one mediator from the French/Italian speaking part of Switzerland did not.

Not surprisingly, club, bar, and sauna managers and party organizers report more frequently than gay associations that they hosted campaign activities. A large majority of the hosts of campaign activities evaluate these activities as rather good (25.0%) or even as very good (54.2%). One third (N=13) of the club, bar, and sauna managers and party organizers state that they have supported the campaign with additional activities (such as the organization of a charity concert, publications of the campaign information on their websites, payment the HIV test costs of their clients, distribution of condoms and flyers).

A minority of the HIV prevention and testing facilities report that they contributed to BTC with outreach activities during March and April (11 or 28.9%). The number of campaign activities and the estimated number of MSM reached by these activities vary considerably. In total, these facilities report that they performed 89 activities in total and with these activities reached approximately 2400 MSM. Further, less than 50% of all HIV prevention and testing facilities that participated in the survey, state that they had referred MSM to BTC during HIV counselling in March to April. Although, more than 50% state that they had participated in the BTC test promotion in Mai (see Figure 10).

Figure 10: Contribution of HIV prevention and testing sites to BTC during March to May



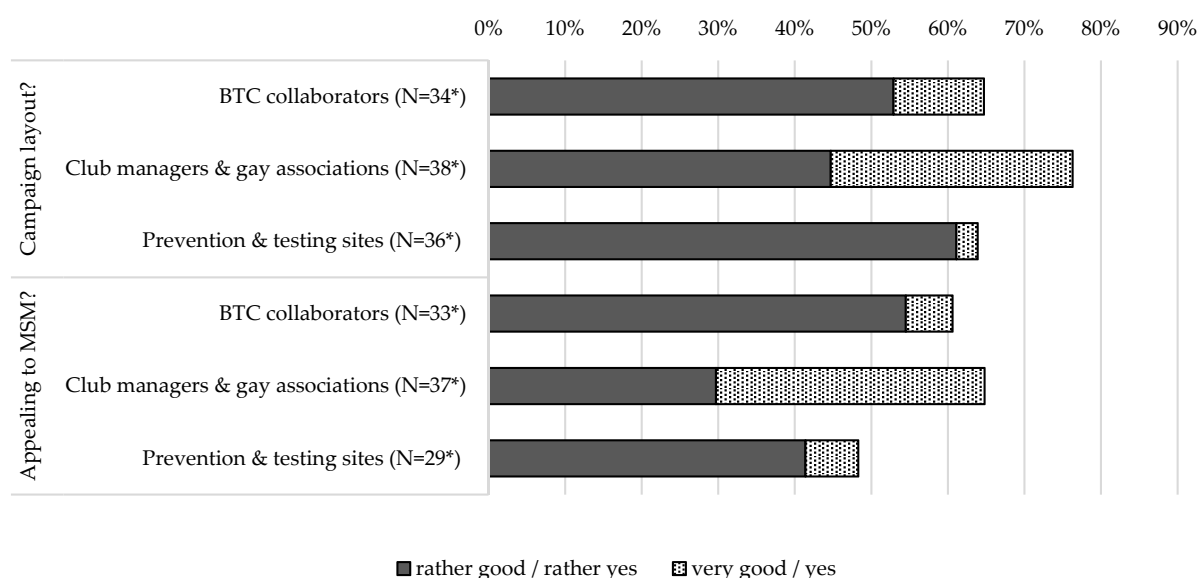
Question: “Did your facility perform (additional) activities to support BTC?” Multiple answer possible. Question was asked all HIV prevention and testing sites (N= 37) that reported they knew BTC.

### 5.10 Evaluation of BTC 2015 – layout, messages and tools

While a broad majority of the respondents evaluate the layout of the campaign (“Kampagnenauftritt”) as rather or very good, the respondents are more critical concerning the campaign’s appeal to MSM (see Figure 11). The survey shows that HIV prevention and testing sites evaluate BTC more critically than managers of gay bars and gay associations. In particular, half of all HIV prevention and testing sites share the opinion that BTC 2015 was rather not appealing to MSM. This also holds true for a considerable proportion of the collaborators that participated in the survey (39.4 %).

<sup>10</sup> In total, 28 bar, club, sauna, etc. managers participated in the survey, 27 knew the campaign and 20 managers stated that they had hosted campaign activities. 13 gay associations participated in the survey, whereof 12 knew the campaign and 4 stated that they have welcomed campaign activities in their facilities.

Figure 11: General evaluation of the campaign’s layout and appeal to MSM



Question: “How do you evaluate the layout of the BTC campaign – the flyers, posters, and ads – in general?” “In general, do you think that the layout of the campaign is appealing to MSM?”

\*Answers “don’t know”/“no answer” are excluded in this figure.

A majority of the survey respondents evaluate the language of the campaign (flyers, poster, ads) as appropriate and comprehensible (see Table 6). The survey results show that the mediators from the German speaking part of Switzerland evaluate the language slightly better than the mediators from the French/Italian speaking part of Switzerland. Further, the respondents perceived the recommendation as unambiguous. In contrast, only half of the collaborators and less than half of all mediators share the opinion that the picture of the campaign is appealing. Further, we can also observe that the mediators seem to be less critical than the collaborators except with respect to the picture. Thus, the picture is provoking more criticism than the language (Table 6).

Table 6: Evaluation of the language and picture of the campaign BTC 2015

	BTC collaborators (N=38)	Mediators (N=77)
The language is in an appropriate style (tone)	78.9%	85.8%
The language of the flyers, posters and ads is comprehensible	65.8%	84.4%
The behavioral recommendations are unambiguous.	65.8%	76.7%
The picture of the campaign is appealing	50.0%	48.1%
Questions: Please indicate whether you completely disagree, rather disagree, rather agree or completely agree with the following statements about the campaign BTC. Answers categories displayed here: “completely” or “rather agree”		

As the campaign aimed to inform MSM about primary infection, we asked the survey participants to evaluate the campaign’s information about primary infection. A rather large majority (collaborators 73.6%; mediators 78.0%) considers the campaign’s information as comprehensible. However, a distinct

minority among the collaborators (44.7%) evaluates this information as lacking in details. Quite a few respondents, in particular among the collaborators, evaluate the information as imprecise or superficial (see Table 7).

Table 7: Evaluation of the information about primary infection

The information about primary infection "HIV or flu" on the flyers and posters of the campaign is ....	BTC collaborators (N=38)	Mediators (N=77)
... comprehensible	73.6%	78.0%
... sufficiently detailed	55.3%	75.3%
... imprecise	36.8%	24.7%
... superficial	39.5%	28.6%
Questions: How do you evaluate the campaign content concerning primary infection? Answers displayed: "rather agree" and "completely agree"		

Table 8 shows how the respondents evaluate the slogan "Break the Chains. We're putting a stop to HIV in 30 days". A majority of the collaborators and the mediators that participated in the survey evaluate the slogan as "catchy", "useful for the prevention work" and "motivating to participate". Only minorities, but in some cases rather distinct ones, evaluate the slogan as "misleading", "not credible", "inappropriate" or "not comprehensible". Further, only a minority among the collaborators shares the opinion that the slogan raises concern. This also holds true for the mediators that participated in the survey.

Table 8: Evaluation of the campaign slogan "Break the Chains. We're putting a stop to HIV in 30 days."

The slogan "Break the Chains. We're putting a stop to HIV in 30 days."...	BCT collaborators (N=38)	Mediators (N=77)
.. is catchy	79.0%	83.1%
... is useful for the prevention work	60.5%	68.9%
... encourages participation	57.9%	63.7%
... raises concern	42.1%	44.2%
... is misleading	39.5%	39.0%
... is not credible	36.9%	37.7%
... is inappropriate	31.6%	22.1%
... is not comprehensible	21.1%	31.2%
Questions: How do you evaluate the slogan "Break the Chains. We stop HIV in 30 days"? Answers displayed here: "completely agree" and "rather agree"		

A rather high proportion of mediators (31.2%) reported that they do not know the online tool "Risk Check" which is provided on the BTC website and contains suggestions how to take part in the campaign. Those who report to know the tool consider it rather or very useful (69.8%). In contrast, but not surprisingly, almost all campaign collaborators know the tool. However, a rather high proportion (48.6%) shares the opinion that the tool was rather or completely not useful.

Finally, the majority of the respondents (BTC collaborators 57.9% and mediators 55.8%) share the opinion that the campaign should be improved (“no improvement necessary”: BTC collaborators 23.7%; mediators 20.8%, “don’t know”/“no answer”: BTC collaborators 18.4%; mediators 23.4%). Further, we asked the survey participants to tell us their suggestions for the improvement of BTC (open questions). The suggestions for improvement are manifold. The following points synthesize the suggestions addressed by five or more respondents.

- Adapt the concept of the campaign (reduce its complexity; formulate it more realistically, e.g. change the slogan, as HIV cannot be stopped in 30 days; concentrate on HIV testing; change the message (“HIV or flu?”) as it is often misunderstood (no flu = no risk for an HIV infection); define the target population more precisely; elaborate instruments how to better reach and persuade the target population).
- Improve the organization of the campaign (better train the outreach workers; start earlier with the preparation of the campaign; provide the campaign materials in time and in the right amount).
- Change the layout and content of the flyers (replace the picture as it is not appealing; declare the target group; provide the flyer in English; replace the flyers; change the content of the flyer, e.g. emphasize the chains of infections and solidarity, appeal also older MSM).
- Increase the coverage of the campaign (more and earlier involvement and information of the regions and periphery and of the voluntary testing and counselling sites, increase media coverage and presence on online dating platforms).

## 6 Synthesis and conclusion

The present analysis investigated how the responsible actors – the Swiss Aids Federation (SAF) and its partners – implemented Break the Chains (BTC) 2015 in Switzerland and in particular in the five cities - Geneva, Lausanne, Zurich, Basel and Bern - that are most affected by HIV.

The study draws on an analysis of the internal reporting and campaign documents, on interviews with nine campaign managers at the national level and in the five key cities, and on two online surveys amongst actors involved in the implementation of BTC 2015 at the Swiss local level. More precisely, the first survey concentrated on collaborators of the organizations (Checkpoints) responsible for the implementation of BTC 2015 in the five key cities. We invited a total of 54 collaborators that had been working as outreach workers, volunteers or counselors at the Checkpoints during the campaign period, 38 (70.4%) participated in the survey. Second, we conducted a survey among further mediators which the Swiss Aids Federation and the Checkpoints had been asked to contribute to the campaign (e.g. to put up campaign materials in their localities). Among these mediators are gay associations, party organizers, managers of gay bars and clubs but also prevention and testing sites all over Switzerland. Additionally, we systematically added all HIV-testing sites listed on the website of the FOPH and all local SAF member organizations offering HIV prevention. In total, we invited 138 mediators, 80 (58.0%) participated in the survey. The surveys contained a common set of questions as well as specific questions for both groups according to their expected contributions to BTC.

Based on these data we can answer the key research question – **how successfully was the campaign BTC implemented in 2015** – as follows:

- The interviews and document analysis show that the conceptual bases of BTC in 2015 were more advanced and detailed than the years before. However, concepts on how to reach the target population of MSM with risky behaviors or MSM that do not meet at public venues were largely missing. At the local level, the actors did not define particular aims other than conducting more HIV tests than last year and/or increasing their publicity amongst MSM.
- Cooperation among the national campaign managers of the SAF and the local BTC campaign managers of the Checkpoints in the five key cities Basel, Bern, Geneva, Lausanne and Zurich worked, in general, very well. Minor criticism concerns the time assigned for the feedback on campaign materials, the timing and amount of materials provided by the SAF. However, some local campaign managers would like to be more involved in the elaboration of the concept of the campaign. The interviews and the surveys reveal that the cooperation with further mediators also worked well.
- BTC 2015 comprised intense outreach activities of the Checkpoints in March and April 2015 in the five key cities. In Bern these activities took place on 5 evenings, in Basel on 8, in Lausanne on 15, in Zurich on 19 and in Geneva on 24. Outreach workers distributed flyers and campaign give-aways, they counselled MSM to participate in BTC, and were partially accompanied by a party photographer and “Trudi Vanbrekken de Chaîne” – a campaign character. Outreach activities were supported by a campaign website and communication in gay media (including journals, radio, etc.) and on Facebook. Additionally, a considerable number of mediators reported in our survey that they contributed to BTC 2015 and put up the posters and/or welcomed the BTC campaigners. Further HIV prevention and testing sites all over Switzerland reported that they contributed to the test offer of BTC 2015 in May and a few also stated that they had conducted outreach campaign activities in March and April 2015.

- The qualitative interviews show that the national and local campaign managers shared a common understanding of the campaign's concept, aims and messages. However, the interviewed local campaign managers pointed out that the concept was rather too complex and that explaining the campaign to MSM during outreach work at parties or in bars was very demanding and time-consuming. Therefore, they simplified the messages in most situations rather radically to "take a test in May, protect yourself in April". The findings of the survey among the BTC collaborators also indicate that the issues of primary infection and the relevance of sexual networks were less frequently addressed during outreach counselling of MSM.
- The surveys show that BTC collaborators and further mediators consistently share the opinion that HIV prevention should promote both, preventive behaviour and HIV testing. Further, they perceive BTC as an intervention pursuing this strategy. Additionally, a majority of the respondents also shares the opinion that the BTC campaign approaches HIV prevention among MSM in the right way (BTC collaborators 68.4%, further mediators 68.8%). However, the survey also shows that the respondents do not share a common understanding of the detailed aims of BTC (including the hierarchy of the detailed aims). Only two out of 38 BTC collaborators ranked four detailed aims in accordance with the national campaign managers' understanding of BTC (1. BTC aims to motivate MSM to take no HIV risk during one month, 2. BTC aims to motivate MSM to take an HIV test, 3. BTC aims to inform MSM about primary infection, 4. BTC aims to enhance the sense of community of gay men."). Only 50.0% (BTC collaborators) and 48.8% (further mediators) ranked "BTC aims to motivate MSM to take no risk during one month" at the top. This finding also points out that the concept of BTC did not diffuse entirely and equally from the national to the local actors who contributed to the implementation of the campaign.
- The interviews and the surveys reveal some areas for improvements. While cooperation among the core teams did work very well, the involvement of mediators of the gay communities and the medical sector (physicians) could be strengthened. The survey findings highlight that campaign's appeal to MSM is controversial. Further, the online tool "Risiko Check" was not very well received by the collaborators and mediators.

In a nutshell, we can conclude that the responsible actors at the national and local level implemented the campaign according to the implementation concept. The commitment and the reported activities are substantial and effectively increased the number of tests conducted in May 2015. The analysis reveals that the involved actors at the local level missed a concrete strategy (instrument) how to effectively reach MSM with risk behaviours and MSM who do not meet at public venues. Finally, the analysis shows that the implementation of BTC prioritized the promotion of HIV testing. Other messages were less present in the local campaign communication with MSM.

## 7 References

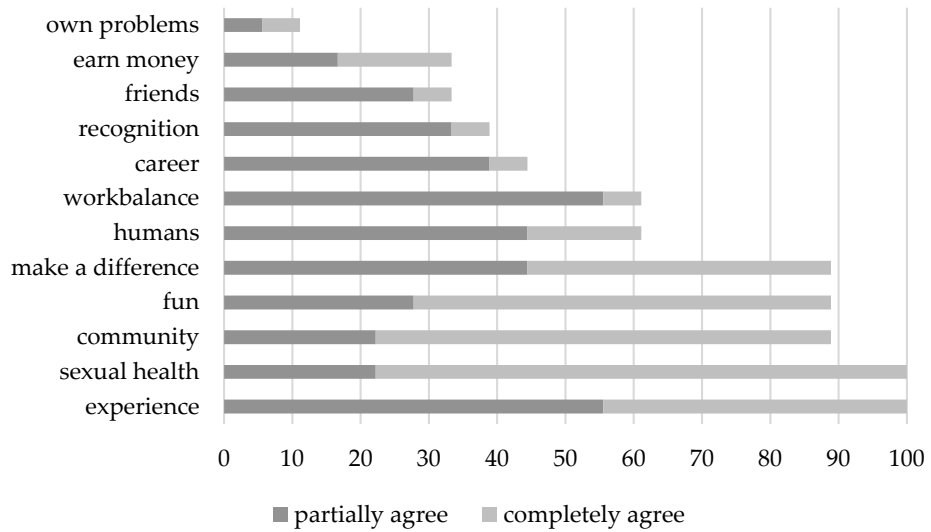
- FOPH Federal Office of Public Health (2011): *Sex between Men: Towards a Better Sexual Health 2012*. Bern: FOPH.
- Frey, Kathrin, Christopher Goodman, Thomas Widmer and Daniel Kübler (2013): Feasibility study for an economic evaluation of the prevention measures in the field of HIV and other sexually transmitted diseases (STI). Zurich: Department of Political Science, University of Zurich.
- Lociciro Stéphanie, André Jeannin, et Françoise Dubois-Arber (2013): Evaluation de la campagne Break The Chain 2012. Rapport Final. Lausanne: Institut universitaire de médecine sociale et préventive, Raisons de santé 210.
- Stéphanie Lociciro and Raphaël Bize (2015): Effects of the 2015 “Break the Chains” campaign on the gay community and on the MSM individuals. Short report. Lausanne: Institut universitaire de médecine sociale et préventive IUMSP.
- Lociciro et al. (2015): Théorie d’Action BTC 2015. Lausanne: Institut universitaire de médecine sociale et préventive.
- SAF Swiss Aids Federation, Aids-Hilfe Schweiz (2015): Surveillance. Break The Chains. Stand 19. Februar 2015. Interne Dokumente zur Umsetzung BTC 2015. Zürich: SAF.

## 8 Appendix

Table 9: List of interviewees

Interviewee	Function	Date, place	IPZ conducted the interviews
Vinicio Albani <sup>1</sup>	Regional coordinator, SAF	1.7.15, Zürich, SAF	Kathrin Frey / Elodie Panoussopoulos
Julio Bernasconi <sup>1</sup>	Regional coordinator, SAF	1.7.15, Zürich, SAF	Kathrin Frey / Elodie Panoussopoulos
Guido Biscontin	Local campaign manager, Checkpoint Vaud/ Fondation Profa	18.6.15, Bern, Universität Bern	Kathrin Frey / Elodie Panoussopoulos
Xavier Deprey <sup>2</sup>	Local campaign manager/outreach worker, Checkpoint Genève/ Association Dialogai	15.7.15, Genf, Association Dialogai	Kathrin Frey / Elodie Panoussopoulos
Vincent Jobin <sup>2</sup>	Local campaign manager, Checkpoint Genève/ Association Dialogai	15.7.15, Genf, Association Dialogai	Kathrin Frey / Elodie Panoussopoulos
Andreas Lehner <sup>1</sup>	National campaign manager, SAF	1.7.15, Zürich, SAF	Kathrin Frey / Elodie Panoussopoulos
Dirk Letsch	Local campaign manager, Checkpoint Basel/ Aids-Hilfe beider Basel (AHBB)	15.6.15, Basel, AHBB	Kathrin Frey / Elodie Panoussopoulos
Hans Peter Waltisberg	Local campaign manager, Zürcher Aids-Hilfe (ZAH)/ Checkpoint Zürich	22.6.15, Zürich, ZAH	Kathrin Frey / Elodie Panoussopoulos
Wuddri Rim	Local campaign manager, Checkpoint Bern/ Aids Hilfe Bern (AHB)	16.6.15, Bern, AHB	Kathrin Frey / Elodie Panoussopoulos
<sup>1</sup> The collaborators of the SAF – Andreas Lehner, Julio Bernasconi, Vinicio Albani – were interviewed together.			
<sup>2</sup> The collaborators of the Association Dialogai – Vincent Jobin and Xavier Deprey – were interviewed together.			

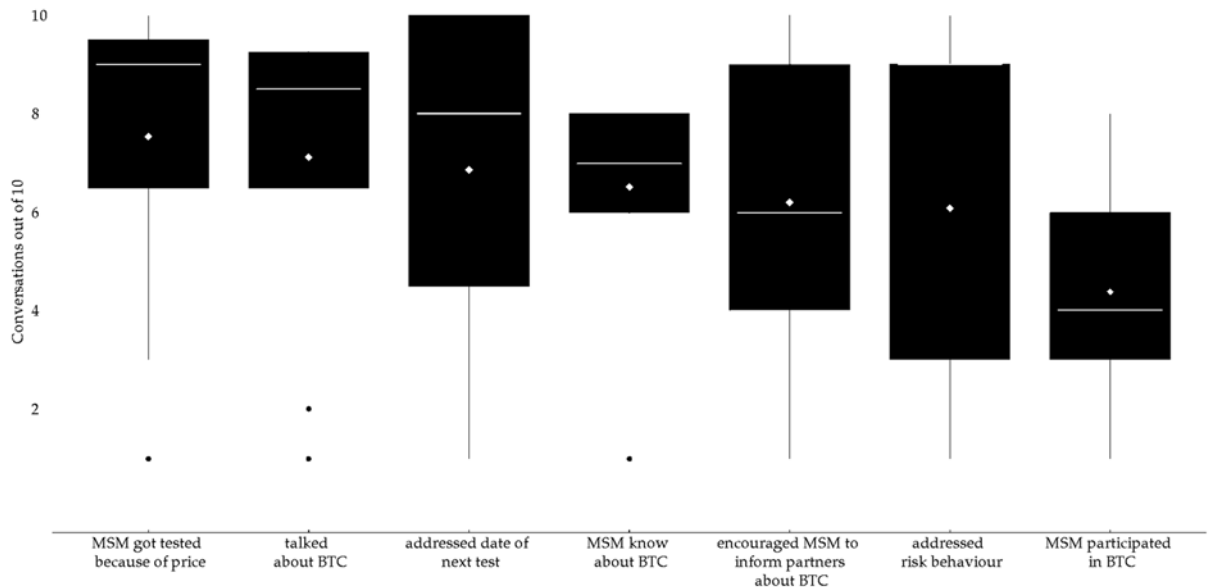
Figure 12: Volunteers' motivation for getting involved with BTC



N=18 volunteers.

Question (in short): "Why did you get involved with BTC?" The full answer statements are provided in a separate document. Question was only asked volunteers (n=18).

Figure 13: Topics and impressions in HIV counselling and testing conversations in May 2015



N= 21 BTC collaborators who stated in the survey that they had been involved in testing activities in May and have answered the present question.

Question: "Please think about your HIV counselling and testing conversations in May 2015. To how many, out of ten, conversations do the following statements apply? In the conversations, I have/had the impression that MSM / addressed the topic of ...". Answer 0 to 10 conversations; the full question is provided as separate document.

White points denote the mean, white horizontal lines show the median, black points are outliers. The thick black box shows the range from the 25<sup>th</sup> to the 75<sup>th</sup> percentile.