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Effects of the 2015 « Break the Chains » campaign on the gay community and on the MSM individuals

Short report

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1 Introduction

The intervention "BREAK THE CHAINS" (BTC) is an annual campaign that has been implemented by the Federal Office of Public Health (FOPH) and the Swiss Aids federation since 2012. It is part of the FOPH's urgent action plan intended for men who have sex with men (MSM)¹. Implementation and communication strategies have constantly evolved since 2012 based on the experience gained during each edition and based on a previous evaluation work². Stakeholders postulate a long term effect as this yearly campaign has been planned for 5 years from the very beginning.

The core objectives of the BTC campaigns however remain unchanged and are:

- To interrupt the chains of HIV transmission
- To reduce the "community viral load"

To reach these goals, the BTC campaign invites MSM to:

- PHASE 1: Avoid any risk of HIV transmission during a one-month period (in April) and until they get tested for HIV.
- PHASE 2: Get tested for HIV infection in May and benefit from counselling +/- orientation for care according to their situation. Insofar as possible, get tested with their sexual partner(s).

In doing so, MSM who got infected by HIV before April 2015 without knowing it, should have, in May, their HIV infection in a biological stage where it is detectable with the current available HIV tests.

The campaign team developed a short self-assessment tool, called Risiko-check, which is a web-based questionnaire allowing MSM to identify their risk profile.

A realist evaluation approach has been used to evaluate the BTC 2015 campaign effects on gay community and on MSM individuals. As defined by Tilley and Pawson in 1997^{3,4}, a *realist evaluation* approach aims at taking into account the contextual conditions that make interventions effective therefore trying to answer the question "for whom does this intervention works, to what extent, and how?".

The objectives of the evaluation can be divided in two steps:

A) Build with the involved actors a logic model of the 2015 BTC campaign describing step by step who the campaign is supposed to reach, how it is supposed to work, and which results are supposed to be obtained (see **Appendix A**)⁵.

B) Based on the BTC 2015 logic model and the subsequent evolution of the campaign concept, assess to which extent:

- 1) MSM heard about BTC 2015; understood its messages and recommendations; felt concerned about it;
- 2) MSM used the “Risiko-check” web-based tool to assess their own situation regarding HIV risk;
- 3) MSM participated in the BTC action and adopted behaviours avoiding any risk of HIV transmission during the month of April and until they get tested ;
- 4) MSM get tested in May, and whether those who get tested do so because they participated in the BTC action;
- 5) MSM feel well informed about the early phase of HIV infection.

2 Methods

Repeated cross sectional surveys were used to estimate changes in sexual behaviour and HIV-related-knowledge before and after the campaign. Data were collected during three time phases:

- 1) Before the campaign using a) the 2014 Gaysurvey questionnaire which contained a BTC module, and b) data from the VCT centers using the BerDa assessment tool.
- 2) In May 2015, during BTC PHASE 2, when participating MSM were expected to get HIV tested, analysing data from the VCT centres using the BerDa assessment tool (named 'BerDa-BTC-module').
- 3) In August and September 2015, after the end of the BTC 2015 campaign, using a dedicated online survey (Post-BTC-survey) with the same recruitment channels as the 2014 Gaysurvey.

Socio-demographic variables and other potentially confounding and interaction variables have been collected too.

2.1 Sampling strategy and data collection

Given the difficulty to recruit a sufficient number of MSM through general population surveys, and the absence of a valid sampling frame allowing us to draw a random sample of the target population, both Internet surveys (Gaysurvey 2014 and Post-BTC-survey) rely on a self-selected sample of MSM living in Switzerland. The anonymous self-administered questionnaires were hosted on a website which URL could be accessed through advertisement banners posted on various websites targeting MSM and gay people. The questionnaires were proposed in French and German (but also in Italian and English for the BerDa-BTC-Module).

2.2 Characterisation of the different MSM sub-groups targeted by the 2015 BTC campaign

Two main sub-groups of MSM were defined based on the inputs of the campaign managers during the elaboration of the logic model of the 2015 BTC campaign: BTC+ versus BTC-. The arborescence in **Appendix B (Figure 10)** shows how the respondents BTC+ were identified.

- **MSM categorized as BTC+** correspond to the group of MSM who are the primary target of the campaign. This group includes mainly:
 - MSM who had unprotected anal intercourses (UAI) with a partner of unknown or different HIV status (steady and/or casual partners) over the last 12 months;

- MSM who had UAI with casual partners over the last 12 months;
 - MSM who declared an unknown HIV status within the steady relationship over the last 12 months;
 - HIV-negative MSM whose steady partner is HIV-positive but doesn't receive an antiretroviral therapy and/or has a detectable viral load;
 - HIV-positive MSM who declared a detectable viral load.
- **MSM categorized as BTC-** are MSM who don't meet any of the above criteria. They were considered as MSM who avoided any risk of HIV transmission (i.e. Zero HIV transmission). The BTC campaign objectives expect them to continue to avoid any risk of HIV transmission.

BTC+ and BTC- are mutually exclusive categories.

BerDa tool doesn't collect the whole range of variables needed to identify the BTC+ as defined previously. Therefore, a limited set of variables have been selected in order to identify BTC+ "proxy". "*BerDa BTC+*" were respondents having had UAI since their last HIV test with:

- a casual partner or
- a steady partner with an unknown HIV status or
- an HIV-positive steady partner who doesn't follow a treatment and/or with a detectable viral load.

The "*BerDa BTC+*" category was only used to evaluate to which extent the campaign attracts MSM who are more at risk. We compared the proportion of *BerDa BTC+* who came in VCT-centres each month since March 2014 until September 2015 (§3.10).

2.3 Main and secondary indicators

Main and secondary indicators to be measured were defined based on the logical model of the campaign.

In this short report, results are presented for a selection of indicators that were central to assess whether the main objectives of the BTC campaign were reached. Indicators listed below are the main outcomes presented according to the BTC status of the respondents (BTC+ vs. BTC-):

- The proportion of respondents who heard about BTC 2015 and felt concerned by the campaign
- The proportion of respondents who were able to identify the main message of BTC 2015
- The proportion of respondents who used a risk reduction strategy (RRS) during April 2015 and until they got tested
- The reasons for using risk reduction strategy
- The reasons for being tested for those who filled the BerDa module in May 2015.

2.4 Statistical analyses

Descriptive statistics were used to characterize pre-only, BerDa-BTC-module, and post-only data.

Appropriate statistical analyses (Pearson's chi-square test and ANOVA) were performed with SPSS^a in order to compare the different proportions and means obtained for BTC+ and BTC- respondents.

2.5 Ethics commission

This protocol has been submitted and accepted by the Cantonal Ethics Commission on human research.

^a IBM SPSS Statistics 23 License.

3 Results

3.1 MSM participation and proportion of BTC+

The total number of respondents per survey is presented in **Table 1**. Based on the criteria to identify BTC+ and data from Gaysurvey 2014, we expected to recruit about 32% of BTC+ participants through the Post-BTC-Survey (see **Appendix C**). **Table 1** shows that 45% of the Post-BTC-Survey respondents could be categorized as BTC+.

Table 1 Total number of respondents and proportion of BTC+ per survey

Survey	N	% Respondents BTC+
Gaysurvey 2014	834	32%
BerDa assessment tool	885	31% ^a
Post-BTC-Survey	688	45%

a) BTC+ proxy

3.2 Sociodemographic data

Table 2 presents sociodemographic data comparing the three surveys. Respondents in BerDa are younger than the other groups with a median age around 36 years old; the Post-BTC-Survey respondents are older with a median age around 44 years old. A stratification by age shows that the proportion of respondents under 30 years old within BerDa is much higher than for the two other surveys. The level of education is quite similar for the three surveys. The proportion of respondents having a foreign nationality is higher within BerDa.

Table 2 All respondents: sociodemographic data

	Gaysurvey 2014	BerDa-BTC-Module	Post-BTC-Survey
	N=834	N=885	N=688
Mean age	40.3	35.6	44.0
≤30 y.	19.2	40.8	12.5
31-39 y.	17.9	27.7	18.0
40-49 y.	19.8	17.9	28.5
≥ 50 y.	18.6	13.6	28.8
No Answer	24.5	0.0	12.2
Higher education	61.8	57.1	58.3
Foreign nationality	19.1	33.4	26.5

Table 3 compares the sociodemographic data and sexual activity characteristics between respondents BTC+ and BTC- in the Post-BTC-survey. A variance analysis (ANOVA) was used to compare the mean age of the two groups and also to compare the mean number of sexual partners over the last 30 days. BTC+ respondents are significantly older than the BTC- (46 y/o versus 42 y/o). They also reported a significant higher mean number of sexual partners with anal intercourse (3.1 vs. 1.5 partners) over the last month.

The differences between proportions concerning the education level and foreign nationality were statistically assessed with a Pearson's chi-square test. No statistical differences were observed for the education level. However BTC- respondents includes a higher proportion of MSM with a foreign nationality^b.

^b The group "MSM with a foreign nationality" does not include bi-national MSM.

Table 3 Sociodemographic and sexual activity characteristics according to the BTC Status (BTC+ vs. BTC-; Post-BTC-Survey)

	BTC+	BTC-
N total	N=311	N=377
Mean age ^a	46	42
≤30 y.	12.5	12.5
31-39 y.	11.9	23.1
40-49 y.	28.0	28.9
≥ 50 y.	36.7	22.3
No Answer	10.9	13.3
Higher education	56.4	61.1
Foreign nationality ^b	18.8	27.0
Mean number of sexual partners 30 last days ^c	3.6	2.7
Mean number of sexual partners with AI 30 last days ^d	3.1	1.5

^a Statistically significant difference (p=0.000).

^b Statistically significant difference (p=0.013).

^c Base: sexually active respondents. Statistically significant difference (p=0.008).

^d AI: Anal Intercourse. Base: sexually active respondents. Statistically significant difference (p=0.000).

3.3 Proportion of respondents who heard about BTC 2015 and felt concerned by BTC

The Post-BTC-Survey included two questions dealing with having heard about BTC 2015 and to feel concerned by the campaign:

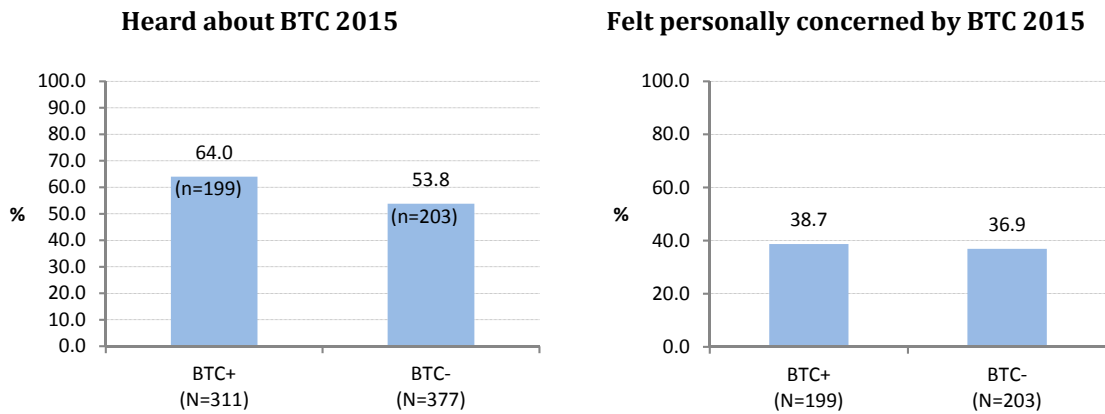
1. Have you heard about the HIV prevention campaign *Break The chains 2015*? (Yes / Yes, but vaguely / No)
2. **(If q1≠No)** Did you feel concerned personally by the campaign *Break The chains*? (Yes / No)

Overall, 58.4% heard about the campaign (even vaguely) and, among these respondents, 37.7% felt concerned by it.

Figure 1 presents the proportion of respondents who heard about BTC 2015 and felt concerned by BTC according to the BTC status (BTC+ versus BTC-).

Concerning the proportion of respondents who heard about the campaign, we observe a statistically significant difference between the MSM BTC+ and BTC-. As expected based on the campaign strategy, the proportion of BTC+ who heard about the campaign is higher. Among hypotheses to explain this result, we can imagine that BTC+ go out or use more the dating websites where the banner of the campaign was visible. But, regarding the proportion of BTC+ versus the proportion of BTC- who felt concerned by the campaign (among those who heard about BTC), there is no statistical difference.

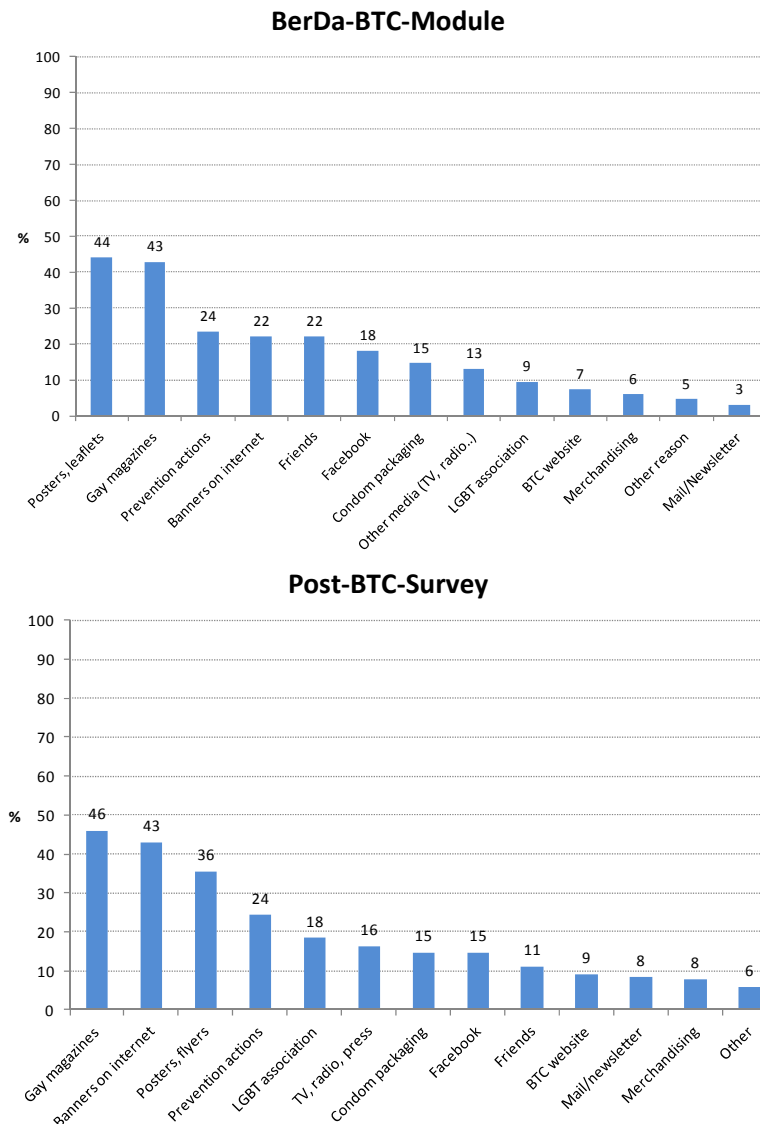
Figure 1 Proportion of respondents who heard about BTC 2015 and felt concerned by BTC according the “BTC status” (Post-BTC-Survey)



3.4 Through which channels did you hear about BTC 2015?

We wanted to know through which channels the respondents heard about BTC. The same question was asked for the Post-BTC-Survey and within the BerDa-BTC-module. The four main channels are the Gay magazines, banners on Internet, poster/flyers, and prevention actions (**Figure 2**).

Figure 2 Through which channels did you hear about BTC 2015?



3.5 Proportion of respondents who are able to identify the main message of BTC 2015 with no more than one « false positive » answer

We aimed to assess the proportion of respondents who were able to identify the main message (among 4 different messages) of BTC 2015 with no more than one « false positive » answer.

Respondents had to answer true or false to the following questions: *Break The Chains* is a prevention campaign which asks all participants to:

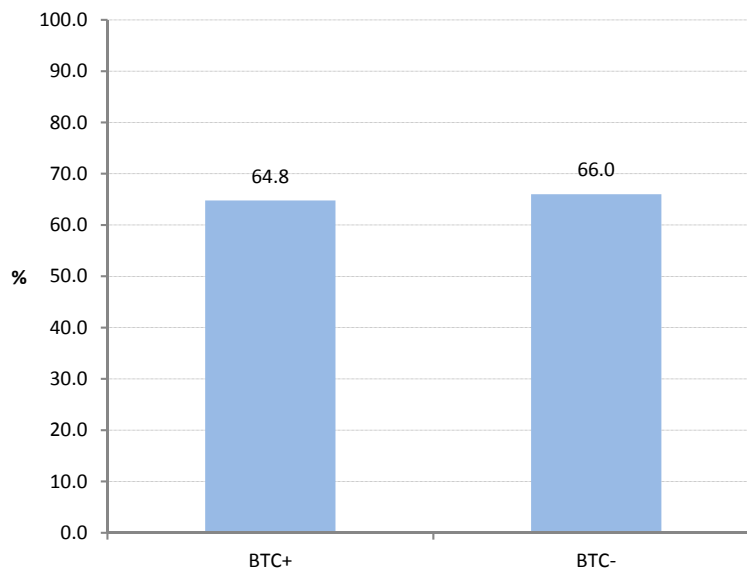
- abstain from psychoactive substances (alcohol, xtc, cannabis).

- abstain entirely from sex in April.
- disclose their HIV status before having sex.
- avoid any risk of HIV transmission in April and until the next HIV test.

The only correct answer was that all participants were invited to « avoid any risk of HIV transmission in April and until the next HIV test”.

Figure 3 presents the results for the BTC+ versus BTC-. A high proportion of respondents (around 65%) were able to identify the main message of the campaign. No statistically significant difference was observed between the two groups.

Figure 3 Proportion of respondents who are able to identify the main message (among 4 different messages) of BTC 2015 with no more than one « false positive » answer (Post-BTC-Survey)

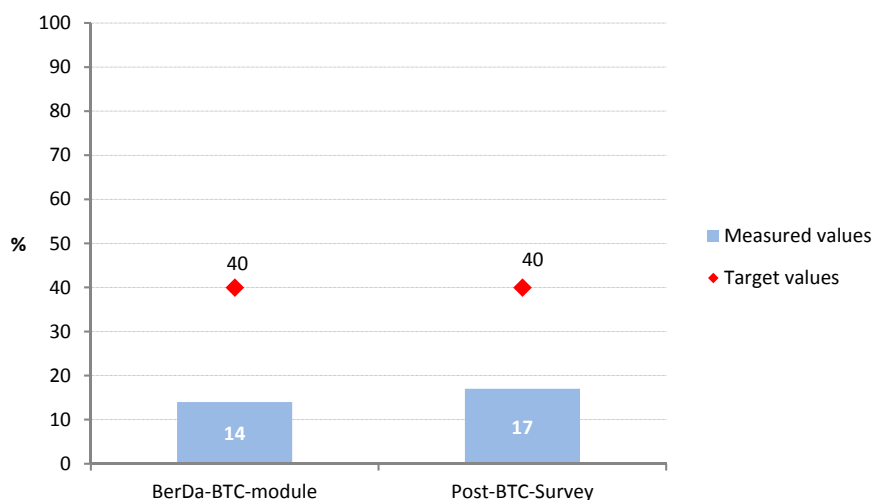


Note: No statistically significant difference.
Denominator: respondents who heard about BTC 2015 (N_{Post-BTC-Survey}=402).

3.6 Proportion of respondents who used the “Risiko-check” web-based assessment tool

Another evaluation question was to which extent MSM used the “Risiko-check” web-based tool to assess their own situation regarding HIV risk. **Figure 4** presents the results for the BerDa-BTC-Module and the post-BTC-Survey. Proportions in red are the target values which have been defined by the persons in charge of the campaign (FOPH and SAF). Proportions in blue are the measured values. We observe that only a small proportion of respondents used the Risiko-check tool (around 15%).

Figure 4 Proportion of respondents who used the “Risiko-check” web-based assessment tool



Denominator: respondents who heard about BTC 2015 ($N_{\text{BerDa-BTC-Module}}=680$ and $N_{\text{Post-BTC-Survey}}=402$).

3.7 Proportion of respondents who used a risk reduction strategy during April 2015 and until they got tested

Figure 5 shows the proportion of respondents who used a risk reduction strategy (RRS) during April 2015 and until they got tested according to their “BTC status”. Respondents had to answer “Always / sometimes / or never” to the following questions:

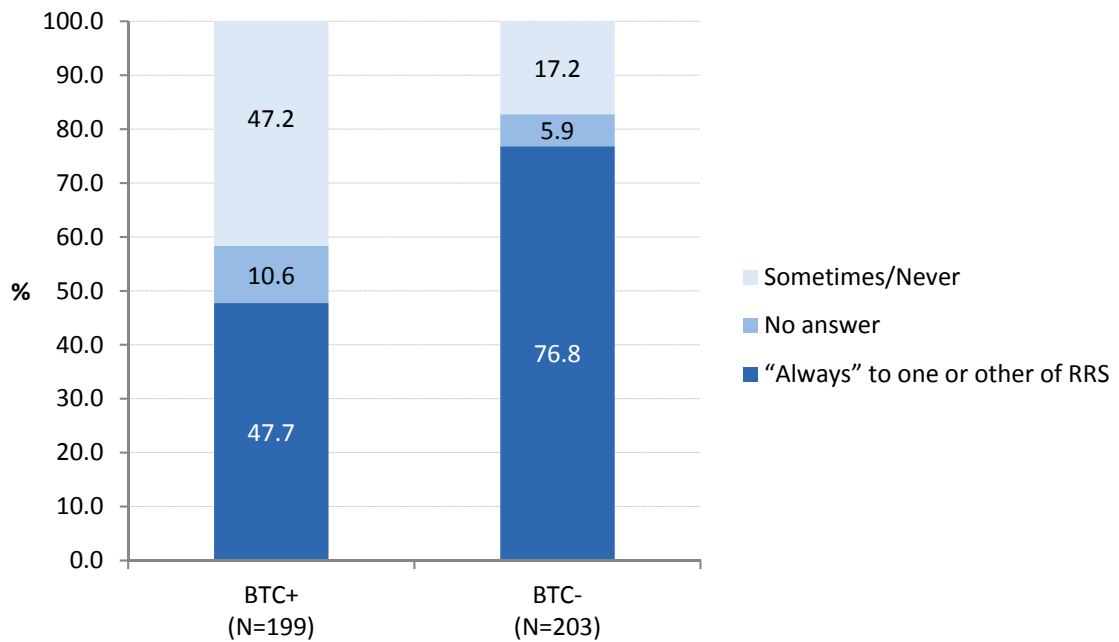
Throughout April 2015, did you use any of these protection strategies until you had an HIV test?

- Follow the safer sex rules (Always use condoms with penetrative sex; No sperm and no blood in the mouth; In case of itching, discharge or stinging in the genital area go and see the doctor)
- Other risk reduction strategies adapted to your personal situation (e.g.: abstinence for 1 month; only oral sex; sex exclusive between my steady partner and I)

Respondents having answered “Always” to one or both of these strategies were considered as having used a RRS during April 2015. MSM who responded ‘sometimes’, ‘never’ or who didn’t give any answer were included within the group who didn’t used a RRS in April.

According to the action theory, the MSM BTC+ should have behaved as BTC- in April. However, the proportion of BTC+ having always used a RRS is quite a lot lower than the proportion of BTC- (**Figure 5**): around 48% of the BTC+ always used a RRS whereas 77% of BTC- did it in April.

Figure 5 Proportion of respondents who used a risk reduction strategy during April 2015 and until they got tested according to the BTC status (Post-BTC-Survey)



Note: Statistically significant differences ($p=0.000$).
Denominator: respondents who heard about BTC 2015 ($N_{\text{Post-BTC-Survey}}=402$).

3.8 Reasons for using a risk reduction strategy

After respondents answered if they used a risk reduction strategy in April until they got tested, we asked the reasons for using this strategy and examined these reasons according to the BTC status.

For which reason(s) did you use any of this strategy? (Multiple answers allowed)

- I always used this strategy
- I adopted this strategy to participate to BTC
- For other reasons

First, we note that whatever the reason(s), there is a statistically significant difference between respondents BTC+ and BTC-^c.

Secondly, whatever the BTC status, the majority of respondents declared they always used this RRS (Figure 6). Twenty percent of BTC+ (N=19) adopted a RRS in order to participate in the BTC campaign.

^c Pearson's Chi2 test: $p<0.005$

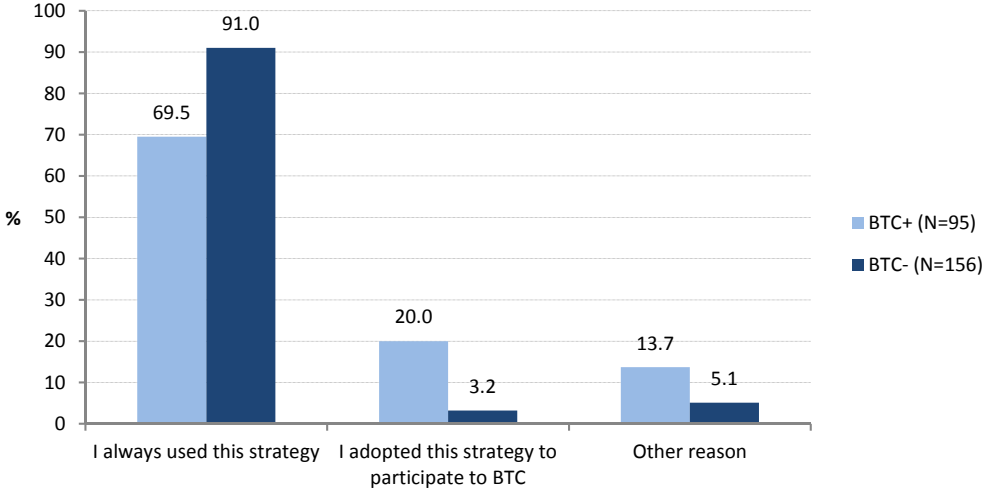
We also remark that 69.5% of BTC+ declared they always used one or both of these RRS. They seem to be convinced that they usually do not take any HIV transmission risk, even though they reported having done so in other questions.

These data allows to calculate the number of MSM who need to hear about the campaign (i.e. *number needed to reach*) for gaining the participation of one MSM at risk. The denominator corresponds to the BTC+ respondents who heard about BTC 2015 and used a RRS in April 2015 and declared they adopted a RRS in May to participate in the BTC campaign.

$$\text{Number needed to reach} = \frac{\text{MSM who heard about BTC}}{\text{BTC + who participated in BTC}} = \frac{402}{19} \sim 21\text{MSM}$$

We therefore obtain 21 MSM who need to hear about the campaign for gaining the participation of one MSM at risk (BTC+).

Figure 6 Reasons for using risk reduction strategy according to the BTC status (Multiple answers allowed, Post-BTC-Survey)



Note: Statistically significant differences (p=0.000; p=0.000; p=0.012).
Denominator: respondents who heard about BTC 2015 and who used a risk reduction strategy in April 2015.

3.9 Differences in percentages of respondents who feel well informed about the early phase of HIV infection by age group

We also assessed the differences, between Gaysurvey 2014 and the Post-BTC-Survey, of respondents who feel well informed about the early phase of HIV infection.

Do you know what primary infection is?

- Yes, and I feel well informed
- Yes, and I don't feel well informed
- No, I have never heard about it

We obtained a high proportion of non-response to this question within the Post-BTC-Survey (21.8%). In this case, missing data can be defined as "missing at random" (the probability to have a missing data does not depend on the variable itself). The question asked is a moderately sensitive subject and we can consider that the possible bias due to missing data is minor. So, we are allowed to compare the answers between Gaysurvey 2014 and the Post-BTC-Survey by taking out the missing data (**Table 4**).

The expected improvement in the respondents' knowledge after the campaign is verified. The proportion in Post-BTC-Survey is significantly higher than in the Gaysurvey 2014 (+6.9 points, Pearson's chi-square test: $p=0.019$).

Moreover, in the Post-BTC-Survey, this proportion is much higher among those who heard about the BTC campaign than those who have not heard about it (65.0% vs. 36.3%, $p=0.000$).

Table 4 Proportion of respondents who feel well informed or not about the early phase of HIV infection

	Gaysurvey 2014 (%)	Post-BTC-Survey (%)*
Do you know what primary infection is?		
Yes, feel well informed	51.1	58.0
Yes, feel not informed	22.4	16.9
No, never heard about	26.6	25.1

3.10 Respondents tested in VCT-centers equipped with BerDa

Table 5 presents the number of HIV tests performed in May 2015 and registered in BerDa. Eleven tests were reactive, 3 inconclusive. The tests for which we have no information concern a priori files which have not been filled out correctly^d.

Table 5 Respondents tested in May 2015. Rapid test results (BerDa)

	BerDa (rapid test results)
N respondents	885
Reactive test for HIV	11
Negative test	757
Inconclusive test	3
No information	114

We wanted to evaluate to which extent the campaign attracts MSM who are more at risk (BTC+). First, we measured that the proportion of BTC+ from August 2014 to August 2015 (without October 2015 due to *the Stop Syphilis* campaign) was 29.1% and the proportion of BTC+ in May 2015 was 30.5%. Then, we plotted the number of BTC+^e and BTC- by date of consultation (month/year) between March 2014 and September 2015 (**Figure 7**). We observe a specific increase in the number of respondents when the prevention campaigns targeting MSM occurred in Switzerland (*Break The Chains* in May and the *Stop Syphilis* campaign in October). An increase (steeper than the slight secular increase in the number of tests) is also noticeable between the successive campaigns supporting a plausible increase in the ability of the BTC campaign to motivate MSM to get tested in May.

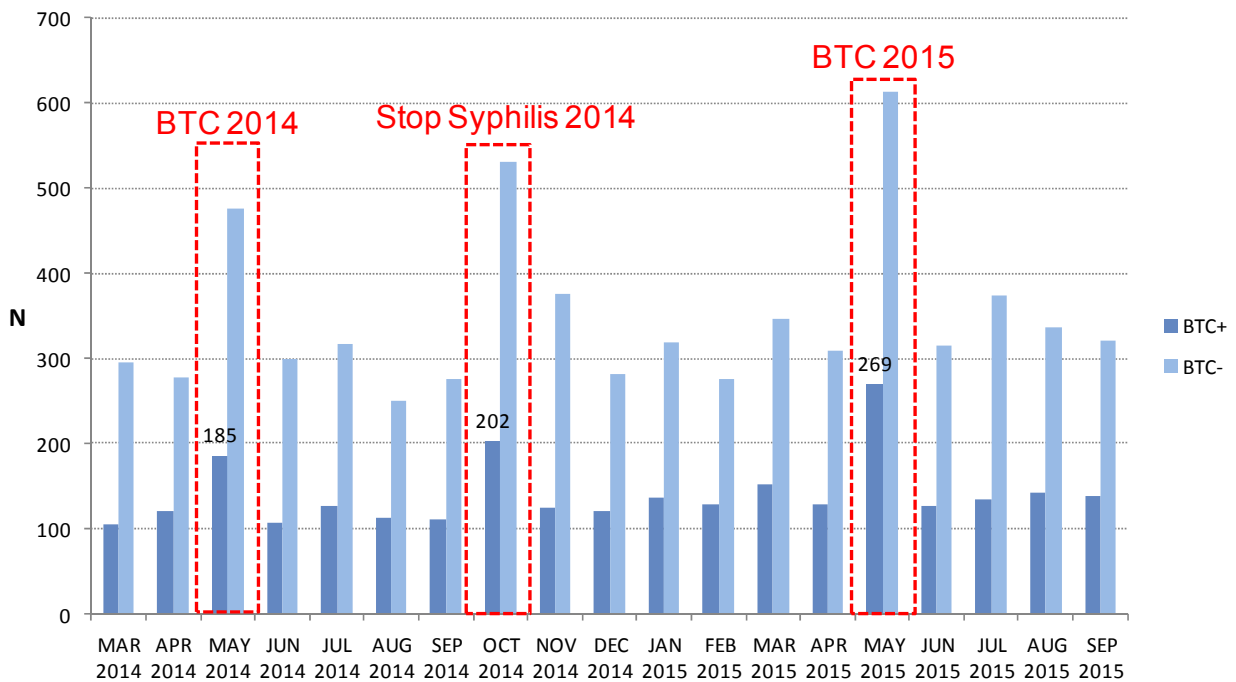
Whatever the date of consultation, the number of BTC- is much higher than the number of BTC+. Moreover, the increases observed at specific dates concerned both BTC+ and BTC-.

This suggests that the campaign doesn't attract preferentially MSM who are more at risk.

^d FOPH communication (Oct .2015).

^e BTC+ proxy

Figure 7 Number of respondents BTC+ and BTC- by date of consultation (BerDa)

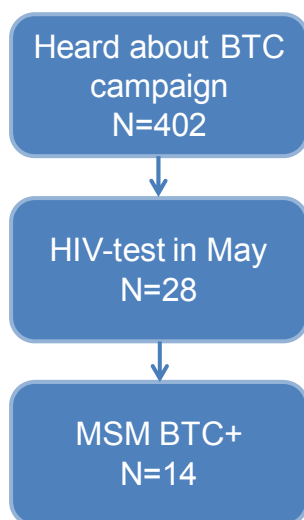


3.11 Respondents reporting HIV-test in May in Post-BTC-Survey

Figure 8 allows to calculate that 14 MSM need to have heard about the campaign to have one of them tested for HIV in May (402/28).

Among the 28 MSM tested in May, 50% have a BTC+ status [CI_{95%}: 30.6; 69.4]. This proportion is slightly higher than the total proportion of BTC+ in the Post-BTC-Survey (45% ; [CI_{95%}: 41.2; 48.7]). This difference needs to be interpreted with caution due to the wide confidence interval of the former estimate.

Figure 8 MSM with a BTC+ status who reported HIV-test in May (Post-BTC-Survey)



3.12 Reasons to test for HIV in May

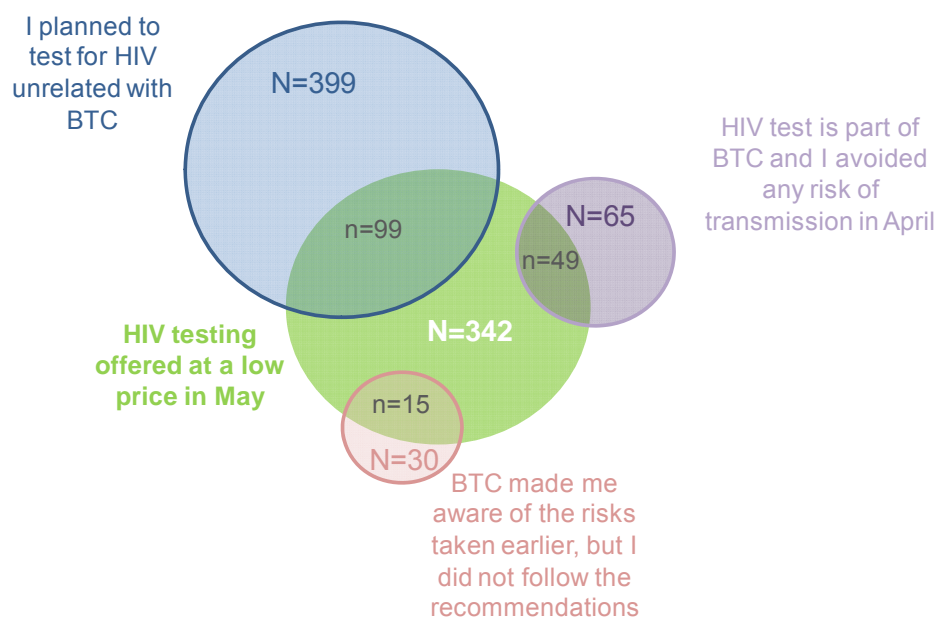
Only 33 respondents (less than 5%) reported having been tested for HIV in May 2015 in the Post-BTC-Survey. That is why we assessed the reasons to test for HIV in May among the BerDa respondents. Multiple answers were allowed (**Figure 9**).

They were 707 to come specifically to get tested. Among them:

- 399 (56.4%) chose the answer that they planned to test for HIV unrelated with BTC; among them 99 also chose the answer that they came because the HIV test was offered at a low price in May (low price HIV test was indeed part of the BTC campaign);
- 342 (48.4%) chose the answer that they came because the HIV test was offered at a low price in May;
- 65 (9.2%) chose the answer that they came because the HIV test was part of BTC and they avoided any risk of transmission in April;
- 30 (4.2%) chose the answer that BTC made them aware of the risks taken earlier, but they did not follow the recommendations.

Overall, 373 (52.8%) respondents mentioned a reason to get tested that has a link with the BTC campaign. Among these reasons, low price of HIV test in May was by far the most prevalent reason.

Figure 9 Reasons to test for HIV in May 2015 (BerDa, Multiple answers allowed)



Denominator: respondents who came specifically to get tested (N=707). 34 respondents did not mention any of the four reasons.

3.13 Sense of belonging to the gay community

We were also interested in measuring the sense of belonging to the gay community (community connectedness to the place of residence and/or nearby cantons). From the scale developed and validated by Frost and Meyer in 2012⁶, four questions were asked (4 response modalities: totally agree to strongly disagree):

- Do you have the feeling to be part of the LGBT community in your area?
- Being part of the LGBT community in your area is something positive for you
- If we work together, gay and bisexual can solve the problems of the LGBT community in our region
- You have the real feeling that all problems faced by the LGBT community in your area are also your problems

A low score (min=1) indicates a poor sense of belonging, a high score (max=4) indicates a high sense to the LGBT community.

Respondents having heard about BTC have an average score higher than the respondents who didn't hear about it (2.47 vs. 2.14) (**Table 6**). The difference is statistically significant^f but the sense of belonging is low in both groups.

By way of comparison, Gaysurvey obtained a mean score of 2.39 with the same scale⁷. The Urban Men's Health Study (UMHS) obtained a mean score of 3.31, for a scale with 7 items and response

^f Pearson's Chi-square test : p=0.000

modalities were from 1 to 4⁸. STRIDE study, which were interested in all sexual minorities (and not only MSM), obtained an average score of 3.30 for a scale with 8 items.

Table 6 Sense of belonging to the gay community (Post-BTC-Survey data)

	Heard about BTC	Didn't hear about BTC
Average score	2.47	2.14

4 Did the BTC campaign reach its objectives in terms of effects?

Based on the BTC 2015 logic model and the subsequent evolution of the campaign concept, we assessed to which extent:

1. MSM heard about BTC 2015; understood its messages and recommendations; felt concerned about it.

⇒ Between half and two thirds of respondents heard about the BTC campaign. Compared with BTC-, a greater proportion of BTC+ heard about the campaign; but BTC+ did not feel concerned in a greater proportion.

⇒ Gay magazines, banners on internet, posters/flyers, and prevention actions are the four most frequently reported channels.

2. MSM used the “Risiko-check” web-based tool to assess their own situation regarding HIV risk.

⇒ Risiko-Check was used only by a small minority (less than 18%) of respondents.

3. MSM participated in the BTC action and adopted behaviours avoiding any risk of HIV transmission during the month of April and until they get tested.

⇒ BTC+ did not reach the same proportion as BTC- for using risk reduction strategies in May; One BTC+ out of five (n=19) who used a RRS in April, did it to be part of the campaign.

⇒ 21 MSM need to hear about the campaign for gaining the participation of one MSM at risk.

4. MSM get tested in May, and those who get tested do so because they participated in the BTC action.

⇒ Overall, 373 (52.8%) respondents mentioned a reason to get tested that has a link with the BTC campaign (low price of HIV test in May; compliance with the BTC campaign recommendations; and increased awareness about the risks taken earlier through the BTC campaign).

⇒ Almost half (48.4%) of those tested in May in BerDa centers mentioned low price as a reason for getting tested.

⇒ 9.2% of MSM tested in BerDa centers in May reported having complied with the BTC campaign recommendations (risk reduction strategy in April and until tested + HIV test in May).

5. MSM feel well informed about the early phase of HIV infection.

⇒ We observe a slight improvement in the respondents' knowledge about the early phase of HIV infection after the campaign.

Table 7 Suggestions regarding the results of the evaluation

Results/observation	Comments	Suggestions
1. MSM heard about BTC 2015; understood its messages and recommendations; felt concerned about it.		
Between half and two thirds of respondents heard about the BTC campaign. Compared with BTC-, a greater proportion of BTC+ heard about the campaign; but BTC+ did not feel concerned in a greater proportion.	BTC+ are not preferentially reached by the campaign messages (in agreement with the results of the implementation evaluation)	a) To give up the objective to target preferentially the BTC+: simplify the messages and by doing so, the work of outreach workers (ORW). b) To rethink the strategy in order to target more effectively BTC+.
Gay magazines, banners on internet, posters/flyers, and prevention actions are the four most frequently reported channels.	Cost seems expensive (CHF 101400.-) for advertisement and material.	To keep the main four channels and give up the other ones. See details of the costs (P. Blank et al. 2015).
2. MSM used the "Risiko-check" web-based tool to assess their own situation regarding HIV risk.		
Risiko-Check was used only by a small minority (less than 18%) of respondents.	Can be partly explained because very few MSM went on BTC website	a) To give up the Risiko-Check tool. b) To facilitate access to the Risiko-Check (e.g. direct access from the banners or Risiko-check survey administered face-to-face by ORW).
3. MSM participated in the BTC action and adopted behaviours avoiding any risk of HIV transmission during the month of April and until they get tested.		
BTC+ did not reach the same proportion as BTC- for using risk reduction strategies in May; One BTC+ out of five (n=19) who used a RRS in April, did it to be part of the campaign. 21 MSM need to hear about the campaign for gaining the participation of one MSM at risk.	Positive result but estimated cost for the participation of one MSM at risk is around CHF 229.- (incl. direct and indirect costs).	To investigate the potential for economies in order to improve the efficiency of the campaign (i.e. cost reduction and maintenance or improvement in results).
4. MSM get tested in May, and those who get tested do so because they participated in the BTC action.		
Overall, 373 (52.8%) respondents mentioned a reason to get tested that has a link with the BTC campaign (low price of HIV test in May; compliance with the BTC campaign recommendations; and increased awareness about the risks taken earlier through the BTC campaign).	Positive result but MSM got mainly tested because of the low price of the HIV test.	To maintain the preferential cost for the HIV-test in May and to reinforce the communication on this topic.
Half of those tested in May in BerDa centers mentioned low price as a reason for getting tested.		
9.2% of MSM tested in BerDa centers in May reported having complied with the BTC campaign recommendations.	This figure is relatively low. The "getting tested in May at low price" message seems to be heard more effectively than the "risk reduction strategy in April" one.	a) To simplify the communication by placing the emphasis on only one message. b) To rethink the strategy regarding the diffusion of the message about risk reduction strategy (maybe by adopting a more individualised MSM at-risk approach).

Results/observation	Comments	Suggestions
5. MSM feel well informed about the early phase of HIV infection.		
<p>The expected improvement in the respondents' knowledge after the campaign is verified. The proportion in Post-BTC-Survey is significantly higher than in the Gaysurvey 2014 (+6.9 points).</p>		<p>In line with the simplification of the campaign messages, it may be of interest to reconsider whether it is relevant to link "primary-infection" messages with the BTC campaign or to diffuse this topic during a specific campaign (e.g. Love Life campaign).</p>

5 References

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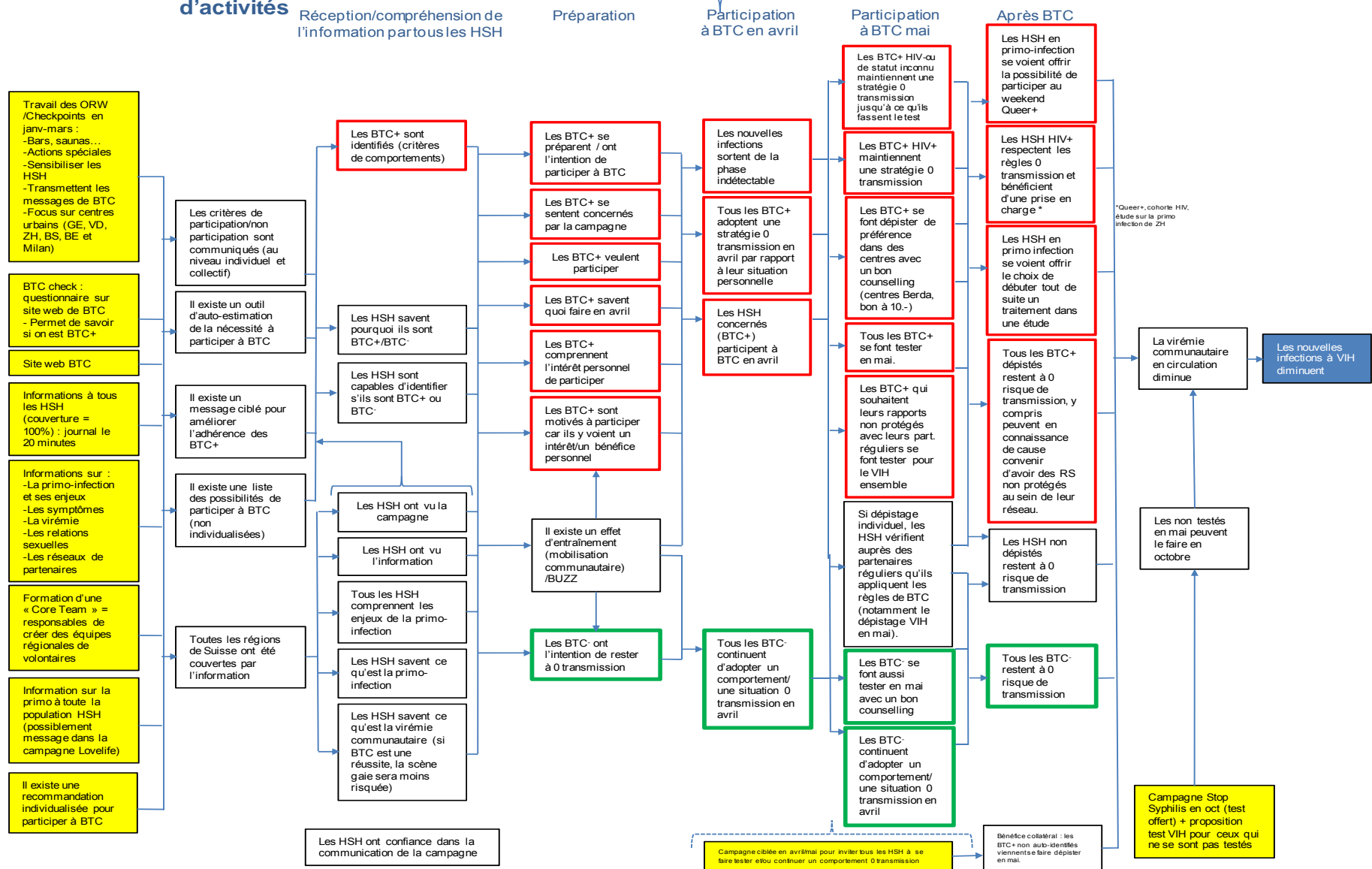
6 Appendix A: Logic model of the 2015 BTC campaign

Activités

Output d'activités

Outcomes

Impact



7 Appendix B: Evaluation of the number of MSM concerned by the 2015 BTC campaign (BTC+)

Document présenté le 19.12.2014 avec les données Gaysurvey 2012, actualisé avec les données de Gaysurvey 2014.

Jeannin et al. ont proposé en 2009 une estimation du nombre de HSH en Suisse à partir de l'Enquête Suisse sur la Santé 2007^g. Ils soulignent que l'estimation obtenue est basse du fait de l'existence très probable d'un biais de déclaration et d'un vraisemblable problème de validité de la question sur les « rapports sexuels avec pénétration », dont l'effet va également vers la sous-déclaration. L'effectif calculé, d'environ 70300 hommes ayant eu des rapports sexuels avec des hommes (soit 2.8% de la population masculine), constitue donc très probablement un plancher. Cette valeur est corroborée par celle obtenue par Schmidt en 2013^h.

Afin d'évaluer le nombre de répondants candidats à BTC (nommés ci-après BTC+), nous avons utilisé les données de l'enquête Gaysurvey 2014 ainsi que les critères d'éligibilité proposés par les responsables de l'action au niveau nationalⁱ. Les différentes étapes de cette estimation sont présentées dans l'arborescence ci-après (schéma 1).

Nous avons commencé par déterminer combien de participants à Gaysurvey avaient répondu avoir eu une pénétration anale non protégée avec un partenaire de statut sérologique différent ou inconnu au cours des 12 derniers mois. Ils sont 159 à l'avoir pratiqué et 0 à ne pas avoir répondu. Ces **159** personnes ont donc été attribuées au groupe des candidats BTC+.

Dans le groupe de répondants restant (N=655), nous avons ensuite analysé combien d'hommes avaient eu une pénétration anale non protégée avec un partenaire occasionnel au cours des 12 derniers mois. **77** répondants ont ainsi pu être catégorisés comme BTC+.

Enfin, lorsque les questions étaient disponibles dans Gaysurvey 2014, nous avons appliqué les critères d'éligibilité proposés par les responsables de BTC. Trois groupes de répondants ont été investigués. Ceux connaissant leur statut sérologique pour le VIH, séronégatif (N=200) ou séropositif (N=41) et ceux l'ignorant (N=337), constituant à eux seuls un groupe de candidats potentiellement BTC+.

En réalisant une analyse plus poussée de ce corpus de 337 personnes, il s'avère que 50 d'entre elles n'ont eu aucun partenaire sexuel au cours des 12 derniers mois et 189 ont eu exclusivement un partenaire occasionnel mais n'ont pas eu de rapports non protégés avec lui. Il reste donc 98

^g Jeannin A, Meystre-Agustoni G, Locicero S, Dubois-Arber F. Système de suivi de la stratégie de la lutte contre le VIH/sida en Suisse: rapport de synthèse 2004-2008. Institut universitaire de médecine sociale et préventive, editor. Raisons de santé ; 155a, Lausanne, 2009.

^h A.J. Schmidt, « Estimation de la taille du groupe HSH, Analyses du système BerDa concernant les HSH », OFSP, Sept 2013.

ⁱ S. Derendinger (OFSP) et A. Lehner (ASS)

répondants (337-50-294) ayant eu un partenaire stable au cours des 12 derniers mois. Parmi eux, **22** ont eu des rapports non protégés avec ce partenaire et ne connaissent pas le statut VIH de ce dernier. Ils sont donc définis comme des candidats BTC+.

Parmi les deux autres groupes de répondant investigués, **10** répondants séronégatifs pour le VIH ont eu une relation non protégée avec un partenaire stable dont ils ne connaissent pas le statut sérologique et **aucun** répondant n'a eu une relation non protégée avec un partenaire stable séropositif, ne suivant pas un traitement ARV.

Parmi les répondants séropositifs ne suivant pas un traitement antirétroviral, **2** ont eu des rapports non protégés avec un partenaire stable au cours des 12 derniers mois.

En résumé, nous avons catégorisé 270 répondants (N=159+77+22+10+2) comme étant des candidats BTC+. **Le nombre total de HSH concernés en Suisse est alors environ de 22759** (270/834*70300), chiffre proche de celui estimé par l'OFSP^j.

^j Communication personnelle de S. Derendinger, OFSP.

Figure 10 Arborescence allowing the identification of the BTC+ respondents (Gaysurvey 2014)

