

# Avert > HIV >

Empowering people  
through knowledge >

AVERT'S STRATEGY 2021-24

## From knowledge to action

Working towards informed choices  
on HIV and sexual health



Avert uses digital communications to build health literacy on HIV and sexual health. With over 30 years' experience, we are a trusted provider of accessible, accurate and actionable content and resources that support informed choices. Our work supports global efforts to end AIDS and achieve the Sustainable Development Goal for Health.

Every year, we engage with millions of individuals, community health workers and primary health practitioners living in areas of greatest need. We use our understanding of HIV and sexual health; our expertise in digital marketing, communications and behaviour change; and our network of partnerships, to increase their knowledge, skills and confidence and their ability to act.

## Who we are

### OUR VALUES

- Evidence-based
- Responsive
- Trustworthy
- Creative
- People-orientated
- Collaborative
- Sex Positive

“If you are a young woman living in Zambia confused about what you've heard about HIV from an older relative, or a young gay man in India lacking confidence to speak to a health worker about sex, or a community health worker in Zimbabwe trying to keep up with new developments in the HIV response and how to speak about these to your clients – Avert is here to provide you with the information, tools and resources you need.

*Sarah Hand, Chief Executive, Avert*



# Our strategy at a glance



## THE PROBLEM

Millions of individuals and health workers, in many of the places most affected by HIV, do not have up-to-date knowledge to support their own and their communities' sexual health.

- For individuals, knowledge is power. It allows us to make informed decisions about our sexual health, navigate the health system, and seek out support when we need it to stay HIV-free, or to live healthily on treatment.
- For primary and community health workers, knowledge is the foundation of quality, people-centred service provision. Well-informed health workers also lead to stronger health systems.
- HIV knowledge is an essential part of achieving global HIV targets and ending AIDS by 2030, and to achieving the Sustainable Development Goal for Health.



Oh my god these facts are marvellous.

*Information seeker, India*

It's actually nice learning about HIV and on how to adhere. I didn't know much about this but now have learn a lot.

*Information seeker, Zambia*



Only a third of young women in sub-Saharan Africa have comprehensive knowledge about HIV and sexual health.<sup>1</sup>

## THE SOLUTION

Avert is committed to close the HIV knowledge gap and build health literacy in locations and with those people most affected, by:

- increasing the HIV and sexual health-related knowledge, skills and confidence of those most at risk of HIV and poor sexual health, and those living with HIV
- expanding and deepening the knowledge, skills and confidence of educators and advocates working on local responses to HIV and sexual health
- supporting evidence-based practice among primary HIV and sexual health practitioners.

We will do this by working in partnership to develop and promote HIV and sexual health content and resources that are accurate, accessible, useful, and actionable. We focus on digital communications – making use of the growing opportunity digital provides to reach people online in spaces they are already spending time.



I always browse your site when I do training for nurses or community health workers. Thank you.

*Practitioner, South Africa*

## WHY AVERT?

- Avert has been a trusted provider of quality HIV and sexual health content for over 30 years.
- Avert is a digital content partner of choice in the HIV sector.
- Avert is an expert producer of co-created content.
- Avert understands the global HIV sector and is committed to collaboration.



Millions of people do not have the vital knowledge they need to support their own and their communities' sexual and reproductive health and rights. Avert uses creative and engaging ways to raise awareness and understanding of HIV, improve sexual health and to promote wider health literacy.

*Winnie Byanyima, Executive Director, UNAIDS*



# The context of our new strategy

**The world changed profoundly for all of us in 2020 as a result of COVID. But for people with HIV, and those at greater risk of HIV, COVID and the resulting restrictions not only affected their freedoms and livelihoods, but also hampered access to vital HIV prevention, treatment and care services, threatening their health and the fragile gains in the HIV response.**

In some ways, however, things also stayed stubbornly the same in 2020. Individual, community, and health sector stigma towards HIV and people with HIV continued to discourage people from accessing HIV testing, prevention, treatment and care programmes. The number of new infections globally remained high, with young women in Southern Africa still disproportionately affected.<sup>2</sup> Effective new prevention technologies such as pre-exposure prophylaxis (PrEP) remained inaccessible for most people in low income countries.<sup>3</sup> And efforts to meet the UNAIDS 90/90/90 targets by 2020 were uneven and inadequate in many countries.<sup>4</sup> In all these areas knowledge gaps among individuals and local health educators and practitioners undermined HIV responses – hindering informed sexual health choices and limiting health workers' ability to act in the best interests of their clients and communities.<sup>5</sup>

The COVID pandemic has highlighted the vital role that trusted, accessible, evidence-based information plays in supporting health literacy, which is critical to combat pandemics such as COVID and HIV effectively. The importance of *trusted* information sources has never been greater.

The power and potential of digital health communications also became clear, in a year when people's movements were restricted and face-to-face communication was limited. Rapidly increasing mobile phone ownership and decreasing data costs present big opportunities to address knowledge gaps and deliver life-saving information to more people who need it.

## HIV ISN'T OVER

**In 2021, the HIV epidemic is far from over.**

- **Globally 38 million people are living with HIV, but over 7.2 million of them are unaware of their status, putting their health and their sexual partners at risk.**
- **5.6 million people know their HIV status but are not accessing treatment, threatening their own health and missing the opportunity treatment provides to reduce onward transmission.**
- **1.7 million people acquired HIV in 2019 alone. Sub-Saharan Africa remains the region of the world most affected by HIV. Young women and girls remain the most affected group in that region.**
- **HIV remains one of the leading causes of death for adolescents in Southern Africa.**
- **Marginalised groups like men who have sex with men, sex workers, and people who inject drugs, remain more at risk of HIV globally.**
- **HIV and AIDS continues to have an adverse effect on economic and development progress for many countries.**



Since our last strategy was published in 2017, Avert has gathered evidence and learned from our own and others' work. Our new strategy builds on this learning and sets out an ambitious, focused and defined role for Avert: addressing the knowledge gaps among individuals, local educators and primary practitioners, that are undermining progress towards global HIV targets and ending AIDS. We will work through partnerships to increase health literacy on HIV and sexual health in those contexts around the world that are most affected by HIV and have the greatest need.

“

It was a very great and tricky experience to solve these quizzes and knowing about COVID-19 and we had fun learning about this. THANKYOU.

*Information seeker, Pakistan*

Very good site. I enjoyed reading here because you explained easily here. Keep it up.

*Information seeker, Nigeria*

HIV isn't over. Trusted information is more important than ever to address the knowledge gaps among individuals and health workers that are undermining progress towards global HIV targets and ending AIDS.

# Our strategy

**Our vision is a world with no new HIV infections, where people make empowered sexual health choices, and where those living with HIV do so with dignity, good health and equality.**

**Our mission is to increase health literacy on HIV and sexual health, among those most affected in areas of greatest need, in order to reduce new infections and improve health and well-being.**

Health literacy is the ability of individuals to access, engage with, and understand basic health information and services, and use the resulting knowledge to make informed health decisions. It remains a vital part of an effective HIV response. Digital presents new ways to expand health literacy approaches, removing barriers and reaching more people in ways and in spaces that suit them.

However, health literacy has been crowded out by an increasing proportion of funding being spent on biomedical prevention and treatment options. The result is that only a third of young women in sub-Saharan Africa have comprehensive knowledge about HIV and sexual health to protect themselves from infection.<sup>6</sup> Community health workers are the first point of contact with health services for many people, but many of them lack relevant and appropriate information resources to stay up-to-date, which has an impact on the quality of their support to clients.<sup>7</sup> And in too many communities, health workers continue to reinforce stigma, partly as a result of inaccurate information and unchallenged myths, which undermines engagement with services.<sup>8</sup>

In short, millions of individuals and health workers, in many of the places most affected by HIV, do not have up-to-date knowledge to support their own and their communities' sexual health.

## FROM HEALTH LITERACY TO HEALTH OUTCOMES

Our work aims to close this HIV knowledge gap and build health literacy by translating complex health literature into accessible, accurate and actionable content, which supports and improves individual health journeys. Our strategy sets out three complementary strategic objectives focused on increasing knowledge, confidence, skills and evidence-based practices among specific targeted audiences, in order to drive improvements in health literacy, self-efficacy, uptake of services, and quality of community and local health worker responses.

- **STRATEGIC RESPONSE 1: Increase the HIV and sexual health-related knowledge, skills and confidence of those most at risk of HIV and poor sexual health, and those living with HIV.**
- **STRATEGIC RESPONSE 2: Expand and deepen the knowledge, skills and confidence of educators and advocates working on local responses to HIV and sexual health.**
- **STRATEGIC RESPONSE 3: Support evidence-based practice among primary HIV and sexual health practitioners.**

Our approach is based on clear evidence that health literacy increases and improves an individual's engagement with and uptake of available health services, which in turn improves overall health outcomes.<sup>9</sup> By addressing the HIV and sexual health knowledge gaps and building health literacy we are supporting achievement of the UNAIDS global targets on HIV which feed into the wider health-related Sustainable Development Goals.



Partnering with Avert has allowed us to think through how we can make better use of digital in our sexual and reproductive health and rights work and how digital approaches can improve our outcomes. We have been working with Avert on introducing Boost into a number of our programmes and really welcome the collaborative and creative working relationship.

*Clive Ingleby, Global Health Technical Lead, VSO*



THERE WERE OVER  
**57 MILLION**  
 NEW MOBILE PHONE SUBSCRIBERS AND  
**42 MILLION**  
 NEW INTERNET USERS IN AFRICA IN 2020 ALONE<sup>10</sup>



### DEFINING HEALTH LITERACY

*Personal health literacy* is the degree to which individuals have the ability to access, engage with, understand and use basic health information and services so they are able to make informed choices that support their health. It relies on individuals gaining enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care, and to navigate the health and social care systems around them.

*Digital health literacy* is the ability to seek, understand, and appraise health information from electronic sources and apply the knowledge gained to preventing, addressing or solving a health problem.

Organisations have a role in supporting health literacy by making it easier for people to navigate, understand, and use information and services to take care of their health.

### DEFINING SEXUAL HEALTH

*Guttmacher-Lancet Commission*<sup>11</sup>

Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in promoting self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right.

IN 2020, WE REACHED OVER  
**22.4 MILLION**  
 PEOPLE, BUILDING KNOWLEDGE TO SUPPORT THEIR SEXUAL HEALTH



Our strategy focuses on increasing knowledge, confidence, skills and evidence-based practices. This in turn drives improvements in health literacy, self-efficacy, uptake of services, and quality of community and local health worker responses.

#### DIGITAL

We focus on digital communications. Digital communications offer a private, judgement-free route to knowledge for many people who struggle to engage with health services for fear of embarrassment, discrimination, or criminalisation. Digital also provides us with real-time knowledge of the key issues the people we reach are facing in their lives, enabling us to base our work on needs not assumptions. Our work and data analysis over the last five years shows the growing need for accurate and engaging content on HIV and sexual health. Engagement with our website and social media analytics also show that young people in regions with high HIV prevalence are searching for content to support their understanding of HIV, sex, risk and prevention.

#### ACCESSIBLE

We work to continually increase the accessibility of our information and communication products, so more people can use them and share their knowledge with their peers, families, friends and clients. However, access to digital, although growing rapidly, is far from universal. For this reason we also prioritise giving local level health care workers up-to-date and accessible information and resources to use and share with those who cannot get online and to support their work ensuring no-one is left behind in their communities.

#### ACTIONABLE

All the products we develop are informed by health literacy and behaviour change research and practice, so they are relevant, useful, and support people to take action.

#### COMPLEMENTARY

Our three strategic responses reinforce each other. Each plays an important and necessary part in supporting individual and community health literacy, and together support better health outcomes and better use of health services.

#### COLLABORATIVE

We work through partnerships, as the best way to create high quality, sustainable programmes. Partnerships enable Avert to keep in touch with constantly evolving contexts and to adapt our content and approaches based on a clear understanding of how our resources are being used by the people we reach.

#### Alignment with the wider HIV response to end AIDS by 2030

Health literacy is an essential part of all efforts to end AIDS

#### 2030 SDGs



#### UNAIDS 2025 interim targets



#### Avert's strategic responses



# From knowledge to action

## OUR VISION

A world with no new HIV infections, where people make empowered sexual health choices, and where those living with HIV do so with dignity, good health and equality.

## OUR MISSION

To increase health literacy on HIV and sexual health, among those most affected in areas of greatest need, in order to reduce new infections and improve health and well-being.

## THE WAY WE WORK

We develop and promote HIV and sexual health content and resources that are accurate, accessible, useful, and actionable. In doing this:

- We use learning and evidence from health literacy, behaviour change and digital marketing research and practice to inform our content and approach.
- We work through partnerships, as the best way to create high quality, sustainable programmes.
- We use our understanding of technology to prioritise inclusive digital approaches, and our knowledge of the context to create realistic solutions.
- We prioritise user-centred design principles, working with users to develop products that effectively meet their needs.



### STRATEGIC RESPONSE 1

Increase the HIV and sexual health-related knowledge, skills and confidence of those most at risk of HIV and poor sexual health, and those living with HIV.

#### We will:

- develop and share targeted digital HIV and sexual health communications.



### OUTCOME 1

The people we reach have gained up-to-date knowledge, skills and confidence to make informed choices to support their own and others' sexual health.

### RESULT 1

**The people we reach take informed action to support their own and others' sexual health, reducing HIV and other sexual health infections, and improving physical and mental health among those living with HIV.**

### STRATEGIC RESPONSE 2

Expand and deepen the knowledge, skills and confidence of educators and advocates working on local responses to HIV and sexual health.

#### We will:

- develop and share accessible digital knowledge and information resources for educators and advocates.



### OUTCOME 2

Targeted educators and advocates have gained up-to-date knowledge, skills and confidence to support quality engagement with their clients or target groups.

### RESULT 2

**Educators and advocates are effective at their roles, improving the sexual health of the local population.**

### STRATEGIC RESPONSE 3

Support evidence-based practice among primary HIV and sexual health practitioners.

#### We will:

- develop and share evidence-based good practice information and resources for practitioners.



### OUTCOME 3

Targeted practitioners have gained up-to-date knowledge of evidence-based approaches to support local HIV and sexual health responses.

### RESULT 3

**Practitioners adopt evidence-based approaches, improving the relevance of primary HIV and sexual health responses.**

To achieve our strategic responses we will focus on three streams of work. We will:

1. develop and share targeted digital HIV and sexual health communications for those most at risk of HIV and poor sexual health, and those living with HIV
2. develop and share accessible digital knowledge and information resources for educators and advocates
3. develop and share evidence-based good practice information and resources for practitioners.

## Our priorities

Within these three streams we will work in partnership to prioritise work to:

### Take a holistic approach to HIV and sexual health

Significant factors such as gender, poverty, cultural norms, and education all continue to drive the HIV epidemic and place certain people more at risk than others. Stigma associated with HIV and discrimination towards those populations most at risk also continues to undermine progress. HIV infection is also interconnected with common co-infections such as TB and hepatitis, and wider sexual and reproductive health issues from STIs to pregnancy and contraception. As people access treatment and live longer it is also increasingly interlinked with non-communicable diseases associated with lifestyle and ageing, such as diabetes, heart disease, and cancer. And there is clear evidence of the impact of mental health both on HIV risk and HIV treatment outcomes.

We will take a holistic approach to HIV and sexual health in our work that seeks to understand and explain HIV in the wider context of people's lives.

### Increase targeted approaches

Not all people are equally at risk of HIV or poor sexual health. For example, in sub-Saharan Africa young women aged 15–24 years account for 59% of all new HIV infections and are twice

as likely to be living with HIV as men.<sup>12</sup> Transgender people have a 13 times greater risk of HIV infection than adults in the general population,<sup>13</sup> and the estimated HIV prevalence among female sex workers in Southern Africa is 10 to 20 times higher than in the general population.<sup>14</sup>

We will focus our efforts on tailored, population specific health messaging for those people who are most at risk and most affected by HIV, as well as those who are working directly with them. This includes, but is not limited to, people with HIV, young women in Southern Africa, men who have sex with men, sex workers, community health educators, peer educators, community advocates, and local health practitioners.

### Keep HIV visible and in the minds of young people

Demographic changes mean that young people now make up more than 50% of many African countries' populations. With so many young adults reaching sexual maturity, it is vital that they have the skills, knowledge, resources and services available to ensure good sexual health. Otherwise HIV will continue to threaten the economic and social development possibilities for the region.

We will keep HIV visible and relevant to this population by reaching them where they are already spending time – increasingly online and on social media platforms.

### Develop accessible approaches to self-care

Self-care is an important part of achieving a world without AIDS by 2030 and Universal Health Coverage. Interventions such as condoms, HIV self-testing, oral pre-exposure prophylaxis (PrEP), self-sampling for STIs, and e-health and m-health solutions have led to a greater number of self-led HIV prevention, treatment and care possibilities than ever before. Self-care provides new opportunities to reach and engage many of the people most affected by HIV who have often avoided traditional HIV services for fear of stigma and discrimination.

We will enable self-directed learning journeys that support self-care, support community-level screening and referral tools. We will also work with others to open up new options for individuals to access healthcare on their own from the privacy of their homes, using their phones or through other convenient means.

### Support community health workers and educators as knowledge gatekeepers

Community health workers continue to play a vital role in the health systems of low-to-middle-income countries (LMIC), either as part of government or civil society responses. Peer educators in particular have been extensively used as a way of engaging harder to reach populations such as young people or men who have sex with men who might not otherwise engage in health services. Ensuring community health workers are

We will focus our efforts on tailored, population-specific health messaging for those groups who are most at risk and most affected by HIV, as well as those who are working directly with those groups.

up-to-date and have access to accurate information and resources to support their work is therefore critical.

We will work in partnership with those organisations who deploy or support community health workers to provide information tools and resources to improve their knowledge, skills, confidence and practice, and the quality of their engagement with clients.

### Build our role as a trusted information provider

As COVID-19 has highlighted, accurate and trusted information plays a key role in supporting the health literacy that is needed for individuals to take preventative action and to engage with services when needed. In an age of increasing misinformation and active disinformation, earning and maintaining trust is vital.

We will continue to strengthen our editorial governance systems to instil trust in our content, and look for new ways to demonstrate and explain our trustworthiness to those who access our information and communication resources.





The Young Voices resources are such a relevant, youth-friendly, and fresh set of resources...

The characters, stories, animations and accompanying tools are an exciting and creative way to have critical discussions with young people around topics that are traditionally difficult to have successful conversations about.

*Cosima Lenz, Technical Officer Adolescents and Youth, and CAYA Coordinator  
Elizabeth Glaser Pediatric AIDS Foundation*

# Our work in action

**We work with a range of partners and digital organisations, and most importantly with our users, to shape the content and products we produce. We focus on locations and communities where HIV continues to have a profound effect on health and development. Here's a flavour of our work.**



BETWEEN JULY 2018  
AND FEBRUARY 2021  
THE YOUNG VOICES  
ANIMATIONS HAD OVER

**2.6** MILLION  
ENGAGEMENTS

## YOUNG VOICES

Young Voices is an interactive package of sexual health information materials co-created with young people between 15 and 24 years old in Southern Africa. The short, dilemma-based story animations are designed to promote thinking and discussion on topics including condoms, healthy relationships, contraception options and sharing an HIV status. The animations are aided by supplementary materials including fact sheets and questions for discussion. There is also an online comic creator – giving young people a chance to think through and create their own comic strip ending to the characters' stories, in their own words.

Between July 2018 and February 2021, the animations have been watched over 836,500 times on Facebook, Instagram and YouTube, with over 2.6 million engagements.<sup>15</sup> At least 16 organisations across 12 countries have used the Young Voices materials in their programmes.



A guy who loves you will not pressure you to do what is not right and what you are not comfortable with. He will respect you and wait. So let him leave, there are better people out there?

*Social media comment responding to Avert's Young Voices animation*



## BOOST

Boost is a mobile phone app and online resource co-created with over 100 community health workers and peer educators in Southern Africa to give them the resources and support they need to provide high quality care to their clients and communities. It provides accessible, up-to-date, visual and interactive materials on HIV, sexual health and COVID-19. It's data light and free to download for offline use.

Boost is also available as a WhatsApp chatbot, increasing access. Community health workers can ask the BoostBot questions and share the answers. The Boost app is also available on KaiOS for feature phones.



All peer educators and lay counsellors require this app. I have loved it since when I got a hold of it.

*Boost user*

It is useful in my work as a peer educator and counsellor. It helps me to be informative and to be equipped.

*Christine, community health worker, Zimbabwe*

## GLOBAL INFORMATION AND EDUCATION SITE

Our website, Avert.org is the only global HIV and AIDS resource of its kind – providing accessible sexual health information for individuals and in-depth resources for professionals working in the HIV response. Through our website we reached over 15 million people in 2020 with information on HIV and sexual health, with 2.6 million visitors from across West and Central Africa and East and Southern Africa.

A new dynamic, mobile-based information resource is planned, which will build on our learning from the past ten years of Avert.org. Tailored to individuals and health workers in countries in East and Southern Africa and other affected low-and-middle income countries, the new site will be informed by health literacy, behaviour change and digital marketing research and practice.



I read some information about HIV/AIDS on your website. I'm really happy with the information I got and what your organisation is doing to teach us young youths. Plz keep doing the good work.

*Information seeker, South Africa*

Amazing. I have learnt lot of things.

*Information seeker, India*

# Meet some of the people who drive our work

We use 'personas' to keep our audiences front and central in all our work. These fictional characters pull together some of the most important needs and drivers that motivate the thousands of real people who use our resources every day. Meet a few of our personas and hear what some of our real users think about our work.



We work with a range of partners and digital organisations, and most importantly with our users, to shape the content and products we produce, engaging with millions of people each year.

## ADVICE SEEKER

Precious is 15 and lives in rural Zambia. She is at school, enjoys socialising, music and dancing, and is on social media whenever she has access to it – which is by no means all the time as she shares a phone with her older siblings. She shares a lot on- and off-line. Precious wants to feel confident and know what to expect as the prospect of having sex for the first-time gets closer. She needs to trust the information that she gets online and be sure that it doesn't have a religious agenda. She's feeling increasingly isolated as her own feelings conflict with the more traditional views in her community.

“

I learn many information about this COVID-19. I share these information with my friends and neighbors. Thank you so much for this great job.

*Information seeker, India*

The site is just so awesome educative and full of knowledge.

*Information seeker, Kenya*

I can say, you guys give almost full useful details. It's amazing.

*Information seeker, Tanzania*

## EDUCATOR

Lisa is a 19-year-old peer educator in South Africa. She is passionate, not afraid to speak her mind and wants to make a difference in the world. She is a student but works part-time for a small organisation running youth groups through schools and churches in her local area. She's particularly interested in supporting other women and helping them to aim high and achieve their goals. She wants to find relevant and engaging resources on safer sex and using condoms that she can use in her youth groups. The resources need to be fun, engaging and interactive, and feel relevant for the young people she works with. They also need to be shared via WhatsApp. Lisa finds that lots of online information is too long and technical for her and her peer groups.

“

Avvert's online resources have been invaluable for Cricket Without Boundaries. They're a great way to get conversations started about HIV. We've used the resources with thousands of children now and they've definitely helped our coaches make sure that the right messages are being taken away from the session.

*Head of Monitoring and Evaluation, Cricket Without Boundaries*

## PRACTITIONER

Tawana is 35 and works as a manager of a government-funded VCT clinic in Zimbabwe. She is well known and respected in the community, intelligent and energetic. She lives to work and to make a difference in her community. She is very busy juggling her job and organising her husband and children. Tawana wants to make sure she and her staff are using current best practice in their work, to give clients the best outcomes. She also wants to access tools that can help her support the government push for increased self-care. But she's also busy and doesn't have time to wade through long technical documents.

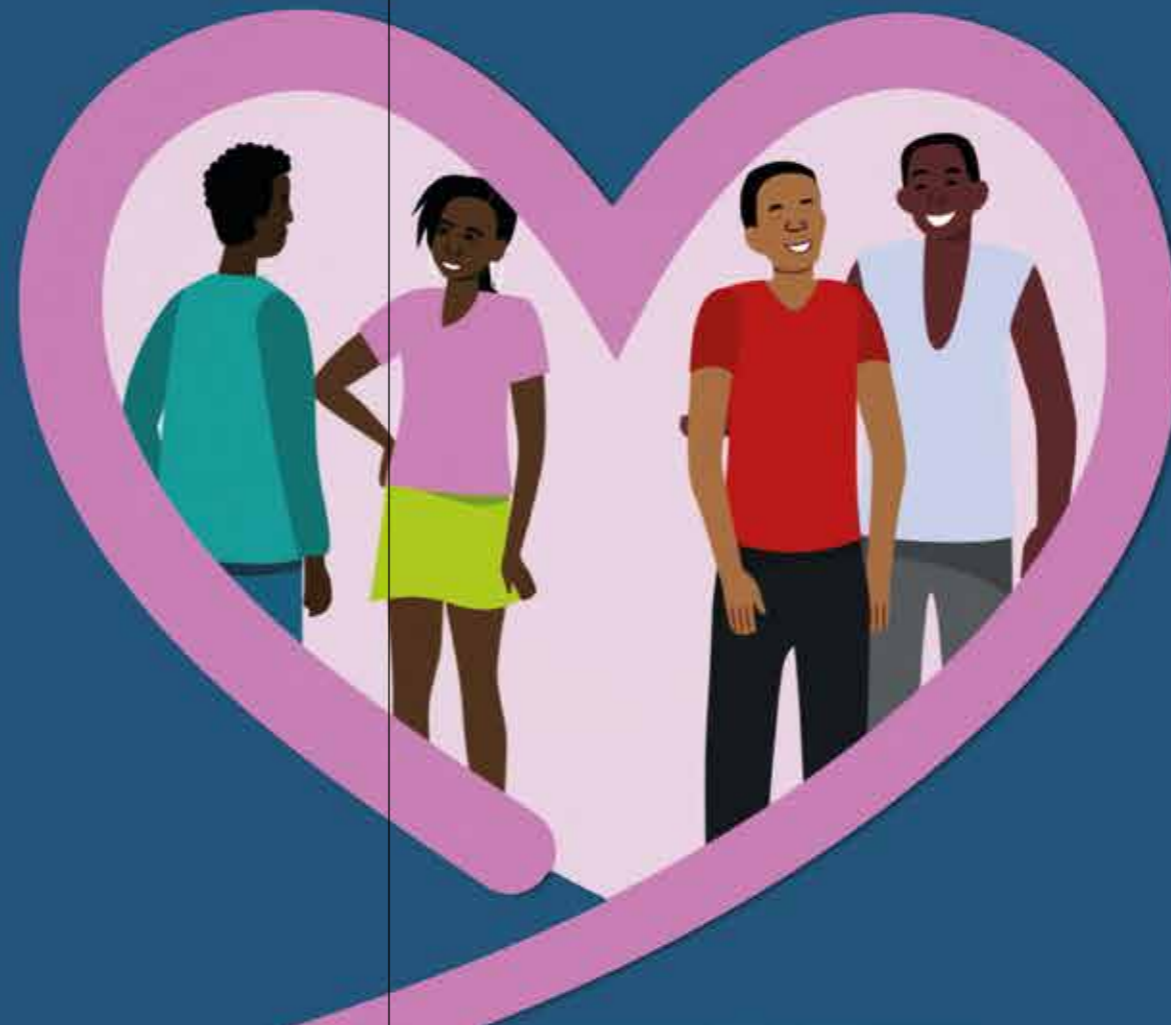
“

It is really easy to use and gave me so much information on what I need to know. This is so great helpful and convenient I will definitely be using this for future research.

*Practitioner, South Africa*

I'm a mental health care nurse focusing on HIV, TB and STI management in psychiatry. I find your resource useful for educating our patient around HIV here in South Africa.

*Practitioner, South Africa*



# Our foundations and approach

Using people centred design principles, evidence, and partnerships, we help people make decisions about their health and help health workers support them better.

**The way we work is underpinned by our aim to develop and promote health information that is accurate, accessible, useful and actionable.**

As an organisation committed to health literacy, we will:

- improve access to health information
- increase the ability of individuals to use, engage with and participate in our health content, to increase understanding and to increase its usefulness
- raise awareness of the wider determinants of health among individuals, educators and practitioners to provide an understanding of the context of their choices.

All these elements are critical to our goal of empowering people through knowledge – to help them make decisions about their health, and to help health workers support them, in difficult and often hostile contexts.

We have endorsed and integrated the **Principles for Digital Development** – a set of living guidelines designed to help integrate best practices into technology-enabled programmes – into our work. We are also accredited as a trusted information creator under the **PIF Tick** scheme and signatories of the UK Patient Information Forum's **Health and Digital Literacy Charter** signalling our ongoing aspiration to make it easier for people to navigate, understand, and use information and services to take care of their health.

**We prioritise people-centred design principles, working with users to develop products that meet their needs.**

We engage, observe and co-create with our users throughout our projects so we understand their challenges and deliver products that meet their needs. We have clear evidence from our own work that co-creation results in content with a high level of engagement and impact – through its relevance, credibility and inclusivity. We also meet people where they already are online, supporting the reach of our content and maximising engagement. Our work with civil society organisations across southern Africa and Asia shapes our understanding of the contexts we work in and informs our work.

**We use learning and evidence from health literacy, behaviour change and digital marketing research and practice to inform our content and approach.**

Our commitment to co-creation and people-centred design ensures our content is relevant and meets the user's needs. In addition, understanding and learning from research and practice in health literacy, behaviour change and digital marketing improves the effectiveness of our content and digital approaches.

**We work through partnerships, as the best way to create high quality, sustainable programmes.**

We partner with a range of organisations across government, academia, private sector and third sector in the geographies we work – including local and national NGOs, INGOs, technology and creative design agencies, research institutes and more. These partnerships play a critical role supporting the quality, effectiveness and sustainability of our work. They ensure our content products are based on need and can be widely adopted and integrated into existing programmes.

Where appropriate we also aim to build our partners' understanding and use of digital, sharing our learning and experience to support national and locally led digital approaches.

**We use our understanding of technology to prioritise inclusive digital approaches, and our knowledge of the context to create realistic solutions.**

We use data from our search optimisation work and product analytics to respond to technology changes, content trends and information priorities, ensuring our content products remain relevant and accessible.

Technology can act as a leveller, but it can also accentuate existing divides. We aim to design and develop content products that support inclusion and access, and that are appropriate for their context.

**We monitor, evaluate and learn from our work.**

We strive to understand and learn from how our content, resources and platforms are being used, whether and how they are supporting intention, change and action, and how they could be improved to make more of a difference.

We will continue to improve how we monitor, evaluate and learn from our work – investing in our own MEL capacity to interrogate and use programme data to inform and adapt our projects and our priorities. We will also contribute to wider discussions across the sector to develop new ways to assess the value and impact of digital communications interventions.

Our approach will be guided by our Monitoring, Evaluation, Learning and Results Framework.

We believe in every person's right to health and to the information that enables them to make informed choices around sexual health. The following values inform our work:

# Our values

- **EVIDENCE-BASED.** We are committed to providing reliable, accurate, and high-quality information on HIV and sexual health. We use the latest evidence to inform our content and programmatic priorities.
- **RESPONSIVE.** We adapt our approach to respond to changing trends in the HIV epidemic and in how our target audiences access and consume information.
- **TRUSTWORTHY.** We have more than 30 years' experience of working in the HIV response. We are recognised and accredited as a provider of accurate and reliable information.
- **CREATIVE.** We understand the power of new approaches to bring about change. We focus on solutions and think creatively to continually improve our work and bring new insights to the sector.
- **PEOPLE-ORIENTED.** We put people at the centre of what we do and how we do it – supporting, valuing, engaging and involving them. We aim to be accessible, inclusive and friendly in everything we do.
- **COLLABORATIVE.** We believe by working in partnership we can pool skills and resources, share learning, and have greater impact.
- **SEX-POSITIVE.** We believe in a sex-positive approach to sexual health and rights that recognises and celebrates sexual pleasure and sexual diversity, prioritises personal agency, and is free of judgment.



## Notes

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- Refers to the number of meaningful views where at least 50% of the animation has been watched. Engagements refers to the total number of actions that people have taken on social media involving the Young Voices content, such as reacting, commenting, sharing, viewing a photo or or video, or clicking on a link.

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