



ENTRY FORM

THE EFFIE AWARDS AOTEAROA IN ASSOCIATION WITH TVNZ – ENTRY FORM

ENTRY ID	715
ENTRY TITLE	Make New Zealand the Best Place in the World to have Herpes
CLIENT	The New Zealand Herpes Foundation
PRODUCT	Government and non-profit
FIRST MEDIA APPEARANCE DATE	13 October 2024
CAMPAIGN START DATE	13 October 2024
CAMPAIGN FINISH DATE	18 December 2024
CATEGORY	A13 – Charity/Not for Profit
CATEGORY DESCRIPTION	Promoting not for profit organisations, special interest groups, or charitable societies. Typically, fundraising or promoting the work of the charity.

WORD COUNT: 2500 MAX

EXECUTIVE SUMMARY [0%] Give the judges an understanding of the case they are about to read by providing a brief summary for each of the items below. A one-sentence summary is recommended for each line. (Maximum: 100 words in total – not included in total word count)	
The Challenge:	Herpes is one of the most common viruses in Aotearoa, but stigma made it one of the least talked about. For 20 years, the New Zealand Herpes Foundation tried to break the silence. The impossible brief: how do you get a nation to talk about herpes?
The Insight:	Stigma isolates. But Kiwis unite when there's a chance to win - especially on the world stage.
The Strategic Idea/Build:	Competitive destigmatisation: make New Zealand the best place in the world to have herpes.
Bringing the Strategy & Idea to Life:	A destigmatisation course fronted by Kiwi icons, powered by a global leaderboard.
The Results:	12.7M impressions. NZ ranked #1. 87% improved understanding 82% increased support.
Why is this entry an outstanding example for effective marketing in this Effie entry category? (Maximum 90 words – this is not included in total word count)	
This campaign cracked the impossible brief: taking a topic nobody talked about - and turning it into a national conversation. With irreverent humour, cultural insight, and undeniable bravery, it rallied a country around a previously untouchable issue. Private action became public mission. Bold, original, and belief-shifting, it delivered measurable change at a population level - all on a charity budget. After 20 years of trying, the New Zealand Herpes Foundation finally saw the breakthrough it had fought for. This campaign didn't just move the needle. It moved the nation.	

01.	Challenge, Context & Objectives [20%] This section covers your strategic context for your marketing activity, alongside your key challenge and objectives. Please provide the necessary context for the environment you operate within, competitors or barriers to success, and organisation so the judges, including those unfamiliar with your organisation, can evaluate your entry. Outline the degree of ambition represented by your objectives. Including historical data may be useful here to provide judges with a clear picture of the situation the organisation found itself in.
01A	Before your effort began, what was the state of the organisation's position and the barriers it faced to achieve its objectives? What was the strategic challenge that stemmed from this situation? Provide context on the degree of difficulty of this challenge.

HSV, the virus that causes herpes, is carried by up to 80% of New Zealanders¹ - yet barely anyone talks about it. It's one of the most common viruses in the country, but thanks to decades of sexual shame and misinformation, it's also one of the most stigmatised. Medically, it's minor - a skin condition often so insignificant people never even know they've had it. The real harm isn't the virus. It's the stigma.

That silence has consequences: around 30% of people diagnosed report feeling depressed or even suicidal¹.

The only time herpes showed up in public conversation was as the punchline to a joke, shorthand for being reckless, dirty, or promiscuous. These jokes aren't harmless. They reinforce stigma and make people feel worse about something they already struggle with.

For 20 years, the New Zealand Herpes Foundation (NZHF) tried to shift this. But the stigma was so entrenched that their main role became answering distress calls on a helpline (yes - in 2024, getting a herpes diagnosis could still drive an 18-year-old to call an 0800 number). Despite having credible resources and expert support, NZHF had never secured a public spokesperson. Most people and organisations were hesitant to be publicly associated with the Foundation. A tough problem when you're a charity trying to raise awareness.

Every attempt to start a national conversation was met with discomfort, rejection, or silence.

This wasn't just a communications challenge. It was a cultural one. And crucially, it wasn't just about speaking to people with herpes. To shift stigma at scale, we had to reach those who didn't have a diagnosis - the ones unconsciously holding the judgement, shame, and silence in place. For NZHF, it became known internally as "the impossible brief." How do you get a nation to talk about herpes without shame, fear, or embarrassment? How do you take a condition wrapped in silence and turn it into something people would engage with voluntarily?

We needed a breakthrough. Something that could cut through decades of latent stigma.

And we needed to do it on a charity budget, with no prior campaign precedent to build from...

1. New Zealand Herpes Foundation

01B

What were the objectives you set to address your challenge? For each objective, include: KPI, benchmarks, previous outcomes and the rationale for why it was selected.

Please outline one organisational objective and a maximum of 3 marketing and 3 advertising/comms objectives.

Organisational Objective

Reduce national stigma around herpes to relieve the emotional and social burden on those with a known diagnosis.

Marketing Objectives

1. Shift public attitudes toward herpes.

KPI: Measurable increases in public support and understanding (target: 60%+ post-campaign).

Baseline: Pre-campaign, only 44% believed friends would be supportive. Stigma was widespread.¹

Rationale: To reduce stigma, we had to make herpes more socially acceptable - a mindset shift across the general population.

2. Spark national awareness and public conversation.

KPI: Reach at least 1 in 4 New Zealanders via paid, earned, and shared media.

Baseline: No prior nationwide campaign existed. Herpes was absent from public discourse.

Rationale: Stigma thrives in silence. Public conversation was essential to normalisation.

3. Improve the lived experience for people with herpes.

KPI: Self-reported increases in confidence, reduced distress, and greater community support.

Baseline: NZHF's primary role had become answering distress calls. Those diagnosed were often isolated and ashamed.

Rationale: We needed to improve real-world emotional outcomes, not just perceptions.

Communications Objectives

1. Bust the myths to grow understanding.

KPI: Reduce % of people believing herpes is rare, dirty, or dangerous (vs. pre-campaign).

Baseline: Herpes was largely misunderstood, driving stigma and shame.

Rationale: Facts bust myths - but only if people engage. Education had to land with non-diagnosed Kiwis.

2. Drive tangible public participation.

KPI: Over 10,000 direct actions (completions, shares, visits, comments).

Baseline: NZHF had never driven large-scale action.

Rationale: Public participation made stigma reduction visible - and measurable.

3. Secure support of a public figure to legitimise the issue.

KPI: Secure a spokesperson cohort in paid and earned media.

Baseline: NZHF had never had a public face in 20 years.

Rationale: A human face would normalise the topic and break the silence.

¹ – Pre-campaign research (external research agency)

02.	<p>Insights & Strategy [25%]</p> <p>This section covers the key building blocks of your strategy. Explain to the judges how you arrived at your strategy and clearly articulate that strategy. Focus on the thinking or insight(s) that unlocked your solution and tied it to successfully addressing your objectives.</p>
02A.	<p>Explain the thinking that led you to your strategy. Explain how any insights discovered were directly tied to your organisation/brand, your audiences behaviours and attitudes, your research and/or situation.</p>
<p>Pre-campaign research confirmed what NZHF already knew: herpes stigma was everywhere, and no one wanted to talk about it. People feared judgement. They kept quiet. And silence kept the shame alive.</p> <p>We needed a crack in the defence – something we could run at.</p> <p>Kiwis don't love difficult topics - but we love a challenge. We rally behind underdogs. We punch above our weight. We want to win, as a team, especially when the world is watching.</p> <p>We didn't have the budget for mass awareness. We needed a message that would move on its own. That meant making something people would want to talk about, share, participate in, and front themselves. We needed to give people a reason to do that – and due to the stigma, a reason that wasn't personal.</p> <p>People already joke about herpes. We could use humour to our advantage - but carefully, and with empathy. We flipped the narrative: not mocking people <i>with</i> herpes, but mocking the stigma <i>around</i> it.</p> <p>We knew stigma was built on myth. Facts bust myths – but only if people engage. So we turned medical truth into entertainment. Wrapped education in humour and national pride.</p> <p>And we had something the world would notice: herpes. A word that shocks. A topic people can't ignore. Instead of dodging it, we used it - not to provoke shame, but to spark conversation.</p> <p>The breakthrough was reframing herpes from a punchline to a point of pride - and inviting the country to take it on together.</p>	
02B.	<p>What was the Core Idea or strategic build that enabled you to reach your solution?</p> <p>(Be succinct. A maximum of 50 words.)</p>
<p>Make New Zealand the best place in the world to have herpes - turning stigma reduction into a team sport, and source of national pride.</p>	

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03.	Bringing the Strategy & Idea to Life [20%]
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03A.	Describe the creative solution and how it helped the idea break out of the category and resulted in unexpected solutions.
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We turned herpes into a national mission - one New Zealanders could proudly get behind. **The Herpes Destigmatisation Course** became our front line: a five-part series led by beloved Kiwi icons like Sir Graham Henry, Sir Ashley Bloomfield and Mea Motu. Part PSA, part comedy skit, it delivered fact-based education through humour and humanity.

The tone flipped the script. From stigma and shame to cheeky, credible, and proudly Kiwi. Retro tourism-style visuals pitched it as nation-building (and distinctly unsexy) - a proud effort to make Aotearoa the best place in the world to have herpes.

The course became the vehicle for action. Each completion helped push NZ up the global leaderboard. Private action became a public mission - something you could do quietly, but contribute to loudly.

03B.	<p>WHAT WAS THE COMMUNICATIONS STRATEGY?</p> <p>This section relates to the media and communications thinking and strategy that brought the creative solution to life in the most powerful and relevant way for the target audience. Include all significant touchpoints and channels in this section.</p>
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Outline the rationale behind your communications strategy. Explain how the key elements worked together to drive results:

The comms strategy wasn't just about reaching those with herpes. To change stigma, we had to shift the attitudes of everyone else.

1. **Rally the Nation** - We wanted your attention. We showed up boldly and often, wherever kiwis lived their lives. From gym screens to cinemas to TikTok feeds the message was clear: this was a cause worth backing.
2. **Leaderboard Activation** - Education reframed as competition. The course platform tracked completions in real time, ranking countries globally. Each Kiwi who completed the course

helped lift our national ranking - a gamified signal of collective impact.

3. **Celebrate the Win** - Once NZ reached #1, comms shifted to reinforce national pride. Earned media amplified the result, and our icons led the celebration.

All touchpoints reinforced a single call to action: take the course. Not just for you - but for all of us.

List all supplementary communications touch points used in this campaign (the touchpoints that were not central to the campaign).

All touchpoints mattered:

Paid: Meta, Google, TikTok, YouTube Shorts, OOH, Broadcast TV

Owned: NZHF website, course platform, in-clinic healthcare materials .

Earned: PR across 100+ media outlets including national news outlets (RNZ, stuff.co.nz etc,) global news outlets (ABC, BBC etc) digital (shit you should care about etc)

What was the \$ Spend? Outline the media and production spend on the campaign within the campaign period. Use actual spend rather than ratecard. In the case of donated media please list the rate card value separately from the paid media spend.

Media Spend

\$28,705 NZD actual

\$773,226 NZD ratecard value received.

Note – media suppliers were approached for support by both agency and client prior to the strategy formation, with little success. The strategy itself is what secured the extraordinary amount of media donated to the campaign.

Outline the media spend in relation to competition and versus last year

\$0 prior year

Creative Production Spend	\$80,000 (includes all creative production including talent costs, production of educational course, website development, and comms campaign production).
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04.	<p>WHAT WERE THE RESULTS? [20% for 4A and 15% for 4B]. Outline the results achieved by the campaign against the short and long-term objectives set, provide conclusive proof that it was the campaign that drove the results. In this section, the judges will be looking to see a clear cause and effect between the communication activity and business performance over time. Show the compelling evidence that will convince even the most cynical finance director. Please Note: All results must be sourced to be judged; any unsourced results will not be considered by judges.</p>
04A	<p>Overall achievement against objectives [20%].</p> <p>Clear proof that the objectives established in section one have been achieved. Judges will be seeking quantified results. Successful entries ensure that results can easily be aligned against objectives established in section one.</p> <p>Note: Please ensure all data is sourced, and is specific to the results period outlined in the Call for Entry, and geographically isolated to Aotearoa.</p>

Changing stigma is not simply about shifting knowledge - it's about shifting beliefs. And beliefs are sticky. They're tied to identity, shaped by social norms, and reinforced over time by silence, shame and culture. Behaviour change at scale is hard. It's not rational. It's not linear. And it doesn't happen overnight.

This campaign was in market for just seven weeks.

Yet it delivered the kind of attitudinal and behavioural shifts most organisations never achieve in decades - let alone on a \$28K media budget. This was a movement built on strategy. And the results proved it worked.

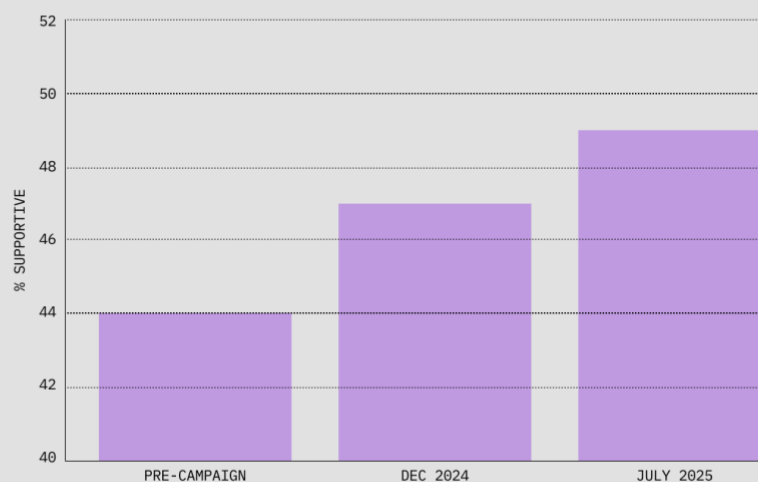
A reminder of the scale of the challenge:

- 32% of New Zealanders believed others would think less of them if they disclosed having herpes.¹
- 11% believed others would respond very negatively.¹
- Only 44% believed their friends would be supportive, far below countries like Spain at 61%.¹

The ambition behind the campaign was bold: to disrupt long-held beliefs, elevate empathy, and move the nation toward a more open, supportive mindset. **Seven months on**, meaningful progress is still evident:

- Supportive attitudes toward people with herpes rose from 44% to 49% nationally. Even a 5-point lift in a space this culturally loaded is rare.²

Growth in Supportive Perceptions (NZ Total)



- Among those exposed to (seen) the campaign, support climbs to 67% - **Higher than any other OECD country measured by +4pts**. Notably, Germany; the most supportive of the 10 countries studied in 2025.²

The campaign catalysed real change. It **reshaped what people believed others thought**, a critical lever in dismantling stigma. Those exposed were 20% more likely to believe their friends would be supportive (67% vs. 47%)².

And this wasn't just sentiment. It was action:

- 69% of people who saw the campaign took action - sharing, searching, watching more content.²
- 141,000 course site clicks, 18,591 lessons completed, and over 10,776 hours of content watched.
- Over 17 million engagements across course and social platforms.
- A 2,594% media ROI on just \$28,705 of paid spend, due to support only unlocked by the strategy

Perhaps most powerfully, **the campaign made these shifts visible**. That visibility played a vital role in reinforcing and accelerating change across communities. The small but observable behaviours it prompted - talking, sharing, watching, completing - sent social signals that helped shift the norm. They showed others that it's okay to talk, to learn, to support. **It's okay to have herpes.**

How we delivered on our objectives:

We busted myths, drove action, and made the unspoken, spoken.

Sparked national awareness and public conversation

- 69% of exposed audiences took action²
- 12.7M impressions, likely far exceeding our 1 in 4 goal

Busted the myths to grow understanding.

- Over 18,000 stigma-busting lessons completed
- 87% exposed reported improved understanding of herpes²

Shifted public attitudes toward herpes

- 82% who saw the campaign reported increased levels of support²
- 73% said their perception changed.²
- 67% of exposed viewers believed their friends would be supportive²

Drove tangible public participation.

- Full national media pickup including global outlets
- 69% of people who saw the campaign took public action – participating in the course, sharing, talking²

Secured support of a public figure

- For the first time in its decades long history, NZHF had a face to front them – and they did so with pride.
- Not one, but multiple major public figures (you could say national treasures)

And, most importantly:

Improved the lived experience for people with herpes.

- 76% of course viewers felt more motivated to support someone with herpes²
- 99% of course viewers felt better equipped to handle a diagnosis²

- We went from receiving crisis calls, to receiving calls of thanks:
 - **“It made me feel less alone³.”**
 - **“Finally able to talk about it without shame³.”**
 - **“I was in complete pits mentally with the stigma and misinformation about the virus... it honestly got me out of a really dark hole³.”**

We didn't just meet the brief - we flipped the script. A virus that once lived in the shadows became a cause the nation rallied around. Kiwis didn't just click, view, or scroll past. They showed up. They took the course. They talked to their mates. They shared it with their whānau. They watched NZ heroes (including *The Nation's* Coach, Sir Graham) front a message no one else had dared to say aloud.

This wasn't strategy to sell a product. It was building a team. One where every course completed, every conversation started, every myth busted was a point on the board. Where stigma was the opponent - and we took it down together.

We moved the metrics. We moved the media. But more than that, we moved people.

For the first time in its history, the New Zealand Herpes Foundation saw the shift it had been fighting for: a public that listened, a culture that changed, and a win that went beyond the numbers.

You might not know it, but there's a good chance you, or someone sitting next to you right now, has herpes. **Aren't you glad New Zealand is officially the best place in the world to have herpes?**

1 – Pre-campaign research (external research agency)

2 – Post-campaign research (external research agency) [July dip as per Effie guidance notes]

3 – Direct unsolicited messages to NZHF from those with Herpes

Supporting data tables²

The baseline (pre-campaign) measurement - September 2024:

	NZ	AUS	USA	CANADA	UK	FRANCE	GERMANY	SWEDEN	SPAIN	JAPAN
TOTAL NEGATIVE	32%	27%	32%	32%	26%	26%	10%	24%	15%	31%
They would think really negatively about me	11%	9%	14%	12%	7%	6%	4%	5%	3%	9%
They might think a little less of me	21%	18%	18%	20%	20%	20%	6%	19%	13%	22%
They wouldn't care	24%	23%	12%	19%	20%	24%	30%	23%	24%	38%
They would be somewhat supportive	25%	30%	24%	24%	30%	30%	30%	30%	27%	20%
They would be very supportive	19%	20%	32%	25%	24%	20%	30%	23%	34%	11%
TOTAL SUPPORTIVE	44%	50%	56%	49%	54%	50%	60%	53%	61%	31%
Average rating (1=negative, 5=supportive)	3.2	3.3	3.4	3.3	3.5	3.4	3.8	3.5	3.8	3.0
Country ranking:	9	7	5	8	4	6	2	3	1	10
Base size: n=	510	189	182	199	127	133	169	200	144	139

Note: 'I don't know what herpes is' has been removed from the table above. This ranged from 0% in Spain to 19% in Japan.

Post campaign measurement 1 - December 2024:

	NZ	AUS	USA	CANADA	UK	FRANCE	GERMANY	SWEDEN	SPAIN	JAPAN
TOTAL NEGATIVE	31%	36%	39%	39%	34%	25%	19%	18%	15%	29%
They would think really negatively about me	12%	10%	19%	14%	12%	5%	6%	5%	4%	5%
They might think a little less of me	19%	26%	20%	24%	22%	19%	13%	13%	11%	23%
They wouldn't care	22%	25%	12%	12%	16%	26%	28%	27%	27%	36%
They would be somewhat supportive	29%	21%	19%	27%	27%	24%	32%	32%	26%	24%
They would be very supportive	18%	18%	30%	23%	23%	26%	22%	23%	32%	11%
TOTAL SUPPORTIVE	47%	39%	49%	50%	50%	50%	54%	55%	58%	35%
Average rating (1=negative, 5=supportive)	3.2	3.1	3.2	3.2	3.3	3.5	3.5	3.6	3.7	3.1
Country ranking:	7	10	6	8	5	4	3	2	1	9
Base size: n=	494	243	247	241	243	239	246	245	248	209

Post campaign measurement 2 - July 2025:

	NZ	AUS	USA	CANADA	UK	FRANCE	GERMANY	SWEDEN	SPAIN	JAPAN
TOTAL NEGATIVE	29%	30%	38%	36%	31%	18%	11%	19%	16%	21%
They would think really negatively about me	11%	9%	13%	16%	11%	6%	2%	10%	7%	7%
They might think a little less of me	18%	21%	25%	20%	20%	12%	9%	10%	10%	14%
They wouldn't care	22%	16%	12%	14%	17%	32%	26%	30%	27%	37%
They would be somewhat supportive	28%	27%	23%	27%	30%	27%	27%	29%	22%	35%
They would be very supportive	22%	28%	27%	23%	23%	22%	36%	22%	35%	6%
TOTAL SUPPORTIVE	49%	55%	50%	50%	52%	50%	63%	51%	57%	42%
Average rating (1=negative, 5=supportive)	3.3	3.4	3.3	3.2	3.3	3.5	3.9	3.4	3.7	3.2
Country ranking:	7	3	4	7	4	9	1	4	2	10
Base size: n=	476	250	246	248	243	241	246	247	245	217

	December 24: Those who didn't see the campaign	December 24: Those who saw the campaign	July 25: Those who didn't see the campaign	July 25: Those who saw the campaign
TOTAL NEGATIVE	32%	24%	30%	21%
They would think really negatively about me	12%	11%	11%	8%
They might think a little less of me	20%	13%	19%	13%
They wouldn't care	24%	15%	23%	12%
They would be somewhat supportive	28%	35%	27%	31%
They would be very supportive	16%	26%	20%	36%
TOTAL SUPPORTIVE	44%	61%	47%	67%
Average rating (1=negative, 5=supportive)	3.2	3.5	3.3	3.7
Base size: n=	428	66	424	52

04B

Convincing proof that the results were a direct result of your campaign [15%].

Outline other external factors that could account for the results outlined in 04A and provide compelling evidence and rationale for why these did not contribute significantly to those results. There are almost always other factors that could have affected your results, such as product changes, pricing, distribution, stock levels, competitive activity, weather, etc. You need to convince the judges that these factors were not responsible for your results, or estimate their contribution and/or demonstrate how they needed the campaign to amplify their impacts.

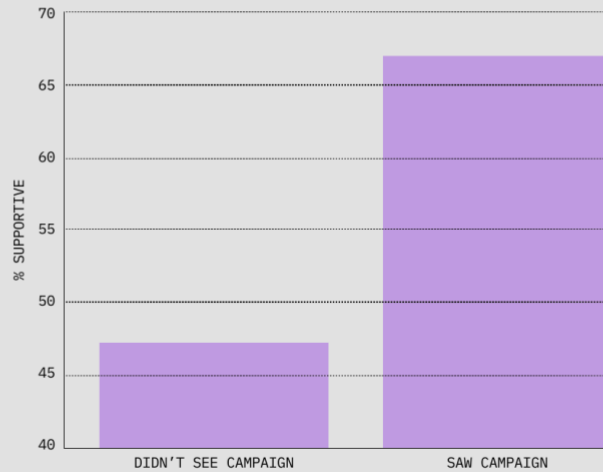
No other herpes-related public health campaigns were active (in New Zealand or globally) during our campaign period. The shifts in stigma weren't coincidental.

Post-campaign tracking (external research agency) shows a strong correlation between our campaign and changes in attitudes, beliefs, and behaviours:

People who saw the campaign were 20 points more likely to feel supported²

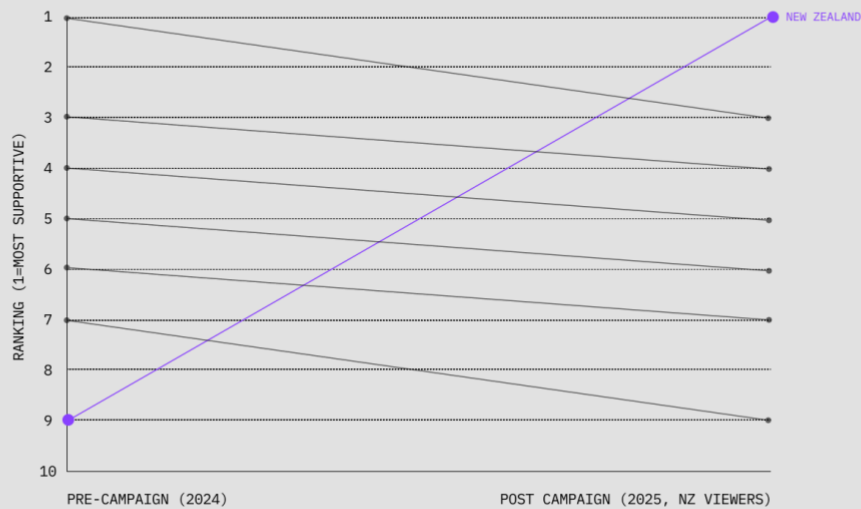
A 67% support rate among campaign viewers compared to 47% among non-viewers tells a clear story: the work changed what people believed others would think, which is key to dismantling stigma.

Support Among Those Who Saw Campaign



New Zealand leapt from 9th to 1st in support^{1,2}. Each line tracks a country's position before and after the campaign. Most stayed flat. New Zealand's line cuts sharply up the chart - moving from near the bottom to the very top, when looking only at people who saw the campaign.

New Zealand leapt from 9th to 1st in Perceived Support



1 – Pre-campaign research (external research agency)

2 – Post-campaign research (external research agency)

	<p>Guidance Notes</p> <p>Please refer to the guidance notes below, to ensure your entry conforms to eligibility criteria.</p>
	<p>Eligibility: Data presented must be isolated to Aotearoa, and work must have run between 1 June 2023 and 30 June 2025. Results may be included up to 22 July 2025. Results data that fails to isolate or identify data specific to the eligibility period and/or Aotearoa New Zealand risks low marks and/or being ineligible.</p> <p>Data Sources: All data referenced in the entry requires sources (recommended as footnotes on the page referenced or at the end of the entry).</p> <p>Charts and Graphs: Entrants are encouraged to display data via charts & graphs within the limits allocated in each question. Sources required for all data including charts and graphs.</p> <p>Agency names: No agencies, of any kind, are to be included in the entry.</p> <p>NOTE: Entries into this category cannot be entered into B02 Small Budget category.</p>