



# ENTRY FORM

THE EFFIE AWARDS AOTEAROA IN ASSOCIATION WITH TVNZ – ENTRY FORM

<b>ENTRY ID</b>	725
<b>ENTRY TITLE</b>	Make New Zealand the Best Place in the World to have Herpes
<b>CLIENT</b>	The New Zealand Herpes Foundation
<b>PRODUCT</b>	Government and non-profit
<b>FIRST MEDIA APPEARANCE DATE</b>	13 October 2024
<b>CAMPAIGN START DATE</b>	13 October 2024
<b>CAMPAIGN FINISH DATE</b>	18 December 2024
<b>CATEGORY</b>	B09. – Insights & Strategic Thinking
<b>CATEGORY DESCRIPTION</b>	<p>Campaigns that showed the greatest fresh insights and strategic thinking to lead to the communications idea and achieve the marketing objectives. This is the thinking before the creative brief, as opposed to the creative idea or execution. Judges are looking for examples of where an agency has taken a client's brief, and through fresh insight or inspired problem solving, developed a ground-breaking strategic direction. Judges will need to see a clear delineation between the strategic and creative thinking and understand how the strategic and creative platforms have or will deliver long-term success for the brand.</p>

**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 wasn't just a campaign. It was a strategic intervention.

We cracked the impossible brief: turning a national taboo into a team mission. HSV affects up to 80% of Kiwis - yet no one talked about it. For 20 years, the NZ Herpes Foundation tried and failed to shift the silence. We needed a breakthrough. So we reframed herpes from a national embarrassment into a national challenge.

Built on cultural insight, behavioural science and smart framing, this strategy sparked nationwide change - on a charity budget, in just seven weeks.

01.	<p><b>Challenge, Context &amp; Objectives [20%]</b></p> <p>This section covers your strategic business context for your marketing activity, alongside your key business challenge and objectives.</p> <p>Please provide the necessary context on your industry category, competitors, and brand so the judges, including those unfamiliar with your brand/category, 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 brand or organisation found itself in.</p>
01A	<p>Before your effort began, what was the state of the brand's/organisation's business and the overall category in which it competes? What was the strategic challenge that stemmed from this business situation? Provide context on the degree of difficulty of this challenge.</p>
<p>HSV, the virus that causes herpes, is carried by up to 80% of New Zealanders<sup>1</sup> - 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.</p> <p>That silence has consequences: around 30% of people diagnosed report feeling depressed or even suicidal<sup>1</sup>.</p> <p>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.</p> <p>For 20 years, the New Zealand Herpes Foundation (NZHF) tried to shift this. Previous attempts focused on education or myth-busting alone - but insight showed that stigma was social, not factual. Stigma was so entrenched that their main role became answering distress calls on a helpline. 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.</p> <p>Every attempt to start a national conversation was met with discomfort, rejection, or silence.</p> <p>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. Internally, NZHF called it "the impossible brief."</p> <p>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?</p>	

We needed a breakthrough. Something that could cut through decades of latent stigma - and spark genuine social change.

1- The 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 business/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.<sup>1</sup>  
 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.**

**Insights & Strategy [30%]**

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.

For this category, you need to convince the judges why this entry deserves to win based on your strategy. You need to show how your market analysis, insights and interpretation were developed into a clever strategic direction that was instrumental in the success of the campaign.

**02A.**

Explain the thinking that led you to your strategy. Explain how any insights discovered were directly tied to your brand, your audiences behaviours and attitudes, your research and/or business situation.

Changing stigma is not simply about shifting knowledge; it’s about changing beliefs. And beliefs are sticky. They’re often tied to identity, reinforced through social norms, and shaped over time through culture and lived experience.

**The strategic leap** came from a behavioural truth: Kiwis avoided STI conversations. While Kiwis don’t love talking about uncomfortable topics, we *do* love a challenge. We punch above our weight. We rally behind causes when there’s something to win. And when we rally, we win together. It also tapped into something deeper: at a time when national pride was waning<sup>1</sup>, this gave Kiwis something to win together - a shared challenge that didn’t divide, but united.

This wasn’t just a creative angle; it was a behavioural unlock.

**That insight opened the door.** To reach people who didn’t have herpes - the ones holding the stigma - we needed an *unexpected, low-resistance mechanism for participation*. Education wouldn’t get clicks. But pride might. We used competition as the frame. We made stigma reduction a team sport. We invited the country to take it on together.

Herpes was already a cultural punchline - a known word, loaded with taboo, and easy to mock. Instead of avoiding it, we used it. But we flipped the narrative: not mocking people *with* herpes, but mocking the stigma *around* it.

We didn't have the budget for mass media. So the idea had to be sticky. Talkable. Easy to share. And safe for people to engage with publicly, so they didn't have to disclose a personal connection.

That thinking shaped everything from the comedic tone to the leaderboard mechanic, the ambassador choices, and even the course design. Humour disarmed; insight guided the tone; and the national challenge structure allowed pride to do the heavy lifting.

Turning a taboo into a public scoreboard was high risk. It could've backfired. But our insight told us: shame thrives in silence. Competition might just break it.

1 - <https://newsroom.co.nz/2024/04/18/new-zealand-broken-and-in-decline-kiwis-say/>, Ipsos Apr 2024

02B.

What was the Core Idea or strategic build that enabled you to reach your solution?

(Be succinct. A maximum of 50 words.)

Make New Zealand the best place in the world to have herpes. Reframe stigma as a national challenge, and pride as the mechanism to fight it. Use competition, culture and humour to shift norms, inviting collective action on an untouchable issue.

03.

Bringing the Strategy & Idea to Life [15%]

03A.

Describe the creative solution and how it helped the idea break out of the category and resulted in unexpected solutions.

If we wanted to build national pride around herpes, the idea had to be credible, funny, and safe to talk about. This wasn't content or creative as an output - it was the embodiment of the strategy.

We launched the **Herpes Destigmatisation Course** - a series of retro-styled educational videos fronted by beloved public figures: Sir Graham Henry, Sir Ashley Bloomfield, Mea Motu and others. Their presence gave the subject gravitas and social credibility, while the humour made the content approachable and shareable.

We gamified participation: every completed lesson lifted New Zealand's ranking on a live 'global stigma leaderboard'. This was the core behavioural mechanic - social proof, peer pressure, and pride working together.

The creative ran across cinema, OOH, TikTok, gyms, medical centres and social and more - deliberately appearing in everyday life, not just STI-related contexts.

And all of it reinforced one call to action: take the course, not just for yourself, but for all of us.

**03B.**

WHAT WAS THE COMMUNICATIONS STRATEGY?

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.

**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. We showed up boldly and often so the message was clear: this was a cause worth backing.

1. **Rally the Nation** - We launched with impact. OOH, social, cinema, medical and gym screens were used to generate cultural momentum and wide earned reach.
2. **Leaderboard Activation** - Course completions tracked national progress. Every Kiwi who participated helped lift our global stigma ranking.
3. **Celebrate the Win** - Once NZ hit #1, comms shifted to pride. We used earned and ambassador-led media to amplify the win.

Insight driven strategy meant that our audience were able to engage, own, and amplify any comms touchpoint without disclosing anything personal. Rather than the divide being those with herpes and those without, it became those who weren't on the team - those who were backing NZ.

**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)

<p><b>What was the \$ Spend?</b> 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.</p>	
Media Spend	<p>28,705 NZD actual</p> <p>\$773,226 NZD ratecard value received.</p> <p>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.</p>
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).

<p><b>04.</b></p>	<p><b>WHAT WERE THE RESULTS? [20% for 4A and 15% for 4B].</b></p> <p>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.</p> <p>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.</p> <p><b>Please Note:</b> All results must be sourced to be judged; any unsourced results will not be considered by judges.</p>
<p><b>04A</b></p>	<p><b>Overall achievement against objectives [20%].</b></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>
<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.</p> <p><b>This campaign was in market for just seven weeks.</b></p>	

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.

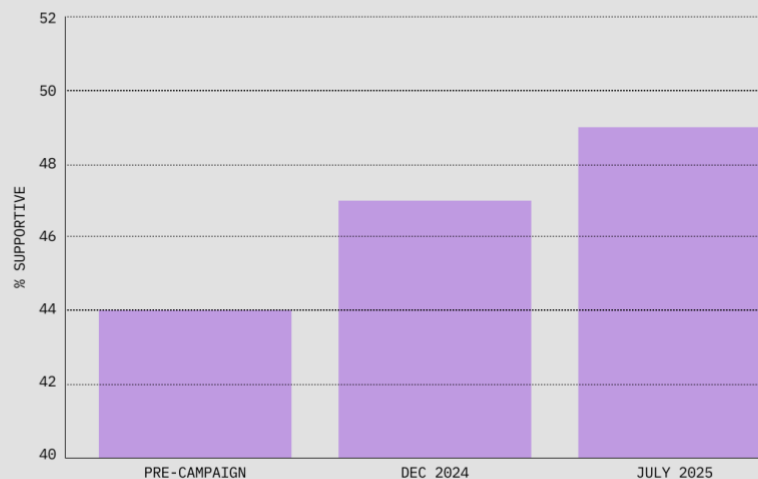
A reminder of the scale of the challenge:

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

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.<sup>2</sup>

### 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.<sup>2</sup>

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%)<sup>2</sup>.

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

- 69% of people who saw the campaign took action - sharing, searching, watching more content.<sup>2</sup>
- 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 action<sup>2</sup>
- 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 herpes<sup>2</sup>

### **Shifted public attitudes toward herpes**

- 82% who saw the campaign reported increased levels of support<sup>2</sup>
- 73% said their perception changed.<sup>2</sup>
- 67% of exposed viewers believed their friends would be supportive<sup>2</sup>

### **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, talking<sup>2</sup>

### **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 herpes<sup>2</sup>
- 99% of course viewers felt better equipped to handle a diagnosis<sup>2</sup>
- We went from receiving crisis calls, to receiving calls of thanks:
  - **“It made me feel less alone<sup>3</sup>.”**
  - **“Finally able to talk about it without shame<sup>3</sup>.”**
  - **“I was in complete pits mentally with the stigma and misinformation about the virus... it honestly got me out of a really dark hole<sup>3</sup>.”**

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.

It wasn't about selling a product. It was a **strategic intervention** - one built on cultural truth and behavioural insight. We knew that to dismantle shame, we had to build pride. To tackle stigma, we had to make participation feel like patriotism. **The campaign didn't ask people to be vulnerable. It gave them a way to be brave** - together.

Every course completed, every conversation started, every myth busted was a point on the board. Stigma was the opponent, and we took it down as a team.

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.

This wasn't a conventional health campaign insight. It didn't come from a category truth - it came from a cultural one. We reframed stigma through social identity, not science. Kiwis didn't want to learn about herpes. But they did want to beat the Australians. That's the power of true strategic thinking.

**There's a good chance you - or someone sitting next to you - has herpes. Aren't you glad New Zealand is officially the best place in the world to have it?**

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 tables<sup>1,2</sup>

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

	NZ	AUS	USA	CANADA	UK	FRANCE	GERMANY	SWEDEN	SPAIN	JAPAN
<b>TOTAL NEGATIVE</b>	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%
<b>TOTAL SUPPORTIVE</b>	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
<b>TOTAL NEGATIVE</b>	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%
<b>TOTAL SUPPORTIVE</b>	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
<b>TOTAL NEGATIVE</b>	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%
<b>TOTAL SUPPORTIVE</b>	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
<b>TOTAL NEGATIVE</b>	<b>32%</b>	<b>24%</b>	<b>30%</b>	<b>21%</b>
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%
<b>TOTAL SUPPORTIVE</b>	<b>44%</b>	<b>61%</b>	<b>47%</b>	<b>67%</b>
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.

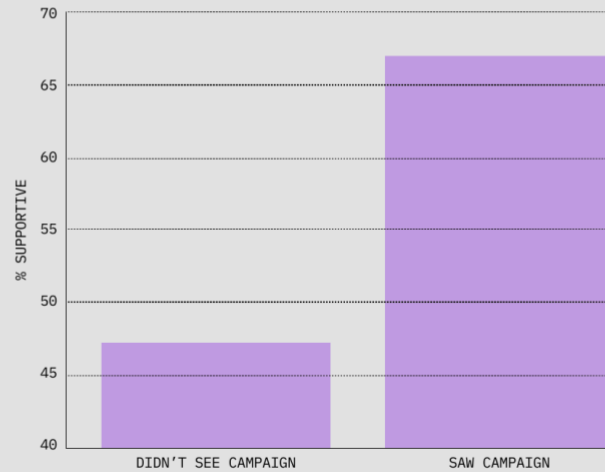
No other herpes-related public health campaigns were active (in New Zealand or globally) during our campaign period. The shifts in stigma weren't coincidental.

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 supported<sup>2</sup>

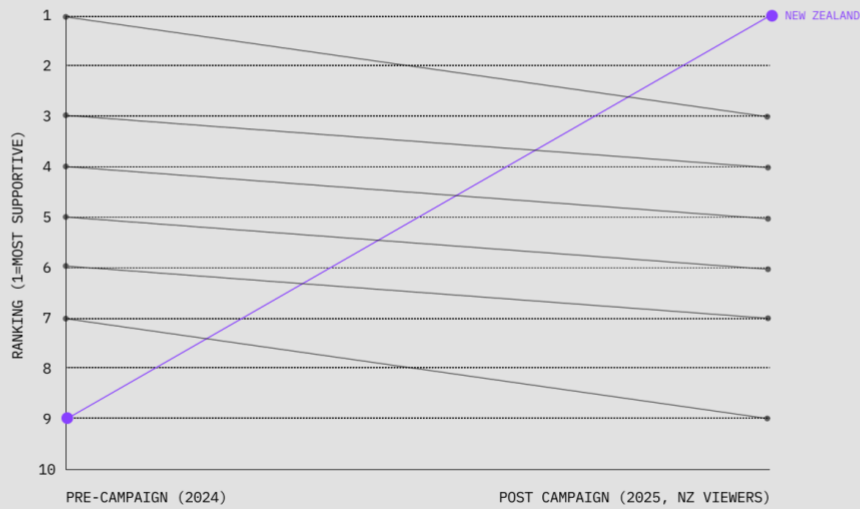
A 67% support rate among campaign viewers compared to 47% among non-viewers tells a clear story: the work changed what people believed others would think, which is key to dismantling stigma.

## Support Among Those Who Saw Campaign



**New Zealand leapt from 9th to 1st in support<sup>1,2</sup>.** 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)

### Guidance Notes

Please refer to the guidance notes below, to ensure your entry conforms to eligibility criteria.

**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.

**Data Sources:** All data referenced in the entry requires sources (recommended as footnotes on the page referenced or at the end of the entry).

**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.

**Agency names:** No agencies, of any kind, are to be included in the entry.