



2008 IAS Membership Survey: Report of Findings

May 2008

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Glossary

| | |
|-----------|--|
| AIDS 2006 | XVI International AIDS Conference |
| ART | Antiretroviral treatment |
| ARVs | Antiretrovirals |
| IAS | International AIDS Society |
| IAS 2007 | 4 th IAS Conference on HIV Pathogenesis, Treatment and Prevention |
| PMTCT | Prevention of mother to child transmission |
| PLWHA | People living with HIV/AIDS |

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EXECUTIVE SUMMARY

1. Introduction

To help guide the International AIDS Society's strategic planning process and to assist the organization identify areas for improvement, build on achievements and set new directions, IAS members were surveyed in early 2008. Information was sought about their engagement with the IAS, involvement in regional AIDS societies and networks, and their strategies for professional development, as well as feedback about IAS resources, current and future activities, and the overall value of the IAS.

All members with an individual email address (n=4,509) were invited to participate in the confidential, online survey. There was a 28% response rate to the survey which represented 1,217 members working in 123 countries, and 22% of all IAS members. Overall, survey respondents were generally representative of the IAS membership, with the notable exception of relatively new members, who were under-represented. Due to the fact that the survey was only offered online and in English, the views of members whose first language is not English or who do not have ready or reliable internet access may also be slightly under-represented.

2. Key Findings and Discussion

2.1 Membership

- i. The reasons most frequently cited by survey respondents for joining the IAS were to become a member of a global association of HIV/AIDS professionals (72%), followed by receipt of an offer of membership with conference registration (40%).

This finding demonstrates the high value many members place on the IAS as a global association of HIV/AIDS professionals. It also underscores the value of offering IAS membership to people registering for IAS-convened conferences as a means of recruiting and retaining members. Linking the annual membership subscription to conference registration, however, appears to generate some problems with membership renewal, leading to significant fluctuations in numbers. It may be timely to consider offering two-year membership to coincide with the International AIDS Conference.

- ii. A large majority of respondents (87%) considered their level of membership fee was 'about right'.
- iii. Over half the respondents (55%) had attended an IAS members' meeting in the previous two years. Respondents who had not attended a meeting had usually not been at a conference where a meeting had been held, or were unaware of the meetings.

This finding limits the IAS's potential to increase physical attendance at members' meetings. To maximize the participation of IAS members who attend conferences it is

important to continue to run meetings that are timely and relevant, scheduled to avoid overlap with other sessions, and, well-promoted prior to the conference

- iv. Just over one-quarter of respondents (26%) had voted in the 2006 election; half (50%) had not voted. Approximately one-quarter (27%) knew who their regional representatives were.

A similar proportion of the IAS membership (27%) voted in the 2006 elections, suggesting that the challenge remains to raise the profile of regional representatives and their role with respect to the IAS.

- v. The IAS online membership directory had been used in the previous 12 months by just over half the respondents (53%). Those who had not used it primarily had no need to, or were unaware of it. The majority of respondents who had used the directory had not accessed it to network with other members (77%).

These findings suggest that further promotion of the directory and its capabilities is required, as well as prompting a question about the value of the online networking tool for members.

- vi. A large majority of respondents (89%) considered the IAS could do more to enhance networking between members. Around half supported each of three options given:
 - Establishment of regional-level working groups to look at specific issues (54%);
 - Facilitation of meetings of members from specific regions during the International AIDS Conference (47%);
 - Facilitation of topic-based members' meetings at regional conferences (46%).

These findings suggest that face-to-face meetings and interpersonal interactions are the preferred mode of networking between members.

- vi. A large proportion of respondents accessed the internet using broadband; however, dial-up was still the main form of access for at least 15% of respondents.

This finding highlights the need for the IAS to continue to recognize that internet access is difficult for some of its members and to design website access, linkages, mail outs and resources that take this into account.

2.2 Involvement in regional activities

- viii. Almost half the respondents (48%) had attended a regional conference in the previous two years, the largest number attending conferences in the USA/Canada (23%).
- ix. More than one-third of respondents (38%) were members of at least one regional HIV/AIDS society or network, and two-thirds requested information about these.

These findings underline the significant role played by regional conferences and regional societies and networks in the fight against HIV/AIDS, and the benefits of strengthening linkages and partnerships between the IAS and regional societies and networks.

2.3 Professional development

- x. Respondents' two main sources of news and information about HIV/AIDS were conferences (66%) and journals (59%). The majority of respondents also mainly developed and maintained their HIV professional skills and knowledge by attending conferences (66%) and reading journals (53%).
- xi. More than half the respondents had attended AIDS 2006 (54%) and IAS 2007 (54%). A similar proportion planned to attend AIDS 2008 (56%), with a further 20% indicating they were still undecided.

These findings reinforce the importance of two key areas of IAS endeavour, the International AIDS Conference and the IAS Conference on HIV Pathogenesis, Treatment and Prevention, and highlight the ongoing need to extend the reach of the conferences, both virtually and physically through the scholarship programme. The findings also demonstrate the importance of the IAS members' discount for the journal, 'AIDS', suggesting it may be opportune to further increase access to the journal by providing a larger discount to members working in severely resource-constrained settings.

2.4 IAS resources and activities

- xii. The IAS website was used by a large majority of survey respondents (89%), although only one-quarter were frequent users. The types of information deemed most important to obtain via the website were conference proceedings and abstracts, research updates, scientific results put into ready-to-use educational materials, and news on the epidemic.

The finding that the majority of respondents were infrequent users of the IAS website is of concern as three of the four types of information identified above are currently available via the website. It would appear there is a need for ongoing website promotion and the strategic use of email alerts; however, infrequent use may also relate to the fact that only one-third of respondents identified websites as a main source of HIV information.

- xiii. The IAS newsletter was read by a large majority of respondents (88%), although 46% tended to read just one or two articles. The types of information respondents deemed most important to read in the newsletter were updates on science, information about upcoming national, regional and international events, and general HIV/AIDS headlines,

Findings that the newsletter is widely read and the types of information deemed most important are currently included in the newsletter, confirm its current scope and focus.

- xiv. The IAS online journal, eJIAS, was read regularly by 8% of respondents; a further 41% read it occasionally. Two-thirds of respondents indicated they would be willing to contribute articles to eJIAS.

It is of concern that a very small proportion regularly read eJIAS, especially as journals were identified as a major source of HIV information. The majority of respondents who did not read eJIAS were unaware of its existence, highlighting the need for further promotion of the journal, including how it may be accessed. A somewhat perplexing finding is the

fact that although half the respondents did not read eJIAS, two-thirds would be willing to contribute an article; possibly indicating latent support for the journal.

- xv. All five IAS priority advocacy areas were deemed ‘important’ or ‘very important’ by over 80% of respondents: Promoting evidence-based prevention and treatment programmes (95%); Strengthening health systems, especially the health workforce (89%); Fighting stigma and discrimination (88%); Integrating TB and HIV services (87%); and Strengthening social science research (81%). A large proportion of respondents (81%) would like to receive information in the future about IAS advocacy

These findings demonstrate strong endorsement for the IAS-identified priority areas, and a widespread interest in future IAS advocacy work. Consideration will need to be given as to how the skills and expertise of those members who wish to become actively involved can be drawn upon (as opposed to merely providing advocacy updates).

2.5 Value of the IAS

- xvi. The vast majority of survey respondents (90%) would recommend IAS membership to a colleague.
- xvii. The majority of respondents (73%) planned to renew their membership when it expired. A further 23% were unsure and 4% would not renew. Respondents’ main reason for non-renewal and non-recommendation was a perceived lack of relevance of members’ benefits.

These findings are a positive indicator of the value many IAS members feel the IAS offers to the HIV/AIDS field.

3. Conclusions

The results of the 2008 IAS Membership Survey demonstrate strong support for the IAS as a global network of HIV professionals working together to address HIV/AIDS.

Findings also reveal solid support for and interest in current and future IAS activities while providing direction to strengthen the IAS’s capacity to link and support members, as well as offer access to a wide range of HIV/AIDS information.

As the IAS moves into its next phase of strategic planning the findings also prompt higher-order questions about the focus and balance of future IAS endeavour and the allocation of resources.

1. CONTEXT AND METHODOLOGY

1.1 Context

Founded in 1988, the International AIDS Society is the world's leading independent association of HIV/AIDS professionals. The vision of the IAS is 'a worldwide force of professionals working together to prevent, control and treat HIV/AIDS'¹.

The IAS seeks to achieve this vision by:

- Convening the world's largest meetings on HIV/AIDS to provide critical platforms for presenting new research, sharing best practice and advancing the fight against HIV/AIDS;
- Promoting dialogue, education and networking to help close gaps in knowledge and expertise at every level of the response; and
- Mobilizing action by providing support services to members to help advance state-of-the-art science and expand access to HIV prevention, treatment and impact mitigation.

The IAS membership is the foundation upon which the IAS acts as the independent voice of professionals working in HIV/AIDS throughout the world. In February 2008, the IAS had 5,645 individual members representing 152 countries and 165 nationalities, the majority of whom were clinicians or researchers².

IAS membership confers the following benefits:

- Access to the Members' Area on the IAS website (where members can search for and contact other members, discuss issues, pay membership dues and subscribe to 'AIDS', the official journal of the IAS);
- An electronic version of the IAS Newsletter published four times a year (print copies of the newsletter are also available to members attending IAS-convened conferences: the International AIDS Conference and IAS Conference on HIV Pathogenesis, Treatment and Prevention);
- Electronic membership updates;
- Latest information on upcoming IAS conferences;
- Reduced subscription to 'AIDS' (50% discount for members from developing countries; 25% for other members);
- Participation in the election of IAS Governing members, and voting rights at ordinary and extraordinary General Members' Meetings;
- Opportunity to participate in and receive results of IAS membership surveys.

¹ International AIDS Society (2005), Stronger Together. Strategic Framework: 2005 – 2009, Geneva, p.3.

² IAS membership fluctuates due to the fact that many members elect to join as part of a conference registration; at its peak (2006-2007) the IAS had over 12,000 members representing more than 180 countries.

1.2 2008 IAS Membership Survey

In early 2008, the IAS was two-thirds of the way through its 2005 - 2009 Strategic Framework³, with planning for 2010 – 2013 scheduled to begin later in the year. To help guide the strategic planning process and to assist the IAS identify areas for improvement, build on achievements and set new directions, a survey was developed which sought feedback from current members about their work in HIV, their involvement with the IAS, and key IAS activities,

In recent years relatively small numbers of members had previously provided feedback about their reasons for joining the IAS, membership benefits, and the focus and balance of key IAS activities via short, tick-box surveys distributed at conferences in 2004 (n=86) and 2002 (n=301). In mid-February 2008, all IAS members with an individual email address (n=4,509) were invited to participate in a 10 to 15 minute confidential, online survey⁴. The survey remained active for two weeks, closing on 1 March, 2008. During this time two reminders were sent to members who had not completed a survey⁵.

The 2008 IAS Members Survey comprised 62 closed questions, 16 of which included an input box for brief, explanatory comments and one open-ended question which sought additional comments or suggestions regarding the IAS. Information was collected about the following: members' engagement with the IAS; involvement in regional HIV societies and networks; strategies for professional development; feedback about IAS resources and current and future activities; and the overall value of the society. A range of demographic information was also collected. Of the 4,509 surveys distributed, 28% (n=1,217) were completed and returned, representing 22% of all IAS members⁶. There was a high level of engagement with the survey, evidenced by the fact that each non-mandatory question (all questions but those seeking demographic information) was answered by more than 1,000 respondents.

1.2.1 Data analysis

Responses to open-ended question and explanatory comments were analysed for content and key themes. Frequencies and cross-tabulations were tallied for closed questions. Total numbers vary in some instances because non-responses were excluded from valid data. Statistical comparisons including chi-square were employed in the analysis of the data although, for clarity, the details are not included in this report. Where the term *significant* is used in the report, differences have been found with a probability of at most α 0.05.

³ *op. cit.*

⁴ The survey invitation was not sent to members whose email address was unknown, or was shared by more than three other members.

⁵ To increase uptake, members who participated in the survey were invited to enter in a prize draw for USD 200 for themselves, their organization or their nominated HIV/AIDS charity; 905 (75%) respondents entered the draw.

⁶ Of the 4,509 emails sent out, 202 (4%) bounced back and could not be delivered.

1.3 Characteristics of survey respondents

Information about survey respondents' age, gender, country of origin, occupation/profession, organization/affiliation, length of time in the HIV/AIDS field, main country of work, length of IAS membership, English-language proficiency, and internet access is presented in this section. Where available, data about the gender, occupation, affiliation, length of IAS membership and country and region of work of all IAS members is presented for comparative purposes⁷.

1.3.1 Age and gender

The majority of survey respondents were male (59.9%), with almost all other respondents identifying as female (40.0%) (see Table 1.1).

Table 1.1: Gender of survey respondents & all members

| <i>Gender</i> | <i>% Survey respondents (n=1,217)</i> | <i>% All members (n=5,267)</i> |
|---------------|---|------------------------------------|
| Male | 59.9 | 59.4 |
| Female | 40.0 | 40.3 |
| Transgender | 0.1 | 0.3 |
| Total | 100 | 100 |

Approximately two-thirds of the respondents (65%) were over 40 years old. One third (33%) were aged between 26 and 40 years, and only 2% were under 26 years of age (see Table 1.2).

Table 1.2: Age of survey respondents

| <i>Age</i> | <i>% Survey respondents (n=1,217)</i> |
|----------------|---|
| Under 26 years | 2 |
| 26 – 40 years | 33 |
| 41 – 60 years | 57 |
| Over 60 years | 8 |
| Total | 100 |

1.3.2 Main occupation/profession and main affiliation/place of work

When members join the IAS they are asked to identify their main occupation from 43 sub-categories within 10 occupational/professional groups. The same sub-categories were used in the survey, and findings are presented for the 10 groups (see Table 1.3). Some groups were slightly over-represented (e.g., researcher, educator, media representative). Members in the 'other' profession/occupation group were markedly under-represented.

⁷ Information about IAS Members was supplied by the Manager, IAS Governance and Member Relations

Table 1.3: Main occupation/profession of survey respondents & all members

| <i>Occupation/profession</i> | <i>% Survey respondents (n=1,217)</i> | <i>% All members (n=5,162)</i> |
|---------------------------------------|---|------------------------------------|
| Clinician/physician | 35.2 | 31.0 |
| Researcher ⁸ | 30.5 | 20.3 |
| Other health care worker ⁹ | 11.1 | 9.6 |
| Policy/administrator ¹⁰ | 8.3 | 8.5 |
| Educator | 4.9 | 2.9 |
| Student | 2.8 | 4.9 |
| Advocate/activist | 1.8 | 2.4 |
| Funder | 1.0 | 0.5 |
| Media representative | 0.9 | 0.5 |
| Lawyer | 0.2 | 0.2 |
| Other | 3.9 | 19.2 |
| Total | 100 | 100 |

When members join the IAS they are also asked to select their main affiliation/organization from a list of 14 options, and the same list was used in the survey. Academia and hospital/clinic were slightly over-represented and government, pharmaceutical company and other organization categories were slightly under-represented (see Table 1.4).

Table 1.4: Main affiliation/organization of survey respondents & all members

| <i>HIV/AIDS Affiliation/Organization</i> | <i>% Survey respondents (n=1,217)</i> | <i>% All members (n=4,576)</i> |
|--|---|------------------------------------|
| Academia | 34.7 | 25.9 |
| Hospital/clinic | 25.0 | 20.9 |
| Large non-government organization | 14.2 | 15.0 |
| Government | 8.0 | 11.2 |
| Pharmaceutical company | 4.4 | 11.6 |
| Intergovernmental organization | 2.6 | 2.0 |
| Private sector | 2.5 | 3.0 |
| Self-employed/consultant | 2.0 | 1.7 |
| PLWHA group/network | 1.9 | 1.6 |
| Faith-based organization | 1.6 | 1.5 |
| Grass-roots community-based organization | 1.2 | 1.1 |
| Charitable organization | 0.6 | 0.9 |
| Media organization | 0.4 | 0.4 |
| Trade union | 0.0 | 0.2 |
| Cooperative | 0.0 | 0.2 |
| Other organization/affiliation | 0.9 | 2.8 |
| Total | 100 | 100 |

⁸ Researcher e.g., biology & pathogenesis (9.9%), clinical science (7.6%), epidemiology (5.7%), social science (3.2%), prevention science (1.8%)

⁹ Health worker e.g., nurse (3.7%), social worker (2.0%)

¹⁰ Policy/administrator e.g., manager/director (5.8%)

1.3.3 Country and region of work

Survey respondents were asked to select their main country of work from a list supplied. A total of 123 countries were selected. Although the United States was the most frequently chosen country, members from the United States were slightly under-represented in the survey (see Table 1.5).

Table 1.5: Top 10 countries of respondents and members

| <i>Survey respondents main country of work</i> | <i>Number</i> | <i>Percent*</i> | <i>Members' main country</i> | <i>Percent* (n=5,638)</i> |
|--|---------------|-----------------|----------------------------------|-------------------------------|
| United States | 223 | 18.3 | United States | 24.5 |
| Australia | 80 | 6.6 | Australia | 6.6 |
| Nigeria | 68 | 5.6 | Canada | 4.9 |
| Canada | 53 | 4.4 | Nigeria | 4.8 |
| India | 53 | 4.4 | United Kingdom | 3.1 |
| South Africa | 51 | 4.2 | France | 3.0 |
| Brazil | 42 | 3.5 | South Africa | 2.7 |
| Argentina | 35 | 2.9 | India | 2.4 |
| Thailand | 30 | 2.5 | Thailand | 2.3 |
| Switzerland | 24 | 2.0 | Brazil | 1.9 |

*Total does not add up to 100 as only top 10 countries reported

Survey respondents were also asked to identify their main region of work within the five IAS regional categories: Africa, Asia/Pacific, Europe, Latin America/Caribbean and USA/Canada. The Africa region was slightly over-represented and the USA/Canada and Europe regions were slightly under-represented (see Table 1.6).

Table 1.6: Main region of work

| <i>Region</i> | <i>% Survey respondents (n=1,215)</i> | <i>% All members (n=5,638)</i> |
|-------------------------|---|--|
| Africa | 25 | 18 |
| Asia/Pacific | 23 | 21 |
| USA/Canada | 22 | 29 |
| Europe | 15 | 22 |
| Latin America/Caribbean | 12 | 10 |
| Other | 3 | * |
| Total | 100 | 100 |

*Category not applicable

1.3.4 Years worked in HIV/AIDS field

Three-quarters of survey respondents (75%) had worked in HIV/AIDS for more than five years; and just over one-third (35%) had worked for more than 15 years, revealing a strong commitment to and extensive experience in the HIV/AIDS field (see Table 1.7).

Table 1.7: Years worked in HIV by survey respondents

| <i>Number of years</i> | <i>% Survey respondents (n=1,217)</i> |
|------------------------|---|
| less than 3 | 9 |
| 3 – 5 | 16 |
| 6 – 10 | 25 |
| 11 – 15 | 15 |
| more than 15 | 35 |
| Total | 100 |

1.3.5 Length of IAS membership

Survey respondents were asked how long they had been a member of the IAS (the question did not distinguish between continuous and intermittent membership). Just under one-third of survey respondents (29%) had been an IAS member for one year or less, and almost one third (32%) had been a member five years or more. New members (one year or less) were markedly under-represented by survey respondents, and established members (five or more years) were over-represented (see Table 1.8). It should be noted that of the 2,653 people who had been a member for one year or less, 1,638 (62%) had joined the IAS when they registered for the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention, held in July 2007.

Table 1.8: Length of IAS membership

| <i>Length of time</i> | <i>% Survey respondents (n=1,213)</i> | <i>% All members (n=5,645)</i> |
|-----------------------|---|------------------------------------|
| One year or less | 29 | 47 |
| 2 – 4 years | 39 | 34 |
| 5 – 10 years | 19 | 14 |
| More than 10 years | 13 | 5 |
| Total | 100 | 100 |

1.3.6 English-language proficiency

A large proportion of survey respondents (82%) described their level of spoken and written English as ‘proficient’ (see Table 1.9). Although almost one-third of respondents (30%) reported that English was not the language in which they mainly worked (see Table 1.10), an extremely small proportion (3%) described their English as ‘limited’.

Table 1.9: Respondents' level of spoken and written English

| <i>Level</i> | <i>% Survey respondents (n=1,217)</i> |
|--------------|---|
| Proficient | 82 |
| Fair | 15 |
| Limited | 3 |
| Total | 100 |

Table 1.10: Language in which respondents mainly work

| <i>Language</i> | <i>% Survey respondents (n=1,217)</i> |
|-----------------|---|
| English | 70 |
| Spanish | 8 |
| French | 4 |
| Chinese | 2 |
| Russian | 1 |
| Arabic | 1 |
| Other | 14 |
| Total | 100 |

1.3.7 Access to the internet

Survey respondents were asked to select their main point of internet access from a three-item list. Although the majority (72%) accessed the internet at work, almost one-quarter (23%) mainly accessed it at home. A small number of respondents (5%) went to an internet point, cyber café or library (see Table 1.11). Broadband was the mode of internet access identified by a large majority of respondents (82%) but at least 15% still relied on dial-up (see Table 1.12).

Table 1.11: Where respondents access the internet

| <i>Location</i> | <i>% Survey respondents (n=1,217)</i> |
|---|---|
| At work | 72 |
| At home | 23 |
| At internet point, cyber café, library | 5 |
| Total | 100 |

Table 1.12: How respondents access the internet

| <i>Type of access</i> | <i>% Survey respondents (n=1,217)</i> |
|-----------------------|---|
| Broadband | 82 |
| Dial-up | 15 |
| Not known | 3 |
| Total | 100 |

2. SURVEY FINDINGS

2.1 IAS membership

In this section findings are reported about members' reasons for joining the IAS and whether they had attended members' meetings, voted in elections and used the members' networking tool, as well as feedback about other possible networking strategies and membership fees.

2.1.1 Reasons for joining the IAS

Survey respondents were asked to select up to two main reasons for joining the IAS from a seven-item list. A large majority of respondents joined the IAS to become member of a global association of HIV/AIDS professionals (72%) (see Table 2.1)

Table 2.1: Main reasons for membership

| <i>Reason</i> | <i>% Respondents* (n=1,217)</i> |
|--|-------------------------------------|
| To become a member of a global association of HIV/AIDS professionals | 72 |
| I was offered membership when I registered for a conference | 41 |
| To be involved in the work of the IAS | 26 |
| To receive membership benefits | 8 |
| I have a personal interest as someone with HIV | 4 |
| To financially support the work of the IAS | 4 |
| Other | 4 |

*Total exceeds 100 as more than one response could be selected

Although it was not possible to conduct statistical analysis because the question had multiple response options, when this question was analysed looking for regional differences, the following emerged:

- Respondents from the Africa, Asia/Pacific and USA/Canada regions were more likely than respondents from other regions to say they joined the IAS to become a member of a global association of HIV/AIDS professionals, or because they were offered membership when they registered for a conference;
- Respondents from the Africa region were more likely than respondents from other regions to have joined to become involved in the work of the IAS.

Forty respondents listed other reasons for membership. The most commonly noted were:

- professional (e.g., the respondent was working or studying in the field, or membership offered an opportunity for professional development);
- a desire to advocate for, support or represent a particular group or issue (e.g., sex workers, people with disabilities, HIV needs in a particular country); and
- a desire to acquire the latest knowledge and updates about HIV.

2.1.2 Membership fees

IAS membership fees are paid annually and there is a differentiated fee structure, including a multi-year discount. Current fees for one year are:

- US\$60/year for standard membership and US\$50 for student/youth membership in high income countries;
- US\$30 for standard membership and US\$25 for student/youth membership in middle/low-income countries.¹¹

Survey respondents were asked to rate their membership fee. The vast majority (87%) considered the fee level was 'about right' (see Table 2.2).

Table 2.2: Rating of membership fee

| <i>Rating</i> | <i>% Respondents (n=1,201)</i> |
|---------------|------------------------------------|
| About right | 87 |
| Too high | 10 |
| Too low | 3 |
| Total | 100 |

2.1.3 Attendance of members' meetings

Formal IAS members' meetings are held at the International AIDS Conference and the IAS Conference on HIV Pathogenesis, Treatment and Prevention. Informal members' meetings are held at some regional HIV conferences. Survey respondents were asked if they had attended any IAS members' meetings in 2006 or 2007. Just over half the respondents (55%, n=665) had attended a members' meeting in the previous two years.

Respondents who had not attended a meeting were asked to select the main reason from a six-item list. Similar proportions of respondents reported that they had not been aware of the members' meetings (23%) or had been attending another conference session at the time of the meeting (20%) (see Table 2.3). Other reasons were noted by 109 respondents. A large majority highlighted financial constraints or visa difficulties (n=79). As this may have been the reason for non-attendance of a conference where a members' meeting had been held, the 17% of respondents who selected 'not at a conference where a meeting was held' may be an under-representation.

Table 2.3: Main reasons for not attending members' meetings

| <i>Reason</i> | <i>% Respondents* (n=519)</i> |
|--|-----------------------------------|
| Not aware of the meetings | 23 |
| Attending another session at the time of the meeting | 20 |
| Not at a conference where a meeting was held | 17 |
| Only recently become a member | 13 |
| Not interested in attending the meetings | 6 |
| Other | 7 |
| Total | 100 |

¹¹ Based on World Bank classification of high income and middle/low income countries

2.1.4 Regional representatives

Each of the five IAS membership regions has five representatives on the IAS Governing Council. Survey respondents were asked if they knew who their regional representatives were. Two-thirds of respondents (66%) did not know their regional representatives, a small proportion (7%) did not know what a 'regional representative' was, and just over one quarter (27%) knew their regional representatives.

When this question was analysed looking for regional differences it was found that respondents who worked in the USA/Canada region were significantly more likely to say they did not know their regional representatives, compared with respondents who worked in other regions. Respondents who worked in the Latin America/Caribbean region were significantly more likely to say they did know their regional representatives, compared with respondents in other regions¹².

2.1.5 Voting in IAS elections

Elections for members of the IAS Governing Council are held biennially and comprise a two-part process, nomination and voting, which runs over several months. Survey respondents were asked if they had voted in the last IAS election, held in 2006. Just over one quarter of respondents (26%) had voted and half (50%) had not voted. Both these figures could be an under-representation as 12% could not recall whether they had voted (see Table 2.4). It should be noted that a similar proportion of all IAS members (27%) voted in the election.

Table 2.4: Voting patterns in 2006 election

| <i>Voting pattern</i> | <i>% Respondents (n=1,201)</i> |
|--------------------------|------------------------------------|
| Did not vote | 50 |
| Voted | 26 |
| Cannot remember if voted | 12 |
| Was not a member in 2006 | 12 |
| Total | 100 |

2.1.6 Networking among members

IAS members have access to an online membership directory, a tool which allows them to search for and contact other professionals working in HIV/AIDS. Consent is requested from new members to add their details and the vast majority of members participate (94%, n=5,294). Survey respondents were asked how often they had used the directory in the previous 12 months. Although just over one third of respondents (35%) had used the directory more than once, quite a sizable proportion had not used the directory at all (43%) (see Table 2.5).

¹² USA/Canada (76%) versus Africa (68%), Asia/Pacific (69%), Europe (65%), Latin America/Caribbean (41%); p<0.01

Table 2.5: Use of online membership directory

| <i>Frequency</i> | <i>% Respondents) (n=1,197)</i> |
|---|-------------------------------------|
| Once | 18 |
| 2 – 5 times | 24 |
| More than 5 times | 11 |
| Tried to log on but not been successful | 4 |
| Have not used the directory | 43 |
| Total | 100 |

When this question was analysed looking for differences in directory use in relation to length of IAS membership and main region of work, the following was found:

- New members (one year or less) were significantly more likely to report they had used the directory once, compared with respondents who had been members for two or more years, and significantly less likely to report they had not used the directory.¹³
- There were significant regional differences in directory use, with members from the Latin America/Caribbean, Europe, Asia/Pacific and Africa regions significantly more likely to report directory use compared to members use from the USA/Canada region¹⁴.

Respondents who had not used the directory (n=518) were asked to briefly explain the reason for this. Just over half (52%, n=268) provided reasons. Almost half of this group reported they had no need to use the directory (n=127), and just over one quarter were not aware of the directory (n=74). Other reasons, identified by less than 20 respondents, included access difficulties (e.g., internet problems or lack of knowledge about how to use the directory) and lack of time. Several respondents had not thought to use the directory.

Survey respondents who had used the directory (n=634) were asked if this had been to network with other members. Just over three-quarters (77%) indicated they had not used the directory for this purpose.

Survey respondents were also asked if the IAS could do more to enhance networking among its members and feedback was sought about three possible strategies:

- Facilitation of meetings of members from specific regions during the International AIDS Conference;
- Facilitation of topic-based members' meetings at regional conferences;
- Establishment of regional-level working groups to look at specific issues.

A small proportion of respondents did not believe the IAS could do anything more (11%). Similar proportions of respondents (around half) indicated each individual strategy would enhance networking among IAS members (see Table 2.6).

¹³ Directory use: new members (24%) versus other members (16%); Non-use of directory: new members (40%) versus other members (45%); p<0.01

¹⁴ Latin America/Caribbean (69%), Europe (62%), Asia/Pacific (52%), Africa (50%) versus USA/Canada (38%); p<0.01

Table 2.6: Strategies to facilitate member networking

| <i>Strategy</i> | <i>% Respondents*</i> <i>(n=1,217)</i> |
|---|---|
| Establish regional-level working groups to look at specific issues | 54 |
| Facilitate meetings of members from specific regions during the International AIDS Conference | 47 |
| Facilitate topic-based members' meetings at regional conferences | 46 |
| IAS cannot do anything more | 11 |
| Other | 6 |

*Total exceeds 100 as more than one response could be selected

Although it was not possible to conduct statistical analysis because the question had multiple response options, when this question was analysed looking for regional differences the following emerged:

- Respondents from the Africa region were more likely than respondents from other regions to recommend the establishment of regional-level working groups to look at specific issues;
- Respondents from the Africa and Asia/Pacific regions were more likely than respondents from other regions to recommend the facilitation of meetings of members from specific regions during the International AIDS Conference;
- Respondents from the Africa, Asia/Pacific and USA/Canada regions were more likely than respondents from other regions to recommend the facilitation of topic-based members' meetings at regional conferences;
- Respondents from the USA/Canada and Europe regions were more likely than respondents from other regions to say nothing more could be done to enhance networking among IAS members.

A range of other networking strategies were identified by 45 respondents. These fell into three main categories:

- Linking members online for discussion and information sharing (e.g. by establishing list serves to look at specific issues, providing a facility for posting information and requests, facilitating email-based forums);
- Facilitating smaller meetings and working groups (e.g., regional and sub-regional meetings to link members, meetings and working groups that focus on a particular issue, field of work or profession);
- Sending out more information and reminders to members (e.g., detailing opportunities for networking between conferences, providing details about members working in the same country or members' main fields of work with key contacts, circulating dates for members' meetings and conference information in a timely manner).

2.2 Members' involvement in regional activities

In this section findings are presented about survey respondents' main region of work, involvement in regional HIV/AIDS societies and networks, and attendance of regional conferences.

2.2.1 Region of work

Similar proportions of survey respondents worked in the Africa, Asia/Pacific or USA/Canada regions (25%, 23% and 22% respectively); smaller proportions worked in Europe (15%) and Latin/America/Caribbean (12%). A very small proportion (3%, n=40) selected 'other', 22 respondents noting they worked in more than one region or 'globally'.

2.2.2 Membership of regional HIV/AIDS societies or networks

Over one-third of survey respondents (38%, n=454) reported they were a member of at least one regional HIV/AIDS society or network¹⁵. Respondents who mainly worked in the Africa region were significantly more likely to be a member of a regional HIV/AIDS society or network compared to respondents who worked in other regions¹⁶.

Respondents who were not a member of a regional society or network were asked if they would be interested in learning more about membership of these networks. Three-quarters of this group (n=546) indicated they would be interested. Respondents who mainly worked in the Africa, Latin America/Caribbean and Asia/Pacific regions were significantly more likely to express interest in learning more about regional membership compared to respondents in Europe and USA/Canada regions¹⁷. It should be noted that on completion of the survey almost two-thirds of respondents (63%, n=772) provided their email address to receive information.

2.2.3 Participation in regional HIV/AIDS conferences

Survey respondents were asked if they had participated in any regional HIV/AIDS conferences in 2006 or 2007. Slightly less than half the respondents (48%) reported they had attended a conference in the previous two years. Conferences in USA/Canada region had attracted the largest proportion of respondents (23%); less than 10% of respondents had attended conferences in the Africa, Asia/Pacific or Latin America/Caribbean regions (see Table 2.7).

Table 2.7: Attendance of regional conferences

| <i>Regional conference</i> | <i>% Respondents (n=1,217)*</i> |
|--|-------------------------------------|
| USA/Canada (e.g. CROI, CAHR, IDSA) | 23 |
| Europe (e.g. EECAAC, EACS, Glasgow) | 14 |
| Africa (e.g. ICASA ¹⁸) | 8 |
| Asia/Pacific (e.g. ICAAP) | 8 |
| Latin America/Caribbean (e.g. FORO, CONCASIDA) | 4 |
| Did not attend a regional conference | 52 |

*Total exceeds 100 as more than one response could be selected

¹⁵ 309 (of 454) respondents gave the name(s) which have been reported separately to the IAS

¹⁶ Africa (45%) versus Asia/Pacific (39%), Europe (39%), USA/Canada (32%), Latin America/Caribbean (27%); p<0.01

¹⁷ Africa (91%), Latin America/Caribbean (89%), Asia/Pacific (84%) versus Europe (61%), USA/Canada (57%); p<0.01

¹⁸ The last ICASA was held in 2005, which may have had an impact on reported participation

Conference attendees were asked to describe the capacity in which they had attended the regional conference. A large proportion of these respondents (80%) reported they had been a participant; 29% indicated they had been a speaker or facilitator (see Table 2.8).

Table 2.8: Involvement in regional conferences

| <i>Region</i> | <i>% Respondents (n=588)*</i> |
|---------------------|-----------------------------------|
| Participant | 80 |
| Speaker/facilitator | 29 |
| Committee member | 9 |
| Other | 4 |

*Total exceeds 100 as more than one response could be selected

2.3 Members' professional development

Findings about survey respondents' main sources of information about HIV/AIDS, the main ways they update their skills and knowledge about HIV, and their participation in International AIDS Conferences and IAS Conferences on HIV Pathogenesis, Treatment and Prevention are reported in this section.

2.3.1 Sources of news and information about HIV/AIDS

Survey respondents were asked to identify their two main sources of HIV/AIDS news and information from a six-item list. The sources identified by the majority of respondents were conferences (66%) and journals (59%) (see Table 2.8). Forty-five respondents identified other information sources, including newsletters, email alerts, list serves, training courses, professional organizations, and experience gained working in the field.

Table 2.8: Main sources of news and information about HIV/AIDS

| <i>Source</i> | <i>% Respondents* (n=1,217)</i> |
|---------------|-------------------------------------|
| Conferences | 66 |
| Journals | 59 |
| Websites | 34 |
| Colleagues | 19 |
| Online forums | 12 |
| Other | 4 |

*Total exceeds 100 as more than one response could be selected

2.3.2 Developing and maintaining professional skills and knowledge

Survey respondents were asked to identify the two main ways they developed and maintained their HIV professional skills and knowledge from an eight-item list. Conference attendance (66%) and journal reading (53%) were the two most frequently identified methods (see Table 2.9). Forty-one

respondents identified other methods, including working collaboratively with partners, conducting their own research, accessing clinical manuals and participating in meetings.

Table 2.9: Main ways of developing/maintaining HIV skills and knowledge

| <i>Method</i> | <i>% Respondents*</i> <i>(n=1,217)</i> |
|--------------------------------------|---|
| Attend conferences | 66 |
| Read professional journals | 53 |
| Attend seminars/workshops/CME | 32 |
| Study online | 18 |
| Learn informally (e.g. in workplace) | 16 |
| Undertake exchanges/study tours | 4 |
| Work with a mentor | 4 |
| Other | 4 |

*Total exceeds 100 as more than one response could be selected

2.3.3 Attendance of international conferences

Survey respondents were asked if they had attended the XVI International AIDS Conference (AIDS 2006) in Toronto, Canada, and +the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007) in Sydney, Australia. They were also asked if they planned to attend the XVII International AIDS Conference (AIDS 2008) in Mexico City.

Identical proportions of respondents had attended AIDS 2006 (54%) and IAS 2007 (54%), and just over one-third (37%) had attended both conferences. A similar proportion of respondents planned to attend AIDS 2008 (56%) as had attended AIDS 2006, with a further 20% indicating they were still undecided (see Table 2.10).

Table 2.10: Conference attendance

| <i>Attendance</i> | <i>AIDS 2006</i> <i>(n=1,146)</i> | <i>IAS 2007</i> <i>(n=1,148)</i> | <i>AIDS 2008</i> <i>(n=1,214)</i> |
|-------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| Yes | 54 | 54 | 56 |
| No | 46 | 46 | 24 |
| Don't know | * | * | 20 |
| Total | 100 | 100 | 100 |

* Response not applicable

2.4 Current and future IAS resources and activities

Survey respondents were asked to provide feedback about the IAS website, IAS newsletter and IAS electronic journal, as well as priority areas for future IAS advocacy work. Findings are presented in this section.

2.4.1 IAS website

The IAS website (www.iasociety.org) provides information about IAS activities including publications, conferences, initiatives, policy and advocacy, and regional partnerships. The website also offers global HIV news updates and links to other sites, including the International AIDS Conference and the IAS Conference on HIV Pathogenesis, Treatment and Prevention. Survey respondents were asked how often they used the IAS website. Although the vast majority (89%) used the website, only one quarter of respondents (24%) were frequent users, accessing it every couple of weeks or more. Half (51%) were infrequent users, accessing the website every couple of months at most (see Table 2.11).

Table 2.11: Use of IAS website

| <i>Frequency</i> | <i>% Respondents (n=1,201)</i> |
|------------------------|------------------------------------|
| At least once a week | 11 |
| Every couple of weeks | 13 |
| Monthly | 14 |
| Every couple of months | 22 |
| Once or twice a year | 29 |
| Never | 11 |
| Total | 100 |

When this question was analysed looking for differences in website use in relation to the length of time worked in HIV/AIDS and main region of work, the following was found:

- Members who had worked in HIV/AIDS for five years or less years were significantly more likely to report using the website every couple of weeks or at least once a month, compared to members who had worked in HIV/AIDS for more than five years¹⁹.
- There were significant regional differences in website use, with members from the Africa, Latin America/Caribbean and Asia/Pacific regions more likely to report using the website every couple of weeks or more, compared to members from the USA/Canada and Europe regions²⁰.

Respondents who reported they had not used the website (n=132) were asked to briefly explain the reason for this. Sixty-nine people (52%) provided reasons, the most commonly cited being the person had not needed to or not thought to access the website (n=27). Other respondents did not know about the website or were unaware of the services it offered (n=21). A small number indicated they were too busy to use the website (n=9); others didn't know how to access it or had experienced difficulties with access (n=8).

¹⁹ Less than 3 years (16% or 17%) versus more than 5 years (12% or 13%); p<0.01

²⁰ Africa (38%), Latin America/Caribbean (25%), Asia/Pacific (24%) versus Europe (18%) and USA/Canada (10%); p<0.01

To guide future website planning, survey respondents were presented with an eight-item list of different kinds of information and asked to rate how important it was to gain this information via the IAS website. The types of information respondents most frequently rated ‘very important’ or ‘important’ were conference proceedings and abstracts, updates about new research, scientific results put into ready-to-use educational materials, and news on the epidemic (see Table 2.12).

Table 2.12 : Rating of information for IAS website

| <i>Information type</i> | <i>Very important</i> | <i>Important</i> | <i>Not very important</i> | <i>Not at all important</i> | <i>Total (%)</i> |
|--|-----------------------|------------------|---------------------------|-----------------------------|------------------|
| Conference proceedings and abstracts (n=1,048) | 44 | 46 | 8 | 2 | 100 |
| Updates about new research (n=1,038) | 48 | 37 | 11 | 4 | 100 |
| Scientific results put into ready-to-use educational materials (n=1,039) | 39 | 41 | 15 | 5 | 100 |
| News on the epidemic (n=1,046) | 35 | 44 | 15 | 6 | 100 |
| News about the IAS and its activities (n=1,039) | 21 | 56 | 20 | 3 | 100 |
| Links to other HIV/AIDS websites (n=1,039) | 23 | 51 | 20 | 6 | 100 |
| Lists of available training courses (n=1,029) | 25 | 43 | 24 | 8 | 100 |
| Information about careers in developing countries (n=1,024) | 22 | 28 | 31 | 19 | 100 |

Respondents were also asked if there was other important information that should be on the IAS website. A large majority (82%) indicated there was not; however 182 respondents listed additional types of information²¹. The most frequently requested related to details about funding opportunities, grants and scholarships, and information about HIV treatments (identified by 10% and 8% of respondents respectively).

Other types of information, identified by fewer respondents, included:

- Profiles of HIV/AIDS professionals and their work;
- A discussion board or forum;
- Access to important journal articles; and details of new books and publications;
- Regional information (e.g., how to get involved, links to HIV networks and societies and regional publications; information about regional forums and conferences);
- Members-specific information (e.g., narrower search terms; mentoring and networking opportunities and linkages; members’ details by region; a more user-friendly website);
- a variety of other issues or topics was identified by one or two respondents (e.g., co-infection with HCV, ethical issues, cost of drugs and monitoring tests, reproductive health, blood transfusion).

Many respondents identified specific information which fell into the broad categories listed in the above table and examples are provided:

- News on the epidemic (e.g., latest HIV statistics and trends; annual national progress reports; health policy; drug availability; the impact of HIV on specific groups and countries);
- Updates about new research (e.g., latest treatment guidelines, clinical trials);

²¹ The complete list of suggestions has been reported separately to the IAS

- Ready-to-use educational materials (e.g., HIV materials in Africa; examples of best practice; guidelines; therapy protocols; case studies; successful prevention strategies);
- News about the IAS and its activities (e.g., internal policies regarding registration refunds and the like, election results including votes per candidate, IAS membership by region);
- Links to other HIV/AIDS websites (e.g., training courses and institutions, community-based networks, non-IAS-sponsored meetings; journals);
- Information about career options (e.g., job listings in developed/developing countries; special opportunities for young professionals);
- Conference proceedings and abstracts (e.g., more useable searches for abstracts; conference updates)

2.4.2 IAS Newsletter

IAS members receive an electronic version of the IAS Newsletter which is published four times a year. The newsletter provides information about current issues, debates, forthcoming events and member updates. A printed version is also available to those members who attend IAS-convened conferences (International AIDS Conferences and IAS Conferences on HIV Pathogenesis, Treatment and Prevention).

Survey respondents were asked if they read the newsletter. Although the vast majority reported they did read it (88%), just under half (46%) only read one or two articles (see Table 2.13).

Table 2.13: Newsletter reading patterns

| <i>Pattern</i> | <i>% Respondents (n=1,200)</i> |
|-----------------------------|------------------------------------|
| Read most of the newsletter | 42 |
| Read 1 – 2 articles | 46 |
| Do not read newsletter | 12 |
| Total | 100 |

Respondents who did not read the newsletter (n=150) were asked to briefly explain the reason for this. Eighty-four people (56%) provided reasons, the majority noting they had not received the newsletter or could not recall seeing it (n=49). A small number of respondents did not have time to read the newsletter (n=12). Others had too much to read, or the newsletter was not as relevant as other reading material (n=10).

Survey respondents were presented with a list of seven kinds of information and asked to rate how important it would be for them to read this information in future newsletters. The types of information most frequently rated 'very important' or 'important' by respondents were updates on science, information about upcoming national, regional and international events and general HIV/AIDS headlines (see Table 2.14).

Table 2.14: Ratings of newsletter content

| <i>Content</i> | <i>Very important</i> | <i>Important</i> | <i>Not very important</i> | <i>Not at all important</i> | <i>Total (%)</i> |
|--|-----------------------|------------------|---------------------------|-----------------------------|------------------|
| Updates on science (n=1,175) | 45 | 42 | 12 | 2 | 100 |
| Information about upcoming national, regional and international HIV events (n=1,185) | 37 | 55 | 7 | 1 | 100 |
| General HIV/AIDS headlines (n=1,178) | 33 | 56 | 9 | 2 | 100 |
| Issues relating to policy and advocacy (n=1,175) | 28 | 49 | 20 | 3 | 100 |
| News about the IAS and its activities (n=1,176) | 23 | 56 | 19 | 2 | 100 |
| Profiles of HIV/AIDS professionals and their work (n=1,173) | 17 | 40 | 35 | 8 | 100 |
| Job listings (n=1,173) | 18 | 30 | 35 | 17 | 100 |

Respondents were also asked if there was other important information that should be in the IAS Newsletter. The vast majority (90%) indicated there was not. A range of additional information was identified by 92 respondents. Some noted new areas, including:

- Journal references or articles;
- Funding opportunities for individuals and projects;
- Training opportunities
- Feature issues (e.g., affected communities; countries with increasing prevalence);
- Members' editorials, letters or comments.

Other respondents highlighted specific information within the categories listed in Table 2.14 and examples are provided:

- General HIV/AIDS news headlines (e.g., with a regional focus; written by affected communities);
- News about the IAS and its activities (e.g., regional members' involvement in the society);
- Information about upcoming national, regional and international HIV events (e.g., summaries of important congresses);
- Issues relating to advocacy and policy (e.g., stigma and discrimination in particular countries or regions; policy issues in developing countries; ethics);
- Updates on science (e.g., latest treatment guidelines; complications of ART; status of vaccine trials);
- Profiles of HIV/AIDS professionals and their work (e.g., acknowledgement of most active members);
- Job listings (e.g., careers in HIV field; listings for people with HIV/AIDS).

Several respondents highlighted the issue of timeliness with updates when the newsletter is only published four times a year, versus real-time sources of information²².

²² The complete list of suggestions has been reported separately to the IAS

2.4.3 eJIAS

eJIAS is the electronic Journal of the International AIDS Society. Its mission is to recognize, support and promote essential and innovative HIV/AIDS research, prevention and care efforts in developing countries through the provision of an open-access, online peer-reviewed journal.

Survey respondents were asked if they read eJIAS. Half the respondents (51%) reported they did not read the journal and only a small proportion (8%) were regular readers (see Table 2.15). Respondents from the Africa and Latin America/Caribbean regions were significantly more likely to report they regularly read eJIAS compared with respondents from other regions²³, and respondents from the USA/Canada region were significantly less likely to report they read the journal²⁴.

Table 2.15: Journal reading patterns

| <i>Pattern</i> | <i>% Respondents (n=1,197)</i> |
|-------------------------|------------------------------------|
| Regularly read eJIAS | 8 |
| Occasionally read eJIAS | 41 |
| Do not read eJIAS | 51 |
| Total | 100 |

Respondents who did not read eJIAS (n=608) were asked to briefly explain the reason for this. Three hundred people (49%) provided reasons, the majority reporting they were not aware of the journal (n=166). Some other responses reflected confusion about the journal's availability, with respondents noting it was too expensive, they had not received a copy or they were not subscribers (n=30). Other reasons, each given by less than 25 people, included difficulties accessing the journal, time constraints, too much other reading to do, and the journal's lack of relevance to their work. Several people had not tried to access eJIAS.

Survey respondents were also asked if they would be willing to contribute articles to eJIAS. Two-thirds (66%) responded in the affirmative. Although length of IAS membership did not significantly influence respondents' willingness to write for eJIAS, respondents who had been working in the HIV sector for three to five years, or six to 10 years, were significantly more likely to be willing to write for eJIAS than respondents who had worked in the field for more than 15 years²⁵. Moreover, respondents from the Africa region (83%) were significantly more likely to be willing to write for eJIAS than respondents from the Europe (54%) or USA/Canada (54%) regions²⁶.

²³ Africa (12%), Latin America/Caribbean (13%) versus Asia/Pacific (7%), Europe (5%), USA/Canada (3%)

²⁴ USA/Canada (67%) versus Europe (40%), Latin America/Caribbean (43%), Africa (43%), Asia/Pacific (49%); p<0.01

²⁵ 3-5 years (73%), 6-10 years (71%) versus more than 15 years (59%); p<0.01.

²⁶ Africa (83%) versus Europe (54%) , USA/Canada (54%) ; p<0.01

2.4.4 Advocacy

The IAS is expanding its work in the advocacy area, with the following five priority areas identified by the IAS Governing Council:

- Strengthening health systems, especially the health workforce;
- Integrating TB and HIV services;
- Promoting evidence-based prevention and treatment programmes;
- Fighting stigma and discrimination;
- Strengthening social science research.

Survey respondents were asked to rate the importance of each area to their work in HIV. Although evidence-based prevention and treatment programmes was most frequently rated ‘very important’ or ‘important’ (by 95% of respondents), at least 80% of respondents rated the other four priority areas ‘very important’ or ‘important’ by (see Table 2.16).

Table 2.16: Ratings of advocacy priority areas

| <i>Content</i> | <i>Very important</i> | <i>Important</i> | <i>Not very important</i> | <i>Not at all important</i> | <i>Total (%)</i> |
|---|-----------------------|------------------|---------------------------|-----------------------------|------------------|
| Promoting evidence-based prevention and treatment programmes (n=1,178) | 58 | 37 | 4 | 1 | 100 |
| Strengthening health systems, especially the health workforce (n=1,180) | 48 | 41 | 9 | 2 | 100 |
| Fighting stigma and discrimination (n=1,175) | 50 | 38 | 11 | 1 | 100 |
| Integrating HIV and TB services (n=1,178) | 45 | 42 | 11 | 2 | 100 |
| Strengthening social science research (n=1,176) | 37 | 44 | 16 | 3 | 100 |

When this question was analysed for regional differences, it was found that members from the African region were significantly more likely to rate each of the priority advocacy areas ‘very important’, compared to members from other regions²⁷.

Respondents were asked if there was another priority area the IAS should be addressing in its advocacy work. Although quite a large majority (75%) indicated there was not, 278 respondents identified a wide range of other areas. The most frequently identified (each by fewer than 25 respondents) included:

²⁷ Strengthening health systems: Africa (69%) versus Asia/Pacific (45%), Latin/America/Caribbean (44%), USA/Canada (39%), Europe (33%); p<0.01
 Integrating HIV and TB services: Africa (66%) versus Asia/Pacific (43%), Latin/America/Caribbean (41%), Europe (34%), USA/Canada (31%); p<0.01
 Promote evidence-based prevention and treatment programmes: Africa (73%) versus Asia/Pacific (58%), Latin/America/Caribbean (57%), USA/Canada (49%), Europe (44%); p<0.01
 Fighting stigma and discrimination: Africa (67%) versus Asia/Pacific (49%), Latin/America/Caribbean (49%), USA/Canada (40%), Europe (40%); p<0.01
 Strengthening social research: Africa (49%) versus Asia/Pacific (35%), Latin/America/Caribbean (36%), USA/Canada (36%), Europe (26%); p<0.01

- Treatment access, especially in developing countries;
- Expansion of research, especially basic science research, research in low income countries, community engagement in research;
- Paediatric HIV; treatment for children;
- Gender inequality; women and HIV; prevention of mother-to-child transmission;
- Access to care for vulnerable groups, palliative care;
- HIV and hepatitis co-infection²⁸.

Survey respondents were also asked if they would be interested in becoming involved in IAS advocacy work. The majority of respondents expressed interest (30%) or possible interest (43%); the remainder (27%) were not interested. It should be noted that on completion of the survey a large proportion of respondents (81%, n=986) provided their email address to be contacted about future IAS advocacy work.

2.5 Value of the IAS

As an indicator of the perceived professional value of the IAS, survey respondents were asked if they would renew their membership when it expired, and if they would recommend membership of the IAS to a colleague. Findings are reported in this section, as well as respondents' additional comments and suggestions about the IAS.

2.5.1 Renewal of membership

Almost three-quarters of survey respondents (73%) indicated they would renew their IAS membership. Just under one-quarter (23%) were unsure, and 4% would not renew their membership.

Respondents who indicated they would not renew their membership (n=44) were asked to select their main reason for non-renewal from a four-item list. Eighty respondents selected a reason, including some people who were unsure if they would renew. The most common reason for non-renewal of membership was the lack of relevance of members' benefits (n=35) (see Table 2.17). It should be noted that only three of the 96 respondents who joined the IAS to receive membership benefits indicated they would not renew their membership because the benefits were not relevant.

Twenty respondents provided a range of other reasons, including the fact that renewal was tied to conference registration and they were uncertain they would attend AIDS 2008, they were nearing retirement, they were unsure of the renewal process or they had not benefited from membership.

²⁸ The complete list of suggestions has been reported separately to the IAS

Table 2.17: Reasons for not renewing membership

| <i>Reason</i> | <i>% Respondents (n=80)</i> |
|--------------------------------------|---------------------------------|
| Members' benefits not relevant | 44 |
| Membership fee too high | 19 |
| HIV/AIDS no longer main area of work | 7 |
| Not interested in activities of IAS | 0 |
| Other | 30 |
| Total | 100 |

2.5.2 Recommendation of membership

Survey respondents were asked if they would recommend IAS membership to a colleague. The vast majority (90%) indicated they would. Those respondents who would not (n=119) were asked to briefly explain the reason. Thirty-one people (26%) offered reasons, the most frequently identified being a lack of value or benefit (n=12), followed by uncertainty of the IAS's relevance to particular groups (n=6).

2.5.3 Additional comments and suggestions

Survey respondents were asked if they had any additional comments or suggestions about the IAS. Of the 351 people (29%) who responded, 117 stated they had no comments. The remaining 234 respondents offered a range of comments and suggestions which can be categorised into four broad themes: processes relating to membership; focus of IAS work; need for increased financial support, and value of work undertaken to date (see Table 2.18). A variety of other comments and suggestions was made, generally by one or two respondents.

Table 2.18: Additional comments or suggestions about the IAS

| <i>Comment/suggestion</i> | <i>% Respondents (n=234)*</i> |
|----------------------------|-----------------------------------|
| IAS processes | 27 |
| Value of work | 26 |
| Focus of the IAS | 16 |
| Need for financial support | 15 |

* The sum is less than 100% because only most the frequent responses were reported

Processes relating to membership

Sixty-five respondents commented on processes relating to IAS membership. Many suggestions related to increasing IAS activity at the regional level; for example, by coordinating meetings between local members; establishing regional offices and linking with regional organizations and networks; establishing country-level chapters; sub-dividing regional working groups into country clusters; increased networking among regional members; expanding outreach in developing countries; and strengthening local/regional activities In USA/Canada to prompt engagement of more clinicians and scholars.

Another common thread was increased IAS engagement with members; for example, by providing more information about IAS activities and how members can become involved; offering this information in some other languages; focusing on smaller, more member-oriented issues (e.g., organizations looking for project partners/researchers); facilitating professional networks (e.g., nurses, lawyers); ensuring transparency of processes; remaining an independent organization; and offering more to members in developing countries.

Several respondents noted difficulties with information distribution and retrieval, drawing attention to problems with internet access when using the IAS website or downloading the newsletter, the amount of HIV information members receive, overall, and the need for 'AIDS' to be readily available to members from low-income countries. Several other respondents commented on membership fees, noting difficulties with renewal (e.g., without a credit card or if not attending a conference); the need for further reductions for certain groups (e.g. HIV positive activists from low-income countries); and the suggestion of a one-off payment for a life-membership.

The following quotes exemplify the comments relating to this theme:

There are a lot of facilities offered by the IAS which I was not aware of. I suggest very brief updates with web links sent by email every week.

My interaction with the IAS is largely around the meetings and I am much less aware of the organizational-level activities – although I have become more aware of efforts to address visa and other issues for HIV positive people. I am not sure what strategy is best, but it seems it would be useful to provide more information on the IAS goals and activities and mission – maybe something at the conferences to keep people informed.

Country-wise, IAS chapters should be introduced, then members of the IAS could be involved in advocacy initiatives at country-level, with direct intervention on HIV/AIDS through members' organizations at the community-level.

I only seem to hear about the IAS just before the Congress (sic) that it organizes and before the elections. To be closer to your members establish contact more often, publish and promote books about AIDS and related issues and infections, and promote small, high quality HIV meetings in low-income countries, particularly in Africa..

Focus of the IAS

Thirty-five respondents identified areas they felt required an increased IAS focus or representation, including the following:

- Issues relating to specific topics or groups (e.g., men who have sex with men, mental health, palliative care, complementary therapies, behavioural change and HIV prevention);
- Certain groups, professions or professional content (e.g., members from developing countries, nurses, basic scientists, social researchers)
- Particular countries and regions (e.g., Iran, Africa, Eastern Europe), and developing countries in general;
- Training and professional support (e.g., facilitating CME courses, non-formal education; ensuring open access to important research and published findings).

The following quotes exemplify some of the comments in this theme:

There is an urgent need to increase the number of members from low income, high prevalence areas. There is also an urgent need to increase the participation of low income countries in IAS and IAS-sponsored conferences.

The IAS is too focused on clinical and basic science. It should have a conference every couple of years on social science and social epidemiology.

I think the IAS has drifted significantly away from true science. This is a shame because a lot remains to be done and the momentum is being lost.

Financial support

The issue of financial support was raised by 35 respondents. They primarily noted the need for increased IAS sponsorship for members, especially those from low-income countries, to attend conferences and other professional development activities:

There is need for active financial support of researchers from developing countries to participate in IAS conferences. Also important is the need to encourage collaborative work among researchers. Most importantly is the need to initiate programmes i.e. short courses for skill building and /or updating for academics interested in HIV/AIDS research in developing countries.

The IAS should be flexible in sponsoring young researchers to the conferences and provide scholarships, especially to young researchers from the developing world.

Value of work

Sixty-one respondents complimented or thanked the IAS, or noted the value of the work being undertaken by the organization. The following quotations exemplify these members' sentiments:

The IAS is a good forum for international collaborative efforts.

I have been involved in the IAS as an HIV+ participant since early 1990s and am impressed how the IAS broadened its understanding and encouragement that all those infected and affected offer much to the success or failure of science/medicine and HIV. The strengthening of the secretariat is a big plus.

Prior to the IAS 2007 conference in Sydney, I had never heard of the IAS. Since I joined at the conference I feel more a part of the global fight and am thankful for the resources I now have access to. I have also informed others involved in HIV/AIDS programmes on different levels about the IAS and have encouraged them to join and participate especially in the conferences and seminars as these are excellent up to date resources.

I am very proud of the work of the IAS. It is very important for us and I hope to get a chance to work more closely with the IAS in the near future.

3. DISCUSSION AND CONCLUSIONS

The 2008 IAS Membership Survey has provided a wealth of information that will assist the IAS to identify areas for improvement, build on achievements and set new directions. Detailed findings about members' engagement with the IAS, involvement in regional HIV societies/networks and strategies for professional development, as well as feedback about IAS resources, current and future activities, and the IAS's overall value are presented in the previous section of the report. Aspects of the key findings are discussed in this section.

3.1 Discussion

3.1.1 Limitations of the study

The online survey achieved a 28% response rate, attracting 1,217 respondents who represented 22% of IAS members (as of mid-February, 2008). It is not possible to meaningfully compare the response rate with those of previous surveys since the 2008 survey was the first large-scale and comprehensive membership survey undertaken by the IAS. It should be noted, however, that at the time of survey distribution, 47% of IAS members had been members for 12 months or less.

Overall, survey respondents were generally representative of IAS members, with the notable exception of people who had joined in the previous 12 months, who were under-represented. Despite this limitation, it is pleasing to report the participation of many members with a longer involvement in the IAS. The views of members whose first language is not English or who do not have ready or reliable internet access may also be slightly under-represented due to the fact that the survey was only offered online and in English.

The survey gathered much useful quantitative data about many facets of the IAS; however, it was not possible to ask many open-ended questions as resources were not available to do justice to a large amount of qualitative information.

3.1.2 Membership

Survey findings demonstrated the high value members placed on the IAS as a global association of HIV/AIDS professionals. The findings also underscored the importance of offering IAS membership to people registering for the International AIDS Conference and IAS Conference on HIV Pathogenesis, Treatment and Prevention, as a means of recruiting and retaining members. Linking the annual membership subscription to conference registration appears to generate some problems with membership renewal; however, resulting in significant fluctuations in membership numbers. Currently, if a member cannot attend an IAS-convened conference each year and tick a box at registration to allocate a portion of the conference fee to IAS membership, then membership dues must be paid directly to the IAS, a more laborious process. Consideration could be given to offering two-year membership to coincide with the International AIDS Conference.

The finding that the most frequent reason respondents did not attend a members' meeting was because they had not been at a conference where a meeting was held, limits the IAS's potential to increase physical attendance at these meetings, beyond ensuring they are timely, well-promoted to IAS members prior to the conference, and scheduled to avoid overlap with other sessions.

The finding that a relatively small number of respondents had voted in the 2006 election may be linked to the fact that a similarly small number knew who their regional representatives were. It should be noted, however, that a similar proportion of the IAS membership (27%) voted in the 2006 elections. The challenge remains to raise the profile of the regional representatives and their role with respect to the IAS.

A primary purpose of the IAS is to promote networking. The online members' directory was developed to address part of this need. Although more than half the respondents had used the directory in the previous 12 months, the majority had not used it to network with other members. The main reason given for not using the directory was lack of need, followed by lack of awareness of the directory, suggesting that further promotion of the directory and its capabilities is required.

A large majority of members considered the IAS could do more to enhance networking. The facilitation of regional-level working groups, topic-based members' meetings at regional conferences, or region-specific members' meetings at the International AIDS Conference were endorsed by many respondents, suggesting that face-to-face meetings and interpersonal interactions are the preferred medium for networking among members. Some regional differences were identified regarding preference for the above three strategies and these should be used to inform the implementation of each strategy.

3.1.3 Regional activities

Members' engagement in regional HIV/AIDS networks and societies was mixed; however, quite a large number of respondents requested information about them. This finding underlines the potential role regional societies and networks can play in the fight against HIV/AIDS, and the benefits of strengthening two-way linkages between the IAS and regional groups.

3.1.4 Professional development

The integral role played by conferences and journals in members' professional development emphasises the worth of the IAS's two major areas of endeavour: the International AIDS Conference and the IAS Conference on HIV Pathogenesis, Treatment and Prevention. The finding also underscores the need to extend the reach of these conferences, both virtually and physically, including through the scholarship programme.

The value placed by members on journals also highlights the importance of the members' discount for the journal, 'AIDS'. It may be appropriate to further increase access to the journal by providing a larger discount to members working in severely resource-constrained settings.

3.1.5 IAS resources and activities

Although the IAS website is the point of entry for the IAS members' area and most respondents were aware of the website, the majority were infrequent users. This finding is of concern given that three of kinds of information members deemed most important to gain via the IAS website –

conference proceedings and abstracts, updates about new research and news on the epidemic – are generally available via the website. Infrequent website use may also relate to the finding that only one-third of respondents identified websites as one of their two main sources of HIV news and information, suggesting a need for ongoing promotion of the IAS website and the strategic use of email alerts. The fact that at least 15% of respondents primarily access the internet via dial-up also highlights the importance of making web-based resources accessible for this group.

Findings that the IAS newsletter is widely read and the types of information deemed most important are currently included in the newsletter confirm its current scope and focus. The finding that very few respondents were regular readers of eJIAS is of concern, especially as journals are a major source of HIV news and information, as well as a key means of developing and maintaining HIV skills and knowledge. The majority of respondents who did not read eJIAS were unaware of its existence, highlighting a need for further promotion of the journal, including how it may be accessed. A somewhat perplexing finding is the fact that although half the respondents did not read eJIAS, two-thirds would be willing to contribute an article, possibly indicating latent support.

The five priority areas identified for future IAS advocacy work were strongly endorsed by members. ‘Integrating HIV and TB services’ and ‘Strengthen social research’ were deemed slightly less important, which may reflect the occupation of survey respondents; for example, a relatively small number were social science researchers. It is evident that future IAS advocacy work is of interest to many members and careful consideration will need to be given about how best to draw on the skills and expertise of those members who wish to become actively involved (as opposed to merely receiving advocacy updates).

3.1.6 Value of the IAS

The finding that the vast majority of respondents would recommend IAS membership to a colleague is very pleasing and an indicator of the value IAS members feel the organization offers to the HIV/AIDS field.

3.2 Conclusions

The results of the 2008 IAS Membership Survey demonstrate strong support for the IAS as a global network of HIV professionals working together to address HIV/AIDS.

Findings also reveal solid support for current and future IAS activities while providing direction to strengthen the IAS’s capacity to link and support members, as well as offer access to a wide range of HIV/AIDS information.

As the IAS moves into its next phase of strategic planning these findings also prompt higher-order questions about the focus and balance of future IAS endeavour and the allocation of resources.