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ACKNOWLEDGMENTS

The author of this report is Laetitia Lienart, the Planning, Monitoring and Evaluation expert at the IAS Secretariat who conducted the members’ survey.

Sincere thanks are extended to the 1,882 IAS members who completed the 2011 IAS Members’ Survey. As a result of their participation, the IAS is well positioned to identify areas for improvement.

A number of people were involved in the development of the survey and their contribution is gratefully acknowledged, in particular:

- Erika Lundstrom, Virginia Gomez, Sian Bowen, Shirin Heidari, Mirjam Eckert, Virginia Benassi and Bernard Kadasia, from the IAS Secretariat.
- The IAS Governing Council members.

Thanks are also extended to Glenn O’Neil, evaluation consultant and founder of Owl RE, for his contribution to qualitative analysis, and to Janette Bennett, consultant, for the editing of the report.
## LIST OF ABBREVIATIONS USED

<table>
<thead>
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<th>Description</th>
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<td>AIDS 2008</td>
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<tr>
<td>AIDS 2010</td>
<td>XVIII International AIDS Conference (Austria, 2010)</td>
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<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
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<tr>
<td>ASAP</td>
<td>AIDS Society of Asia and the Pacific</td>
</tr>
<tr>
<td>CROI</td>
<td>Conference on Retroviruses and Opportunistic Infections</td>
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<tr>
<td>EACS</td>
<td>European AIDS Clinical Society</td>
</tr>
<tr>
<td>EECA</td>
<td>Eastern Europe and Central Asia</td>
</tr>
<tr>
<td>EECAAC</td>
<td>Eastern Europe and Central Asia AIDS Conference</td>
</tr>
<tr>
<td>GC</td>
<td>Governing Council</td>
</tr>
<tr>
<td>IAS</td>
<td>International AIDS Society</td>
</tr>
<tr>
<td>IAS 2009</td>
<td>5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Cape Town, 2009)</td>
</tr>
<tr>
<td>ICAP</td>
<td>International Conference on AIDS in Asia and the Pacific</td>
</tr>
<tr>
<td>ICASA</td>
<td>International Conference on AIDS and STIs in Africa</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting drug user</td>
</tr>
<tr>
<td>JIAS</td>
<td><em>Journal of the International AIDS Society</em></td>
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<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
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<tr>
<td>SAA</td>
<td>Society for AIDS in Africa</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>WHO</td>
<td>World Health Organization</td>
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EXECUTIVE SUMMARY

In order to assist the International AIDS Society (IAS) in identifying areas for improvement and in further engaging members in its work, IAS members were surveyed in March 2011. Similar surveys have been administered over the past 10 years, the most recent one being in February 2008.

Of the 12,668 survey invitation emails sent out, 792 were returned as undeliverable and 1,882 surveys were completed, resulting in a response rate of 16% (vs. 28% in 2008). Survey respondents were generally representative of IAS members, with the exception of people who had joined in the previous 12 months, who were under-represented (42% vs. 65% of the overall membership population). 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 main findings of the evaluation include:

MEMBERSHIP

- As in 2008, the two reasons most frequently selected by members to explain why they joined the IAS were to become a member of a global association of HIV/AIDS professionals, and being offered a membership when registering for an IAS-convened conference (59% and 56%, respectively).
- As in 2008, the vast majority of surveyed members considered the membership fee level to be about right. However, the proportion of surveyed members who thought the fee was too high increased from 10% in 2008 to 17% in 2011.
- The two membership benefits most used were the IAS newsletter and the IAS member monthly e-update (91% and 89%, respectively).
- The IAS newsletter and the IAS member monthly e-update were considered the two most valuable benefits, with about 90% of surveyed members rating them as “valuable” or “very valuable”. The other membership benefits were rated as “valuable” or “very valuable” by more than two-thirds of survey respondents, except for the discount on Health[e]Foundation’s online courses (65%); this is not surprising because this benefit was only launched at the end of 2010.
- As in 2008, just over half the respondents (55%) had attended a members’ meeting in the previous two years.
- As in 2008, two-thirds of respondents did not know who their regional representatives (67%) were, a small proportion did not know what a “regional representative” was (9% vs. 7% in 2008), and about one-quarter (23% vs. 27% in 2008) knew who their regional representatives were.
- Only one-quarter of members who knew who their regional representative(s) were reported that they had contacted their regional representative(s) in the past 12 months; 10% did it once, 8% between two and five times, and 6% more than five times.
- Just over 60% of surveyed members indicated that they would renew their membership (vs. 73% in 2008), 35% did not know (vs. 23% in 2008), and 4% would not renew it (same as in 2008).
- The most common reason selected for non-renewal of membership was the lack of relevance of members’ benefits (36%). The proportion of members who would not renew their membership because they found the fee too high increased from 19% in 2008 to 30% in 2011.
- The majority of surveyed members would recommend IAS membership to a colleague (92% vs. 90% in 2008).

1 Of the 4,509 surveys distributed in 2008, 202 could not be delivered and 1,217 were completed, resulting in a response rate of 28%.
IAS RESOURCES

IAS website

- Although the vast majority of respondents used the website (96% vs. 89% in 2008), less than one-quarter (22%) were frequent users, accessing it every couple of weeks or more. About half were infrequent users, accessing the website every couple of months at most (49% vs. 51% in 2008).
- As in 2008, the types of information that respondents most frequently rated as “very important” or “important” were conference proceedings and abstracts (93%), updates about new research (90%), news on the epidemic (87%) and scientific results put into ready-to-use educational materials (84%).
- Survey respondents who had been members for five years or more were asked if they thought that the IAS website had improved since 2008. The majority did not know (53%) and only 5% said “no”.
- Suggestions for improvement mainly related to the content, format and language.

IAS newsletter

- Although the vast majority of surveyed members read the IAS newsletter (93% vs. 88% in 2008), more than half (54% vs. 46% in 2008) read only one or two articles. However, the proportion of those who do not read the newsletter has decreased over time (from 12% in 2008 to 7% in 2011).
- As in 2008, the types of information that survey respondents most frequently rated as “very important” or “important” were: updates on science; information about upcoming national, regional and international events; and general HIV/AIDS headlines (about 90% each).

Journal of the International AIDS Society (JIAS)

- The majority of surveyed members read the journal (80%), which represents a substantial increase compared with 2008 (when only 49% reported reading the journal). However, only 16% were frequent readers, accessing it every couple of weeks or more, 55% were infrequent users, accessing the JIAS every couple of months at most, and 17% had never heard about it.
- The most frequently selected sources of information about the JIAS were: the IAS booth at international and/or regional AIDS-related conferences (16%); the IAS newsletter (15%); the IAS member monthly e-update; a colleague; articles found in PubMed or PubMed Central (12% each); the IAS website; and an Internet search engine (11% each).
- The majority of survey respondents had never submitted a manuscript to the JIAS (92%).
- The majority of survey respondents who had never submitted a manuscript to the JIAS did not plan to do so within the next 12 months (69%). However, 70% of those who had submitted one or several manuscripts to the JIAS planned to submit a manuscript to the journal again within the next 12 months.
- To guide future planning, survey respondents were asked to select, from a nine-item list, the areas on which the JIAS should increase its focus. The two areas most frequently selected were publishing research articles and publishing review articles (57% and 49%, respectively).

Social media

- Only 14% of surveyed members had visited the IAS Facebook page (www.facebook.com/iasociety).
The reason most frequently identified for not visiting this page was that the member was not aware of it (44%), followed by lack of time (24%) and lack of interest in it (23%).

The majority of survey respondents who were not aware of the IAS Facebook page indicated that they would become supporters of it (now that they were aware of it, 71%).

Only 11% of surveyed members were aware that the IAS had a Twitter account (www.twitter.com/iasociety).

Only 25% of survey respondents who were not aware of the IAS Twitter account indicated that they would follow the IAS on Twitter (now that they were aware of it).

Only 13% of survey respondents reported having watched IAS video clips on YouTube.

**IAS ACTIVITIES**

**IAS policy/advocacy**

- The IAS’s policy and advocacy priority areas of human rights and HIV cure were more frequently rated as “very important” or “important” areas (by 89% and 88% of respondents, respectively), while about 80% of respondents rated the other two priority areas (social and political sciences, and drug policy) as “very important” or “important”.
- More than half the surveyed members wished to get involved in IAS policy/advocacy work, 875 of whom provided their email addresses to be contacted for this purpose.
- Human rights was the area to which the majority of delegates would like to contribute (55%), followed by social and political sciences (47%).
- Surveyed members were also asked if they would consider donating to an online campaign run by the IAS. The majority said “no” (60%).

**Professional development**

**Online abstract mentor programme**

- Just over half the respondents (53%) indicated that they were not aware of this programme, 31% said that they did not need such support, 12% had used it by submitting an abstract, and 4% had contributed to it by mentoring abstract(s).
- The majority of surveyed members reported that they knew about this programme through the websites of IAS-convened conferences (78%).
- The majority of users (i.e., abstract submitters) rated it as “useful” or “very useful” (55% and 30%, respectively).

**Online abstract writing course available through the Health[e]Foundation website**

- Almost two-thirds (65%) were not aware of this course, 31% said that they did not need such a course, and 4% had used it.
- The majority of members who had used this course had learnt about it through the IAS website (62%).
- The vast majority of members who had used this course rated it as “useful” or “very useful” (69% and 26%, respectively).

**Face-to-face workshops/education programmes**

- The majority of surveyed members had never attended a face-to-face workshop or education programme organized by the IAS at international or regional conferences (77%).
- To guide future planning, surveyed members were asked to identify, from a six-item list, topics in which they would like to benefit from a face-to-face workshop or education programme. The two
topics most frequently selected were: operations research, monitoring and evaluation; and planning, monitoring and evaluation (40% and 36%, respectively). Manuscript writing and abstract writing were selected by almost one-third of respondents.

Conferences
- The majority (82%) of surveyed members reported having attended AIDS 2010, 29% attended IAS 2009, and 33% attended AIDS 2008. Almost one in five (22%) attended two of these conferences, and 7% attended all three conferences.
- Surveyed members were asked to select, from a 37-item list, which other HIV/AIDS conferences they had attended in the past three years (2008 to 2010). The Conference on Retroviruses and Opportunistic Infections (CROI) was the most attended (30%).
- Surveyed members were more likely to plan to attend AIDS 2012 than IAS 2011 (62% and 42%, respectively). However, these results should be treated with caution since more than 20% of surveyed members did not know yet if they would attend these conferences.
- Almost one-third of surveyed members (30%) planned to attend both IAS 2011 and AIDS 2012.
- Looking at the International AIDS Conference, the vast majority of survey respondents thought that its current frequency (every two years) was appropriate (94%).

Comments and suggestions
- Most comments and suggestions related to the focus of the IAS (n=110), financial support from the IAS (n=79), information provided by the IAS (n=56), value of the IAS (n=36) and the IAS-convened conference process (n=24). Details of these broad categories are provided in the report.

The results of the 2011 IAS Members’ Survey demonstrate strong support for the IAS as a global network of HIV professionals working together to address HIV/AIDS. Members strongly endorsed the four priority areas of IAS policy and advocacy work, especially human rights. Findings also reveal solid support for current and future IAS activities, while providing direction to further engage members in IAS work.

Although most resources and services provided by the IAS were well rated, it was found that a high proportion of IAS members do not use them on a regular basis or are not even aware of them. This stresses the need to better promote such resources and services, especially online professional development tools.

In conclusion, the results of the 2011 IAS Members’ Survey demonstrate a high potential for the IAS to reinforce its role in advancing the response to HIV and AIDS as a global network of HIV professionals. To this end, efforts should be made to ensure that the IAS’s current focus areas and related activities properly match IAS members’ profiles, interests and capacities, which should be taken into consideration when developing future membership strategies.

Specific recommendations are listed on page 57.
BACKGROUND AND RATIONALE

Founded in 1988, the International AIDS Society (IAS) is the world’s leading independent association of HIV professionals. The vision of the IAS is a global movement of people working together to end the HIV epidemic, applying scientific evidence and best practice at every level of the HIV response.  

The IAS seeks to achieve this vision by:
- Increasing knowledge and skills and fostering creative solutions to challenges in the response to AIDS through dialogue and debate
- Advocating for implementation of effective, evidence-based policies and programmes to enhance the global response to AIDS
- Strengthening research capacity, identifying research priorities across all disciplines and advocating to address them.

The following are the three foundations of the IAS, which reflect the core strength and assets of the organization:
- The international conferences on HIV and AIDS are effective and efficient.
- The organization is effective and sustainable.
- The IAS membership is strong, diverse and experienced.

The IAS membership is the foundation upon which the organization acts as the independent voice of professionals working in HIV throughout the world. IAS members include professionals from all disciplines, notably researchers, clinicians, nurses, laboratory technicians, educators, social service providers, health care providers, advocates, lawyers, media practitioners, and policy and programme planners.

To build on previous achievements and to implement the programme of activities described in the IAS Strategic Plan 2010-2014, the IAS is committed to supporting its members in their work, connecting them to one another, and engaging them in advocating for and implementing evidence-based responses to HIV.

In order to assist the organization in identifying areas for improvement and further engaging members in its work, IAS members were surveyed in March 2011. Similar surveys have been administered over the past 10 years, the most recent one being in February 2008.

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3 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).
4 In mid-February 2008, all IAS members with individual email addresses were invited to participate in a 10- to 15-minute confidential, online survey. The survey remained active for two weeks, closing on 1 March 2008. Of the 4,509 surveys distributed, 202 could not be delivered and 1,217 were completed, resulting in a response rate of 28%.
Methodology

Survey design and response rate

In early March 2011, all IAS members with individual email addresses (n=12,668) were invited to participate in a 15-minute, confidential, online survey. In order to increase uptake, the survey remained active for three weeks. A reminder was sent to non-respondents five days before the completion deadline and a financial incentive was offered to members who completed the survey, with prizes of US$200 randomly allocated to three respondents.

The 2011 IAS Members' Survey comprised 53 closed or semi-closed questions and three open-ended questions, which sought additional comments or suggestions regarding the IAS, its website and the newsletter. Information was collected about the following: members’ engagement with the IAS; feedback about IAS resources, services and members’ benefits, importance of the four IAS policy and advocacy priorities; attendance of past and future HIV-related conferences; preferred frequency of the International AIDS Conference; and the overall value of the society. A range of demographic information was also collected. In order to facilitate trend analysis, questions asked in the IAS 2008 survey were not changed whenever applicable.

Of the 12,668 survey invitation emails sent out, 792 were returned as undeliverable and 1,882 surveys were completed, resulting in a response rate of 16% (vs. 28% in 2008). It should be noted that some survey invitees replied that they were not aware that they were IAS members and/or were not sufficiently engaged as IAS members to fill in the survey. This is probably due to the fact that when people register for an IAS-convened conference, they get a free IAS membership by default unless they choose to opt out. This feature has been in place since 2008; for previous conferences, the contrary applied (people registering for the conference had to select the option to get a free IAS membership). This is probably the main reason why the survey response rate has decreased from 2008 to 2011. It also explains the increase in the proportion of new IAS members (people who have been members for one year or less) from 47% in 2008 to 65% in 2011.

The survey was created and administered using Cvent, Inc., a web survey programme.

Data analysis

Data analysis was prepared and conducted using statistical analysis software that included frequencies and cross tabulations for closed questions. Total numbers vary in some instances because non-responses were excluded from valid data. Statistical comparisons, including the chi-square test, were employed in the analysis of the data, although for clarity, the details of these 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, 0.05 (p<0.05). The information collected was triangulated and cross checked to

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5 The survey invitation was not sent to members whose email addresses were unknown or were shared with other members. In addition, IAS members who only had Yahoo email addresses were not invited due to spam problems.

6 At the end of the survey, members were invited to enter in a prize draw for US$200 for themselves, their organizations or their nominated HIV/AIDS charities. As in 2008, 75% of respondents entered the draw.

7 A copy of the survey form is available in Appendix 1.
illuminate similarities and differences in the perspectives offered and to highlight key issues\(^8\). To allow comparison over time, data from the 2008 Members’ Survey were also reviewed.

Data analysis was conducted by the IAS Planning, Monitoring and Evaluation Expert with the support of a consultant for the analysis of qualitative responses (i.e., to open-ended questions).

**Limitations**

Overall, **survey respondents were generally representative of IAS members**, with the exception of **people who had been members for less than two years** (42% vs. 65% of the overall membership population). 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.

**Members’ and survey respondents’ profile**

The IAS membership has maintained a **steady growth over time**. Not only has membership increased annually, it has nearly tripled in the past five years – rising steadily from 5,802 members in 2004 to more than 16,000 members today.

The **survey sample was representative overall** of the IAS membership population with respect to gender, age, nationality, main profession and affiliation. It should be noted that the comparison can only be considered indicative as demographic information was not available for all members and survey respondents. The number of people for which the information is available is provided in brackets in all figures of this section (figures on the overall membership population reflects the situation as of 1 March 2011).

**Gender**

As illustrated in Figure 1, the proportion of female members increased from **40% in 2008 to 47% in 2011**. The proportion of transgender members increased slightly (from 0.3% in 2008 to 0.5% in 2011). The survey sample was representative with respect to gender, with 53.4% of respondents being male, 45.9% female and 0.2% transgender. Only 0.4% did not want to disclose their gender.

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Figure 1. Gender (2008 to 2011)

Age

More than 60% of members and survey respondents were older than 40 years, about one-third were between 26 and 40 years old, and less than 5% were younger than 26 years (see Figure 2).
The mean age was 45.31 for the overall member population\(^9\). The male population was a bit older (mean: 46.19) than the female population (mean: 43.97). As shown in Figure 3, members from the Caribbean, North America, Oceania, Latin America, and Western and Central Europe were a bit older than those from other regions\(^{10}\).

**Figure 3. Mean age by region of nationality**

<table>
<thead>
<tr>
<th>Region</th>
<th>Mean Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa (n=1,290)</td>
<td>41.65</td>
</tr>
<tr>
<td>North Africa and Middle East (n=70)</td>
<td>42.63</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia (n=338)</td>
<td>43.41</td>
</tr>
<tr>
<td>East Asia (n=226)</td>
<td>44.00</td>
</tr>
<tr>
<td>South and South-East Asia (n=328)</td>
<td>44.13</td>
</tr>
<tr>
<td>Latin America (n=132)</td>
<td>45.91</td>
</tr>
<tr>
<td>Oceania (n=185)</td>
<td>46.34</td>
</tr>
<tr>
<td>North America (n=1,622)</td>
<td>47.26</td>
</tr>
<tr>
<td>Caribbean (n=122)</td>
<td>47.95</td>
</tr>
<tr>
<td>Western and Central Europe (n=1,393)</td>
<td>48.56</td>
</tr>
<tr>
<td>Mean (all members)</td>
<td>45.31</td>
</tr>
</tbody>
</table>

**Nationality**

Surveyed members represented a total of **146 countries** with respect to their nationality (vs. 191 countries represented by all members as of early March 2011). As shown in Figure 4, the largest number of members and survey respondents came from Western and Central Europe, sub-Saharan Africa and North America. The sub-Saharan Africa region was slightly under-represented in the survey sample (18% vs. 23% of all members). Comparison with the 2008 Members’ Survey was not possible due to a change in the region classification used by the IAS\(^{11}\).

Surveyed respondents were not asked to specify their countries of residence, but their nationalities are representative of statistics available for the overall membership population.

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\(^9\) The median was 45, with 96 as maximum and 18 as minimum.

\(^{10}\) This 10-region classification, adopted in 2009 to be consistent with the one used by UNAIDS, is only used in certain areas for statistical purposes, mainly within conferences; thus the five-region classification of the structure of the IAS remains and is still used for membership statistics.

\(^{11}\) As explained in the previous footnote, a new classification was introduced in 2010. A complete list of the 10 regions and their countries is provided in Appendix 3.
Details on the 10 nationalities most represented by members are available in Figure 5. Surprisingly, Nigeria and Austria were not among the top 10 countries represented by survey respondents\(^\text{12}\) despite being among the top 10 countries in terms of IAS membership. Instead, Brazil and Australia were represented by 3.4% and 2.4% of survey respondents, respectively.

\(^{12}\) Nigeria was represented by 1.4% of survey respondents while Austria was represented by 0.5% of respondents.
Region of work

Similar proportions of survey respondents worked in sub-Saharan Africa, in Western and Central Europe, and in North America (21.5%, 21% and 19.3%, respectively); smaller proportions worked in Eastern Europe and Central Asia, South and South-East Asia, and Latin America (11%, 9.4% and 9%, respectively). A very small proportion worked in East Asia, Oceania, North Africa and Middle East, and the Caribbean (2.8%, 2.7%, 1.7% and 1.5%, respectively).

Main occupation/profession

When members join the IAS, they are asked to identify their main occupation from 44 sub-categories within 10 occupational/professional groups, including the group, “other”. As in 2008, health care workers/social service providers and researchers were the most represented professions among members and survey respondents. The decrease observed in the percentage of most professions from 2008 to 2011 results from the high proportion of members classified in the group, “other” in 2011 (see Figure 6).

Figure 6. Main occupation/profession

Not surprisingly, members under the age of 26 were significantly more likely than older members to report that they were students (37.2%). They were also significantly more likely to report that they were advocates/activists (11.5%). However, they were significantly less likely to identify themselves as researchers (8.8%) or health care workers/social service providers (16.2%).

Comparisons of members’ main occupations/professions between different groups based on gender, age, countries of residence and main affiliations/organizations are available in Appendix 2.

13 33.6% and 25.4%, respectively.
Main affiliation/organization

When members join the IAS, they are asked to identify their main affiliations/organizations type from 16 categories. Non-governmental organizations (NGOs) and academia were the most represented affiliation/organization types among members and survey respondents. Similar to the trend observed for members’ occupations/professions, the percentage of most affiliation/organization types decreased from 2008 to 2011, which results from the high proportion of members classified in the group, “other organization/affiliation”, in 2011 (see Figure 7). However, the percentage of members affiliated or working with NGOs has increased slightly over time and the NGO category is now the most represented when excluding the category, “other organization/affiliation” (it was ranked third in 2008).

![Figure 7. Main affiliation/organization](image)

Professional experience in HIV and AIDS

Of the 1,659 survey respondents who specified the number of years they had been working in the HIV field (full or part time), 9% had less than three years of experience, 15% had between three and five years, 26% had between six and 10 years, 18% had between 11 and 15 years, and 32% had more than 15 years' experience. A similar trend was observed with members surveyed in 2008.

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14 28.1% and 27.3%, respectively.
Length of IAS membership

Almost two-thirds of members had been IAS members for less than two years (65% vs. 47% in 2008), one in five had been a member for between two and four years (21% vs. 34%), one in 10 had been a member for between five and 10 years (10% vs. 14%), and the remaining had been members for more than 10 years (5%, same as in 2008). Individuals living in North Africa and Middle East, Eastern Europe and Central Asia, sub-Saharan Africa, Western and Central Europe, and South and South-East Asia were significantly more likely to have been IAS members for one year or less compared with members living in other regions (see Figure 8).

As in 2008, new IAS members were slightly under-represented in the survey sample (42% of respondents had been IAS members for one year or less), while established members were over-represented in the survey sample (31% had been members for between two and four years, 18% for between five and 10 years, and 8% for more than 10 years). That new IAS members were under-represented in the survey sample is not surprising given that many of them automatically became IAS members when they registered for the last IAS-convened conference (AIDS 2010), but did not necessarily understand what an IAS membership meant. In addition, some new members may have felt that they had not been members for long enough to provide feedback on their membership through this survey.

Other membership

As in 2008, just over one-third of survey respondents reported being members of regional HIV/AIDS societies/networks (35% vs. 38% in 2008). As shown in Figure 9, the three societies/networks most likely to count IAS members within their members were the European AIDS Clinical Society (EACS), the AIDS Society of Asia and the Pacific (ASAP) and the Society for AIDS in Africa (SAA). The majority of respondents who selected the option, “other”, were members of national and/or sub-regional societies, associations or networks.

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15 The exact name(s) of these national and sub-regional societies have been reported separately to the IAS.
Respondents who mainly worked in Oceania were significantly more likely to be members of regional HIV/AIDS societies or networks compared with respondents who worked in other regions (68%, p<0.05).

**Work language**

Surveyed members were asked to select, from a seven-item list, the language in which they mainly work. As in 2008, the majority of surveyed members selected English, followed by Spanish. The substantial increase in the proportion of Russian-speaking members from 2008 to 2011 (see Figure 10) results from the high number of people from Eastern Europe and Central Asia who became IAS members when they registered for the AIDS 2010 conference focused on that region, and to a lesser extent, from the IAS presence at the Eastern Europe and Central Asia AIDS Conference (EECAAC) in May 2008 and October 2009.

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16 Total exceeds 100% because respondents were able to choose more than one item.
Members who worked in another language were asked to specify it. The top five languages were Portuguese (n=70), German (n=35), Italian (n=23), Japanese (n=16) and Thai (n=15).

**KEY FINDINGS**

**IAS membership**

**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. As in 2008, the two reasons most frequently selected were to become member of a global association of HIV/AIDS professionals and being offered a membership when registering for an IAS-convened conference (59% and 56%, respectively; see Figure 11).

![Figure 11. Main reasons for membership](image)

Respondents who had been members for one year or less were significantly less likely to report that they joined the IAS to become members of a global association of HIV/AIDS professionals (50%) **compared with established members** \(^{18}\) \((p<0.05)\). However, they were more likely to have joined the IAS when they registered for an IAS-convened conference (67%) compared with established members \(^{19}\) \((p<0.05)\). This is not surprising since most people who have been IAS members for one year or less joined the IAS when they registered for the last conference (AIDS 2010).

\(^{17}\) Total exceeds 100% because respondents were able to choose more than one item.

\(^{18}\) 60% of respondents had been members for between two and four years, 70% for between five and 10 years and 77% for more than 10 years.

\(^{19}\) 51% of respondents had been members for between two and four years, 46% for between five and 10 years and 33% for more than 10 years.
Forty-one respondents listed other reasons for joining the IAS. Twelve of these responses could be considered to be similar to the reasons just listed, such as, “I was offered membership when I registered for a conference.” The remaining responses offered various reasons, with the most commonly mentioned being:

- To advocate/communicate on HIV/AIDS issues and/or be informed about these issues (n=14)
- To show solidarity and support for people living with HIV (n=5)
- The surveyed member had previously worked for the IAS (n=3)
- Interest in research (n=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 per year for standard membership and US$50 for student/youth membership in high-income countries
- US$30 per year for standard membership and US$25 for student/youth membership in middle- and low-income countries.

Survey respondents were asked to rate their membership fees. As in 2008, the vast majority indicated that the fee level was about right. However, the proportion of surveyed members who thought that the fee was too high increased from 10% in 2008 to 17% in 2011 (see Figure 12).

**Figure 12. Rating of membership fees**

![Bar chart showing percentage of members rating membership fees as about right, too high, or too low between 2008 and 2011](chart.png)

- 2011 (n=1,769)
- 2008 (n=1,201)

Based on World Bank classification of high-income and middle- and low-income countries
Respondents who mainly worked in the following regions were significantly more likely to report that the IAS membership fee was too high: East Asia (30%), South and South-East Asia (26%), Eastern Europe and Central Asia (22%), Western and Central Europe (20%), and sub-Saharan Africa (17%).

**Membership benefits**

Benefits exclusively reserved for IAS members include access to a range of resources and services, namely the IAS newsletter, the monthly e-update (sent by email to all members), the online directory, the job vacancy page, discounts on the journal, AIDS, and on online courses provided by the Health[e]Foundation, and the right to vote in the IAS Governing Council (GC) elections. As shown in Figure 13, the two most used benefits are the IAS newsletter and the IAS member monthly e-update. A somewhat perplexing finding is the high proportion of surveyed members not aware of the other benefits, given that all of them are promoted in the e-update.

**Figure 13. Use of membership benefits**

Survey respondents who became IAS members when they registered for an IAS-convened conference were more likely to be unaware of or to have not used these benefits compared with those who joined the IAS to be members of a global association of HIV/AIDS professionals. Based on communication between the IAS Secretariat and members, the majority of new members who did not know about their membership were individuals who registered for the conference as part of a group (i.e., the focal person handling the registrations does not always inform the delegate about his/her membership).

All benefits were rated as “valuable” or “very valuable” by more than two-thirds of survey respondents, except the discount on the Health[e]Foundation’s online courses, which is not surprising because this benefit was only launched at the end of 2010. The IAS newsletter and the IAS member monthly e-update were considered to be the two most valuable benefits, with about 90% of surveyed members rating them as “valuable” or “very valuable” (see Figure 14).

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21 The online directory is a tool that allows members to search for and contact other professionals working in HIV.
As shown in the following box, members working in sub-Saharan Africa gave the IAS newsletter and the member monthly e-update the highest ratings, while members working in North America gave these benefits the lowest ratings.

**WHO WAS MORE LIKELY TO FIND THE IAS NEWSLETTER & THE IAS MEMBER MONTHLY E-UPDATE “VALUABLE” OR “VERY VALUABLE”?**

When this question was analyzed looking for statistically significant differences in members' regions of work and their rating of the top two IAS membership benefits, the following was found:

- **Newsletter** (91% of all surveyed members rated it as “valuable” or “very valuable”): members working in sub-Saharan Africa (96%), Oceania (95%), South and South-East Asia (95%), East Asia (94%), Latin America (93%) and the Caribbean (92%) compared with those working in Western and Central Europe (90%), Eastern Europe and Central Asia (88%), North Africa and Middle East (88%) and North America (85%, p<0.05).

- **Monthly e-update**: (88% of all surveyed members rated it as “valuable” or “very valuable”): members working in sub-Saharan Africa (94%), Latin America (93%), South and South-East Asia (93%) and East Asia (89%) compared with those working in North Africa and Middle East (88%), the Caribbean (88%), Eastern Europe and Central Asia (87%), Western and Central Europe (86%), Oceania (82%) and North America (80%, p<0.05).

Survey respondents who had been IAS members for one year or less were more likely to be unaware of these two benefits compared with those who had been IAS members for more than 10 years. However, the latter were more likely than new members to consider these benefits to be “not valuable” or “not valuable at all”.

No statistically significant correlation was found between the member’s profession and rating of the top two IAS membership benefits.
Attendance of members’ meetings

Formal IAS members’ meetings are held at the International AIDS Conference and at 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 2009 or 2010. As in 2008, just over half the respondents (55%, n=1,032) had attended a members’ meeting in the previous two years.

WHO WAS MORE LIKELY TO ATTEND IAS MEMBERS’ MEETINGS?

When this question was analyzed looking for statistically significant differences in members’ profiles and their attendance of IAS members’ meetings, the following was found:

- Researchers (60%) and health care workers/social service providers (58%) compared with policy/administrators (49%) and advocates/activists (43%, p<0.05)\(^{22}\).
- Members working in/affiliated with hospitals/clinics (68%), academia (64%) and governments (60%) compared with those working in NGOs (45%, p<0.05)\(^{23}\).

No statistically significant correlation was found between the attendance of IAS members’ meetings and the following members’ characteristics: region of work, main language and length of HIV professional experience.

Participation in the IAS Governing Council elections

Elections for members of the IAS GC 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 GC elections, held in 2010. One in five respondents (20%) had voted (vs. 26% in 2008), almost 60% had not voted (vs. 50% in 2008), 15% did not remember (vs. 12% in 2008) and 5% became IAS members after the last IAS Governing Council elections (vs. 12% in 2008). A decrease was noted in the proportion of the overall membership population that voted, with 14% of members voting in 2010 vs. 27% in 2006.

WHO WAS MORE LIKELY TO VOTE AT THE LAST IAS GC ELECTIONS?

When this question was analyzed looking for statistically significant differences in members’ profiles and their participation in the last IAS GC elections, the following was found:

- Researchers and health care workers/social service providers (25% each) and policy/administrators (22%) compared with advocates/activists (13%, p<0.05)\(^{24}\).
- Members with more than 15 years of HIV work experience (34%) and with between 11 and 15 years (22%) compared with those who had worked in the HIV field for between six and 10 years (17%), between three and five years (8%) and less than three years (8%).
- Members working in/affiliated with hospitals/clinics (30%) and academia (26%) compared with those working in governments (18%) and NGOs (15%, p<0.05)\(^{25}\).

No statistically significant correlation was found between members’ participation in the last IAS GC elections and the following members’ characteristics: region of work and main language.

\(^{22}\) Professions represented by less than 100 surveyed members were excluded from this comparison.

\(^{23}\) Affiliation/organization types represented by less than 100 surveyed members were excluded from this comparison.

\(^{24}\) Professions represented by less than 100 surveyed members were excluded from this comparison.
These figures should be treated with caution because 15% of surveyed members could not recall whether or not they had voted.

Awareness of and interaction with regional representatives

The IAS has five membership regions: Africa; Asia and the Pacific Islands; Europe; Latin America and the Caribbean; and the United States and Canada. Each of these regions has five representatives on the IAS GC. As in 2008, two-thirds of respondents did not know who their regional representatives were (67% vs. 66% in 2008), a small proportion did not know what a regional representative was (9% vs. 7% in 2008), and about one-quarter (23% vs. 27% in 2008) knew who their regional representatives were.

Members who knew of their regional representative(s) were asked how often they had contacted them in the past 12 months. Only one-quarter reported having contacted their regional representative(s) in the past 12 months, with 10% doing it once, 8% between two and five times, and 6% more than five times.

Value of IAS membership

As an overall indicator of the perceived professional value of the IAS, survey respondents were asked if they would renew their IAS membership when it expired and if they would recommend IAS membership to a colleague.

Renewal of membership

Just over 60% of survey respondents indicated that they would renew their membership (vs. 73% in 2008), 35% did not know (vs. 23% in 2008), and 4% would not renew it (same as in 2008).

<table>
<thead>
<tr>
<th>WHO WAS MORE LIKELY TO RENEW THEIR IAS MEMBERSHIP WHEN IT EXPIRED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>When this question was analyzed looking for statistically significant differences in members’ profiles and the likelihood that they would renew their IAS membership, the following was found:</td>
</tr>
<tr>
<td>- Established members(^ {26} ) compared with those who had been an IAS member for one year or less (45%, p&lt;0.05).</td>
</tr>
<tr>
<td>- Members affiliated with a regional HIV/AIDS society/network (68%) compared with those who were not members of a regional HIV/AIDS society/network (58%, p&lt;0.05).</td>
</tr>
<tr>
<td>- Members with more than 15 years of HIV work experience (70%), between 11 and 15 years (64%), and between six and 10 years (62%) compared with those who had worked in the HIV field for between three and five years (52%) and less than three years (40%).</td>
</tr>
<tr>
<td>- Members working in sub-Saharan Africa (74%), Oceania (75%), the Caribbean (72%), South and South-East Asia (66%), East Asia (66%) and Latin America (63%) compared with those working in North America (60%), Eastern Europe and Central Asia (53%), Western and Central Europe (50%), and North Africa and Middle East (46%, p&lt;0.05).</td>
</tr>
</tbody>
</table>

\(^ {25} \) Affiliation/organization types represented by less than 100 surveyed members were excluded from this comparison.

\(^ {26} \) Members for more than 10 years (83%), members between five and 10 years (75%), members between two and four years (67%).
WHO WAS MORE LIKELY TO RENEW THEIR IAS MEMBERSHIP WHEN IT EXPIRED?

- Male members (69%) compared with women (54%, p<0.05).
- Members older than 60 years (69%) and between 41 and 60 years old (68%) compared with those between 26 and 40 years of age (52%) and younger than 26 years (42%, p<0.05).

No statistically significant correlation was found between the likelihood to renew IAS membership and the following members' characteristics: main occupation, main affiliation/organization and main language.

These findings suggest that efforts should be made to retain members with at least one of the following characteristics: IAS membership for one year or less; younger than 40 years; female; limited HIV work experience; and working in Eastern Europe and Central Asia, Western and Central Europe, or North Africa and Middle East.

Respondents who indicated that they would not renew their IAS membership were asked to select, from a six-item list, the main reason. As shown in Figure 15, the most common reason for non-renewal of membership was the lack of relevance of members' benefits. It should be noted that of the 111 respondents who joined the IAS to receive membership benefits, only one indicated that s/he would not renew his/her membership because the benefits were not relevant27.

Figure 15. Reasons for non-renewal of IAS membership

The increase in the proportion of members who would not renew their membership because they found the fee too high (from 19% in 2008 to 30% in 2011) should be carefully taken into consideration in the strategy to attract new members and retain existing ones. In this respect, it should be noted that, regardless of the country type, the fee has remained the same since 2006.

Nine respondents provided a range of other reasons, including that: the decision to renew membership was dependent on the policy and budget of the member’s company (n=2); renewal was tied to

27 The majority (68%) of respondents who joined the IAS to receive membership benefits would renew their membership, while 31% did not know if they would do so.
conference registration and s/he was uncertain of attending AIDS 2012 (n=1); the member received too many spam emails from the IAS with no option of unsubscribing (n=1); the member had joined the IAS only to attend AIDS 2010 (n=1); the member was leaving his/her job (n=1); and the member never asked to join the IAS (n=1). One member reported that the IAS had a poor understanding of the problems facing people living with HIV and one wrote that the IAS did not seem to appreciate or value HIV prevention work in low-HIV-prevalence areas.

Recommending membership

Survey respondents were asked if they would recommend IAS membership to a colleague. The majority replied “yes” (92% vs. 90% in 2008). Respondents who would not recommend membership were asked to briefly explain why. Seventy-two (n=72) provided reasons, with the most frequently identified being a lack of perceived value or benefit (n=26), followed by uncertainty of the IAS’s relevance to colleagues (n=15). Similar reasons were given by members surveyed in 2008. Other reasons given included the following: colleagues were already IAS members or knew about it (n=7); respondents did not know enough about the IAS to recommend it (n=4); membership fees were too high (n=4); concerns about the governance of the IAS and lack of transparency (n=4); and language barriers (n=3).

Not surprisingly, the vast majority of members who indicated that they would renew their membership would recommend IAS membership to a colleague (97%). It is encouraging to note that 60% of survey respondents who indicated that they would not renew their membership and 88% of those who did not know if they would renew their membership would recommend IAS membership to a colleague.

IAS resources

IAS website

The IAS website (www.iasociety.org) provides information about IAS activities, including membership, publications, conferences, policy and advocacy, partnerships, online resources, professional development opportunities and other initiatives. 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 who had been members for five years or more were asked if they thought the IAS website had improved since 2008. Although the majority did not know (53%), it is encouraging to note that only 5% said “no”.

Frequency of use

Survey respondents were asked how often they used the IAS website. As shown in Figure 16, although the vast majority used the website (96% vs. 89% in 2008), less than one-quarter of respondents (22%) were frequent users, accessing it every couple of weeks or more. About half were infrequent users, accessing the website every couple of months at most (49% vs. 51% in 2008).

28 This percentage is based on 495 survey respondents.
When this question was analyzed looking for statistically significant differences in members’ profiles and the likelihood that they frequently visited the IAS website, the following was found:

- Health care workers/social service providers (28%) and advocates/activists (27%) compared with policy/administrators (17%) and researchers (16%, p<0.05).
- Members working in sub-Saharan Africa (35%), South and South-East Asia (32%), North Africa and Middle East (29%) and Oceania (23%) compared with those working in East Asia, the Caribbean and Latin America (21% each), Western and Central Europe (20%), Eastern Europe and Central Asia (17%) and North America (9%, p<0.05).

No statistically significant correlation was found between the likelihood of being a frequent user of the IAS website and the following members’ characteristics: main affiliation/organization, length of HIV professional experience, length of IAS membership and main language.

Respondents who reported that they had never used the website (n=76) were asked to briefly explain the reasons for this. Fifty-two (n=52) respondents provided reasons, the most commonly cited being that the member had not needed or had not thought to visit the website (n=13). Other respondents did not have time to visit it (n=9) or were not aware of it (n=9). Similar reasons were given by members surveyed in 2008. A small number indicated that they used other types of information, including the IAS newsletter and e-updates (n=5); others indicated that the website did not focus on the topics or regions they were interested in (n=2).

29 Frequent use means access to the IAS website every couple of weeks or more.
30 Professions represented by less than 100 surveyed members were excluded from this comparison.
Importance of information posted on the website

To guide future website planning, survey respondents were presented with a six-item list of different kinds of information and asked to rate how important it was to get this information via the IAS website. As in 2008, the types of information that respondents most frequently rated as “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 Figure 17).

Figure 17. Importance of information available on the IAS website

WHO WAS MORE LIKELY TO CONSIDER THE IAS WEBSITE’S RESOURCES TO BE “IMPORTANT” OR “VERY IMPORTANT”?31

When this question was analyzed looking for statistically significant differences in members’ professions and their rating of the IAS website’s resources, the following was found:

- **Scientific results put into ready-to-use educational materials:** health care workers/social service providers (89%) and policy/administrators (86%) compared with advocates/activists (83%) and researchers (74%, p<0.05).
- **News on the epidemic:** health care workers/social service providers (90%) and advocates/activists (88%) compared with policy/administrators (85%) and researchers (80%, p<0.05).
- **Links to other HIV/AIDS websites:** health care workers/social service providers (82%) and advocates/activists (80%) compared with policy/administrators (77%) and researchers (72%, p<0.05).
- **Lists of available training courses:** health care workers/social service providers, advocates/activists (74%) each and policy/administrators (73%) compared with researchers (61%, p<0.05).

The difference in responses by type of members’ profession was not statistically significant for the following resources (p>0.05):

- **Conference proceedings and abstracts:** health care workers/social service providers (95%) and researchers (93%) compared with advocates/activists (92%) and policy/administrators (90%).
- **Updates about new research:** health care workers/social service providers (93%) and advocates/activists (90%) compared with policy/administrators (88%) and researchers (86%).

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31 Only members’ occupations/professions were considered for this statistical analysis. Professions represented by less than 100 surveyed members were excluded from this comparison.
Respondents were also asked what else they would like to see on the IAS website. Of the 409 members (22% of all respondents) who provided suggestions, 29 specifically said that they had no comment, 28 made positive remarks on the website, and 22 provided comments that were not clear or not relevant. Relevant suggestions were categorized into seven broad themes, described here 32.

- **Resources in general** (n=91): more updates and latest news; personal stories of people living with HIV; guidelines, toolkits, best practices, case studies and policies; more information on human rights and advocacy; more information on partnerships in HIV and AIDS; more information on social and political aspects of the epidemic; more links to other HIV- and AIDS-related websites; and more resources for youth.

- **Research** (n=66): more information on latest developments; statistics and trends; social research; information on clinical trials; and medication and/or technology developments and testing.

- **Funding** (n=45): more information on funding, research grants, scholarships and sponsorship opportunities.

- **Website functions** (n=36): more interactive features (e.g., online forums, online networking, webinars, RSS feed); better abstract search engine; improved usability and accessibility; questions & answers page; and more pictures and videos.

- **Conferences/events** (n=29): more materials on IAS-convened conferences, including on the use of funds received to organize the conference; and a list of other important HIV conferences and events not convened by the IAS.

- **Regional and national information** (n=24): more information and statistics on the response to HIV at regional and country level, including country HIV profiles and local initiatives; and news specifically related to the work that IAS members do in their regions.

- **Language** (n=10): information available in languages other than English (this wish was mainly expressed by Russian- and Spanish-speaking members).

**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 for those members who attend IAS-convened conferences (the International AIDS Conference and the IAS Conference on HIV Pathogenesis, Treatment and Prevention), as well as regional conferences where the IAS is present.

Survey respondents were asked if they read the newsletter. Although the vast majority reported that they did read it (93% vs. 88% in 2008), more than half (54% vs. 46% in 2008) read only one or two articles. It is encouraging to note that the proportion of those who do not read the newsletter has decreased over time (from 12% in 2008 to 7% in 2011, see Figure 18).

32 The complete list of suggestions has been reported separately to the IAS.
**WHO WAS MORE LIKELY TO READ MOST OF THE IAS NEWSLETTER?**

When this question was analyzed looking for statistically significant differences in members’ profiles and the likelihood that they read most of the IAS newsletter, the following was found:

- Health care workers/social service providers (43%) and advocates/activists (40%) compared with policy/administrators (36%) and researchers (31%, p<0.05).33
- Members working in sub-Saharan Africa (51%), the Caribbean (48%), Eastern Europe and Central Asia (47%), North Africa and Middle East (44%), South and South-East Asia (44%) and Oceania (42%) compared with those working in Latin America (36%), East Asia (34%), Western and Central Europe (30%) and North America (26%, p<0.05).

No statistically significant correlation was found between the likelihood of reading most of the IAS newsletter and the following members’ characteristics: main affiliation/organization, length of HIV professional experience, length of IAS membership, membership of regional HIV/AIDS society/network, gender, age and main language.

Respondents who did not read the newsletter (n=126) were asked to briefly explain the reasons for this. Seventy-eight people (n=78) provided reasons, the majority (n=28) noting that they did not have time to read the newsletter. Other respondents indicated that they had not received the newsletter or could not recall seeing it (n=22). A small number commented on the content (n=7), indicating that there was too much information, that it was not relevant to their jobs, that there were not enough scientific updates, or that the content was available only in English. Other respondents reported that they had too much other information to read in general (n=7). Others were not aware of the newsletter (n=3). Similar reasons were given by members surveyed in 2008.

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33 Professions represented by less than 100 surveyed members were excluded from this comparison.
Survey respondents were presented with a list of five kinds of information and asked to rate how important it would be for them to read this information in future newsletters. As in 2008, the types of information that respondents most frequently rated as “very important” or “important” were updates on science, information about upcoming national, regional and international events, and general HIV/AIDS headlines (see Figure 19).

![Figure 19. Importance of information available in the IAS newsletter](image)

Respondents were also asked what else they would like to see in the IAS newsletter. Of the 283 members (15% of all respondents) who provided suggestions, 76 specifically said that they had no comment or were satisfied with the newsletter’s content, 67 provided comments similar to those on the IAS website, and 12 provided comments that were not clear or not relevant. Relevant suggestions were categorized into nine broad themes, described here34.

- **Resources in general** (n=75): articles from people living with HIV; interviews with or letters from IAS members (not only GC members); best practices and latest news in HIV prevention, treatment, care and support; more articles on human rights and political and social aspects of HIV/AIDS; and more information on community projects. One respondent expressed the wish to see more on the effectiveness and efficiency of AIDS funding internationally.

- **Science and research** (n=34): research updates (e.g., status of vaccine trials, development of new ART), including social research; and epidemiological information, including statistics and trends.

- **Funding** (n=19): more information on funding, research grants, scholarships and sponsorship opportunities.

- **Regional and national information** (n=17): more information on the response to HIV at regional and country level.

34 The complete list of suggestions has been reported separately to the IAS.
Policy and advocacy (n=11): more articles on policy and advocacy in general, including changes in policies, position papers and resulting discussions; and information on how key populations are integrated into the IAS policy and advocacy strategy.

Key populations (n=9): more articles on such target groups as children, youth, women, injecting drug users (IDUs), and lesbian, gay, bisexual and transgender people.

IAS activities (n=7): more news about the IAS and its activities (e.g., what has changed over time since the establishment of the IAS; IAS organizational policy, as well as IAS long- and short-term plans; information about the IAS GC elections and composition; IAS collaboration with regional organizations; and progress made in implementing resolutions or key outcomes of the various IAS-convened conferences.)

Job listings (n=6): more information on job opportunities (e.g., careers in the HIV field; and listings for people living with HIV).

Event calendar (n=5): information about upcoming national, regional and international HIV events, including conferences, training and seminars.

Nineteen (n=19) respondents provided other suggestions, mainly related to the newsletter design, features and language.

Sample of IAS members’ feedback about what else they would like to see in the IAS newsletter

- “It would be useful to know the experiences of some members of the IAS and why this network is important to them.” (NGO manager/director, Mexico)
- “More interviews with HIV/AIDS experts on various subjects.” (health care worker/social services provider, Switzerland)
- “Information from people living with HIV/AIDS on how the [IAS] newsletter has helped them.” (social worker, Kenya)
- “More [on] political and social aspects on HIV/AIDS.” (postgraduate, Switzerland)
- “Success stories … Strategy which community-based organizations can easily adopt.” (social worker, Nigeria)
- “[Examples of] countries that are doing better than the others in their quest to eradicate the pandemic. Their strategies will be of help to others.” (postgraduate, South Africa)
- “More interested to know about the progression on new ART and possible vaccines.” (researcher, Albania)
- “Any new development related to care and support for people living with HIV.” (health care worker/social services provider, Tanzania)
- “A youth corner wherein young people can contribute and say their thoughts. We need to attract young people if we want to reduce the HIV infection rates among young people and to create awareness and consciousness.” (psychologist, Philippines)
- “[More information on] most-at-risk populations (IDUs, MSM, sex workers and their clients) what works, what does not work in prevention and care in non-western countries.” (community-based research, Kyrgyzstan)
Journal of the International AIDS Society (JIAS)

The mission of the online *Journal of the International AIDS Society* (JIAS) 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.

Reading patterns

Survey respondents were asked if they read the JIAS. As shown in Figure 20, the majority read the journal (80%), which represents a substantial increase from 2008 (when only 49% reported that they read the journal). However, only 16% were frequent readers, accessing it every couple of weeks or more, 55% were infrequent users, accessing the JIAS every couple of months at most, and 17% had never heard about it.

Figure 20. JIAS reading patterns

When this question was analyzed looking for statistically significant differences in members’ profiles and the likelihood that they frequently read the JIAS, the following was found:

- Health care workers/social service providers (20%) and advocates/activists (17%) compared with researchers (15%) and policy/administrators (12%, p<0.05).
- Members working in sub-Saharan Africa (26%), South and South-East Asia (25%), North Africa and Middle East (21%), East Asia (17%), Oceania and the Caribbean (16% each) compared with those working in Latin America (15%), Western and Central Europe (14%), Eastern Europe and Central Asia (11%) and North America (6%, p<0.05).

When this question was analyzed looking for statistically significant differences in members’ profiles and the likelihood that they frequently read the JIAS, the following was found:

- Health care workers/social service providers (20%) and advocates/activists (17%) compared with researchers (15%) and policy/administrators (12%, p<0.05).
- Members working in sub-Saharan Africa (26%), South and South-East Asia (25%), North Africa and Middle East (21%), East Asia (17%), Oceania and the Caribbean (16% each) compared with those working in Latin America (15%), Western and Central Europe (14%), Eastern Europe and Central Asia (11%) and North America (6%, p<0.05).

35 Frequent use means access to JIAS every couple of weeks or more.
36 Professions represented by less than 100 surveyed members were excluded from this comparison.
Sources of information about JIAS

Survey respondents who had read the JIAS at least once and who did not indicate that this journal was not relevant to their work were asked to select, from a 14-item list, the main way they had first heard about it. As shown in Figure 21, the most frequently selected sources of information about the JIAS were the IAS booth at international/regional AIDS-related conferences (16%), the IAS newsletter (15%), the IAS member monthly e-update, a colleague, articles found in PubMed or PubMed Central (12% each), the IAS website, and an Internet search engine (11% each).

![Figure 21. Sources of information about JIAS](image)

Of the 31 respondents who selected the option, “other”, 28 specified how they had heard about the JIAS. The majority (n=11) reported that they first heard about the journal while attending an IAS-convened conference. Others heard about the JIAS while writing a paper (n=3), serving on the IAS Governing Council (n=2), attending a lecture or a course (n=2), reading the HIV Treatment Bulletin (n=1), consulting HINARI\(^{37}\) (n=1), conducting web research (n=1), and attending ICASA 2008 (n=1). One heard about the JIAS when s/he was requested to review a paper submitted to the journal. Three members did not remember how they had first heard about the journal.

Manuscript submission patterns

When asked if they had ever submitted a manuscript to the JIAS, of the 1,396 respondents, the majority replied “no” (92% vs. 8% “yes”). Those who had done so were asked to specify the number of manuscripts submitted. Of the 109 respondents, 63% had submitted one manuscript, 23% had submitted two, 8% had submitted three, and 6% had submitted more than three. It is encouraging to note that the majority (70%) of those who had submitted one or several manuscripts to the JIAS planned to submit a manuscript to the journal again within the next 12 months.

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\(^{37}\) HINARI Programme, set up by WHO together with major publishers, aims at enabling developing countries to gain access to one of the world’s largest collections of biomedical and health literature (http://www.who.int/hinari/en/).
Survey respondents who had never submitted a manuscript to the JIAS were asked if they planned to do so within the next 12 months. Of the 1,069 respondents, the majority said “no” (69% vs. 31% “yes”). Respondents working in South and South-East Asia were significantly more likely to plan to submit a manuscript to the JIAS (58%) compared with those working in other regions (p<0.05).

**Areas on which the JIAS should increase its focus**

To guide future planning, survey respondents were asked to select, from a nine-item list, the areas on which the JIAS should increase its focus. As shown in Figure 22, the two areas most frequently selected were publishing research articles and publishing review articles.

![Figure 22. Areas on which JIAS should increase its focus](image)

Not surprisingly, researchers were significantly more likely to want more research articles published in the JIAS (73%) compared with other professions (p<0.05).

Members who selected the option, “other”, had the opportunity to specify the area(s) on which they thought the JIAS should increase its focus. All suggestions were shared with the IAS Secretariat.

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38 Total exceeds 100% because respondents were able to choose more than one item.
Social media

Social media tools are increasingly used by membership associations to reach out to existing and potential members and further engage them in their activities. In this respect, the IAS features a Facebook page, a Twitter account and a blog, and posts video clips on YouTube, although this is still at an early stage (see overview of use and awareness in Figure 23).

![Figure 23. IAS social media tools (awareness of and use by IAS members)](image)

**Facebook**

When asked if they had visited the IAS Facebook page (www.facebook.com/iasociety), only 14% replied “yes” (vs. 86% “no”). Those who had not visited the IAS Facebook page were asked to select, from a four-item list, the main reason. The reason most frequently selected was that the member was not aware of this page (44%), followed by lack of time (24%) and lack of interest in it (23%). Of those who selected the option, “other” (9%, n=124), 122 specified their reason, the majority stating that they did not use, like and/or trust Facebook (n=81). Other respondents indicated that they were not allowed to use or did not have access to Facebook, either at their workplaces or in their countries (n=15). A small number reported that they used Facebook only for personal reasons (n=5).

Survey respondents who were not aware of the IAS Facebook page were asked if they would become a supporter of it (now that they were aware of it). The majority replied “yes” (71% vs. 29% “no”).

**Twitter**

Survey respondents were asked if they were aware that the IAS had a Twitter account (www.twitter.com/iasociety). The majority replied “no” (89% vs. 11% “yes”). Those who were not
aware of the IAS Twitter account were asked if they would follow the IAS on Twitter (now that they were aware of it). Contrary to the trend observed for the Facebook page, the majority replied “no” (75% vs. 25% “yes”).

**YouTube**

Survey respondents were asked if they had watched IAS video clips on YouTube. The majority replied “no” (87% vs. 13% “yes”).

These findings suggest that the IAS should better promote these tools, which are increasingly used by a wide range of HIV/AIDS stakeholders.

**IAS activities**

**Policy/advocacy**

**IAS priority areas**

The IAS is strengthening its work in the policy and advocacy area, with the following four priority areas identified by the IAS GC at its annual retreat in November 2010:

- Human Rights – with a focus on HIV professionals and key vulnerable populations
- Social and Political Sciences – with a focus on our AIDS conferences
- HIV Cure – with a focus on global scientific strategy and a consortium
- Drug Policy – with a focus on opioid substitution therapy.

To assess the extent to which IAS members buy into the current IAS policy/advocacy priorities and to guide future planning, survey respondents were asked to rate the importance of each area to their work in HIV. Human rights and an HIV cure were more frequently rated as “very important” or “important” (by 89% and 88% of respondents, respectively), while about 80% of respondents rated the other two priority areas as “very important” or “important” (see Figure 24).
WHO WAS MORE LIKELY TO RATE IAS PRIORITY AREAS AS “VERY IMPORTANT”?

When this question was analyzed looking for statistically significant differences in members’ profiles (main professions and regions of work) and their rating of the four IAS priority areas, the following was found:

- **Human rights**: advocates/activists (73%) and policy/administrators (51%) compared with health care workers/social service providers (38%) and researchers (34%, p<0.05).
- **HIV cure**: members working in sub-Saharan Africa (53%), Latin America (51%) and North Africa and Middle East (44%) compared with those working in Oceania (41%), South and South-East Asia (40%), Western and Central Europe (36%), Eastern Europe and Central Asia (36%), North America (36%), the Caribbean (32%) and East Asia (24%, p<0.05).

No other statistically significant differences were found in members’ profiles (main professions and regions of work) and their rating of the IAS priority areas.

An encouraging finding is that most members would like to be more involved in IAS policy/advocacy work. When survey respondents were asked if they wished to be contacted to get involved in this work, more than half replied “yes” (54% vs. 46% “no”); 875 of these respondents provided their email addresses, providing an opportunity for the IAS to build on this high level of interest.

Respondents who wished to be contacted to get involved in IAS policy/advocacy work were then asked to select any of the four priority areas that they would like to contribute to. As shown in Figure 25, human rights was the most often selected area (55%), followed by social and political sciences (47%). Although an HIV cure occupied the second rank in terms of importance (see Figure 24), it was ranked third in this context. However, this needs to be interpreted with caution since HIV cure and drug policy are technical areas with a narrower scope than human rights and social and political sciences.

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39 Professions represented by less than 100 surveyed members were excluded from this comparison.
When this question was analyzed looking for statistically significant differences in members’ professions and the likelihood that they wished to get involved in the four IAS priority areas, the following was found:

- **Human rights**: advocates/activists (83%) and policy/administrators (58%) compared with health care workers/social service providers (45%) and researchers (40%, p<0.05).
- **Social and political sciences**: policy/administrators (63%) compared with advocates/activists and researchers (43% each) and health care workers/social service providers (41%, p<0.05).
- **HIV cure**: researchers (50%) and health care workers/social service providers (41%) compared with policy/administrators (23%) and advocates/activists (19%, p<0.05).
- **Drug policy**: policy/administrators (25%) and researchers (21%) compared with health care workers/social service providers and advocates/activists (19% each, p<0.05).

**Online campaign**

Surveyed members were also asked if they would consider donating to an online campaign run by the IAS. Of the 1,690 respondents, 60% said “no” (vs. 40% “yes”).

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40 Total exceeds 100% because respondents were able to choose more than one item.

41 Professions represented by less than 100 surveyed members were excluded from this comparison.
When this question was analyzed looking for statistically significant differences in members’ profiles and the likelihood that they would consider donating to an online campaign run by the IAS, the following was found:

- Members working in sub-Saharan Africa (50%), Latin America (45%), Eastern Europe and Central Asia (44%), the Caribbean (44%) and Oceania (42%) compared with those working in South and South-East Asia (37%), North America and East Asia (35% each), North Africa and Middle East (31%) and Western and Central Europe (30%, p<0.05).

No statistically significant correlation was found between the likelihood of considering donating to an online campaign run by the IAS and the following members’ characteristics: main occupation/profession, main affiliation/organization, length of HIV professional experience, length of IAS membership, membership of regional HIV/AIDS society/network, gender, age and main language.

These findings are expected to guide the IAS Secretariat, which is currently exploring the potential of Internet fundraising linked to a new campaign or programme.

**Professional development**

Education, networking and the promotion of best practice are essential to enhancing the response to HIV/AIDS. The overall strategy of the IAS in this area is to add value, identify gaps, share experience, and increase knowledge and expertise of professionals working in HIV.

**Online abstract mentor programme**

Survey respondents were asked if they had ever used the online abstract mentor programme, coordinated by the IAS. Just over half the respondents (53%) indicated that they were not aware of this programme, 31% said that they did not need such support, 12% had used it by submitting an abstract, and 4% had contributed to it by mentoring abstract(s). As shown in Figure 26, differences in use and awareness of this programme were observed between different regions at a statistically significant level (p<0.05).

42 This programme aims at helping less experienced researchers improve their abstracts before submitting them to an IAS-convened conference. Mentors help abstract submitters by answering questions on practical issues related to the content and language of their draft abstracts. Also, self-help tools, including an abstract writing toolkit available in four languages, are available online. This programme is completely independent of the abstract review and selection process of the conference. It is an opportunity provided by the IAS to widen access for less experienced submitters from around the world and to increase their chances of having an abstract accepted.

43 The region is based on the members’ main country of work.
Figure 26. Awareness and use of the online abstract mentor programme

<table>
<thead>
<tr>
<th>Region</th>
<th>Submitted an abstract</th>
<th>Mentored an abstract</th>
<th>No need of such support</th>
<th>Not aware of this programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>22%</td>
<td>24%</td>
<td>52%</td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>20%</td>
<td>12%</td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>South and South-East Asia</td>
<td>18%</td>
<td>4%</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>15%</td>
<td>24%</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>East Asia</td>
<td>13%</td>
<td>4%</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Latin America</td>
<td>12%</td>
<td>7%</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Western and Central Europe</td>
<td>8%</td>
<td>34%</td>
<td>52%</td>
<td></td>
</tr>
<tr>
<td>North America</td>
<td>7%</td>
<td>5%</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>Oceania</td>
<td>7%</td>
<td>43%</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>North Africa and Middle East</td>
<td>7%</td>
<td>11%</td>
<td>79%</td>
<td></td>
</tr>
</tbody>
</table>

Those who had submitted an abstract were asked to identify, from a five-item list, the main way that they had learnt about this programme. Of the 204 respondents, the majority (78%) reported that they knew about this programme through the websites of IAS-convened conferences (e.g., AIDS 2008, IAS 2009, AIDS 2010, IAS 2011) while 13% had heard about it by attending previous conferences, 4% through a colleague, 2% through a search engine, and 2% through another source (e.g., a regional HIV/AIDS conference).

Despite the low usage rate of this programme, it is encouraging to note that the majority of users (i.e., abstract submitters) rated it as “useful” or “very useful” (55% and 30%, respectively; Figure 27).

Figure 27. Usefulness of the online abstract mentor programme
Further information on this programme and detailed feedback from mentors and abstract submitters are available in the following conference evaluation reports, available through the IAS website (Publications section): AIDS 2008, IAS 2009 and AIDS 2010.

**Online abstract writing course**

Survey respondents were asked if they had ever used the e-course on how to write a conference abstract, available through the Health[e]Foundation44 website. Almost two-thirds (65%) were not aware of this course, 31% said that they did not need such course, and 4% had used it.

Young members were significantly more likely to be unaware of this course45, which suggests that efforts should be made to better promote this course among young people. Looking at the influence of the work region, members working in North Africa and the Middle East were more likely to have used this course (14%) compared with those working in other regions, which was not the case for the abstract mentor programme46. Not surprisingly, members working in North America, Oceania and Western and Central Europe were those most likely to not need such a course (see Figure 28).

**Figure 28. Awareness and use of the Health[e]Foundation's online course**

Those who had used the e-course were asked to identify, from an eight-item list, the main way that they had learnt about this course. Of the 66 respondents, the majority (62%) knew about this course through the IAS website while 14% had heard about it through a colleague, 12% through the IAS monthly members’ e-update, 5% through the JIAS Facebook page, 5% through the Health[e]Foundation website and 3% through an online search engine. No member selected the two other proposed sources of information (i.e., “JIAS blog” and “other”).

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44 http://www.healthefoundation.eu/hiv/index.vm?app=hiv
45 77% of members younger than 26 years and 74% of those between 26 and 40 years of age vs. 61% of those between 41 and 60 years and 48% of those older than 60 years (p<0.05).
46 North Africa and Middle East ranked use of the programme lowest.
Despite the low usage rate of this course, it is encouraging to note that the vast majority of users rated it as “useful” or “very useful” (69% and 26%, respectively, vs. 5% “not very useful” and 0% “not useful at all”\footnote{These percentages are based on a total of 65 respondents.}).

**Face-to-face workshops and education programmes**

Surveyed members were asked if they had ever attended a face-to-face workshop or education programme organized by the IAS at international or regional conferences. Of the 1,637 respondents, the majority replied “no” (77% vs. 23% “yes”). These results should be treated with caution for the following reasons: members may have attended a workshop without knowing that it was organized by the IAS (in such case, they replied “no”), and vice versa; some members may have attended a workshop organized at an IAS-convened conference but that had not been proposed and facilitated by the IAS (in such case, they replied “yes”). In addition, the number of workshops and education programmes organized so far by the IAS has been quite limited due to lack of human and financial resources.

No statistically significant correlation was found between the likelihood of attending a face-to-face workshop or education programme organized by the IAS and the following members’ characteristics: occupation/profession, affiliation/organization and region of work.

To guide future planning, surveyed members were asked to identify, from a six-item list, topics in which they would like to benefit from a face-to-face workshop or education programme. As illustrated in Figure 29, the two topics most frequently selected were: operations research, monitoring and evaluation; and planning, monitoring and evaluation (40% and 36%, respectively). Manuscript writing and abstract writing were selected by almost one-third of respondents.

\footnote{Total exceeds 100% because respondents were able to choose more than one item.}

**Figure 29. Preferred topics for face-to-face workshops or education programmes**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage of members (n=1,453)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations research, monitoring and evaluation</td>
<td>40%</td>
</tr>
<tr>
<td>Planning, monitoring and evaluation</td>
<td>36%</td>
</tr>
<tr>
<td>Manuscript writing</td>
<td>29%</td>
</tr>
<tr>
<td>Abstract writing</td>
<td>28%</td>
</tr>
<tr>
<td>Media interview training</td>
<td>19%</td>
</tr>
<tr>
<td>Scientific integrity and ethical issues in publishing</td>
<td>13%</td>
</tr>
</tbody>
</table>

\footnote{These percentages are based on a total of 65 respondents.}
This question was analyzed looking for statistically significant differences in members’ profiles (main professions and regions of work) and the selection of these topics. Results presented in Figures 30 and 31 will be used by the IAS Secretariat to plan future workshops and education programmes.

Figure 30. Preferred topics for face-to-face workshops or education programmes (broken down by main profession)

<table>
<thead>
<tr>
<th>Professions</th>
<th>Manuscript writing</th>
<th>Abstract writing</th>
<th>Scientific integrity and ethical issues in publishing</th>
<th>Media interview training</th>
<th>Planning, monitoring and evaluation</th>
<th>Operations research, monitoring and evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care worker/social service provider (n=498)</td>
<td>32%</td>
<td>30%</td>
<td>11%</td>
<td>11%</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>Researcher (n=352)</td>
<td>42%</td>
<td>18%</td>
<td>13%</td>
<td>16%</td>
<td>26%</td>
<td>44%</td>
</tr>
<tr>
<td>Policy-administration (n=195)</td>
<td>16%</td>
<td>28%</td>
<td>14%</td>
<td>13%</td>
<td>49%</td>
<td>50%</td>
</tr>
<tr>
<td>Advocate/activist (n=111)</td>
<td>9%</td>
<td>47%</td>
<td>7%</td>
<td>28%</td>
<td>56%</td>
<td>34%</td>
</tr>
<tr>
<td>Educator/trainer (n=82)</td>
<td>21%</td>
<td>33%</td>
<td>9%</td>
<td>12%</td>
<td>48%</td>
<td>40%</td>
</tr>
<tr>
<td>Media representative (n=59)</td>
<td>22%</td>
<td>19%</td>
<td>25%</td>
<td>13%</td>
<td>73%</td>
<td>8% 10%</td>
</tr>
<tr>
<td>Student (n=53)</td>
<td>45%</td>
<td>28%</td>
<td>13%</td>
<td>28%</td>
<td>32%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Percentage of members

Figure 31. Preferred topics for face-to-face workshops or education programmes (broken down by main region of work)

<table>
<thead>
<tr>
<th>Regions</th>
<th>Manuscript writing</th>
<th>Abstract writing</th>
<th>Scientific integrity and ethical issues in publishing</th>
<th>Media interview training</th>
<th>Planning, monitoring and evaluation</th>
<th>Operations research, monitoring and evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa (n=334)</td>
<td>29%</td>
<td>29%</td>
<td>11%</td>
<td>13%</td>
<td>37%</td>
<td>51%</td>
</tr>
<tr>
<td>Western and Central Europe (n=272)</td>
<td>26%</td>
<td>25%</td>
<td>12%</td>
<td>26%</td>
<td>30%</td>
<td>34%</td>
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<tr>
<td>North America (n=252)</td>
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<td>14%</td>
<td>24%</td>
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<td>37%</td>
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<tr>
<td>Eastern Europe and Central Asia (n=163)</td>
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<td>39%</td>
<td>9%</td>
<td>10%</td>
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<td>45%</td>
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<td>9%</td>
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<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>Caribbean (n=22)</td>
<td>32%</td>
<td>41%</td>
<td>14%</td>
<td>50%</td>
<td>56%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Percentage of members

49 Professions represented by less than 50 surveyed members were excluded from this comparison.
Conferences

Past conferences

This survey did not aim to capture members' feedback on past IAS-convened conferences (International AIDS Conference and IAS Conference on HIV Pathogenesis, Treatment and Prevention) since most members have had such an opportunity through the post-conference delegate survey, which is the most important data collection instrument used by the IAS to evaluate its conferences\(^50\). Questions of this survey mainly focused on attendance of IAS-convened conferences and non IAS-convened conferences held in the past three years to check, among other things, if there was any relationship between conference attendance rates\(^51\).

Survey respondents were first asked if they had attended the XVII International AIDS Conference (AIDS 2008) in Mexico, the 5\(^{\text{th}}\) IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009) in South Africa and the XVIII International AIDS Conference (AIDS 2010) in Austria. The majority (82\%) attended AIDS 2010, 29\% attended IAS 2009 and 33\% attended AIDS 2008. As shown in Figure 32, 22\% attended two of these conferences and 7\% attended all three conferences.

Survey respondents were then asked to select, from a 37-item list, which other HIV/AIDS conferences they had attended in the past three years (2008 to 2010). As shown in Figure 33, the conference most attended was the Conference on Retroviruses and Opportunistic Infections (CROI), which is not surprising given the high proportion of IAS members working in North America and being researchers. Regional conferences were also well attended by IAS members, especially

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\(^{50}\) All conference evaluation reports are available on the IAS website (section "publications").

\(^{51}\) The AIDS 2010 evaluation found that 8\% of respondents who did not attend the conference reported that the main reason was that they attended or will attend other AIDS-related conferences/meetings in 2010 (see AIDS 2010 evaluation report, page 19).
those held in the following regions: Europe (EACS), Eastern Europe and Central Asia (EECAAC), Africa (ICASA) and Asia and the Pacific (ICAAP).

Figure 33. Overview of other HIV/AIDS conferences attended from 2008 to 2010.52

New members were significantly less likely to have attended CROI (4%) compared with established members (14% of those who had been members for two to four years attended CROI compared with 26% of members for between five and 10 years and 36% of members for more than 10 years, p<0.0553). However, no statistically significant differences were found between IAS members’ attendance of CROI and their attendance of AIDS 2010 (see Figure 34). This suggests that there is no association with respect to attendance of these two conferences.

52 Conferences attended by less than 5% of surveyed members were excluded from this graph. Total exceeds 100 as more than one response could be selected.
53 These percentages are based on the total number of survey respondents, including those who did not reply to the question about other HIV/AIDS conferences, which explains the difference to the percentage reported in Figure 33 (30% attended CROI).
Next conferences

Surveyed members were asked if they planned to attend the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011) in Italy and the XIX International AIDS Conference (AIDS 2012) in the United States of America. As shown in Figure 35, surveyed members were more likely to plan to attend AIDS 2012 (62% vs. 42% who planned to attend IAS 2011). However, these results should be treated with caution since more than 20% of surveyed members did not know yet if they would attend these conferences. It is encouraging to note that almost one-third of surveyed members (30%) planned to attend both conferences.

54 This percentage is based on a total of 1,502 members who replied to both questions.
When this question was analyzed looking for statistically significant differences in members’ profiles and the likelihood that they planned to attend future IAS-convened conferences, the following was found:

- Members who attended IAS 2009 (64%) compared with those who did not attend IAS 2009 (33%, p<0.05).
- Members who had been with the IAS for more than 10 years (55%) and between five and 10 years (53%) compared with those who had been members for between two and four years (41%) and for one year or less (34%, p<0.05).
- Researchers (46%) and health care workers/social service providers (45%) compared with advocates/activists (36%) and policy/administrators (28%, p<0.05)55.
- Members with more than 15 years of HIV work experience (50%) and with between 11 and 15 years (45%) compared with those who have worked in the HIV field for between six and 10 years (36%), between three and five years (37%) and less than three years (30%, p<0.05).

When this question was analyzed looking for statistically significant differences in members’ profiles and the likelihood that they planned to attend future IAS-convened conferences, the following was found:

- Members who attended AIDS 2010 (66%) compared with those who did not attend AIDS 2010 (50%, p<0.05).
- Advocates/activists (79%) and policy/administrators (67%) compared with researchers (59%) and health care workers/social service providers (58%, p>0.05)56.
- Members with more than 15 years of HIV work experience (66%), with between 11 and 15 years (66%) and with between six and 10 years (63%) compared with those who had worked in the HIV field for between three and five years (57%) and for less than three years (52%, p<0.05).
- Members working in the Caribbean (80%), North America (73%), North Africa and Middle East (70%), Latin America (69%) and South and South-East Asia (68%) compared with those working in Oceania, sub-Saharan Africa (61% each), Eastern Europe and Central Asia (59%), Western and Central Europe

55 Professions represented by less than 100 surveyed members were excluded from this comparison.
56 Idem.
WHO WAS MORE LIKELY TO PLAN TO ATTEND IAS 2011? | WHO WAS MORE LIKELY TO PLAN TO ATTEND AIDS 2012?
---|---
* Members working in Western and Central Europe (48%), Latin America (48%), South and South-East Asia (45%), East Asia (45%), Oceania (43%) and Eastern Europe and Central Asia (42%) compared with those working in North America, sub-Saharan Africa (37% each), the Caribbean (33%) and North Africa and Middle East (30%, <0.05). | (52%) and East Asia (49%, <0.05).
* There was no influence by the IAS membership length.

This shows, among other things, the influence of the conference’s geographical location on attendance and the difference in type of professions most attracted by these conferences.

Looking at the International AIDS Conference (IAC), survey respondents were asked if they thought its current frequency (every two years) was appropriate. The vast majority replied “yes” (94% vs. 6% “no”). Those who said “no” (n=105) were asked to select, from a three-item list, the appropriate frequency. Forty-two percent (42%) would like the IAC to be held every year, 37% every three years and 21% every four years. Although the difference was not statistically significant (p>0.05), health care workers were more likely to wish to increase the IAC frequency (63% selected every year) compared with researchers (32%), advocates/activists (27%) and policy/administrators (13%).

Comments and suggestions for improvement

Survey respondents were asked if they had any additional comments or suggestions about the IAS. Of the 444 people (24%) who responded, 107 stated that they had no comments and 10 provided comments that were not clear or relevant. Comments and suggestions were categorized into six broad themes, described here.

Focus of the IAS (n=110)
Respondents identified areas that they felt required an increased focus or attention from the IAS, including the following:

* Key topics (e.g., human rights, harm reduction, mental health in HIV, alternative treatment approaches other than conventional drugs, vaccines, prevention and new prevention technologies, palliative care, and use of nanomedicine for eradicating HIV/AIDS.57)
* Clarification of the scientific focus of the IAS. However, there was no clear consensus on what it should be, with some members advocating for more basic science while others wanted a greater focus on social research
* Greater focus on regions, more regional initiatives (e.g., more IAS regional meetings and projects) and more partnerships with regional and national HIV/AIDS societies
* Broader representation among IAS members and GC members (e.g., youth, nurses, and people from a variety of disciplines)

57 The complete list of topics has been reported separately to the IAS.
More training/mentoring and capacity-building initiatives in developing countries, targeting different groups, including journalists and other media representatives

More involvement of IAS members in IAS work.

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

- “There is limited focus on the epidemic in Asia; the IAS tends to get Africa centric. IAS members should be involved more in the IAS activities.”
  (physician, India)

- “I would like to see a stronger focus on Africa.”
  (clinical science researcher, Zimbabwe)

- “IAS is dominated by [a] biomedical approach rather than an interdisciplinary approach to the epidemic. Abstracts are required to conform to a basic science model (positivist). There is no recognition of exploratory social science research. This is of great concern.”
  (researcher, United Kingdom)

- “More basic science sections at the IAS Conferences, with emphasis on cutting edge approaches to understand HIV pathogenesis, transmission and prevention, in particular studies using relevant animal models.”
  (researcher, United States of America)

- “Need to have better representation on the IAS board from the nursing profession – the nurses are the backbone of any successful HIV program.”
  (nurse, United States of America)

- “Closer collaboration with the existing national/local networks in identifying collective priority areas.”
  (physician, South Africa)

- “For the moment I do not see any work of IAS in the region of Eastern Europe and Central Asia (CIS countries). It was represented here only as a co-organizer of the EECAAC Conference. Without EECAAC, IAS is not represented in the region.”
  (NGO manager/director, Russian federation)

- “Continue mentoring and providing e-courses.”
  (faith-based organization manager/director, Uganda)

- “Members should be given [a] chance to volunteer.”
  (NGO manager/director, India)

- “More emphasis on science at the international conference and less on politics.”
  (researcher, United States of America)

- “International conference seems to have lost the medical component. All this occurs at CROI – this is a noticeable shift and it would be good if the strengths of the medical tracks were reinforced as a strategy.”
  (health care worker, Afghanistan)

- “More training for African members.”
  (lab technician, Nigeria)

- “Further involve the youth because they are the majority [and] hence the most affected population.”
  (activist, Kenya)

- “Members could be invited to advisory committees put together by the IAS for specific purposes or short-term projects, for example. Members could be consulted for input on specific topics in which they have expertise.”
  (health care worker/social services provider, Switzerland)
Financial support (n=79)
Respondents commented on the need for increased financial support from the IAS; this was especially the case for respondents from low-income countries. Support was requested for attending IAS-convened conferences and other international events, and for funding HIV/AIDS projects, such as education and awareness campaigns and community-based projects. In addition, a few respondents would like the IAS to make available information on funding opportunities for HIV/AIDS projects and research.

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

- "The IAS should source for more donors and provide mainly partial sponsorship to international events. This will increase the number of people benefitting from the very important and educational international events." (skills-building trainer, Kenya)
- "I think that publication in JIAS must be free for members from Latin America as the cost in Euros is unaffordable, which prevents publication of papers from this region." (physician, Argentina)
- "Attending the IAS conference is important for me to stay up to date in the area of HIV. However, attending [the] conference for me is dependent on getting a scholarship". (researcher, South Africa)
- "News on funding opportunities." (researcher, Mexico)

Information (n=56)
Respondents requested more information on certain themes (e.g., human rights issues, latest research) and more practical tools/guidelines (e.g., on advocacy, treatment, nursing). Surveyed members also suggested some improvements of the IAS website (e.g., more interactive features) and wished for more information in languages other than English (with Spanish and Russian mentioned). A few respondents also suggested more promotion of the IAS and membership benefits, as well as more advocacy on key aspects of the response to HIV in general.

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

- "More information on human rights issues, harm reduction and social science related to HIV is necessary." (researcher, Germany)
- "I would appreciate materials on stigma toolkit, human rights and advocacy to support the HIV work I am involved in." (faith-based organization manager/director, Kenya)
- "More information on call for proposals." (NGO manager/director, Pakistan)
- "I think I have lack of knowledge about what is the IAS, which is why I have not explored the benefits that I have [as] part of this network. My greatest difficulty is language. I know that English is the official language of IAS but I wish there was the possibility of translations into other languages like Spanish; this would help me stay more in touch with you." (manager, Mexico)

Value of the IAS (n=36)
Respondents made positive comments, and thanked or complimented the IAS, in addition to noting the value of its contribution to knowledge and issues concerning HIV/AIDS.

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

- "I value information from IAS especially from the AIDS conferences and also in the newsletter as it assists me with my work." (advocate/activist, Namibia)
“IAS does a great job. By completing this survey I have come to realise that I need to maximise on using the resources available to us. I will also undertake responsibility to encourage colleagues to do the same.” (community health care worker, United Kingdom)

“I want to thank IAS for its help in bringing PLHIV from poor countries like Myanmar to International Conferences on HIV/AIDS. I gained a lot of knowledge about the new medicines and some side effects of [the] present line of medication in my country. I would like to request IAS to invite more PLHIV and HIV activists to forums and conferences from poor countries.” (community health care worker, Myanmar)

“The conference in Vienna was very well organized, the information package was very well prepared and useful ... The Conference was an interesting mixture – knowledge about HIV/AIDS, great opportunity to get into contact with interested people from other countries also involved in work with HIV/AIDS. The newsletters are interesting to read through although I don't have time to read them all very carefully.” (media representative, Austria)

Conference process (n=24)
Members provided a range of comments on the International AIDS Conference, mainly related to its cost (too expensive), size (too big) and period (July-August should be avoided because of holidays in the northern hemisphere). Survey respondents also highlighted the need to provide more support for participants’ obtaining of visas to enter the conference host country, to improve mentoring support provided to abstract submitters (ensuring feedback is provided and in a timely manner), to make the programme development more transparent, and to provide financial support to programme contributors, such as speakers and abstract presenters. A few members complained about the abstract submission process, which they felt excluded some key stakeholders of the HIV response. One member suggested that conference organizers provide unsuccessful abstract submitters with the reason(s) why their abstracts were rejected. Another member indicated the need for more debate of issues during conferences.

Other (n=12)
A limited number of survey respondents provided other comments, including the need to improve the governance of the IAS, its accountability/transparency and members’ meetings. Regarding the latter, one survey respondent wrote that the current format was not interactive and suggested that members could send ideas of topics to discuss at the meeting to the secretariat in advance. A few remarks were also made on the survey.
CONCLUSION

The results of the 2011 IAS Members’ Survey demonstrate strong support for the IAS as a global network of HIV professionals working together to address HIV and AIDS. The four priority areas of IAS policy and advocacy work were strongly endorsed by members, especially human rights. Findings also reveal solid support for current and future IAS activities while providing direction to further engage members in IAS work.

Although most resources and services provided by the IAS were well rated, it was found that a high proportion of IAS members do not use them on a regular basis or are not even aware of them. This finding stresses the need to better promote such resources and services, especially online professional development tools.

Survey results also highlight members’ wishes to be further involved in IAS work (e.g., through ad hoc consultations and contributions to the IAS newsletter), which includes more interaction with other IAS members. In this respect, social media tools, especially the IAS Facebook page, may provide a suitable platform if they are properly managed and promoted. There was also a strong demand for sharing: more updates of key research projects, advances in the response to HIV and reference documents (e.g., guidelines); best practices; success and failure stories; testimonies of PLHIV; and information on grant/sponsorship opportunities.

The finding that a relatively small number of respondents had voted in the 2010 election (20%), linked with the fact that a similarly small number knew who their regional representatives were (23%), is of concern and should be carefully addressed by the IAS.

In conclusion, the results of the 2011 IAS Members’ Survey demonstrate a high potential for the IAS to reinforce its role in advancing the response to HIV and AIDS as a global network of HIV professionals. To this end, efforts should be made to ensure that the IAS’s current focus areas and related activities properly match IAS members’ profiles, interests and capacities, which should be taken into consideration when developing future membership strategies.
Based on the survey findings and the conclusion, the following recommendations were formulated:

- Better promote membership benefits, especially the job vacancy page, discounts on the journal, *AIDS*, and discounts on online courses provided by the Health[e]Foundation.

- Encourage focal persons who register delegates for IAS-convened conferences on behalf of other individuals, and who do not opt out of the option of becoming IAS members, to properly inform these individuals about their membership and resulting benefits.

- Better promote key resources and services offered by the IAS, especially the online abstract mentor programme and online courses provided by the Health[e]Foundation.

- Post on the IAS website more updates of key research projects, advances in the response to HIV and reference documents (e.g., guidelines), best practices, success and failure stories, testimonies of PLHIV, and information on grant/sponsorship opportunities.

- Secure appropriate funding and identify experts to organize more workshops and education programmes at international and regional HIV/AIDS conferences on the following topics: operations research, monitoring and evaluation; planning, monitoring and evaluation; manuscript writing; and abstract writing.

- Invite members to share success and/or failure stories and testimonies and to contribute articles to the IAS newsletter.

- Contact members who indicated their interest in one of the four policy/advocacy priority areas and who shared their email addresses.

- Select the most appropriate tools, including social media tools, to increase interaction between IAS members and enable them to get involved in IAS work.

- Take measures to encourage members to vote in the Governing Council elections and to increase interaction between members and their regional representatives.

- Ensure the IAS’s current focus areas and related activities properly match IAS members’ profiles, interests and capacities.

- Systematically identify and implement programmes with a regional or country focus.

These recommendations have been shared with and approved by the IAS Secretariat, which will be responsible for implementing them and reporting on their progress.
APPENDIX 1. Members’ survey form

Questions marked with an * are mandatory

Your IAS membership

1. *How long have you been a member of the IAS?*
   - One year or less
   - 2 to 4 years
   - 5 to 10 years
   - More than 10 years

2. What were your main reasons for joining the IAS?
   Select up to two
   - To become a member of a global association of HIV/AIDS professionals
   - To be involved in the work of the IAS
   - To financially support the work of the IAS
   - To receive membership benefits
   - I have a personal interest as someone living with HIV
   - I was offered a membership when I registered for a conference
   - Other (please specify)

3. Did you attend any IAS members’ meetings in 2009 or 2010? *(formal members’ meetings are held at the International AIDS Conference and the IAS Conference on HIV Pathogenesis, Treatment and Prevention. Informal meetings are held at some regional conferences)*
   - Yes
   - No

4. Did you vote in the last IAS Governing Council elections (held in 2010)?
   - Yes
   - No
   - I don’t remember
   - I became a member after the last IAS Governing Council elections

5. *Do you know who represent your region on the IAS Governing Council (referred to as ‘regional representatives’)?* *(the IAS regions are Africa, Asia and the Pacific Islands, Europe, Latin America and the Caribbean, United States and Canada)*
   - Yes (go directly to Question 6)
   - No
   - I don’t know what a ‘regional representative’ is

5.1 How often have you contacted your regional representative(s) in the past 12 months?
   - Once
   - 2 to 5 times
   - More than 5 times
   - I have not contacted my regional representative(s)
6. How would you rate your IAS membership fee?
(current fees are: high income countries - US$60/year for standard membership and US$50 for student/youth membership; middle/low-income countries - US$30 for standard membership and US$25 for student/youth membership)

- Too low
- About right
- Too high

7. How valuable are the following IAS membership benefits?

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<tr>
<th></th>
<th>Not valuable at all</th>
<th>Not very valuable</th>
<th>Valuable</th>
<th>Very valuable</th>
<th>Do not use</th>
<th>Not aware of</th>
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<td>IAS newsletter</td>
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<td>7.2</td>
<td>IAS member monthly e-update</td>
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<td>IAS online membership directory</td>
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<tr>
<td>7.4</td>
<td>Subscription discount on AIDS</td>
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<tr>
<td>7.5</td>
<td>Discount on Health[e]Foundation’s online courses</td>
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<tr>
<td>7.6</td>
<td>The job vacancy page in the members’ area</td>
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<td>7.8</td>
<td>The right to vote in the IAS Governing Council elections</td>
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The following sub-question was only displayed to “old IAS members” (i.e. those who did not select 1st answer to Q1)

8. Do you think the IAS members’ area on the IAS website has improved since 2008?

- Yes
- No
- I don’t know

9. *Will you renew your IAS membership when it expires?*

- Yes (go directly to Question 10)
- No
- I don’t know (go directly to Question 10)

9.1 What is the main reason you will not be renewing your membership?

Select one

- HIV/AIDS is no longer my main area of work
- I’m not interested in the activities of the IAS
- The membership fee is too high
- The members’ benefits are not relevant to me
- I don’t know how to renew my membership
- Other (please specify)
10. How often do you use the IAS website?
   - At least once a week
   - Every couple of weeks
   - Monthly
   - Every couple of months
   - Once or twice a year
   - Never (please briefly explain why)

Please rate how important it is for you to get the following kinds of information via the IAS website.

<table>
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<th>Not very important</th>
<th>Important</th>
<th>Very important</th>
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<tbody>
<tr>
<td>11</td>
<td>News on the epidemic</td>
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<td></td>
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<tr>
<td>12</td>
<td>Updates about new research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Scientific results put into ready-to-use educational materials</td>
<td></td>
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<tr>
<td>14</td>
<td>Links to other HIV/AIDS websites</td>
<td></td>
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<tr>
<td>15</td>
<td>Lists of available training courses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Conference proceedings and abstracts</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

17. What else would you like to see on the website?

18. Do you read the IAS newsletter?
   *(emailed to members four times a year)*
   - I read most of the newsletter
   - I read one or two articles
   - I don’t read the newsletter (please briefly explain why)

Please rate how important it is for you to read the following kinds of information in future IAS newsletters.

<table>
<thead>
<tr>
<th></th>
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<th>Not very important</th>
<th>Important</th>
<th>Very important</th>
</tr>
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<td>19</td>
<td>General HIV/AIDS news headlines</td>
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</tr>
<tr>
<td>20</td>
<td>News about the IAS and its activities</td>
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<td></td>
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</tr>
<tr>
<td>21</td>
<td>Information about upcoming national, regional and international HIV events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Issues relating to policy and advocacy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>23</td>
<td>Updates on science</td>
<td></td>
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</tbody>
</table>
24. What else would you like to see in the IAS newsletter?

25. Would you consider donating to an online campaign run by the IAS?  
*(IAS is currently exploring the potential of internet fund raising linked to a new campaign or programme)*  
  - Yes  
  - No

**JIAS**

26. *How often do you visit the Journal of the International AIDS Society (JIAS) website?*  
Select one  
  - At least once a week  
  - Every couple of weeks  
  - Monthly  
  - Every couple of months  
  - Once or twice a year  
  - Never heard of JIAS (go directly to Question 30)  
  - JIAS is not relevant to my work (go directly to Question 30)

27. How did you first hear about JIAS?  
Select one  
  - Internet search engine  
  - BioMed Central website  
  - Peer-review invitation  
  - Facebook  
  - Articles found in PubMed or PubMed Central  
  - Articles found in Medline  
  - IAS member monthly e-update  
  - IAS newsletter  
  - IAS website  
  - IAS booth at international/regional AIDS related conferences  
  - Scientific writing workshop  
  - Health[e]Foundation e-course on abstract writing  
  - Colleague  
  - Other (please specify)

28. *Have you ever submitted a manuscript to JIAS?*  
  - Yes  
  - No (go directly to Question 28.2)

28.1 How many manuscripts have you submitted to JIAS?  
  - 1  
  - 2  
  - 3  
  - More than 3

28.1.1 Do you plan to submit (again) a manuscript to JIAS in the next 12 months?  
  - Yes  
  - No
28.2 Do you plan to submit a manuscript to JIAS in the next 12 months?
   - Yes
   - No

29. Select from the list below areas you think JIAS should increase its focus on.
   - Select all that apply
   - Publishing research articles
   - Publishing review articles
   - Publishing conference reports and abstracts
   - Publishing themed special issues
   - Contributing to blogs on HIV/AIDS-related subjects through posts/comments
   - Developing online courses and learning material on scientific writing
   - Providing mentoring support to less experienced authors
   - Offering skills building workshops on publishing
   - Other (please specify)

**IAS policy/advocacy work**

The IAS is expanding its advocacy work and four priority areas have been identified.

Please rate the importance of each area to your work in HIV.

<table>
<thead>
<tr>
<th>Area</th>
<th>Not important at all</th>
<th>Not very important</th>
<th>Important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Human Rights – with a focus on HIV professionals and key vulnerable populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Social and Political Sciences – with a focus on our AIDS conferences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. HIV Cure – with a focus on global scientific strategy and a consortium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Drug Policy – with a focus on OST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
34. *Have you ever used the online abstract mentor programme, coordinated by the IAS?
This programme aims at helping less experienced researchers improve their abstracts before submitting these to the conference. Mentors help abstract submitters by answering questions on practical issues related to the content and language of their draft abstracts. Self-help tools, including an abstract writing toolkit available in four languages, are also available online. This programme is completely independent of the abstract review and selection process of the conference. It is an opportunity provided by the IAS to widen access for less experienced submitters from around the world and to increase their chances of having an abstract accepted.

- Yes, I submitted an abstract
- Yes, I was a mentor (go directly to Question 35)
- No, I don’t need such support (go directly to Question 35)
- No, I was not aware of this programme (go directly to Question 35)

34.1 How did you first hear about this programme?
Select one
- Attending previous conferences
- Through a colleague
- Through an online search engine
- Other (Please specify)

34.2 How useful was this programme for you?
- Not useful at all
- Not very useful
- Useful
- Very useful

35. *Have you ever used the e-course on how to write a conference abstract on the Health[e]Foundation website?

- Yes
- No, I don’t need to use such course (go directly to Question 36)
- No, I was not aware of this course (go directly to Question 36)

35.1 How did you first hear about this course?
Select one
- Through the IAS website
- Through the JIAS blog
- Through the JIAS Facebook page
- Through the IAS monthly members e-update
- Through the Health[e]Foundation website
- Through a colleague
- Through an online search engine
- Other (please specify)
35.2 How useful was this learning opportunity for you?
   - Not useful at all
   - Not very useful
   - Useful
   - Very useful

36. Have you ever attended a face-to-face workshop or education programme organized by the IAS at international or regional conferences?
   - Yes
   - No

37. In which of the following topics would you like to benefit from a face-to-face workshop or education programme?
   Select up to two
   - Manuscript writing
   - Abstract writing
   - Scientific Integrity and Ethical Issues in Publishing
   - Media interview training
   - Planning, Monitoring and Evaluation
   - Operations Research, Monitoring and Evaluation

Social media

38. *Have you visited the IAS Facebook page (www.facebook.com/iasociety)?
   - Yes (go directly to Question 39)
   - No

38.1. *Select from the list below the main reason why you have not visited the IAS Facebook page:
   - I am not aware of this page
   - I don’t have time to visit it (go directly to Question 39)
   - I am not interested in it (go directly to Question 39)
   - Other (please specify - go directly to Question 39)

38.1.1 Will you become a supporter of the IAS Facebook page now that you are aware of it?
   - Yes
   - No

39. *Are you aware the IAS has a Twitter account (www.twitter.com/iasociety)?
   - Yes (go directly to Question 40)
   - No

39.1 Will you follow us on Twitter now that you are aware of it?
   - Yes
   - No

40. Have you watched IAS YouTube video clips?
   - Yes
   - No
Conferences

41. Which of the following conferences organized by the IAS did you attend in the past three years?
   Select all that apply
   - XVII International AIDS Conference (AIDS 2008), Mexico
   - 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009), Cape Town
   - XVIII International AIDS Conference (AIDS 2010), Vienna

42. Which other conferences did you attend in the past three years?
   Select all that apply
   - Drop-down menu*

Do you plan to attend the following conferences?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>43.</td>
<td>6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011), Rome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44.</td>
<td>XIX International AIDS Conference (AIDS 2012), Washington DC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

45. *Do you think the current frequency of the International AIDS Conference (every 2 years) is appropriate?
   - Yes (go directly to Question 46)
   - No

45.1 Please select from the list below the appropriate frequency.
   Select one
   - Every year
   - Every 3 years
   - Every 4 years

Value of the IAS

46. Would you recommend IAS membership to a colleague?
   - Yes
   - No (please, briefly explain why)

47. Do you have any additional comments or suggestions about the IAS, and the way it could better support your work in HIV/AIDS?

About you

48. *What is your main occupation/profession?
   - Drop-down menu

49. *What is your main organization/affiliation/company?
   - Drop-down menu

50. *Are you a member of any regional HIV/AIDS societies/networks?
Yes
No (go directly to Question 51)

50.1 Select all that apply
- AIDS Society of Asia and the Pacific (ASAP)
- Society for AIDS in Africa (SAA)
- Horizontal technical Cooperation Group (Latin America and Caribbean)
- CIS HIV/AIDS Coordinating Council
- European AIDS Clinical Society (EACS)
- National Minority AIDS Council (NMAC)
- Other (please specify)

51. *How many years (part-time or full-time) have you worked in HIV?
- Less than 3 years
- 3 to 5 years
- 6 to 10 years
- 11 to 15 years
- More than 15 years

52. *What is your nationality?
- Drop-down menu

53. *What is your main country of work? (If you work in more than one country, please select the country where you spend most of your time)
- Drop-down menu

54. *What is your gender?
- Male
- Female
- Transgender
- I don’t want to disclose it

55. *What is your age?
- Under 26 years
- 26 to 40 years
- 41 to 60 years
- Over 60 years

56. *In which language do you primarily work?
- English
- Spanish
- French
- Russian
- Arabic
- Chinese
- Other (please specify)
Reaching the end of the survey

Do you wish to be included in the prize draw?  
(3 respondents will be randomly selected to win US$200 for themselves, their organization or their nominated HIV/AIDS charity. The selection won’t be linked to your survey responses)
   o  Yes (enter your email address at the bottom of this page)
   o  No

*Do you wish to be contacted to get involved in IAS policy/advocacy work? 
   o  Yes (enter your email address at the bottom of this page, if not yet done)
   o  No (skip next question)

To which of the following topics you would like to contribute?  
   Select all that apply
   o  HIV Cure – with a focus on global scientific strategy and a consortium
   o  Drug Policy – with a focus on OST
   o  Human Rights – with a focus on HIV professionals and key vulnerable populations
   o  Social and Political Sciences – with a focus on our AIDS conferences

Your email address: ..............................................................................................................
APPENDIX 2. Comparisons of members’ occupation between different groups

Figure 36 presents the breakdown of IAS members by main occupation based on their gender.

![Figure 36. Main occupation and gender](image)

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Male (n=8,024)</th>
<th>Female (n=7,234)</th>
<th>Transgender (n=77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>40.0%</td>
<td>39.6%</td>
<td>87.0%</td>
</tr>
<tr>
<td>Educator/trainer</td>
<td>1.9%</td>
<td>1.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Funder</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Lawyer</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Student</td>
<td>3.0%</td>
<td>4.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Advocate/activist</td>
<td>2.2%</td>
<td>2.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Policy/administration</td>
<td>9.4%</td>
<td>9.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Media representative</td>
<td>1.6%</td>
<td>1.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Researcher</td>
<td>13.6%</td>
<td>15.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Health care worker/social service provider</td>
<td>27.7%</td>
<td>24.9%</td>
<td>10.4%</td>
</tr>
</tbody>
</table>
Figure 37 presents the breakdown of IAS members by main occupation based on their age.

**Figure 37. Main occupation and age**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Under 26 (n=148)</th>
<th>Between 26 &amp; 40 (n=2,049)</th>
<th>Between 41 &amp; 60 (n=3,302)</th>
<th>Above 60 (n=544)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other</strong></td>
<td>12.8%</td>
<td>15.6%</td>
<td>13.2%</td>
<td>16.7%</td>
</tr>
<tr>
<td><strong>Educator/trainer</strong></td>
<td>3.4%</td>
<td>3.6%</td>
<td>2.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>Funder</strong></td>
<td>1.4%</td>
<td>.8%</td>
<td>.7%</td>
<td>.4%</td>
</tr>
<tr>
<td><strong>Lawyer</strong></td>
<td>.7%</td>
<td>.8%</td>
<td>.3%</td>
<td>.0%</td>
</tr>
<tr>
<td><strong>Student</strong></td>
<td>37.2%</td>
<td>8.7%</td>
<td>.9%</td>
<td>.3%</td>
</tr>
<tr>
<td><strong>Advocate/activist</strong></td>
<td>11.5%</td>
<td>4.3%</td>
<td>2.8%</td>
<td>2.2%</td>
</tr>
<tr>
<td><strong>Policy/administration</strong></td>
<td>6.1%</td>
<td>13.5%</td>
<td>16.8%</td>
<td>13.2%</td>
</tr>
<tr>
<td><strong>Media representative</strong></td>
<td>2.0%</td>
<td>1.1%</td>
<td>.7%</td>
<td>.4%</td>
</tr>
<tr>
<td><strong>Researcher</strong></td>
<td>8.8%</td>
<td>21.6%</td>
<td>22.7%</td>
<td>24.1%</td>
</tr>
<tr>
<td><strong>Health care worker/social service provider</strong></td>
<td>16.2%</td>
<td>30.1%</td>
<td>39.8%</td>
<td>40.4%</td>
</tr>
</tbody>
</table>
Figure 38 presents the breakdown of IAS members by main occupation based on their main region of residence.

**Figure 38. Main occupation and region of residence**
Figure 39 presents the breakdown of IAS members by main occupation based on their main affiliation/organization.

Figure 39. Main occupation and affiliation/organization

Percentage of members

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Hospital/clinic (n=1,298)</th>
<th>Academia (n=1,894)</th>
<th>Government (n=972)</th>
<th>Intergov. organization (n=198)</th>
<th>NGO (n=2,004)</th>
<th>PLHIV group/network (n=129)</th>
<th>Faith-based organization (n=140)</th>
<th>Pharmaceutical company (n=563)</th>
<th>Private sector (other than pharma, n=199)</th>
<th>Other organization (n=5,297)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/clinic</td>
<td>5.2%</td>
<td>2.2%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>11.7%</td>
<td>10.1%</td>
<td>11.4%</td>
<td>40.1%</td>
<td>30.2%</td>
<td>96.1%</td>
</tr>
<tr>
<td>Academia</td>
<td>5.2%</td>
<td>2.2%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>11.7%</td>
<td>10.1%</td>
<td>11.4%</td>
<td>40.1%</td>
<td>30.2%</td>
<td>96.1%</td>
</tr>
<tr>
<td>Government</td>
<td>5.2%</td>
<td>2.2%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>11.7%</td>
<td>10.1%</td>
<td>11.4%</td>
<td>40.1%</td>
<td>30.2%</td>
<td>96.1%</td>
</tr>
<tr>
<td>Intergov. organization</td>
<td>5.2%</td>
<td>2.2%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>11.7%</td>
<td>10.1%</td>
<td>11.4%</td>
<td>40.1%</td>
<td>30.2%</td>
<td>96.1%</td>
</tr>
<tr>
<td>NGO</td>
<td>5.2%</td>
<td>2.2%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>11.7%</td>
<td>10.1%</td>
<td>11.4%</td>
<td>40.1%</td>
<td>30.2%</td>
<td>96.1%</td>
</tr>
<tr>
<td>PLHIV group/network</td>
<td>5.2%</td>
<td>2.2%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>11.7%</td>
<td>10.1%</td>
<td>11.4%</td>
<td>40.1%</td>
<td>30.2%</td>
<td>96.1%</td>
</tr>
<tr>
<td>Faith-based organization</td>
<td>5.2%</td>
<td>2.2%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>11.7%</td>
<td>10.1%</td>
<td>11.4%</td>
<td>40.1%</td>
<td>30.2%</td>
<td>96.1%</td>
</tr>
<tr>
<td>Pharmaceutical company</td>
<td>5.2%</td>
<td>2.2%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>11.7%</td>
<td>10.1%</td>
<td>11.4%</td>
<td>40.1%</td>
<td>30.2%</td>
<td>96.1%</td>
</tr>
<tr>
<td>Private sector (other than pharma)</td>
<td>5.2%</td>
<td>2.2%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>11.7%</td>
<td>10.1%</td>
<td>11.4%</td>
<td>40.1%</td>
<td>30.2%</td>
<td>96.1%</td>
</tr>
<tr>
<td>Other organization</td>
<td>5.2%</td>
<td>2.2%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>11.7%</td>
<td>10.1%</td>
<td>11.4%</td>
<td>40.1%</td>
<td>30.2%</td>
<td>96.1%</td>
</tr>
</tbody>
</table>

58 This figure does not include affiliation/organization types represented by less than 1.5% of IAS members.
<table>
<thead>
<tr>
<th>CARIBBEAN</th>
<th>LATIN AMERICA</th>
<th>OCEANIA</th>
<th>SUB-SAHARAN AFRICA</th>
<th>WESTERN AND CENTRAL EUROPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anguilla</td>
<td>Argentina</td>
<td>American Samoa</td>
<td>Angola</td>
<td>Albania</td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>Belize</td>
<td>Australia</td>
<td>Benin</td>
<td>Andorra</td>
</tr>
<tr>
<td>Aruba</td>
<td>Bolivia</td>
<td>Cook Islands</td>
<td>Botswana</td>
<td>Austria</td>
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<td>Bahamas</td>
<td>Brazil</td>
<td>Fiji</td>
<td>Burkina Faso</td>
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<td>French Guiana</td>
<td>Burundi</td>
<td>Czech Republic</td>
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<td>Cameroon</td>
<td>Denmark</td>
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<td>Guam</td>
<td>Cape Verde</td>
<td>Finland</td>
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<td>Ecuador</td>
<td>Kiribati</td>
<td>Central African Republic</td>
<td>France</td>
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<td>Dominica</td>
<td>El Salvador</td>
<td>Marshall Islands</td>
<td>Chad</td>
<td>Germany</td>
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<tr>
<td>Dominican Republic</td>
<td>Falkland Islands</td>
<td>Micronesia (Federated States)</td>
<td>Comoros</td>
<td>Greece</td>
</tr>
<tr>
<td>Grenada</td>
<td>Guatemala</td>
<td>Nauru</td>
<td>Congo, Republic of the</td>
<td>Holy See (Vatican)</td>
</tr>
<tr>
<td>Grenada</td>
<td>Guyana</td>
<td>New Caledonia</td>
<td>Cote d'Ivoire</td>
<td>Hungary</td>
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<td>Honduras</td>
<td>New Zealand</td>
<td>Democratic Republic of the</td>
<td>Iceland</td>
</tr>
<tr>
<td>Haiti</td>
<td>Mexico</td>
<td>Niue</td>
<td>Djibouti</td>
<td>Ireland</td>
</tr>
<tr>
<td>Jamaica</td>
<td>Nicaragua</td>
<td>Norfolk Islands</td>
<td>Equatorial Guinea</td>
<td>Israel</td>
</tr>
<tr>
<td>Montserrat</td>
<td>Panama</td>
<td>Northern Mariana Islands</td>
<td>Ettena</td>
<td>Italy</td>
</tr>
<tr>
<td>Netherlands Antilles</td>
<td>Paraguay</td>
<td>Palau</td>
<td>Ethiopia</td>
<td>Liechtenstein</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>Peru</td>
<td>Papua New Guinea</td>
<td>Gabon</td>
<td>Luxembourg</td>
</tr>
<tr>
<td>Saint Helena</td>
<td>South Georgia and the South Sandwich</td>
<td>Pitcairn</td>
<td>Gambia</td>
<td>Macedonia, FYR</td>
</tr>
<tr>
<td>Saint Kitts and Nevis</td>
<td>Suriname</td>
<td>Samoa</td>
<td>Ghana</td>
<td>Malta</td>
</tr>
<tr>
<td>Saint Lucia</td>
<td>Uruguay</td>
<td>Solomon Islands</td>
<td>Guinea</td>
<td>Monaco</td>
</tr>
<tr>
<td>Saint Pierre and Miquelon</td>
<td>Venezuela</td>
<td>Tokelau</td>
<td>Guiana-Bissau</td>
<td>Montenegro</td>
</tr>
<tr>
<td>Saint Vincent and the Grenadines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>Algeria</td>
<td>Tuvalu</td>
<td>Lesotho</td>
<td>Netherlands</td>
</tr>
<tr>
<td>Turks and Caicos Islands</td>
<td>Bahamas</td>
<td>Vanuatu</td>
<td>Liberia</td>
<td>Poland</td>
</tr>
<tr>
<td>Virgin Islands, British</td>
<td>Cyprus</td>
<td>Wallis and Futuna</td>
<td>Madagascar</td>
<td>Portugal</td>
</tr>
<tr>
<td>Virgin Islands, US</td>
<td>Egypt</td>
<td>Malawi</td>
<td></td>
<td>San Marino</td>
</tr>
<tr>
<td><strong>NORTH AFRICA AND MIDDLE EAST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>Algeria</td>
<td>Tuvalu</td>
<td>Lesotho</td>
<td>Netherlands</td>
</tr>
<tr>
<td>Turks and Caicos Islands</td>
<td>Bahamas</td>
<td>Vanuatu</td>
<td>Liberia</td>
<td>Poland</td>
</tr>
<tr>
<td>Virgin Islands, British</td>
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