

AIDS 2010

XVIII INTERNATIONAL AIDS CONFERENCE
JULY | 18-23 | 2010 | VIENNA AUSTRIA

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**FOLLOW-UP SURVEY REPORT
OVERVIEW OF CONFERENCE
IMPACT ASSESSMENT**

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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 AIDS 2010 follow-up survey.

Thanks are extended to all AIDS 2010 delegates who completed the online survey and to Annabel Guinault, Intern at the IAS Secretariat, who contributed to the finalization of this report.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS 2006	XVI International AIDS Conference (Toronto, 2006)
AIDS 2008	XVII International AIDS Conference (Mexico, 2008)
AIDS 2010	XVIII International AIDS Conference (Austria, 2010)
ART	Antiretroviral therapy
ARV	Antiretroviral
CAPRISA	Centre for the AIDS Programme of Research in South Africa
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention (US)
CNIHR	Creative and Novel Ideas in HIV Research
EECA	Eastern Europe and Central Asia
HAART	Highly active antiretroviral therapy
HCV	Hepatitis C virus
IAC	International AIDS Conference
IAS	International AIDS Society
IDU	Injecting drug user
ILO	International Labour Organization (United Nations)
LGBT	Lesbian, gay, bisexual and transgender
M&E	Monitoring and evaluation
MARP	Most-at-risk population
MNCH	Maternal, neonatal and child health
MSM	Men who have sex with men
NGO	Non-governmental organization
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission
PrEP	Pre-exposure prophylaxis
SADC	Southern African Development Community
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDOC	United Nations Office on Drugs and Crime
VCT	Voluntary counselling and testing
WHO	World Health Organization (United Nations)

EXECUTIVE SUMMARY

The XVIII International AIDS Conference (AIDS 2010) was held in Vienna, Austria, from 18 to 23 July 2010, attracting more than 18,000 participants, including about 14,000 delegates from 190 countries. As in 2008, a comprehensive evaluation of this conference was conducted after the conference. In order to collect feedback from a wide range of delegates on the medium- to long-term influence of the conference, an online follow-up survey was conducted in May 2011 by the International AIDS Society (IAS) Planning, Monitoring and Evaluation Expert. A total of 1,186 AIDS 2010 delegates completed the survey, the majority of whom had more than five years of experience in the HIV field (70%), were health care workers and/or social services providers or researchers (72%), and worked mainly in sub-Saharan Africa, Western and Central Europe or North America (56%).

Nearly all surveyed delegates indicated that AIDS 2010 had influenced their individual and/or organizations' work (90%). The three most frequently noted influences were: 1) motivating people in their work on HIV; 2) sharing information, best practices and/or skills gained at the conference; and 3) affirming current work focus/strategy (each selected by almost 70% of respondents). It is also encouraging to note that almost half the respondents indicated that they had improved/refined work practices and/or methodologies, and that 44% had created new partnerships as a result of attending AIDS 2010.

In addition, more than two-thirds of surveyed delegates reported keeping in contact with people they had met for the first time at AIDS 2010 (72%), which demonstrates that the relationships established during such conferences are essential and sustainable.

The conference has also had some impact on HIV work, policies or advocacy at the local, national, regional or global level, with almost half of the surveyed delegates being aware of such influences (49% vs. 40% who did not know and 11% who were not aware). In about 400 examples given to illustrate these influences, the most recurrent themes were:

- Development or revision of policies, strategies, protocols, practices and/or guidelines related to HIV/AIDS prevention and treatment, as well as the protection of rights of the most-at-risk populations (MARPs)
- Better access to or scale up of HIV prevention, treatment, care and/or support services/programmes and better integration of HIV and other health-related services
- Increased awareness and/or engagement of leaders, including policy makers, through discussions, debates, media coverage and other types of information sharing
- Increased focus on prevention
- Increased collaboration, including new partnerships, and consultation/participation of key stakeholders (e.g., civil society and community-based organizations, PLHIV, MSM and other MARPs)
- Increased advocacy related to HIV prevention and treatment, need for more funding and elimination of discrimination
- Improved recognition and prioritization of the rights of MARPs.

In conclusion, this follow-up survey confirmed the results of the AIDS 2008 follow-up survey, proving that far more than being simply a five-day event, the International AIDS Conference is a key forum for those working in HIV and AIDS, influencing both delegates and their organizations, and reaching thousands of non-attendees, thus accelerating the national, regional and global response to HIV.

CONTEXT AND METHODOLOGY

Background

The XVIII International AIDS Conference (AIDS 2010) was held in Vienna, Austria, from 18 to 23 July 2010, attracting more than 18,000 participants, including about 14,000 delegates from 190 countries. A comprehensive evaluation of AIDS 2010 was conducted by the IAS Planning, Monitoring and Evaluation Expert¹. The leading data collection instrument used was an online survey sent to delegates 10 days after the conference had ended. This survey had a high level of engagement, representing the views of 3,276 delegates, most of whom were first-time attendees. A number of other instruments were used to gather information on specific conference activities, areas and services. This included online surveys, as well as individual and focus group face-to-face interviews, conducted before, during and after the conference.

The immediate objective of the evaluation was to collect feedback from delegates on the conference programme and support provided by the IAS on site and online. The evaluation also focused on the main benefits gained by delegates and the way that they anticipated using them. It was found that, similar to the XVI International AIDS Conference (AIDS 2006) and the XVII International AIDS Conference (AIDS 2008), almost 100% of survey respondents reported that they had gained at least one benefit, with the most frequently reported benefits being new knowledge and new contacts and/or opportunities for future collaboration. As in 2008, most respondents anticipated using what they had gained at AIDS 2010 by sharing information with colleagues or peers (87%). The other top five anticipated actions were: motivating colleagues, peers and/or partners (55%); influencing work focus/approach of their organizations (48%); building capacity within their organizations and/or networks (42%); and refining/improving work/research practice or methodology (39%).

All delegates who completed the post-conference online survey in August 2010 were asked at the end of the survey if they would agree to complete a follow-up survey aimed at assessing the medium-term impact of the conference on their attitudes and practices in their HIV work. The vast majority of survey respondents replied positively (85% of English-speaking delegates and 95% of Russian-speaking delegates, representing a total of 2,473 delegates). In May 2011, the IAS Planning, Monitoring and Evaluation Expert emailed a follow-up survey to those delegates². Of the 2,469 survey invitation emails sent out, 60 were returned as undeliverable. After one reminder, sent out about two weeks after the survey was launched, a total of 1,186 survey forms were completed, resulting in a response rate of 49% (vs. 17% for the AIDS 2008 follow-up survey, which was conducted early 2010³).

Methodology

The online survey remained active for 20 days. The survey was available only in English and contained 14 questions, including two open-ended questions to give respondents the opportunity to fully articulate their opinions.

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

Data analysis was conducted using statistical analysis software that included frequencies and cross-tabulations for closed questions. Total numbers vary in some instances because non-responses were

¹ The AIDS 2010 evaluation report is available on the IAS website (www.iasociety.org) through the Evaluation page, as well as on the AIDS 2010 website (www.aids2010.org).

² A copy of the survey form is available in Appendix 3.

³ The increase in the response rate is explained by the fact that the follow-up survey was emailed to all AIDS 2008 delegates, regardless of whether or not they had completed the post-conference online survey. In addition, the latter did not contain any question about the willingness to complete a follow-up survey, unlike the AIDS 2010 post-conference online survey. The AIDS 2008 follow-up survey report is available on the IAS website (www.iasociety.org) through the Evaluation page.

excluded from valid data. Statistical comparisons, including chi-square, 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. The information collected was triangulated and cross-checked to illuminate similarities and differences in the perspectives offered and to highlight key issues⁴.

Limitations

The survey sample was representative overall of the delegate population with respect to gender and age. However, comparison of the survey sample with the delegate population was not always possible due to differences in the type of data collected (e.g., country of work for survey respondents vs. country of residence for delegates). In addition, some demographic details were not available for the delegate population, such as their main occupations/professions, their affiliation types and the number of years they had worked in the HIV field.

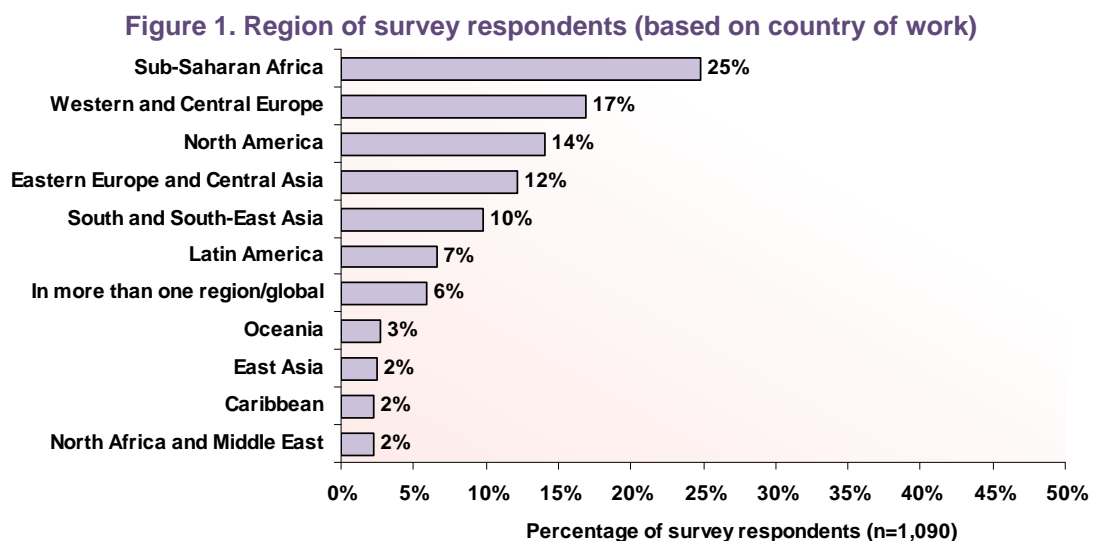
The views of delegates whose first language is not English or who do not have ready or reliable Internet access may be slightly under-represented due to the fact that the survey was offered only online and in English.

SURVEY RESPONDENTS' PROFILE

The survey sample was representative of the overall delegate population and delegates who were surveyed immediately after the conference (n=3,276), unless otherwise stated in the report. It should be noted that the comparison can be considered only as indicative as demographic information was not available for all delegates and survey respondents (the number of people for which the information is available is provided in brackets in all figures of this section).

Region of work

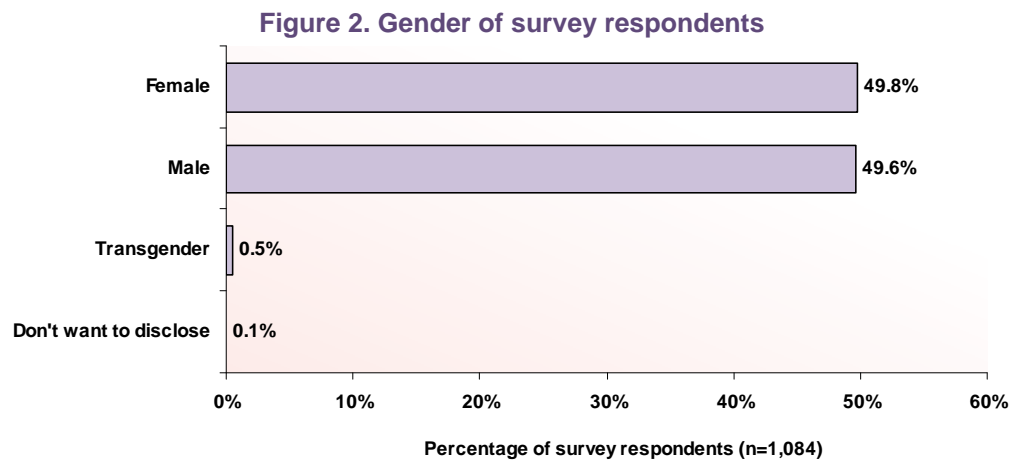
The largest number of survey respondents reported that they worked mainly in sub-Saharan Africa (25%), Western and Central Europe (17%), North America (14%) and Eastern Europe and Central Asia (12%) (see Figure 1).



⁴ Parlett M & Hamilton D (1976). Evaluation as illumination: a new approach to the study of innovatory programs. In Glass GV (Ed.) *Evaluation Studies Review Annual*. Sage: Beverley Hills, CA.

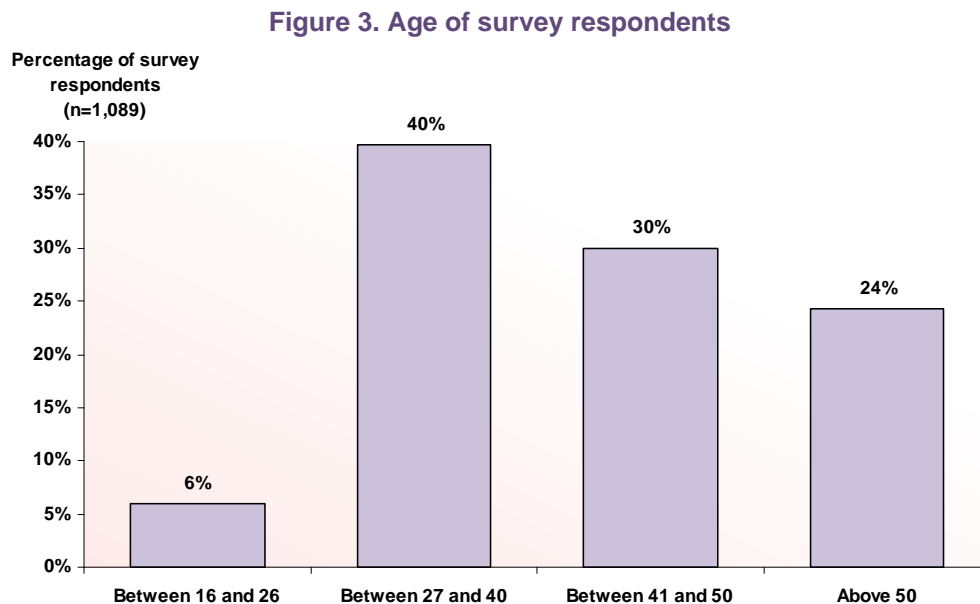
Gender

Similar to the trend observed in the delegate population, the proportion of female to male surveyed delegates was almost equal (see Figure 2).



Age

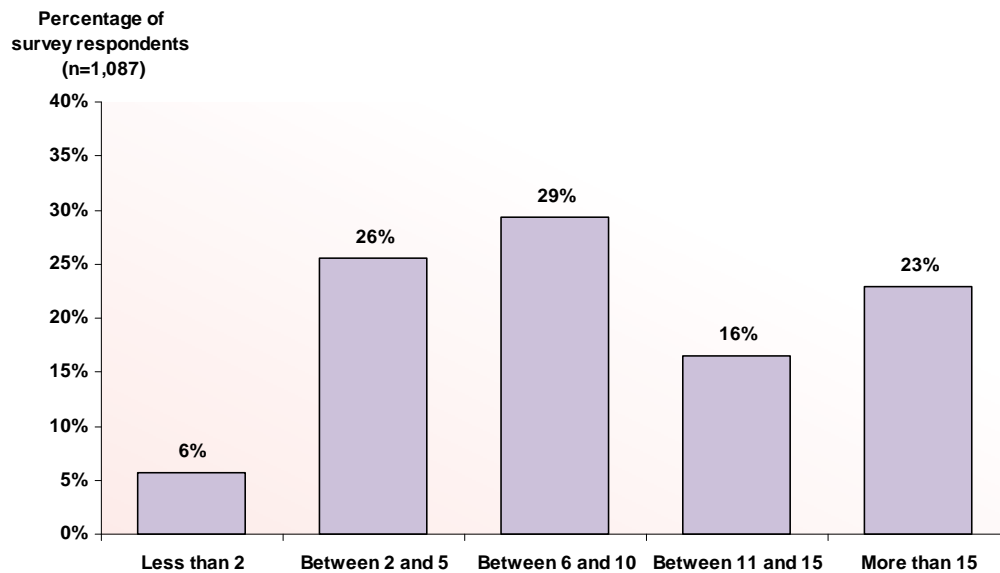
Similar to the trend observed in the delegate population, the majority of surveyed delegates were between 27 and 50 years of age (70%), almost one in four were older than 50 years of age, and less than 10% were younger than 26 years of age (see Figure 3).



Professional experience in the HIV field

Similar to the trend observed in the sample of delegates surveyed immediately after the conference, almost 70% had more than five years of experience in the HIV field (full or part time), 26% had between two and five years' experience, and 6% had less than two years of experience (see Figure 4).

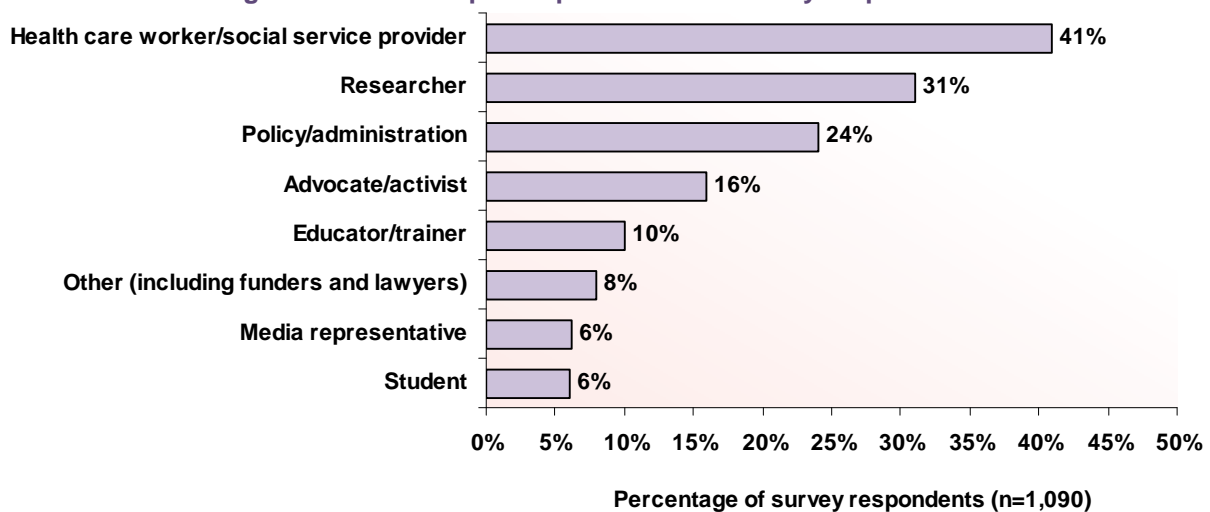
Figure 4. Years of professional experience in the HIV field



Main occupation/profession

Similar to the trend observed in the sample of delegates surveyed immediately after the conference, health care workers/social services providers and researchers were the most represented professions among survey respondents (see Figure 5).

Figure 5. Main occupation/profession of survey respondents⁵



⁵ Total exceeds 100% because respondents were able to select up to two different occupation/profession types.

Main affiliation/organization

Similar to the trend observed in the sample of delegates surveyed immediately after the conference, the majority of survey respondents reported being affiliated with and/or working in non-governmental organizations (NGOs) (33%) and the academic sector (18%, see Figure 6).

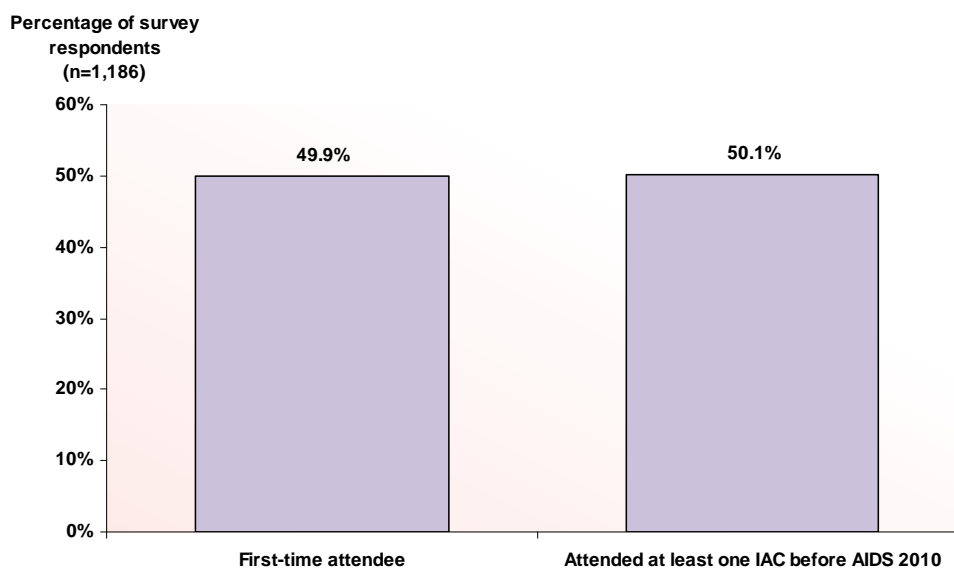
Figure 6. Main affiliation/organization of survey respondents



Previous conferences attended

The proportion of first-time attendees and those who had attended at least one International AIDS Conference (IAC) before AIDS 2010 was almost equal (see Figure 7), which was not the case in the sample of delegates surveyed immediately after the conference (62% were first-time attendees).

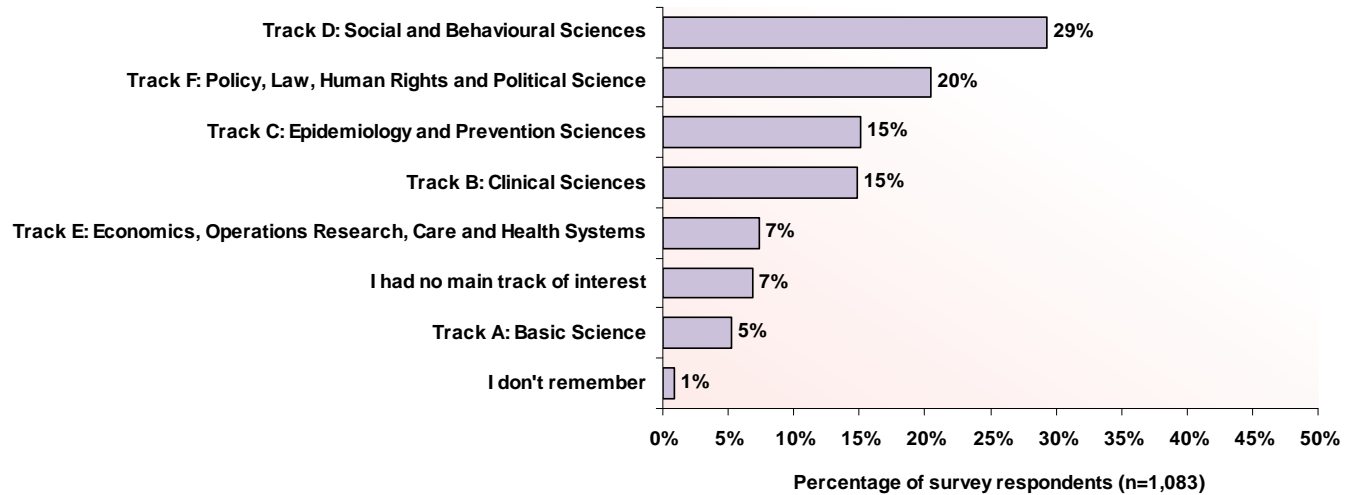
Figure 7. Previous International AIDS Conference attended



Main track of interest

Similar to the trend observed in the sample of delegates surveyed immediately after the conference, survey respondents identified Track D as their main track of interest at AIDS 2010 (defined as the track in which they attended most sessions), followed by Track F. Tracks A and E were least favoured.

Figure 8. Main track of interest of survey respondents



MAIN FINDINGS

Impact at the individual/organizational level

Voices of surveyed delegates

Examples of influences that the conference has had on delegates' individual and/or organizations' work and/or concrete actions taken as a result of attending AIDS 2010

"The TB/HIV co-infection information influenced my/our decision to really push for more studies pertaining to this common co-infection. Also the CAPRISA study let our organization ... push very hard for prevention strategies and I became much more involved in prevention in my community." (counsellor and social worker, academia, Tanzania)

"The conference made me consider the rights of sex workers and gay and lesbians, and include them in my organization services." (manager/director, NGO, Islamic Republic of Iran)

"During the conference, I was able to meet experts in the field of research I am working on. This helped me to refine my work and get the appropriate guidance." (researcher, academia, Oman)

"We expanded our condom promotion program and made additional types of condoms available in rural areas." (manager/director and advocate/activist, NGO, Grenada)

"The conference has increased my understanding of the importance of ... advocacy and contributed to the creation of a project which is unprecedented in Armenia and will lead to better human rights protection of vulnerable groups." (social worker and activist, NGO, Armenia)

"We created a new prevention program in Ecuador." (physician and researcher, academia, Ecuador)

"The abstracts and oral presentations [presented at] AIDS 2010 stimulate us to speed up our study activities progress, produce new ideas ... initiate novel research directions." (biology and pathogenesis researcher, academia, China)

"The information gathered at the conference directly influenced the production of a HIV stigma related training package for health care professionals, and for those living with and affected by HIV, along with the production of a training manual for health care professionals." (community health worker, government, United Kingdom)

"As a sex work agency in the US, rights are a big issue. The conference gave us information on efforts across the globe and led us to initiate our own research on rights and initiatives." (health care worker/social services provider, NGO, United States of America)

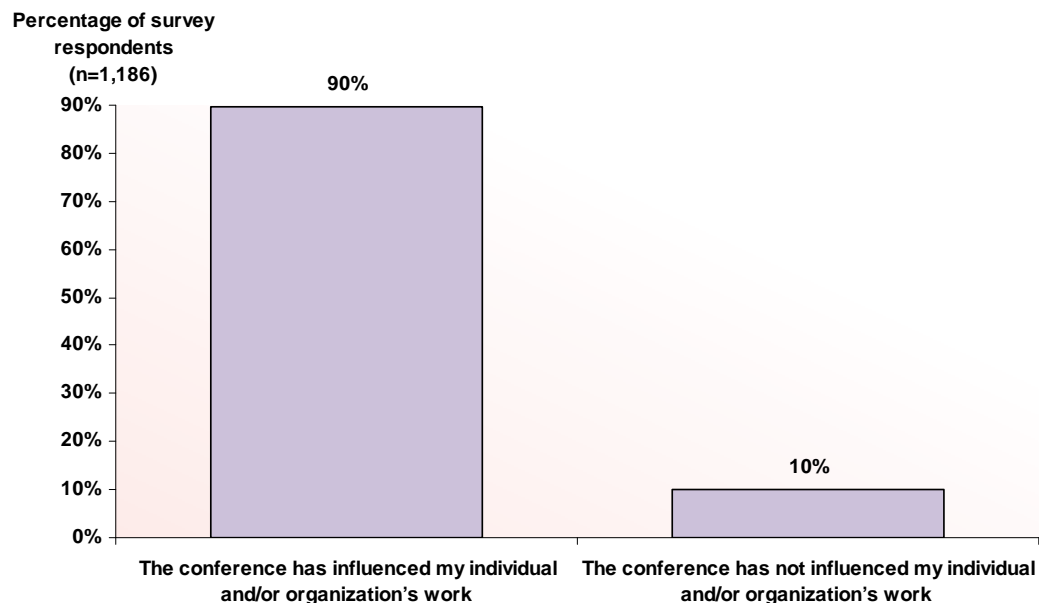
"I changed career direction from HCV research to HIV research and changed organization due to a CNIHR funding. I am currently advocating for better access to antiretroviral drugs for non-Australian residents who reside in Australia." (biology and pathogenesis researcher, academia, Australia).

"As a result of the conference, we have scaled up our work with marginalised groups in Africa – conducting research into MSM and prisoners in Malawi, for example, and using the research to lobby the Ministry of Health in Malawi to develop services for these groups." (policy/programme analyst, NGO, global)

Overview of results

Surveyed delegates were asked if AIDS 2010 had influenced their individual and/or organizations' work in any way. As shown in Figure 9, the vast majority of survey respondents (90%) reported that this had been the case.

Figure 9. Conference influence pattern (at individual and/or organizations' work level)



WHO WAS MORE LIKELY TO INDICATE THAT THE CONFERENCE HAD INFLUENCED HIS/HER INDIVIDUAL AND/OR ORGANIZATION'S WORK?

When this question was analyzed looking for statistically significant differences in survey respondents' profiles and the likelihood the conference had influenced his/her individual and/or organization's work, the following was found:

- * Advocates/activists (94%), educators/trainers (94%), health care workers/social service providers (93%) and policy/administrators (92%) compared with researchers (84%, $p < 0.05$)⁶.
- * Delegates working in/affiliated with people living with HIV/AIDS groups/networks (100%), intergovernmental organizations (98%) and NGOs (92%) compared with those working in governments (87%), hospitals/clinics (85%) and academia (82%, $p < 0.05$)⁷.
- * Delegates working in sub-Saharan Africa (94%), Eastern Europe and Central Asia (94%), South and South-East Asia (91%) and Latin America (90%) compared with those working in more than one region (86%), Western and Central Europe (85%) and North America (78%, $p < 0.05$)⁸.
- * Delegates whose main track of interest was Track F (93%), Track E and Track D (92% each) compared with those mainly interested in Track C (89%), Track B (85%) and Track A (83%) and those who did not have any track of interest (83%, $p=0.05$).

No statistically significant correlation was found between the likelihood that the conference had influenced his/her individual and/or organization work and the following survey respondents' characteristics: attendance at a previous IAC, length of HIV professional experience, gender and age.

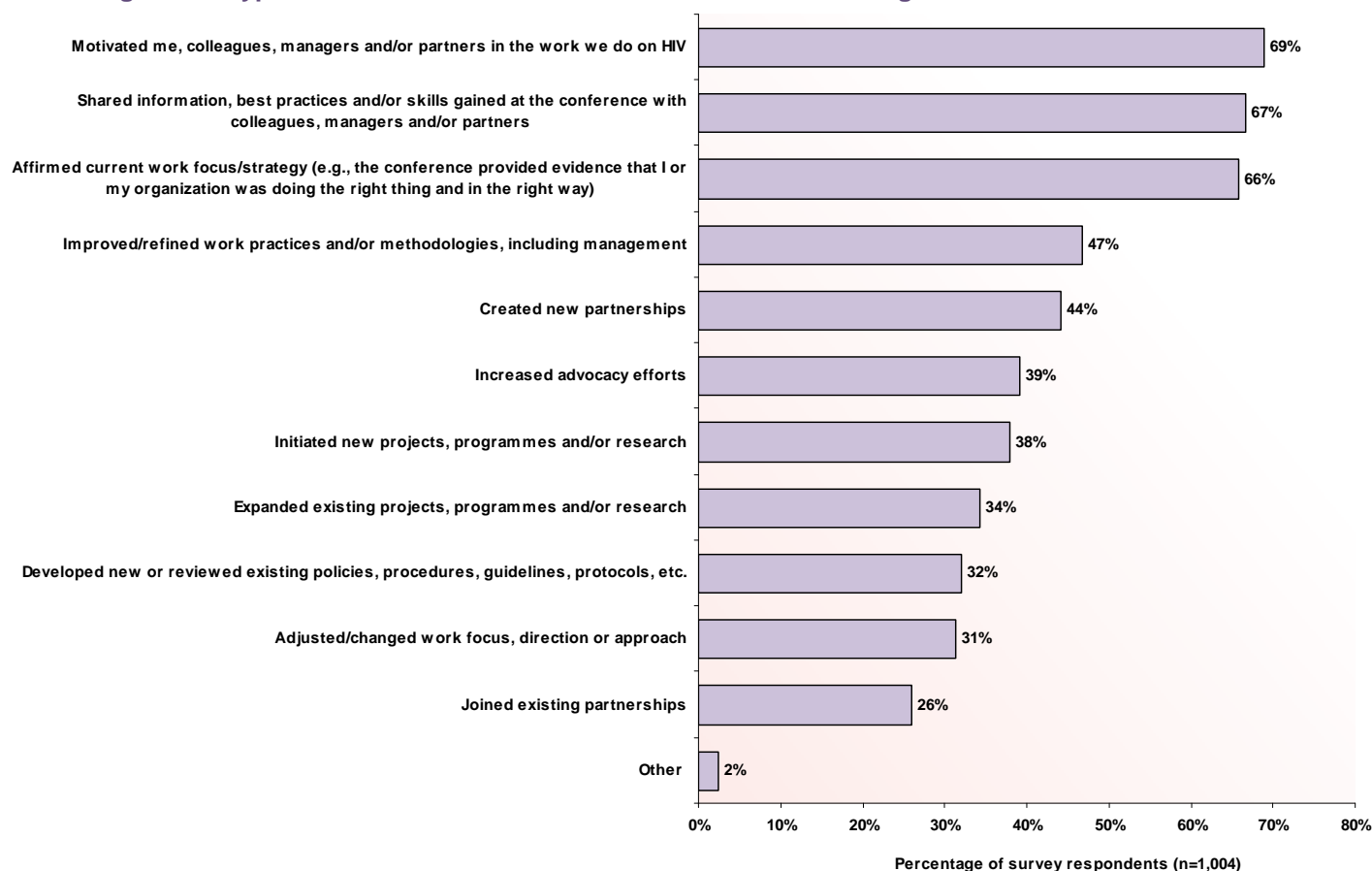
⁶ Professions represented by less than 100 survey respondents were excluded from this comparison.

⁷ Affiliation/organization types represented by less than 50 survey respondents were excluded from this comparison.

Respondents who reported that this had been the case were asked to select from a 12-item list the types of influences that the conference has had on their individual and/or organizations' work and/or concrete actions taken as a result of attending AIDS 2010. Survey respondents were also asked to give a concrete example of how the conference had influenced their individual and/or organizations' work (a total of 668 delegates provided such examples, representing 63% of all eligible survey respondents).

As shown in Figure 10, the three most frequently noted influences were: 1) motivating people in their work on HIV; 2) sharing information, best practices and/or skills gained at the conference; and 3) affirming current work focus/strategy (each selected by almost 70% of respondents). It is also encouraging to note that almost half the respondents indicated that they had improved/refined work practices and /or methodologies, and that 44% had created new partnerships as a result of attending AIDS 2010.

Figure 10. Types of conference influences on individual and/or organization's work⁹



A sample of concrete examples (verbatim responses) illustrating each of the top five themes is provided in the following sub-sections. Other concrete examples, broken down by main region¹⁰, are available in Appendix 1.

Motivation

Of 1,004 survey respondents, 69% reported that the conference had motivated them, colleagues, managers and/or partners in the work they did on HIV.

⁸ Regions represented by less than 50 survey respondents were excluded from this comparison.

⁹ Total exceeds 100% because respondents were able to select more than one item.

¹⁰ The list of countries classified by main region is available in Appendix 4.

The following examples illustrate this theme:

Verbatim	Main profession and/or area of expertise	Main affiliation	Main country of work
"Since the presentation of the CAPRISA research outcomes at the conference, more people from my organization (and from my government!) get interested and want to know ... how to connect these outcomes to programming for the future."	Policy/programme analyst, advocate/activist	NGO	Netherlands
"I became even more motivated to work and advocate in the field of HIV, not only as [a] professional, but as a true cause. Through the AIDS 2010 conference, when I worked at a Brazilian HIV NGO, I was able to get in touch and think of joint advocacy strategies and opportunities with professionals that I've only managed to get in touch online. This opportunity has provided a more solid group of professionals that we ... could trust to work together."	Activist	NGO	Brazil
"My work now has incredible impact [on] other partners after presentations, discussions, and sharing done by me and other participants. They are now more motivated and committed in reaching their program objectives. Effects to supervisors of mine and other colleagues were also observed. Some new projects, which were previously considered very unfeasible mainly due to the old fashioned mindset of the superiors, have recently [been] initiated."	Activist	Faith-based organization	Indonesia
"I have been working in the prevention field for a while, but this meeting motivated me to get more involved at different levels."	Psychologist, social or behavioural science	Academia	United States of America
"The conference also motivated to get medical male circumcision as an extension to our program which we are still developing."	Community health worker, skills building trainer	NGO	South Africa
"Motivating us to continue our work about TB/HIV. Do more about adolescent HIV, new area for HIV medicine."	Physician	Government	Thailand
"[The conference gave me] many new ideas to investigate in my country and my NGO (work in (prison, detention center, sex workers)."	Traditional/complementary therapy practitioner	Hospital/clinic	Algeria
"The findings of the microbicide study highlighted the need to push further in HIV prevention research and to link my work area of HIV vaccine research with the broader field. Additionally, the enthusiasm with which the data was received still resonates as a beacon of hope and promise to me."	Manager/director	NGO	United States of America
"I had the opportunity to conduct a workshop where the information shared was really important to the implementation of the project back home. It made me feel that we were [on] the right track and that we should strengthen our efforts and partnerships on the issue. Back home, it motivated the organizations involved in the project to promote additional activities, in order to strengthen awareness in the issue and the links between the partners."	Policy/programme analyst, advocate	Self-employed/consultant	Brazil
"Encouraged more practical engagement with HIV & ageing, [I] joined a project in London examining this in greater depth and detail."	Health care worker/social service provider, activist	Hospital/clinic	United Kingdom

Verbatim	Main profession and/or area of expertise	Main affiliation	Main country of work
"The conference has increased my motivation for the research project I am working on in the field of the control of infectious diseases, including HIV/AIDS."	Lab technician, prevention science	Academia	Benin
"It has influenced me to continue our on-air HIV testing segments on the television show I produce, 'Dreevay'."	Broadcast journalist – television	Media organization	Trinidad and Tobago
"It motivates me to continue working in the field of HIV/AIDS. Similarly, I learnt emerging issue on HIV and AIDS from the conference and share [these] things with my organization, programme and project coverage areas in Nepal."	Social worker	NGO	Nepal

WHO WAS MORE LIKELY TO HAVE GAINED MOTIVATION?

When this question was analyzed looking for statistically significant differences in survey respondents' profiles and the likelihood that the conference had motivated them, colleagues, managers and/or partners in the work they did on HIV, the following was found:

- * Delegates working in South and South-East Asia (79%), sub-Saharan Africa (76%), and Western and Central Europe (69%) compared with those working in more than one region (67%), Latin America (66%), North America (65%) and Eastern Europe and Central Asia (53%, p <0.05)¹¹.

No statistically significant correlation was found between the likelihood that the conference had motivated them, colleagues, managers and/or partners in the work they did on HIV and the following survey respondents' characteristics: attendance at a previous IAC, length of HIV professional experience, main occupation/profession, main affiliation/organization type, gender, age, and main track of interest at AIDS 2010.

Knowledge sharing

Of 1,004 survey respondents, 67% reported that they had shared information, best practices and/or skills gained at the conference.

The following examples illustrate this theme:

Verbatim	Main profession and/or area of expertise	Main affiliation	Main country of work
"I had received slides and supporting publications from each of the presenters (continued to communicate with some of presenters after the conference), summarized their work/findings and presented it to my co-workers at the branch/division levels, and are now incorporating ideas and approaches to my work as a program evaluator."	Social or behavioural science, prevention science	Government	United States of America
"I shared with other colleagues (from infectious diseases areas and other areas: mental health, social services, etc.) the approach proposed in the meeting for some topics, especially social topics (illegal drugs, general issues), so as to review our strategies."	Physician	Hospital/clinic	Argentina

¹¹ Regions represented by less than 50 survey respondents were excluded from this comparison.

Verbatim	Main profession and/or area of expertise	Main affiliation	Main country of work
“After the conference, we analyzed materials we had gained, and shared with colleagues the information received. Based on the best practices we have learned, we decided to initiate [a] new project in the most HIV affected region of Estonia. The project aimed to provide innovative approach in prevention – HIV rapid testing and develop linkage system to newly identified HIV-positive people with ARV treatment.”	Social worker, advocate/activist	People living with HIV/AIDS group/network	Estonia
“The [motto] of the youth force, ‘Now, make it happen’, was very inspiring. I have managed to share the experience with the young members of my organization and we are even more actively involved in Sexual and Reproductive Health and Rights (SRHR) programmes.”	Activist, educator/trainer	NGO	Macedonia, FYR
“I have shared up-to-date information on HIV prevention and treatment with staff and clients.”	Skills building trainer, advocate	Inter-governmental organization	Jamaica
“I have applied and transferred the knowledge and skills to my volunteers, team members and external community groups and other ethnic community organizations (e.g., the Centre for Culture, Ethnicity and Health). I have added ‘Human rights’ into my training and get volunteers to view their work as a bigger movement on a global level.”	Community health worker	Grassroots community-based organization	Australia
“After the conference, we shared and get together with our people here, who are HIV positive and negative, to exchange the information and practice the new idea into our living.”	Counsellor	People living with HIV/AIDS group/network	Taiwan, Province of China
“By networking with our German partner organization, Deutsche AidsHilfe, we have come to invite them over to our country to let them give a full day's presentation on the very successful German structural prevention and the current successful campaign they have for prevention with MSM.”	Psychologist, print journalist	Grassroots community-based organization	Netherlands
“I was the first person from all media houses from Bhutan to participate in the conference. I brought [back] some interviews; for all of us, it was [a] first-hand experience to come close [to] people living with HIV. Moreover, I made [a] short documentary on HIV (Rights here, Right now). It was an opportunity for my people to understand what is going on worldwide.”	Broadcast journalist – television	Media organization	Bhutan
“I have been able to share and practice the things learned and this has improved on the quality of my work and programs.”	Physician	NGO	Kenya
“I presented the findings from the conference to the direct care staff I work with.”	Nurse	Hospital/clinic	Canada
“The points I have learned at the conference, especially basics on CD4 cell counts (and many such facts with evidence), were useful to teach our fellows in the HIV fellowship program we conduct at our hospital.”	Physician, teacher/lecturer	Government	India
“I met someone and spoke at length on safe medical injection practices, then followed up on this at my own organization.”	Manager/director	NGO	Rwanda

Verbatim	Main profession and/or area of expertise	Main affiliation	Main country of work
"I have shared everything I had observed and learned [at the conference] with my HIV-positive colleagues when I met them during a national policy making meeting."	Health care worker/social services provider	Government	Pakistan
"I have answered many questions about information presented at the conference from clinicians who were unable to attend. Most of the questions have involved data on the new NNRTI, rilpivirine, and the tenofovir gel study, CAPRISA."	Clinical science	Pharmaceutical company	United States of America

WHO WAS MORE LIKELY TO HAVE SHARED INFORMATION, BEST PRACTICES AND/OR SKILLS GAINED AT THE CONFERENCE?

When this question was analyzed looking for statistically significant differences in survey respondents' profiles and the likelihood that they had shared information, best practices and/or skills gained at the conference, the following was found:

- * Educators/trainers (79%), advocates/activists (74%), policy/administrators (73%) and health care workers/social service providers (71%) compared with researchers (58%, $p < 0.05$)¹².
- * Delegates working in/affiliated with people living with HIV/AIDS groups/networks (83%), governments (73%), intergovernmental organizations and NGOs (71% each) compared with those working in hospitals/clinics (62%) and academia (50%, $p < 0.05$)¹³.
- * Delegates working in sub-Saharan Africa (77%), South and South-East Asia (75%) and in more than one region (69%) compared with those working in Latin America (66%), Eastern Europe and Central Asia (62%), Western and Central Europe (58%) and North America (53%, $p < 0.05$)¹⁴.
- * Delegates whose main track of interest was Track E (81%), Track D (73%) and Track F (70%) compared with those mainly interest in Track C (64%), those who did not have any track of interest (64%), those mainly interested in Track B (54%) and those mainly interested in Track A (47%, $p < 0.05$).

No statistically significant correlation was found between the likelihood that they had shared information, best practices and/or skills gained at the conference and the following survey respondents' characteristics: attendance at a previous IAC, length of HIV professional experience, gender and age.

Affirmation of current work focus and/or strategy

Of 1,004 survey respondents, 66% reported that the conference allowed them to affirm current work focus and/or strategy (e.g., the conference provided evidence that the delegate or his/her organization was doing the right thing and in the right way).

¹² Professions represented by less than 100 survey respondents were excluded from this comparison.

¹³ Affiliation/organization types represented by less than 50 survey respondents were excluded from this comparison.

¹⁴ Regions represented by less than 50 survey respondents were excluded from this comparison.

The following examples illustrate this theme:

Verbatim	Main profession and/or area of expertise	Main affiliation	Main country of work
“Reaffirmed the importance of providing legal services to PLHIV, and we have now started a free law clinic dedicated to PLHIV in London – http://www.riverhouseuk.org/node/182 .”	Lawyer, teacher/lecturer	Academia	United Kingdom
“Affirmed current work focus of ART. Adopted new PMTCT guidelines.”	Counsellor, social or behavioural science	NGO	Uganda
“Reinforced the position of the organization regarding drug use through ... launching of the discussion paper, ‘From Coercion to Cohesion’.”	Unknown	Intergovernmental organization	Brazil
“The responses to research we presented confirmed and guided our future project plans.”	Physician, clinical science	Pharmaceutical company	United States of America
“Affirmed that our work with human rights, community mobilisation and HIV and TB co-infection is very important.”	Advocate/activist, funder	NGO	Zambia
“The conference helped to affirm our support for rapid testing being available both within clinic settings and in community based settings.”	Epidemiology, postgraduate student	Academia	Australia
“Affirmed our organization's work on expansion of HAART (aka treatment as prevention) and have worked with other organizations to take the approach further into the research of Seek, Treat, Test and Retain.”	Administrator	Hospital/clinic	Canada
“The conference re-affirmed the work we do in integrating HIV, MNCH and reproductive health. This was applauded and [strengthened] other countries' desire to have [the] same interventions ...”	Manager/director	NGO	Swaziland
“Affirmed for me that using more qualitative inquiry to capture the experiences of people living with HIV was needed. I am now in the process of doing that for my PhD. The new emphasis on children with HIV now makes my work more relevant and timely as well.”	Postgraduate student	Academia	Canada, Uganda, United Kingdom
“Validated our strategy for research on woman-controlled HIV prevention.”	Prevention science, advocate	Intergovernmental organization	Global

WHO WAS MORE LIKELY TO HAVE AFFIRMED CURRENT WORK FOCUS/STRATEGY?

When this question was analyzed looking for statistically significant differences in survey respondents' profiles and the likelihood that the conference allowed them to affirm current work focus/strategy, the following was found:

- * Policy/administrators (73%), researchers (71%) and educators/trainers (70%) compared with health care workers/social service providers (65%) and advocates/activists (60%, $p < 0.05$)¹⁵.
- * Delegates working in North America (75%), sub-Saharan Africa (73%), Latin America and in more than one region (69% each), South and South-East Asia (66%) compared with those working in Eastern Europe and Central Asia (56%), and Western and Central Europe (55%, $p < 0.05$)¹⁶.
- * Delegates with at least six years of experience in the HIV field (between 68% and 73%) compared with those having less experience (62% of those having between two and five years of experience and 39% of those having less than two years' experience, $p < 0.05$).
- * Delegates between 41 and 50 years of age (72%) and those above 50 years of age (67%) compared with those between 27 and 40 years of age (65%) and those between 26 and 16 years of age (45%, $p < 0.05$).
- * Delegates who attended a previous IAC (67%) compared with first-time attendees (57%, $p < 0.05$).

No statistically significant correlation was found between the likelihood that the conference allowed delegates to affirm current work focus/strategy and the following survey respondents' characteristics: main affiliation/organization type, gender and main track of interest at AIDS 2010.

Improvement of work practices and/or methodologies

Of 1,004 survey respondents, 47% reported that they had improved and/or refined work practices and/or methodologies, including management, as a result of attending the conference.

The following examples illustrate this theme:

Verbatim	Main profession and/or area of expertise	Main affiliation	Main country of work
"Our scientific work is now oriented more also towards international standards."	Epidemiology	Hospital/clinic	Austria
"Changed management of ART in TB."	Physician	Hospital/clinic	South Africa
"We increased the VCT sites for people to find easily where [blood is tested for HIV]. We changed the policy for 100% condom use to Continuum of Prevention to Care and Treatment for Entertainment Workers."	Manager/director	Government	Cambodia
"We are now implementing some brief motivational interviewing techniques (learnt during a skills building workshop at AIDS 2010) in our programming."	Social worker	Faith-based organization	Namibia
"The clinical management guidelines of when to initiate therapy was adopted by our clinic."	Social worker	Hospital/clinic	Canada
"We reorganized our organizational structure for effective and efficient management. We expanded our advocacy work and added new information that we gained from the conference."	Psychologist, peer educator	NGO	Philippines

¹⁵ Professions represented by less than 100 survey respondents were excluded from this comparison.

¹⁶ Regions represented by less than 50 survey respondents were excluded from this comparison.

Verbatim	Main profession and/or area of expertise	Main affiliation	Main country of work
"I learnt about the new WHO guidelines for PMTCT and paediatric HIV which I was then able to implement at my work place."	Physician, clinical science	Academia	Uganda
"I have taken the material and incorporated it into the social work courses that I lecture presently. Thus, each of my courses has an HIV component."	Social worker, social or behavioural science	Academia	Trinidad and Tobago
"Ideas taken on improving community strategy have helped us refine our ways of working and we now have better communication methods with our community health workers."	Physician, manager/director	Hospital/clinic	Kenya
"We have started planning new protocols for improving HIV care of HIV-infected inmates at [the] local prison. We have designed and implemented protocols on bone health management for HIV-infected patients followed up at our institution."	Physician, clinical science	Hospital/clinic	Italy
"We improved the tests we do in the lab and added on new tests. Recruitment strategy of volunteers to participate in vaccine trial has improved after attending sessions on community engagement."	Biology and pathogenesis research	NGO	Uganda

WHO WAS MORE LIKELY TO HAVE IMPROVED AND/OR REFINED WORK PRACTICES AND/OR METHODOLOGIES?

When this question was analyzed looking for statistically significant differences in survey respondents' profiles and the likelihood that they had improved and/or refined work practices and/or methodologies as a result of attending the conference, the following was found:

- * Delegates working in/affiliated with people living with HIV/AIDS groups/networks (59%), governments (57%), hospitals/clinics (54%) and intergovernmental organizations (52%) compared with those working in NGOs (46%) and academia (41%, $p < 0.05$)¹⁷.
- * Delegates working in sub-Saharan Africa (57%), South and South-East Asia (56%) and Latin America (51%) compared with those working in Eastern Europe and Central Asia (45%), North America (35%), Western and Central Europe (34%) and in more than one region (33%, $p < 0.05$)¹⁸.

No statistically significant correlation was found between the likelihood to have improved and/or refined work practices and/or methodologies as a result of attending the conference and the following survey respondents' characteristics: attendance at a previous IAC, gender, age, main occupation/profession, length of HIV professional experience and main track of interest at AIDS 2010.

Creation of new partnerships

Of 1,004 survey respondents, 44% reported that they had created new partnerships as a result of attending the conference.

¹⁷ Affiliation/organization types represented by less than 50 survey respondents were excluded from this comparison.

¹⁸ Regions represented by less than 50 survey respondents were excluded from this comparison.

The following examples illustrate this theme:

Verbatim	Main profession and/or area of expertise	Main affiliation	Main country of work
"The conference provided an opportunity to meet with new partners. We are beginning new harm reduction programming in five countries."	Policy/programme analyst	NGO	India, China, Indonesia, Ukraine, Kenya, Cambodia
"We are now investing more in multi-national partnerships and network at an Africa level."	Advocate, lawyer	NGO	South Africa
"Have an ongoing collaboration on 2 projects with peers met at the conference."	Biology and pathogenesis research	Government	United States of America
"Creation of a network of AIDS 2010 Caribbean regional participants with ultimate establishment of plans (recruitment of guest speakers) that were successful for activities of the 2010 World AIDS Day."	Manager/director	Government	Virgin Islands, British
"I have been able to work in partnership with local government on the elaboration of public policies on HIV/AIDS prevention."	Peer educator, undergraduate student	NGO	Chile
"New partners came into our projects."	Physician	NGO	Czech Republic
"We created new and very fruitful partnership with medical state university and conducted clinical trials."	Lab technician, epidemiology	NGO	Russian Federation
"I learnt about priorities of key global partners and then identified collaboration opportunities that were mutually beneficial in the short and medium term."	Manager/director	Government	Canada
"We have a new collaboration for new TB study."	Physician, clinical science	Academia	Thailand
"During the conference we were able to create new partnerships with organizations in Eastern Europe and Central Asia and this enabled us through meetings, workshops and forums to discuss ways to increase our advocacy efforts in the new regions."	Advocate/activist	People living with HIV/AIDS group/network	Germany, Austria, Portugal, Eastern Europe and Central Asia
"Established link with another research group who is doing a similar study in Europe on HIV prevention."	Prevention science, epidemiology	Academia	Australia
"An idea gelled at the conference for a collaborative project. It emerged from a session I attended and I began, at the conference, to establish the partnerships that have led to an international project to develop a guidance document for staff of CBOs to help them manage care dilemmas when dealing with key populations."	Funder	Charitable foundation	Global

WHO WAS MORE LIKELY TO HAVE CREATED NEW PARTNERSHIPS?

When this question was analyzed looking for statistically significant differences in survey respondents' profiles and the likelihood that they had created new partnerships as a result of attending the conference, the following was found:

- * Delegates working in/affiliated with people living with HIV/AIDS groups/networks (59%), NGOs (49%) and intergovernmental organizations (44%) compared with those working in academia (35%), governments (32%) and hospitals/clinics (30%, $p < 0.05$)¹⁹.
- * Delegates working in more than one region (64%), Eastern Europe and Central Asia (51%), sub-Saharan Africa (50%) and Latin America (46%) compared with those working in South and South-East Asia (39%), North America (36%) and Western and Central Europe (34%, $p < 0.05$)²⁰.

No statistically significant correlation was found between the likelihood to have created new partnerships as a result of attending the conference and the following survey respondents' characteristics: attendance at a previous IAC, gender, age, main occupation/profession, length of HIV professional experience and main track of interest at AIDS 2010.

¹⁹ Affiliation/organization types represented by less than 50 survey respondents were excluded from this comparison.

²⁰ Regions represented by less than 50 survey respondents were excluded from this comparison.

Impact on networking

Voices of surveyed delegates

“The conference helped to shape my understanding of the global scope of the work we are doing, building up partnerships and networks that can unite again for future events.” (community-based researcher and journalist, NGO, Germany)

“[The conference allowed me] to network with other organizations.” (advocate/activist, NGO, Peru)

“The conference [allowed me to] create a great network with other organizations [with which] I shared a lot of experience.” (manager/director, people living with HIV/AIDS group/network, Ethiopia).

“Through networking with a small contingent of transgender activists, we've expanded our view and will be collaborating on a systematic review of global HIV risk for transgender women.” (health care worker/social services provider, academia, United States of America)

“Since the conference we have been able to provide evidence for the need to have government support regarding indigenous peoples and HIV. The conference information and ability to network with partners enabled us to do that.” (manager/director and peer educator, NGO, New Zealand)

“The conference has provided NGOs like ours the opportunity to widen our networks in the international community which strengthened our partnerships with NGOs and regions.” (health care worker/social services provider, NGO, Taiwan, Province of China)

“Established new contacts and cooperation, developed ... HIV prevention involving HIV-positive MSM ... (positive prevention) taking into account the experience of other NGOs that do positive prevention among LGBT. This motivated me to adhere to various networks ... in the EECA region.” (activist and peer educator, NGO, Moldova)

“The conference opened our minds to work towards new target groups we usually do not work with in our country for social and cultural reasons, such as MSM and sexual workers, in addition to [joining] regional networks and [establishing] a national one in Syria.” (policy/programme analyst and skills building trainer, faith-based organization, Syria Arab Republic)

“My organization works more systematically in establishing networking at local level.” (counsellor and social worker, NGO, Indonesia)

“I was able to meet with numerous colleagues from community-based organizations in the Global South who have served on our grant making peer review mechanisms. The networking occurring in the Global Village and at abstract-driven sessions was very useful to my program.” (funder, charitable foundation, global)

Surveyed delegates were asked if they had kept in contact with people they met for the first time at AIDS 2010. Of 1,171 respondents, 72% said “yes”. This finding is consistent with the fact that almost half of surveyed delegates reported that they had created new partnerships as a result of attending the conference.

**WHO WAS MORE LIKELY TO HAVE KEPT IN CONTACT WITH PEOPLE MET
FOR THE FIRST TIME AT AIDS 2010?**

When this question was analyzed looking for statistically significant differences in survey respondents' profiles and the likelihood that they had kept in contact with people met for the first time at the conference, the following was found:

- * Advocates/activists (82%) and policy/administrators (75%) compared with health care workers/social service providers (71%), educators/trainers (70%) and researchers (64%, $p < 0.05$)²¹.
- * Delegates working in/affiliated with people living with HIV/AIDS groups/networks (93%), NGOs (78%) and intergovernmental organizations (75%) compared with those working in governments (67%), academia (59%) and hospitals/clinics (56%, $p < 0.05$)²².
- * Delegates working in Eastern Europe and Central Asia (87%), sub-Saharan Africa (77%) and in more than one region (76%) compared with those working in Latin America (71%), South and South-East Asia (68%), Western and Central Europe (61%), and North America (57%, $p < 0.05$)²³.
- * Delegates between 26 and 16 years of age (87%) and those between 27 and 40 years of age (73%) compared with those between 41 and 50 years of age (70%) and those above 50 years (63%, $p < 0.05$).
- * Male delegates (76%) compared with female delegates (65%, $p < 0.05$).
- * First-time attendees (76%) compared with delegates who had attended a previous IAC (68%, $p < 0.05$).
- * Delegates whose main track of interest was Track F (85%), Track D (74%) and Track C (73%) compared with those mainly interested in Track E (67%), Track A (66%), Track B (54%) and those who did not have any track of interest (54%, $p < 0.05$).

No statistically significant correlation was found between the likelihood to have kept in contact with people met for the first time at the conference and the following survey respondents' characteristic: length of HIV professional experience.

Other examples provided in Appendices 1 and 2 illustrate the extent to which the conference has contributed to enhancing delegates' networks.

²¹ Professions represented by less than 100 survey respondents were excluded from this comparison.

²² Affiliation/organization types represented by less than 50 survey respondents were excluded from this comparison.

²³ Regions represented by less than 50 survey respondents were excluded from this comparison.

Impact at the local, national, regional or global level

Voices of surveyed delegates

*“The Vienna Declaration invigorated harm reduction advocacy in Canada and around the world.”
(community-based and policy researcher, self-employed/consultant, Canada)*

“In addition to the successful completion of the workplace policy, work is now at an advanced stage to develop policies for the Health and Education sectors.” (counsellor and advocate, faith-based organization, Montserrat)

“Decriminalization of drug use has been advocated and a new drug bill is drafted and in the process of discussions in the parliament.” (physician and policy/programme analyst, intergovernmental organization, Maldives)

“The Pre-Exposure Prophylaxis Initiative (IPrEx) and CAPRISA studies oriented a discussion between governmental and nongovernmental actors to look for different and new way for prevention.” (policy researcher, government, Peru)

“Some states have changed their discriminating entry and residence policies for PLHIV – see www.hivrestrictions.org.” (community-based researcher and journalist, NGO, Germany)

“The local authorities reacted to my broadcasts from Vienna and they set up a local conference for HIV and epidemic issues.” (broadcast journalist, media organization, Romania)

“There were many meetings at the ministry level to discuss how we can do better with HIV, as well as two conferences conducted [at the national level].” (physician, government, Saudi Arabia)

“MSM were not a concern to the government and were always stigmatized. After the conference, the Minister for Special Programmes in the office of the president had a meeting with them and talked about their problems and how to fight HIV and AIDS. This showed a change in perception and acceptance by the government that they exist and need to be addressed.” (health care worker/social service provider, hospital/clinic, Kenya)

“The conference was very helpful in my work, especially to improve the policy environments on HIV/AIDS in my country (e.g., to reduce stigma and discrimination, to improve the work with female sex workers and MSM).” (policy/administrator, government, Mongolia)

“The results of the SPARTAN trial changed prescribing practices of doctors. Monotherapy trials results only confirmed that its main benefit is cost and therefore has very little impact on doctors' practice in Australia.” (profession and affiliation unknown, Australia)

Surveyed delegates were asked if they were aware of AIDS 2010 influencing HIV work, policies or advocacy at the local, national, regional or global level. Of 1,124 respondents, 49% said “yes”, 40% did not know and 11% said “no”.

Respondents who were aware of AIDS 2010 influencing HIV work, policies or advocacy at the local, national, regional or global level were invited to give examples. In about 400 examples, the most recurrent themes were:

- Development or revision of policies, strategies, protocols, practices and/or guidelines related to HIV/AIDS prevention and treatment, as well as the protection of rights of the most-at-risk populations (MARPs)
- Better access to or scale up of HIV prevention, treatment, care and/or support services/programmes and better integration of HIV and other health related services
- Increased awareness and/or engagement of leaders, including policy makers, through discussions, debates, media coverage and other types of information sharing
- Increased focus on prevention
- Increased collaboration, including new partnerships, and consultation/participation of key stakeholders (e.g., civil society and community-based organizations, PLHIV, MSM and other MARPs)
- Increased advocacy related to HIV prevention and treatment, need for more funding and elimination of discrimination
- Improved recognition and prioritization of the rights of MARPs.

Not surprisingly, the following key words were the most frequently cited:

- Vienna Declaration²⁴
- CAPRISA²⁵
- WHO guidelines (new WHO guidelines to initiate treatment at a higher threshold of CD4 count)
- Prevention of mother to child transmission
- Human rights
- Test and treat
- Treatment as prevention
- Male circumcision
- Funding of HIV/AIDS programmes.

A sample of concrete examples (verbatim responses) is available for each main theme in Appendix 2.

²⁴ The Vienna Declaration, the official declaration of the XVIII International AIDS Conference, seeks to improve community health and safety by calling for the incorporation of scientific evidence into illicit drug policies and by highlighting the ways that over reliance on drug law enforcement results in a range of health and social harms, including growing HIV rates among people who use drugs. Drafted by a team of international experts and initiated by several of the world's leading HIV and drug policy scientific bodies (the International AIDS Society, the International Centre for Science in Drug Policy, and the BC Centre for Excellence in HIV/AIDS), the declaration was opened for endorsement by academics and members of the public on 28 June 2010. As of 31 March 2011, 21,000 individuals had signed it, including Nobel Laureates, former heads of state, religious leaders, and experts in science, medicine, civil society and law.

²⁵ The CAPRISA (Centre for the AIDS Programme of Research in South Africa) study is about the first vaginal gel microbicide to prevent HIV. CAPRISA compared the tenofovir microbicide vaginal gel with a placebo in sexually active women in sub-Saharan Africa. Results from this study were presented at AIDS 2010, which generated a substantial amount of reports and other types of coverage.

CONCLUSION

Results of the online survey completed by more than 1,000 AIDS 2010 delegates 10 months after AIDS 2010 demonstrate that the conference had a marked positive impact on HIV work at different levels.

Impacts at country level were reported across the globe, thanks to a strong presence of leaders at the conference and effective advocacy by delegates and their organizations after the conference. Concrete examples provided by surveyed delegates clearly show that the International AIDS Conference has the potential to influence national, regional and global HIV responses in different areas, and serves as a catalyst for policy change, elaboration of strategies, revision of protocols and/or guidelines, better access to HIV-related services, increased awareness and advocacy, increased engagement of key leaders, better collaboration between national stakeholders, and increased attention to the rights of most-at-risk populations.

The work of delegates and their organizations has also been influenced by the conference, resulting in: increased motivation; sharing of information, best practices and/or skills gained at the conference; affirmation of current work focus and/or strategy; improvement of work practices and/or methodologies; creation of new partnerships; increased advocacy; launches of new projects, programmes and research; expansion of existing projects, programmes and research; development or review of policies, procedures, guidelines and protocols; adjustment of work focus, direction or approach; and joining of existing partnerships. That 72% of surveyed delegates reported keeping in contact with people they had met for the first time at AIDS 2010 demonstrates that the relationships established during such conferences are essential and sustainable.

All these findings clearly show that the influence of AIDS 2010 has extended far beyond those who attended, thanks to networking, collaboration and knowledge sharing at all levels (community, organization, national, regional and international).

In conclusion, this follow-up survey confirmed the results of the AIDS 2008 follow-up survey, proving that far more than being simply a five-day event, the International AIDS Conference is a key forum for those working in HIV and AIDS, influencing both delegates and their organizations, and reaching thousands of non-attendees, thus accelerating the national, regional and global response to HIV.

APPENDIX 1 – Examples of the conference influences on delegates' individual and/or organizations' work

Examples are classified by main region²⁶ and do not duplicate those listed in the core report. The delegate's main profession, affiliation type and country of work are specified in brackets.

Sub-Saharan Africa



- ✍ “Our work on taking treatment as a means to halt transmission has been enhanced and we are now running [a] community trial on reducing transmission by using treatment.” (biology and pathogenesis researcher, academia, Botswana)
- ✍ “Contacts made during the conference have helped us, through technical assistance, to successfully finalize our proposal to the GFTAM [Global Fund to Fight AIDS, Tuberculosis and Malaria] round 10.” (biology and pathogenesis researcher and manager/director, government, Burkina Faso)
- ✍ “The conference had reinforced my advocacy capacities on the institutional and political level by taking [sexual minorities] into account [in] programs against AIDS. In this way, I carried out a study among sexual workers and other MSM in my country. Nowadays, strategies are developed at the national level to reduce sex workers' and MSM vulnerability towards HIV/AIDS.” (social or behavioural science and community-based researcher, consultant, Burkina Faso)
- ✍ “Following [the presentation of] Michel Sidibe as chairman of the High Level Commission on prevention, I understood the importance of HIV prevention and proposed a similar commission at the national, provincial and communal levels ...” (social or behavioural science researcher, government, Burundi)
- ✍ “I have greatly improved my advocacy work. The conference fed my organization and I with ample information on PLHIV's rights, how to fight stigmatization and how to come up with special policies in their favor.” (social worker and advocate, people living with HIV/AIDS group/network, Cameroon)
- ✍ “This conference has influenced our way of prevention through ‘treatment as prevention’, encouraged us to expand VCT and greatly improved our gender approach in Congo Brazzaville.” (physician and prevention science researcher, intergovernmental organization, Republic of Congo)
- ✍ “In my organization, we ... have started a program of sensitization of religious leaders [because] most gay men fear being seen at the LGBT clinics due to attacks called ... by the religious leaders.” (advocate/activist, grassroots community-based organization, Kenya)
- ✍ “As a council member of my organization, the Kenya Medical Women's Association (KEMWA), my colleagues and I were able to secure an appointment with Dr Zeda Rossenburg who became a key speaker in the field of pre-exposure prophylaxis at our symposium held in October 2010.” (physician and teacher/lecturer, academia, Kenya)

²⁶ The composition of each region is available in Appendix 4.

- ✍ "The conference made me more interested in the AIDS field and I hope to work in this field next year. I am especially thinking about a small project on [behaviour change by] young girls in schools ... for my graduation project." (activist and undergraduate, NGO, Kenya)
- ✍ "Same-sex relationships are not allowed in my country. However, this was one of the major topics during the conference and countries such as Malawi were asked to repeal such laws in order to accommodate MSM in the fight and response to universal treatment, care and support. Since I have come back and shared this information, the newspaper I'm working [at] is now able to write articles concerning homosexuality." (print journalist, media organization, Malawi)
- ✍ "Based on our experience of the Red Umbrella movement at AIDS 2010, we have decided to implement the same movement ... In this context, we have organized the first red Umbrella March in Mauritius and started to conduct a survey ... to learn the real problem that sex workers are facing. In the same line, we have sensitized the parliament with an advocacy document on sex workers' human rights, despite the fact that sex work is illegal in our country." (counsellor and manager/director, NGO, Mauritius)
- ✍ "We started holding technical meetings and discussing ... presentations held at the conference ... We also initiated a new project in the area of HIV prevention, which is focusing on the prevention combination that we had learnt at the conference." (manager/director, NGO, Mozambique)
- ✍ "I am a University Director and after AIDS 2010, I created a center for studies and actions in the field of AIDS prevention within my University." (prevention and social or behavioural science researcher, academia, Mozambique)
- ✍ "As a sex worker myself, our organization has just begun with sex work advocacy. In Vienna, I met sex workers from all over the world and I have gained great knowledge in the following areas: legal reform in other countries, how to correctly document police abuse, sexual health and human rights, as well as how other organizations lobby for the removal of punitive laws against sex work." (social worker and peer educator, NGO, Namibia)
- ✍ "I have joined a research group looking into HIV prevalence and variants in a cross-sectional study of high-risk groups. This study will lead to a longer term cohort study if initial findings prove favorable for further study." (physician and activist, consultant, Nigeria)
- ✍ "As a member and Chairman of Rwanda NGO Forum on AIDS and Health Promotion, we have managed, in partnership with all civil society organizations, to call for a penal code that neither promotes nor criminalizes sex workers and their partners. ... Visit our website: www.rwandangoforum.org." (physician and manager/director, faith-based organization, Rwanda)
- ✍ "The conference has influenced the way we (Association Misericorde Divine) organize cooperatives of HIV-positive women." (manager/director, NGO, Rwanda)
- ✍ "My negative perception toward men having sex with men has changed by accepting homosexuals' rights." (prevention science researcher and advocate, people living with HIV/AIDS group/network, Sierra Leone)
- ✍ "I am more aware of the Raltegravir resistance pattern and I'm using this knowledge in my prescribing practices." (physician and clinical science researcher, academia, South Africa)
- ✍ "As an organization, we did not have a clear operational document for guiding intervention focusing on MARPs (sex workers and MSM). Thanks to the conference, we have now an implementation framework." (nurse, government, Swaziland)
- ✍ "We have been encouraged to scale up efforts in addressing HIV in prison settings and on injecting drug users. This area lacked attention and research in sub-Saharan Africa." (social worker and manager/director, intergovernmental organization, Swaziland)

- ✍ "The attention to human rights during the conference influenced presentations on this topic during trainings, especially rights of women and youth." (physician, NGO, Tanzania)
- ✍ "PMTCT services' strengthening has motivated my organization to carry on the compassionate and comprehensive services without discrimination of any sort." (health care worker/social services provider, faith-based organization, United Republic of Tanzania)
- ✍ "Before the conference, I was developing a research project concerning disclosure among pediatric patients in Uganda. By attending the conference, I got exposed to studies that have been done in this area in Uganda and other countries, which has helped me to revise my proposal and focus on aspects that haven't been researched on." (social or behavioural science and community-based researcher, academia, Uganda)
- ✍ "The conference provided evidence that once you [adhere to taking] your antiretroviral drugs ... the chances of infecting others are very minimal. Thus, we have increased advocacy to engage the government on supporting our local industries, since the availability and regular supply of drugs is arguably the biggest challenge in the fight against HIV/AIDS in Uganda. This is a gap that urgently needs to be addressed, especially in a situation where universal and consistent access to drugs is not yet possible." (social worker and activist, NGO, Uganda)
- ✍ "After the conference, I have personally organized seminars in villages and at workplaces in order to share received knowledge. Moreover, I have trained over 50 journalists using the AIDS reporting manual that I got from the conference. Finally, I communicated to over 20 million Ugandans through our five radios, five newspapers and two television stations in Uganda. Thus, I am very grateful that I was offered a media scholarship by the International AIDS Society. It has greatly improved AIDS awareness in my community." (print journalist, media organization, Uganda)
- ✍ "It has influenced me in analyzing data, tracking information, and engaging in research for final dissemination at AIDS 2012." (social worker, faith-based organization, Uganda)
- ✍ "After AIDS 2010, I became the Ambassador of the Interfaith Network in Zambia ... in order to share best practices learnt at the conference, especially on the linkages between MDGs [Millennium Development Goals] and HIV, as well as religion and HIV. Recently, because of the new technological approach I had learned in Vienna, the Interfaith in Zambia gave me the task to share best practices with Botswana Interfaith which has just started." (manager/director, faith-based organization, Zambia)
- ✍ "Feedback on sex work research and programming has been extremely useful in designing our organization's sex work research programme. For the first time, we have managed to bring sex workers, the police and policy makers to a forum where they have openly expressed their concerns, in addition to chatting [about] how to work harmoniously." (social or behavioural science researcher, academia, Zimbabwe)
- ✍ "We started sensitizing health care workers on WHO 2010 guidelines." (social or behavioural science researcher, NGO, Zimbabwe)
- ✍ "We have updated our teaching protocols with the WHO 2010 guidelines." (physician, NGO, Zimbabwe)

Middle East and North Africa



- ✍ "I have updated and introduced new information in my training modules." (counsellor, intergovernmental organization, Lebanon)
- ✍ "The conference allowed me to be more confident about my work and I consider it as a turning point [in my career]." (peer educator, NGO, Lebanon)
- ✍ "By providing us with new insights, results released by the CAPRISA study influenced our work concerning interventions among sero-discordant partnerships." (epidemiology, academia, Qatar)
- ✍ "I have improved my skills in terms of drugs selection." (physician, hospital/clinic, Saudi Arabia)
- ✍ "I used to disagree with human rights' protection concerning sex workers and men having sex with men. After the conference, I understood the importance of these groups in our fight against AIDS. This shift of viewpoint [contributed to] a major change of philosophy in my organization, which has been translated [into new] policies" (social worker, NGO, Sudan)
- ✍ "I'm currently disseminating insights gained at the conference into the following themes:
 - Children and HIV (MsF workshop)
 - Motivational interview for behavior change (workshop)
 - Palliative care in resource-limited settings.I'm also planning to run workshops on these subjects in new South Sudan." (physician and teacher/lecturer, faith-based organization, Sudan)
- ✍ "I have started identifying precise training needs before conducting campaigns. In addition, I have also changed my organization's HIV spot test kits." (counsellor, intergovernmental organization, Sudan)
- ✍ "[After the conference], I have written many articles encouraging governmental and private organizations to unite and participate to the AIDS' fight in order to protect our society from AIDS." (journalist, media organization, Sudan)

Eastern Europe and Central Asia



- ✍ "My colleagues and I created a new project related to the prevention of TB among IDUs, sex workers and migrants (and submitted the proposal to TB REACH). Then, our organization has been involved in advocacy for IDUs' and sex workers' rights. We conducted seminars [and] trainings, as well as round tables for policemen." (manager/director, NGO, Kyrgyzstan)

- ✍ “My country has realized that [our] new treatment guidelines did not comply with WHO suggestions. The conference concretely helped my organization [raise] this issue in the State's Commission of HIV/AIDS. Furthermore, as a journalist, the conference contributed to greatly improve my publications, by providing me with new knowledge.” (activist and print journalist, media organization, Latvia)
- ✍ “Thanks to the conference, we have established a partnership with MTV Staying Alive and received funding in December 2010. Thus, we have been able to develop our project, named ‘HIV Aware – Be Empowered, Act Positively’.” (manager/director and peer educator, NGO, Moldova)
- ✍ “After having participated in the seminar concerning women drug users, we have realized that we had not paid much attention to the specific needs of this target group ... Consequently, my organization has improved existing harm reduction practices by ... developing a specific approach for women drug users.” (researcher, NGO, Romania)
- ✍ “As a result of attending AIDS 2010, three main positive changes have been achieved in my organization, in the Russian Federation and in Eastern Europe and Central Asia (EECA):
 - I've been in contact with a new donor organization and have received funding for a three-year project concerning positive prevention among HIV-positive MSM in Russia.
 - It has been decided to expand the mandate of my foundation and establish a consortium of HIV and MSM/LGBT services organizations ... based in Russia and in the EECA. Today, I have become the Chairman of the Board of Directors of the consortium.
 - After negotiations with international organizations (WHO, UNAIDS, UNDP), we have participated in the preparation and the conduct of the 1st regional consultation, ‘Invisible epidemic: HIV, MSM and transgender people in the EECA’, which was held in November 2010 in Ukraine.” (psychologist and manager/director, NGO, Russian Federation)
- ✍ “I have gained further experience in conducting important international advocacy campaigns (e.g., the Vienna Express), which I'm currently using while planning a new campaign in my country.” (social worker and skills building trainer, NGO, Tajikistan)
- ✍ “Discussions with colleagues from other countries helped me to develop our strategy in the domain of capacity building of organizations providing services to vulnerable women and improving gender equality.” (social worker and manager/director, NGO, Tajikistan)
- ✍ “The UNODC office is now taking a leading role in ... enhancing accessibility of IDUs to medical and social services.” (manager/director and advocate, intergovernmental organization, Turkmenistan)
- ✍ “After the conference, our organization included women's issues in its advocacy policy.” (manager/director and activist, charitable foundation, Ukraine)
- ✍ “Information received on human rights programs was studied and included into the 2010 National Report, which was presented to the government and all national stakeholders.” (policy research and policy/programme analyst, government, Ukraine)
- ✍ “I was given a lot of useful and reliable materials about human rights during the conference and I'm now using it in my advocacy work in Central and Eastern Asia.” (manager/director and skills building trainer, intergovernmental organization, Uzbekistan)

East Asia



- ✍ “Since the conference, our organization has been able to work in collaboration with other international NGOs/groups to provide services to foreign PLHIV. We have also been able to develop further our shelter services and projects in finding support for vulnerable children we support. Finally, we have updated our education campaigns addressed to schools and communities with current news and information that we received during the conference.” (health care/social services provider, NGO, Taiwan, Province of China)

South and South-East Asia



- ✍ “I went to AIDS 2010 in order to present my two evaluation papers concerning [a] teachers’ training programme on curriculum-based HIV/AIDS education. I found valuable feedbacks from the audience and visitors. Subsequently, I have provided concrete recommendations to people dealing with this programme and have designed a new impact assessment study of this programme.” (social or behavioural science and policy researcher, academia, Bangladesh)
- ✍ “Learning gained from new WHO recommendations (PMTCT and paediatric HIV care) helped build my capacity to assist the MoH [Ministry of Health] in revising national guidelines. In addition, we are initiating a new partnership to expand HIV prevention services to younger cohorts of most-at-risk populations.” (policy/programme analyst and funder, intergovernmental organization, Cambodia)
- ✍ “After attending AIDS 2010, I have realized the importance of advocacy in our work. In this regard, my organization has initiated a process of documenting advocacy efforts on Section 377 of the Indian Penal Code through interviewing key stakeholders and the community. The process is still on.” (policy/programme analyst, NGO, India)
- ✍ “The CAPRISA trial results presented at the conference energized the whole spectrum of activities on new HIV prevention technologies in India. In addition, the global experiences and lessons learned in HIV prevention, care and treatment were shared with all Indian staff of the organization FHI.” (manager/director, NGO, India)
- ✍ “Since ART and TB were very well discussed during the conference, I, as the HIV/AIDS officer of UNODC, decided to consider some activities for these two items in the country program of my office.” (physician and manager/director, intergovernmental organization, Islamic Republic of Iran)

- ✍ "The remarkable influence is the knowledge I gained in co-infections ... HIV and youth prevention. I shared this new knowledge with colleague and networks. In addition, I also gained knowledge in HIV positive rights, which is completely unknown in our country..." (health care worker/social service provider and activist, people living with HIV/AIDS group/network, Myanmar)
- ✍ "The knowledge acquired from AIDS 2010 enabled me to provide valuable input during the preparation of the 2011-2016 Nepal National HIV Strategy. My input mainly concerned multisectoral responses for halting and reversing HIV prevalence in the country." (social or behavioural science, intergovernmental organization, Nepal)
- ✍ "I have initiated a rehabilitation organization working on HIV/AIDS, sexual health, STDs and IDUs." (social or behavioural science and activist, NGO, Pakistan)
- ✍ "I focus my research efforts on risks of HIV among young professionals in our country. [In this regard], I think that an exposure to prevention efforts in different parts of the world gave me a better preparation." (researcher, academia, Philippines)
- ✍ "Since the conference, I have changed my practice regarding when to start ART." (physician, government, Thailand)
- ✍ "It has motivated us to continue our work about TB/HIV. In addition, we started focusing more on adolescence and HIV." (physician, government, Thailand)
- ✍ "We are developing the new national strategy on HIV/AIDS prevention and control for the period 2011-2020 by applying best practices ... gained at the conference." (physician, government, Vietnam)

Oceania



- ✍ "I [discovered] a new research methodology called respondent-driven sampling which has been used to reach 'hidden' populations. [Since] I am working with 'hidden' immigrant populations, I have been able to influence researchers in Australia to adopt and trial this recruitment method in a funding proposal for a major study on immigrant populations." (manager/director, government, Australia)
- ✍ "I'm now starting antiretroviral therapy for my patients at a higher CD4 count." (physician, hospital/clinic, Australia)
- ✍ "HIV & aging presentations allowed us to bring back a lot of knowledge to share and it really energized the development of state and national strategies." (advocate and educator/trainer, NGO, Australia)
- ✍ "We have developed a working group to address the issues of HIV and ageing for our PLHIV clients." (health care worker/social services provider, NGO, Australia)
- ✍ "[We] have increased our collaboration with similar organizations." (educator/trainer, NGO, Papua New Guinea)

- ✍ “I have used information [gained at the conference] to introduce a new rapid testing for hepatitis C.” (nurse and manager/director, NGO, New Zealand)

Latin America



- ✍ “[The conference greatly helped us] define the international strategic plan on HIV and AIDS for indigenous peoples and communities.” (manager/director, NGO, Bolivia)
- ✍ “Knowledge acquired at the conference has been applied to new viral models.” (researcher and teacher/lecturer, hospital/clinic, Brazil)
- ✍ “Now I have even more desire to continue studying and trying to help any human being infected by HIV. I [gave] a speech at my laboratory with some important points that touched me during the conference and had an immediate answer from other researchers and employees regarding more conscious attitudes and policies concerning HIV/AIDS patients.” (biology and pathogenesis researcher, academia, Brazil)
- ✍ “We have realized how important research is and that we have to start doing it in our service. It will help us improve good practices with our patients.” (physician, hospital/clinic, Brazil)
- ✍ “A number of community consultations took place in order to share experiences gained at the conference.” (epidemiology and community-based researcher, academia, Guatemala)
- ✍ “[The conference has enabled us] to identify injecting drug users as a key group. [We] have begun to engage in roundtable discussions with key stakeholders to focus more on this group.” (manager/director, NGO, Mexico)
- ✍ “The workshop, named ‘HIV reservoirs and strategies to control them’, helped me initiate a new project.” (biology and pathogenesis researcher, government, Mexico)
- ✍ “Research strengthening and HIV/AIDS evaluation has become an important part of the Health Ministry’s policies.” (policy researcher, government, Peru)
- ✍ “[The conference encouraged us] to create new cultural strategies to work in HIV/AIDS [such as] fashion, music and theater.” (activist, NGO, Venezuela)

Caribbean



- ✍ “We have approached community outreach differently and by doing that, we are getting some positive questions from the community, especially concerning the STD programme.” (community health worker, government, Anguilla)

- ✍ “[As a result of the conference], a new national campaign to fight stigma and discrimination was launched, in which I immediately enrolled. This campaign used a T-shirt slogan: I am HIV + does it matter?” (educator/trainer, government, Barbados)
- ✍ “As a result of attending the conference, I have developed a needs assessment survey for marginalized communities (gays, transgender, sex workers, PLHIV) in order to examine the true needs of these communities and open an organization that would facilitate their care, education, empowerment and development.” (community health worker and advocate, NGO, Barbados)
- ✍ “During the conference, I have discussed with various organizations’ members, which do a similar work [to] mine, and was able to share experiences, knowledge and methodologies with them. It helped me refocus our project and insert new approaches.” (community health worker, NGO, Dominican Republic)
- ✍ “Best practices learnt from similar agencies, presentations made on women issues globally and the demonstration of advocacy [at the conference] have resulted in the expansion of our current programs.” (nurse and skills building trainer, NGO, Jamaica)
- ✍ “It has tremendously helped me in my interactions with some most-at-risk populations such as MSM. I better understand their practices and the reason why this particular group does not readily access ... the care they need.” (health care worker/social service provider, hospital/clinic, Jamaica)
- ✍ “It gave me incentives to include HIV awareness in my online media work. On a more personal level, I have made conscious steps to practice a healthier lifestyle that can contribute to maintain my negative HIV status.” (media representative, government, Montserrat)

North America



- ✍ “I presented on a project I worked on involving the testimonies and/or affidavits of currently and formerly incarcerated people and their experiences with injection drug use in prison. In the same session was another presenter who developed a similar approach involving affidavits, but using a peer-centred approach. These peers developed their capacity to formulate research and carry out interviews, a model which I am planning to replicate.” (policy researcher and lawyer, NGO, Canada)
- ✍ “Information obtained in a workshop on women issues have been incorporated into existing programs. Contacts made with sex workers’ groups have assisted in improving a new program for our organization.” (manager/director and activist, grassroots community-based organization, Canada)
- ✍ “We looked at our cancer screening protocols and made changes. Moreover, we continue to revise and to change initiation of ART, using guidelines and recommendations presented at the conference.” (nurse, hospital/clinic, Canada)
- ✍ “I have started offering HAART to anyone, especially to patients with [CD4 counts] lower than 500. In addition, I became more aware of social challenges that people living with HIV are facing.” (physician, hospital/clinic, United States of America)
- ✍ “The conference reaffirmed our desire to continue our post-doctoral training programs in southern Africa.” (pharmacist and teacher/lecturer, academia, United States of America)

- ✍ “During the conference, I had the chance to meet an international funder interested in my work and was invited to submit a proposal that was awarded. We have begun working in three different countries this month.” (social or behavioural science researcher, academia, United States of America)
- ✍ “Findings from presentations were incorporated into our educational materials.” (community-based journalist and educator/trainer, academia, United States of America)
- ✍ “The conference helped to solidify and expand our national and international network of organizations addressing the issue of aging with HIV (US, UK, Africa, The Netherlands, Canada, Australia). We are currently working on a joint paper with these colleagues and have plans to submit proposals for joint presentations at AIDS 2012.” (social or behavioural science researcher, main affiliation unknown, United States of America)
- ✍ “[I’m] re-engaged in global HIV research and have started a project in India addressing women and HIV.” (social or behavioural science, academia, United States of America)
- ✍ “We are now more focused on involving people living with HIV/AIDS in our work.” (prevention science researcher, NGO, United States of America)
- ✍ “I was able to connect with global women organizations doing similar legal and policy advocacy for women living with HIV as I do. This helped shift my organization to use a more focused and universal human rights framework and build partnerships with other domestic HIV women organizations to develop a unified message.” (policy researcher and lawyer, people living with HIV/AIDS group/network, United States of America)
- ✍ “As a result of the session concerning male circumcision, we are refining a priority research agenda and working to expand safe and voluntary adult male circumcision.” (manager/director, NGO, United States of America)

Western and Central Europe



- ✍ “We have implemented GIPA (Greater and meaningful Involvement of People living with HIV/AIDS) and PHDP (Positive health, dignity, and prevention) principles as superior principles in creating a new larger HIV/AIDS organization in Denmark.” (advocate, NGO, Denmark)
- ✍ “[For] a couple of years, our organization has invested efforts and financial resources to motivate researchers from different fields to combine their work approaches to HIV reservoirs. AIDS 2010 confirmed ... that this is a research priority and that supporting a continuum of basic, preclinical and clinical research in this field is essential. It also enabled us to evaluate our efforts and identify our strengths and weak points. This led to an adjustment of our work’s focus. We expanded certain programs and created new international partnerships in order to focus on areas in which our community has competitive and original edges. We have joined an existing network (Alan Lafeuillade’s HIV Persistence Network) and the new IAS LinkedIn network group, ‘Towards a cure’.” (biology and pathogenesis researcher, government, France)
- ✍ “We are organizing a testing week among MSM for 2012 and are now starting brainstorming on rapid testing among migrants.” (policy/programme analyst and funder, charitable foundation, France)

- ✍ "More than the conference itself, it was the Global Village which has had the greatest influence [on my work]. For example, the cooperation with the Twinning Project's participants is being continued, the Women in Europe and Central Asia Region (WECARE) network has become one of my organization's major projects and the cooperation with other women networks last on." (social or behavioural science researcher and community-based journalist, charitable foundation, Germany)
- ✍ "We have been able to include some aspects related to immune activation in our research." (biology and pathogenesis researcher, academia, Italy)
- ✍ "I encountered a new field, namely biomedical HIV prevention research, in which I could make a contribution with my experience on HIV treatment research." (social or behavioural science researcher and teacher/lecturer, academia, Netherlands)
- ✍ "The conference inspired me to do more collaborative working and to provide a service to clients that will enable them to be informed and supported for a period of time." (community health worker, hospital/clinic, United Kingdom)
- ✍ "It helped us to develop a new resource/training package concerning the impact of HIV-related stigma for professionals." (community health worker and educator/trainer, government, United Kingdom)
- ✍ "We have developed partnerships with the Interparliamentary Union and the All Party Parliamentary group on HIV/AIDS at the British Parliament. This resulted in holding a one-day seminar on the theme, 'The role of parliaments and parliamentarians in creating effective responses to HIV/AIDS', at the National Assembly of the Republic of Serbia in December 2010. During four sessions, parliamentarians, parliamentary staff, NGO representatives and people living with HIV discussed parliamentary practice, parliamentary experiences, challenges faced by legislators and opportunities for partnerships and joint action against HIV/AIDS." (pharmacist and manager/director, NGO, Serbia)
- ✍ "I discovered new sources to use in my articles." (print journalist, media organization, Spain)
- ✍ "Vienna has helped me to improve my strategies to get in touch with Parliament's members." (lawyer, NGO, Switzerland)
- ✍ "We could get in touch with ILO and [it now supports] us in implementing a HIV workplace policy in Switzerland." (lawyer, NGO, Switzerland)

Delegate's work country not specified

- ✍ "We have started a partnership and a new project with the UNODC and the Global Fund establishing a drop-in center in Gaza for drug injectors and HIV cases and families." (physician and researcher, NGO)
- ✍ "We have strengthened our network in the field of youth prevention." (social or behavioural science researcher, NGO)
- ✍ "I launched a pilot project at the conference (I had a booth at the Global Village) whose principle was to use art ... to raise awareness of HIV/AIDS ... In Vienna, I met members of a Brazilian organization who invited people from my non-profit organization (Christie's place) to attend a series of meetings this summer, in Brazil." (physician and researcher)
- ✍ "Both agencies I volunteer with and work for are formalizing partnership agreements and have had strategic planning exercises, using some of the material I picked up in Vienna, in particular one manual concerning capacity building and one on harm reduction." (field of work unknown)
- ✍ "Feedback from the presentation of our results helped us to refine strategies." (researcher, pharmaceutical company)

- ✍ “After our participation to a satellite meeting at the conference, we have started focusing on the problem of IRIS-related mortality in Africa. Under a wider initiative concerning HIV/AIDS mortality, we are going to perform a large autopsy study this year.” (field of work unknown)
- ✍ “After my return from the conference, we have reviewed our corporate approach and decided to focus more on the vulnerability of families within the framework of [the] HIV fight. This made us ... concentrate more efforts and resources on women and children.” (advocate, NGO)
- ✍ “New evidence in the use of gels in HIV prophylaxis was a game-changer for me in the next phase of prevention.” (policy/administration, intergovernmental organization)

APPENDIX 2 – Examples of the conference influences on HIV work, policies or advocacy at the local, national, regional or global level

Many examples fall under more than one main theme. However, they are only listed once in this appendix.

Development or revision of policies, strategies, protocols, practices and/or guidelines

Local, national or regional level

Sub-Saharan Africa

- ✍ "The government of Uganda adopted the 2010 PMTCT and HAART guidelines." (Uganda)
- ✍ "Policies on task shifting and combined HIV prevention were given a renewed emphasis." (Malawi)
- ✍ "Change of ART regimen and increased cut off for CD4 test." (Malawi)
- ✍ "A few months after AIDS 2010, new and favorable national policies [were adopted] by the National AIDS Commission, Ghana Health Service and national AIDS/STIs control programmes towards HIV/AIDS prevention, advocacy, stigma & discrimination reduction, care & support, and enabling environment." (Ghana)
- ✍ "A workplace policy is coming up in Ghana." (Ghana)
- ✍ "New strategies to care [for] people who live with HIV." (Burkina Faso)
- ✍ "Through advocacy and [thanks to the help] of UNAIDS, we get in Congo Brazzaville a good law protecting PLHIV." (Republic of Congo)
- ✍ "National policies and guidelines have been reviewed especially on treatment." (Kenya)
- ✍ "[A total of] 21 NGOs have [put in place] an HIV workplace policy." (Kenya)
- ✍ "The revised WHO guidelines were promptly adapted and new country-specific HIV guidelines were developed. National training manuals were revised and new M&E tools were developed." (Zimbabwe)
- ✍ "Most programs are now adapting their guidelines according to the revised WHO guidelines." (Nigeria)
- ✍ "The policy of the Nigerian government against discrimination at workplace or any other place has greatly improved the quality of life of PLHIV." (Nigeria)
- ✍ "Swaziland used some of the information to inform guidelines on isoniazid preventive therapy (IPT). The information on ART for HIV prevention is also generating discussion that is making the country realize that they should have adopted option B for PMTCT rather than the option A in the current PMTCT guideline." (Swaziland)

East Asia

- ✍ "New regional policies on funding for forced detoxification centers in China, [influenced by] the Vienna Declaration." (China)
- ✍ "Various items presented at AIDS 2010 helped us to work out new policies about discrimination attitudes against people infected with HIV-1." (China)

South and South-East Asia

- ✍ "The National AIDS Commission and provincial commissions had sent their officials to the conference. After the conference, some standard procedures were updated." (Indonesia)
- ✍ "I think our country is more supportive of research, monitoring and evaluation of HIV programs. There are intensified efforts towards building the data base (outside of surveillance data) about what agencies and NGOs are doing with populations which did not receive attention before. The metrics of programs [are] beginning to be recognized as an important part of HIV work." (Philippines)
- ✍ "National HIV guidelines have been changed." (Thailand)
- ✍ "Counterparts are more open and motivated to revise national guidelines using information gained from AIDS 2010." (Cambodia)
- ✍ "Some strategies, such as WHO advice on care and treatment including PMTCT advice, are applied in our country." (Vietnam)

- ✍ “We developed a 2011-2012 action plan for palliative care.” (Vietnam)

Oceania

- ✍ “Australia is in the middle of reviewing its HIV resiting policy and we have put forward our support for the approval of rapid testing.” (Australia)

Latin America

- ✍ “In my city, things have changed a bit ... [with] the local elaboration of a policy to provide an effective response to HIV/AIDS; in this framework, LGBT groups are now participating, as well as commercial sex workers, government representatives, representatives of military institutions, universities, community leaders and civil society organizations.” (Ecuador)

Caribbean

- ✍ “After the conference, my country has given more attention to the ILO policies for people living with HIV ...” (Willemstad, Curacao)
- ✍ “We are now in the process of reviewing our national workplace policies regarding HIV [according to] ILO workplace policies.” (Aruba)

North America

- ✍ “I asked our municipal government to sign the Vienna Declaration, which triggered the Mayor to become fully aware of the declaration’s content and background. The crime prevention committee learned about it; the outcome to date is the triggering of a community drug strategy.” (Canada)
- ✍ “The CAPRISA data, along with evolving data about PrEP, have led to CDC guidelines on the use of HIV PrEP.” (United States of America)

Western and Central Europe

- ✍ “Since AIDS 2010, ‘combination prevention’, as Carlos Cáceres from Peru spoke about, became the new terminology in the development policy of the Dutch government.” (Netherlands)
- ✍ “Recent development of national matrix for HIV prevention and care.” (Netherlands)
- ✍ “Change in legislation regarding people living with HIV in Austria.” (Austria)
- ✍ “Focus and principles of the new AIDS strategy in my country were adjusted accordingly.” (Serbia)
- ✍ “Restrictions for PLHIV concerning travel have changed.” (Germany)

Global level

- ✍ “Data presented and discussed at the conference have influenced WHO recommendations regarding timing of ART start during TB treatment.”
- ✍ “The declarations made during the conference greatly influenced policy development at the global level (UNAIDS, WHO, etc.)”
- ✍ “The Vienna Declaration brought new movements into international drug policy.”
- ✍ “The focus on ending vertical transmission that we saw at the conference has led to shifts in policies and programs for many funders, including the Coalition on Children Affected by AIDS, for which I work. We have taken on a 5-year strategic focus that aligns with global efforts to end vertical transmission.”

Better access to or scale up of HIV prevention, treatment, care and/or support services/programmes

Local, national or regional level

Sub-Saharan Africa

- ✍ “Before the conference, ARV drugs were only delivered in the district and regional hospitals. After the conference, the National AIDS Control Programme has managed to scale up its care and treatment services to the rural settings by using PIMA CD4 counter which was presented at the conference. This has made our patients [able to get] the ARV drugs in their villages.” (Tanzania)
- ✍ “Our government is making efforts to make sure all infected people have access to treatment, care and support.” (Kenya)
- ✍ “Integration of services has been a key issue at the program and national levels, as well as sustainability of services.” (Kenya)
- ✍ “At the national level, all women and MSM have condoms made available by our peer educators.” (Mauritius)
- ✍ “Zimbabwe is accelerating [its] ARV programme.” (Zimbabwe)
- ✍ “The provision of free medication has reduced the economic burden with increased life expectancy.” (Nigeria)
- ✍ “I was able to integrate HIV prevention, care and support activities into the malaria programme which I currently oversee in my organization.” (Nigeria)
- ✍ “Established laboratory services for patients to monitor ART.” (Malawi)
- ✍ “I know that in South Africa in particular, many people can access treatment more than before and that the South African government, Department of Health nationally, has a strategy to make treatment accessible even to people living in rural areas.” (South Africa)
- ✍ “Expanded access [to] treatment programs in Africa.” (country unknown)

Eastern Europe and Central Asia

- ✍ “Improved access to HIV prevention, treatment and care services at a country level.” (Ukraine)

South and South-East Asia

- ✍ “The United Nations Population Fund (UNFPA) helped NGOs working with sex workers to access friendly health services.” (Thailand)
- ✍ “Scaling up PMTCT programs, improving early diagnosis of HIV among young infants.” (Cambodia)

North America

- ✍ “Increased testing and test and treat strategies in my county.” (United States of America)
- ✍ “I am aware of some changes in prescription patterns leaning towards earlier treatment with more effective medication.” (United States of America)

Global level

- ✍ “Some pharmaceutical companies have given off their patency rights on some ARVs so that generic forms could be produced at cheaper, affordable and sustainable rates.”

Increased awareness and/or engagement of leaders, including policy makers

Local, national or regional level

Sub-Saharan Africa

- ✍ "When I came back from the conference, we shared information with the local youth to raise their awareness." (Rwanda)
- ✍ "I am aware of commitment by several heads of state to increase funds [contributed] to HIV/AIDS. In Kenya, for the first time, money was allocated specifically for HIV/AIDS in the annual government budget." (Kenya)
- ✍ "Results from research presented at the conference have been discussed at local and national levels here in Kenya. Specifically, microbicides and the debate over concurrent partnerships have entered (or reentered) active discussion." (Kenya)
- ✍ "More attention is now paid to HIV/AIDS issues by policy makers." (South Africa)
- ✍ "More local organizations/institutions are now organizing HIV conferences. Policy makers are now more accountable for HIV funds." (Uganda)

Middle East and North Africa

- ✍ "Initiation of small workshops and seminars at the level of legislators and policy makers in my country." (Saudi Arabia)

Eastern Europe and Central Asia

- ✍ "AIDS 2010 leads to more attention for HIV in Eastern Europe and Central Asia." (Kazakhstan)
- ✍ "Returning [from the conference], the Ministry of Health started to pay more attention to MSM. We are [now] included in every process of the county coordination mechanism and so on." (Moldova)
- ✍ "Impact in Eastern Europe begins to be visible. A Ukrainian government health group recently visited Barcelona (Spain) regarding data and procedures about remarked strategies [that were presented] at AIDS 2010." (Ukraine)
- ✍ "Shared information and best practices reaching and influencing a group of positive women in Tajikistan." (Tadjikistan)
- ✍ "For Romania, AIDS 2010 ... helped to make ... public the problem of ARV treatment interruptions, as it had been hidden by Romanian officials for a long time. Thanks to journalists participating in the conference, this problem was publicly revealed." (Romania)
- ✍ "The officials from our country who participated in the conference are now speaking more carefully about HIV/AIDS issues. They understand that international organizations also pay attention to our country. It's very important that the officials see that NGOs or mass media also participated in the conference and that [therefore] the officials cannot manipulate data." (Latvia)

South and South-East Asia

- ✍ "At the local level, together with the two people from the Islamic Development Department (JAKM), we have increased our joint efforts, such as holding briefings to local communities and Islamic religious mullahs. I am also planning to set up a group of activists to campaign to get the government to modify the drastic drug laws of Malaysia towards creating an enabling environment for human rights." (Malaysia)
- ✍ "The government has declared that they will commit to follow the new WHO guidelines that [were] announced at the conference ... many services were expanding through the community." (Cambodia)

Caribbean

- ✍ "The conference helped to educate members who did not attend by having sessions with the church and communities." (Jamaica)

North America

- ✍ “As we are hosting the International AIDS Conference next year, questions around the international scope of HIV are arising.” (United States of America)

Western and Central Europe

- ✍ “Treatment is beginning to be recognized as an important tool of prevention at a national level.” (Netherlands)

Global level

- ✍ “There is a lot of interest in the possibility of an HIV cure, and the meeting increased awareness of this change in direction and focus of HIV research.”
- ✍ “Greater awareness of microbicides and interest from key funders and policymakers.”
- ✍ “I think the Vienna Declaration had a significant policy effect. Even if laws were not changed, politicians became more aware of harm reduction ideas and have begun considering their implementation.”
- ✍ “The test and treat debates at AIDS 2010 have stimulated vigorous academic and policy discussion about the relationship between public health and human rights in international HIV policy.”
- ✍ “There are talks at high levels concerning male circumcision and HIV in America.”
- ✍ “Expanded Voice of America’s programming in critical areas in Africa and Latin America.”
- ✍ “This conference has created much awareness at the global level and has made people ... realize the need for a participatory approach to this disease. It provides room for greater involvement of every individual in the society and causes a general change in perspective.”

Increased focus on prevention***Local, national or regional level***Sub-Saharan Africa

- ✍ “At the national referral hospital, there is ongoing research on prevention of mother to child transmission of HIV, as well as the new vaccines [for] infants and children. The Ministry of Medical Services is currently rolling out voluntary medical male circumcision to males from age 15 and above.” (Kenya)
- ✍ “Refocusing on prevention rather than treatment.” (Uganda)
- ✍ “The HIV/AIDS programming was refocused on prevention after realizing that treatment for all was not going to be attained soon.” (Uganda)
- ✍ “Increased support to PMTCT programs.” (Tanzania)
- ✍ “In the case of PMTCT whereby the mother has to get early care, AIDS 2010 has influenced this to be implemented at the local and national level ... the number of midwives [has increased] to meet this demand.” (Swaziland)
- ✍ “Presentations at AIDS 2010 have led to increased interest in Option B+ for PMTCT.” (Malawi)
- ✍ “There is increased attention to using scientific evidence [in] programming, e.g., male circumcision is now receiving more attention in programming. Treatment as prevention has been intensified.” (Malawi)
- ✍ “At the local level, prevention programmes have been given more attention and especially those that involve male participation, which is one of the issues that was emphasized in the conference.” (South Africa)
- ✍ “At national level, Zimbabwe has rolled out male circumcision as one ... evidence-based intervention to prevent HIV transmission.” (Zimbabwe)

Latin America

- ✍ “There were some strong presentations concerning the Prevention 2.0 new strategies and they are now being implemented in different countries.” (country unknown)

North America

- ✍ “Significant discussion about treatment as prevention.” (United States of America)

Western and Central Europe

- ✍ “Prevention and care among IDUs.” (France)

Global level

- ✍ “Treatment as prevention has been on the agenda of a number of agencies.”

Increased collaboration, including new partnerships, and consultation/participation of key stakeholders (e.g., civil society and community-based organizations, PLHIV, MSM and other MARPs)

Local, national or regional level

Sub-Saharan Africa

- ✍ “At the local level, all parties are now encouraged to participate in most activities which used to be only at the national level.” (Sierra Leone)
- ✍ “An East Africa-wide initiative on HIV/AIDS [was launched] at the workplace in five countries.” (Kenya)
- ✍ “In the Indian Ocean region, HIV-affected and infected women have been working together since January 2011.” (Mauritius)
- ✍ “A series of meetings have happened around integrating community health workers into the national health system.” (South Africa)
- ✍ “Through some networking at the conference, the African black Diaspora network has continued to grow and is working at a global level to include policy at the UN level and make sure that these groups are part of the global strategy to HIV.” (South Africa)
- ✍ “At numerous fora, I have found that the national view on MARPs and drug users has become much more tolerant, thereby encouraging such persons to get more involved in the national response.” (Nigeria)
- ✍ “The national AIDS programs have started involving MSMs [in] certain levels in discussions.” (Uganda)
- ✍ “In the days following the conference, the National AIDS Control committee in Cameroon has held talks with some groups representing MSM in Cameroon on how to target MSM with HIV prevention strategies. Even though nothing concrete has come out of those talks, the fact that the committee is talking with MSM representatives is a step towards targeting MSM (who are considered criminals) in prevention.” (Cameroon)
- ✍ “More young people who attended the conference are now leading the HIV/AIDS response in their countries and regions.” (Kenya)
- ✍ “It has encouraged PLHIV associations to get more involved in national HIV programmes than they used to be.” (Ghana)

Middle East and North Africa

- ✍ “The networking with others in Uganda and Egypt allowed us to act at [a] regional level. Before AIDS 2010, our work was only in Sudan, in Khartoum State.” (Sudan)

Eastern Europe and Central Asia

- ✍ “In our region, there is an example of networking on HIV among MSM, which is a promising mechanism for strong advocacy efforts.” (Georgia)

South and South-East Asia

- ✍ “Apart from learning and sharing, we, the transgender activists, realized there is a need to build [an] international-level network or group that can help us lead our movement towards a more positive direction on the basis of constant sharing and planning different strategies [in] different regions. Finally the Global Forum on MSM and HIV (MSMGF) helped us to form a global trans reference group which I have become a part of as well ... We have become transparent around each other’s work and planning a development process to address and solve trans people’s needs.” (India)
- ✍ “AIDS 2010 has built new linkages and has strengthened partnerships in research and among stakeholders to fight the spread of HIV, such as the Condomize Program.” (Philippines)

East Asia

- ✍ “The conference has provided NGOs like ours [with] the opportunity to widen our networks in the international community, which strengthened our partnerships with NGOs and regions.” (Taiwan)

Oceania

- ✍ “Increased collaboration with similar organizations.” (Papua New Guinea)

Latin America

- ✍ “I am more involved in working with my community (PLHIV) around my country and in international networks (REDLA+. ITPC, etc.).” (Peru)

North America

- ✍ “Roundtable with pharma and social [science] investors in February.” (United States of America)

Western and Central Europe

- ✍ “Better connection between stakeholders in the national field.” (Norway)
- ✍ “Involving people living with HIV in consultations and decisions about their care.” (United Kingdom)
- ✍ “Our organization is recognized and supported by the local government; this year – 2011 – we received significant funding from the local government for sustainability of the activities that we conduct.” (Serbia)

Global level

- ✍ “Inclusion of minority populations/communities in [national] AIDS policies.”

Increased advocacy related to HIV prevention and treatment, need for more funding and elimination of discrimination***Local, national or regional level***Sub-Saharan Africa

- ✍ “The renewed efforts of NGOs in Malawi in advocating for the rights of the minority, more especially sex workers and MSM, has shaken and challenged the political, cultural and religious establishments. The workshop on LGBT in Malawi ... has shown that AIDS 2010 has actually re-invigorated our actions to bring the ‘Rights Here, Right Now’ campaign [to] Malawi.” (Malawi)
- ✍ “We signed the charter advocating for treatment for HIV-infected people.” (Mozambique)
- ✍ “Increased advocacy on the rights of MSM in Africa.” (Tanzania)

- ✍ “Many PLHIV in my country are now getting bold to advocate for treatment for all. In the recent national elections, PLHIV were asking for treatment promises from all presidential candidates with the slogan ‘No ARVs, No votes’.” (Uganda)
- ✍ “Improved advocacy by various stakeholders and partners at a national level.” (Kenya)
- ✍ “It has influenced our advocacy direction in terms of policy and budgetary framework. People living with HIV now play a more important role in the work we do.” (Kenya)
- ✍ “It gave me an opportunity to influence policy around TB/HIV collaborative services at the country level.” (Kenya)

Middle East and North Africa

- ✍ “Advocacy for a better coverage of MSM in our Moslem region.” (Algeria)

Eastern Europe and Central Asia

- ✍ “Activists from Russia put a lot of efforts [into advocating] for continuing the Global Fund Round 4 grant. During the conference, about 480 organizations, initiative groups, activists and leaders in the HIV field signed a letter to the Global Fund Board requesting to extend the work of Russian Health Care Foundation in terms of ARV drugs provision to prisoners and migrants. These efforts were successful, with the Global Fund’s decision to prolong ARV treatment for another two years.” (Russian Federation)
- ✍ “The provisions of the Vienna Conference were used by a group of NGOs for arguing [against] the wrong policy of officials, which [reduces] the thresholds of minimal amounts [of] acetylated opium necessary for criminal liability.” (Ukraine)
- ✍ “Conference outcome document is used for advocacy. We advocated for [a] youth agenda and were quite successful.” (Uzbekistan)
- ✍ “We hold trainings for social workers of local AIDS service NGOs on prevention of hepatitis and advocate at the national level for access of IDUs and sex workers to diagnostic and treatment of hepatitis.” (Kyrgyzstan)
- ✍ “Better work in advocacy in NGOs dealing with HIV/AIDS.” (Bulgaria)

South and South-East Asia

- ✍ “The conference provided an opportunity to understand what is happening globally, such as early infant diagnosis roll out in many countries in Africa. [This] became a strong advocacy point and government rolled it out locally.” (India)
- ✍ “In my country, there are vocal voices to make [an] HIV/AIDS bill into a law.” (India)
- ✍ “Tibetan refugees in India have a lot of limitations compared to other [citizens]. Within our small community ... we at the CHOICE-HIV/AIDS Initiative had remarkably achieved [a] few milestones in policy advocacy after the conference. For example, we had been able to school sero-negative kids who are either orphans or semi-orphans with help from the Central Tibetan Administration. After AIDS 2010, we also shifted our target, giving priority to community-based leaders and government officials, and with their support, we are able to somehow reduce prevailing stigma and discrimination in our small community.” (India)
- ✍ “We were very active in advocating [for an] AIDS policy and the city is also developing the strategic plan of the AIDS City Commission.” (Indonesia)

Oceania

- ✍ “I have direct input into the submission of funding to the Department of Health for further funding for MSM from ethnic communities in Melbourne.” (Australia)
- ✍ “Colleagues [are] doing better advocacy work at the national level.” (Papua New Guinea)

Caribbean

- ✍ “I think there has been much greater visibility [for] sex workers’ issues and advocacy, both in my country and internationally. Also, in my country, there is a greater willingness to address MSM needs directly, rather than as part of programmes for the general public.” (Jamaica)

- ✍ “The advocacy of persons working directly with marginalized populations is evident at our national retreat and other training workshops at the local parish/region/country levels.” (Jamaica)

Latin America

- ✍ “Other civil society organizations are improving their advocacy work for the vulnerable people.” (Brazil)

North America

- ✍ “The Federal government of Canada is trying to close Insite, a safe injection site in Vancouver, B.C. The activists from Montreal and Vancouver are well informed and prepare to defend the legitimacy of Insite at the Supreme Court of Canada. The Vienna Declaration is an important statement for this community action.” (Canada)
- ✍ “Again, the research around the cure and the International AIDS Vaccine Initiative's antibody project has increased participation in our local advocacy efforts to make the NIH spend money on cure research. I believe the advocacy of the AIDS Policy Project led to this grant: http://www.poz.com/articles/APOBEC_10M_Grant_1_20377.shtml.” (United States of America)
- ✍ “It definitely increased US advocates' knowledge of how HIV is a human rights issue.” (United States of America)
- ✍ “The San Francisco Department of Public Health now advocates for and offers ‘test & treat’.” (United States of America)

Western and Central Europe

- ✍ “In Austria, a lot of HIV doctors tried to convince the government to give more money to the Global Fund. This was because at AIDS 2010, people were reminded of the poor contribution from Austria.” (Austria)
- ✍ “Advocating for and sensitizing the civil society on the Vienna Call to Action for Science-Based Drug Policy (Vienna Declaration).” (Germany)

Global level

- ✍ “The conference raised the worldwide discussion about the need to call for a more scientific approach to international drug policy reviewing laws criminalizing drug users by presenting scientific material to confirm the negative impact of these laws on the effective prevention, treatment and care of HIV. The conference also offered important political advocacy when reminding world leaders and the general public about the associated risks to the trend on reducing funds for treatment and research of HIV by most developed countries due to the 2009 global economic crisis.”
- ✍ “It has directly influenced advocacy for more research into new ARTs.”

Improved recognition and prioritization of the rights of MARPs

Local, national or regional level

Sub-Saharan Africa

- ✍ “In Mozambique, there have been public discussions about the rights of LGBT based on outcomes from the Vienna Conference.” (Mozambique)
- ✍ “Rights of women have been greatly emphasized in our country. In addition, gays have now been recognized and their rights were entrenched in the new constitution.” (Kenya)
- ✍ “The Kenyan National AIDS Control Council (NACC) organized its first Biennial HIV/AIDS Scientific Research Conference. The conference had a MARPs pre-conference symposium which ... focused on some of the recommendations and evidence from AIDS 2010.” (Kenya)
- ✍ “Decriminalization of sex work.” (Kenya)
- ✍ “Greater human rights focus in many programmes and events.” (South Africa)

- ✍ “Lessons learnt from AIDS 2010 have been at the forefront of informing policy at national level in South Africa with focus on rights of homosexual people.” (South Africa)
- ✍ “The [Southern] African Development [Community] (SADC) has initiated the development of a framework for addressing HIV in prison in all its member states. This is ongoing and should be finalized by January 2012 after the draft has been endorsed by [the] Parliamentary Forum and Council of Ministers. This will help address all prison health issues in SADC member states.” (Swaziland)
- ✍ “In our country, strengthening access to justice is a key component of the economic development and poverty reduction strategy. Our national strategic plan on HIV and AIDS gives special attention to the monitoring and protection of human rights, especially those of MARPs.” (Rwanda)
- ✍ “Big debate on MSM’s rights in Zambian politics.” (Zambia)
- ✍ “In Africa, there are more initiatives to conduct studies on sexual minorities.” (Burkina Faso)
- ✍ “Rights for MSM and drug users.” (Tanzania)

South and South-East Asia

- ✍ “Most of [the] people from Bangladesh who attended AIDS 2010 engaged in new initiatives for HIV prevention and mitigations. For example, one of my friends launched a nationwide programme to mitigate the HIV vulnerability among [the] transgender and MSM population.” (Bangladesh)
- ✍ “The theme Rights Here, Right Now helped to focus and center the discourse on rights and [the] state’s responsibility.” (India)

Latin America

- ✍ “The government of my city gives more attention and funds for prevention towards marginalized groups due to their sexual orientations.” (Mexico)
- ✍ “Harm reduction for IDUs.” (Brazil)

North America

- ✍ “The theme of Rights Here, Right Now is echoing around the region. The immigrant ban has been lifted in USA, as well as the ban on federal funding for syringe exchange. There is more discussion on reviewing laws that criminalize PLHIV.” (United States of America)

Eastern Europe and Central Asia

- ✍ “In Eastern Europe and Central Asia, many organizations have been mobilized (e.g., creation of the menZDRAV Consortium), the focus of activities was expanded to human rights/minority rights, etc. New country and regional initiatives, such as advocacy and coordination bodies on HIV and MSM, have started.” (Russian Federation)

Western and Central Europe

- ✍ “In November 2010, we organized a seminar during which we addressed ... topics related to the criminalization of groups such as sex workers, drug users and people living with HIV.” (Norway)
- ✍ “The STIGMA INDEX Polish Implementation Project.” (Poland)

Global level

- ✍ “The conference did an outstanding job of furthering the rights of IDUs.”
- ✍ “The presentation of the Stigma Index and criminalization has strengthened the voice of PLHIV as a new tool at global and regional levels.”
- ✍ “A team is working toward decriminalization of sex work. A paper prepared by my organization, in collaboration with the Department of Community Development, will be presented by the Minister for Community Development in the coming ICCAP [International Congress on AIDS in Asia and the Pacific] in Korea.”

APPENDIX 3 – AIDS 2010 follow-up survey form

Overall impact of the conference

1. Was AIDS 2010 your first International AIDS conference?

- Yes
- No

2. Did you keep contact with people you met for the first time at AIDS 2010?

- Yes
- No

3. *Did the conference influence your individual and/or organization's work in any way?

- Yes
- No (skip next 2 questions – go to Q4)

3.1 Please select from the list below the types of influences the conference has had on your individual and/or organization's work and/or concrete actions taken as a result of attending AIDS 2010.

Select all that apply

- Affirmed current work focus/strategy (e.g., the conference provided evidence that my organization or I was doing the right thing and in the right way)
- Adjusted/changed work focus, direction or approach
- Improved/refined work practices and/or methodologies, including management
- Developed new or reviewed existing policies, procedures, guidelines, protocols, etc.
- Initiated new projects, programmes and/or research
- Expanded existing projects, programmes and/or research
- Increased advocacy efforts
- Created new partnerships
- Joined existing partnerships
- Shared information, best practices and/or skills gained at the conference with colleagues, managers and/or partners (e.g., through meetings, workshops, seminars, production and/or dissemination of reports/papers, emails, online forum, Facebook, Twitter, blogs, etc.)
- Motivated me, colleagues, managers and/or partners in the work we do on HIV
- Other (please specify:.....)

3.2 Please insert in the text box below a concrete example of how the conference has influenced your individual and/or organization's work.

4. Are you aware of AIDS 2010 influencing HIV work, policies or advocacy at the local, national, regional or global level?

- Yes (please give a concrete example:.....)
- No
- Don't know

Personal details

5. What was your main track of interest at AIDS 2010 (i.e., the track in which you attended most sessions)?

- Track A: Basic Science
- Track B: Clinical Sciences
- Track C: Epidemiology and Prevention Sciences
- Track D: Social and Behavioural Sciences
- Track E: Economics, Operations Research, Care and Health Systems
- Track F: Policy, Law, Human Rights and Political Science
- I had no main track of interest
- I don't remember

6. *What is your main occupation/profession? (selection from a scrolling menu)

Max 2 choices

7. *In which country do you mainly work? (selection from a scrolling menu)

8. With which type of organization or profession are you mainly affiliated? (selection from a scrolling menu)

9. For how many years have you worked in the HIV field (full or part time)?

- Less than 2
- Between 2 and 5
- Between 6 and 10
- Between 11 and 15
- More than 15

10. What is your gender?

- Female
- Male
- Transgender
- Don't want to disclose

11. What is your age?

- Between 16 and 26
- Between 27 and 40
- Between 41 and 50
- Above 50

APPENDIX 4 – List of countries classified by main region²⁷

CARIBBEAN	LATIN AMERICA	OCEANIA	SUB-SAHARAN AFRICA	WESTERN AND CENTRAL EUROPE
Anguilla	Argentina	American Samoa	Angola	Albania
Antigua and Barbuda	Belize	Australia	Benin	Andorra
Aruba	Bolivia	Cook Islands	Botswana	Austria
Bahamas	Brazil	Fiji	Burkina Faso	Belgium
Barbados	Chile	French Guiana	Burundi	Czech Republic
Bermuda	Colombia	French Polynesia	Cameroon	Denmark
Cayman Islands	Costa Rica	Guam	Cape Verde	Finland
Cuba	Ecuador	Kiribati	Central African Republic	France
Dominica	El Salvador	Marshall Islands	Chad	Germany
Dominican Republic	Falkland Islands (Malvinas)	Micronesia (Federated States)	Comoros	Greece
Grenada	Guatemala	Nauru	Congo, Republic of the	Holy See (Vatican)
Grenada	Guyana	New Caledonia	Cote d'Ivoire	Hungary
Guadeloupe	Honduras	New Zealand	Democratic Republic of the Congo	Iceland
Haiti	Mexico	Niue	Djibouti	Ireland
Jamaica	Nicaragua	Norfolk Islands	Equatorial Guinea	Israel
Montserrat	Panama	Northern Mariana Islands	Eritrea	Italy
Netherlands Antilles	Paraguay	Palau	Ethiopia	Liechtenstein
Puerto Rico	Peru	Papua New Guinea	Gabon	Luxembourg
Saint Helena	South Georgia and the South Sandwich Islands	Pitcairn	Gambia	Macedonia, FYR
Saint Kitts and Nevis	Suriname	Samoa	Ghana	Malta
Saint Lucia	Uruguay	Solomon Islands	Guinea	Monaco
Saint Pierre and Miquelon	Venezuela	Tokelau	Guinea-Bissau	Montenegro
Saint Vincent and the Grenadines	NORTH AFRICA AND MIDDLE EAST	Tonga	Kenya	Netherlands
Trinidad and Tobago	Algeria	Tuvalu	Lesotho	Norway
Turks and Caicos Islands	Bahrain	Vanuatu	Liberia	Poland
Virgin Islands, British	Cyprus	Wallis and Futuna	Madagascar	Portugal
Virgin Islands, US	Egypt	SOUTH AND SOUTH-EAST ASIA	Malawi	San Marino
EASTERN EUROPE AND CENTRAL ASIA	Iraq	Afghanistan	Mali	Serbia
Armenia	Jordan	Bangladesh	Mauritania	Slovakia
Azerbaijan	Kuwait	Bhutan	Mauritius	Slovenia
Belarus	Lebanon	British Indian Ocean Territory	Mayotte	Spain
Bosnia and Herzegovina	Libyan Arab Jamahiriya	Brunei Darussalam	Mozambique	Sweden
Bulgaria	Morocco	Cambodia	Namibia	Switzerland
Croatia	Oman	Christmas Island	Niger	United Kingdom of Great Britain and Northern Ireland
Estonia	Palestinian Territory (occupied)	Cocos (Keeling) Islands	Nigeria	NORTH AMERICA
Georgia	Qatar	Heard Islands and McDonald Islands	Rwanda	Canada
Kazakhstan	Saudi Arabia	India	Sao Tome and Principe	United States of America
Kyrgyzstan	Sudan	Indonesia	Senegal	EAST ASIA
Latvia	Syrian Arab Republic	Iran, Islamic Republic Of	Seychelles	China
Lithuania	Tunisia	Lao People's Democratic Republic	Sierra Leone	Democratic People's Republic of Korea
Moldova	Turkey	Malaysia	Somalia	Hong Kong
Romania	United Arab Emirates	Maldives	South Africa	Japan
Russian Federation	Yemen	Myanmar	Swaziland	Macao
Tajikistan		Nepal	Togo	Mongolia
Turkmenistan		Pakistan	Uganda	Republic of Korea
Ukraine		Philippines	United Republic of Tanzania	Taiwan (province of China)
Uzbekistan		Singapore	Zambia	
		Sri Lanka	Zimbabwe	
		Thailand		
		Timor-Leste		
		Viet Nam		

²⁷ Source: UNAIDS classification used for AIDS 2010



AIDS 2010

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Rights Here, Right Now