THIRD EASTERN EUROPE AND
CENTRAL ASIA AIDS CONFERENCE
(28-30 October 2009, Moscow, Russia)

EVALUATION REPORT

Prepared by the International AIDS Society, Evaluation Coordinator

January 2010
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Thanks are extended to all participants, committee members and co-chairs who completed surveys as part of the evaluation.

Without their contributions, it would not have been possible to analyze the process and impact of EECAAC 2009 in such great detail.

The evaluation could not have been undertaken without the assistance of the staff of AIDS Infoshare, namely: Elena Peryshkina (Director), Vladimir Moguilniy (Programme Director), Irina Kostetskaya (Monitoring & Evaluation Coordinator), Yulia Kuznetsova (Programme Coordinator), Sergey Tyurin (Information Programme Manager), Maria Ivannikova (PR and Communication Manager), Marina Nikitina (Project Coordinator) and Irina Deobald (Programme Coordinator).
## ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS 2010</td>
<td>XVIII International AIDS Conference (Austria, 2010)</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>CPC</td>
<td>Conference Programme Committee</td>
</tr>
<tr>
<td>COC</td>
<td>Conference Organizing Committee</td>
</tr>
<tr>
<td>EECAAC 2006</td>
<td>First Eastern Europe and Central Asia AIDS Conference (Russia, 2006)</td>
</tr>
<tr>
<td>EECAAC 2008</td>
<td>Second Eastern Europe and Central Asia AIDS Conference (Russia, 2008)</td>
</tr>
<tr>
<td>EECAAC 2009</td>
<td>Third Eastern Europe and Central Asia AIDS Conference (Russia, 2009)</td>
</tr>
<tr>
<td>IAS</td>
<td>International AIDS Society</td>
</tr>
<tr>
<td>NIH</td>
<td>National Institutes of Health (US)</td>
</tr>
<tr>
<td>OST</td>
<td>Opioid substitution therapy</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Joint Programme on HIV/AIDS</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

The Third Eastern Europe and Central Asia AIDS Conference (EECAAC 2009) was held in Moscow, Russia, from 28 to 30 October 2009, and attended by 2,642 participants from 60 countries. The theme of the conference was Regional Cooperation: Join the Efforts for Universal Access.

The leading data collection instrument was a self-administered survey available in English and Russian that was distributed to approximately 1,000 participants on the final day of the conference. A total of 330 participants returned this survey, which also included questions about the long-term impacts of the Second Eastern Europe and Central Asia AIDS Conference (EECAAC 2008). In addition, several other instruments were utilized to collect a range of views. These included an online survey sent to members of all conference committees, review of the conference documentation and website, and consultation with staff of the Conference Secretariat.

The main findings of the evaluation include:

A. Conference Attendance and Support to Participation

- The largest proportion of participants came from Eastern Europe and Central Asia (88%). More than half of the participants worked in the field of AIDS service or medicine, and 70% have worked in HIV or AIDS for less than 10 years. The majority of participants were first-time attendees (62%).
- The largest proportion of surveyed participants (47%) selected the conference programme as the main reason for attending EECAAC 2009, followed by networking (20%) and skill-building opportunities (18%).
- Four hundred and thirty (430) scholarships were awarded to applicants, highlighting the effort to support the participation of resource-limited professionals.
- The overall organization was rated highly, with more than 70% of surveyed participants rating the various organization and logistics elements as “good” or “excellent”.
- Conference information resources were well appreciated, with more than 75% of the surveyed participants rating the conference printed materials, the conference website and the pre-conference information as “good” or “excellent”.
- More than half of surveyed participants (53%) would prefer the next EECAAC to be located alternatively between countries of the Eastern Europe and Central Asia region.

B. Conference Programme

- Conference committees:
  - Surveyed committee members were satisfied overall with the process for building sessions. They were more satisfied with the process for building special sessions (almost 80% reported they were “satisfied” or “very satisfied”) than with the process for building plenary sessions, skills-building workshops and concurrent sessions (less than 65% reported they were “satisfied” or “very satisfied”).
  - The vast majority of surveyed committee members (93%) thought that the programme-building process had been influenced by the 2010 deadline for achieving universal access to HIV prevention, treatment, care and support.
Abstracts:
- Four hundred and thirteen (413) abstracts were submitted, of which 344 (83%) were selected for the programme and published in the abstract book. Sixty abstracts were presented through oral sessions and 100 through posters.
- The top two topics addressed by selected abstracts were second-generation surveillance (17%) and the effectiveness of prevention programmes (16%).

Programme content:
- A theme was chosen for each day of the conference: the epidemic and response (Day 1); prevention for most at-risk populations (Day 2); and treatment, care and support (Day 3). The vast majority of surveyed participants (more than 85%) reported that the conference programme content had matched “fairly well” or “very well” with each theme.
- Similar to Eecaac 2008, session content was the element of the programme most highly rated, with 85% of surveyed participants assessing it as “good” or “excellent”.
- Speakers, moderators and the range of topics covered were also rated highly, with more than 75% of surveyed participants reporting that these elements were “good” or “excellent”.
- Similar to Eecaac 2008, the quality of discussion and debate attracted the most criticism, with only 60% of surveyed participants rating this aspect of the programme as “good” or “excellent”.
- Similar to Eecaac 2008, concurrent sessions, plenary sessions and satellites were the session types considered most useful.
- More than one-third of surveyed participants would like to have more skills-building workshops and special sessions at the next Eecaac.

C. Conference Impact

Achievement of objectives:
- More than half (56%) of surveyed participants rated Eecaac 2009 as “successful” or “very successful” in reviewing progress and challenges towards achieving universal access to HIV prevention, treatment, care and support.
- More than 40% of surveyed participants also considered Eecaac 2009 as “successful” or “very successful” in:
  - Discussing solutions to reduce risks of HIV infection among people who inject drugs
  - Addressing national peculiarities of the epidemic in the most affected countries of the Eastern Europe and Central Asia region
  - Strengthening regional cooperation
  - Setting priorities for the Eastern Europe and Central Asia region, with special emphasis on prevention among target groups.
- The conference objective that received the lowest score was advocating for implementation of social justice and respect for human rights to overcome stigma and discrimination and reach the most at-risk target groups (40% said this was “successful” or “very successful” versus 35% “somewhat successful” and 25% “not very successful” or “not successful at all”).

Benefits gained, anticipated follow-up actions and implications:
- Similar to Eecaac 2008, new contacts and opportunities for partnership and collaboration was by far the most frequently identified gain, selected by almost two-thirds (64%) of surveyed participants.
Other most frequently identified benefits included: the affirmation of current research or practice (54%); an improved understanding of the HIV epidemic in Eastern Europe and Central Asia (52%); new insights into HIV science (33%); and a renewed sense of purpose (33%).

Similar to EECAAC 2008, the majority of surveyed participants (87%) planned to share new information with colleagues after the conference.

About half also anticipated developing new partnerships or collaborations (51%) and following up with new contacts (49%).

Strengthened cooperation and support to policy and advocacy efforts were the two themes most frequently identified by surveyed participants when asked what implications they thought the conference might have on HIV/AIDS research, policy, advocacy and programmes in Eastern Europe and Central Asia.

- **Long-term impact of EECAAC 2008:**
  - The most frequently identified gain from attending the second conference (EECAAC 2008) was the acquisition of new information and knowledge (60%).
  - Almost one-third (31%) of surveyed participants also gained benefits in networking and sharing experience during EECAAC 2008. This is confirmed by the fact that almost 80% of surveyed participants had kept contact with at least five people they had met at EECAAC 2008.
  - EECAAC 2008 had an influence on individual HIV work for 77% of surveyed participants, mainly through the improvement of current work approach or methodology (57%).
  - At the organizational level, 58% of the surveyed participants said that EECAAC 2008 had changed their organizations’ direction, focus or methodology, or that it had given new impetus to existing work implemented by their organizations.
  - At the country level, 40% of surveyed participants were aware of EECAAC 2008 having influenced HIV work, policies or advocacy in their countries. The most frequently reported change was an increased awareness of and/or commitment to HIV/AIDS, especially by governments.

In conclusion, the evaluation demonstrated that EECAAC 2009 was highly rated and was successful in achieving its goal of strengthening regional cooperation and joining efforts towards fighting HIV/AIDS and achieving the goal of universal access to HIV prevention, treatment and care. The evaluation showed that the conference had an immediate impact on many participants and their work, and that its influence is likely to extend far beyond those who attended, thanks to their intention to share new knowledge and practice with colleagues and peers. The evaluation also showed that EECAAC 2008 had a positive effect on the HIV work of a number of individuals, organizations and countries in the areas of HIV prevention, treatment, care and support.
CONTEXT AND METHODOLOGY

Background and Rationale

The Third Eastern Europe and Central Asia AIDS Conference (EECAAC 2009) was held in Moscow, Russia, from 28 to 30 October 2009. EECAAC 2009 was organized by the Federal Service for the Monitoring of Consumer Rights and Personal Welfare in the Russian Federation, in partnership with: the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations Joint Programme on HIV/AIDS (UNAIDS); and the International AIDS Society (IAS). Planning was led by four co-chairs and a 21-member Conference Organizing Committee (COC). The Conference Secretariat was located at AIDS Infoshare, a Russian non-government organization. The HIV Coordinating Council of the Commonwealth of Independent States is the overall custodian of the Eastern Europe and Central Asia AIDS Conference.

The theme of EECAAC 2009 was Regional Cooperation: Join the Efforts for Universal Access. To address this theme, the conference aimed at strengthening regional cooperation and joining efforts towards fighting HIV/AIDS and achieving the goal of universal access to HIV prevention, treatment and care. The EECAAC 2009 conference recognized that universal access includes not only the essential biomedical interventions, but also social justice and human rights considerations that are necessary to overcome stigma and discrimination and reach the most at-risk target groups, such as young people and people who use drugs.

The conference was attended by 2,642 registered participants (versus 2,056 at EECAAC 2008, i.e., an increase of 28.5%), representing 60 countries (versus 52 at EECAAC 2008).

The conference programme featured plenary sessions, special sessions, concurrent sessions, a poster exhibition, satellites and workshops. EECAAC 2009 provided other opportunities to reach the AIDS community through the Community Dialogue Space, “Besedka”, and the Youth Village.

EECAAC 2009 was the third conference of this series to be systematically evaluated. The objective was to identify strengths and weaknesses of the conference and to assess whether it had met its objectives to ultimately ensure the conference continues to play a key role in strengthening regional and global responses to AIDS.

Methodology

Given the wide scope of the conference, the evaluation sought to collect a range of views using quantitative, qualitative and impact indicators. To this end, various methods were used to collect data, including:

- Review of EECAAC 2009 documentation, its website and previous conference evaluation reports
- Consultation with staff of the Conference Secretariat
- Surveys of conference participants and members of conference planning committees
- Review of statistical data relating to EECAAC 2009 registration, scholarships and abstracts
- Review of monitoring data from previous conferences to allow comparison over time.
The main data collection instrument was a self-administered survey comprising 33 closed questions and seven open-ended questions\(^1\). The survey was distributed to approximately 1,000 participants on the morning of the final day of the conference. Available in Russian and English, the survey sought the following types of information:

- Demographic details (e.g., country of work, main occupation, length of time working in HIV/AIDS field)
- Reason for attending the conference
- Ratings of the conference programme and organization
- Feedback about the success of the conference in achieving its key purposes and its immediate impact on participants
- Feedback about the longer-term impact of the previous conference (EECAAC 2008).

Of the 1,000 survey forms distributed, 330 were returned, which is a 33% response rate.

All committee members were invited to complete an online survey\(^2\) after the conference through Cvent, Inc., a web survey programme.

Data entry for printed surveys administered on site was undertaken by the Conference Secretariat under the supervision of the conference evaluation coordinator.

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 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 issues\(^3\). To allow comparison over time, monitoring data from previous conferences were also reviewed. Responses to qualitative questions (i.e., to open-ended questions) were coded according to broad thematic categories.

**Promotion of the Evaluation**

Evaluation promotion was conducted to inform participants of the purpose of evaluation and to encourage them to complete the participant survey. This included an advertisement in the conference programme booklet, available in each participant bag, as well as an announcement by the two co-chairs at the closing session.

For the participant survey distributed on site, respondents were invited to drop their completed forms into one of the 10 evaluation boxes situated at the conference venue. Each box had a clear sign on its front. Among other advantages, the use of boxes allowed an extension of the survey completion time and a reduction in the number of volunteers needed to collect the forms after the closing session.

The online committee survey was active for three weeks, and two reminders were sent to non-respondents.

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\(^1\) See complete survey form in Appendix 1.

\(^2\) See complete survey form in Appendix 2.

1. CONFERENCE ATTENDANCE AND SUPPORT FOR PARTICIPATION

1.1 Profile of Participants and Survey Respondents

Information about participants’ and survey respondents’ age, gender, field of activity, area of work, organization, length of time in the HIV/AIDS field, main country of work and attendance at previous conferences is presented in this section.

A comparison of the 330 survey respondents with the 2,642 delegates who provided demographic details at time of registration showed that, overall, the survey sample was representative with respect to gender, age, field of activity, type of organization and attendance at the previous EECAAC. However, participants working for governmental organizations were slightly over represented in the survey sample, while those identifying AIDS services as their main field of activity were slightly under represented.

1.1.1 Age and Gender

Similar to EECAAC 2008, a large proportion of participants and survey respondents were female (see details in Figure 1.1).

As illustrated in Figure 1.2, more than two-thirds of participants and survey respondents were between 30 and 55 years of age (68%). However, participants between 18 and 30 years of age were well represented (almost 20%).

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4 Female participants were also over represented at EECAAC 2006 (55% female versus 45% male).
1.1.2 Main Field of Activity, Area of Work and Type of Organization

When participants registered for the conference, they were asked to identify their main field of activity from a nine-item list. The same list was used in the survey and, similar to EECAAC 2008, more than half of the participants and survey respondents worked in the field of AIDS services or medicine (see Figure 1.3).
Although conference participants were not asked to specify if HIV or AIDS was their main area of work, survey respondents were asked to do so. Of the 306 respondents, the largest group reported that HIV or AIDS was their main area of work (70%).

Similar to EECAAC 2008, the largest proportion of participants and survey respondents worked in governmental organizations and non-governmental non-commercial organizations (see details in Figure 1.4).

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5 Total for participants exceeds 100% as some participants selected more than one field of activity at registration time.
1.1.3 Nationality and Country of Work

Similar to the first and second conferences, the largest proportion of conference participants came from the host country and region (see details in Figures 1.5 and 1.6).

Figure 1.5 Breakdown of Participants by Region (based on nationality)
Survey respondents were asked to select the country where they mainly work from a list of nine countries (including the option, “other”). Not surprisingly, Russia was the country most frequently cited (see details in Figure 1.7).

**Figure 1.6 Top 10 Countries Represented by Participants (based on nationality)**

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russia</td>
<td>1,543</td>
</tr>
<tr>
<td>Ukraine</td>
<td>214</td>
</tr>
<tr>
<td>United States</td>
<td>146</td>
</tr>
<tr>
<td>Belarus</td>
<td>121</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>87</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>73</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>68</td>
</tr>
<tr>
<td>Moldova</td>
<td>52</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>51</td>
</tr>
<tr>
<td>Armenia</td>
<td>35</td>
</tr>
</tbody>
</table>

**Figure 1.7 Breakdown of Survey Respondents by Country of Work**

- Russia: 54.3%
- Ukraine: 12.6%
- Kazakhstan: 5.3%
- Moldova: 4.6%
- Belarus: 4.6%
- Caucuses: 4.6%
- Uzbekistan: 4.3%
- Other: 3.3%
- Tajikistan: 3.3%
- Kyrgyzstan: 2.0%
- Baltic States: 1.0%
1.1.4 Years Worked in HIV or AIDS Field

The majority of survey respondents (70%) had worked in the field of HIV or AIDS for less than 10 years (see Figure 1.8).

**Figure 1.8 Number of Years Survey Respondents had Worked in HIV/AIDS**

- Over 15 years: 13%
- 11 to 15 years: 17%
- 6 to 10 years: 25%
- 3 to 5 years: 27%
- 2 years or less: 17%

1.1.5 Attendance at Previous Conferences

Similar to EECAAC 2008, the majority of participants and survey respondents were first-time attendees (as opposed to those who attended the previous EECAAC). However, the proportion of non-first-time attendees increased slightly compared with EECAAC 2008 (see Figure 1.9).
Survey respondents were also asked if they had attended the first conference (EECAAC 2006) held in Moscow from 15 to 17 May 2006. Just more than one-quarter (26%) replied “yes”.

1.1.6 Main Reasons for Attending EECAAC 2009

Survey respondents were asked to identify their main reason for attending EECAAC 2009 from an eight-item list. Similar to the first and second conferences, the conference programme was selected by the largest proportion of respondents. Other important reasons for attending were networking and skills-building opportunities (see Figure 1.10).
Surprisingly, only 4% of respondents selected “presenting a paper, workshop or satellite” as the main reason for attending the conference (versus 18% of EECAAC 2008 surveyed participants). These finding suggest that participants are more interested in learning from others than in sharing their knowledge and/or skills with others, and that they may not understand what the benefits are of presenting a paper, workshop or satellite at EECAAC.

1.2 Support for Participation

This section describes findings on various aspects aimed at enhancing the participation of conference attendees.

It should be noted that in an effort to support the participation of people from resource-limited settings, a total of 430 participants received a scholarship to attend EECAAC 2009.
1.2.1 Information

Surveyed participants were asked to rate three information resources that were at their disposal. As shown in Figure 1.11, the printed materials distributed on site received the highest score, with 87% of respondents rating them as “good” or “excellent”. The conference website and the pre-conference information were also rated highly (with more than 75% of respondents rating them as “good” or “excellent”). All three of these resources got a higher score than they did at EECAAC 20086.

![Figure 1.11 Rating of Conference Information Resources](image)

1.2.2 Logistics and Organization

Surveyed participants were asked to rate different elements of the conference logistics and organization. Similar to EECAAC 2008, the conference venue and facilities received the highest proportion of “good” or “excellent” ratings (94.5%). The overall organization, badge and bag collection, as well as the opening and closing ceremonies, were also rated highly (with more than 90% of respondents rating them as “good” or “excellent”). Poster viewing area, signage and time tabling of sessions got lower scores (see Figure 1.12). It is encouraging to note that all these elements received a higher score than they did at EECAAC 20088.

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6 Printed materials were rated as “good” or “excellent” by 85% of EECAAC 2008 survey respondents; the conference website as “good” or “excellent” by 76% of respondents; and the pre-conference information as “good” or “excellent” by 70% of respondents.

7 Respondents who selected the option, “Don’t know”, were excluded from the total.

8 The conference venue and facilities were rated as “good” or “excellent” by 87% of EECAAC 2008 survey respondents; badge and bag collection as “good” or “excellent” by 70% of respondents; the opening ceremony as “good” or “excellent” by 78% of respondents; the online registration as “good” or “excellent” by 78% of
Survey respondents had the opportunity to write comments and make suggestions on the conference organization. A total of 65 people provided specific feedback about the organization, of which 19 wrote positive remarks. The comments most frequently noted related to the following two elements:

- **Participants’ profile** (n=10): Respondents expressed the need to involve more government officials, policy makers, social scientists and representatives of religious confessions.

- **Conference location** (n=9): While some respondents stressed the importance of keeping Russia as the EECAAC host country, others clearly stated that the conference should be held in other countries.

Other remarks (n=27) included the following suggestions (each made by at least two respondents): (1) have more conference information and materials available electronically (on CD-ROM or sent by email); (2) provide participants with certificates; (3) offer more accommodation options that are close to the conference venue; (4) decrease the number of sessions or extend the conference duration; (5) provide more food and drinks on site at decent prices; and (6) provide more details on the programme before the conference to help participants select sessions they wish to attend.

Looking back at the conference location, surveyed participants were asked in which country they would like to see future conferences taking place. They could choose one of the following options: (1) always in Russia; (2) alternating between countries of the Eastern Europe and Central Asia region; and (3) no preference. As illustrated in Figure 1.13, just more than half of respondents selected the second option.
Figure 1.13 Preferred Country to Host the Next Conferences

Survey respondents then had the opportunity to list any countries of the Eastern Europe and Central Asia region which they would be reluctant to visit to attend an EECAAC. Countries most frequently listed by the 59 respondents were Kazakhstan (24%), Ukraine (19%), Georgia (17%), Uzbekistan (15%), Tadjikistan (14%), Turkmenistan (12%) and Armenia (10%).
2. CONFERENCE PROGRAMME

2.1 Programme Building

With guidance from the Conference Organizing Committee (COC), the programme was developed by the three following programme committees:

- Science and Medicine Committee
- Civil Society Committee
- Regional Partnerships Committee.

To assess the effectiveness of the programme-building process and to cover other elements that are not necessarily presented in this report, all planning committee co-chairs and members were surveyed after the conference. Results presented in this section should be treated with caution because of the low response rate. As shown in Figure 2.1, the response rate varied by committee.

**Figure 2.1 Survey Response Rate of Committees**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Total number (members and co-chairs)</th>
<th>Number who completed the survey</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Organizing Committee</td>
<td>25</td>
<td>7</td>
<td>28%</td>
</tr>
<tr>
<td>Science and Medicine Committee</td>
<td>13</td>
<td>4</td>
<td>31%</td>
</tr>
<tr>
<td>Civil Society Committee</td>
<td>13</td>
<td>7</td>
<td>54%</td>
</tr>
<tr>
<td>Regional Partnership Committee</td>
<td>9</td>
<td>1</td>
<td>11%</td>
</tr>
</tbody>
</table>

As an indicator of their engagement in the conference, almost half of surveyed committee members played additional roles during the conference: 47% were session chairs and 41% were session speakers.

**Committee Mandate and Operations**

The majority of surveyed committee members indicated that the mandate of their respective committee was “very clear” or “clear” (85% of COC members versus 73% of programme committee members). The majority also rated their committee as “very successful” or “successful” in fulfilling its mandate (86% of COC members versus 64% of programme committee members).

As they are based in many different countries, committee members worked together mainly through teleconferences and occasional meetings. Although the majority was satisfied with the number of teleconferences and meetings, almost one-third felt that there were too few meetings and telephone conferences (31%). With respect to their usefulness, meetings were considered to be “very useful” by 38% of survey respondents (versus 63% who considered them to be “somewhat useful”).

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10 The total number of respondents is 17 because two survey respondents belonged to more than one committee (the COC and the Civil Society Committee).
Teleconferences were considered to be “very useful” by 25% of survey respondents (versus 67% who considered them to be “somewhat useful” and 8% who considered them to be “not very useful”).

When asked how interactive their committees were, 25% of surveyed members reported they were “very interactive” (i.e., they had many constructive exchanges through emails, phone calls or meetings), 56% reported they were “somewhat interactive” (i.e., they had some constructive exchanges through emails, phone calls or meetings), and 19% reported they were “not very interactive” (i.e., they had very few constructive exchanges through emails, phone calls or meetings).

Guidance received from committee co-chairs was considered to be “good” or “excellent” by 93% of surveyed committee members. The overall support provided to committees by the EECACC 2009 Secretariat was rated as “excellent” or “good” by 88% of survey respondents. The majority (81%) of surveyed committee members rated the acknowledgement they received for their voluntary work and efforts as “good” or “excellent”.

In order to improve the operations of future committees, two respondents recommended that the Conference Secretariat make greater efforts in disseminating information during the planning phase, including information related to the abstract selection process and other important decisions concerning the conference.

**Selection of Abstract and Session Topics**

Surveyed committee members were satisfied, overall, with the process for building sessions. As shown in Figure 2.2, they were more satisfied with the process for building special sessions (almost 80% reported that they were “satisfied” or “very satisfied”) than with the process for building plenary sessions, skills-building workshops and concurrent sessions (less than 65% reported that they were “satisfied” or “very satisfied”).

**Figure 2.2 Committees’ Feedback on the Process for Building Sessions**

- **Special sessions (n=14)**
  - Not very satisfied or not at all satisfied: 7%
  - Somewhat satisfied: 14%
  - Satisfied or very satisfied: 79%

- **Concurrent sessions (n=14)**
  - Not very satisfied or not at all satisfied: 7%
  - Somewhat satisfied: 29%
  - Satisfied or very satisfied: 64%

- **Skills-building workshops (n=12)**
  - Not very satisfied or not at all satisfied: 17%
  - Somewhat satisfied: 25%
  - Satisfied or very satisfied: 58%

- **Plenary sessions (n=15)**
  - Not very satisfied or not at all satisfied: 20%
  - Somewhat satisfied: 27%
  - Satisfied or very satisfied: 53%
Surveyed committee members were asked if they thought the programme-building process (selection of topics and speakers/moderators) had been influenced by the following elements:

- Partnership for research between Russian and US National Institutes of Health (NIH) scientists
- Political Declaration and other outcomes of the 52nd Session of the Commission on Narcotic Drugs, held in Vienna, Austria (2009)
- Outcomes of the 35th G8 Summit, held in Italy (2009)
- The close deadline (2010) for achieving universal access to HIV prevention, treatment, care and support.

As shown in Figure 2.3, the majority of respondents (93%) thought that the programme-building process had been influenced by the close deadline (2010) for achieving universal access to HIV prevention, treatment, care and support. They also thought that the process had been influenced by the partnership for research between Russian and US NIH scientists (75%). Whether the process had been influenced by the outcomes of the 35th G8 Summit and by the Political Declaration and other outcomes of the 52nd Session of the Commission on Narcotic Drugs was less clear, with one-third reporting that they did not know.

Surveyed members were also asked what level of consideration they felt was given to the findings and recommendations of the EECAAC 2008 evaluation during the building of the EECAAC 2009 programme. The majority of respondents felt that the evaluation results were given “moderate consideration” (67%), with the remainder saying that the results were given “high consideration” (20%) or “little consideration” (7%). Only one respondent (7%) selected the option, “did not know/not aware of lessons learnt from EECAAC 2008”.

With respect to the final programme, all surveyed committee members reported that the conference programme had met their expectations “fairly well” or “very well” (73% and 27%, respectively).
Surveyed committee members were also satisfied by the conference venue, with 94% rating the quality\(^{11}\) of session rooms as “good” or “excellent”, and 80% rating the quality of the poster exhibition as “good” or “excellent”.

When asked in which country they would like to see future conferences being held, more than half (56%) selected the option, “alternating between countries of the Eastern Europe and Central Asia region”; 25% had no preference, and the remainder (19%) selected the option, “always in Russia”.

### 2.2 Programme Content

The programme comprised:

- Three plenary sessions
- 27 concurrent sessions
- Four special sessions
- Nine skills-building workshops
- 26 satellites
- 126 posters displayed in the poster exhibition
- A three-day US-Russian Scientific Workshop.

Other related activities included commercial exhibitions from 30 regional and international organizations. The popular Community Dialogue Space, “Besedka”, and Youth Village\(^{12}\) created dialogue spaces for civil society and young leaders during the three days of the conference.

Looking at the abstracts, of 413 submitted abstracts, 344 were selected for the programme (83%). Selected abstracts were all published in the abstract book (two volumes), which was distributed for free to all participants. Of those, 60 were presented through oral sessions and 100 through posters\(^{13}\); the remaining 184 were published only in the abstract book. As shown in Figure 2.4, the top two topics addressed by selected abstracts were second-generation surveillance and the effectiveness of prevention programmes.

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\(^{11}\) Quality refers to the layout, seating, light, temperature, sound proofing and other elements that are essential to retain participants’ attention and support speakers and presenters.

\(^{12}\) The Community Space and Youth Village were introduced for the first time at EECAAC 2008.

\(^{13}\) In addition to the 100 posters presenting an abstract, 26 posters were exhibited as part of the US-Russian Scientific Workshop.
**Figure 2.4 Main Topics of Abstracts Selected for EECAAC 2009**

- Second-generation surveillance: 17%
- Effectiveness of prevention programmes: 16%
- Others: 12%
- Adaptation, resosialization, rehabilitation of PLHIV: 10%
- Training and retraining of personnel: 10%
- HIV among women: 8%
- HIV and TB: 4%
- Compliance to treatment: 4%
- Substitution therapy: 3%
- Treatment of HIV infection: 3%
- Medical ethics. Stigma and discrimination: 3%
- Treatment of HIV infection among drug users: 3%
- Opportunistic infections: 3%
- HIV and hepatitis: 3%
- Resistance: 2%
- Associated diseases: 1%

**Percentage of abstracts (n=344)**

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### 2.2.1 Daily Themes

The conference programme was organized around three daily themes:
- The epidemic and response (Day 1)
- Prevention for most at-risk populations (Day 2)
- Treatment, care and support (Day 3).

Survey respondents were asked to indicate how well the conference programme content had matched with daily themes. As illustrated in Figure 2.5, the vast majority of respondents reported that the conference programme content had matched “fairly well” or “very well” with each theme. The theme that got the lowest score was “Prevention for most at-risk populations” (Day 2).
Figure 2.5 Rating of Daily Theme\textsuperscript{14}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure2_5.png}
\caption{Percentage of respondents rating each day's theme as very well, fairly well, or not very well.}
\end{figure}

\textbf{2.2.2 Overall Programme Quality}

Survey respondents were asked to rate: the content of sessions (i.e., their relevance to the HIV epidemics in Eastern Europe and Central Asia); speakers (i.e., their ability to give clear presentations and to provide clear answers when requested); moderators and/or facilitators (i.e., their ability to stick to the programme and to moderate discussions or facilitate workshops); the quality of discussions and debates; and the range of topics covered using a four-point scale (excellent, good, fair, poor). Similar to EECAAC 2008, session content was the element of the programme most highly rated, with 85.4\% of respondents assessing it as “good” or “excellent” (see Figure 2.6). Speakers, moderators and the range of topics covered were also rated highly, with more than 75\% of respondents reporting that these elements were “good” or “excellent”. As for EECAAC 2008, the quality of discussion and debate attracted the most criticism, with only 60\% of respondents rating this aspect of the programme as “good” or “excellent”.

\textsuperscript{14} Respondents who selected the options, “Don’t know” or “Did not attend”, were excluded from the total.
When this question was further analyzed, it was found that rating of sessions, speakers, moderators, the range of topics covered and the quality of discussions and debates was not significantly related to the length of time a respondent had worked in the HIV field, his or her field of activity, or whether she or he had attended a previous EECAAC.

### 2.2.3 Usefulness of Sessions and Activities

Respondents were asked to select the two types of sessions or activities that they had found most useful at EECAAC 2009 from a 10-item list. Similar to EECAAC 2008, concurrent sessions, plenary sessions and satellites were the types most frequently identified (see Figure 2.7).
2.2.4 Preferred Mix of Sessions and Activities

Respondents were asked if they would change the mix of the programme for the next EECAAC. As shown in Figure 2.8, although more than half of respondents would make no change to the number of plenary sessions, concurrent sessions, satellites and posters, more than one-third would like more skills-building workshops (39%) and special sessions (36%). The wish to have more skills-building workshops was also expressed by EECAAC 2008 surveyed participants (46% of them wanted more skills-building workshops).

Figure 2.8 Preferred Programme Mix for the Next EECAAC

<table>
<thead>
<tr>
<th>Type of session or activity</th>
<th>More</th>
<th>No change</th>
<th>Less</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills-building workshops (n=296)</td>
<td>39%</td>
<td>42%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Special sessions (n=295)</td>
<td>36%</td>
<td>48%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Posters (n=277)</td>
<td>21%</td>
<td>57%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>Satellites (n=301)</td>
<td>21%</td>
<td>56%</td>
<td>16%</td>
<td>8%</td>
</tr>
<tr>
<td>Concurrent sessions (n=303)</td>
<td>19%</td>
<td>62%</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td>Plenary sessions (n=300)</td>
<td>17%</td>
<td>65%</td>
<td>12%</td>
<td>6%</td>
</tr>
</tbody>
</table>

15 Total exceeds 100% as respondents were asked to identify two types of sessions or activities.
When this question was further analyzed, it was found that a preference for more skills-building workshops was not significantly related to whether a respondent had attended a previous EECAAC. However, although not statistically significant, it was found that:

- Almost half of those with less than five years of experience in the HIV field (45.5%) would like more skills-building workshops, far more than those with at least five years of experience (33.5%).
- More than 43% of respondents who identified charity, education or AIDS services as their main fields of activity would like more skills-building workshops, more than those working in medicine (30.6%), health care (24%) or science (15%).

### 2.2.5 Comments on Programme

Survey respondents had the opportunity to write comments and make suggestions on the conference programme. A total of 55 people provided specific feedback about the programme, of which 17 wrote positive remarks. The most frequently noted comments related to the following two areas:

- **Amount of attention paid to some topics, issues or groups** (n=20): A variety of topics requiring more attention were identified, each by one or two people. These included: prevention (need to have more presentations on successful and effective implementation of prevention programmes); HIV and opportunistic infections in children; treatment (including operating mode to optimize treatment); policy and advocacy; AIDS and oncology; integrated approach to HIV prevention among people who inject drugs (including harm reduction); epidemic forecasting; and issues for men who have sex with men; and lesbian, gay, bisexual and transgender.

Some respondents also noted the lack of opportunities for representatives of civil society to talk about their successes, failures and lessons learned.

Several respondents felt that there were too many presentations on Russia and that there should be a better balance of regional representation among speakers and presentations (in content and focus).

- **Number of parallel sessions** (n=6): Respondents regretted that there were too many parallel sessions held on similar issues, preventing participants’ attendance at more than one session of interest.

Other comments (n=12) included several respondents’ expression that the quality of some scientific presentations was poor or that little new information had been presented. Suggestions were also made, each by one respondent, to increase the number of workshops, working meetings, discussions (especially with the authorities) and events for journalists, and to have a cultural programme (including visits outside the conference venue).
3. CONFERENCE IMPACT

The impact of EECAAC 2009 was investigated in terms of the achievement of key conference objectives and the effect of the conference on individual participants and their work in HIV and AIDS.

3.1 Achievement of Key Objectives

Survey respondents were asked to assess how successful the conference had been in achieving the following six objectives:

- Reviewing progress and challenges towards achieving universal access to HIV prevention, treatment, care and support
- Strengthening regional cooperation
- Setting priorities for the Eastern Europe and Central Asia region with special emphasis on prevention among target groups
- Addressing national peculiarities of the epidemic in the most affected countries of the Eastern Europe and Central Asia region
- Advocating for implementation of social justice and respect for human rights to overcome stigma and discrimination and reach the most at-risk target groups
- Discussing solutions to reduce risks of HIV infection among people who inject drugs.

As shown in Figure 3.1, more than half of respondents considered the conference to have been “successful” or “very successful” in reviewing progress and challenges towards achieving universal access to HIV prevention, treatment, care and support (56%). Almost half of respondents also considered the conference to have been “successful” or “very successful” in discussing solutions for reducing risks of HIV infection among people who inject drugs (47%). However, just more than one-quarter (27%) considered the conference to have been “not very successful” or “not successful at all” in achieving the latter.

The conference objective that received the lowest score was advocating for implementation of social justice and respect for human rights to overcome stigma and discrimination and reach the most at-risk target groups (40% “successful” or “very successful” versus 35% “somewhat successful” and 25% “not very successful” or “not successful at all”).
When this question was further analyzed, it was found that the rating of the objective, “reviewing progress and challenges towards achieving universal access to HIV prevention, treatment, care and support”, was significantly related to whether a respondent had attended EECAAC 2008 (61.6% of respondents who did not attend EECAAC 2008 reported that the conference was “successful” or “very successful” in achieving this objective versus 47.4% who attended EECAAC 2008; p<0.05). Although not statistically significant (p>0.05), the same trend was observed for the other objectives, with a systematically higher proportion of those who did not attend EECAAC 2008 than those who attended EECAAC 2008 rating the conference as “successful” or “very successful”.

Although no statistically significant association was found between the rating of conference achievements and the respondents’ fields of activity (p>0.05), it should be noted that those who identified health care, charity or AIDS services as their main field of activity were systematically less likely than those working in medicine or science to indicate that the conference was “successful” or “very successful” in achieving the stated objective.\(^\text{16}\)

### 3.2 Professional Benefits Gained from Attending EECAAC 2009

Survey respondents were presented with a 10-item list of potential benefits and asked to identify any they had acquired as a result of attending EECAAC 2009. Similar to EECAAC 2008, new contacts and opportunities for partnership and collaboration was by far the most frequently identified gain, selected

\(^{16}\) The other categories of field of activity (media, pharma, education, authorities and other) were excluded from the analysis because of their low representation in the survey sample.
by almost two-thirds (64%) of respondents. However, as shown in Figure 3.2, trend analysis from EECAAC 2008 to EECAAC 2009 shows that some benefits were more frequently identified by EECAAC 2009 surveyed participants (e.g., 54% of EECAAC 2009 survey respondents selected the benefit, “Affirmation of current research or practice”, versus 27% of EECAAC 2008 survey respondents). Others were more frequently identified by EECAAC 2008 surveyed participants (e.g., 46% of EECAAC 2008 survey respondents selected the benefit, “A renewed sense of purpose”, versus 33% of EECAAC 2009 survey respondents).

**Figure 3.2 Main Benefits Gained from Attending EECAAC (2008 and 2009)**

Other gains, specified by respondents who selected the option, “other”, included the following:
- Learning from other countries
- Strengthening of regional cooperation
- Open discussion of complex problems (e.g., opioid substitution therapy)
- Presentation of my organization
- Awareness of the gravity of the situation of human rights in Russia
- Opportunity to see presentations on special areas
- Understanding the new challenges of AIDS
- Dialogue with the Russian Government

Virtually all respondents (100%) reported that they had benefited professionally from attending EECAAC 2009, with two-thirds (66%) identifying three or more benefits. As shown in Figure 3.3, EECAAC 2009 saw an increase in the number of benefits reported by survey respondents.

17 Total exceeds 100% because respondents were able to select more than one gain.
When this question was further analyzed, it was found that although not statistically significant (p>0.05), respondents who identified medicine or science as their main fields of activity were more likely to have gained at least four benefits (48.9% and 40.9%, respectively) compared with those working in other fields (33.3% of those working in health care, 29.7% of those working in AIDS service, and 16.7% of those working in charity).

As an indicator of the conference’s professional value, survey respondents were asked if they would choose to attend the next conference, based on their experience of EECAAC 2009. Almost all (94.5%) indicated they would choose to attend. Respondents who would not attend were asked why this was. The following reasons were given (each by one respondent): EECAAC 2009 did not meet the participant’s expectations (i.e., content of previous conferences was much more interesting); EECAAC 2009 provided limited new information; absence of perspectives for the implementation of the information received at the conference (the second and third conferences gave answers to all questions); attending the conference is too expensive; and the translation at EECAAC 2009 was poor.

### 3.3 Anticipated Use of Benefits Gained at EECAAC 2009

Survey respondents were asked to identify how they anticipated using the benefit(s) they had gained at EECAAC 2009 from a list of eight activities. Most respondents anticipated undertaking at least one activity (97% versus 94% of EECAAC 2008 surveyed participants); the remainder reported that they were unsure or would not do anything differently. Similar to EECAAC 2008, sharing new information with colleagues was by far the most frequently identified activity, selected by more than 87% of
respondents; developing partnerships or collaborations and following up new contacts were also very important (selected by 51% and 49% of survey respondents, respectively). As shown in Figure 3.4, the proportion of EECAAC 2009 survey respondents who selected the following activities was much higher than the proportion of EECAAC 2008 survey respondents who did so:

- Apply new insights to prevention programmes (44% versus 27% of EECAAC 2008 survey respondents).
- Undertake new research (28% versus 17% of EECAAC 2008 survey respondents).

Figure 3.4 Anticipated Use of Benefits Gained at the Conference (2008 and 2009)

A large majority of respondents (91% versus 86% of EECAAC 2008 surveyed participants) intended to undertake more than one activity, with more than two-thirds (68% versus 63% of EECAAC 2008 surveyed participants) planning to undertake three or more activities (see details in Figure 3.5).

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18 Although a gap appears in the figure for the activity, “Apply new insights to clinical practice”, between both conferences (21% for EECAACC 2009 versus 9% for EECAC 2008), this activity is not listed in the narrative part because it was formulated somewhat differently in the EECAAC 2008 survey form (i.e., “Apply new insights to HIV treatment and care”).

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3.4 Implications of EECAAC 2009

3.4.1 Feedback from Participants

Surveyed participants were asked what implications they think the conference may have on HIV/AIDS research, policy, advocacy and programmes in Eastern Europe and Central Asia. A total of 119 participants answered this question, of which 104 provided clear and relevant responses that were classified into 11 main themes. As illustrated in Figure 3.6, the two themes most frequently identified were “cooperation” and “policy and advocacy” (27% and 18% of survey respondents, respectively).
Concrete examples classified into each theme are presented here:

- **Cooperation**: Exchange of experience and/or strengthening of cooperation between various actors in the HIV/AIDS response based in the same country or in different countries, resulting in better coordination (including harmonization of standards and approaches) and eventually in more effective programmes.

- **Policy and advocacy**: Increased attention of politicians and authorities on HIV/AIDS, more tolerance of politicians and authorities towards people living with HIV (PLHIV) and the most at-risk populations, more consideration for civil society organizations working in the field of HIV/AIDS, development of new policies, and policy change.

- **Research**: Promotion of research efforts, new impetus and/or directions to research projects, and development of common research programmes. Topics specified by respondents included: molecular biology, HIV/AIDS policy development, sociology, psychology, and development of more accurate methods to estimate the size of most at-risk populations.

- **Other**: Promotion of new targeted programmes, increased attention of health professionals and of the public on HIV, more tolerance towards vulnerable populations, and better understanding of the HIV epidemic in Eastern Europe and Central Asia.

- **Prevention**: Improvement of prevention services, expansion of existing prevention programmes, development and promotion of new prevention programmes and/or methodologies, and better understanding of prevention in the most at-risk populations.

- **Overall positive impact**: General and short statements indicating clearly that the conference would have positive impact(s) were classified into this theme.

- **Funding**: Increased funding for HIV prevention and other programmes.

- **Treatment and care**: Universal access to treatment, use of new antiretroviral (ARV) therapy regimens, clear supply circuit for ARV drugs (with responsibility to be borne by national
authorities), treatment of opportunistic infections, standardization of approaches to diagnosis and treatment, extension of social services for PLHIV, and establishing clear common standards of treatment.

- **Planning and prioritization**: Identify priority issues, develop new objectives, and establish strategic plan.
- **Harm reduction**: Review policy on opioid substitution therapy (OST), introduce and legalize OST in Russia, scale up methadone pilot projects at the state level, advocacy, and possibly policy changes on harm reduction.
- **No impact or negative effect**: One respondent clearly stated that EECAAC 2009 would not have any effect, while another thought that the speech of one of the conference co-chairs against harm reduction and methadone would slow the development of these programmes in the region.

It should be noted that EECAAC 2009 participants helped produce a final conference statement, which identified areas needing immediate action, such as initiating and supporting robust research programmes in order to generate more regional information and evidence.

### 3.4.2 Media Coverage

EECAAC generated significant media attention resulting in a number of regional and international stories. Approximately 80 regional media and 10 international media outlets attended the conference. The official opening press conference was well attended with around 70 media outlets attending, including a number of foreign media outlets such as BBC, Agence-France Presse, Associated Press and Reuters. A prominent story by BBC as the conference was opening helped to drive substantial additional coverage.

The stories included detailed coverage of policy issues central to the region, including the role of drug use in the spread of HIV and implementation of evidence-based prevention programmes. The International AIDS Society, one of the conference organizers, briefed key foreign media prior to the conference to explain the issues surrounding the debate on harm reduction in particular. The briefings, along with others conducted by the Global Fund, another co-organizer, and other regional advocates helped to frame media coverage during the week. Blunt public statements in opposition to harm reduction strategies by government officials at the opening press conference provided journalists with a compelling story.

Media coverage at EECAAC raised significant attention about the Russian government’s refusal to extend funding for the GLOBUS Project, a network of successful HIV prevention programmes in Russia, though it had previously committed to doing so. Less than two weeks after the close of the conference, the Global Fund Board agreed to an exceptional two year extension of funding for the GLOBUS Project, which many attribute in part to the significant media attention and advocacy focused on this issue during EECAAC.

### 3.5 Looking Back to EECAAC 2008: Evidence of EECAAC Impact

Conference participants who had attended EECAAC 2008 were asked to reflect on the longer-term impact of that conference. Questions about the longer-term impact of EECAAC 2008 were included in the EECAAC 2009 participant survey and were expected to be answered only by respondents who indicated they had attended EECAAC 2008.
Comparisons with findings about the longer-term impact of the first conference (EECAAC 2006) are presented in this section, whenever applicable\(^\text{19}\).

**3.5.1 Benefits Gained at EECAAC 2008**

Surveyed participants who had attended EECAAC 2008 were asked to recall the most important things they gained from attending that conference. Of 107 participants who had attended EECAAC 2008, 63% identified at least one gain; the remainder did not respond.

Similar to EECAAC 2006, the most frequently identified gain was the acquisition of new information and knowledge (reported by 60% of survey respondents). This varied from general information about the epidemic to specific HIV-related topics, such as prevention, treatment, harm reduction, vulnerable groups (e.g. migrants and people who inject drugs), co-infection management, fight against stigma and discrimination, and the Global Fund’s priorities in the Eastern Europe and Central Asia region. As illustrated in Figure 3.7, EECAAC 2008 was also successful in creating opportunities for networking, meeting new people and sharing experience (a gain reported by 31% of survey respondents).

![Figure 3.7 Main Benefits Gained by Participants at EECAAC 2008](image)

Benefits classified as “other” included the following (each stated by one respondent):
- Discussion in "Besedka" on advocacy of the rights of injecting drug users to ARV treatment
- Confirmation that we are going the right way
- Ability to advocate for harm-reduction programmes
- Clarified the situation on HIV/AIDS and helped to choose the most important areas of work
- Relatively active participation of representatives of different religions, especially from Christians and Muslims.

\(^{19}\) During EECAAC 2008, 50 participants who had attended EECAAC 2006 were interviewed by the evaluation team. It was not possible to conduct interviews during EECAAC 2009 due to lack of human resources and time.

\(^{20}\) Total exceeds 100% as more than one gain could be identified.
Voices of Participants: Main Benefits Gained at EECAAC 2008

- “New information on antiretroviral therapy. New acquaintances with colleagues and discussion on projects in the region.”
- “Directions for the next two years. Knowledge of the epidemic, the main problems and barriers to work and opportunities for solutions.”
- “Participation has allowed (me) to improv[e] my work in HIV prevention in vulnerable groups, establishing new professional contacts.”
- “Advanced skills, familiarity with the experience of colleagues from the region, familiarity and cooperation with other non-governmental organizations in our region.”

3.5.2 Impact of EECAAC 2008 at the Individual Level

Surveyed participants were asked if they had kept contact with people they had met for the first time at EECAAC 2008. Of 105 respondents, the vast majority replied “yes” (95%). As shown in Figure 3.8, almost 80% reported to have kept contact with at least five people.

The majority of respondents indicated that the main purpose of keeping contact with new people they had met at EECAAC 2008 was sharing knowledge, lessons learnt and suggested solutions (90%), followed by creating a new partnership and/or starting a new project together (37%), and joining an existing partnership and/or project (26%).

Surveyed participants were also asked if EECAAC 2008 had given them the opportunity to strengthen collaborations and/or networks with existing partners (i.e., people they already knew before EECAAC 2008). Of 103 respondents, the vast majority replied “yes” (92%).

With respect to changes in individual HIV work, participants were asked if they had done anything differently in their HIV work as a result of attending EECAAC 2008. The majority replied “yes” (77%), of which 47 participants (57%) gave concrete examples that fell into five broad categories (see Figure 3.9).
As shown in Figure 3.9, the most frequently identified change was the refinement of current work approach and/or methodology in the light of new information and knowledge gained at the conference. It was also the change most frequently identified by participants who had attended EECAAC 2006 (37%).

**Voices of Participants: Changes in Individual HIV Work**

- “Thanks to a report made at the conference by Russia’s colleagues, we have planned and conducted a similar study in Ukraine.”
- “Examples of work in other areas make it possible to implement it at home. Began advocating for prevention programmes, with description of work in other institutions.”
- “Organized intensive training of personnel, including health network.”
- “Applied new technologies, new approaches to work. Vision of problems and work has changed.”
- “Collaborate with partner organizations.”

### 3.5.3 Impact of EECAAC 2008 at the Organizational Level

Surveyed participants were asked if EECAAC 2008 had directed or influenced any of the HIV work undertaken in their organizations. Almost two-thirds (65%) reported that this had been the case (versus 68% of EECAAC 2006 participants). The remainder stated that the conference had not directed or influenced the organizations’ work in HIV (17%), or they did not know (18%).

Thirty-six survey respondents gave concrete examples that fell into four broad themes (see Figure 3.10).
As shown in Figure 3.10, the most frequently identified impact was change in direction, focus and/or methodology of the organizations’ HIV work, or new impetus given to the existing work implemented by the organizations. It was also the change most frequently identified by participants who had attended EECAAC 2006 (41%).

Voices of Participants: Changes at the Organizational Level

- “Increased influence on regional policy.”
- “The views of different social groups, beneficiaries were taken into account when designing projects.”
- “Conducted a seminar-training with Muslim religious leaders.”
- “Increased enrolment of medical workers, implemented prevention programmes in the educational process of universities.”
- “Expanded activities in the areas of prevention.”

3.5.4 Impact of EECAAC 2008 at the Country Level

Surveyed participants were asked if they were aware of EECAAC 2008 having influenced HIV work, policies or advocacy in their countries. Forty percent reported that the conference had an influence at the country level. The remainder indicated that they were not aware of any influence (24%) or they did not know (37%).

Eighteen survey respondents gave concrete examples, which fell into three broad themes (see Figure 3.11).

**Figure 3.11 Changes at the Country Level**

- Increased awareness about and/or commitment to HIV/AIDS: 44%
- Influenced current approach, practices, guidelines or policy: 28%
- Increased involvement of key populations in the response to AIDS: 28%
As shown in Figure 3.11, the most frequently reported effect was an increased awareness of and/or commitment to HIV/AIDS, especially by governments.

<table>
<thead>
<tr>
<th>Voices of Participants: Changes at Country Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>✜ “Expansion of prevention programmes.”</td>
</tr>
<tr>
<td>✜ “Optimization and development of the new law on HIV infection in our country.”</td>
</tr>
<tr>
<td>✜ “Introduction of new preventive and therapeutic technologies.”</td>
</tr>
<tr>
<td>✜ “Increased the number of substitution therapy sites.”</td>
</tr>
<tr>
<td>✜ “Representatives of governmental structures attending the conference become acquainted with approaches to solving problems … it’s then easier to work with them.”</td>
</tr>
<tr>
<td>✜ “Started to talk openly about substitution therapy, the rights of people in the field of HIV. More attention has been drawn from governmental structures and mass media.”</td>
</tr>
</tbody>
</table>
4. CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

Despite the current financial crisis, EECAAC 2009 was well attended and attracted a range of experts, mainly from the Eastern Europe and Central Asia region. The evaluation demonstrated that EECAAC 2009 was highly rated and was successful in achieving its goal of strengthening regional cooperation and joining efforts towards fighting HIV/AIDS and achieving the goal of universal access to HIV prevention, treatment and care.

The evaluation showed that the conference had an immediate impact on many participants and their work, and that its influence is likely to extend far beyond those who attended, thanks to their intentions to share new knowledge and practice with colleagues and peers.

The evaluation also showed that the Second Eastern Europe and Central Asia AIDS Conference (EECAAC 2008) had a positive effect on the HIV work of a number of individuals, organizations and countries in the areas of HIV prevention, treatment, care and support.

In order to maintain the high profile of EECAAC and maintain robust levels of attendance in an increasingly challenging context, organizers of future conferences will need to continue being innovative and must remain committed to strengthening existing mechanisms to ensure the delivery of high-quality, new and promising presentations addressing challenges of the Eastern Europe and Central Asia region. In addition, some lower-level planning and organizational issues need to be addressed to enhance the participation in and reach of the conference.
4.2 Recommendations

In line with the evaluation findings presented in this report and with conference organizers’ observations on site, and based on the level of human and financial resources available to the Conference Secretariat, the following recommendations were formulated. Unless otherwise specified, these recommendations are expected to be implemented by conference organizers.

PLANNING COMMITTEES
- Consider the feasibility of increasing the number of meetings and teleconferences.
- Improve the process of developing plenary sessions.
- Make sure the Conference Secretariat disseminates all key information to committees during the planning phase.

PROGRAMME CONTENT
- Keep a strong focus on prevention for the most at-risk populations, including respect for human rights to overcome stigma and discrimination.
- Give priority to presentations of new findings while ensuring there is sufficient focus on social and behavioural science.
- Make further efforts to ensure equal regional representation with respect to the focus of presentations and speakers (based on their nationality or country of residence and/or work).
- Increase the number of presentations from representatives of civil society.

PROGRAMME STRUCTURE
- Increase the number of skills-building workshops and special sessions.
- Increase the opportunities for discussion and debate and identify mechanisms to raise the quality of discussions and debates between and among speakers and participants.

LOGISTICS AND ORGANIZATION
- Ensure the conference location alternates between countries of the Eastern Europe and Central Asia region.
- Offer sufficient affordable accommodation options close to the conference venue.
- Provide more food and drinks on site at decent prices.
- Provide participants with a certificate of attendance.

INFORMATION
- Make conference information and materials available electronically.
- Provide more details on the programme before the conference to help participants select sessions they wish to attend.
APPENDIX 1. EECAAC 2009 PARTICIPANT SURVEY

I. CONFERENCE PROGRAMME

1. Which two types of sessions or activities did you find most useful at EECAAC 2009? 
   *Select up to two answers*

   - □ Plenary sessions
   - □ Concurrent sessions
   - □ Special sessions
   - □ Skills-building workshops
   - □ Poster viewing
   - □ Satellites
   - □ Exhibition
   - □ Community Dialogue Space (“Besedka”)
   - □ Youth village
   - □ Networking

2. How would you rate the overall conference programme?

<table>
<thead>
<tr>
<th>Sessions (content relevant to the HIV epidemics in Eastern Europe and Central Asia)</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Speakers (clear presentation, ability to provide clear answers when requested)</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Moderators/facilitators (ability to stick to the programme and moderate discussions or facilitate workshops)</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of discussions and debates</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Range of topics covered</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

3. How well did the conference programme content match with daily themes?

<table>
<thead>
<tr>
<th>Day 1 – The epidemic and response</th>
<th>Very well</th>
<th>Fairly well</th>
<th>Not very well</th>
<th>Don’t know</th>
<th>Did not attend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day 2 – Prevention for most at-risk populations</th>
<th>Very well</th>
<th>Fairly well</th>
<th>Not very well</th>
<th>Don’t know</th>
<th>Did not attend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day 3 – Treatment, care and support</th>
<th>Very well</th>
<th>Fairly well</th>
<th>Not very well</th>
<th>Don’t know</th>
<th>Did not attend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
</tbody>
</table>

4. Looking at the next EECAAC, would you change the mix of the programme for the next conference?

<table>
<thead>
<tr>
<th>Plenary sessions</th>
<th>More</th>
<th>The same</th>
<th>Less</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Concurrent sessions</th>
<th>More</th>
<th>The same</th>
<th>Less</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special sessions</th>
<th>More</th>
<th>The same</th>
<th>Less</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Posters</th>
<th>More</th>
<th>The same</th>
<th>Less</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills-building workshops</th>
<th>More</th>
<th>The same</th>
<th>Less</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Satellites</th>
<th>More</th>
<th>The same</th>
<th>Less</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>
II. CONFERENCE IMPACT

5. How successful was the conference in achieving the following objectives?

<table>
<thead>
<tr>
<th>Objective</th>
<th>Very successful</th>
<th>Successful</th>
<th>Somewhat successful</th>
<th>Not very successful</th>
<th>Not at all successful</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewing progress and challenges towards achieving universal access to</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>achieving HIV prevention, treatment, care and support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthening regional cooperation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Setting priorities for the Eastern Europe and Central Asia region with</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>special emphasis on prevention among target groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressing national peculiarities of the epidemic in the most affected</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>countries of the Eastern Europe and Central Asia region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocating for implementation of social justice and respect of human</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>rights to overcome stigma and discrimination and reach the most at-risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>target groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussing solutions to reduce risks of HIV infection among people who</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>inject drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. What were the most important things you gained professionally from attending EECAAC 2009?

Select all that apply

- Improved understanding of the HIV epidemic in Eastern Europe and Central Asia
- New insights into HIV science
- New insights into HIV prevention
- New insights into HIV treatment and care
- New contacts and opportunities for partnership and collaboration
- Affirmation of current research or practice
- A renewed sense of purpose
- Opportunity for career advancement
- Other (please specify:…………………………………………………………………………………………….)
- I did not gain anything from the conference (please skip next question)

7. How will you use what you gained at EECAAC 2009?

Select all that apply

- Share new information with colleagues
- Undertake new research
- Apply new insights to prevention programmes
- Apply new insights to clinical practice
- Strengthen advocacy or policy work
- Follow up new contacts
- Develop new partnerships or collaborations
8. Please describe in the text box below what implications you think EECAAC 2009 may have on HIV/AIDS research, policy, advocacy and programmes in Eastern Europe and Central Asia.

III. CONFERENCE PLANNING AND ORGANISATION

9. How would you rate the following elements?

<table>
<thead>
<tr>
<th>Element</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>EECAAC 2009 website</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Pre-conference information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Online registration</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Badge and bag collection</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Conference printed materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Opening ceremony</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Closing ceremony</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Poster viewing/exhibition area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Time tabling of sessions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Signage</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Conference venue and facilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Overall organization</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

10. Based on your experience of EECAAC 2009, would you choose to attend the next EECAAC?
   □ Yes
   □ No

   10.1 If you selected “No” to Question 10, please explain briefly why in the text box below.

11. In which country would you like to see the future EECAAC conferences?
   □ Always in Russia
   □ Alternating between countries of the Eastern Europe and Central Asia region
   □ I have no preference

   11.1 Please list countries of the Eastern Europe and Central Asia region, if any, where you will be reluctant to go to attend an EECAAC conference:.........................................................................................................
12. Please share in the text box below any other comments/suggestions you may have about EECAAC?

IV. YOUR PLAN FOR AIDS 2010 (www.aids2010.org)

13. Do you plan to attend the XVIII International AIDS conference (AIDS 2010), to be held in Vienna in July 2010?

□ Yes
□ Maybe
□ No
□ I am not aware of AIDS 2010

If you selected “Yes”, please answer the following questions. Otherwise, go directly to Question 13.2.

13.1 Would you submit an abstract to the AIDS 2010 conference programme?

□ Yes
□ Maybe
□ No

13.1.1 If you selected “Yes” to Question 13.1, would you choose to participate in the online Abstract Mentoring Programme?

□ Yes
□ Maybe
□ No
□ I am not aware of the online Abstract Mentoring Programme (visit the AIDS 2010 conference website to get information on this programme)

Please go now to Question 14

13.2 If you selected “No” to Question 13, what are the main reasons?

□ I will not be working in the HIV field anymore
□ The location is not convenient (Vienna, Austria)
□ The date is not convenient (18-22 July 2010)
□ I will not be able to afford it or find funding (visit the AIDS 2010 conference website to get information on scholarship opportunities)
□ Other (please specify:...........................................................................................................................................)

13.2.1 Would you choose to attend a conference hub?

□ Yes
□ Maybe
□ No
□ I don't know what a conference hub is (visit the AIDS 2010 conference website to get information on this feature)
V. FINALLY, A FEW DETAILS ABOUT YOU

14. What was your main reason for attending EECAAC 2009?
Select one only
- Conference programme
- Networking opportunities
- Skill-building opportunities
- Presenting a paper, skills-building workshops or satellite
- Recipient of a scholarship or grant
- Invited speaker
- Geographic location
- Other (please specify:……………………………………………………………………………………………………………………………)

15. What is your gender?
- Male
- Female
- Transgender

16. What is your age?
- 18-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60 and over

17. What is your main occupation/profession?
Select one only
- Medicine
- Health care administration
- Science
- Pharma
- AIDS service
- Charity (foundations and funds)
- Mass media
- Education
- Authorities
- Other (please specify:……………………………………………………………………………………………………………………………)

18. In which affiliation/organization do you mainly work?
Select one only
- State
- Municipal
- Non-governmental non-commercial
- Non-governmental commercial
19. Where do you do most of your work?
Select one only
□ Russia
□ Ukraine
□ Tajikistan
□ Uzbekistan
□ Kazakhstan
□ Kyrgyzstan
□ Baltic States
□ Caucasus
□ Other (please specify:…………………………………………………………………………………………………)

20. Is HIV/AIDS your main area of work?
□ Yes
□ No

21. How many years (full- or part-time) have you worked in the HIV/AIDS field?
□ 2 years or less
□ 3 to 5 years
□ 6 to 10 years
□ 11 to 15 years
□ More than 15 years

22. Did you attend the first Eastern Europe and Central Asia AIDS Conference (EECAAC 2006, Moscow, 15-17 May 2006)?
□ Yes
□ No

23. Did you attend the previous Eastern Europe and Central Asia AIDS Conference (EECAAC 2008, Moscow, 3-5 May 2008)?
□ Yes
□ No

If you selected “Yes” to the last question, please answer the following questions. Otherwise, please go directly to the end of the survey.

24. Thinking back to EECAAC 2008, please describe in the text box below what are the most important things you gained from attending that conference.
25. Did you keep contact with people you met for the first time at EECAAC 2008?
   □ Yes
   □ No

If you selected “Yes” to Question 25, please answer the two following questions. Otherwise, go directly to Question 26.

25.1 With how many people approximately? ..........................................

25.2 To do what?
   Select all that apply
   □ Create a new partnership/Start a new project together
   □ Join an existing partnership/project
   □ Share knowledge, lessons learnt, suggested solutions
   □ Other (please specify: ...............................................................................)

26. Did EECAAC 2008 give you the opportunity to strengthen collaboration/network with existing partners (i.e., people you already knew before EECAAC 2008)?
   □ Yes
   □ No

27. Have you done anything differently in your HIV work as a result of attending EECAAC 2008?
   □ Yes
   □ No

   If yes, please give some examples in the text box below.  
   If no, please explain why in the text box below.

28. Did EECAAC 2008 direct or influence any of the HIV work undertaken in your organization?
   □ Yes
   □ No
   □ I don’t know

   28.1 If you selected “Yes” to Question 28, please briefly describe in the text box below.

29. Outside your organization, are you aware of EECAAC 2008 influencing HIV work, policies or advocacy in your country?
   □ Yes
   □ No
   □ I don’t know

   29.1 If you selected “Yes” to Question 29, please briefly describe in the text box below.
I. COMMITTEE MANDATE AND OPERATIONS

1. Were you a:
Select all that apply
- COC (Conference Organizing Committee) co-chair
- COC (Conference Organizing Committee) member
- Science and Medicine Committee co-chair
- Science and Medicine Committee member
- Civil Society Committee co-chair
- Civil Society Committee member
- Regional Partnership Committee co-chair
- Regional Partnership Committee member

2. Were you also a:
Select all that apply
- Speaker at the conference
- Chair at the conference

Question only for COC co-chairs and members

3. How clear was the COC’s mandate?
- Not clear at all
- Not very clear
- Somewhat clear
- Clear
- Very clear

4. How successful was the COC in fulfilling its mandate?
- Not at all successful
- Not very successful
- Somewhat successful
- Successful
- Very successful

Question only for programme committee co-chairs and members

5. How clear was your programme committee’s mandate?
- Not clear at all
- Not very clear
- Somewhat clear
- Clear
- Very clear

6. How successful was your programme committee in fulfilling its mandate?
- Not at all successful
- Not very successful
- Somewhat successful
- Successful
- Very successful
Question only for CPC and COC members

7. How would you rate the guidance received from your committee co-chair?
   □ Excellent
   □ Good
   □ Fair
   □ Poor

8. Thinking back to the meetings and teleconferences, how satisfied were you with the following aspects?

<table>
<thead>
<tr>
<th></th>
<th>Face-to-face meetings</th>
<th>Teleconferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>□ Too many</td>
<td>□ Too many</td>
</tr>
<tr>
<td></td>
<td>□ About right</td>
<td>□ About right</td>
</tr>
<tr>
<td></td>
<td>□ Too few</td>
<td>□ Too few</td>
</tr>
<tr>
<td>Duration</td>
<td>□ Too long</td>
<td>□ Too long</td>
</tr>
<tr>
<td></td>
<td>□ About right</td>
<td>□ About right</td>
</tr>
<tr>
<td></td>
<td>□ Too short</td>
<td>□ Too short</td>
</tr>
<tr>
<td>Usefulness</td>
<td>□ Very useful</td>
<td>□ Very useful</td>
</tr>
<tr>
<td></td>
<td>□ Somewhat useful</td>
<td>□ Somewhat useful</td>
</tr>
<tr>
<td></td>
<td>□ Not very useful</td>
<td>□ Not very useful</td>
</tr>
</tbody>
</table>

9. How interactive was your committee?
   □ Very interactive (we had many constructive exchanges through emails, phone calls or meetings)
   □ Somewhat interactive (we had some constructive exchanges through emails, phone calls or meetings)
   □ Not very interactive (we had very few constructive exchanges through emails, phone calls or meetings)

10. How would you rate the overall support provided to your committee by the EECAAC 2009 secretariat?
    □ Excellent
    □ Good
    □ Fair
    □ Poor

11. Please share in the text box below any comments and/or suggestions you have on secretariat support.

12. How would you rate the acknowledgement you received for your effort and voluntary work?
    □ Excellent
    □ Good
    □ Fair
    □ Poor

13. Please share in the text box below any comments and/or suggestions you have on committee mandate and operations.
II. PROGRAMME BUILDING

14. How well did the conference programme match your expectations?
   □ Very well
   □ Fairly well
   □ Not very well

15. What level of consideration was given to lessons learnt from EECAAC 2008 by your committee in building the programme of EECAAC 2009?
   □ No consideration
   □ Little consideration
   □ Moderate consideration
   □ High consideration
   □ I don’t know/I am not aware of lessons learnt from EECAAC 2008

16. Do you think the programme-building process (selection of topics and speakers/moderators) was influenced by the following elements?
   ➢ Partnership for research between Russian and US NIH scientists
     □ Yes (please give concrete examples)
     □ No
     □ I don’t know
   ➢ Political Declaration and other outcomes of the 52nd Session of the Commission on Narcotic Drugs, held in Vienna (2009)
     □ Yes (please give concrete examples)
     □ No
     □ I don’t know
   ➢ Outcomes of the 35th G8 Summit, held in Italy (2009)
     □ Yes (please give concrete examples)
     □ No
     □ I don’t know
   ➢ The close deadline (2010) for achieving universal access to HIV prevention, treatment, care and support
     □ Yes (please give concrete examples)
     □ No
     □ I don’t know

17. How satisfied were you with the process for building the following sessions/workshops (selection of topics and speakers/moderators)?

<table>
<thead>
<tr>
<th></th>
<th>Not at all satisfied</th>
<th>Not very satisfied</th>
<th>Somewhat satisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
<th>I don’t know/my committee was not involved in that process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plenary sessions</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
<td>6 □</td>
</tr>
<tr>
<td>Concurrent sessions</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
<td>6 □</td>
</tr>
<tr>
<td>Special sessions</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
<td>6 □</td>
</tr>
<tr>
<td>Skills-building workshops</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
<td>6 □</td>
</tr>
</tbody>
</table>
18. How satisfied were you with the balance/mix of the programme?

<table>
<thead>
<tr>
<th></th>
<th>Tow many</th>
<th>About right</th>
<th>Tow few</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plenary sessions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Concurrent sessions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Special sessions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Skills-building workshops</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

19. Please share in the text box below any comments about the process for building sessions and/or suggestions to improve it.

20. Please share in the text box below any comments about the process for building skills-building workshops and/or suggestions to improve it.

21. Overall, what are the perceived strengths of the EECAAC 2009 programme compared with previous conferences?

22. Overall, what are the perceived weaknesses of the EECAAC 2009 programme compared with previous conferences?

23. Please share in the text box below any suggestions to improve the programme-building process and governance for EECAAC 2011.
III. CONFERENCE VENUE

24. How would you rate the quality of the following areas? (in other words, were the layout, seating, light, temperature, sound proofing of the following areas good enough to retain participants’ attention and support speakers/presenters)

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No opinion/Not visited</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session rooms</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Poster exhibition</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

25. In which country would you like to see the future EECAAC conferences?
- □ Always in Russia
- □ Alternating between countries of the Eastern Europe and Central Asia region
- □ I have no preference