

**4th IAS Conference on
HIV Pathogenesis, Treatment and Prevention**



Evaluation Report

February 2008

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Acknowledgements

Thanks are extended to the 1,400 individuals who completed surveys and/or participated in interviews as part of the evaluation. Without their contribution it would not have been possible to portray in such detail the process, impact and outcomes of the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention.

Thanks are also extended to Mats Ahnlund, Conference Director, and staff at the conference secretariat, International AIDS Society, and Levinia Crooks, Chief Executive Officer, and conference staff, Australian Society for HIV Medicine, for their support.

Rob Wilkins, Dean Murphy and Hedimo Santana conducted interviews during the conference in a voluntary capacity, and their contribution is gratefully acknowledged.

Glossary

AIDS 2006	XVI International AIDS Conference
ART	Antiretroviral treatment
ARVs	Antiretrovirals
ASHM	Australasian Society for HIV Medicine
AZT	Azidothymidine
COC	Conference Organizing Committee
HAART	Highly active antiretroviral treatment
IAS	International AIDS Society
IAS 2005	3 rd IAS Conference on HIV Pathogenesis, Treatment and Prevention
IAS 2007	4 th IAS Conference on HIV Pathogenesis, Treatment and Prevention
PMTCT	Prevention of mother to child transmission
PLWHA	People living with HIV/AIDS

Conference Evaluation Team

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EXECUTIVE SUMMARY

1. Introduction

The 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007) was held in Sydney, Australia, 22 – 25 July, 2007. The conference was organized by the International AIDS Society (IAS) and the local host, the Australasian Society for HIV Medicine (ASHM). The conference attracted 6,679 participants, including 5,476 delegates from 140 countries.

The aim of the conference's scientific programme was: 'To provide new insights into HIV disease development, prevention and care that can lead to novel research directions, help advance translational research, and move theoretic advances into clinical practice and prevention programmes'.¹

2. The Evaluation

The evaluation of IAS 2007 had three objectives:

- i. To assess the immediate and short-term effects of the conference on delegates and their work in HIV/AIDS;
- ii. To review the quality, relevance and usefulness of the scientific programme;
- iii. To appraise key elements of conference planning and organization.

A range of methods was used to collect information to address these objectives, including: review of conference documentation; consultation with conference organizers and secretariat staff; observation of selected sessions and activities; review of monitoring data; and interviews with and surveys of delegates and other key informants. The views of approximately 1,400 people informed the evaluation.

The primary data collection instrument was an online survey sent to all delegates five weeks after the conference had ended. There was a high level of engagement with the survey, reflected by a 35% response rate representing 1,335 delegates working in 114 countries, 69% of whom were attending their first IAS Conference on HIV Pathogenesis, Treatment and Prevention.

3. Summary of key findings

Attendance

1. Of the four IAS Conferences on HIV Pathogenesis, Treatment and Prevention held to date, IAS 2007 attracted the largest number of participants (n=6,679), delegates (n=5,476) and countries represented (n=140).
2. 446 media representatives attended IAS 2007; twice the number that attended IAS 2005.
3. Clinician/physicians comprised the largest group of delegates (37%) and Track B: Clinical Research, Treatment and Care, was the main track of interest of the majority of survey respondents (67%).
4. The scientific programme was by far the most important factor in survey respondents' decision to attend the conference (61%).

¹ Invitation Programme and Call for Abstracts: 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention, p.5.

5. Attendance of a previous IAS Conference on HIV Pathogenesis, Treatment and Prevention or awareness of the conference schedule was the main source of information about IAS 2007 for survey respondents (35%), followed by a recommendation from a colleague or friend (21%).
6. The number of scholarship applications received (n=3,179) reflected a 76% increase from IAS 2005.

Impact

7. The vast majority of survey respondents deemed IAS 2007 'successful' or 'very successful' in achieving its key purposes of focussing on the latest HIV science and its application for clinical practice and prevention programmes (87%), and providing new insights into HIV disease development, prevention and care that will lead to new research (86%). A large majority also rated the conference successful in addressing the challenges of expanding treatment and prevention in resource-limited settings (78%).
8. Almost all survey respondents (98%) reported they had benefited professionally from attending the conference; with 69% identifying more than two gains. Although new insights into HIV treatment and care (66%) and a global perspective on HIV science (55%) were the most frequently noted gains, IAS 2007 also offered some respondents more than new information, affirming their current work (43%) and/or renewing their sense of purpose (27%).
9. The impact of the conference reached far beyond the delegates who attended. Almost all survey respondents (96%) anticipated undertaking at least one activity using benefits gained at IAS 2007, with the vast majority anticipating more than one activity (85%). Although sharing information with colleagues was the most frequently identified activity (82%), around one third of respondents also planned to apply new insights to clinical practice, refine existing research, follow-up new contacts or develop a collaboration.
10. Almost all survey respondents (96%) would recommend the conference to a colleague and a large majority (84%) would choose to attend IAS 2009 in Cape Town. The most frequently noted reason for not attending IAS 2009 was cost/lack of funding (42%).

Programme

11. Of the four IAS Conferences on HIV Pathogenesis, Treatment and Prevention held to date, IAS 2007 attracted the greatest number of abstracts (n=3,336) from the most countries (n=133). These figures represented increases of 76% and 18%, respectively, from IAS 2005.
12. The Abstract Mentor Programme attracted 63 'submitters' but only nine active 'mentors'; the latter reflecting a significant decrease in the number of mentors from IAS 2005.
13. The overall conference programme rated highly, with 85% or more survey respondents assessing the quality of sessions, the quality of speakers, the range of topics covered and the usefulness of information presented as 'good' or 'excellent'. Slightly fewer respondents (75%) gave these ratings to the quality of discussion and debate.
14. The quality of the science in each track rated very highly, with almost all survey respondents agreeing their main track of interest had presented state-of-the-art science (94%) and addressed current research questions (95%). A large majority agreed their track examined how scientific advances can inform HIV policy and programmes (84%).

15. Plenary sessions (75%) and oral abstract sessions (52%) were deemed the most useful types of sessions, and the majority of respondents would not change the current session mix.

Organization

16. Overall conference planning and organization rated highly, with at least 90% of survey respondents assessing the pre-conference information, abstract submission process, online registration, collection of badge/bag/CD-ROM, venue and facilities, and the opening session as 'good' or 'excellent'. The lowest rated element was the poster display (rated 'good' or 'excellent' by 75%).
17. The Online programme-at-a-glance (92%) and the Abstract CD-ROM (86%) were the delegate support services most frequently used by survey respondents and the services deemed most useful. The Delegate connector was the least frequently used service (48%) and received an overall lower rating of usefulness.

4. Conclusions

The evaluation demonstrated that the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention was rated highly and had an immediate impact on many delegates and their work in HIV/AIDS. The evaluation also showed that the influence of the conference extended far beyond the delegates who attended.

As the evaluation findings are a reasonable reflection of delegates' views, it is possible to conclude that there was strong support for IAS 2007, and that the conference provided a robust and appropriate mechanism for the successful delivery of the aims of the scientific programme.

The evaluation also highlighted the need for the IAS 2009 programme to continue to address the challenges of expanding treatment and prevention in resource-limited settings, and the transfer of scientific advances into policy and programmes. The evaluation also underscored the importance of conference geographic location in determining attendance for some participants, the pressing need for scholarships to maximise the participation of people from developing countries and new and young researchers, and the important role played by professional and friendship networks in raising awareness of the conference. In addition, some lower level planning and organizational issues were illuminated.

1. CONTEXT AND METHODOLOGY

1.1 Background

The IAS Conference on HIV Pathogenesis, Treatment and Prevention has been held biennially since 2001. The conference provides an opportunity for scientists, researchers, public health experts and practitioners to examine the latest scientific developments related to HIV, and to explore how advances in basic, clinical and prevention science can inform the global response to the epidemic.

The 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007) was held in Sydney, Australia, 22 – 25 July, 2007. The conference was organized by the International AIDS Society (IAS), the world's leading independent association of HIV professionals, together with the local host, the Australasian Society for HIV Medicine (ASHM), the professional association for medical practitioners and other health care workers in Australasia who work in HIV and related disease areas. The conference attracted 6,679 participants, including 5, 476 delegates from 140 countries.

The aim of the conference's scientific programme was:

‘To provide new insights into HIV disease development, prevention and care that can lead to novel research directions, help advance translational research, and move theoretic advances into clinical practice and prevention programmes’.²

IAS 2007 sought to achieve this aim by offering a programme that:

- addressed the challenges of expanding treatment and prevention in resource-limited settings, and
- focused on the latest HIV science and its practical applications for public and individual health in the current context of the epidemic.

The scientific programme comprised two components:

- abstract driven sessions, including peer-reviewed, track-specific oral abstract presentations; cross-track sessions; late breaker sessions, and poster exhibitions; and
- non-abstract driven sessions, including plenary presentations, bridging sessions, symposia, special sessions and a rapporteur summary session.

In addition, there were satellite meetings, exhibitions, and a community programme.

² *ibid*

1.2 The Evaluation

1.2.1 Objectives

Although IAS 2007 was the fourth IAS Conference on HIV Pathogenesis, Treatment and Prevention, it was only the second conference to be systematically evaluated.³ Building on the first evaluation (IAS 2005), three evaluation objectives were identified:

- i. To assess the immediate and short-term effects of the conference on delegates and their work in HIV/AIDS;
- ii. To review the quality, relevance and usefulness of the scientific programme;
- ii. To appraise key elements of conference planning and organization.

1.2.2 Methodology

A range of methods was used to collect qualitative and quantitative data to address these objectives, including:

- Review of conference documentation, the IAS 2007 website, previous conference reports and relevant monitoring and activity data;
- Consultation with members of the Conference Organizing Committee, the Community Advisory Group, and staff at the IAS and local host secretariats;
- Observation of selected conference sessions, activities and processes;
- Review of statistical data relating to registration, scholarship recipients and abstract submission;
- Interviews with and surveys of key informants including conference delegates, members of conference committees, and abstract reviewers.

The methodology provided for process, impact and outcome evaluation:

- **Process evaluation** sought to shed light on how and why the conference worked, and to highlight areas requiring change or improvement.
- **Impact evaluation** focused on the immediate effects of IAS 2007 and the extent to which progress was made towards the achievement of conference goals.
- **Outcome evaluation** considered the longer term effects in relation to delegates' work.

The main data collection instrument was an online survey sent to all delegates with an email address six weeks after the conference⁴. Of the 3,817 surveys distributed, 35% (n=1,335) were completed and returned. The survey comprised 53 closed questions and four open-ended questions, and sought feedback from delegates about the impact of the conference, as well as aspects of the conference programme and organization.

³ D. McConachy. 3rd IAS Conference on HIV Pathogenesis, Treatment and Prevention: Evaluation Report, October 2005, International AIDS Society, Geneva.

⁴ To maximize access, a link to the survey was posted on the conference website for people with difficulty accessing email, and the link and the availability of a print version of the survey were advertised in the conference newspaper. Survey distribution was held back until 1 September to minimise the impact of summer holidays on the response rate, and two reminders were sent to non-responders. The list of delegates was provided by, K.I.T. GmbH Association & Conference Management Group. Delegates who registered in a group could not be surveyed because they did not have a unique email address. Of the 4,025 emails sent out, 208 (5%) bounced back.

Data analysis

Responses to open-ended questions were transcribed and analysed for content and key themes. Frequencies and cross-tabulations were tallied for closed questions. Total numbers vary in some instances because non-responses were excluded from valid data. Statistical comparisons including chi-square were employed in the analysis of the data although, for clarity, the details 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 α 0.05. The data collected was triangulated to illuminate similarities and differences in the perspectives offered and to highlight key issues⁵.

The evaluation focussed on four main areas:

- conference attendance, participation and potential reach;
- impact on delegates and the contexts in which they work;
- elements of the conference programme; and
- components of conference planning and organization.

1.2.3 Other relevant evaluation work

The longer-term impact of the 3rd IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2005) was investigated with a selection of clinicians, scientists and researchers attending IAS 2007 in Sydney. Delegates were approached at a variety of locations and asked if they had attended IAS 2005 in Rio de Janeiro. Those who replied 'yes' were invited to participate in a short, 5-10 minute interview about the impact of IAS 2005 on their work in HIV, and the HIV work of their organization and their country. Findings are reported in Appendix 2.

⁵ Parlett, M. & Hamilton, D. (1976). Evaluation as Illumination: a new approach to the study of innovatory programs. In Glass, G (Ed.) *Evaluation Studies: Review Annual*. Sage: Beverley Hills, CA

2. CONFERENCE OVERVIEW AND DEMOGRAPHIC DETAILS OF SURVEY RESPONDENTS

To frame the evaluation findings, an overview of IAS 2007 attendance figures, structure and programme, and demographic details of online survey respondents are presented in this section.

2.1 Conference attendance figures

IAS 2007 was attended by 6,679 participants from 140 countries⁶. Of these participants, 5,476 were classified as delegates⁷. A comparison between attendance figures for the 3rd IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2005) held in Rio de Janeiro, and the 4th Conference (IAS 2007) held in Sydney showed a marked increase in numbers of participants, delegates and countries represented at IAS 2007 (see Table 2.1).

Table 2.2: Attendance figures - IAS 2005 and IAS 2007

Type	IAS 2005 (n)	IAS 2007 (n)	Increase (%)
Participant	6,040	6,679	10
Delegate	4,909	5,476	11
Countries represented	127	140	10

The largest number of participants at IAS 2007 came from Australia (n=1,047), followed by the United States (n= 1,021) and France (n=217). A comparison of delegate attendance figures by region for IAS 2003, IAS 2005 and IAS 2007 shows the influence of conference location on regional attendance figures (see Figure 2.1).⁸

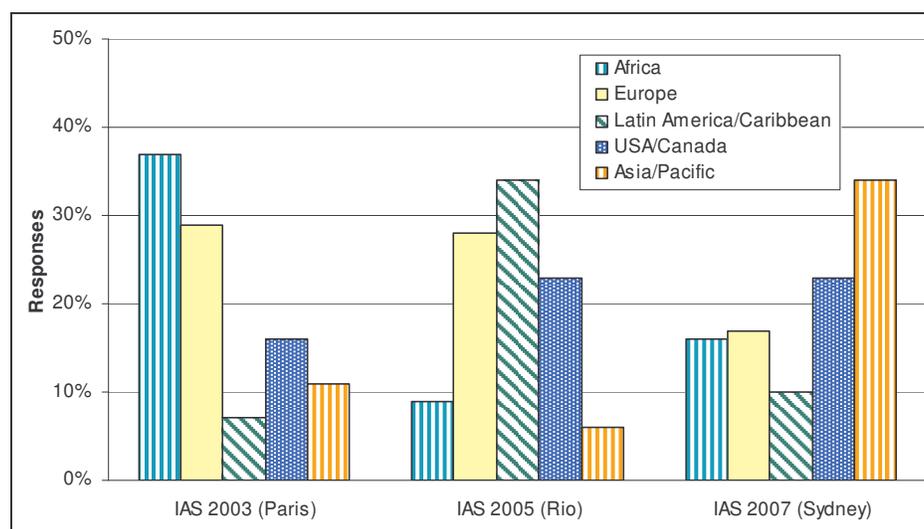


Figure 2.1: Comparison of attendance by region for last three conferences

⁶ This number includes delegates, staff, organizers, media representatives, exhibitors, & accompanying persons.

⁷ This classification includes regular delegates, student/youth delegates, speakers, media representatives, scholarship recipients and faculty (one-day attendees).

⁸ Regional breakdown was based on IAS country classification. Data supplied by the IAS.

2.2 Overview of IAS 2007 structure and programme

IAS 2007 was organized by the International AIDS Society (IAS) and the Australasian Society for HIV Medicine (ASHM). Committees working at three levels had primary responsibility for conference planning and programme building: These committees were:

- The Conference Organizing Committee (COC), comprising 10 people;
- The Scientific Programme Committee, comprising 13 people;
- Three Track Committees (Basic Sciences, Clinical Sciences, Biomedical Prevention), each comprising three Co-Chairs and 16 members.

In addition, there was a Community Advisory Group comprising seven people

The IAS 2007 Programme consisted of abstract and non-abstract sessions. Abstract categories were classified in three tracks:

- Track A: HIV Basic Science
- Track B: Clinical Research, Treatment and Care
- Track C: Biomedical Prevention.

IAS 2007 attracted 3,336 abstracts from 133 countries. This represented increases of 73% and 18%, respectively, from IAS 2005, where 2,060 abstracts were submitted from 114 countries. Each abstract was blind-reviewed by three reviewers and 1,825 abstracts were accepted, representing 97 countries. Track B: Clinical Research, Treatment and Care attracted most abstracts (see Table 2.2).

Table 2.2: Abstracts submitted and accepted at IAS 2007

<i>Track</i>	<i>% Abstracts submitted</i>	<i>% Abstracts accepted</i>
A: HIV Basic Science	17	23
B: Clinical Research, Treatment & Care	61	58
C: Biomedical Prevention	22	19
Total	100	100

The United States, India and Australia dominated the top five countries for abstract submission and acceptance (see Table 2.3).

Table 2.3: Top 5 countries for abstract submission & acceptance

<i>Country</i>	<i>Abstracts submitted (n)</i>	<i>Country</i>	<i>Abstracts accepted (n)</i>
United States	377	United States	332
India	339	Australia	172
Nigeria	228	India	118
Australia	209	Brazil	89
Uganda	167	France	78

2.3 Characteristics of survey respondents

A range of demographic information was collected from the 1,335 respondents who completed an online survey. Where available, comparative data collected from delegates who submitted a 'profile' at registration is presented for comparison.⁹

2.3.1 Age and gender

Slightly more survey respondents were male (57.1%), with the remaining identifying as female (42.8%) or transgender (0.1%) (see Table 2.4).

Table 2.4: Gender of survey respondents & all delegates

<i>Gender</i>	<i>% Survey respondents (n=1,335)</i>	<i>% All delegates (n=3,339)</i>
Male	57	60
Female	43	40
(Transgender)	(0.1)	(0.2)
Total	100	100

Approximately half the respondents were over 40 years old (51%); 46% reported they were aged between 26 and 40 years, and only 3% were under 26 years (see Table 2.5)

Table 2.5: Age of survey respondents & all delegates

<i>Age</i>	<i>% Survey respondents (n=1,335)</i>	<i>% All delegates (n=3,278)</i>
Under 26 years	3	4
26 – 40 years	46	41
Over 40 years	51	55
Total	100	100

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

The occupation/profession identified by the largest proportion of survey respondents was clinician/physician, followed by clinical researcher (see Table 2.6).

⁹ Demographic information for 3,339 delegates (referred to as 'all delegates') is presented. Such information was not available for delegates who registered in a group, one-day registrants (faculty), and delegates who did not complete a profile (approximately 1,130 people).

Table 2.6: Main occupation/profession of survey respondents & all delegates

<i>Occupation/profession</i>	<i>% Survey respondents* (n=1,335)</i>	<i>% All delegates* (n=3,339)</i>
Clinician/physician	28	37
Researcher - clinical science	14	7
Researcher- biology & pathogenesis	11	8
Pharmaceutical rep/manufacturer	7	7
Media representative	6	12
Researcher- biomedical science	5	1
Researcher - other	5	6
Other health care worker	4	8
Student	4	6
Policy/administrator	4	8
Other	5	9

*Total does not add up to 100 as only most frequently cited responses have been included.

Approximately 60% of respondents reported their main affiliation or organization was academia or a hospital/clinic (see Table 2.7)

Table 2.7: Main affiliation/organization of survey respondents & all delegates

<i>HIV/AIDS Affiliation/Organization</i>	<i>% Survey respondents* (n=1,335)</i>	<i>% All delegates* (n=3,339)</i>
Academia	33	25
Hospital/clinic	28	22
Pharmaceutical company	11	12
Government	6	10
Large non-government organization	6	9
Media organization	6	9
Other (eg charitable foundation, consultant, private sector)	4	10

*Total does not add up to 100 as only most frequently cited responses have been included.

2.3.3 Years worked in HIV/AIDS field

Two-thirds of survey respondents had worked in HIV/AIDS for six or more years, with just over one-quarter working in the field for more than 15 years (see Table 2.8).

Table 2.8: Number of years worked in HIV/AIDS by survey respondents

<i>Number of years</i>	<i>% Respondents (n=1,335)</i>
2 or less	14
3-5	20
6-10	25
11-15	14
more than 15	27
Total	100

2.3.4 Main country of work and main country of residence

A total of 114 countries of work and 112 countries of residence were identified by survey respondents. Australia was the country of work and the country of residence identified by the greatest proportion of respondents (see Table 2.9).

Table 2.9: Top 6 countries of work/residence of survey respondents

Country	% Live (n=1,335)*	% Work (n=1,335)*
Australia	21	20
United States	17	16
Canada	3	4
Argentina	3	4
United Kingdom	3	3
India	3	3

*Total does not add up to 100 as only most frequently cited responses have been included.

Countries were also grouped into regions, with the largest proportion of respondents working and living in the Asia/Pacific region (see Table 2.10).¹⁰

Table 2.10: Region of work/residence of survey respondents & all delegates

Region	% Where work: survey respondents (n=1333)	% Where live: survey respondents (n=1332)	% Where live: All delegates (n=3,339)
Asia/Pacific	40	39	34
USA/Canada	19	21	23
Europe	17	17	17
Africa	13	12	16
Latin America/Caribbean	11	11	10
Total	100	100	100

2.3.5 Attendance at previous conferences

Around one-fifth of survey respondents had attended IAS 2005 in Rio de Janeiro and slightly less had attended IAS 2003 in Paris. A much smaller proportion had attended IAS 2001 in Buenos Aires (see Table 1). Just over two-thirds of survey respondents (69%) had not attended a previous IAS Conference on HIV Pathogenesis, Prevention and Treatment (see Table 2.11). This compares to 57% of delegates who submitted a profile.

Table 2.11: Attendance at previous conferences by survey respondents

Conference	% Respondents* (n=1,335)
IAS 2005 (Rio de Janeiro)	22
IAS 2003 (Paris)	18
IAS 2001 (Buenos Aires)	11
No previous conference	69

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

¹⁰ Countries were grouped into five regions based on IAS regional classification.

One-third (34%) of survey respondents had attended the XVI International AIDS Conference in Toronto (AIDS 2006).

2.3.6 Main track of interest

Track B: Clinical Research, Treatment and Care was the main scientific track of interest at IAS 2007 for the majority of survey respondents, followed by Track A: HIV Basic Science (see Table 2.12).

Table 12: Main track of interest of survey respondents

<i>Track</i>	<i>% Respondents (n= 1,335)</i>
Track A: HIV Basic Science	20
Track B: Clinical Research, Treatment and Care	63
Track C: Biomedical Prevention	11
No main track of interest	6
Total	100

2.3.7 Proficiency in spoken English

Most respondents described their level of spoken English as proficient (80%). A further 16% said their spoken English was fair, whilst 4% described it as limited.

2.3.8 Representativeness of survey sample

A comparison of the 1,335 survey respondents with the 3,339 delegates who completed a profile at the time of registration showed that, overall, the survey sample was representative with respect to age, gender, main affiliation/organization, and region where live/work. In terms of main occupation, clinicians/physicians appeared to be a slightly under-represented, and in terms of attendance of previous conferences, first-time attendees were over-represented. It should be noted that the comparison can only be considered indicative as demographic information was only available for 3,339 of the 5,476 delegates.

3. FINDINGS: CONFERENCE PARTICIPATION AND REACH

3.1 Conference participation

3.1.1 Initial source of information about IAS 2007

Survey respondents were asked how they had first learned about IAS 2007. The largest proportion of respondents (35%) reported that they knew about conference because they had attended a previous conference or they were aware of the conference schedule. A recommendation from a colleague or friend was the second most frequently identified source of information (see Table 3.1).

Table 3.1: Source of information about IAS 2007

<i>Information source</i>	<i>% Respondents (n=1,330)</i>
Attended previous conference/aware of schedule	35
Recommended by colleague/friend	21
IAS website	14
Conference invitation programme	11
ASHM website/other correspondence	10
Other IAS communication	3
Media coverage	2
Not sure	1
Advertisement in journal	1
Other	4
Total	100

3.1.2 Reasons for attending IAS 2007

Respondents were asked to identify the two most important factors in their decision to attend IAS 2007. The scientific programme was by far the most frequently selected reason (61% respondents) (see Table 3.2).

Table 3.2: Main reasons for attending IAS 2007

<i>Reason</i>	<i>% Respondents (n=1,335)</i>
Scientific programme	61
Opportunity for networking or collaboration	32
Geographic location	24
Presenting paper or poster	23
Global focus	21
Usually attend ASHM	9
Recipient of scholarship or grant	9
Other	5

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

3.2 Conference reach

3.2.1 Media coverage¹¹

Print media, radio and television broadcasts and online media coverage played an important part in extending the reach of IAS 2007. The conference attracted more media interest than the three previous conferences, with 446 media representatives attending (double the number at IAS 2005). Most, if not all, top-tier print, radio and broadcast outlets and all major wire services were represented.

Media representatives came from 61 countries representing all regions of the world (see Table 3.3). The largest group (23%) came from the host country and all major Australian media were in attendance. Forty journalists from developing countries, predominantly in the Asia-Pacific region, were sponsored by the United States-based National Press Foundation to attend. The conference itself provided media scholarships to a further seven individuals from seven countries.

Table 3.3: Regional breakdown of participating journalists

<i>Region</i>	<i>% Journalists (n=446)</i>
Australasia	24
Sub-Saharan Africa	20
Asia	18
Western Europe	16
North America	14
Latin America	5
Eastern Europe/Central Asia	2
Mid-East/North Africa	1
Total	100

Print media coverage

Media monitoring by Meltwater News provided a daily report of international print media stories using a key word search function for ‘International AIDS Society’, ‘IAS 2007’, ‘IAS Conference’ and ‘International AIDS Conference’ (see Table 3.4)¹². A total of 955 articles appeared 21 – 30 July, 2007. It should be noted that this figure under-represents the total news coverage because the service only tracked English-language stories, and did not track radio and television broadcasts. Moreover, many news houses in developing countries do not have a website, and so analysis could not include many news reports from these countries.

¹¹ The information in this section was provided by the Senior Manager, Communication, IAS.

¹² Due to budget constraints, the IAS did not use a professional clipping service to monitor and analyze coverage

Table 3.4: English-language print media coverage

<i>Report Date (2007)</i>	<i>Number of Articles</i>
21 July	27
22 July	81
23 July	155
24 July	214
25 July	206
26 July	179
30 July	93
Total	955

Online Coverage

The growing importance of online coverage was reflected at IAS 2007. A number of participating journalists wrote exclusively for online information sources (including AIDS treatment information websites) and all top-tier news outlets relied on their websites and online news services to distribute breaking news. Online coverage also served as an important resource for journalists who were unable to attend in person (including many from resource-limited countries) by allowing them to track events in real time.

IAS 2007 had two online partners:

- Clinical Care Options, which tracked and reported on scientific information presented at the conference and was mainly oriented to a research and clinical audience; and
- kaisernetwork.org, a service of the Kaiser Family Foundation, which produced webcasts of key conference sessions, as well as a daily summary of English-language news coverage of IAS 2007 which was distributed by email to 8,760 subscribers daily.

Kaisernetwork's coverage included 30 session webcasts (some live) and five newsmaker interviews. This represented an increase in online coverage from IAS 2005, substantially expanding the reach of IAS 2007. All of kaisernetwork's programming was made available through the conference website, through Kaisernetwork's own site, and through 40 additional organizations in 15 countries who asked to syndicate coverage during IAS 2007. In the week of the conference, kaisernetwork.org's coverage attracted visitors from 119 countries.

The IAS Communications and Information Technology departments also expanded online coverage of the conference through the IAS 2007 website. The IAS 2007 homepage was updated frequently to help those unable to attend in person, including journalists, participate remotely. There were over 16,350 unique visitors to IAS2007.org in July 2007, with 2,311 views of the Virtual Media Centre page during the month. The majority of visits took place during the conference.

3.2.2 Scholarship Programme

The aim of the IAS 2007 scholarship programme was to make the conference more accessible to people from developing countries and to young researchers and clinicians from around the world. Both full scholarships (which covered registration, travel and accommodation, and a small living allowance) and partial scholarships (which covered some of these elements) were offered. The Conference Organizing Committee established selection criteria, taking into account region and country of work,

personal profile (for example, gender, age), occupation, type of organization, time worked in HIV/AIDS, and applicant's motivation and ability to feed back knowledge gained at the conference.

A large number of scholarship applications were received (n=3,179), representing a 77% increase from IAS 2005. The greatest proportion of applicants came from the African region (43%). One hundred and ninety-four scholarships were awarded to applicants from 55 countries. Of these, 104 were full scholarships and 90 were partial scholarships. Just over half the recipients were male (53%), 47% were female and 0.5% transgender. The largest proportion of recipients were researchers in biology and pathogenesis; and two-thirds of recipients worked in academia (See Table 3.5).

Slightly fewer scholarships were awarded at IAS 2007 than at IAS 2005. It should be noted, however, that the number of full scholarships awarded at IAS 2007 represented a 12% increase in this type of scholarship.

Table 3.5: Summary of demographic details of scholarship recipients

<i>Attribute</i>	<i>% Recipients (n=194)</i>
Region	
Asia/Pacific	32
Africa	25
Latin America/Caribbean	20
Europe	12
USA/Canada	11
Occupation*	
Researcher - biology & pathogenesis	30
Student	21
Researcher - clinical science	13
Clinician/physician	9
Advocate	5
Media	4
Researcher - prevention science	3
Researcher - epidemiology	3
Activist	3
Organization*	
Academic	66
Hospital/clinic	11
PLWHA network	8
NGO	7
Media organization	4
Scholarship type	
Non-Abstract/Non-Community	46
Abstract	40
Community	11
Media	3

*Total does not add up to 100 as only most frequently cited responses have been included.

3.2.3 Abstract Mentor Programme

The Abstract Mentor Scheme was introduced at the 3rd IAS Conference on Pathogenesis, Treatment and Prevention (IAS 2005). The scheme sought to link experienced abstract writers ('mentors') with less experienced people ('submitters') who had not previously presented at a conference or published in a journal. The aim was to help improve the quality of the abstracts and perhaps increase the likelihood of having the abstract accepted. Approximately 70 mentors and 70 submitters participated in the scheme in 2005.

A similar number of submitters (n=63) participated in the Abstract Mentor Programme at IAS 2007; however, only 17 mentors were recruited; nine of who became actively involved. Participants submitted 27 abstracts, six of which were accepted (see Table 3.6). A review of the questions posted by submitters revealed that just over half were unrelated to the purposes of the programme.

Table 3.6: Summary of Abstract Mentor Programme statistics

Number of mentors	17 (9 active)
Number of submitters	63
Number of questions asked/answered	89 (43 relevant)
Number of abstracts submitted	27
Number of abstracts accepted	6 (3 Poster Exhibition & 3 CDRM)

4. FINDINGS: CONFERENCE IMPACT

The impact of IAS 2007 was investigated in terms of the achievement of key conference purposes and the effect of the conference on individual delegates and the context in which they work.

4.1 Success in achieving key purposes

Survey respondents were asked to assess how successful IAS 2007 had been in achieving its three key scientific and programme purposes:

- Providing new insights into HIV disease development, prevention and care that will lead to new research;
- Addressing the challenges of expanding treatment and prevention in resource-limited settings;
- Focussing on the latest HIV science and its application for clinical practice and prevention programmes.

The vast majority of respondents considered the conference had been ‘successful’ or ‘very successful’ in providing new insights (86%) and focussing on the latest science and its application (87%). The conference was deemed to have been slightly less successful in addressing the challenges of expanding treatment and prevention in resource-limited settings (see Table 4.1).

Table 4.1: Ratings of achievement of conference objectives

<i>Objective</i>	<i>Very successful</i>	<i>Successful</i>	<i>Somewhat successful</i>	<i>Not very successful</i>	<i>Total (%)</i>
Providing new insights (n=1,291)	38	48	13	1	100
Addressing challenges of expanding treatment and prevention (n=1,237)	31	47	19	3	100
Focussing on the latest HIV science and its application (n=1,280)	39	48	12	1	100

4.2 Conference impact on delegates

4.2.1 Professional benefits gained from attending IAS 2007

Survey respondents were presented with a list of benefits that would enhance their work in HIV/AIDS (for example, new skills, a renewed sense of purpose) and asked to identify any they had acquired as a result of attending IAS 2007. The most frequently noted gains were new insights into HIV treatment and care and a global perspective on HIV science (see Table 4.2).

Table 4.2: Main benefits gained from IAS 2007

<i>Benefit</i>	<i>% Respondents*</i> <i>(n=1,289)</i>
New insights into HIV treatment and care	66
A global perspective on HIV science	55
New insights into HIV pathogenesis	48
Affirmation of current research/practice	43
New connections/opportunities for collaboration	40
New insights into HIV biomedical prevention	36
Renewed sense of purpose	27
Opportunity for career advancement	13
Other	5
Did not gain anything	2

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

Almost all respondents (98%) reported that they had benefited professionally from attending IAS 2007, with just over two thirds (69%) identifying more than two benefits (see Table 4.3). It should be noted that there was no statistical significance between the identification of more than two benefits and the length of time a delegate had worked in the field (five years or less versus six or more years) or the number of conferences attended (first-time attendees versus respondents who had attended more than one conference).

Table 4.3: Number of benefits gained

<i>Number of benefits</i>	<i>% Respondents</i> <i>(n=1,263)</i>
1	11
2	20
3 or more	69
Total	100

4.2.2 Anticipated use of benefits gained at IAS 2007

Survey respondents were asked to identify how they anticipated using the benefit(s) they had gained at the conference from a list of activities provided. Almost all respondents (96%) anticipated undertaking at least one activity; the remainder reported they were unsure or would not do anything differently. Sharing information with colleagues was by far the most frequently identified follow-up activity (see Table 4.4).

Table 4.4: Anticipated use of benefits gained at IAS 2007

<i>Activity</i>	<i>% Respondents*</i> <i>(n=1,263)</i>
Share information with colleagues	83
Apply new insights to clinical practice	38
Refine existing research	35
Follow up new contacts	34
Develop new collaborations	32
Undertake new research	28
Apply new insights to prevention programmes	25
Strengthen advocacy or policy work	22
I am unsure	1
I will not do anything differently	1
Other	2

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

A large majority of respondents (84%) intended to undertake more than one activity, with well over half (59%) planning to undertake more than two activities (see Table 4.5). Respondents who had worked in the field for six or more years were significantly more likely to undertake more than two activities, compared to respondents who had worked in the field for less than six years (64% versus 50%; $p<0.05$). Respondents who had attended more than one conference were significantly more likely to undertake three or more activities, compared to respondents who were first-time attendees (67% versus 55%; $p<0.05$).

Table 4.5: Number of anticipated activities

<i>Number of activities</i>	<i>% Respondents</i> <i>(n=1,251)</i>
1	15
2	26
3 or more	59
Total	100

4.2.3 Professional value of IAS 2007

As an indicator of the conference's professional value, survey respondents were asked if they would recommend the IAS Conference on HIV Pathogenesis, Treatment and Prevention to a colleague. Almost all respondents (96%) reported that they would. A large majority of respondents (86%) would also choose to attend the next conference, IAS 2009, in Cape Town.

Respondents who said they would not choose attend IAS 2009 were asked why this was, and 179 people (96%) provided reasons (see Table 4.6). The most frequently identified reason related to the cost of attending and/or lack of funding, although this was sometimes linked to other reasons such as distance or relevance. The following quotes exemplify the types of reasons identified:

The problem is only one, the funding issue. If the funds are available then I will attend.

The cost of attending is too high. First to fly there and, second, the high cost of registration is difficult to cover, even from a developed country as we are not allowed to accept sponsorship from companies.

I will probably not attend because there are conferences more squarely focused on my personal interests – HIV basic science and vaccine research.

Table 4.6: Reasons people will not attend IAS 2009

<i>Reason</i>	<i>% Respondents*</i> <i>(n=179)</i>
Lack of funding; cost of attending	42
Limited relevance to area of work	22
Long distance from own country	20
Issues relating to personal safety	8
Other eg competing professional priorities, no longer in the field, conference too big	16

*Total exceeds 100 as more than one reason could be given

5. FINDINGS: CONFERENCE PROGRAMME

The structure and content of the conference programme are integral to the achievement of conference objectives. The evaluation investigated the quality of the overall programme and of the three tracks, as well as the most useful types of sessions.

5.1 Quality of the IAS 2007 programme

Survey respondents were asked to on a four-point scale rate the following aspects of the conference programme: the overall quality of sessions, speakers and discussion, the range of topics covered and the usefulness of the information presented. Overall, the programme rated highly, with more than 85% of respondents assessing the quality of sessions, the quality of speakers and the usefulness of information presented ‘good’ or ‘excellent’ (see Table 5.1). The quality of discussion and debate attracted the most criticism, with approximately 25% of respondents only rating this aspect of the programme ‘fair’.

Table 5.1: Rating of programme quality

<i>Aspect</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Total (%)</i>
Quality of sessions (n=1,322)	34	58	8	0	100
Quality of speakers (n=1,319)	35	55	10	0	100
Quality of discussion & debate (n=1,315)	17	58	23	2	100
Range of topics covered (n=1,318)	26	58	14	2	100
Usefulness of information (n=1,315)	27	60	12	1	100

5.2 Quality of science in tracks

Respondents were asked to consider their main track of interest at IAS 2007 (the track in which they attended the most sessions) and to indicate their level of agreement with the following statements:

- The track presented state-of-the-art science and new findings;
- The track addressed current research questions;
- The track examined how scientific advances can inform policy and programmes.

Almost all respondents ‘agreed’ or ‘strongly agreed’ that their track had addressed current research questions, presented state-of-the-art science and new findings, and examined how scientific advances can inform policy and programmes. The highest level of disagreement (10%) was with the statement ‘The track examined how scientific advances can inform policy and programmes’ (see Table 5.2).

Table 5.2: Rating of overall quality of science

<i>Aspect</i>	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	<i>No opinion</i>	<i>Total (%)</i>
Presented state-of-the-art science and new findings (n=1238)	48	46	3	2	1	100
Addressed current research questions (n=1238)	48	47	2	2	1	100
Examined how science can inform policy/programmes (n=1232)	32	52	8	2	6	100

A breakdown of ratings by track for each statement using a two-point scale (agree/disagree) revealed high levels of congruence between ratings by track for ‘Presented state of the art science and new findings’ and ‘Addressed current research questions’. There were higher levels of disagreement for ‘Examined how science can inform policy and practice’ in Track A (see Table 5.3).

Table 5.3: Rating of overall quality of science by track

<i>Presented state of the art science and new findings (n=1,227)</i>	<i>Agree</i>	<i>Disagree</i>	<i>No opinion</i>	<i>Total (%)</i>
Track A (n=259)	93	6	1	100
Track B (n=822)	96	3	1	100
Track C (n=146)	92	6	2	100
<i>Addressed current research questions (n=1,238)</i>	<i>Agree</i>	<i>Disagree</i>	<i>No opinion</i>	<i>Total (%)</i>
Track A (n=259)	95	4	1	100
Track B (n=821)	96	3	1	100
Track C (n=147)	91	8	1	100
<i>Examined how science can inform policy/programmes (n=1232)</i>	<i>Agree</i>	<i>Disagree</i>	<i>No opinion</i>	<i>Total (%)</i>
Track A (n=259)	73	17	10	100
Track B (n=817)	88	7	5	100
Track C (n=145)	82	15	3	100

5.3 Programme sessions and activities

Respondents were asked to identify the two types of sessions or activities they found most valuable at IAS 2007. Plenary sessions and oral abstract sessions were by far the most popular (see Table 5.4).

Table 5.4: Most valuable session/activities at IAS 2007

<i>Type</i>	<i>% Respondents (n=1,335)</i>
Plenary session	75
Oral abstract session	52
Satellite meetings	18
Non-abstract sessions (eg symposia)	17
Poster exhibition	12
Informal networking	9
Poster discussion sessions	7
Commercial/non-commercial exhibitions	2
Other	2

*Total exceeds 100 as respondents were asked to identify two session types

Respondents were also asked if they would like to change the mix of the programme for the next conference. Although the majority would make no change, between one quarter and one third of

respondents would like to see more plenary, oral abstract, non-abstract and poster discussion sessions (see Table 5.5). Very few respondents wanted less of these types of sessions.

Table 5.5: Preferred programme mix for IAS 2009

Session type	Less of these	No change	More of these	No opinion	Total (%)
Plenary (n=1,296)	3	62	30	5	100
Oral abstract (n=1,281)	5	55	33	7	100
Non-abstract (n=1,271)	7	56	26	11	100
Poster discussion (n=1,267)	10	53	26	11	100
Satellite meetings (n=1,283)	15	49	18	18	100

5.4 Other comments about the programme

Survey respondents were given the opportunity to make additional comments about the conference programme. Just over one fifth (n=300) provided comments; a further 100 respondents specifically noted they had no comments. Respondents' observations can be categorized into four main themes: comments of a general, positive nature, focus and/or content of the programme, programme scheduling and the poster exhibition (see Table 5.6).

Table 5.6: Summary of comments about the programme

Comment	% Respondents (n=300)
General positive feedback	38
Focus/content	36
Scheduling	15
Poster exhibition	11
Other	4

*Total exceeds 100 as some respondents provided more than one comment

The most frequently noted comments (n=111) complimented the programme, employing words such as 'well organized', 'enjoyable', and 'excellent'. Some respondents gave more detailed, positive feedback, illustrated by the following quotes:

The programme in Sydney has an 'A' rating with me as a scientist from a developing country - it was a good learning experience.

Generally the conference was very well organized and the content was good. The plenaries, in general, were particularly strong and often included many of the high points in tracks that the attendee might not get to otherwise.

[The conference] exceeded my expectations. I have avoided the IAS meetings for many years as they have either been (i) more political (like the International AIDS conference) or (ii) more of an opportunity to stimulate HIV research in the developing world (like IAS 2005 in Rio). I have preferred to attend CROI and ICAAC or EACS meetings, but this [IAS 2007] was a high quality meeting.

Programme focus/content

A similar number of respondents (n=96) commented on the focus and/or content of the programme, primarily highlighting topics or areas they wanted to receive more attention during the conference.

The most frequently noted were:

- HIV basic science (n=7)
- Research and rollout in developing countries (n=7)
- Prevention research that is broader than 'scientific' prevention (n=7)
- Paediatric HIV (n=7)
- Best practice sessions linking research and practice (n=7)
- Nursing and allied health (n=5)
- Prevention science (n=4)
- Work undertaken in Australia and/or the region, especially the Pacific (n=4).

A wide variety of other topics was identified, each by one or two people. These included: epidemiology, new laboratory diagnostics research, early stage clinical research, viral suppression, antiretroviral therapy, novel adherence, vaccines, HIV-related cancer, HIV/TB co-infection, injecting drug use, substitution therapy, sex work, ophthalmic blinding, traditional healing, men who have sex with men and gay men, and case discussions/problem-solving.

Several respondents recommended greater community involvement in sessions; a similar number underscored the need to keep a strong scientific focus and not to broaden community engagement. The need to link research in HIV biology and pathogenesis, clinical science and biomedical prevention with strong social and behavioural research was highlighted by several respondents; several others would like to see biomedical prevention situated within the broader political, social and economic context.

Scheduling

Comments relating to scheduling (n=44) focussed on two main areas. The first related to the parallel scheduling of important sessions, resulting in delegates being unable to attend both (n=18). The second related to the duration of the conference, with the suggestion that it be extended by one to two days (n=10), in part to address the issue of overlapping sessions. Other comments, each made by three or less people, related to the timing of satellites (too early/late), the timing of late breaker sessions (too late in the programme), the need for longer late breaker sessions and oral sessions, and more time for discussion and questions during sessions.

Poster exhibition

Comments about the poster exhibition (n=33) focused on two main issues. The first related to the scheduling of poster discussions sessions at the same time as oral presentations, and the need for dedicated poster discussion and viewing times to address this issue (n=9). The second noted the desirability of having the poster exhibition in a single area, rather than in two separate locations (n=8). Other comments highlighted the limitations of vertical presentation of posters, the need for more space in the exhibition, and the desirability of allowing questions immediately after each poster presentation rather than at the end of the discussion session.

Other issues

Several other issues were identified by smaller numbers of respondents, including the need for more opportunities for discussion during and after sessions, and/or more networking opportunities (for example, by offering drinks with a dedicated poster viewing session at the end of the day).

6. FINDINGS: CONFERENCE PLANNING & ORGANIZATION

A range of aspects relating to conference planning and organization were investigated in the evaluation.

6.1 Support services for delegates

Survey respondents were presented with a list of five services available to support delegates at IAS 2007 and asked to identify those they had used. The most frequently used service was the Online programme-at-a-glance. Just over half the respondents had not used the Delegate Connector (see Table 6.1). Of the people who had used the Delegate Connector, 56% were first-time attendees. The remainder had attended a previous IAS Conference on HIV Pathogenesis, Treatment and Prevention.

Table 6.1: Use of services offered at IAS 2007

<i>Service</i>	<i>Used</i>	<i>Did not use</i>	<i>Not aware of</i>	<i>Total (%)</i>
Online programme at a glance (n=1,305)	92	7	1	100
Abstract CD-ROM (n=1,303)	86	13	1	100
Abstract search function on website (n=1,292)	77	19	4	100
Conference profile (n=1292)	74	15	11	100
Daily conference news on website (n=1,297)	70	27	3	100
Delegate connector (n=1,283)	48	40	12	100

Respondents were also asked to rate the services they had used on a four-point scale. The services deemed most useful were the Abstract CD-ROM, the online programme-at-a-glance, and the abstract search function on the website (each rated 'useful' or 'very useful' by more than three-quarters of respondents). The Delegate connector was the lowest rating service (see Table 6.2).

Table 6.2: Usefulness of services offered at IAS 2007

<i>Service</i>	<i>Not very useful</i>	<i>Somewhat useful</i>	<i>Useful</i>	<i>Very useful</i>	<i>Total (%)</i>
Abstract CD-ROM (n=1,125)	3	16	47	34	100
Online programme at a glance (n=1,192)	2	19	47	32	100
Abstract search function on website (n=998)	5	19	48	28	100
Daily conference news on website (n=909)	9	26	40	25	100
Conference profile (n=954)	6	25	51	18	100
Delegate connector (n=623)	15	31	40	14	100

Survey respondents were also asked if they would prefer to receive the daily conference news electronically on the conference website, or in a printed newspaper. Almost half (47%) said they would prefer to access the daily conference news on the website, almost one-third (31%) said they preferred the news to be a printed newspaper, and just under one quarter (22%) said they had no

preference. It should be noted that approximately one quarter of respondents (27%) did not access the daily news on the IAS 2007 website during the conference.

6.2 Conference organization

Survey respondents were asked to assess 11 aspects of conference organization using a four-point scale. Overall, most aspects were rated highly, with 90% or more of respondents assessing pre-conference information, the abstract submission process, online registration, collection of badge/bag/CD-ROM and venue and facilities ‘good’ or ‘excellent’. The highest level of criticism was directed at the poster display (see Table 6.3).

Table 6.3: Rating of conference organization

<i>Aspect</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Total (%)</i>
Badge/bag/CD-ROM collection (n=1285)	58	38	3	1	100
Venue and facilities (n=1288)	56	36	7	1	100
Online registration (n=1219)	51	43	5	1	100
On-site registration (n=781)	50	44	4	2	100
Abstract submission process (n=895)	41	52	6	1	100
Pre-conference information (n=1301)	40	50	9	1	100
Opening session (n=1103)	43	46	9	2	100
Closing session (n=945)	35	51	13	1	100
Time-tabling of sessions (n=1292)	29	58	12	1	100
PLWHA lounge (n=474)	27	56	14	3	100
Poster display areas (n=1296)	23	52	21	4	100

6.3 Other comments about conference organization

Survey respondents were asked if they had any additional comments about the organization of IAS 2007. Two hundred and fifty-eight people (19%) provided comments; a further 114 said they had no additional comments. The most frequently noted comments related to:

- General, positive features of the conference organization (27%, n=69);
- Lack of complementary refreshments during the conference (water and/or tea and coffee) and the lack of provision of lunch, at least for delegates on tight budgets, or the provision of an inexpensive alternative to the food court (18%, n=46);
- Issues with the poster exhibition, mirroring those outlined in Section 5.4 (13%, n=33).

Other issues, each identified by approximately five respondents, included the need for more scholarships, difficulties with online registration and/or payment, lack of social activities and/or networking opportunities, late opening of the online programme, and lack of paper for note-taking.

Smaller numbers of respondents made a wide variety of recommendations regarding other organizational issues. These included sending the badge electronically with a bar code (rather than by mail), ceasing badge scanning, opening the PLWHA Lounge on the first day of registration, offering an electronic message system during the conference, placing the abstract CD-ROM in the conference bag, making the abstract search function on the website more user friendly, posting abstracts on the

website prior to the conference, scheduling prize-giving ceremonies in the printed programme, sending the participation certificate directly to delegates, and translating some sessions into Spanish.

6.4 Sydney Declaration

At the end of the conference a statement, the 'Sydney Declaration', was produced calling for the scale-up of HIV research. Approximately three quarters (74%) of survey respondents indicated they were aware of the declaration, with 53% reporting they had signed it.

6.5 Other comments about the conference

At the end of the survey, respondents were asked if they had any additional comments about IAS 2007. One fifth (n=265) provided comments; a further 99 people stated that they had no additional comments. More than half the observations (n=143) were general, positive statements about the conference, using descriptors such as 'good' or 'useful', or exemplified by the following quotes:

It was an excellent conference, with a rich scientific content and a very pleasant venue.

It was generally a success, beyond what I imagined it would be.

It was a wonderful event for me in terms of networking and information. I enhanced my expertise, developed networks and learnt many new things. So all credit goes to the conference management committee.

Just under half the observations (n=129) related to the focus or content of the conference programme. Many of the issues raised in the programme 'comments' section of this report were reiterated, such as the need for strong science, the strengths/limitations of including biomedical prevention, lack of social science, and the limited number of presentations by people from developing countries and members of affected communities.

A smaller number of people (n=23) commented on organizational aspects of the conference, many reiterating comments made in Section 6.3. These included lack of complimentary beverages/food and limited networking opportunities.

Eighteen respondents highlighted the need for more scholarships; several others noted the high cost of registration and/or attending a conference in Sydney.

7. KEY FINDINGS, DISCUSSION AND CONCLUSIONS

7.1 Introduction

The evaluation of the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention was framed by three objectives:

- i. To assess the immediate and short-term effects of the conference on delegates and their work in HIV/AIDS;
- ii. To review the quality, relevance and usefulness of the scientific programme;
- iii. To appraise key elements of conference planning and organization.

The views of conference delegates, as well as committee members and relevant IAS and ASHM staff, were collected during the evaluation to address these objectives. Approximately 1,400 people contributed to the evaluation. The leading data collection instrument was an online survey sent to all delegates with a working email address (n=3,817). There was a 35% response rate to the survey which represented 1,335 delegates working in 114 countries, 69% of whom were attending their first IAS Conference on HIV Pathogenesis, Treatment and Prevention. Detailed findings relating to conference attendance, impact, programme and planning are presented in the previous sections of the report. Key findings are reported and discussed in this section.

7.2 Key findings

7.2.1 Attendance

1. Of the four IAS Conferences on HIV Pathogenesis, Treatment and Prevention held to date, IAS 2007 attracted the largest number of participants (n=6,679), delegates (n=5,476) and countries represented (n=140). This reflected a 10% increase in participants, delegates and countries represented from IAS 2005.
2. 446 media representatives from 61 countries attended the conference; double the number that attended IAS 2005. The reach of IAS 2007 was further extended through expanded online coverage by KaiserNetwork, Clinical Care Options and the IAS 2007 website.
3. Clinician/physicians comprised the largest group of delegates (37%) and Track B: Clinical Research, Treatment and Care, was the main track of interest of the majority of survey respondents (67%).
4. The scientific programme was by far the most important factor in survey respondents' decision to attend the conference (61%).
5. Attendance of a previous IAS Conference on HIV Pathogenesis, Treatment and Prevention or awareness of the conference schedule was the main source of information about IAS 2007 for survey respondents (35%), followed by a recommendation from a colleague or friend (21%).
6. The number of scholarship applications received (n=3,179) represented a 76% increase from IAS 2005. Although slightly fewer scholarships were awarded at IAS 2007 (n=194) than IAS 2005 (n=205), there was a 12% increase in the number of full scholarships awarded.

7.2.2 Impact

7. The vast majority of survey respondents deemed IAS 2007 had been 'successful' or 'very successful' in focussing on the latest HIV science and its application for clinical practice and prevention programmes (87%), as well as providing new insights into HIV disease development, prevention and care that will lead to new research (86%). A large majority rated the conference 'successful' or 'very successful' in addressing the challenges of expanding treatment and prevention in resource-limited settings (78%).
8. Almost all survey delegates (98%) reported they had benefited professionally from attending the conference, with 69% identifying more than two gains. Although new insights into HIV treatment and care (66%) and a global perspective on HIV science (55%) were the most frequently noted gains, IAS 2007 offered some survey respondents much more than new information, affirming their current work (43%) and/or renewing their sense of purpose (27%).
9. The impact of the conference reached far beyond the delegates who attended. Almost all survey respondents (96%) anticipated undertaking at least one activity using benefits gained at IAS 2007, with the vast majority anticipating more than one activity (85%). Although sharing information with colleagues was the most frequently identified activity (82%), around one third of respondents planned to apply new insights to clinical practice, refine existing research, follow-up new contacts and/or develop a collaboration.
10. Almost all survey respondents (96%) would recommend the conference to a colleague and a large majority would choose to attend IAS 2009 in Cape Town (84%). The most frequently noted reason for not attending IAS 2009 was cost/lack of funding (42%).

7.2.3 Programme

11. Of the four IAS Conferences on HIV Pathogenesis, Treatment and Prevention held to date, IAS 2007 attracted the greatest number of abstracts (n=3,336) from the most countries (n=133). This represented increases of 76% and 18%, respectively, from IAS 2005.
12. The Abstract Mentor Programme attracted 63 'submitters' but only nine active 'mentors', a 75% decrease in the number of mentors from IAS 2005.
13. The overall conference programme rated highly, with 85% or more survey respondents assessing the quality of sessions, the quality of speakers, the range of topics covered and the usefulness of information presented as 'good' or 'excellent'. Slightly fewer respondents (75%) gave these ratings to the quality of discussion and debate.
14. The quality of the science in each track rated very highly, with most survey respondents agreeing their main track of interest had presented state-of-the-art science (94%) and addressed current research questions (95%). A slightly smaller proportion agreed their track examined how scientific advances can inform HIV policy and programmes (84%).
15. Plenary sessions (75%) and oral abstract sessions (52%) were deemed the most useful types of sessions, and the majority of survey respondents would not change the current mix of sessions.
16. Just over one fifth of survey respondents offered additional observations about the programme. The most frequent were comments of a general, positive nature, followed by issues relating to the content or focus of the programme, programme scheduling, and organization of the poster exhibition.

7.2.4 Organization

17. Overall conference planning and organization rated highly, with at least 90% of survey respondents assessing the pre-conference information, abstract submission process, online registration, collection of badge/bag/CD-ROM, venue and facilities, and the opening session as 'good' or 'excellent'. The lowest rated element was the poster display (rated 'good' or 'excellent' by 75% of respondents).
18. The Online programme-at-a-glance (92%) and the Abstract CD-ROM (86%) were the delegate support services most frequently used by survey respondents and the services deemed most useful. The Delegate connector was the least frequently used service (48%) and received an overall lower rating of usefulness.
19. One fifth of respondents offered additional observations about the organization of the conference. The most frequent were comments of a general, positive nature, followed by concern about the lack of complementary refreshments at the conference and the organization of the poster display.

7.3 Discussion

The evaluation demonstrated that the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention was rated highly and had an immediate impact on many delegates and their work in HIV/AIDS. The evaluation also showed that the influence of the conference extended far beyond the delegates who attended. The evaluation did not highlight any major problems or concerns; however, some issues were illuminated that are worthy of comment:

7.3.1 Attendance and reach

The IAS Conference on HIV Pathogenesis, Treatment and Prevention has a global focus and as such seeks to attract delegates from developed and developing countries. The evaluation underscored the importance of conference geographic location in determining attendance for some participants, the pressing need for scholarships to maximise participation of people from developing countries and new and young researchers, and the important role played by professional and friendship networks in raising awareness of the conference.

7.3.2 Impact

The evaluation revealed substantial achievement of key conference purposes; however, it also underscored the need for the conference programme to continue to address the challenges of expanding treatment and prevention in resource-limited settings, and the transfer of scientific advances into policy and programmes.

7.3.3 Programme

Evaluation findings showed that the overall programme and quality of the science in the three tracks rated highly. These ratings are very pleasing, given the scientific programme is the primary reason most delegates attend. Findings also revealed that opportunities for rigorous discussion and debate at the conference could be further developed.

A comparison of IAS 2005 and IAS 2007 monitoring data for the Abstract Mentor Programme revealed IAS 2007 attracted significantly fewer mentors. Further investigation is required regarding the recruitment and retention of mentors.

7.3.4 Organization

The evaluation confirmed that, overall, conference planning and organization were regarded highly. Findings also highlighted the limited use of two support services, the Delegate Connector and the daily news on the IAS 2007 website. Further investigation is required to determine if this is a cause for concern.

7.3.5 Limitations of the evaluation

Building on the evaluation of IAS 2005, the evaluation of IAS 2007 primarily focussed on the conference programme, key processes and the immediate and short-term impact on delegates. Now that a solid baseline has been established, it is appropriate to broaden the focus of future evaluation work, to consider the impact of expanded online coverage, the experiences of 'virtual' conference participants, and the wider influence of the conference on research, policy and programmes.

The online survey achieved a 35% response rate, attracting 1,335 respondents, representing approximately one quarter of conference delegates (24%). Survey respondents generally were representative of all delegates in terms of gender, occupation, age, place of work and region; however, first-time conference attendees were over-represented by approximately 12%. Notwithstanding this limitation, it is pleasing that to report that first-time attendees viewed the conference so positively and, in addition, gained substantial benefits.

7.4 Conclusions

The stated aims of the scientific programme of the IAS Conference on HIV Pathogenesis, Treatment and Prevention were to provide new insights into HIV disease development, prevention and care that can lead to novel research directions, help advance translational research, and move theoretic advances into clinical practice and prevention programmes.

As the evaluation findings are a reasonable reflection of delegates' views, it is possible to conclude that there was strong support for IAS 2007, and that the conference provided a robust and appropriate mechanism for the successful delivery of the aims of the scientific programme.

The evaluation also highlighted the need for the IAS 2009 programme to continue to address the challenges of expanding treatment and prevention in resource-limited settings, and the transfer of scientific advances into policy and programmes. In addition, some lower level planning and organizational issues were illuminated.