EVALUATION REPORT

6th IAS CONFERENCE ON HIV PATHOGENESIS, TREATMENT AND PREVENTION

IAS 2011

17-20 JULY 2011 – ROME, ITALY
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★ Abstract authors who used the Abstract Mentor Programme, abstract mentors and abstract reviewers
★ Members of the conference committees.

Without their contributions, it would not have been possible to analyze the process and outcomes of IAS 2011 in such great detail.

Moreover, the IAS 2011 Evaluation Coordinator would like to thank:

★ The staff of the IAS 2011 Conference Secretariat
★ The conference evaluation volunteers who assisted with data collection and data entry during the conference.
## LIST OF ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ANRS</td>
<td>Agence Nationale de Recherche Scientifique</td>
</tr>
<tr>
<td>AIDS 2008</td>
<td>XVII International AIDS Conference (Mexico, 2008)</td>
</tr>
<tr>
<td>AIDS 2010</td>
<td>XVIII International AIDS Conference (Austria, 2010)</td>
</tr>
<tr>
<td>AMP</td>
<td>Abstract Mentor Programme</td>
</tr>
<tr>
<td>CCC</td>
<td>Conference Coordinating Committee</td>
</tr>
<tr>
<td>CME</td>
<td>Continuing medical education</td>
</tr>
<tr>
<td>ECMEC</td>
<td>European CME credit</td>
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<tr>
<td>HAART</td>
<td>Highly active antiretroviral therapy</td>
</tr>
<tr>
<td>IAC</td>
<td>International AIDS Conference</td>
</tr>
<tr>
<td>IAS</td>
<td>International AIDS Society</td>
</tr>
<tr>
<td>IAS 2007</td>
<td>4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Australia, 2007)</td>
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<tr>
<td>IAS 2009</td>
<td>5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (South Africa, 2009)</td>
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<tr>
<td>IAS 2011</td>
<td>6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Italy, 2011)</td>
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<tr>
<td>IAS 2013</td>
<td>7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Malaysia, 2013)</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>NIDA</td>
<td>National Institute on Drug Abuse (United States of America)</td>
</tr>
<tr>
<td>PAG</td>
<td>Programme-at-a-Glance</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of mother to child transmission</td>
</tr>
<tr>
<td>SPC</td>
<td>Scientific Programme Committee</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UEMS-EACCME</td>
<td>European Union of Medical Specialists – European Accreditation Council for Continuing Medical Education</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</tbody>
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EXECUTIVE SUMMARY

The 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011) was held in Rome, Italy, from 17 to 21 July 2011, attracting more than 7,000 participants, including 5,441 delegates from 127 countries. The objective of the IAS 2011 evaluation was to identify strengths and weaknesses of the conference and to assess its immediate and medium-term impacts in order to improve planning and delivery of future similar conferences.

The leading data collection instrument was an online survey sent to all delegates who were registered as individuals and with a valid email address six days after the conference had ended. The survey itself received a response rate of 28%, with 893 surveys completed. In addition, several other instruments were utilized to collect data on specific conference areas, activities and services. These included, but were not limited to, online and paper surveys, as well as focus group interviews with delegates, which were conducted before, during and after the conference.

The main findings of the evaluation include:

How did delegates hear about the conference?

The two primary sources of information about the conference were: attendance at a previous IAS-convened conference and delegates' affiliations/organizations or work (21% and 16%, respectively).

How were delegates supported in their preparation and participation?

Feedback on the support provided to delegates before and during the conference was positive overall, with 83% of surveyed delegates indicating that the way the conference was organized had met their needs with respect to their work focus and expertise levels. The following services and tools were covered by the evaluation (details on other aspects are contained in the report):

Resources available in the online Programme-at-a-Glance that delegates used most frequently and considered the most useful were abstracts, presentation slides, rapporteur session summaries and e-posters (more than 70% reported that they were "useful" or "very useful").

Social networking tools were also used by delegates as resources to prepare themselves for the conference and participate in an effective way. Although these tools were underused, almost 60% of surveyed delegates who had used the conference blog and the IAS 2011 Facebook page reported that they were "useful" or "very useful". Twitter was rated as "useful" or "very useful" by 47% of surveyed delegates.

The online Abstract Mentor Programme, intended to assist abstract submitters with limited experience, featured 48 mentors who reviewed 167 abstracts submitted by 153 authors. The majority of surveyed abstract submitters who used this programme reported that the feedback provided by their mentors was "very useful" or "useful" (about 80%), and almost all would recommend the programme to a friend or a colleague (99%) and would use it again at the next conference (98%).

The Positive Lounge is a place of rest and support for HIV-positive conference delegates at the conference venue. The majority of surveyed delegates who visited the lounge considered it to be "very helpful" or "helpful" in supporting their participation in the conference (26% and 45%, respectively). The most frequently listed complaints about the lounge related to the size and layout of the room and the limited choice of the food served at the lounge.

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1 This classification includes regular delegates, student/youth/post-docs, speakers, media representatives and scholarship recipients. It excludes staff, organizers, volunteers, hostesses, exhibitors, accompanying persons and faculty (one-day attendees).
The scholarship programme allowed 218 delegates from 57 countries to attend the conference. Africa was the most represented region among scholarship recipients (42%). The vast majority of surveyed scholarship recipients rated the organization of the IAS 2011 scholarship programme as “excellent” or “good” (67% and 29%, respectively).

Online and on-site resources intended to help speakers, chairs and facilitators prepare for their sessions were widely used and considered to be “useful” or “very useful” by the majority of surveyed speakers, chairs and facilitators (86% and more, depending on the resource rated).

The on-site helpdesk for poster exhibitors was widely used and considered to be “helpful” or “very helpful” by two-thirds of surveyed poster exhibitors. However, more than half of them rated the overall organization of the poster display area as “fair” or “poor” (30% and 25%, respectively), which was the case for only 20% of surveyed poster exhibitors in 2009. Surveyed poster viewers were also unsatisfied with the poster display area (25% “fair” and 26% “poor”).

The on-site Media Centre was well perceived by media representatives who rated the overall organization of this area as “good” or “excellent” (50% and 32%, respectively). Online and on-site resources considered to be the most useful by surveyed media representatives were the official daily press releases, press conference rooms, broadcast facilities and the online media guide (more than 75% rated them as “useful” or “very useful”).

Which session types did participants attend?

Participants had the choice of a wide range of sessions and activities, including three plenaries, three special sessions, 22 oral abstract sessions, 12 oral poster discussion sessions, 1,071 posters presented in the poster exhibition, 10 symposia sessions, four bridging sessions and 11 workshops.

IAS 2011 attracted 3,552 abstracts (an increase of 37% from 2009). However, the success rate (the ratio of abstracts accepted versus those submitted) has decreased (35% in 2011 vs. 38% in 2009), reflecting the Conference Coordinating Committee’s (CCC’s) decision to accept fewer abstracts into the official programme, thereby increasing the quality of the science at the conference.

Delegates mainly attended sessions in Track B, although the proportion of delegates mainly interested in this track has decreased from 47% in 2009 to 41% in 2011. Surveyed delegates’ second most frequent choice was Track C (25%), which was the least favoured in 2009 (13%). Interest in Track D has decreased from 17% in 2009 to 12% in 2011, while interest in Track A has increased slightly. Most delegates who had a main track of interest reported having attended sessions in tracks other than their main track of interest (87%).

Workshops were included for the first time in the conference programme. Overall, they were appreciated, with the majority of surveyed workshop attendees considering them to be “very useful” or “useful” (44% and 34%, respectively). Some comments related to the lack of interaction, the limited number of case studies/practices, the lack of time for discussions/questions and the workshop room (inappropriate size and lack of air conditioning).

Looking at IAS 2013, the majority of surveyed delegates would attend the same number of sessions as they did in 2011. However, just over 30% would like more workshops and oral abstract sessions.

How was the quality of science and sessions rated?

The majority of surveyed delegates (more than 80%) reported that the quality of science presented in each track was “good” or “excellent”, with Track C being ranked highest and Track D lowest.
The quality of presentations and/or discussions in non-abstract-driven sessions was also well rated, with more than 85% of surveyed delegates reporting that the quality was “good” or “excellent”. Plenary sessions were the highest ranked session type and bridging sessions the lowest.

What were the main outcomes of the conference?

The majority of surveyed delegates rated IAS 2011 as “successful” or “very successful” (as opposed to “somewhat successful”, “not very successful” or “not successful at all”) in achieving the following objectives:

- Focusing on the latest biomedical HIV science and its applications for clinical practice and prevention worldwide (84%)
- Providing new insights into HIV susceptibility, disease progression and biomedical prevention interventions worldwide (79%)
- Reviewing implementation science research that addresses the challenges of scaling up treatment and prevention, especially in resource-limited settings, including those in Europe (68%)
- Increasing public awareness of the implications of new biomedical research for the global response to HIV (65%)
- Providing opportunities for professional development, dialogue and debate among HIV professionals (62%).

The most frequently noted benefits gained at the conference were new knowledge (84%), meeting friends (48%), ideas/directions for new projects (48%), and motivation/renewed energy and/or sense of purpose (44%). Just over 70% of delegates also reported that they had the opportunity during the conference to network and/or discuss challenges in their current work on HIV with delegates/speakers working in different areas to their own or with different fields of expertise.

Sharing information with colleagues, peers and/or partner organizations was the follow-up activity most frequently identified by surveyed delegates (82%).

What did not work so well and could be improved at the next IAS conference?

The most frequently listed complaints about the conference organization related to the conference venue (location, layout, limited seating capacity, poor Internet connection), the exhibition hall and the poster display area (location and layout).

The most frequently listed suggestions for the IAS 2013 programme included mitigating time conflicts between sessions, allowing greater interaction with speakers, providing more opportunities for networking, and improving the workshop format to make them more interactive and conducive to learning. Some delegates made suggestions on themes and topics that should be (better) covered. In general, delegates wanted to see more on basic and clinical sciences.

What are the main impacts of IAS 2009?

The majority of surveyed delegates who had attended IAS 2009 reported that they had kept contact with people they had met for the first time at IAS 2009 (73%) and that the conference had influenced their individual and/or organizations' work (76%).

The three most frequently noted influences that IAS 2009 has had on delegates’ individual and/or organizations’ work and/or concrete follow-up actions were: 1) affirming current work focus/strategy (59%); 2) improving or refining work practices and/or methodologies, including management (41%); and 3) initiating new projects, programmes and/or research (39%).

Delegates were also asked if they were aware of IAS 2009 influencing HIV work, policies or advocacy at the local, national, regional or global level. Although 56% did not know, 28% replied Yes and 15% No.
What were the perceived added values of IAS 2011?

Just over half of surveyed delegates indicated that IAS 2011 offered something that they did not get from other well-known scientific/health conferences (53% vs. 62% in 2009), 30% said No (vs. 16% in 2009) and 17% did not know (vs. 23% in 2009).

The international dimension and the relevance of programme content to current challenges of the HIV response were considered to be the top two main added values of IAS 2011 compared with other HIV-related conferences (selected by 46% and 41% of surveyed delegates, respectively).

In conclusion, the evaluation demonstrated that the IAS Conference on HIV Pathogenesis, Treatment and Prevention continues to be a key forum for thousands of researchers, health care workers/social service providers and other key stakeholders engaged in the response to HIV and AIDS to share and gain new knowledge, discuss challenges in their current work on HIV, get motivation and inspiration, and create and reinforce partnerships and alliances, thus boosting the response to HIV and AIDS at global, regional, national and local levels.

In order to maintain the high profile of the conference and robust levels of attendance in a competitive environment, organizers of the IAS Conference on HIV Pathogenesis, Treatment and Prevention will have to continue being innovative, avoid redundancy with other well-known HIV-related conferences, and strengthen existing mechanisms to select the best science, focusing on high-quality, new and promising scientific research. Efforts will also be required to attract more basic scientists to the conference.

Specific recommendations are listed on pages 89 to 91.
EVALUATION CONTEXT

Background and rationale

The 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011) was held in Rome, Italy, from 17 to 20 July 2011. Held every two years, the conference is a unique opportunity for the world’s leading scientists, clinicians, public health experts and community leaders to examine the latest developments in HIV-related research, and to explore how scientific advances can – in very practical ways – inform the global response to HIV/AIDS.

The main goal of the sixth conference in this series was to provide new insights into HIV disease development, prevention and clinical care that can lead to novel research directions and help translate theoretical advances into clinical and prevention practice while building evidence for successful programme operations and implementation.

The following conference objectives were defined to contribute to this goal:
1. Focus on the latest biomedical HIV science and its applications for clinical practice and prevention worldwide.
2. Provide new insights into HIV susceptibility, disease progression and biomedical prevention interventions worldwide.
3. Review implementation science research that addresses the challenges of scaling up treatment and prevention, especially in resource-limited settings, including those in Europe.
4. Provide opportunities for professional development, dialogue and debate among HIV professionals.
5. Increase public awareness of the implications of new biomedical research for the global response to HIV.

The conference programme featured daily abstract-driven sessions in four tracks and non-abstract-driven sessions that included plenary sessions, bridging sessions, symposia, special sessions, workshops and a rapporteur summary session. IAS 2011 provided other opportunities to reach the global AIDS community through the on-site Media Centre, an exhibition area and satellite meetings, as well as affiliated events and engagement tours.

IAS 2011 was the fourth conference of this series to be systematically evaluated. In order to engage all key stakeholders involved in the conference organization, a comprehensive evaluation plan was prepared using the IAS 2009 evaluation report and the IAS 2011 programme as the basis. This plan also reflected input from members of the IAS 2011 Conference Coordinating Committee (CCC) and the Scientific Programme Committee (SPC), as well as from staff of the Conference Secretariat.

The objective of the IAS 2011 evaluation was to identify strengths and weaknesses of the conference and to assess its immediate and medium-term impacts in order to improve planning and delivery of future similar conferences. Results of the evaluation will be used by the organizers of the next IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013), which will be held in Kuala Lumpur, Malaysia, in July 2013, and by the various IAS 2013 committees during the planning and programme-building phase. The IAS 2011 evaluation is also expected to be used as an accountability tool by all conference participants, online followers, donors and sponsors to get a consolidated overview of what happened at IAS 2011.

It should be noted that results presented in the separate IAS 2011 Conference Summary Report, a technical report released by the Conference Secretariat a few months after the conference, are an important adjunct to the broader evaluation of IAS 2011.

The report is available on the IAS website (www.iasociety.org), through the Evaluation page.

The objective of the IAS 2011 Conference Summary Report is to provide a concise summary of key findings and lessons learned from IAS 2011 for those working in HIV and related fields, with a focus on new advances that are likely to have a significant impact on the global response to HIV/AIDS in the months and years to come.
Methodology

Data collection instruments

Given the wide scope of the conference, the evaluation sought to collect a range of quantitative and qualitative data through various methodologies, including:

- Review of IAS 2011 documentation and website and previous conference evaluation reports
- Consultation with members of IAS 2011 committees and with staff of the Conference Secretariat
- Surveys of key informants, including conference delegates, scholarship recipients, media representatives, speakers, chairs, moderators and exhibitors, as well as CCC and SPC members, abstract authors who used the Abstract Mentor Programme (AMP), abstract mentors and abstract reviewers
- Focus group interviews with delegates
- Review of statistical data relating to IAS 2011 registration, scholarships, abstracts, programme and website
- Review of monitoring data from previous IAS conferences to allow comparison over time.

The primary data collection instrument was an online survey sent to all delegates who were registered as individuals and with a valid email address six days after the conference had ended. The survey was available in English and contained about 50 questions, including open-ended ones to give respondents the opportunity to fully articulate their opinions. As with previous conference evaluations, survey questions were mainly focused on the tools and services available before and during the conference to help people prepare themselves for the conference and participate in a meaningful way; questions also focused on the conference programme (main track of interest, attendance and usefulness) and the main outcomes of the conference. This survey also contained questions about specific features that were previously asked through separate surveys. Such questions were displayed only to respondents who reported that they had used/benefited from those features, including: media facilities, guidelines and/or templates for speakers and presenters, the poster exhibition area, the Positive Lounge, and the scholarship programme. This survey also included five questions for delegates who had attended IAS 2009 in order to assess the influence that the conference had had on their work and their organizations/affiliations. Delegates who were fellows of the IAS/NIDA fellowship programme or grantees of the Creative and Novel Ideas in HIV Research programme completed the same survey with additional questions focused on these programmes. This strategy allowed us to reduce the number of surveys and to increase the number of responses from target groups.

Of the 3,231 survey invitation emails sent out on 26 July 2011, 37 were returned as undeliverable. After one reminder, a total of 893 surveys were completed, resulting in a response rate of 28% (vs. 34% in 2009 and 2007).

A number of other instruments were used to gather information on: 1) workshops; 2) support to exhibitors; 3) conference governance and programme building; 4) abstract review and mentoring programme; 5) added values and frequency of the IAS conference; 6) opportunities for improvement; and 7) the volunteer programme.

These instruments include the following surveys (online and printed) and interviews, which were administered before, during and after the conference (the number of respondents or participants is bracketed):

- AMP – mentor survey (n=37, 69% response rate)
- AMP – mentee survey (n=107, 70% response rate)
- Abstract reviewer survey (n=606, 58% response rate)
- Workshop participant survey (n=180, 36% response rate)

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4 A copy of the delegate survey is available in Appendix 1.
5 As opposed to delegates registered as part of a group.
6 Email addresses were not available for delegates registered as part of a group.
SPC and track committee member survey (n=16, 30% response rate)
Community Advisory Group member survey (n=5, 83% response rate)
Exhibitor survey (n=20, 54% response rate)
Volunteer survey (n=116, 75% response rate)
Focus group interviews (n=20).

Results of the focus group interviews and relevant details are reported separately in Appendix 2. Results of some of these listed surveys are not presented in this report either because the response rates were too low or because their main findings were not relevant to this report.

In order to assess the long-term impacts of the conference, IAS 2011 delegates will be surveyed in 2013. This will consist of five questions aimed at measuring the influence that the conference would have had on their work and their organizations/affiliations. Similar to the approach used to assess the long-term impacts of IAS 2009, these questions will most probably be included in the IAS 2013 post-conference online delegate survey.

**Survey administration and result analysis**

All online surveys were created and administered using Cvent, Inc., a web survey programme.

Data entry for printed surveys administered on site was undertaken by volunteers under the supervision of the IAS 2011 Evaluation Coordinator. All volunteers participated in a training session, and were briefed and debriefed each day they worked.

Data analysis was prepared and conducted using statistical analysis software that included frequencies and cross tabulations for closed questions. Total numbers vary in some instances because non-responses were excluded from valid data. Statistical comparisons, including the chi-square test, were employed in the analysis of the data, although for clarity, the details of these are not included in this report. Where the term, “significant”, is used in the report, differences have been found with a probability of, at most, 0.05. The information collected was triangulated and cross checked to illuminate similarities and differences in the perspectives offered and to highlight key issues\(^7\). To allow comparison over time, monitoring data from previous conferences were also reviewed. The analysis of qualitative responses (i.e., to open-ended questions) was conducted by a consultant. The consultant coded the responses according to broad thematic categories, which were reviewed and approved by the IAS 2011 Evaluation Coordinator.

**Promotion**

Evaluation promotion was conducted to inform delegates of the purpose of evaluation and to encourage them to complete the various surveys and/or to take part in the focus group interviews to which they had committed. This included advertisements in the General Information Guide (a document with information on Rome and general conference logistics, available on the conference website a few months before the conference) and in the printed Daily Bulletin (second and fourth editions), which was distributed to all delegates throughout the conference, as well as an announcement at the closing session. A dedicated slide was also displayed during workshops.

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Most online surveys were active for at least two weeks, and for each survey, a reminder was sent out a few days before the response deadline.

A **financial incentive** was also offered to delegates who completed the post-conference online delegate survey, with a prize of US$200 randomly allocated to 10 respondents.

**Follow up of recommendations**

All recommendations listed in the IAS 2009 evaluation report and in the post-conference reports completed by the Conference Secretariat were collated, structured by main theme and shared in due time with the conference planning committees and the Secretariat. The latter was responsible for reporting on their implementation status and for providing any justification for not having fully or partially implemented any of these recommendations. This process allowed for reinforcing the accountability of the Conference Secretariat, contributing to the learning process, and providing information about the use and usefulness of the conference evaluation.

The same approach will be used for IAS 2011 with the IAS 2011 Evaluation Coordinator being responsible for coordinating the whole process.

**Limitations**

Given the evaluation timeframe and resources, it has not been possible to assess the real impacts of the conference at individual, country, regional and global levels. However, the follow-up survey that will be conducted in 2013 with IAS 2011 delegates who attend IAS 2013 is expected to yield information about the long-term impacts of the conference.

Some results need to be interpreted with caution since the understanding of questions and answers proposed in survey forms is likely to differ from one respondent to the other depending on his/her country of residence, gender, age, HIV status, HIV work experience, professional and personal background, and expectations of the conference. In addition, the diversity of the conference programme did not allow the evaluation to cover all sessions and activities, mainly due to time and logistical constraints, as well as human resources limitations.

The trend analysis from IAS 2005 to IAS 2011 was limited by the difference in type of data collected. In addition, some trends presented in this report need to be treated with caution because they correspond to different realities (e.g., overlap between tracks).
PROFILE OF DELEGATES AND SURVEY RESPONDENTS

IAS 2011 was attended by 7,212 participants (vs. 5,800 at IAS 2009). Of these participants, 5,541 were classified as delegates\(^8\), an increase from IAS 2009 (n=4,898) and IAS 2007 (n=5,165). Other participants included 260 exhibitors, 145 accompanying persons and children, 356 faculty (one-day pass), 282 volunteers, 54 staff, 60 organizers and 514 suppliers.

The delegate survey sample was representative overall of the delegate population with respect to gender, age, main profession and affiliation type. It should be noted that the comparison can only be considered indicative because demographic information was not available for all delegates and survey respondents (the number of people for which the information is available is provided in brackets in all figures in this section).

## Gender

As in 2009, the proportion of females was slightly smaller than the proportion of male delegates (of the 5,448 delegates who specified their gender, 47% were female and 53% were male). However, females and males were almost equally represented in the survey sample.

## Country/region

Delegates represented a total of 127 countries\(^9\) (vs. 125 in 2009). The 10 countries most represented were the United States of America (n=878), Italy (n=467), France (n=229), the United Kingdom (n=228), Russia (n=140), South Africa (n=125), Canada (n=116), Germany (n=111), Spain (n=109) and Brazil (n=98).

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\(^8\) This classification includes regular delegates, student/youth/post-docs, speakers, media representatives and scholarship recipients. It excludes staff, organizers, volunteers, hostesses, exhibitors, accompanying persons and faculty (one-day attendees).

\(^9\) Country refers to the country home address of the delegate.
Although the United States of America was the country with the highest number of delegates at the conference, the largest number of delegates lived in the conference host region, i.e., Western and Central Europe (40%). The second most represented region was North America (25%), as shown in Figure 2. Comparisons between delegates and survey respondents require caution since the survey respondents’ region is based on the country of work as opposed to the country of residence. In addition, 3% of survey respondents reported working in more than one region or globally.

Figure 2. Breakdown of delegates and survey respondents by region

10 The regions are based on the Joint United Nations Programme on HIV/AIDS classification available in Appendix 7.
Age

As in 2009, the majority of delegates and survey respondents were between 27 and 50 years of age, almost one-third were older than 50 years, and less than 5% were younger than 26 years (see Figure 3).

![Figure 3. Age of delegates and survey respondents](chart)

Professional experience in HIV/AIDS

Of the 782 survey respondents who specified the number of years they had been working in the HIV field (full or part time), 6% had less than two years of experience, 19% between two and five years, 26% between six and 10 years, 16% between 11 and 15 years, and 32% of respondents more than 15 years’ experience. This information was not available for delegates.
Main occupation and affiliation

As in 2009, health care workers/social service providers and researchers were the most represented professions among delegates (see Figure 4).

Figure 4. Main occupation/profession of delegates and survey respondents

Survey respondents (n=795) Delegates (n=3,081)

<table>
<thead>
<tr>
<th>Profession</th>
<th>Survey Respondents</th>
<th>Delegates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care worker/social service provider</td>
<td>41.6%</td>
<td>54.1%</td>
</tr>
<tr>
<td>Researcher</td>
<td>28.6%</td>
<td>55.5%</td>
</tr>
<tr>
<td>Other</td>
<td>8.4%</td>
<td></td>
</tr>
<tr>
<td>Policy/administration</td>
<td>8.4%</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>8.7%</td>
<td></td>
</tr>
<tr>
<td>Media representative</td>
<td>4.0%</td>
<td></td>
</tr>
<tr>
<td>Advocate/activist</td>
<td>1.5%</td>
<td></td>
</tr>
<tr>
<td>Educator/trainer</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>Funder</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td>Lawyer</td>
<td>0.1%</td>
<td></td>
</tr>
</tbody>
</table>

Total exceeds 100% because survey respondents could select up to two professions.
As in 2009, the majority of delegates were affiliated with and/or working in the academic sector and in hospitals/clinics (see Figure 5).

Figure 5. Main affiliation/organization of delegates and survey respondents

Previous IAS conferences attended

As in 2009 and 2007, the majority of survey respondents were attending an IAS Conference on HIV Pathogenesis, Treatment and Prevention for the first time (58%). Of those who had attended a previous IAS Conference on HIV Pathogenesis, Treatment and Prevention, 68% had attended IAS 2009 (South Africa), 48% IAS 2007 (Australia), 38% IAS 2005 (Brazil), 33% IAS 2003 (France) and 19% IAS 2001 (Argentina).

Looking at the number of IAS Conferences on HIV Pathogenesis, Treatment and Prevention attended before IAS 2011, 7% of surveyed non-first time delegates had attended all past conferences (since 2001), 9% had attended four conferences, 16% had attended three conferences, 22% had attended two conferences, and 47% had attended only one conference.

This information was not available for delegates.
KEY FINDINGS

How did delegates hear about the conference?

Surveyed delegates were asked to select from an 18-item list the way they had first learnt about IAS 2011. The most frequently identified source of information about the conference was attendance at a previous IAS-convened conference (21%). The second largest proportion of respondents reported that they knew about the conference through their organizations/affiliations/work (16%). Other sources of information selected by more than 5% of respondents included the following: emails sent by the IAS (16%), the IAS website (14%), recommendation by a colleague/friend (13%) and the conference website (10%).

How were delegates supported in their preparation and participation?

All participants

Conference website

Reflecting a commitment to make information presented at IAS 2011 accessible to as many people as possible, organizers made a significant portion of the programme available online through the conference website. Copies of speeches, slide presentations, abstracts, digital posters, session-specific and daily rapporteur reports, as well as audio recordings, were available through the Programme-at-a-Glance (PAG). In addition, the IAS 2011 website conformed to the Level A standard for accessibility, having eliminated the major accessibility barriers. Content was accessible to a wider range of people with disabilities, including those with blindness and low vision, deafness and hearing loss, learning disabilities, cognitive limitations, limited movement, speech disabilities and photosensitivity, as well as those with a combination of these conditions.

The conference website has seen an increase of 6% in the number of visits in January-August 2011 compared with the same period for IAS 2009. During July 2011, the conference website was visited 46,418 times (vs. 42,475 in 2009) from 180 different countries and territories, which confirms the growing importance of this website in promoting and disseminating information on the conference (see regional breakdown in Figure 6 and the top 10 countries in Figure 7). Not surprisingly, the majority of visits took place during the conference (22,145 visits from 17 to 20 July 2011 vs. 9,336 from 19 to 22 July 2009). The PAG was visited 28,045 times in July 2011 (four times more than the number of visits in June 2011).

Surveyed delegates were asked to rate eight resources available on the PAG. As shown in Figure 8, the resources most frequently used were abstracts (94%), presentation slides (85%), rapporteur session summaries (75%) and e-posters (74%). These four resources were also considered to be the most useful (See Figure 9).
Figure 8. Use of online resources

- **Abstracts (n=864)**
  - Used: 94%
  - Did not use: 5%
- **Presentation slides (n=864)**
  - Used: 85%
  - Did not use: 8%
- **Rapporteur session summaries (n=864)**
  - Used: 75%
  - Did not use: 17%
- **E-posters (n=824)**
  - Used: 74%
  - Did not use: 17%
- **Roadmaps (n=864)**
  - Used: 72%
  - Did not use: 21%
- **“My Itinerary” (n=808)**
  - Used: 67%
  - Did not use: 25%
- **Audio files (n=811)**
  - Used: 61%
  - Did not use: 24%
  - Not aware of: 16%

Figure 9. Usefulness of online resources

- **Abstracts (n=808)**
  - Very useful or useful: 87%
  - Somewhat useful: 10%
- **Presentation slides (n=732)**
  - Very useful or useful: 86%
  - Somewhat useful: 11%
- **Rapporteur session summaries (n=648)**
  - Very useful or useful: 76%
  - Somewhat useful: 17%
  - Not very useful or not useful at all: 7%
- **E-posters (n=610)**
  - Very useful or useful: 72%
  - Somewhat useful: 20%
  - Not very useful or not useful at all: 7%
- **Roadmaps (n=618)**
  - Very useful or useful: 65%
  - Somewhat useful: 21%
  - Not very useful or not useful at all: 14%
- **“My Itinerary” (n=542)**
  - Very useful or useful: 64%
  - Somewhat useful: 21%
  - Not very useful or not useful at all: 15%
- **Audio files (n=491)**
  - Very useful or useful: 61%
  - Somewhat useful: 25%
  - Not very useful or not useful at all: 14%
Surveyed delegates were also asked to rate other resources of the conference website that were not available through the PAG, such as general information on the conference and the host city. Out of 96% of surveyed delegates reporting using these resources (n=824), 74% rated them as “useful” or “very useful”, 22% as “somewhat useful”, and 4% as “not very useful” or “not useful at all”.

Social networking tools

Delegates and non-attendees were also able to use Facebook, Twitter and the conference blog to communicate and advocate on issues debated during the conference, and to share concerns and hopes with their personal and professional networks.

The conference blog was visited by 4,507 persons from June to August 2011, with a peak of 3,456 visitors during July. A total of 38 posts were published on the blog, eight of which were published during the conference itself.

In addition, 42 conference-related videos were uploaded on YouTube during the conference. These videos attracted more than 2,000 viewers.

Results of the online delegate survey showed that about 30% of surveyed delegates reported using the conference blog and Twitter feed, with 24% visiting the Facebook page (see Figure 10). It is encouraging to note that the percentage of delegates not aware of these tools has significantly decreased over time (more than 25% were not aware of the conference Twitter feed and Facebook page in 2009). However, it is surprising that the percentage of users has decreased over time (in 2009, 58% reported using the conference blog, 40% the Facebook page and 36% the Twitter feed).
Although one could have expected a higher use rate, given efforts made by conference organizers and partners to promote them, it is encouraging to note that 58% of those who had used the Facebook page or the blog considered them to be “useful” or “very useful” (see Figure 11). That Twitter was rated “not very useful” or “not useful at all” by 27% of Twitter followers suggests that this tool needs better promotion at the next conference.
The abstract CD-ROM was used by 77% of surveyed delegates (vs. 10% who collected it but did not use it, 11% who did not collect it, and 2% who were not aware of it); 85% rated it as “very useful” or “useful”.

Donation boxes

As in 2009, donation boxes were placed around the conference venue, and delegates could leave any items that they did not wish to take home in these boxes. Sixty percent (60%) of surveyed delegates reported having used the donation boxes, 70% of whom rated them as “very useful” or “useful” (vs. 64% in 2009). That 13% of surveyed delegates were not aware of these boxes and 11% did not see them suggests that they should be better advertised and be more visible at the next conference.

Conference registration and accommodation booking

Surveyed delegates were asked to assess the easiness of the conference registration and the accommodation booking systems. The majority rated the conference registration as “very easy” or “easy” (87%), while 68% gave such rating to the accommodation booking systems.

Overall organization

Surveyed delegates were asked to think about the way the conference was organized and indicate if it had met their needs with respect to their work focus and expertise level. The majority of them replied Yes (83% vs. 17% No).

Looking at the influence of respondents’ professions, statistical analysis showed that researchers were more likely to reply No (20%) compared with health care workers/social service providers (16%, p=0.032). This trend is confirmed by the fact that delegates working in or affiliated with academia were more likely to reply No (21%) compared with those working in or affiliated with hospitals/clinics and governments (14% each) and non-governmental organizations (NGOs) (10%, p=0.27).

As shown in Figure 12, it was also found that the delegates’ main regions of work influenced their responses in a statistically significant way (p=0.00), with delegates from North America being the least satisfied and those from sub-Saharan Africa the most satisfied.

Only the two professions most represented by delegates were included in the statistical analysis.
Figure 12. Did the conference organization meet delegates’ needs with respect to their work focus and expertise level?\textsuperscript{14}

![Figure 12](image-url)

**Abstract Mentor Programme**

The Abstract Mentor Programme (AMP) was introduced at the 3\textsuperscript{rd} IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2005), with the objective of helping less experienced researchers improve their abstracts before submitting them to the conference. Mentors help abstract submitters by answering questions on practical issues related to the content and language of their draft abstracts. Also, self-help tools, including an abstract writing toolkit available in four languages, are available online. This programme is completely independent of the abstract review and selection process of the conference. It is a service provided by the Conference Secretariat to widen access for less experienced submitters from around the world and to increase their chances of having an abstract accepted.

For IAS 2011, 48 mentors reviewed 167 abstracts submitted by 153 authors. As shown in Figure 13, all these figures have significantly increased since 2007. Almost 75\% (n=124) of abstracts reviewed by mentors were submitted to the conference programme by 111 authors. Just over 60\% of the submitted abstracts were accepted (n=77): 70\% for poster exhibitions, 27\% to be included in the abstract CD-ROM, and 3\% for oral presentations. The success rate (ratio of abstracts accepted/abstracts submitted to the conference programme after mentoring) has increased from 22\% in 2007 to 62\% in 2011.

\textsuperscript{14} This graph excludes regions represented by less than 40 surveyed delegates.
Looking at abstract mentees’ profiles, the majority lived in sub-Saharan Africa and South and South-East Asia (54% and 25%, respectively), the proportion of men was higher (59% vs. 41% women) and almost two-thirds were older than 30 years. Track C and Track D attracted the most submitters (see details in Figure 14). Mentors worked mainly in North America (37%), sub-Saharan Africa (15%), South and South-East Asia (13%), Western and Central Europe (20%) and Latin America (9%). Unlike submitters, the proportion of women was higher (60% vs. 40% men).

Figure 14. Profile of abstract mentees and mentors (2011).\textsuperscript{15}

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Figure 14. Profile of abstract mentees and mentors (2011).\textsuperscript{15}
Feedback from abstract mentees

As in 2009, abstract authors who used the AMP (referred to as “AMP users” in some parts of the report) were surveyed immediately after the deadline for submitting abstracts to the conference programme. The survey remained active for two weeks (from 15 February to 1 March 2011), with one reminder sent 10 days after the original survey invitation email was sent out. Of 153 emails sent, a total of 107 responses were submitted (response rate of 70%, same as in 2009).

Representing 37 countries, the majority of surveyed AMP users lived in sub-Saharan Africa and South and South-East Asia (49% and 28%, respectively), and the proportion of men was higher (58% vs. 42% women), which reflects the distribution of the overall population of AMP users. The survey sample was also representative of the latter in terms of the track in which abstracts were submitted, with tracks C and D being the most represented.

Voices of abstract mentees

- “The programme has contributed immensely to my ability to write quality abstracts. All the abstracts I have submitted for various … conferences after using the Abstract Mentor Programme were … accepted for oral presentations. Thank you so much.” (Nigeria)
- “I received my mentor’s responses days after I had submitted my abstract [to the conference programme]. If the response time could be reduced, that would be very helpful. Otherwise keep up the good work.” (Uganda)
- “The Abstract Mentor Programme helped to structure my final abstract and I learnt a lot from the feedback from my mentor. Please keep it up.” (Zambia)
- “The reply that I have received [from my mentor] was quite short (no details) … the [mentor] either did not have the expertise or time to give longer feedback.” (Russian Federation)
- “It has to be more interactive, allowing the applicant to send e-mails to the mentor so as to clarify his/her doubts and comments on the suggestions given by the mentor.” (India)
- “It will be more beneficial if abstracts are sent to specialists in the field of study. One of the comments I got from one of the mentors was that it was not his primary field so he could not understand some part of my analysis.” (Nigeria)
- “It was incredibly helpful but there were some discrepancies between what the mentor suggested and what was in the [online] course – the title, for example. I would have really benefitted from being able to ask one set of follow-up questions to clarify further [mentor’s feedback]” (United States of America)

The majority of surveyed abstract submitters found that it was “easy” or “very easy” to understand the content and structure of the mentor feedback form (48% and 32%, respectively, vs. 17% who found it “somewhat easy”, 4% who found it “not very easy”, and 0% who found it “not easy at all”).

The majority also reported that the feedback provided by their mentor was “very useful” or “useful”, especially feedback on the use of scientific and formal criteria, as illustrated in Figure 15.
When asked if they had completed the IAS/Health[e]Foundation abstract writing course [Module 1: Scientific writing – Conference abstracts], which was a pre-requisite to submitting their abstracts to the AMP, only 36% replied Yes (vs. 64% No). This finding highlights the need to find a way to make this course compulsory, along with measures to effectively ensure that the abstract submitter has successfully followed the online course before using the AMP. Of those who reported having followed the online course, the vast majority rated it as “very useful” or “useful” (64% and 31%, respectively). Although the difference was not statistically significant, abstract submitters from sub-Saharan Africa were more likely to have completed the course than those from South and South-East Asia (40% vs. 27%).

As an indicator of the professional value of such a programme, almost all respondents reported that they would recommend the programme to a friend or a colleague (99%) and would use it again at the next conference (98%), which confirms results from the IAS 2009 AMP evaluation.

A total of 80 surveyed submitters wrote clear and relevant comments or suggestions for improving the AMP. Half of these wrote positive remarks on the programme overall and 4% explicitly said they had no comments. Almost one in five respondents indicated that the time it took to receive feedback from their mentors was too long (i.e., feedback was received too close to or even after the deadline for submitting abstracts to the conference programme). Thirteen percent (13%) reported that mentors’ feedback was not specific enough, not clear enough, not very constructive, and/or not complete. Nine percent (9%) highlighted the need to have more interactive exchanges between abstract submitters and mentors (through emails and/or phone calls) to allow abstract authors to ask for clarification on comments made by their mentor if needed. Five percent (5%) recommended offering abstract submitters the possibility of submitting their abstracts several times to the same mentor so as to check if suggested corrections were applied correctly. Most of these comments and suggestions had already been made by the IAS 2009 AMP users.
Other comments and/or suggestions each made by one AMP user included the following:

- Some of the comments were not applicable for behavioural research.
- It would be better to [get] feedback from more than one mentor.
- Similar initiatives should be made available at a larger level, for example, to support publications in scientific reviews.
- The [feedback] form was a little complicated and different from the others.
- Authors coming from developing countries should be able to submit more than two abstracts to the AMP.
- More guidance is needed to select the category within the tracks.
- Mentoring programmes should be better promoted in remote and rural areas.

Feedback from abstract mentors

Voices of abstract mentors

- “This program is very interesting, not only for the abstract authors but also for the mentor. This is a good way to improve our knowledge in the field.” (Mexico)
- “Better match of abstract topic and mentor's background if possible.” (United States of America)
- “This year, it was a very friendly format, just congratulations for it!” (Chile)
- “The questions are good, but the form did not seem to invite suggestions for improving the abstracts.” (United States of America)
- “It may be useful if authors can re-submit a revised version of their abstract to the mentor programme before [submitting it to the conference programme]. This may allow the author to ask … questions and seek clarity on some of the issues/concerns raised.” (South Africa)
- “Insist that the abstract authors use a spell and grammar check before submitting [their abstract to the AMP].” (United Kingdom)
- “The program was good, however, a reminder to mentors would have been a good idea as many mentors are occupied with other activities and forget to review the abstract.” (India)
- “The format was easy to use and it is great to have an extra space for the author to ask the reviewer some questions.” (Ghana)
- “I was not sure at times that my comments had been received. So if mentors receive an acknowledgement that their comments have been received, it would help.” (Bangladesh)
- “I would also add a question about the clarity and pertinence of the reported results matching the objectives and methodology specified in the abstract. This was frequently one of the problems encountered in the abstracts reviewed.” (France)

All active mentors were also invited to share their opinions about this programme. Of the 54 active mentors, 37 completed an online survey immediately after the AMP had closed (response rate of 69% vs. 72% in 2009). Survey respondents worked in 20 countries, mainly in North America 18 (40%), sub-Saharan Africa (16%), South and South-East Asia (13%), Western and Central Europe (13%), and Latin America (11%). Oceania and North Africa and the Middle East were respectively represented by one respondent, while the following regions were not represented at all: Caribbean, East Asia, Eastern Europe and Central Asia.

The majority of surveyed mentors found that it was “very easy” or “easy” to use the online abstract feedback system (54% and 38%, respectively, vs. 3% who found that it was “somewhat easy”, 3% who found that it was not “very easy”, 0% who found that it was “not easy at all”, and 3% who had not used it). The vast majority also thought the questions outlined in the online abstract feedback system were a good way to provide abstract authors with structured comments and clear feedback (96%). Of the two mentors who did not think that the system was a good way to provide abstract authors with structured comments and clear feedback, one indicated that the issues raised by an

18 Of 15 mentors working in North America, 14 reported working in the United States of America.
abstract were not necessarily covered by the questions of the online form and that these questions were in fact review criteria that did not necessarily help researchers from a developing country when submitting abstracts for the first time.

When asked if they had comments/suggestions to improve the format and/or the content of the online abstract feedback system, 20 mentors provided input, seven of whom made positive remarks or did not have any specific comment. Four mentors would like to be able to edit the abstract under review with the track-changes tool to avoid having to rewrite everything in the template. Two mentors recommended separating the “objectives” and “methodology” sections. Two mentors commented on the background and the study design: one indicated that the “methodology” section should include more information, including detail about the study design, demographic details and the number of subjects; the other one wrote that the “background” section was important, but was not enough to understand the context of the study and exactly what motivated the author to do the research. The latter suggested including a separate section or expanding the “background” section to explore if there is a clear and scientifically sound statement of the problem under study.

Other comments and/suggestions each made by one mentor included the following:

- There should be a question about the relevance of the study to the conference theme.
- There should be a question about the clarity and pertinence of the reported results matching the objectives and methodology specified in the abstract.
- The question, “Is the study innovative and the finding novel?”, was difficult to assess, especially for abstracts submitted by authors from resource-limited settings, the findings of which were important but not necessarily innovative and/or novel.
- The question, “Are the results analyzed in a broader context?”, should be clarified because it is somewhat ambiguous.
- It would be useful to have another box on completeness or something beyond a scientific format and formal criteria for abstracts that do not present any research findings.
- A three- or five-point Likert scale to answer questions is preferred because it is often difficult to answer questions with Yes or No.

Seventeen mentors provided further comments and suggestions on the programme; six of these explicitly said that the programme was good or that it worked well. Three mentors insisted that abstract submitters use a checklist before submitting their abstracts to the AMP, and said that the checklist should include the following criteria: respect the maximum number of words; check and correct all spelling and grammar mistakes; and ask the mentor at least one question. Similar to a comment made by several AMP users, one mentor indicated it would be useful if authors could re-submit a revised version of their abstracts to their mentors before final submission to the conference programme in order to allow the authors to ask questions and seek clarity on some of the issues/concerns raised in the feedback form.

Other comments and/suggestions each made by one AMP user included the following:

- The abstracts sent to the mentor were far out of his/her area of expertise; hence s/he was of no use to the abstract author seeking feedback.
- Conclusions should be based on the study and not just be general statements.
- A reminder should be sent to mentors before the deadline to make sure feedback is provided on time.
- Abstract topics should better match the mentor’s background.
- There is a need to increase the number of mentors.
- Mentors should be notified if the abstract(s) they had reviewed were eventually submitted and/or accepted.

The fact that all but one surveyed mentor reported that they would mentor again for future HIV/AIDS-related conferences is evidence of how enriching the mentoring experience is. The respondent who indicated s/he would not mentor again gave lack of time as the main reason for refusal. When asked to select from a four-item list which conference(s) they would mentor again for, all respondents selected IAS 2013 and AIDS 2012, and 47% selected regional conferences.
It is also encouraging to note that 76% of surveyed mentors expressed their interest in mentoring one or two full-length research manuscripts per year if such a programme existed.

**Positive Lounge**

The Positive Lounge is a place of rest and support for HIV-positive conference delegates, which also provides opportunities to meet and talk with other people living with HIV (PLHIV) from across the globe in a relaxed and nurturing environment. Based on practices at and evaluation findings from previous IAS and International AIDS Conferences (IACs), and taking into account the need to reduce the conference budget, the IAS 2011 Positive Lounge provided complimentary snacks and offered a space for informal meetings and for taking medication. It was open from Sunday, 17 July, to Wednesday, 20 July.

Sixteen percent (16%) of surveyed delegates reported visiting the Positive Lounge, the majority of whom indicated that it was “very helpful” or “helpful” in supporting their participation in the conference (26% and 45%, respectively, vs. 17% who rated the lounge as “somewhat helpful”, 9% as “not very helpful”, and 2% as “not helpful at all”\(^{19}\)).

**Voices of HIV-positive delegates**

- “I visited this area because I am a HIV-positive man. I felt at home. Please never forget us and this very important space for coexistence among our peers around the world. It enables us to meet people, share our own experiences, we can learn from all our regions and continue to struggle together…” (counselor/activist, NGO, Peru)
- “The so-called ‘Positive Lounge’ was a disgrace and disrespectful to HIV-positive delegates. It was hot (un-air conditioned), no food other than very sugary drinks and cookies was served, it only contained a dozen chairs, there was no place to rest or get quiet [and] no knowledgeable support staff […]. This is the worst HIV-positive support experience I have had at 15+ IACs and my second or third IAS meeting. The IAS should take great efforts to make sure this is not repeated.” (prevention science activist, self-employed/consultant, South Africa)
- “This was very important for us positively living persons. It made us feel proud and honored … Everything was enough and good. [Let’s not forget] the cooperating volunteers, they were great people!!” (community health worker, people living with HIV/AIDS group/network, Kenya)
- “It was a small area again feeling more like a corridor and with few resources other than the most basic things. The first days were particularly poor.” (profession and country unknown)
- “It was very helpful for Internet service and for the refreshment. The separate cabin for rest was also convenient at times.” (manager/director, NGO, Nepal)
- “This cannot be called a lounge at all, as everything it offered, except the free wi-fi, was limited to chairs and tables that were available anywhere.” (manager/director, NGO, Russia)
- “It would have been great if there were more organized/facilitated networking within the lounge. For example, scheduled discussion sessions within the lounge on different topics of interest to positive delegates. Most of us were very shy!” (physician, self-employed/consultant, Ireland)

\(^{19}\) The Positive Lounge at IAS 2009 was better rated: 77% rated it as “very helpful”, 14% as “helpful”, and 9% as “somewhat helpful”.

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6th IAS Conference on HIV Pathogenesis, Treatment and Prevention | July 17-20 2011 | Rome, Italy

A total of 51 respondents provided comments and/or suggestions for improvement of this area, 16 of whom made positive remarks. Delegates’ comments were classified into the following themes (the number of respondents is provided in brackets\(^2\)).

**Space, layout, decoration and temperature (n=23)**
Many delegates complained that the room was too small and had the shape of a corridor. A few delegates also regretted the lack of decoration (not colourful and cozy enough), the limited seating capacity, the quality of chairs (uncomfortable) and the absence of music. One delegate was unhappy with the lounge’s entrance, which was located in a heavy traffic route and was not well shielded. A few delegates complained that the room temperature was too high.

**Catering, services and equipment (n=19)**
Delegates were disappointed by the limited choice and unhealthiness of the food served in the lounge, in particular, the lack of fruits. Several delegates suggested making the lounge more interactive (this included the proposition to organize group discussions to facilitate networking because people were quite shy and did not dare talk to each other). It was also requested that there be more information/exhibition on the various topics of the conference. Finally, one delegate was surprised at the lack of condoms in the lounge and in the conference venue in general. Several remarks were also made about the Internet connection, which was either overloaded or not functioning. Another delegate suggested setting up screens to retransmit sessions to the Positive Lounge.

**Staff and other (n=12)**
Delegates were very happy with the staff in general, and thanked them for their kindness and their service. However, one regretted the absence of knowledgeable support staff. Another noticed that the volunteers were not allowed to sit down for a moment, making it hard for them to be enthusiastic all the time (more and regular breaks would have been appropriate for volunteers serving this area). Other comments included concerns about the usefulness of the lounge and the lack of information concerning this area before the conference.

**Scholarship recipients**

**Voices of scholarship recipients (1/2)**

— “I am the most grateful delegate because I could not have participated without a scholarship ... I made useful contacts for my organization and my Director General was very happy. Arrangements concerning flights, accommodation, local transportation, scholarship helpdesk, and speaker centre ... were excellent [as well as] the opening ceremony, all sessions, sessions on grants and publications. The opportunity to participate as a speaker is the best thing that has recently happened to my career. I gained a lot out of it and became a better speaker. I will share all I acquired with the scientists in my organization during our monthly seminars and I will also share some knowledge with members of Arm Forces Catholic Women and Youths Organizations at my Parish: Holy Trinity Catholic Church Mile 2 Signal barracks, Lagos. I have already started sharing [new] knowledge with women at Senior NCO quarters, Signal barracks, Mile2, Lagos, Nigeria. All these groups of people were thankful to 2011 IAS organizers for the scholarship awarded to me.” (lab technician, Nigeria)

— “The scholarship provided by IAS was the only way that I could make it up to Rome to attend this great scientific conference. Everything was well organized [but] if possible it would be great to increase the number of scholarships to help as many delegates as possible.” (physician, hospital/clinic, Nepal)

\(^2\) Many delegates made comments that were classified into more than one theme.
Voices of scholarship recipients (2/2)

…”The scholarship desk is to be commended for their excellent organization and thoughtfulness. It was an absolute pleasure to be part of this programme. Thank you for the opportunity to attend.” (social/behavioural scientist, academia, South Africa)

…”The scholarship team was very supportive and prepared me well for what to expect.” (physician, hospital/clinic, Uganda)

…”The International and Media Scholarship Programme should become more involved in the process of acquiring visas from embassies.” (physician, NGO, Burkina Faso)

…”More scholarship should be provided to applicants who are freelance and from resource-limited countries.” (physician, NGO, Tanzania)

…”More detailed media briefing and [an] open session for media scholarship recipients should be undertaken and embargo press release should be emailed before the press conference to all participants.” (journalist, media organization, Bangladesh)

Overview of the scholarship programme

The aim of the IAS 2011 International and Media Scholarship Programme was to bring to the conference individuals who are most able to transfer the skills and knowledge acquired there to the work they undertake in their own organizations and communities. Delegates and media representatives were able to request full or partial scholarships.

A full scholarship includes:

- Registration for the conference
- Economy-class return airfare
- Shared accommodation in a budget hotel
- Modest daily allowance.

A partial scholarship includes any combination of these aspects.

The CCC established selection criteria, taking into account residence region, HIV status, age (young people received priority), key affected populations, gender, occupation, type of organization, attendance at previous conferences, type of involvement in the conference (e.g., abstract presenter, general delegate or media representative), and applicant’s motivation and ability to disseminate knowledge gained at the conference.

A total of 1,985 scholarship applications were received from 128 countries, mainly from Africa, and 218 scholarships were awarded to applicants from 57 countries. As shown in Figure 16, the number of scholarship applications decreased from 2007 to 2011, but the number of scholarships granted increased over the same period.
Details on the profile of scholarship recipients are provided in Figure 17.
Figure 17. Profile of scholarship recipients (2007 to 2011)\textsuperscript{21}

<table>
<thead>
<tr>
<th></th>
<th>IAS 2007 (n=194)</th>
<th>IAS 2009 (n=197)</th>
<th>IAS 2011 (n=218)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>53%</td>
<td>46%</td>
<td>40%</td>
</tr>
<tr>
<td>Female</td>
<td>47%</td>
<td>53%</td>
<td>59%</td>
</tr>
<tr>
<td>Transgender</td>
<td>0.5%</td>
<td>1%</td>
<td>0.40%</td>
</tr>
<tr>
<td><strong>HIV status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV +</td>
<td>12%</td>
<td>unknown</td>
<td>9.2%</td>
</tr>
<tr>
<td>HIV -</td>
<td>unknown</td>
<td>unknown</td>
<td>64.2%</td>
</tr>
<tr>
<td>Did not disclose</td>
<td>unknown</td>
<td>unknown</td>
<td>25.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>unknown</td>
<td>unknown</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asia-Pacific</td>
<td>32%</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Africa</td>
<td>25%</td>
<td>47%</td>
<td>42%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>20%</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>n/a</td>
<td>n/a</td>
<td>8%</td>
</tr>
<tr>
<td>Western Europe</td>
<td>12%</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>USA and Canada</td>
<td>11%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>21%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Researcher - biology &amp; pathogenesis</td>
<td>30%</td>
<td>19%</td>
<td>13%</td>
</tr>
<tr>
<td>Physician</td>
<td>9%</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>Researcher - epidemiology</td>
<td>3%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Media</td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Activist</td>
<td>3%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Researcher - clinical science</td>
<td>13%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>NGO/CBO worker</td>
<td>unknown</td>
<td>unknown</td>
<td>4%</td>
</tr>
<tr>
<td>Researcher - prevention science</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Advocate</td>
<td>5%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic</td>
<td>66%</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>Hospital/clinic</td>
<td>11%</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>NGO</td>
<td>7%</td>
<td>14%</td>
<td>25%</td>
</tr>
<tr>
<td>PLHIV network</td>
<td>8%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Media organization</td>
<td>4%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Government</td>
<td>5%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 20</td>
<td>0.3%</td>
<td>0.1%</td>
<td></td>
</tr>
<tr>
<td>20 – 29</td>
<td>unknown</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>30 – 39</td>
<td>unknown</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>40 – 49</td>
<td>unknown</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>50 and above</td>
<td>9%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>2%</td>
<td>0.2%</td>
<td></td>
</tr>
<tr>
<td><strong>Scholarship type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstract submitter</td>
<td>40%</td>
<td>66%</td>
<td>75%</td>
</tr>
<tr>
<td>Non-Abstract/Non-Community (International)</td>
<td>46%</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>Community</td>
<td>11%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Media</td>
<td>3%</td>
<td>5%</td>
<td>4%</td>
</tr>
</tbody>
</table>

\textsuperscript{21} For headers marked with a *, total does not add up to 100 as only most frequently cited responses were included.
Looking at the nationality of scholarship recipients, the United States of America was the most represented country, followed by Kenya, South Africa and Nigeria (see details in Figure 18).

### Figure 18. Top 11 countries benefiting from the scholarship programme

Only countries each represented by at least four scholarship recipients are included.

Online and on-site resources

Scholarship recipients had the opportunity to express their opinions on the conference, and more specifically on the scholarship programme, through the online delegate survey. A total of 128 survey respondents identified themselves as scholarship recipients (59% of the total number of scholarship recipients vs. 65% in 2009), and most answered the questions related to the scholarship programme.

The vast majority of survey respondents rated the organization of the IAS 2011 scholarship programme as “excellent” or “good” (67% and 29%, respectively). With respect to the resources put at their disposal before and during the conference (online documentation and on-site desk), 98% of surveyed scholarship recipients had used the pre-departure guide (vs. 97% in 2009), 87% the scholarship frequently asked questions section on the conference website (vs. 93% in 2009) and 79% the on-site scholarship desk. More than 90% of surveyed scholarship recipients considered these resources to be “very useful” or “useful” (see details in Figure 19).
Figure 19. Usefulness of online and on-site resources for scholarship recipients

<table>
<thead>
<tr>
<th>Resource</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarship desk on site (n=100)</td>
<td>93%, 7%</td>
</tr>
<tr>
<td>Pre-departure guide (n=125)</td>
<td>93%, 6%</td>
</tr>
<tr>
<td>Scholarship frequently asked questions (n=111)</td>
<td>91%, 8%</td>
</tr>
</tbody>
</table>

Comments and suggestions

A total of 62 scholarship recipients provided comments about the International and Media Scholarship Programme and/or suggestions on how to improve it at the next conference; 24 of these recipients (38%) made positive remarks, thanking the IAS and, in particular, the scholarship team. Delegates’ comments were classified into the following themes (the number of respondents is provided in brackets).

**Logistics (n=19)**
A recurring comment of recipients was the lack of transport to and from the airport, and the lack of a welcome desk at the airport. A number of recipients commented that the allowance provided did not cover all costs during the conference. On a related theme, recipients mentioned that partial scholarships did not cover all costs, notably airfares and stopover expenses. Several recipients also requested further assistance in applying for visas.

**Scholarship selection criteria (n=16)**
Most comments related to who should receive scholarships in the future. Recipients also commented that the number of scholarships available should be increased, particularly full scholarships. Several people mentioned that people from developing countries and PLHIV should be given priority for scholarships.

**Communications (n=7)**
Some recipients thought that communication with scholarship recipients worked well and others thought that it could be improved. Several recipients suggested improving communication between recipients by organizing meetings for them. One person commented that too many emails were sent to recipients and that she would have preferred fewer emails summarizing information.

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23 Many delegates made comments that were classified into more than one theme.
**Other**
Other comments were about: general logistics at the conference (n=4); suggestions for a more interactive and detailed briefing for media scholarships, (n=3); overall conference format, proposing more interaction and complaining about time conflicts between sessions (n=3); and other issues (n=3), notably the lack of availability of tours after the conference and translation services during the conference.

**Speakers, chairs and facilitators**

**Number and profile of speakers and chairs**

Conference organizers mobilized **313 speakers**, **41 of whom made more than one speech/intervention** during the conference. As shown in Figure 20, the regions most represented by speakers were North America, Western and Central Europe, and sub-Saharan Africa.

![Figure 20. Breakdown of speeches by region (based on speakers’ nationalities)](image)

Speakers represented a total of **51 countries**, based on their nationality. The 12 countries most represented were the United States of America (129 speeches), Italy (37), South Africa (18), Uganda (18), the United Kingdom (16), France (16), Canada (15), Spain (8), Australia (7), Germany (7), Brazil (6) and India (6). See details in Figure 21.

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24 Speakers include abstract presenters, but not poster exhibitors. This figure excludes the 148 speakers at satellite meetings who were selected by satellite session organizers, i.e., not by the CCC or the SPC.
Looking at gender, the proportion of male speakers was higher than the proportion of female (55% vs. 45%) speakers. However, the proportion of female speakers was higher in professional development workshops (see Figure 22).
Statistics also showed that the proportion of male speakers from Western and Central Europe was higher than the proportion of female speakers from this region (66% vs. 34%) while the proportion of female speakers from South and South-East Asia was higher than the proportion of male speakers from these regions (83% vs. 17%). See details for other regions in Figure 23.

Figure 23. Breakdown of speeches by region with a gender perspective

It was also found that some regions (based on speakers’ nationalities) were underrepresented in certain types of sessions. For example, 18% of speeches by people from sub-Saharan Africa were for oral abstracts sessions (vs. 38% for North America). Latin America speakers gave not even one speech at plenaries, and speakers from South and South-East Asia gave not one speech at special sessions and bridging sessions. See details in Figure 24.
The conference organizers also mobilized 123 chairs, 12 of whom chaired more than one session. Chairs represented a total of 33 countries, based on their nationalities. The five countries most represented were the United States of America (28 interventions), Italy (23), France (14), South Africa (9) and Canada (8). With respect to gender, the proportion of male chairs was significantly higher than the proportion of female chairs (62% vs. 38%).

---

25 Only regions with more than 10 speeches/interventions are represented in this graph.
26 This figure excludes the 50 persons who chaired satellite sessions.
Online and on-site resources

Voices of speakers, chairs and facilitators

- “People in the rapporteur room were extremely nice and helpful ... Although we had lots of work, it was an excellent experience.” (researcher, government, United States of America)
- “[The support] was excellent. I especially enjoyed the room to practice.” (biology and pathogenesis researcher, hospital/clinic, Canada)
- “Session point persons may ... get in touch with speakers early to help improve their presentations if needed.” (manager/director, NGO, Kenya)
- “Chairs were very disappointing in our session. One chair barely introduced the session nor the speakers or their presentation title ... Who invites these chairs? Is their performance scrutinized?” (physician, academia South Africa)
- “[The practice at the Speaker Centre] is the best thing that happened to me because I was able to make corrections and rehearsals before my day of presentation. The technical staff and volunteers were wonderful.” (lab technician, Nigeria)
- “Speakers are not clearly informed on how to interpret the red warning lights. The blinking can be very disconcerting.” (profession and country unknown)

Online resources

In order to help speakers, chairs and facilitators prepare for their session(s), conference organizers provided guidelines and templates, which were available on the conference website a few months before the conference. Of the 146 surveyed delegates who identified themselves as a speaker, chair or facilitator, the majority reported that they had used these online resources (85% vs. 87% in 2009) and reported that they were “very useful” or “useful” (86% vs. 10% who found them “somewhat useful” and 4% who found them “not very useful” or “not useful at all”).

On-site resources

A point person was appointed from the programme committees to coordinate the planning of each session. Support provided by session point persons was used by 82% of survey respondents, 89% of whom reported that it was “very useful” or “useful” (vs. 8% who found it “somewhat useful” and 3% who found it “not very useful” or “not useful at all”).

Support provided by the Conference Secretariat was used by 75% of survey respondents, 86% of whom reported that it was “very useful” or “useful” (vs. 8% who found it “somewhat useful” and 6% who found it “not very useful” or “not useful at all”).

An on-site Speaker Centre was available to speakers, chairs and facilitators during the conference. Here, they could upload their presentations and access other kinds of support. The majority reported having used the centre (84% vs. 89% in 2009), 96% of whom indicated that it was “very useful” or “useful” (vs. 1% who found it “somewhat useful” and 3% who found it “not very useful” or “not useful at all”).

IAS 2011 Speaker Centre (entrance)

27 Eleven percent (11%) had not used them or said it was not applicable, and 4% were not aware of these guidelines and templates.
The rating of these resources is summarized in Figure 25.

Figure 25. Usefulness of online and on-site resources for speakers, chairs and presenters

<table>
<thead>
<tr>
<th>Resource</th>
<th>Very useful or useful</th>
<th>Somewhat useful</th>
<th>Not very useful or not useful at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker Centre (n=123)</td>
<td>96%</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Session point person (n=115)</td>
<td>89%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Guidelines and templates (n=121)</td>
<td>86%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Secretariat support (n=106)</td>
<td>86%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Percentage of respondents

**Comments and suggestions**

A total of 21 respondents provided comments and/or suggestions for improvement of resources provided to speakers, chairs and facilitators, and nine of them made positive remarks. Delegates’ comments were classified into the following themes (the number of respondents is provided in brackets).

**Staff and session point persons (n=5)**

Delegates really appreciated the service and the kindness of the staff, although one suggested that session point persons should get in touch with speakers earlier.

**Presentation templates (n=4)**

Delegates were thankful for the availability of presentation templates. However, one delegate complained about the poor quality of the template (red and garish) and another noted that some of the presenters had not respected the limit on the number of slides.

**Rehearsal room (n=3)**

The availability of a rehearsal room was highly appreciated. One delegate added that one room was insufficient and another recommended having a sign-up list for this type of area.

**Equipment in session rooms (n=2)**

One delegate complained that the timer/clock was not visible while presenting, and also complained about the difficulty in interpreting the red warning lights. Another delegate reported that the blinking was very disconcerting.

---

28 Many delegates made comments that were classified into more than one theme.
Posters exhibitors

Voices of poster exhibitors

- “The poster displays provide a very good opportunity for sharing experiences and I enjoyed them as they were covering areas relevant to my work.” (community health worker, NGO, Zimbabwe)
- “The layout [of the poster display area] was very unfriendly. The rotation system caused a lot of trouble with missing posters. The time scheduled for poster presentations coincided with oral presentations discussing some of the subjects presented in the posters.” (biology and pathogenesis researcher, academia, France)
- “It would be better for the poster helpdesk to organize a place for storage of posters. It was such an inconvenience to carry posters around.” (epidemiology researcher, academia, Uganda)
- “There should be more posters on basic science.” (biology and pathogenesis researcher, academia, Russian Federation)
- “Posters were discarded at the end of the poster sessions without prior warning, leading to extra costs required for reprinting.” (physician, academia, South Africa)

Poster display area and helpdesk

Surveyed poster exhibitors (n=267) were asked to rate the overall organization of the poster display area (i.e., its area layout, labelling, etc.). Of 253 respondents, more than half rated it as “fair” or “poor” (30% and 25%, respectively), which was the case for only 20% of surveyed poster exhibitors in 2009.

The poster helpdesk, located in the poster exhibition area, mainly to provide support to poster presenters, was used by 79% of surveyed poster exhibitors (vs. 84% in 2009). As in 2009, two-thirds of surveyed poster exhibitors reported that it was “very helpful” or “helpful” (vs. 20% who rated it as “somewhat helpful” and 13% who rated it as “not very helpful” or “not helpful at all”).

Poster viewers, as opposed to poster exhibitors, were also asked to rate the poster layout in the display area. Of the 556 survey respondents who had visited the poster exhibition and expressed their opinions on this area, just over half rated it as “fair” or “poor” (25% and 26%, respectively).
Given the high percentage of abstracts accepted for the poster exhibition (see Figure 36), the low rating of the poster exhibition area at IAS 2011, combined with comments in the next section, need to be carefully taken into consideration by the organizers of the next conference.

Comments and suggestions

Delegates made 376 comments, which were classified into the following themes (the number of respondents is provided in brackets):

**Display area (n=270)**
Many delegates commented that the main poster area was situated in a parking garage with limited air conditioning and lighting. With just one entry door, it was a potential fire risk and was difficult to access for people with disabilities. The small space meant that delegates displaying posters could not comfortably explain their posters with the area being very cramped. In addition, the other areas where posters were displayed were dispersed around the conference venue and difficult to locate.

**Scheduling and format (n=39)**
Delegates were unsatisfied with the rotation policy, consisting of posters put up and then replaced with others. In addition, delegates felt that the time available to view posters was limited and clashed with the main programme of the conference.

**Logistics (n=38)**
Comments mainly related to the work of volunteers (some were positive and others were critical) and the lack of storage for posters. Some delegates also complained that their poster rolls and posters, once taken down, were thrown away by cleaning staff.

**Media representatives**

**Voices of media representatives**

- “The communication with media representatives that could not attend the IAS [conference] was excellent. The daily summaries and other documents forwarded during the conference made me feel like I was in Rome with the team. Please keep up the great work for subsequent IAS [conferences].” (media representative, Burkina Faso)
- “I couldn't do my job at the press room because it was always too crowded. Instead, I had to go several times to my hotel every day. That was very uncomfortable. The media room should have been bigger and with a better Internet connection.” (community-based journalist, Spain)
- “I found really useful all the services offered in the Media Centre and I found very comfortable to work there.” (community-based journalist, Argentina)
- “[The Media Centre was] very good.” (broadcast journalist, Ghana)
- “The online media guide should be enriched with more photos, papers for scientific understanding of the technical words.” (print journalist, Bangladesh)
- “We needed a much bigger press room, and better wireless.” (media representative, United Kingdom)
- “The ability to access slides was very useful. [However], it would have been helpful to add the name of the presenting author.” (profession and country unknown)

Many delegates made comments that were classified into more than one theme.
Online and on-site resources

Conference participants who completed the online survey and identified themselves as media representatives (n=34) had the opportunity to express their opinions about the Media Centre and resources put at their disposal before and during the conference to enhance their preparation and their participation.

The vast majority of surveyed media representatives rated the overall organization of the on-site Media Centre as “good” or “excellent” (50% and 32%, respectively, vs. 9% who rated it as “fair” and 9% as “poor”).

Among the on-site and online resources aimed at building and/or enhancing the knowledge of media representatives about HIV and helping them cover the conference, the two most used were press conference rooms and the newsroom, while the two least used were broadcast facilities and social media tools (see details in Figure 26).
As shown in Figure 27, the majority of surveyed media representatives considered these resources to be “very useful” or “useful”.

Figure 27. Usefulness of resources by media representatives
Only 59% of media delegates used social media tools (Twitter, Facebook and the conference blog), 55% of whom rated them as “useful” or “very useful”. This confirms findings in the “Social networking tools” section and the need to better promote these tools well in advance of the next conference. However, it seems that media representatives were more likely than the overall delegate population (less than 32%) to use these tools.

Comments and suggestions

A total of 18 respondents provided comments and/or suggestions for improvement of resources provided to media representatives, and five of them made positive remarks. Delegates’ comments were classified into the following themes (the number of respondents is provided in brackets30).

Space and location (n=9)
Many delegates complained about the small size of the Media Centre. Other remarks related to the difficulty in accessing this facility and the limited number of interview rooms.

Equipment in the Media Centre (n=5)
Delegates expressed concerns about the poor Internet connection and the quality of chairs (uncomfortable). Two respondents also indicated difficulty in finding free computers. One respondent suggested having a board on which to leave messages for other media representatives.

Services and support (n=4)
One delegate complimented the IAS media team for sending and posting excellent daily summaries and other documents during the conference, which greatly helped media representatives who could not attend. Another delegate thanked the IAS for the availability of slides and proposed naming them with the presenting author in order to facilitate downloads. One delegate suggested including explanations of key scientific words and more pictures in the media guide. Another delegate urged the IAS to send official invitations to media representatives in the furthest countries to facilitate the obtaining of their visa.

Other (n=2)
One delegate complained about the lack of food. Another delegate complained that the staff at the Media Centre did not help him arrange an interview.

30 Many delegates made comments that were classified into more than one theme.
Which session types did participants attend?

**Overview of the conference programme**

The IAS 2011 programme was developed by the following committees:
- The Conference Coordinating Committee
- The Scientific Programme Committee
- Four track committees:
  - Track A: Basic Sciences
  - Track B: Clinical Sciences
  - Track C: Prevention Science
  - Track D: Operations and Implementation Research.

The IAS 2011 programme included a range of sessions and activities, as summarized in Figure 28.

![Figure 28. Overview of the conference programme](chart)

The IAS 2011 programme also featured an exhibition area, hosting 39 booths (vs. 49 in 2009) spread out over 1,072m², as well as 32 satellite meetings (vs. 35 in 2009), a community orientation session and affiliated events.

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31 The CCC is the conference’s highest governing body, which is comprised of an international group of experienced HIV professionals and researchers, including representatives of civil society. This committee has the mandate to oversee the conference organization.

32 This figure comprises 17 NGO exhibition booths, 19 commercial exhibition booths and three publisher booths. Most exhibition booths represented organizations/companies based in Europe and in North America (United States of America and Canada).

33 This figure comprises 27 non-commercial and five commercial satellites. All satellites were organized by companies/organizations based in Europe and in North America.
Abstract review process

All abstracts submitted to the conference went through a blind, peer-reviewed process carried out by an international review panel. Each abstract was reviewed by no fewer than three reviewers and the final selection of abstracts was made by members of the scientific programme and track committees in April 2011.

A total of 1,053 experts reviewed abstracts submitted to IAS 2011 (vs. 800 in 2009), 41% of whom were female reviewers and 59% of whom were male reviewers. The majority of reviewers were affiliated to institutions in North America (36%), Western and Central Europe (30%) and sub-Saharan Africa (13%).

All abstract reviewers were surveyed immediately following the abstract selection process to solicit their feedback on the review process, including their views on reviewing guidelines provided by the Conference Secretariat and the scoring system used. Of the 1,053 invited reviewers, 606 completed the survey (response rate of 58% vs. 75% in 2009). Their profile is summarized in Figure 29.

Figure 29. Profile of surveyed abstract reviewers

<table>
<thead>
<tr>
<th>Country representation (n=582)</th>
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<tbody>
<tr>
<td>Number of countries in which reviewers work</td>
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</table>

<table>
<thead>
<tr>
<th>Breakdown by region (based on country of work)</th>
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</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
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<tr>
<td>Western and Central Europe</td>
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<tr>
<td>North America</td>
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<tr>
<td>South and South-East Asia</td>
</tr>
<tr>
<td>Latin America</td>
</tr>
<tr>
<td>Oceania</td>
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<tr>
<td>East Asia</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
</tr>
<tr>
<td>Caribbean</td>
</tr>
<tr>
<td>North Africa and Middle East</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 2 professions (n=582)</th>
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<tbody>
<tr>
<td>Researchers</td>
</tr>
<tr>
<td>Health care workers/social service providers</td>
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<table>
<thead>
<tr>
<th>HIV work experience (n=579)</th>
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</thead>
<tbody>
<tr>
<td>Less than 2</td>
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<tr>
<td>Between 2 &amp; 5</td>
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<tr>
<td>Between 6 &amp; 10</td>
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<tr>
<td>Between 11 &amp;15</td>
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<tr>
<td>More than 15</td>
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<table>
<thead>
<tr>
<th>Age (n=578)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
</tr>
<tr>
<td>Between 30 and 40</td>
</tr>
<tr>
<td>Between 41 and 50</td>
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<tr>
<td>Above 50</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender (n=579)</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>No disclose</td>
</tr>
</tbody>
</table>

Just 5% of respondents were first-time abstract reviewers. The remaining respondents had previously reviewed abstracts between one and five times (44%), between six and 10 times (24%), and more than 10 times (26%). Of the 573 surveyed reviewers who had reviewed abstracts before IAS 2011, the majority reported that their previous experience included reviewing abstracts for the International AIDS Conference (83%) and the IAS Conference on HIV Pathogenesis Treatment and Prevention (67%).

34 The number of respondents for which the information is available is provided in brackets. For the professions, the total exceeds 100% as respondents could select up to two profession types.
Forty-four percent (44%) of reviewers had reviewed abstracts for a regional AIDS conference, and one-quarter had also served as reviewers for other AIDS conferences and/or health-related meetings/summits.

**Reviewing guidelines and scoring criteria**

Each of the four tracks was represented by at least 27% of surveyed reviewers, with Track B and Track C being the most represented (by 48% and 43% of respondents, respectively), reflecting the distribution of submitted abstracts by track.

In order to support abstract reviewers, the IAS provides reviewing guidelines and scoring criteria.

**Guidelines**

- The abstracts and your scores are confidential.
- The review process is blinded; abstract author information is not disclosed to the reviewers.
- Each of the three criteria below should be scored on a scale of 1-6, where 1 is the lowest score and 6 is the highest. The range is defined by the reviewer’s judgement according to scientific rigour, quality and relevance. This means that for some reviewers, there may be no abstract that merits a 1 or a 6. A score of 6 will be rare (e.g., 1 in 50 or 100 abstracts), whereas 5 is sufficient to indicate a noteworthy abstract (1 in 20).

**Abstract scoring criteria**

1) Is the methodology/study design appropriate to address the purpose and objectives?
2) Are the results clearly presented, and are the conclusions supported by the results?
3) Significance of contribution: do the findings contribute to the advancement of knowledge and development in the field?

Reviewing guidelines were rated as “very clear” or “clear” by the vast majority of respondents (59% and 38%, respectively, as opposed to “somewhat clear”, “not very clear” and “not clear at all”). Scoring criteria were also well rated (47% said that they were “very clear” and 45% said that they were “clear”). A total of 86 respondents provided comments on the guidelines/scoring criteria or offered suggestions for improvement that were shared with the Conference Secretariat.

**Scoring scale**

The scoring scale is described in Figure 31.

<table>
<thead>
<tr>
<th>Score</th>
<th>Abstract quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very weak: shows one or more critical shortcomings</td>
</tr>
<tr>
<td>2</td>
<td>Weak: shows significant weaknesses</td>
</tr>
<tr>
<td>3</td>
<td>Intermediate: meets criteria</td>
</tr>
<tr>
<td>4</td>
<td>Strong: meets criteria and has some distinctive value</td>
</tr>
<tr>
<td>5</td>
<td>Very strong: meets all and exceeds some criteria, and has distinctive value in several ways</td>
</tr>
<tr>
<td>6</td>
<td>Excellent: exceeds expectations on all criteria</td>
</tr>
</tbody>
</table>

Surveyed abstract reviewers were asked for feedback on the scoring scale. As shown in Figure 32, the majority of respondents rated the abstract scoring scale as “appropriate” (62%) or “very appropriate” (31%).
A total of 61 reviewers offered comments on the scoring system and/or suggestions for improvement, which were shared with the Conference Secretariat.

**Reviewers’ feedback on abstract quality**

With respect to the overall quality of abstracts reviewed, the majority of surveyed reviewers rated it as “fair” or “good” (49% and 43%, respectively), 7% rated it as “poor”, and only 1% considered it to be “excellent” (see Figure 33).
Surveyed reviewers were also asked whether they thought that the quality of abstracts submitted to the conference had improved compared with previous IAS-convened conferences. Of the 361 respondents, 51% replied that the quality was similar and 25% replied that it had not improved. Only 23% thought that it had improved over time.

These findings, supplemented by open comments from surveyed reviewers (n=144), suggest that more efforts are needed to ensure that abstracts sent to reviewers meet a minimum of quality criteria, including language criteria. It also highlights the importance of providing clear and comprehensive guidelines to abstract submitters, including examples of “good” and “bad” abstracts, and of further strengthening their scientific writing skills through dedicated training workshops, such online mentoring as the Abstract Mentor Programme (see the “Abstract Mentor Programme” section), peer-to-peer review and other tools. Some reviewers suggested providing more incentives and improving outreach efforts so as to attract more high-level researchers working in areas most relevant to the conference objectives. A few reviewers also suggested creating special criteria for NGO-submitted abstracts presenting innovative findings for which criteria required for science-based abstracts are not applicable.

Abstract statistics and trend analysis

IAS 2011 attracted 3,552 abstracts, an increase of 37% from 2009. However, the success rate (the ratio of abstracts accepted versus those submitted) has decreased (35% in 2011 vs. 38% in 2009), reflecting the CCC’s decision to accept fewer abstracts into the official programme, thereby increasing the quality of the science at the conference (see Figure 34).

Figure 34. Total number of abstracts submitted and accepted (2007 to 2011)

These statistics include late breakers, i.e., abstract authors who submitted their abstracts during a special, later submission process to report on late-breaking research.

This graph excludes abstracts that were selected for the abstract CD-ROM only: 826 in 2007, 588 in 2009, and 1,517 in 2011.
Breakdown of abstracts by type of presentation and track

As shown in Figure 35, the proportion of abstracts submitted in Track D has decreased from 32% in 2009 to 20% in 2011, while the proportion of abstracts accepted in Track C has increased from 14% to 33%.

The proportion of abstracts selected for oral presentations has remained stable since 2007 due to the conference programme structure and the space available (see Figure 36).

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37 This graph includes abstracts selected for the abstract CD-ROM only in 2007 and 2009.
Looking at the breakdown of abstracts accepted by track and type of presentation, there were no significant differences between the four tracks (see Figure 37).

Figure 36. Breakdown of abstracts accepted by type of presentation (2007 to 2011)

Figure 37. Breakdown of abstracts accepted (track by type of presentation)
Breakdown of abstracts by region and top 10 countries

Abstracts were submitted from 125 countries. As in 2009, almost 70% of abstracts were submitted by authors from Africa, Europe and USA and Canada. Surprisingly, the fact that the conference was held in Europe did not influence the proportion of abstracts submitted by European delegates (21% in 2009 and 2011). The proportion of abstracts submitted from Asia-Pacific has increased from 15% in 2009 to 21% in 2011.

A total of 76 countries were represented among the accepted abstract authors, with the USA and Canada accounting for most (35%), followed by Western and Central Europe (25%) and sub-Saharan Africa (24%, see details in Figure 38).

The following six countries have been among the top 10 for abstract acceptance from 2007 to 2011: United States of America, India, Italy, Spain, Canada and Uganda. As shown in Figure 39, the highest ranked country in terms of accepted abstracts has always been the United States of America.

38 The country refers to the country of affiliation/organization of the presenting author.
It is worth noting that the second-highest ranked country has always been the conference host country (Brazil for IAS 2005, Australia for IAS 2007, South Africa for IAS 2009 and Italy for IAS 2011).

Comparing success rates (the ratio of abstracts accepted versus those submitted) in 2011, the United States of America had the highest rate (61%), followed by France (55%) and Canada (54%). See details in Figure 40.

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39 This graph includes abstracts selected for the abstract CD-ROM only in 2007 and 2009.
Although Nigeria was among the top five countries for abstracts submitted (n=200), only 10% of abstracts submitted by authors in this country were accepted (n=19).

Further analysis (breakdown of accepted abstracts by region and type of presentation) showed that 57% of oral abstract sessions were composed of abstracts submitted from North America (see details in Appendix 3).

**Breakdown of abstracts by gender**

Although more abstracts were submitted by men (51% vs. 49% of women and 0.1% of transgender), the proportion of female authors whose abstracts were accepted was higher (54%) than the proportion of successful male abstract authors (46%).

It is worth noting that the female representation among successful abstracts authors has increased for three conferences in a row (54% in 2011 vs. 51% in 2009 and 43% in 2007).

The breakdown of abstracts by gender and type of presentation is available in Appendix 4.

**Main track of interest**

Surveyed delegates were asked what their main track of interest was at IAS 2011 (i.e., the track in which they attended most sessions). As in 2009, Track B was delegates’ first choice, although the proportion of delegates mainly interested in this track has decreased from 47% in 2009 to 41% in 2011. The second most frequent choice of surveyed delegates was Track C (25%), which was the least favoured in 2009 (13%). The interest for Track D has decreased from 17% in 2009 to 12% in 2011, while the interest for Track A has increased slightly (see Figure 41).

![Figure 41. Main track of interest of survey respondents (2009 to 2011)](image)

Looking at the audience of each track, health care workers/social service providers were significantly more likely to be interested in Track B compared with researchers. On the contrary, the latter were significantly more likely to be interested in Track A (see Figure 42).

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40 This trend was also observed in 2007 and in 2009: 60% and 53% of abstracts were submitted by men, respectively.
However, these results need to be treated with caution because survey respondents were able to select up to two different professions, resulting in many health care workers also identifying themselves as researchers.41

The following delegates’ attributes also influenced their main track of interest in a statistically significant way: main region of work, main affiliation/organization type, and age (see details in Appendix 5).

**Other tracks of interest**

Survey respondents who had selected one main track of interest were then asked if they had attended sessions that did not belong to their main disciplines (i.e., sessions in tracks other than their main tracks of interest). Of the 788 respondents, the majority answered Yes (87% vs. 13% No). Delegates whose main tracks of interest were Track A or Track B were significantly more likely to have answered No to this question (22% and 13%, respectively) compared with those attracted by the two other tracks (10% of those who mainly attended Track C sessions and 7% who mainly attended Track D sessions).

Looking in more detail at the association between tracks, i.e., which tracks attracted people mainly interested in another track, the following trends were found (see illustration in Figure 43):

<table>
<thead>
<tr>
<th>Main track of interest</th>
<th>Other tracks in which at least 50% of respondents attended sessions (ranked from the highest percentage to the lowest)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track A (n=94)</td>
<td>B, C</td>
</tr>
<tr>
<td>Track B (n=278)</td>
<td>C, A</td>
</tr>
<tr>
<td>Track C (n=170)</td>
<td>B, D</td>
</tr>
<tr>
<td>Track D (n=87)</td>
<td>C, B</td>
</tr>
</tbody>
</table>

41 Seventy-four percent (74%) of respondents who selected health care workers/social service providers as their first choice and who made a second choice (n=263) selected the profession, “researcher”, as their second choice.

42 Only the two professional categories most represented among survey respondents were included in this analysis for reasons of statistical validity.
Workshops

For the first time, the conference programme featured a series of workshops, which were designed by the Workshop Advisory Board in collaboration with the Scientific Programme Committee. Covering all tracks and including several cross-cutting issues and themes, these workshops aimed at increasing the capacity of delegates to implement and advocate for effective, evidence-based HIV/AIDS policies and interventions in their respective communities and countries.

A total of 11 workshops were held, as follows:

- “Publish or Perish” scientific writing workshop
- Improving Adherence and Quality of Care through Mobile Technology and Patient Education
- Pathogenesis and Management of Long-Term Complications of ART
- Sex Work and the Risk Environment: Beyond the Individual. Structural Approaches to HIV Prevention among Sex Workers
- Strengthening Client and Patient Care: How to Reduce Stigma and Discrimination in Health Settings
- How to Conduct Operational Research and Implementation Science – Definitions, Design, Methodology
- Career Paths for Basic Scientists in Developing Countries
- What Does the Combination of HIV Prevention Look Like for Injecting Drug Users?
- Identifying Current and Potential Ethical Challenges and Dilemmas in HIV Prevention Research
- Implementation and Operations Research Considerations for Rolling Out the 2010 WHO Guidelines on PMTCT and Infant Feeding
Towards an HIV Cure: Insight into Residual Viral Replication, Establishment of Reservoirs and Understanding Mechanisms of Persistence.

All workshop participants had the opportunity to share their feedback on the workshop(s) they had attended through a dedicated printed survey form, which was distributed and collected during the conference. Despite a good attendance rate and an announcement made about the survey during each workshop, only 180 forms were collected out of about 500 distributed. The response rate greatly varied between workshops, with only five responses given for one workshop and 32 given for another.

Profile of surveyed workshop participants

Representing more than 40 countries, the majority of surveyed participants had more than five years of work experience in the HIV field, and were attending an IAS conference for the first time (see details in Figure 44).

<table>
<thead>
<tr>
<th>Country representation (n=164)</th>
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<tbody>
<tr>
<td>Number of countries represented</td>
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<table>
<thead>
<tr>
<th>Top 3 regions (based on country of work)</th>
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</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
</tr>
<tr>
<td>Western and Central Europe</td>
</tr>
<tr>
<td>North America</td>
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<tr>
<th>Top 2 professions (n=178)</th>
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<tbody>
<tr>
<td>Researchers</td>
</tr>
<tr>
<td>Health care workers/social service providers</td>
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<table>
<thead>
<tr>
<th>HIV work experience (n=174)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
</tr>
<tr>
<td>Between 2 &amp; 5</td>
</tr>
<tr>
<td>Between 6 &amp; 10</td>
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<tr>
<td>Between 11 &amp; 15</td>
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<tr>
<td>More than 15</td>
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<table>
<thead>
<tr>
<th>Age (n=179)</th>
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<tbody>
<tr>
<td>Under 26 years</td>
</tr>
<tr>
<td>Between 27 and 40</td>
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<tr>
<td>Between 41 and 50</td>
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<tr>
<td>Above 50</td>
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<table>
<thead>
<tr>
<th>IAS conference experience (n=170)</th>
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<tbody>
<tr>
<td>First-time attendees</td>
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</table>

Workshop content, format and organization

The majority of survey respondents found that the workshop they had attended was “very useful” or “useful” (44% and 34%, respectively, vs. 15% who found it “somewhat useful”, 6% who found it not “very useful”, and 1% who found it “not useful at all”). Participants mainly working in sub-Saharan Africa were significantly more likely to rate the workshop they had attended as “very useful” or “useful” (91%) compared with those working in the two other regions represented by more than 25 participants (69% of those working in Western and Central Europe and 66% of those working in North America).

The majority also “agreed” or “strongly agreed” that the facilitators were well prepared, that the workshop content addressed the topic announced in the title, that the format allowed interaction between participants and/or between participants and facilitator(s), and that didactic materials were useful, as illustrated in Figure 45.

43 The number of respondents for which the information is available is provided in brackets.
Looking at the workshop format, the majority of surveyed participants reported that the length of presentations and discussions was about right. However, as illustrated in Figure 46, participants were more likely to consider the length of presentations as being too long (11%) compared with the length of discussions that were rated as “too short” by 18% of survey respondents. Regarding group working sessions, although more than half reported that their length was about right, 16% indicated that they were too short and 25% answered “not applicable”, meaning that the workshop they attended did not include such session types.
Workshop outcomes

Surveyed workshop participants were asked to select from an 11-item list the benefit(s) they had gained from attending the workshop in question. As shown in Figure 47, the most frequently noted benefits were new knowledge and the opportunity to reflect on one’s work (each selected by almost 60% of survey respondents). More than one-third of survey respondents reported they had gained new skills and shared experience, lessons learnt, ideas and advice. Only 6% indicated that they had not gained anything.
Survey respondents were then asked to identify from an eight-point action list how they intended to use what they had gained at the workshop they attended. As illustrated in Figure 48, the majority would share knowledge, skills and/or information with colleagues, peers and/or partner organizations, and would refine/improve their work/research practice or methodology (each selected by more than 60% of survey respondents).

**Figure 48. Anticipated use of benefits gained from attending a workshop**

As an indicator of the professional value of these workshops, 83% of surveyed participants reported that they would recommend to a colleague/friend that they attend a similar workshop (vs. 10% who were unsure and 7% who would not make such recommendation).

**Suggestions for improvement**

Survey respondents were asked to identify from a 16-item list how they would improve similar workshops. As illustrated in Figure 49, the most frequently selected suggestion was to add more case studies/practices to the workshop, which is consistent with the fact that 25% of survey respondents indicated that the workshop they had attended did not include group working sessions and that 16% found these sessions were too short.
The 33 surveyed participants who selected the option, “other”, provided comments, most of which related to organizational aspects falling under the following themes (the number of delegates who made such comment is provided in brackets):

- The size of the workshop room was too small, preventing many delegates from attending the workshop in suitable conditions (n=7).
- Workshop rooms should have been equipped with air conditioning (n=6).
- Participants would have benefited from receiving handouts and/or copies of slides (n=4).
- The workshop was not interactive enough, and did not provide time to exchange experiences or to network (n=3).
- Participants would have benefited from receiving the list of workshop speakers (n=2).

The following suggestions were each made by one respondent: provide more examples, and do not limit the number of participants.
Community activities

Engagement tours

The engagement tours offered delegates unique learning experiences through interactive site visits to local organizations that work on HIV/AIDS issues in Rome. The goal was to exchange knowledge, best practices, successes, challenges, and innovative solutions through dialogue and hands-on activities.

Tours were available to conference delegates at no cost and transportation was provided from and to the conference venue. Registration could be arranged by sending an email or on site (at the exhibition pick-up point) on a first-come, first-served basis. Tours were limited to one per delegate, but additional bookings were taken at the last minute if the tour was not full.

In response to the wish expressed by IAS 2009 delegates to increase the number of engagement tours, a total of six tours, each lasting between two and three hours, were organized during IAS 2011: two at the Caritas Clinic, two at the Villa Maraini, and two at the Bambino Gesù hospital. About 10 delegates participated in each tour, which was slightly less than capacity.

Six percent (6%, n=51) of surveyed delegates reported having participated in an engagement tour, the majority of whom rated the tour as “very successful” or “successful” (51% and 37%, respectively) in allowing an exchange of knowledge, best practices, successes, challenges, and/or innovative solutions between participants and the tour host organization(s). This very good rating confirms the trend observed since 2009 that such tours are really engaging and well appreciated.

Conference orientation session

The conference orientation session was held on the afternoon of Sunday, 17 July 2011, for two hours, and was mainly dedicated to community delegates with limited or no conference experience in a pathogenesis environment, as well as all first-time conference attendees. The objective was to assist delegates with practical tips on navigating the conference. A valuable component of the event was a series of presentations by Track Chairs, who gave an overview of their respective track and suggested sessions that may hold interest to new and community delegates.

Fourteen percent (14%) of surveyed delegates reported having attended this session, the majority of whom rated it as “successful” or “very successful” in providing them with an overview of the conference programme and information regarding some of the activities happening during the conference (50% and 33%, respectively).

Comments and suggestions

Delegates made only a few comments on community activities. They included the wish to have more sessions involving community delegates, more facilitation of networking and meetings of community delegates, a more detailed orientation session and more engagement tours.

44 The Caritas centre aims to provide health services to disadvantaged and migrant people many of which are outside the formal public health system.
45 Founded in 1976 by Massimo Barra of the Italian Red Cross, Villa Marini is made up of a set of facilities and services for the care and rehabilitation of drug addicts.
46 This paediatric hospital, founded in 1869, is now part of the network of the National Healthcare System in Rome. Since 1980, due to its prestige, it has become a significant point of reference for paediatrics at the national level. The trademark of the hospital in the past 30 years has been the high level of specialization in the treatment of children not only from Rome or Italy, but also from neighbouring countries.
Wishes for the IAS 2013 programme

Surveyed delegates were asked to indicate if they would change the number of sessions at IAS 2013 for eight different types of sessions. As shown in Figure 50, the majority would keep the same number as in 2011. However, just over 30% would like more workshops and oral abstract sessions.

![Figure 50. Expected changes: number of sessions at IAS 2013](image)

How was the quality of science and sessions rated?

Quality of science presented in abstract-driven sessions

Surveyed delegates were asked to rate the quality of science presented in each track. As shown in Figure 51, the majority (more than 80%) reported that the quality was “good” or “excellent”, with Track C being ranked the highest and Track D the lowest.

![IAS 2011 session](image)
Quality of presentations and/or discussions in non-abstract-driven sessions

Surveyed delegates were asked to rate the quality of presentations and/or discussions in non-abstract-driven sessions. As shown in Figure 52, the majority (more than 85%) reported that the quality was “good” or “excellent”, with plenary sessions being the highest ranked session type and bridging sessions the lowest.

This figure excludes respondents who selected the answer, “don’t know.”
What were the main outcomes of the conference?

**Achievement of conference objectives**

Surveyed delegates were asked to assess how successful IAS 2011 was in achieving the following objectives:

- Focusing on the latest biomedical HIV science and its applications for clinical practice and prevention worldwide
- Providing new insights into HIV susceptibility, disease progression and biomedical prevention interventions worldwide
- Reviewing implementation science research that addresses the challenges of scaling up treatment and prevention, especially in resource-limited settings, including those in Europe
- Providing opportunities for professional development, dialogue and debate among HIV professionals
- Increasing public awareness of the implications of new biomedical research for the global response to HIV.

The majority of survey respondents considered the conference to be “very successful” or “successful” in achieving these objectives (see Figure 53.)

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48 This figure excludes respondents who selected the answer, “don’t remember” or “did not attend this type of session”.

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Main benefits gained from attending the conference

Surveyed delegates were presented with a list of potential benefits and were asked to identify those they had acquired as a result of their participation in IAS 2011. The most frequently noted benefits were new knowledge (84%), meeting friends (48%), ideas/directions for new projects (48%), and motivation/renewed energy and/or sense of purpose (44%). As shown in Figure 54, the five following benefits were also well ranked, with more than 30% of respondents selecting them: strengthening collaboration with existing contacts (41%); new contacts/opportunities for future collaboration (41%); sharing experiences/lessons learnt (40%); affirmation/confirmation of current work/research direction (38%); and new skills (35%). Of the 812 respondents, only 10 indicated that they did not gain any benefit.
Looking at the most common benefit gained (i.e., new knowledge), statistical analysis showed no significant differences ($p > 0.05$) between delegates based on their profession, affiliation type, gender, age and region of work.

Respondents were also asked if, during the conference, they had the opportunity to network and/or discuss challenges in their current work on HIV with delegates/speakers working in different areas or those with different fields of expertise. Of the 776 respondents, 71% answered Yes, 21% said No, and 7% were not sure.
Prizes and awards

Voices of prize and award winners

- “The nomination of our abstract for the 2011 IAS/ANRS Young Investigator Award was not only a tremendous honor for my teams’ work but also an indicator that the very basic research activities done in resource-limited nations using basic conventional techniques such as Gram Stain still [have] impact in the current equipment heavy scientific world.” (IAS/ANRS Young Investigator Award Track B winner)

- “For me, this prize serves to highlight challenges faced by women and girls in this epidemic and I am encouraged that we can make a difference irrespective of where you are coming from.” (Women, Girls and HIV Investigator’s Prize winner)

The IAS and its partners sponsored a number of scientific prizes and awards at IAS 2011 to reward promising researchers who are doing outstanding work in HIV and AIDS research. A total of six delegates received special scientific prizes, including four who received the IAS/ANRS Young Investigator Award, one who was awarded the Women, Girls and HIV Investigator’s Prize, and one who received the IAS TB/HIV Research Prize.

As shown in Figure 55, award winners were all abstract presenters. Five prize recipients out of six were women. Countries of research were mainly low-income countries, including four in sub-Saharan Africa.

<table>
<thead>
<tr>
<th>Award title</th>
<th>Prize Winner</th>
<th>Abstract title</th>
<th>Country/region of research</th>
<th>Nationality</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track A</td>
<td>Xu Yu</td>
<td>Unique mechanisms of CD4 T cell homeostasis in HIV-1 elite controllers</td>
<td>USA</td>
<td>China</td>
<td>female</td>
</tr>
<tr>
<td>Track B</td>
<td>Musa Ngayo</td>
<td>Association of abnormal vaginal flora with male-to-female HIV-1 transmission among HIV-1 discordant couples in sub-Saharan Africa</td>
<td>sub-Saharan Africa</td>
<td>Kenya</td>
<td>male</td>
</tr>
<tr>
<td>Track C</td>
<td>Anadi Sheth</td>
<td>Genital secretions of HIV-1 infected women on effective antiretroviral therapy contain high drug concentrations and low amounts of cell-free virus</td>
<td>USA</td>
<td>USA</td>
<td>female</td>
</tr>
<tr>
<td>Track D</td>
<td>Lilanganee Telisinghe</td>
<td>Antiretroviral therapy roll-out in an African prison: It can be done</td>
<td>South Africa</td>
<td>UK</td>
<td>female</td>
</tr>
<tr>
<td>Women, Girls and HIV Investigator’s Prize</td>
<td>Milly Kaggwa Nanyombi</td>
<td>Preventing HIV Infection among adolescents by addressing Cross Generational Sex (CGS) in Secondary Schools in Uganda</td>
<td>Uganda</td>
<td>Uganda</td>
<td>female</td>
</tr>
<tr>
<td>IAS TB/HIV Research Prize</td>
<td>Sabine Margot Hermans</td>
<td>Integration of HIV and TB services results in earlier and more prioritised ART initiation in Uganda</td>
<td>Uganda</td>
<td>The Netherlands</td>
<td>female</td>
</tr>
</tbody>
</table>

CME credits

The IAS 2011 programme was accredited for a maximum of 18 European CME credits (ECMEC) by the European Accreditation Council for Continuing Medical Education (EACCME) to provide continuing medical education (CME) credits for medical specialists. The EACCME credit system is based on one European CME credit (ECMEC) per hour, with a maximum of three ECMECs for a half-day event, and six ECMECs for a full-day event. Each medical specialist attending IAS 2011 could claim only the hours of credit that he/she had actually spent in the educational activity.
Anticipated use of benefits gained at the conference

Surveyed delegates were asked to select from a 15-point action list how they would use the benefits they gained from the conference. The majority of respondents (82%) would share information with colleagues, peers and/or partner organizations (e.g., through discussions, presentations, dissemination and/or translation of materials, writing papers). The four following actions were also well ranked, with more than 35% of respondents selecting them: motivate colleagues, peers and/or partners (47%); build capacity within the respondent’s organization/network (e.g., through training, development/update of guidelines, procedures, manuals, other materials) (40%); influence work focus/approach of the respondent’s organization (38%); and refine/improve existing work/research practice or methodology (38%). As shown in Figure 56, respondents selected many other actions, and only 2% would not do anything differently.

Figure 56. Anticipated use of benefits gained by delegates
What did not work so well and could be improved at the next IAS conference?

Surveyed delegates were given the opportunity to make comments and suggestions and detail their dislikes on the conference in general. All comments were analyzed and classified into the following themes (the number of respondents for each main theme is in brackets). Illustrative quotes from delegates are provided for each theme.

**Venue and logistics (n=362)**

Comments were made on the unsuitability of the venue for a conference of this size: venue (a concert hall) not suited for plenary sessions; too many stairs (thus inappropriate for disabled people); lack of air conditioning; lack of seating in the session and plenary rooms and in the conference venue in general; non-functioning of overflow areas; too much seating control by security guards; and time-consuming badge scanning when entering sessions. Delegates also complained about facilities: unreliability and limited capacity of the Wi-Fi (wireless) system to connect to the Internet; long lines to purchase food and lack of variety; unavailability of free water within the venue; unclean toilets; and delegates smoking around or close to the conference venue. Delegates also mentioned the long distance of the venue from hotels and the lack of transport to reach the venue. To a lesser extent, delegates commented on the abstract CD-ROM and issues with the delegate bag (i.e., small size of bag, lack of pens and notebooks). One delegate suggested offering delegates the option of buying or renting small electrical equipment, such as cables, adaptors and batteries.

- “Rome was a great place, but the venue itself was terrible – uncomfortable, too diffuse for easy interaction, plenary room too small and venue staff too intrusive.” (student, academia, Australia)
- “The poster sessions were cramped, crowded and very uncomfortable to communicate.” (prevention science researcher, academia, United States of America)
- “A flash drive is preferable to CD of abstracts – many computers do not have CD drives.” (physician, academia, Peru)
- “There was no guidance for participants on how to reach the conference venue. No refreshments (tea, coffee, cakes ...) or lunch were offered. Free Internet was not easy to access. Mini rooms were too small.” (physician, hospital/clinic, Vietnam)
- “Provide all delegates with paper and pen for note-taking.” (biology and pathogenesis researcher, academia, United States of America)

**Poster exhibition (n=169)**

Points raised by delegates are fully described in the “Poster exhibitors” section.

- “The poster area was poor. Waiting lines to get in and not enough space once inside. Posters should remain up for the entire conference time. These are the bulk of the scientific work and there was limited opportunity to view them.” (nurse, academia, United States of America)
- “Too many posters and not enough time to visit them.” (biology and pathogenesis researcher, international consultant)
- “I did not like having late-breaker posters all over the place, [it was] hard to find [them].” (physician, government, United States of America)
- “Posters are expensive to print and ship. [We should think] of making them ‘green’ using recyclable ink/colour, and material.” (physician, academia, South Africa)

**Programme content (n=116)**

Delegates made suggestions on themes and topics that should be (better) covered at the next conference. In general, delegates wanted to see more on basic and clinical sciences (n=26). Some delegates wanted more focus on prevention and others wanted less. A number of delegates wanted less focus on biomedical/pharmaceutical solutions. More focus on Africa was requested, as was, equally, more focus on such regions as Eastern Europe and Latin America.
The following topics and themes were proposed by one to five delegates (as indicated):

- Vertical transmission, paediatric, pregnancy and child (n=5)
- New drugs and vaccine development (n=3)
- Clinical practice special cases (affectation of the skin, co-infections, etc.) (n=2)
- Operational research (n=2)
- HIV and cancer (n=1)
- Sexual and reproductive health and rights aspects (n=1)
- Mental health (n=1)
- Biomedical interventions (n=1)
- Caring for PLHIV (n=1)
- Implementation of non-research programmes (n=1)
- HIV resistance and genetics (n=1)
- Adult medicine (n=1)
- Substitution therapy and highly active antiretroviral therapy (HAART) (n=1)
- Social and behavioural science (n=1)
- Social issues, discrimination and vulnerable groups (n=1)
- Testing and screening (pre-exposure prophylaxis for high risk patients, HIV and hepatitis screening, viral load tests) (n=1)
- Prevention (community involvement) (n=1)
- Prevention and immunology (n=1)
- Immunology and immune activation (n=1)
- Aging HIV eradication strategies (n=1)
- Regional differences in access, testing and prevention (n=1)
- Gender differences in handling the disease (n=1)
- Research for HIV-positive health professionals (n=1)
- HIV susceptibility (n=1)
- Writing funding proposals for developing countries (workshop) (n=1)
- Methodology (more workshops one methodologies) (n=1).

One delegate complained that some session titles did not adequately reflect what was presented at the session.

- “The overall quality of the basic and clinical science was poor compared to IAS 2009, IAS 2007 and IAS 2003 … Several researchers I spoke to confirmed this trend. If the IAS keeps up on this downward spiral, we will not be attending the conference in the future.” (community-based researcher, NGO, Canada)
- “Basic science was somewhat neglected. Abstract-driven oral presentations were often the same presented at CROI earlier this year. There were perhaps too many non-abstract-driven sessions where the topics discussed were not new. The debates and some targeted workshops were highly interesting in contrast.” (biology and pathogenesis researcher, academia, France)
- “There was a lack of debate, with an absolute dominance of the biomedical/pharmaceutical solutions. There was absolutely no recognition that in some regions of the world, prevention needs are still about prevention (rather than waiting for infection) and that in many other countries, the current biomedical ‘tool kit’ is not being used. [So] have more inclusiveness, less homogeneity of delegates, more opportunity for real dialogue and debate and more content addressing the social, political and economic issues.” (social/behavioural scientist, academia, Vanuatu)
- “Raise the bar for acceptance of abstracts so that there are fewer but higher quality posters.” (clinical science researcher, United Kingdom)
- “The best part of the conference was the posters. The talks were not very new/up to date.” (prevention science researcher, academia, United States of America)
Programme format and schedule (n=115)
Delegates complained about the time conflict between sessions (e.g., oral sessions, poster viewing and tours) that made it not possible to attend all elements of interest. Delegates suggested more audience participation through greater interaction with speakers and more time for questions and answers in sessions. More time and opportunities for networking was also requested. Some delegates proposed more workshops, but also requested that workshops be in an interactive format and not simply a series of presentations.

The following suggestions concerning the conference format were made by one to five delegates:

- Design a “lighter” programme (n=5)
- More social/cultural activities (n=3)
- Make clearer announcements of changes in rooms and schedules whenever applicable (n=3)
- Maintain presentation standards (e.g., professional PowerPoints, explain abbreviations, speak clearly and slowly) (n=3)
- Stricter time keeping of moderators/chairs (n=3)
- Increase time for presentations (n=2)
- Reduce length of opening/closing sessions (n=2)
- Encourage shorter and better introduction of speakers (n=2)
- Shorten the break between sessions, but increase the duration of the lunch break (n=2)
- Avoid evening sessions because it is difficult to attend them (n=2)
- Increase the duration of the conference with one or two more days (n=2)
- More plenary sessions (n=2)
- Reduce time of plenary sessions (n=2)
- More exhibits and practical testing during the conference (n=1)
- Place keynote speakers earlier in the conference (n=1)
- Increase time of sessions (n=1)
- More oral sessions (n=1)
- Instruct session chairs to allow time for discussion immediately after each presentation; the questions are far more focused at that point (n=1)
- Reduce discussion time at the end of sessions (n=1).

“...I could not attend the sessions that I wanted to go because they were held at the same time.” (biology and pathogenesis researcher, academia, Japan)

“The oral sessions were too general and high-level, with not enough opportunity for debate and discussion of practical on-the-ground challenges. The workshops are a great idea, but the ones I went to were more like regular panel sessions and less like true participatory workshops.” (researcher, NGO, Lesotho)

“Perhaps meetings/symposiums/presentations in different tracks could have been [scheduled] at different times to encourage people to derive maximum benefit from the conference. For example, as a young researcher, I have always been interested in the prevention science track, but exposure to clinical and basic sciences at the conference is making me [think about] shifting my focus to clinical science, especially management of HIV, ARV and its effect on individuals etc.” (prevention science researcher, academia, Nigeria)

“Select facilitators who are [able to] engage with [the] audience and have the ability to link various presentations in a session.” (manager/director, NGO, Lesotho)

“There were no opportunities for informal networking – no social events in the evenings or common space for structured engagement. It feels as though the structure of IAS caters to the academic elite (a handful of big-name, white male doctors), but does not serve the needs of the next generation of HIV scientists. There should be sessions each evening with snacks and wine that bring together different slices of attendees (e.g., structural interventions for HIV prevention happy hour or north-south collaborative research teams’ informal lesson-sharing over coffee).” (social/behavioural science researcher, academia, United States of America)
Support for community delegates (n=55)
Most comments focused on the need to better support the participation of community delegates. This included: more scholarships and/or financial support; broader representation among community delegates; more sessions involving participation of community delegates; more facilitation of networking and meetings of community delegates; a more detailed orientation session; and more engagement tours. Delegates also mentioned logistic issues, similar to those already described.

- “The orientation session was very brief and not very helpful as it was mainly an overview of the programme. Please help out with selecting sessions of interest. It might be good to highlight interesting or promising sessions (what are the new findings?).” (physician, academia, United States of America)
- “Reduce registration fees for community delegates to make it more accessible to them.” (community health worker, NGO, Zimbabwe)
- “Organise a get together or lunch for [community delegates] to give them a chance to meet.” (profession and country unknown)
- “There could be more participatory sessions with community delegates, scientists, [programme implementers] and media. Sometimes, it feels that community delegates and the others work/participate in isolation.” (print journalist, media organization, India)

Delegates’ and speakers’ profile (n=24)
Delegates stressed the need to have more delegates and speakers from developing and/or high HIV prevalence countries, less white men presenting and moderating sessions, and more women and youth making presentations at and attending the conference.

- “Most of the ground breaking science on HIV was done in Africa but they were all presented by colleagues from the West. You have to increase collaborative research between the West and Africa.” (manager/director, NGO, Kenya)
- “Ensure that countries that are most hit by the HIV pandemic are given space to present their efforts in fighting AIDS. Let IAS interact more with national AIDS coordinating bodies in identifying speakers.” (policy/programme analyst, Lesotho)
- “Diversity [speakers] – they were almost all white men.” (nurse, academia, United States of America)
- “There should be young people [participating] in the session for young people related HIV prevention programme.” (manager/director, intergovernmental organization, India)

Communications (n=24)
Delegates commented on the difficulty of finding information on and use of the website and the abstract book (one delegate had ordered it but never received it, and another felt that it was difficult to use). A few delegates regretted the lack of knowledge by staff and volunteers at the conference venue and their limited English skills, indicating that they were not helpful. Other delegates would have liked more information on the host city (transport, maps, etc.). One survey respondent mentioned that the information regarding deadlines and name badges was sent too late.

- “I had difficulty finding webcasts, posters, etc. Furthermore, I was unable to download the program easily before the conference began. Please, improve it!” (physician, government, United States of America)
- “Some volunteers were not very knowledgeable to help the participants when it was necessary.” (community health worker, Burkina Faso)
Evaluation Report

Registration fees (n=21)
Complaints were made about the high cost of registration, suggesting a reduced fee for NGOs and PLHIV. Several delegates also commented on the difficulty of receiving a refund once the fee had been paid (e.g., for those who were awarded a scholarship and had already registered and paid).

- “Standard fee for delegates … affiliated with NGOs in high-income countries was too expensive. [You should consider a specific] registration fee for NGO/civil society, similar [to] the students’ fee.” (health care worker/social service provider, faith-based organization, Italy)
- “Consider reducing accommodation rates for delegates coming from middle income or poor-resource settings.” (physician, NGO, Nigeria)

Other (n=32)
Other comments were complaints related to: the facilities for media delegates; the host city (hot weather, how expensive it is, and the unfriendliness of its citizens); the lack of translation services at the conference; and the lack of city tour opportunities. Several delegates also expressed concern about the suitability of the next conference host city, Kuala Lumpur (i.e., travel distance and climate). One delegate noted that there was too much influence from the big pharmaceutical companies.

- “The Media [Centre] was very well organized but too small and overcrowded.” (journalist, Italy)
- “We did not have translation into French. Next time, try to have interpreters in the sessions.” (physician, Benin)
- “There should have been … a bus transporting delegates from their respective hotels. Also, [it would be great to] have time slots for touring the city, interesting places, in the evening.” (physician, NGO, South Africa)

In addition, some delegates made positive remarks about the conference (n=28).

- “Most of the sessions were well organized. I missed some that I was interested in … but it all went well. Well done!” (epidemiology researcher, academia, Kenya)
- “Continue to offer the orientation session and [engagement] tours!” (community-based journalist and educator/trainer, NGO, United States of America)
- “Everything was perfect! Very well organized and had the right balance.” (physician, hospital/clinic, Australia)
- “I liked everything [and] I am definitely sure that … IAS 2013 will be perfect.” (manager/director, NGO, Greece)
- “The meeting was very well organized and most of the presentations were excellent.” (clinical science and epidemiology researcher, cooperative, United States of America)

Feedback from delegates who participated in focus group interviews during the conference support these comments and suggestions (see Appendix 2).
What are the main impacts of IAS 2009?

The 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009) was held in Cape Town, South Africa, from 19 to 22 July 2009. In order to assess its long-term impacts on delegates’ work and their organizations, as well as at the local, national, regional and global level, the IAS 2011 post-conference survey contained a series of questions dedicated to delegates who attended IAS 2009. This methodology was used for the first time due to the lack of human resources to conduct face-to-face interviews during the conference.

A total of 232 survey delegates indicated that they had attended IAS 2009 (i.e., 29% of delegates who replied to the question about previous IAS conferences attended).

Impact on networking

Delegates were asked if they had kept contact with people they had met for the first time at IAS 2009. Of the 229 respondents, 73% replied Yes (vs. 27% who said No), which is clear evidence that IAS 2009 allowed delegates to build sustainable relationships.

“I have been able to network with many organizations like mine, it’s been useful.”

“The IAS [conference] provides opportunities to network and strengthen current collaborations that create new opportunities, especially in the non-profit environment.”

“Contacts from Cape Town helped us a lot in developing our collaboration with African activists.”

Conference influences on individual and organizations’ work

When asked if IAS 2009 had influenced their individual and/or organizations’ work in any way, 76% of surveyed delegates replied Yes (vs. 24% who said No). Respondents who reported that this had been the case were asked to select from an 11-item list the types of influences that the conference had had on their individual and/or organizations’ work and/or concrete actions taken as a result of attending IAS 2009. As shown in Figure 57, the three most frequently noted influences were: 1) affirming current work focus/strategy (the conference provided evidence that the delegate or his/her organization was doing the right thing and in the right way); 2) improving or refining work practices and/or methodologies, including management; and 3) initiating new projects, programmes and/or research.

49 At IAS 2009 and IAS 2007, delegates were approached at a variety of locations in the conference venue. They were asked if they had attended the previous IAS Conference on HIV Pathogenesis, Treatment and Prevention. Those who replied Yes were invited to participate in a short, five- to 10-minute interview about the impact of that conference on their work in HIV, and the HIV work of their organization and their country.

50 This is almost twice the number of delegates who were interviewed at IAS 2009 (n=122) and more than four times the number of delegates interviewed at IAS 2007 (n=55).
Figure 57. Types of conference influences on individual and/or organization's work

<table>
<thead>
<tr>
<th>Influence Description</th>
<th>Percentage of Respondents (n=174)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirmed current work focus/strategy (e.g. the conference provided evidence that I or my organization was doing the right thing and in the right way)</td>
<td>59%</td>
</tr>
<tr>
<td>Improved/refined work practices and/or methodologies, including management</td>
<td>41%</td>
</tr>
<tr>
<td>Initiated new projects, programmes and/or research</td>
<td>39%</td>
</tr>
<tr>
<td>Adjusted/changed work focus, direction or approach</td>
<td>33%</td>
</tr>
<tr>
<td>Developed new or reviewed existing policies, procedures, guidelines, protocols, etc.</td>
<td>27%</td>
</tr>
<tr>
<td>Expanded existing projects, programmes and/or research</td>
<td>26%</td>
</tr>
<tr>
<td>Created new partnerships</td>
<td>32%</td>
</tr>
<tr>
<td>Motivated me, colleagues, managers and/or partners in the work we do on HIV</td>
<td>29%</td>
</tr>
<tr>
<td>Shared information, best practices and/or skills gained at the conference with colleagues, managers and/or partners</td>
<td>29%</td>
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</tr>
</tbody>
</table>

Conference influences at the local, national, regional and global level

Delegates were also asked if they were aware of IAS 2009 influencing HIV work, policies or advocacy at the local, national, regional or global level. Although more than half did not know (56%), 28% replied Yes and 15% No.

Those who replied Yes were then asked to provide an example. A total of 37 delegates did so, while 29 skipped the question.
The most relevant examples are listed here.

**Influences at local and national level:**

- “South African HIV treatment guidelines [were] released in April 2010.”
- “Started a national outreach project.” (United States of America)
- “In South Africa, there has been scaling up of HIV care, prevention and treatment.”
- “First raising for me [of] the concept of Treatment as Prevention and starting to apply the principles in our workplace.” (Australia)
- “[IAS 2009] impacted on our ART [antiretroviral therapy] guidelines and PMTCT for HIV interventions at [the] national level. [There was also an impact] on HIV drug resistance testing.” (Ghana)
- “We refined our team about methodologies and motivation to go ahead.” (Democratic Republic of Congo)
- “Commitments were made by Italy to support PLHIV and to contribute to the Global Fund.”
- “The state of California has begun implementing pre-exposure prophylaxis in public health programs.”
- “Work place policies were [adopted] so that that new employees don’t have to do an HIV test before employment.” (Jamaica)
- “We met the investigator from South Africa about when to start treatment in HIV-infected infant[s]. We learn a lot from them and adjusted our plan for publication, and press release.” (Thailand)
- “The Minister of Health adopted the 2010 PMTCT guidelines and [they] have since been disseminated and implemented in the sites.” (Zambia)
- “Created a clinic for the most at risk populations.” (Uganda)
- “The findings of the DART [Development of Antiretroviral Therapy in Africa] study released at IAS 2009 has had great impact on our national programme, as well as our clinic.” (Zimbabwe)

**Influences at regional level:**

- “HAART expansion in Africa. Impetus to the treatment as prevention approach – expanded testing using point of care technologies.”
- “It changed some activities in that region related to policy and provision of HIV treatment and care on a global level.” (Caribbean)
- “After the conference, there was new energy around increasing research in the region while the subject of male circumcision became topical and saw Lesotho making plans to introduce medical infant male circumcision in all hospitals.” (sub-Saharan Africa)

**Influences at global level:**

- “IAS 2009 influenced the WHO’s decision to change HAART guidelines in developing countries.”
- “Change of policy and guidelines for CD4 level at which people are initiated on ART. Circumcision as a means for HIV prevention.”
- “Change in WHO guidelines in response to findings presented at IAS 2009 on PMTCT.”
- “The lobby groups worked hard in Cape Town, targeting famous world leaders and challenging them to increase AIDS funding. At least funding has increased and USA has increased the number of PEPFAR [US President’s Emergency Plan For AIDS Relief] countries since then. Also, there was a lot of lobbying for increased care and treatment … and advocating for more pregnant women to be put on HAART. This has influenced more governments to offer treatment as prevention to their positive pregnant mothers.”
- “International collaborations to provide long-standing training efforts for young upcoming physicians in resource-limited countries.”
Other types of influences:
- “Pediatric treatment reports at the meeting have led to more therapy for children.”
- “IAS 2009 was impressive and talked about prevention interventions. We will do more of advocacy work around PMTCT.”
- “Advances in PMTCT. The start of treatment as prevention.”
- “Treatment as Prevention [was] identified as a major focus.”
- “Eradication of HIV infection.”
- “Advocacy towards treatment access; urge to keeping the millennium goals.”
- “Access to treatment for people in high prevalence regions and also for drug users.”
- “The Industry Liaison Forum’s research priorities.”
- “Improve care for patients.”

Only one delegate did not provide positive feedback on the impact of IAS 2009, indicating that the recommendation to start treatment earlier (based on CD4 count) was not realistic in many African countries:
- “IAS often seems divorced from the reality of actual HIV practice. The best examples are the 350 CD4 count for treatment. Most of the world has median CD4 counts at entry to care of less than 200 and less than 100 in many African countries and in Thailand. So, instead of advocating for policies that don’t have relevance, why not work on getting people to get tested. The same with the big media hype with treating discordant couples. Nice science but of no practical value. By the time people enter care, they will have infected their partners.”

What were the perceived added values of IAS 2011?

Surveyed delegates were asked if IAS 2011 offered something that they did not get from other well-known scientific/health conferences. Of the 825 respondents, just over half replied Yes (53% vs. 62% in 2009), 30% said No (vs. 16% in 2009) and 17% did not know (vs. 23% in 2009).

Looking at the influence of respondents’ professions, statistical analysis showed that researchers were more likely to reply No (33%) than health care workers/social service providers (28%, p=0.5151). It was also found that delegates mainly interested in Track A and Track B were more likely to reply No (36% and 34%, respectively) than those interested in Track C (24%) and in Track D (22%, p=0.08). All results are presented in Figure 58 and Figure 59; other comparative analysis, based on delegates’ affiliation/organization type, region of work, and length of HIV work experience, are available in Appendix 6.

51 Only the two professions most represented by delegates were included in the statistical analysis.
Figure 58. Did IAS 2011 offer something different from other well-known scientific/health conferences (breakdown of responses by profession)?

- Health care workers/social service providers (n=430):
  - Yes: 56%
  - No: 28%
  - Don't know: 16%

- Researchers (n=441):
  - Yes: 16%
  - No: 52%
  - Don't know: 33%

Figure 59. Did IAS 2011 offer something different from other well-known scientific/health conferences (breakdown of responses by main track of interest)?

- Track A (n=132):
  - Yes: 14%
  - No: 36%
  - Don't know: 50%

- Track B (n=342):
  - Yes: 17%
  - No: 34%
  - Don't know: 49%

- Track C (n=208):
  - Yes: 17%
  - No: 24%
  - Don't know: 60%

- Track D (n=96):
  - Yes: 16%
  - No: 63%
  - Don't know: 22%

- None (n=47):
  - Yes: 32%
  - No: 28%
  - Don't know: 40%
Respondents who replied Yes were then asked to select from a 14-item list up to three main added values that they attributed to IAS 2011 compared with HIV-related conferences they had attended in the past two years. As shown in Figure 60, the international dimension, the relevance of programme content to current challenges of the HIV response, new information/updates and the scientific focus were the most frequently selected values. The same trend was observed in 2009, although the list of proposed values was slightly different.

Results of the focus group interviews confirmed that this conference is perceived by delegates as having distinctive values and merits compared with other well-known scientific conferences, such as the Conference on Retroviruses and Opportunistic Infections and the keystone symposia focusing on HIV (see Appendix 2).
CONCLUSION

Despite the current financial crisis, as well as competition with other well-known scientific conferences, IAS 2011 was well attended and attracted a range of scientific experts, health care workers/social service providers and other stakeholders engaged in the response to HIV and AIDS from around the world.

The evaluation demonstrated that IAS 2011 provided adequate online and on-site support to help people prepare themselves for the conference, participate in an effective way, and follow it in real time. However, feedback from delegates revealed some logistical challenges that caused frustrations among delegates, such as the location and layout of the exhibition hall and the poster display area, the limited seating capacity, and other issues resulting from the location, size and shape of the conference venue.

The majority of surveyed delegates perceived the quality of the programme as good or excellent, with Tracks B and C (clinical sciences and prevention science) occupying the first ranks in terms of number of abstracts accepted, delegates’ main track of interest and quality rating. Trend analysis showed that Track D (operations research) slightly lost the momentum it had gained at IAS 2009. The introduction of workshops into the programme was also well received despite complaints that some workshops were not delivered in a suitable way to gain or strengthen skills.

Although the majority of delegates would not change the number of sessions at the next IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013), some concerns were raised about the density of the conference programme, which resulted in time conflicts between sessions and activities, thus preventing delegates from attending key sessions of their interest, viewing posters, networking and participating in other worthwhile sessions and meetings. However, reducing the number of sessions is a significant challenge for organizers of such a broad conference because of the importance of covering a variety of key topics related to HIV and AIDS, and the need to satisfy thousands of delegates with different and specific expectations.

The evaluation also demonstrated that the previous IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009) had a positive impact on HIV work at different levels.

In conclusion, the evaluation demonstrated that the IAS Conference on HIV Pathogenesis, Treatment and Prevention continues to be a key forum for thousands of researchers, health care workers/social service providers and other key stakeholders engaged in the response to HIV and AIDS to share and gain new knowledge, discuss challenges in their current work on HIV, get motivation and inspiration, and create and reinforce partnerships and alliances, thus boosting the response to HIV and AIDS at global, regional, national and local levels.

In order to maintain the high profile of the conference and robust levels of attendance in a competitive environment, organizers of the IAS Conference on HIV Pathogenesis, Treatment and Prevention will have to continue being innovative, avoid redundancy with other well-known HIV-related conferences, and strengthen existing mechanisms to select the best science, focusing on high-quality, new and promising scientific research. Efforts will also be required to attract more basic scientists to the conference.
RECOMMENDATIONS

Based on the key findings presented in this report, and taking into account comments by the Conference Secretariat, the following recommendations were formulated to enhance the outcomes and impacts of future similar conferences, starting with IAS 2013:

Programme

★ Keep a strong focus on basic science and clinical sciences.
★ Maintain a strict abstract selection process to ensure that only high-quality and new scientific findings are presented at the conference.
★ Make further efforts to ensure gender, age and regional diversity of speakers.
★ Provide more opportunities for dialogue, debate and networking among HIV professionals.
★ Consider reducing the number of concurrent sessions and activities to mitigate time conflict issues, thus avoiding frustration from delegates who cannot attend sessions of their choice because they are scheduled at the same time.

Workshops

★ Make sure that workshops are designed in an interactive way and allow participants to gain new skills.
★ Encourage workshop organizers to include case studies/practices in the programmes of their workshops and to allow enough time for discussions, questions and answers.
★ Ensure that workshop rooms are the appropriate size and are equipped with air conditioning if needed.

Poster exhibition

★ Increase and change the time dedicated to the presentation of abstracts selected for the poster exhibition to avoid time conflicts with concurrent sessions.
★ Increase the space between posters or consider reducing the number of posters exhibited.
★ Provide seats to facilitate discussion and interaction between poster viewers and presenters.
★ Keep the posters exhibited for the whole duration of the conference.
★ Allow poster presenters to stick tags on their poster(s) indicating when they will be available for presentation (of the poster) and discussion.
★ Provide poster presenters with a safe place to store posters and poster rolls.
★ Make sure that the location selected for the poster exhibition area is suitable for poster viewers and presenters.

Community activities

★ Offer more networking opportunities to community delegates.
★ Keep the same scheduling of the engagement tours as they fit in well with the programming and make them manageable on a logistical level.
★ Further promote engagement tours.
★ Ensure that the orientation session is not held during other important sessions or activities, such as press conferences and demonstrations.
★ Further promote the orientation session and provide catering to encourage interaction among participants.
**Abstract submission**

- Ensure that abstracts sent to reviewers meet a minimum of quality criteria, including language criteria.
- Provide clear and comprehensive guidelines to abstract submitters, including examples of “good” and “bad” abstracts.
- Keep providing support to less experienced abstract submitters through online tools such as the Abstract Mentor Programme (AMP) (see recommendations in the next section).

**Abstract Mentor Programme**

- Better match the profile of mentors and abstract submitters in terms of expertise and region of work.
- Ensure that mentors provide timely, relevant and complete feedback to the abstract submitter.
- Allow for interactive exchanges between abstract submitters and mentors through emails and/or phone calls.
- Allow abstract submitters to re-submit their abstracts to their mentors.
- Allow mentors to edit the abstracts under review with the track change tool.
- Improve the content and format of the feedback form based on suggestions formulated by surveyed mentors.
- Find a way to make the online IAS/Health[e]Foundation abstract writing course compulsory, along with measures to effectively control if the abstract submitter has successfully followed the online course before using the AMP.
- Provide abstract submitters with a checklist and encourage them to use it before submitting their abstracts to the AMP.
- Increase the number of mentors.

**Positive Lounge**

- Increase the space of the Positive Lounge, and improve its layout, decoration and equipment.
- Offer more healthy and diversified food in the Positive Lounge.
- Organize networking events and/or group discussions in the Positive Lounge.

**Information**

- Reduce the number of emails sent to delegates before the conference.
- Further promote the conference blog, Facebook page, Twitter account and videos.
- Further promote the audio files available through the Programme-at-a-Glance (PAG).
- Make sure that the notification sent to abstract submitters after the abstract selection is not misleading and that authors of abstracts selected only for the abstract CD-ROM clearly understand that they are not eligible for the poster exhibition.
- Better explain the difference between the e-posters, the poster exhibition and the abstract CD-ROM.
- Provide more information on the conference host city and its transportation services, including maps.
Conference venue, organization and staff

- Select a venue that is suitable for a conference of this size, easy to navigate for disabled people, and equipped with enough seats throughout the conference venue.
- Provide free Internet access throughout the conference venue.
- Provide pens and note pads in the delegate bag.
- Better evaluate the allocation of rooms based on their size to avoid having empty rooms while others are overcrowded.
- Identify hotels that are not too far away from the conference venue to help delegates easily catch up in the mornings and/or evenings.
- Ensure that volunteers are knowledgeable about their work area and have a good English oral level.
- Increase the number of donation boxes and make them more visible.

Evaluation

- Keep conducting focus group interviews during the conference for triangulation purposes.
- Find a more appropriate time to conduct focus group interviews and consider providing incentives to increase the attendance rate.

Other comments and suggestions made by delegates will be carefully reviewed by the IAS 2013 Conference Secretariat. In addition, lessons learnt by and resulting recommendations formulated by the IAS 2011 Conference Secretariat have been collated and shared with the IAS 2013 Conference Secretariat that will be responsible for implementing the follow-up actions and for reporting on their progress. The latter is expected to enhance the conference accountability mechanisms and to foster the learning component of the conference evaluation.
APPENDIX 1: Online delegate survey form

All questions marked with * are compulsory

CONFERENCE OUTREACH & SUPPORT FOR PARTICIPATION

1. How did you first learn about IAS 2011?

Select one
- IAS website (www.iasociety.org)
- Conference website (www.ias2011.org)
- Other websites, including Google research
- Facebook, Twitter, blogs or other social networking/media tools
- Email from the IAS (e.g., monthly e-update)
- Other IAS communication (e.g., newsletter, press release)
- Printed conference promotion materials (flyer, brochure, poster, newsletter, etc.)
- Advertisement in a scientific journal or magazine
- Article in the newspaper
- Story on TV or the radio
- Recommended by a colleague/friend
- At a previous IAS-convened conference (e.g., IAS 2007, AIDS 2008, IAS 2009, AIDS 2010, etc.)
- At another HIV or health-related conference/workshop/meeting (please specify which one: ………………………………………………………………………………………………..)
- Through my organization/affiliation/work
- Through a partner organization
- Through a donor/donor invitation
- Not sure
- Other (please specify): ……………………………………………………………………………

2. *During the conference, were you a?

Select all that apply
- Speaker
- Chair
- Abstract presenter (oral session)
- Poster discussant (oral poster discussion session)
- Poster exhibitor (in the poster exhibition area)
- Workshop facilitator
- Media representative
- Delegate not fitting into the above categories
3. How easy was it for you to do the following?

<table>
<thead>
<tr>
<th></th>
<th>Very easy</th>
<th>Easy</th>
<th>Somewhat easy</th>
<th>Not very easy</th>
<th>Not easy at all</th>
<th>Not applicable/Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Register for the conference</td>
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<tr>
<td>3.2 Book accommodation</td>
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<td></td>
</tr>
</tbody>
</table>

⇒ Information

4. How useful were the following resources, which are available through the online Programme-at-a-Glance (www.ias2011.org/pag)?

<table>
<thead>
<tr>
<th></th>
<th>Very useful</th>
<th>Useful</th>
<th>Somewhat useful</th>
<th>Not very useful</th>
<th>Not useful at all</th>
<th>Did not use</th>
<th>Not aware of</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Abstracts</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>4.2 Presentation slides</td>
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<td>4.3 E-posters</td>
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<td>4.4 Audio files</td>
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<tr>
<td>4.5 Rapporteur session summaries</td>
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<tr>
<td>4.6 “My Itinerary”</td>
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<td>4.7 Roadmaps</td>
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</tbody>
</table>

5. How useful was the rest of the conference website (i.e., online resources not available through the Programme-at-a-Glance)?

- □ Very useful
- □ Useful
- □ Somewhat useful
- □ Not very useful
- □ Not useful at all
- □ I don’t know
6. How useful were the following printed materials (that you received in the delegate bag or badge holder)?

<table>
<thead>
<tr>
<th></th>
<th>Very useful</th>
<th>Useful</th>
<th>Somewhat useful</th>
<th>Not very useful</th>
<th>Not useful at all</th>
<th>Did not use</th>
<th>Not aware of</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Programme (in your bag)</td>
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<tr>
<td>6.2 Pocket Programme (in your badge holder)</td>
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</tbody>
</table>

7. How useful was the Abstract CD-ROM?

- [ ] Very useful
- [ ] Useful
- [ ] Somewhat useful
- [ ] Not very useful
- [ ] Not useful at all
- [ ] I did not use it
- [ ] I did not collect it
- [ ] I was not aware of the abstract CD-ROM

⇒ **Social and environmental responsibility**

8. As part of the efforts made by conference organizers to make the conference more socially and environmentally responsible, “donation boxes” were placed throughout the venue and were available for delegates to leave any items they did not wish to take home. How useful were these donation boxes?

- [ ] Very useful
- [ ] Useful
- [ ] Somewhat useful
- [ ] Not very useful
- [ ] Not useful at all
- [ ] I did not see them
- [ ] I did not use them
- [ ] I was not aware of this feature

⇒ **Scholarship**

9. *Did you receive an International or Media Scholarship to attend the conference?*

- [ ] Yes
- [ ] No (go directly to Question 10)

9.1 How would you rate the overall organization of the International and Media Scholarship Programme?

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor
9.2 How useful were the following resources?

<table>
<thead>
<tr>
<th></th>
<th>Very useful</th>
<th>Useful</th>
<th>Somewhat useful</th>
<th>Not very useful</th>
<th>Not useful at all</th>
<th>Did not use</th>
<th>Not aware of</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.2.1</td>
<td>Scholarship Frequently Asked Questions (IAS 2011 website)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>9.2.2</td>
<td>Pre-Departure Guide</td>
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<tr>
<td>9.2.3</td>
<td>Scholarship desk on site</td>
<td></td>
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</tbody>
</table>

9.3 Please write in the text box below any comments and/or suggestions for improving the International and Media Scholarship Programme at the next IAS conference (IAS 2013).

Support to media representatives

If you did not select “Media representative” in Question 2, go directly to Question 13

10. How useful were the following online and onsite resources to build/enhance your knowledge about HIV and/or to cover the conference?

<table>
<thead>
<tr>
<th></th>
<th>Very useful</th>
<th>Useful</th>
<th>Somewhat useful</th>
<th>Not very useful</th>
<th>Not useful at all</th>
<th>Did not use</th>
<th>Not aware of</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1</td>
<td>Online Media Guide</td>
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<tr>
<td>10.2</td>
<td>Media Centre page of website</td>
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<tr>
<td>10.3</td>
<td>Electronic Media Kit</td>
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<tr>
<td>10.4</td>
<td>Staff/Volunteers at the Media Information Desk</td>
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<tr>
<td>10.5</td>
<td>Documents Centre</td>
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<tr>
<td>10.6</td>
<td>Newsroom</td>
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<td>10.7</td>
<td>Press Conference Rooms</td>
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<tr>
<td>10.8</td>
<td>Broadcast Facilities</td>
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<tr>
<td>10.9</td>
<td>Official Daily Briefing</td>
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<tr>
<td>10.10</td>
<td>Official Daily Press Releases</td>
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<tr>
<td>10.11</td>
<td>Third Party Press Releases and Materials</td>
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<tr>
<td>10.12</td>
<td>Twitter Feed/Facebook and Blog Posts</td>
<td></td>
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</tr>
</tbody>
</table>
11. How would you rate the overall organization of the on-site Media Centre?
   □ Excellent
   □ Good
   □ Fair
   □ Poor

12. Please insert in the text box below any comments and/or suggestions for improvement you may have on the on-site and online Media Centres.

13. *Did you visit the poster exhibition area?
   □ Yes
   □ No (skip next question)

13.1 How would you rate the poster layout in the display area?
   □ Excellent
   □ Good
   □ Fair
   □ Poor

14. How helpful was the on-site poster helpdesk?
   □ Very helpful
   □ Helpful
   □ Somewhat helpful
   □ Not very helpful
   □ Not helpful at all
   □ I did not visit it
   □ I was not aware of this desk

15. How would you rate the overall organization of the poster display area (i.e., its area layout, labeling, etc.)?
   □ Excellent
   □ Good
   □ Fair
   □ Poor

16. Please insert in the text box below any comments and/or suggestions for improvement you may have on the poster exhibition area.
Positive Lounge

17. *Did you visit the Positive Lounge?
□ Yes
□ No (go directly to Question 18)

17.1 How helpful was the Positive Lounge in supporting your participation in the conference?
□ Very helpful
□ Helpful
□ Somewhat helpful
□ Not very helpful
□ Not helpful at all

17.2 Please insert in the text box below any comments and/or suggestions for improvement you may have on the Positive Lounge.

Support to your special role in the conference

If you did not select “Speaker”, “Chair/moderator”, “Abstract presenter” and/or “Poster discussant” in Question 2, go directly to Question 20

18. How useful were the following resources to help you prepare for your session?

<table>
<thead>
<tr>
<th></th>
<th>Very useful</th>
<th>Useful</th>
<th>Somewhat useful</th>
<th>Not very useful</th>
<th>Not useful at all</th>
<th>Did not use/not applicable</th>
<th>Not aware of</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.1</td>
<td>Guidelines and templates</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>18.2</td>
<td>Session Point Person</td>
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<td></td>
</tr>
<tr>
<td>18.3</td>
<td>Secretariat support</td>
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<tr>
<td>18.4</td>
<td>Speaker Centre</td>
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</tr>
</tbody>
</table>

19. Please insert in the text box below any comments and/or suggestions for improvement you may have on these resources.

### Social networking tools

20. How useful were the following social networking tools?

<table>
<thead>
<tr>
<th></th>
<th>Very useful</th>
<th>Useful</th>
<th>Somewhat useful</th>
<th>Not very useful</th>
<th>Not useful at all</th>
<th>Did not use</th>
<th>Not aware of</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.1</td>
<td>IAS 2011 Facebook page</td>
<td></td>
<td></td>
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<tr>
<td>20.2</td>
<td>IAS 2011 Twitter feed</td>
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<tr>
<td>20.3</td>
<td>IAS 2011 Conference Blog</td>
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</tbody>
</table>

### Overall organization

21. Looking at the way the conference was organized, would you say it met your needs with respect to your work focus and expertise level?

- [ ] Yes
- [ ] No (please use the open text box in the section “Comments and suggestions” – that will come later in the survey – to explain why)

### CONFERENCE PROGRAMME

#### Abstract-driven sessions

22. *What was your main track of interest at IAS 2011 (the track in which you attended most sessions)?*

Select one

- [ ] Track A: Basic Sciences
- [ ] Track B: Clinical Sciences
- [ ] Track C: Prevention Science
- [ ] Track D: Operations and Implementation Research

- [ ] No main track of interest (go directly to Question 24)

23. *Did you attend sessions in other tracks than your main track of interest?*

- [ ] Yes
- [ ] No (skip next question)

23.1 Please select all tracks that apply

- [ ] Track A: Basic Sciences
- [ ] Track B: Clinical Sciences
- [ ] Track C: Prevention Science
- [ ] Track D: Operations and Implementation Research
24. Overall, how would you rate the quality of science presented in each track?

<table>
<thead>
<tr>
<th>Track</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.1 Track A: Basic Sciences</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>24.2 Track B: Clinical Sciences</td>
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<td></td>
</tr>
<tr>
<td>24.3 Track C: Prevention Science</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>24.4 Track D: Operations and Implementation Research</td>
<td></td>
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</tr>
</tbody>
</table>

⇒ Non-abstract-driven sessions

25. Overall, how would you rate the quality of presentations and/or discussions made during the following non-abstract-driven sessions?

<table>
<thead>
<tr>
<th>Session</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don't remember</th>
<th>Did not attend this type of session</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.1 Plenary Sessions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.2 Special Sessions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.3 Bridging Sessions</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>25.4 Symposia Sessions</td>
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</tr>
</tbody>
</table>

⇒ Community activities

26. *Did you attend any of the engagement tours organized during the conference (these tours consisted of interactive site visits to local organizations that work on HIV/AIDS issues in Rome)?
   - Yes
   - No (skip next question)

26.1 How successful were the engagement tour(s) you attended in allowing an exchange of knowledge, best practices, successes, challenges, and/or innovative solutions between participants and the tour host organization(s)?
   - Very successful
   - Successful
   - Somewhat successful
   - Not very successful
   - Not successful at all

27. *Did you attend the conference orientation session held on 17 July 2011?
   - Yes
   - No (skip next question)
27.1 How successful was this session in providing you with an overview of the conference programme and information regarding some of the activities happening during the conference?

- Very successful
- Successful
- Somewhat successful
- Not very successful
- Not successful at all

28. Please insert in the text box below any suggestions you have to better support the participation of community delegates at the next IAS conference (IAS 2013).

(100 words maximum)

⇒ Side events

29. *Did you attend the IAS members’ meeting, held on 19 July (6:30 to 8:30 pm) in [Session Room 3]?

- Yes
- No (skip next question)

29.1 How useful was this meeting for you to:

<table>
<thead>
<tr>
<th></th>
<th>Very useful</th>
<th>Useful</th>
<th>Somewhat useful</th>
<th>Not very useful</th>
<th>Not useful at all</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.1.1 Get an update on IAS activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.1.2 Provide feedback/suggestions on IAS activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.1.3 Meet and have discussions with other IAS members</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

30. *Did you participate in the Silent auction, held on 19 July (8.30 to 10 pm) in the Cavea?

- Yes
- No (skip next question)

30.1 Would you participate again in a similar event at the next IAS conference (IAS 2013)?

- Yes
- No (please explain why:........................................................................................................)

⇒ Conference value and wishes for the future

31. *Generally speaking, did IAS 2011 offer something that you do not get from other well-known scientific/health conferences?

- Yes
- No (skip next question)
- I don’t know (skip next question)
31.1 Compared to other HIV-related conferences you attended in the past 2 years, what were the main added values of IAS 2011?

*Select up to 3 choices*

- International dimension
- Scientific focus
- Relevance of programme content to current challenges of the HIV response
- Variety of session types
- Number/diversity of delegates
- New information/updates
- Quality of science
- Interactive sessions and debates
- Networking and collaboration opportunities
- Advocacy opportunities
- Professional development/skills building opportunities
- Speeches/presentations by worldwide political leaders
- Overall organization
- Other

32. Looking toward the next IAS Conference (IAS 2013), how would you change the programme with respect to the number of sessions/activities?

<table>
<thead>
<tr>
<th></th>
<th>More than in IAS 2011</th>
<th>Similar to IAS 2011</th>
<th>Fewer than in IAS 2011</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.1</td>
<td>Plenary Sessions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.2</td>
<td>Special Sessions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.3</td>
<td>Oral abstract Sessions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>32.4</td>
<td>Oral Poster Discussion Sessions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>32.5</td>
<td>Bridging Sessions</td>
<td></td>
<td></td>
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<tr>
<td>32.6</td>
<td>Symposia Sessions</td>
<td></td>
<td></td>
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<tr>
<td>32.7</td>
<td>Poster Exhibition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.8</td>
<td>Workshops</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**CONFERENCE ACHIEVEMENTS**

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

<table>
<thead>
<tr>
<th></th>
<th>Focusing on the latest biomedical HIV science and its applications for clinical practice and prevention worldwide</th>
<th>Very successful</th>
<th>Successful</th>
<th>Somewhat successful</th>
<th>Not very successful</th>
<th>Not successful at all</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.1</td>
<td>Focusing on the latest biomedical HIV science and its applications for clinical practice and prevention worldwide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.2</td>
<td>Providing new insights into HIV susceptibility, disease progression and biomedical prevention interventions worldwide</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.3</td>
<td>Reviewing implementation science research that addresses the challenges of scaling up treatment and prevention, especially in resource-limited settings, including those in Europe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.4</td>
<td>Providing opportunities for professional development, dialogue and debate among HIV professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.5</td>
<td>Increasing public awareness of the implications of new biomedical research for the global response to HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

⇒ **Main benefits and anticipated actions**

34. *What benefits did you gain from attending IAS 2011? Select all that apply*

- □ New knowledge
- □ New skills, including a better understanding of best practices
- □ CME credits
- □ New contacts/opportunities for future collaboration, including professional development and career development
- □ Strengthening collaboration with existing contacts (i.e., people you already knew before the conference)
- □ Meeting friends
- □ Sharing experience/lessons learnt
- □ Affirmation/confirmation of current work/research direction, approach and/or practice
- □ Motivation/renewed energy and/or sense of purpose
- □ Ideas/directions for new project(s)
- □ Opportunity to advocate on specific issue(s)
35. During the conference, did you have the opportunity to network and/or discuss challenges in your current work on HIV with delegates/speakers working in different areas or those with different fields of expertise?
☐ Yes
☐ No
☐ Not sure

36. *How will you use the benefits you gained at the conference? Select all that apply
☐ Share information with colleagues, peers and/or partner organizations (e.g., through discussions, presentations, dissemination/translation of materials, writing papers, etc.)
☐ Build capacity within my organization/network (e.g., through training, development/update of guidelines, procedures, manuals, other materials, etc.)
☐ Motivate my colleagues, peers and/or partners
☐ Influence work focus/approach of my organization
☐ Refine/improve existing work/research practice or methodology
☐ Initiate a new project/activity/research
☐ ExpandSCALE up existing programmes/projects
☐ Raise awareness of community, policy and/or scientific leaders
☐ Strengthen advocacy or policy work
☐ Share information/experience with new contacts met at IAS 2011
☐ Develop new collaborations (e.g., creation of a partnership/network)
☐ Strengthen existing collaborations
☐ Join existing partnership(s)/network(s)
☐ I am unsure
☐ I will not do anything differently

⇒ Comments and suggestions

37. What did you most dislike about the conference? 100 words maximum

38. What would you improve at the next IAS conference (IAS 2013)? 100 words maximum
A QUICK LOOK BACK AT THE PREVIOUS IAS CONFERENCES...

39. *Which IAS Conference(s) did you attend before IAS 2011?*

Select all that apply
- □ IAS 2001 (Buenos Aires, Argentina)
- □ IAS 2003 (France, Paris)
- □ IAS 2005 (Rio, Brazil)
- □ IAS 2007 (Sydney, Australia)
- □ IAS 2009 (Cape Town, South Africa)
- □ None of the above

*If you did not select “IAS 2009” in Question 39, go directly to Question 43*

The following questions are focused on the last IAS conference, held in 2009 (Cape Town, South Africa). Your responses will help us assess the long-term impact of this conference.

40. Did you keep contact with people you met for the first time at IAS 2009?

□ Yes
□ No

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

□ Yes
□ No (skip next question)

41.1 Please select from the list below the types of influences the conference has had on your individual and/or organization's work and/or concrete actions taken as a result of attending IAS 2009.

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

42. Are you aware of IAS 2009 influencing HIV work, policies or advocacy at the local, national, regional or global level?

□ Yes
□ No (skip next question)
□ Don’t know (skip next question)
42.1 Please give a concrete example of IAS 2009 influencing HIV work, policies or advocacy at the local, national, regional or global level.

FINALLY, A FEW DETAILS ABOUT YOU...

43. *What is your main occupation/profession?* (selection from a scrolling menu)
Max 2 choices

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

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

46. For how many years have you worked in the HIV field (full or part time)?
 □ Less than 2
 □ Between 2 and 5
 □ Between 6 and 10
 □ Between 11 and 15
 □ More than 15

47. What is your gender?
 □ Female
 □ Male
 □ Transgender
 □ Do not want to disclose

48. What is your age?
 □ Between 16 and 26
 □ Between 27 and 40
 □ Between 41 and 50
 □ Above 50

49. As it is too early to assess the medium-term impact of the conference on your attitude and practice in your HIV work, we plan to conduct a follow-up survey in about 10 months’ time. Would you agree to complete such a survey (it will contain maximum 10 questions)?
 □ Yes
 □ No

50. You reached the end of the survey. Before closing, please indicate if you would like to enter the prize draw to win US$200 for you, your organization or your nominated HIV/AIDS charity. Ten respondents will be randomly selected and will be notified by email (no link to survey answers).
 □ Yes
 □ No
APPENDIX 2: Focus group interviews

For the first time, focus group interviews were conducted during the conference with delegates mainly working in biology and pathogenesis research or in clinical science. The objective was to better understand what researchers/scientists think about the IAS conference compared with other (scientific) HIV conferences.

A total of three group interviews were conducted on 18 and 20 July 2011. Each lasted for about one hour, and each was with a different group to avoid creating the perception that only one group was represented, which would have posed the risk of biased/invalid results. All group interviews were moderated by the IAS 2011 Evaluation Coordinator, who was also responsible for the transcription of recorded data and their analysis.

A total of 20 delegates participated in these focus group interviews, and 13 people who had confirmed their attendance did not show up, which represents a fairly high no-show rate (39%). The profile of participants is summarized in Figure 1.

![Figure A. Profile of focus group interview participants](image)

---

52 One of the distinct features of focus group interviews is their group dynamics; hence the type and range of data generated through the social interaction of the group are often deeper and richer than those obtained from one-to-one interviews (see Thomas et al 1995).
The interviews were guided by the following questions:

- What are the main added values of the IAS conference compared with other conferences focusing on HIV?
- How do you perceive the difference between the IAS conference and the International AIDS Conference?
- What would you improve in terms of organization and programme to enhance the impact of the IAS conference on HIV prevention, treatment and cure?
- Do you think the frequency of the IAS conference is appropriate? In other terms, does it match with the pace of research, allowing to present research results at the most appropriate time (not too early and not too late)?

Results of these focus group interviews were used to cross check findings from the various surveys conducted as part of the IAS 2011 evaluation. Main findings are summarized here:

**Main added values of the IAS conference compared with others focusing on HIV**

The following added values were cited by at least one participant:

- Its international dimension
- Its geographical location
- The absence of restrictions on attending based on the delegate’s affiliation/organization type.
- The content of the programme, which is very comprehensive and does not focus only on basic sciences, thus allowing exchange and connections between different fields
- The ease of joining for young researchers, thus giving them the opportunity to present their work and meet with more senior experts
- The opportunity for clinicians to meet with other clinicians and to present their work (it was mentioned that there are a limited number of conferences for clinicians)
- The opportunity for young researchers to improve the quality of their abstracts before submitting them to the conference programme thanks to the online Abstract Mentoring Programme.

One participant was concerned by the fact that the IAS conference was too close to the Conference on Retroviruses and Opportunistic Infections and to the keynote symposia focusing on HIV, which resulted in repetitive presentations, similar posters and same speakers. Another participant praised the quality of speakers at the IAS conference.

**Difference between the IAS conference and the International AIDS Conference**

The following differences were noted by at least one participant:

- The IAS conference is more scientific and more focused than the International AIDS Conference (IAC).
- The IAC presents more data, but the quality of data is much higher at the IAS conference.
- The audience of these two conferences is different.
- The IAS conference is more objective.
- The IAC is politically charged, includes more “touchy” things and more demonstrations, and features the Global Village. A participant from another group complained that the IAC is too loud, too big, and attended by too many NGOs, which puts pressure on science.

One participant expressed the wish to see more prevention topics covered by the IAS conference. However, another participant replied that the IAS conference should keep its focus on HIV pathogenesis.
Suggestions for improvement to enhance the impact of the IAS conference

The following suggestions were made about the programme:
- Keep the standard high for the quality of abstracts.
- Bring in more different perspectives on the same issue/topic.
- Keep the good balance between basic and clinical science.
- Keep poster discussion sessions.
- Keep workshops, but ensure that they are really focused on a key topic.
- Fill in gaps in case key topics are not covered by submitted abstracts. Related to that, a debate emerged on the extent to which the IAS conference should address other opportunistic infections.
- Keep flexibility to accommodate new information at the last minute.

The following suggestions were made about the logistics and support provided to delegates before and during the conference:
- Ensure that the conference venue is appropriate and big enough to accommodate all delegates in suitable conditions.
- Increase the seating capacity for workshops.
- Keep the Abstract Mentor Programme.
- Clearly indicate on the PAG those meetings and pre-conferences that are not open to the public (i.e., accessible only by invitation).
- Make sure that Wi-Fi is available throughout the conference venue and increase the area of the Internet café.
- Better evaluate the allocation of rooms based on their size to avoid having empty rooms while others are overcrowded.
- Identify hotels that are not too far away from the conference venue to allow delegates to easily catch up in the mornings and/or evenings.

Many comments and suggestions were made about the poster exhibition:
- Increase and change the time dedicated to the presentation of abstracts selected for the poster exhibition to avoid time conflicts with concurrent sessions. An example was given of a conference where two to three hours are dedicated at the end of the day only for posters. One participant proposed an early poster viewing, along with a complimentary breakfast served in the poster exhibition area.
- Increase the space between posters or consider reducing the number of posters exhibited.
- Provide seats to facilitate discussion and interaction between poster viewers and presenters.
- Keep the posters exhibited for the whole duration of the conference.
- Allow poster presenters to stick tags on their poster(s) indicating when they will be available for presentation (of the poster) and discussion.
- Make sure that the location selected for the poster exhibition area is suitable for poster viewers and presenters (i.e., avoid a parking like at IAS 2011).

Some suggestions pertained to communication from the Conference Secretariat:
- Reduce the number of emails sent to delegates before the conference and ensure that email content is short and not redundant.
- Make sure that the notification sent to abstract submitters after the abstract selection is not misleading and that authors of abstracts selected only for the CD-ROM clearly understand that they are not eligible for the poster exhibition.
- Better explain the difference between the e-posters, the poster exhibition and the abstract CD-ROM.

Frequency of the IAS conference

Most participants found that the frequency of the IAS conference (every two years) is appropriate.
APPENDIX 3: Abstracts statistics (based on region)

Figure A. Breakdown of abstracts accepted (type of presentation by region)

<table>
<thead>
<tr>
<th>Region</th>
<th>Oral Abstract Session (n=111)</th>
<th>Oral Poster Discussion (n=66)</th>
<th>Poster Exhibitions (n=1,073)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western and Central Europe</td>
<td>19%</td>
<td>18%</td>
<td>26%</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>14%</td>
<td>32%</td>
<td>25%</td>
</tr>
<tr>
<td>South and South-East Asia</td>
<td>3%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Oceania</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>North America</td>
<td>57%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Latin America</td>
<td>4%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>East Asia</td>
<td>2%</td>
<td>6%</td>
<td>2%</td>
</tr>
</tbody>
</table>
APPENDIX 4: Abstracts statistics (based on gender)

Figure A. Breakdown of abstracts accepted (gender by type of presentation)

Figure B. Breakdown of abstracts accepted (type of presentation by gender)
APPENDIX 5: Main track of interest

Figure A. Main track of interest: influence of delegates’ region of work

- **Western and Central Europe (n=156)**
  - Track A: 24%
  - Track B: 37%
  - Track C: 23%
  - Track D: 8%
  - No main track of interest: 8%

- **North America (n=218)**
  - Track A: 16%
  - Track B: 54%
  - Track C: 22%
  - Track D: 4%
  - No main track of interest: 5%

- **Latin America (n=47)**
  - Track A: 13%
  - Track B: 57%
  - Track C: 21%
  - Track D: 6%

- **South and South-East Asia (n=57)**
  - Track A: 12%
  - Track B: 44%
  - Track C: 23%
  - Track D: 16%
  - No main track of interest: 5%

- **Sub-Saharan Africa (n=202)**
  - Track A: 8%
  - Track B: 36%
  - Track C: 31%
  - Track D: 27%
  - No main track of interest: 4%

Figure B. Main track of interest: influence of delegates’ affiliation type

- **Non-governmental organization (n=124)**
  - Track A: 25%
  - Track B: 39%
  - Track C: 29%
  - Track D: 4%

- **Government (n=63)**
  - Track A: 25%
  - Track B: 29%
  - Track C: 29%
  - Track D: 10%
  - None: 9%

- **Academia (n=298)**
  - Track A: 26%
  - Track B: 35%
  - Track C: 26%
  - Track D: 8%
  - None: 5%

- **Hospital/clinic (n=151)**
  - Track A: 13%
  - Track B: 64%
  - Track C: 13%
  - Track D: 6%

---

53 This graph excludes regions represented by less than 40 surveyed delegates.
54 This graph excludes affiliation types represented by less than 50 surveyed delegates.
Figure C. Main track of interest: influence of delegates’ age
APPENDIX 6: Perception of IAS 2011’s added values

Figure A. Did IAS 2011 offer something different from other well-known scientific/health conferences? (breakdown of responses by delegates’ region of work\(^\text{55}\))

![Graph showing percentage of respondents by region of work.](image)

\(P\) value=0.06

Figure B. Did IAS 2011 offer something different from other well-known scientific/health conferences? (breakdown of responses by delegates’ affiliation type\(^\text{56}\))

![Graph showing percentage of respondents by affiliation type.](image)

\(P\) value=0.259

\(^{55}\) This graph excludes regions represented by less than 40 surveyed delegates.

\(^{56}\) This graph excludes affiliation types represented by less than 50 surveyed delegates.
Figure C. Did IAS 2011 offer something different from other well-known scientific/health conferences? (breakdown of responses by delegates' length of HIV work experience)

P value=0.000
APPENDIX 7: List of countries classified by main region

<table>
<thead>
<tr>
<th>CARIBBEAN</th>
<th>LATIN AMERICA</th>
<th>OCEANIA</th>
<th>SUB-SAHARAN AFRICA</th>
<th>WESTERN AND CENTRAL EUROPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anguilla</td>
<td>Argentina</td>
<td>American Samoa</td>
<td>Angola</td>
<td>Albania</td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>Belize</td>
<td>Australia</td>
<td>Belair</td>
<td>Andorra</td>
</tr>
<tr>
<td>Aruba</td>
<td>Bolivia</td>
<td>Cook Islands</td>
<td>Botswana</td>
<td>Austria</td>
</tr>
<tr>
<td>Bahamas</td>
<td>Brazil</td>
<td>Fiji</td>
<td>Burkina Faso</td>
<td>Belgium</td>
</tr>
<tr>
<td>Barbados</td>
<td>Chile</td>
<td>French Guiana</td>
<td>Burundi</td>
<td>Czech Republic</td>
</tr>
<tr>
<td>Bermuda</td>
<td>Colombia</td>
<td>French Polynesia</td>
<td>Cameroon</td>
<td>Denmark</td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>Costa Rica</td>
<td>Guam</td>
<td>Cape Verde</td>
<td>Finland</td>
</tr>
<tr>
<td>Cuba</td>
<td>Ecuador</td>
<td>Kiribati</td>
<td>Central African Republic</td>
<td>France</td>
</tr>
<tr>
<td>Dominica</td>
<td>El Salvador</td>
<td>Marshall Islands</td>
<td>Chad</td>
<td>Germany</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>Falkland Islands (Mahurias)</td>
<td>Micronesia (Federated States)</td>
<td>Micronesia</td>
<td>Greece</td>
</tr>
<tr>
<td>Grenada</td>
<td>Guatemala</td>
<td>Nauru</td>
<td>Congo, Republic of the Holy See (Vatican)</td>
<td></td>
</tr>
<tr>
<td>Grenada</td>
<td>Guyana</td>
<td>New Caledonia</td>
<td>Cote d'Ivoire</td>
<td>Hungary</td>
</tr>
<tr>
<td>Guadeloupe</td>
<td>Honduras</td>
<td>New Zealand</td>
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