SNAPSHOT OF EVALUATION FINDINGS & RECOMMENDATIONS

www.ias2011.org
The conference attracted more than 7,000 participants (vs. 5,800 at IAS 2009), including **5,541 delegates*** from **127 countries**.

The **scholarship** programme allowed **218 delegates** from 57 countries to attend the conference.

The conference **programme** included:
- abstract-driven sessions
- non-abstract-driven sessions
- workshops
- engagement tours
- satellite meetings

The conference **facilities** included:
- A media centre
- A lounge for delegates living with HIV
- A speaker centre
- An exhibition area
- A poster helpdesk
- A scholarship helpdesk

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*This includes regular delegates, student/youth/post-docs, speakers, media representatives & scholarship recipients. It excludes staff, organizers, volunteers, hostesses, exhibitors, accompanying persons and one-day attendees.*
Evaluation Methodology

The primary form of data collection was an **online survey** sent to all conference delegates via email six days after the conference ended.

- Of **3,231 emails sent**, 37 were returned undeliverable.
- A total of **893 surveys** were **completed** (28% response rate vs. 34% in 2009).
- The **survey sample** was **representative** overall of the delegate population.

**Other data collection instruments** *(response rate expressed in %):*

- Abstract mentor survey (n=37, 69%)
- Abstract mentee survey (n=107, 70%)
- Abstract reviewer survey (n=606, 58%)
- Workshop participant survey (n=180, 36%)
- Scientific Programme Committee and track committee member survey (n=16, 30%)
- Community Advisory Group member survey (n=5, 83%)
- Exhibitor survey (n=20, 54%)
- Volunteer survey (n=116, 75%)
- Focus group interviews (n=20)
The majority of delegates & survey respondents were living or working in the conference host region (Western & Central Europe), North America and sub-Saharan Africa.

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.
Delegate Profile: Gender & Age

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

• 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.
As in 2009, **health care workers/social service providers and researchers** were the **most represented professions** among delegates.
## Rating of Support (a few indicators)

<table>
<thead>
<tr>
<th>Service</th>
<th>Rating Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarship programme (n=128)</td>
<td>67% rated its organization “excellent” &amp; 29% “good”</td>
</tr>
<tr>
<td>Speakers Centre (n=123)</td>
<td>84% used it, of which 96% found it “very useful” or “useful”</td>
</tr>
</tbody>
</table>
| Poster display area (n=253 exhibitors & 556 visitors) | 30% rated it “fair” & 25% “poor” (exhibitors)  
25% rated it “fair” & 26% “poor” (visitors) |
| Positive Lounge (n=132)                | 26% found it “very helpful” & 45% “helpful”                                   |
| Onsite Media Centre (n=34)             | 32% rated its organization “excellent” & 50% “good”                           |
| Abstract mentor programme (n=106)      | 99% would recommend the programme to a friend or a colleague and 98% would use it again |
| Overall organization (n=842)           | 83% reported the way the conference was organized had met their needs with respect to their work focus and expertise level |
Organizers made a significant portion of the programme available online. Copies of speeches, slide presentations, abstracts, digital posters, session-specific and daily rapporteur reports, workshop handouts and audio recordings were available through the Programme-at-a-Glance.

Surveyed delegates were asked to rate seven resources available on the Programme-at-a-glance. The three resources used most were abstracts, presentation slides and rapporteur session summaries (each one was used by more than 75% of respondents). These three resources were also considered to be the most useful.
Delegates and non-attendees were 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.

**Figures for July 2011**

<table>
<thead>
<tr>
<th></th>
<th>Blog</th>
<th>Facebook</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitors</td>
<td>3,456</td>
<td>1,746 fans at the end of the conference</td>
<td>2,691 tweets from 16 to 22 July</td>
</tr>
</tbody>
</table>
IAS 2011 received 3,552 abstract submissions (an increase of 37% from 2009), of which 35% were accepted (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.
The proportion of abstracts submitted in Track D has **decreased** from 32% in 2009 to 20% in 2011, while the proportion of abstracts submitted in Track C has **increased** from 14% to 33%.
Main Track of Interest

• When asked what their **main track of interest** was at IAS 2011 (i.e. the track in which they attended the most sessions), **Track B** was the **first choice** (41%), with **Track C** receiving the **second** highest rank (25%), which was the least favored in 2009 (13%).

• 87% of surveyed delegates reported **attending sessions in other tracks than their main track of interest**.
More than 80% of surveyed delegates reported the quality of science presented in each track in abstract-driven sessions was “good” or “excellent”, with Track C being the first ranked and Track D the last one.
More than 85% of survey delegates reported that the quality of presentations and/or discussions in non-abstract-driven sessions was “good” or “excellent”, with plenary sessions being the highest ranked session type and bridging sessions the lowest.
Surveyed delegates were asked to indicate if they would change the number of sessions at IAS 2013 for eight different types of sessions. **The majority would keep the same number as in 2011.**

<table>
<thead>
<tr>
<th>Session Type</th>
<th>More than in IAS 2011</th>
<th>Similar to IAS 2011</th>
<th>Fewer than in IAS 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshops (n=591)</td>
<td>32%</td>
<td>59%</td>
<td>9%</td>
</tr>
<tr>
<td>Oral abstract Sessions (n=708)</td>
<td>31%</td>
<td>61%</td>
<td>8%</td>
</tr>
<tr>
<td>Poster Exhibition (n=704)</td>
<td>28%</td>
<td>59%</td>
<td>13%</td>
</tr>
<tr>
<td>Special Sessions (n=641)</td>
<td>26%</td>
<td>69%</td>
<td>5%</td>
</tr>
<tr>
<td>Plenary Sessions (n=733)</td>
<td>24%</td>
<td>74%</td>
<td>2%</td>
</tr>
<tr>
<td>Oral Poster Discussion Sessions (n=677)</td>
<td>24%</td>
<td>64%</td>
<td>11%</td>
</tr>
<tr>
<td>Symposia Sessions (n=581)</td>
<td>23%</td>
<td>69%</td>
<td>8%</td>
</tr>
<tr>
<td>Bridging Sessions (n=491)</td>
<td>14%</td>
<td>70%</td>
<td>15%</td>
</tr>
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</table>
Achievement of Conference Objectives

- Focusing on the latest biomedical HIV science and its applications for clinical practice and prevention worldwide (n=768)
  - Very successful or successful: 84%
  - Somewhat successful: 14%

- Providing new insights into HIV susceptibility, disease progression and biomedical prevention interventions worldwide (n=755)
  - Very successful or successful: 79%
  - Somewhat successful: 18%
  - Not very successful or not successful at all: 5%

- Reviewing implementation science research that addresses the challenges of scaling up treatment and prevention, especially in resource-limited settings, including those in Europe (n=701)
  - Very successful or successful: 68%
  - Somewhat successful: 27%
  - Not very successful or not successful at all: 5%

- Increasing public awareness of the implications of new biomedical research for the global response to HIV (n=695)
  - Very successful or successful: 65%
  - Somewhat successful: 26%
  - Not very successful or not successful at all: 9%

- Providing opportunities for professional development, dialogue and debate among HIV professionals (n=716)
  - Very successful or successful: 62%
  - Somewhat successful: 28%
  - Not very successful or not successful at all: 9%
Main Benefits Gained by Attendees

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Percentage of Respondents (n=812)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New knowledge</td>
<td>84%</td>
</tr>
<tr>
<td>Meeting friends</td>
<td>48%</td>
</tr>
<tr>
<td>Ideas/directions for new project(s)</td>
<td>48%</td>
</tr>
<tr>
<td>Motivation/renewed energy and/or sense of purpose</td>
<td>44%</td>
</tr>
<tr>
<td>Strengthening collaboration with existing contacts</td>
<td>41%</td>
</tr>
<tr>
<td>New contacts/opportunities for future collaboration, including professional development and career development</td>
<td>41%</td>
</tr>
<tr>
<td>Sharing experience/lessons learnt</td>
<td>40%</td>
</tr>
<tr>
<td>Affirmation/confirmation of current work/research direction, approach and/or practice</td>
<td>38%</td>
</tr>
<tr>
<td>New skills, including a better understanding of best practices</td>
<td>35%</td>
</tr>
<tr>
<td>CME credits</td>
<td>21%</td>
</tr>
<tr>
<td>Identification or clarification of priority needs and the ways I can help meet them</td>
<td>17%</td>
</tr>
<tr>
<td>Opportunity to advocate on specific issue(s)</td>
<td>15%</td>
</tr>
<tr>
<td>I did not gain anything from the conference</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>
53% of surveyed delegates indicated that IAS 2011 offered something that they did not get from other well-known scientific/health conferences (vs. 30% who said No and 17% who did not know).

Main added values of IAS 2011 compared with other HIV-related conferences

(Respondents could select up to 3 choices)
Intended Use of Benefits

Percentage of respondents (n=803)

- Share information with colleagues, peers and/or partner organizations: 82%
- Motivate my colleagues, peers and/or partners: 47%
- Build capacity within my organization/network: 40%
- Influence work focus/approach of my organization: 38%
- Refine/improve existing work/research practice or methodology: 38%
- Initiate a new project/activity/research: 35%
- Strengthen existing collaborations: 28%
- Develop new collaborations: 24%
- Share information/experience with new contacts met at IAS 2011: 20%
- Expand/Scale up existing programmes/projects: 20%
- Raise awareness of community, policy and/or scientific leaders: 19%
- Strengthen advocacy or policy work: 14%
- Join existing partnership(s)/network(s): 8%
- I will not do anything differently: 2%
- I am unsure: 1%
Main Impacts of IAS 2009

In order to assess its long-term impacts on delegates’ work and their organization 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.

The survey shows that IAS 2009 had a clear impact in terms of networking and on individual and organization’s work:

• Of 229 respondents, 73% affirmed having kept contact with people met at IAS 2009 for the first time.

• 76% of respondents declared that IAS 2009 had influenced their individual and/or organization’s work in any way.

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.
IAS 2011: A Successful Conference

• Despite the current financial crisis and competition from other well-known scientific conferences, IAS 2011 was well attended and attracted key stakeholders engaged in the response to HIV and AIDS from around the world.

• 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.

• The evaluation also demonstrated that the previous IAS Conference (IAS 2009) had a positive impact on HIV work at different 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 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 (1/7)

... 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 workshops are designed in an interactive way and allow participants to gain new skills.

• Ensure workshop rooms have 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 conflict 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 a tag 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.
... 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 made them manageable on a logistical level.

• Further promote engagement tours.

• Ensure 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.
Recommendations (4/7)

... ABSTRACTS SUBMISSION

- Ensure 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 (see recommendations below).

... ABSTRACT MENTOR PROGRAMME (AMP)

- 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 mentor.
Recommendations (5/7)

... ABSTRACT MENTOR PROGRAMME (AMP)

- 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 abstract 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.
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 though the PAG.

Make sure the notification sent to abstract submitters after the abstract selection is not misleading and that authors of abstracts only selected for the abstract CD-ROM clearly understand they are not eligible to 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.
Recommendations (7/7)

... 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 over crowded.

• Identify hotels which are not too far away from the conference venue to help delegates easily catch up in the morning and/or in the evening.

• Ensure 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.
Report

The full report is available online at:

http://www.iasociety.org

Publications page

For a taste of the conference, view part of the

IAS 2011 Closing Session here