

IAS Strategic Plan 2010–2014



International
AIDS Society
Stronger Together

IAS Governing Council: 2008–2010

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Context: The Global Response to AIDS

The new International AIDS Society (IAS) strategic plan comes at a particularly complex time in the global response to AIDS. Scaling up prevention, treatment, care and support while fostering research are as important as ever. Yet interest in AIDS is waning in some countries and there is complacency among many political leaders and communities.

On the other hand, there are examples of substantial progress in the fight against AIDS, demonstrating what leadership, determination and planning can achieve. Most countries have completed national AIDS plans. More importantly, they are implementing them and gaining support for doing so from political leaders. Investment in prevention has resulted in encouraging declines in the rate of new HIV infections in some countries, including several in sub-Saharan Africa, and the number of people on treatment has risen steadily.

This strategic plan spans two critical global milestones set by the United Nations General Assembly: the goal of achieving universal access to HIV prevention, treatment, care and support by 2010; and the Millennium Development Goals (MDGs), including the goal of halting and reversing the spread of HIV by 2015. Governments and civil society will need to redouble efforts to reach these goals. However, there is also the challenge of thinking about what the global response will need to be if the world falls short of the 2010 and 2015 targets, which seems very likely.

AIDS continues to have a catastrophic impact on many countries and their citizens. While global HIV prevalence appears to be stabilizing, it is at the alarmingly high level of 30 million people. There are marked variations in the pattern and impact of HIV between countries and regions. There continue to be thousands of new HIV infections every day, and for every two people who start antiretroviral treatment, another five acquire HIV.

In some countries and communities, infection rates are on the rise again because they are failing to maintain HIV prevention programmes to reinforce awareness and sustain behaviour change over the long term. Too many countries are yet to commit to scientifically proven harm reduction measures, such as needle and syringe programmes and opioid substitution therapy, or to programmes that target populations at high risk for HIV, in particular men who have sex with men and sex workers. The underlying factors that put women and girls at increased risk – including violence and

unequal access to education and services – are still not tackled effectively. Human rights violations, stigma and discrimination continue to fuel vulnerability and impede effective HIV prevention, treatment and care.

It is encouraging that antiretroviral treatment coverage targets have been set in most countries. Four million people living with HIV in low- and middle-income countries have started antiretroviral treatment since 2004 – people likely to have died otherwise. Yet millions of people living with HIV still lack access to the treatment and care they need. Many thousands of women, men and children are dying as a consequence.

Scaling up treatment is very difficult without functioning health systems. Treatment programmes require affordable, effective medicines, functional supply chains, clinical care and monitoring capacity, well-trained and motivated health workers, and support for people taking treatment. Health systems are straining to care for the growing global HIV caseload. The HIV workforce is under pressure to maintain the effort year after year, often in dire circumstances with sub-standard equipment and support, especially in hyper-endemic countries. Everyone working in the AIDS field faces the challenge of keeping up to date with new scientific findings and translating that knowledge into practice.

Significant increases in life expectancy are predicted for people living with HIV who are able to access antiretroviral treatment. This raises new challenges in organizing health care services for HIV-positive people. Planning should ensure that prevention and treatment are mutually reinforced and integrated, and linked with key services, including sexual and reproductive health. Psycho-social care and support for families and communities affected by HIV is also an essential component of comprehensive health care.

One of the notable impacts of investing in HIV services and programmes is the flow on benefits, including the strengthening of health systems and the positive impact on related health issues, such as maternal and child health, and reductions in TB and malaria deaths.

Basic science and clinical research continue to generate important new knowledge about HIV, leading to improvements in treatment, care and prevention. Research on biomedical prevention tools has intensified, and these could provide an important adjunct to existing comprehensive prevention efforts. The effort to develop preventative and therapeutic vaccines remains strong, despite some setbacks.

Social science research is providing important insights into societal and individual impacts of living with HIV infection. Application of these findings can significantly improve the effectiveness of prevention, treatment and care programmes, as well as inform our understanding of how scientifically validated interventions operate in “real-world” settings.

Scaling up what we know works cannot be achieved without protecting and promoting human rights. It is important to note that a number of countries have moved to change punitive laws and policies against people living with HIV, men who have sex with men, people who inject drugs, sex workers and other marginalized populations. These changes increase the impact of prevention, improve treatment uptake and create a supportive environment for research participation.

However, discriminatory laws still exist in many countries and widespread human rights violations continue against people with HIV and marginalized populations. Women and girls continue to be disproportionately affected by HIV, and inadequate steps have been taken to advance their needs. Services for children, including antiretroviral therapy for those living with HIV and social support for children orphaned by AIDS, are too limited.

As the impact of AIDS continues in all parts of the world, funding must increase along with the political will to use it wisely. Domestic and aid funding is under added pressure because of global economic turbulence and high debt levels, with major donor countries being particularly affected. Added to this is the reality that the AIDS epidemic has been with us for more than 25 years and no longer occupies centre stage in the media or on the political agenda. Today AIDS operates in a highly competitive environment with other diseases, with broader health system debates and with other pressing global issues like climate change.

So how does the International AIDS Society respond to this complex picture? What value can we add to the global response to AIDS? What is our place in a complex health and research architecture, with its myriad of global and regional organizations and networks working in the field?

This strategic plan has been developed with these challenges in mind. The foundation of our work will always be the strength of our membership. The IAS is the only global, independent and membership-based organization of professionals working in HIV. As

such, we have a strong mandate to lead debate and discussion on the global response to AIDS, drawing on the evidence base created, to a large extent, by our members. In implementing this strategic plan, we will draw on the diversity and skills of our members wherever we can in all areas of our work.

This strategic plan affirms our central role in organizing international conferences on HIV and AIDS. These conferences are valued for their exceptional quality and for the significant impact they have in advancing HIV prevention, treatment, care, research and human rights. They build the capacity of HIV professionals to deliver strong and effective programmes at national and local levels. This strategic plan aims to build on these achievements. We will look at innovations to help connect our members and all people working in HIV through the gateway of our international conferences, ensuring that learning is ongoing and takes place between the meetings, as well as onsite at the conferences.

Policy and advocacy will continue to be a priority for our work under this strategic plan. A key focus will be on advancing a strong global research agenda, highlighting advances in scientific research and analyzing the beneficial impacts of research on services and programmes. Our advocacy work promotes the right of all people to an evidence-based response to HIV, and promotes access to evidence-based HIV prevention, treatment, care and support.

The IAS is part of a unique global movement: a social and political movement of people living with HIV, communities vulnerable to HIV, researchers, health care workers, non-governmental and faith-based organizations, governments, inter-governmental organizations, private foundations, the private sector, and public-private partnerships. A movement of such breadth and influence does not exist for any other health or development issue. This movement, and the economic and policy research it has generated over three decades, has been instrumental in shifting the paradigm that health is a consequence of development to recognizing that health is a fundamental prerequisite for development.

As we move ahead, we need to value the diversity of the AIDS movement, embrace its inherent creative tensions and cultivate its power to find new solutions to complex challenges. Through this strategic plan we aim to demonstrate our commitment – as the world’s membership association of HIV professionals – to playing a leading role in this essential global effort.

WHO WE ARE

The IAS is the world's leading independent association of HIV professionals.

OUR VISION

A global movement of people working together to end the HIV epidemic, applying scientific evidence and best practice at every level of the HIV response.

WHAT WE DO

We connect, we promote, we mobilize.

OUR VALUES

- Excellence in all we do
- Relevance
- Responsiveness
- Leadership
- Engagement
- Accountability
- Supportive workplace
- Social responsibility

HOW WE WORK

- Engaging our members
- Leveraging our convening power
- Advancing research
- Harnessing information technology
- Synergizing international & regional efforts
- Strengthening partnerships
- Harnessing our strengths

GOALS TO ACHIEVE OUR MISSION

- Goal 1: Increase knowledge and skills and foster creative solutions to challenges in the response to AIDS through dialogue and debate.
- Goal 2: Advocate for implementation of effective, evidence-based policies and programmes to enhance the global response to AIDS.
- Goal 3: Strengthen research capacity, identify research priorities across all disciplines and advocate to address them.

FOUNDATIONS SUPPORTING OUR GOALS

- Foundation 1: Our international conferences on HIV and AIDS are effective and efficient.
- Foundation 2: Our organization is effective and sustainable.
- Foundation 3: Our membership is strong, diverse and experienced.

Our Mission

Who we are

The International AIDS Society is the world's leading independent association of HIV professionals.

Our members include professionals from all disciplines, most notably researchers, clinicians, nurses, laboratory technicians, educators, social service providers, health care providers, advocates, lawyers, media practitioners, and policy and programme planners.

Our Vision

The future we see

A global movement of people working together to end the HIV epidemic, applying scientific evidence and best practice at every level of the HIV response.

What We Do

We connect. By convening the world's foremost international conferences on HIV and AIDS and specialized meetings, we provide critical platforms for presenting new research, promoting dialogue and building consensus to advance the global fight against HIV.

We promote. By promoting dialogue, education and networking, and providing access to best practice, professional development and skills building, we help build capacity and close gaps in knowledge and expertise at every level of the HIV response.

We mobilize. By advocating for the right to an evidence-based response to HIV and for a concerted research effort to build that evidence base, we contribute to continuous improvement of the global response to HIV.

Our Values

We adhere to and promote the following values:

Excellence

In all we do.

Relevance

Targeted, realistic and measurable policies, programmes and activities.

Responsiveness

Addressing shifts in the HIV epidemic in a timely way.

Leadership

Promoting scientific evidence and best practice at all levels of the HIV response.

Engagement

Collaborating internationally and regionally.

Accountability

Operating with transparency and to the highest professional standards.

Supportive workplace

Embracing diversity, the meaningful involvement of people living with HIV, gender balance, fostering collaboration and openness, encouraging work-life balance.

Social responsibility

Balancing the environmental, social and economic impacts of our operations and work practices.

How We Work

To build on our achievements and to implement the programme of activities described in this strategic plan, we apply the following approaches to our work:

Engaging our members

We are committed to supporting our members in their work, connecting them to one another, and engaging them in advocating for and implementing evidence-based responses to HIV.

Leveraging our convening power

We are committed to using our convening power to bring the diverse perspectives in the HIV movement together to advance policy and programmatic change, to find solutions to barriers in implementing what we know, and to address new challenges as they emerge.

Advancing research

Research is crucial to build knowledge and develop new technologies to advance HIV prevention, treatment, care and support. We will take every opportunity to advocate for increased investment in research and research capacity across all disciplines.

Harnessing information technology

Innovations in information technology are creating new opportunities to improve access to the latest evidence and best practice information. We will continue to use these technologies wherever possible to raise awareness, stimulate learning through collaboration and promote dialogue.

Synergizing international and regional efforts

We aim to ensure our work takes into account differences in regional HIV epidemics and their contexts. Deepening our relationships with regional partners helps ensure that international and regional conferences highlight the specific challenges of responding to HIV in each region.

Strengthening partnerships

Strategic partnerships are central to our work. We will continue to consolidate our partnerships and build new ones. We will consult with our partners to determine if we are best placed to take a leadership role or to support the work of others. In our work with partners, we will ensure clearly defined roles and responsibilities and mutually agreed outcomes.

Harnessing our strengths

We will make the best contribution by harnessing our strengths, in particular our:

- Reputation for excellence in our international conferences and specialized forums
- Global membership of professionals working in HIV with diverse expertise
- Capacity to convene stakeholders of the HIV movement
- Standing as a credible and independent voice
- Dedicated and experienced IAS Secretariat.

About this Strategic Plan**Where we have come from**

The IAS was established in 1988 with the primary mission of overseeing the International AIDS Conference as a global forum for information exchange, and an essential means through which scientists, community leaders, health care providers and policymakers could respond to the unprecedented threat of HIV.

In the two decades since our formation, the impact and complexity of the epidemic have evolved. Organizing the International AIDS Conferences and the IAS Conferences on HIV Pathogenesis, Treatment and Prevention remain as important as ever. These conferences contribute directly to achieving the goals set in this strategic plan by providing critical platforms for presenting new evidence, promoting dialogue and gaining consensus to improve HIV responses. Organizing the conferences and maximizing the benefits that flow from them will remain the priority for our work as we deliver on this strategic plan.

Our first comprehensive strategic plan, *Stronger Together, Strategic Framework 2005–2009*, has guided our work over the past five years, which has been a period of rapid organizational growth and impressive achievements. These achievements¹ provide solid foundations for this new strategic plan.

Our Geneva-based Secretariat has increased from 15 to 40 people in just five years. Expanded staffing has enabled us to take on a wider range of programmes, including building more strategic partnerships with international and regional organizations. We have also increased our online presence and increased our use of information technology and the latest communication tools and technical resources. These developments are built on through this strategic plan.

The substantial growth in our membership – from less than 6,000 in 2004 to more than 14,000 in 2009 – presents new opportunities for the IAS to foster education and other measures to build capacity among our members and others working in HIV. This strategic plan will build on these developments and also looks at new ways to involve members more fully in the work of the IAS.

The IAS has significantly strengthened its role in policy and advocacy over the past five years. This work focuses on issues where an independent, technically credible voice advocating for evidence-based approaches can make a difference. The IAS is also advocating a strong research agenda to address knowledge gaps, including the need for operations research to inform delivery of HIV programmes. Our policy and advocacy work will continue to be a priority activity in this strategic plan.

Our first comprehensive strategic plan has helped strengthen our foundations and deliver impressive achievements. This new strategic plan will consolidate this progress and balance an ambitious vision for the future with the need for realistic priorities and sustainable programmes over the next five years.

Our strategic approach – goals and foundations

To achieve our mission and vision, we will pursue three interconnected goals during the life of this strategic plan. Our goals are to:

- Goal 1: Increase knowledge and skills and foster creative solutions to challenges in the response to AIDS through dialogue and debate.
- Goal 2: Advocate for implementation of effective, evidence-based policies and programmes to enhance the global response to AIDS.
- Goal 3: Strengthen research capacity, identify research priorities across all disciplines and advocate to address them.

The IAS has three foundations, which reflect the core strength and assets of the organization:

- Foundation 1: Our international conferences on HIV and AIDS are effective and efficient.
- Foundation 2: Our organization is effective and sustainable.
- Foundation 3: Our membership is strong, diverse and experienced.

These foundations will enable us to fulfil the ambitious programme of work described in this strategic plan. Our foundations will be further strengthened through a series of measures described later in this strategic plan.

In all our work, the IAS recognizes the importance and key role of the full range of HIV professionals in the global, national and local AIDS responses and their efforts to deliver services, as well as strengthen systems and build knowledge.

Our Goals: How We Will Achieve Our Mission and Vision

Over the life of this strategic plan, we will achieve our mission and vision through delivering against our three goals:

Goal 1: Increase knowledge and skills and foster creative solutions to challenges in the response to AIDS through dialogue and debate.

More than 25 years' experience has demonstrated the critical importance of building and sustaining a highly motivated, informed, well-trained and supported workforce of HIV professionals. Awareness of AIDS and its many complexities is essential to inform and influence policy makers, opinion leaders and political leaders. Promoting public awareness about HIV and its individual and social impacts is vital for building community support for bold measures to address the epidemic. The work of the IAS is strongly focused on these objectives, first and foremost through our international conferences on HIV and AIDS and by providing related education and skills-building activities. Organizing conferences of exceptional quality, with the aim of highlighting and enhancing evidence-based responses to the many challenges of HIV, is the core of what we do.

Objective 1.1: Address critical challenges in the HIV response through international conferences and specialized forums.

Outputs:

- 1.1.1 International conferences are valued for their exceptional quality and for the significant impact they have in advancing the global response to the epidemic.
- 1.1.2 International conferences offer unique opportunities for exchange, dialogue and debate between and among researchers, communities, leaders and other key stakeholders.
- 1.1.3 Media coverage of the international conferences helps foster political accountability and public awareness and support.
- 1.1.4 Forums addressing specific issues and controversies are convened or co-convened by the IAS to foster dialogue and debate and build consensus on ways forward.

Objective 1.2: Strengthen the regional impact of conferences on AIDS and support organizational development of regional partners.

Outputs:

- 1.2.1 Technical assistance is provided to regional partners to support them in organizing regional conferences on AIDS.
- 1.2.2 Collaboration between the IAS and regional partners enhances the quality of regional conference programmes and achieves stronger links between international and regional conference programmes.
- 1.2.3 Support is provided to regional partners to develop, disseminate and use regional conference summary reports to prioritize regional advocacy efforts.
- 1.2.4 Support is provided to regional partners to address their organizational development needs, including strengthening governance and organizational structures, systems and capacity, as needed.

Objective 1.3: Support professional development of the HIV workforce

Outputs:

- 1.3.1 International conferences offer opportunities for professional development, including onsite and online mentoring.
- 1.3.2 Scholarships are awarded to researchers, health care workers, media representatives, community advocates, people living with HIV and other key affected populations to support their participation and contribution at international conferences.
- 1.3.3 New technologies are used to build the reach of the conferences by informing and educating HIV professionals and the general public through, for example, an online state-of-the-art digital library for access to conference abstracts, presentations and analyses, and through access to IAS policy, advocacy and education resources.
- 1.3.4 Opportunities for peer-based learning for the HIV workforce are supported and encouraged.
- 1.3.5 Policy statements, advocacy activities and media releases raise awareness on key HIV-related topics and enhance HIV responses.

- 1.3.6 Social networking tools are examined for their potential to accelerate information sharing, knowledge transfer and collaborative learning among HIV stakeholders.

Goal 2: Advocate for implementation of effective, evidence-based policies and programmes to enhance the global response to AIDS.

The IAS provides an independent voice promoting evidence-based responses to the global pandemic. The IAS is guided by world-class research and evidence of what works through its international conferences and membership of HIV professionals. The organization's policy and advocacy work reflects a diversity of expert knowledge and seeks to translate evidence into practice. Our policy and advocacy work is underpinned by our commitment to the principle of advancing and protecting human rights, which is vital to maximize the impact of prevention, treatment and care. Our members participate in advocacy and policy development efforts through a range of means, including ad hoc groups and communities of practice convened around priority issues. Annual priorities are set through the operational planning process. Our ways of working include areas where we:

- Take the lead in proactive action
- Partner with others
- Respond to emerging issues.

We use multiple approaches to achieve policy change and concrete outcomes. Depending on the desired outcome, this may include: producing expert analysis and disseminating information on best practice; creating structured opportunities for dialogue and consensus building through our international conferences on HIV and AIDS and expert summits; use of the media; and mobilizing our membership, partners and other key stakeholders.

Objective 2.1: Keep AIDS high on the global agenda.

Outputs:

- 2.1.1 Our international conferences on HIV and AIDS highlight the state of the epidemic and further actions needed to build the global response.

- 2.1.2 Our international conferences on HIV and AIDS provide a major platform for communicating with the general public through a range of media, and generating worldwide attention to AIDS.
- 2.1.3 The IAS has a significant media profile and is viewed as an authoritative source of information on HIV.
- 2.1.4 The IAS promotes strong political leadership and substantial funding increases to achieve: the UN goals of universal access to HIV prevention, treatment care and support by 2010; and the MDGs, including halting and reversing the spread of AIDS, by 2015.
- 2.1.5 The IAS partners with other organizations to have AIDS figure prominently at the annual meetings of the G8, G20 and other key political forums.
- 2.1.6 The IAS promotes efforts to hold political leaders accountable for delivering on their AIDS commitments and for the full implementation of national AIDS plans.
- 2.1.7 IAS advocacy and policy enhances global understanding of the ongoing impact of AIDS and its interconnection with other pressing global priorities.

Objective 2.2: Promote scaling up of evidence-based HIV prevention programmes and policies.

Outputs:

- 2.2.1 The IAS promotes scaled-up HIV prevention for people who inject drugs and fosters debate on reform of global drug policy.
- 2.2.2 The IAS promotes best practice, including legal reform, to scale up HIV prevention for men who have sex with men.
- 2.2.3 The IAS promotes scaled-up HIV prevention for women and girls vulnerable to HIV.
- 2.2.4 The IAS advocates for biomedical, behavioural, structural and population-based HIV prevention interventions.
- 2.2.5 The IAS promotes international normative guidance and standards for HIV prevention as new evidence emerges, including evidence for scaling up interventions to prevent vertical transmission.²

Objective 2.3: Promote scaling up of evidence-based HIV treatment and care programmes and policies.

Outputs:

- 2.3.1 The IAS informs international normative guidance and standards for HIV treatment and care for women and men, and for children.
- 2.3.2 The IAS encourages optimal use of treatment to maximize individual benefit and public health benefit.
- 2.3.3 Dialogue between the IAS and industry representatives enhances new treatment options, especially for resource-limited countries.
- 2.3.4 The IAS challenges bogus methods for treating or preventing HIV infection and inaccurate reports that deny evidence and best practice.

Objective 2.4: Encourage implementation of evidence-based laws, policies and programmes to address the impact of AIDS on the health and human rights of individuals, families, communities and societies.

Outputs:

- 2.4.1 The IAS promotes understanding of the impact of political, social and economic factors on HIV vulnerability.
- 2.4.2 The IAS promotes the need for evidence to respond to the impacts of HIV on children, families, communities and people living with HIV.
- 2.4.3 The IAS advocates for the elimination of HIV-specific travel restrictions and maintains an up-to-date online resource, documenting such restrictions, to inform national policy and advocacy.
- 2.4.4 The IAS promotes laws and policies that protect the human rights of people living with HIV and those populations most vulnerable to the impact of HIV.

Objective 2.5: Advance understanding of the links between HIV programmes, broader health system strengthening and development-related activities, and the role of HIV professionals.

Outputs:

- 2.5.1 The IAS informs global and national policies and planning of services through analysis of the impact of HIV on health systems and the links with efforts to reduce child mortality and improve maternal health.
- 2.5.2 The IAS promotes clear linkages between HIV and other relevant health services, including those for co-infections, such as TB and hepatitis.
- 2.5.3 The IAS contributes to efforts to identify models of service delivery that effectively link HIV-related and general health care with other key services, including social support and sexual and reproductive health programmes and education.
- 2.5.4 IAS advocacy encourages development of and compliance with international standards, including the *WHO Code of Practice on International Recruitment of Health Personnel* and *Treat, Train, Retain: Global Recommendations and Guidelines*, to sustain and support the HIV health workforce, drawing on the experience of our members and promoting their essential role in the global response to AIDS and strengthening health systems.

Goal 3: Strengthen research capacity, identify research priorities across all disciplines and advocate to address them.

Scientific research underpins the global response to AIDS. Research is essential to increase global understanding of how to respond most effectively. Research improves our understanding of HIV and its prevention, treatment and care. It also provides insights into the political, social and economic impacts of the epidemic to inform the design of policies and programmes. While much is already known about HIV, promoting research is a core focus of the IAS, and reflects the fact that many of our members are involved in research. Our international conferences and other forums provide critical platforms for presenting research findings and for identifying research challenges and gaps. The work of the IAS helps identify priorities and promote a global research agenda, including opportunities to highlight research needs at the regional level.

Objective 3.1: Promote research as a critical component of the global response to AIDS.

Outputs:

- 3.1.1 The IAS promotes the importance of HIV and related research through its international conferences, media initiatives, website, online learning opportunities and publications, and through engaging its membership.
- 3.1.2 The IAS monitors implementation of the Sydney Declaration, which called for 10% of all HIV resources to be applied to research.
- 3.1.3 The IAS advocates for a comprehensive research component in all national AIDS plans.
- 3.1.4 Resources on research priorities, HIV-related research achievements, ongoing projects and potential donors and sponsors of HIV research are available and accessible on the IAS website.
- 3.1.5 The IAS mobilizes other providers, including industry and academia, to provide financial and other support for research.

Objective 3.2: Foster high-quality, innovative research across disciplines to help strengthen research capacity.

Outputs:

- 3.2.1 The IAS provides capacity-building opportunities for researchers in scientific writing and by promoting research integrity.
- 3.2.2 Prizes and fellowships are awarded to young researchers from a broad range of scientific disciplines who are addressing critical issues in HIV research.
- 3.2.3 Measures are identified to expand operations research to translate evidence into practice and assess the impact of HIV programmes, including building consensus on the definition of this area of research.
- 3.2.4 The *Journal of the International AIDS Society* provides a platform for open-access publication of scientific findings, which have an impact on practice, especially in resource-limited settings.

Objective 3.3: Identify and advocate for research priorities.

Outputs:

- 3.3.1 The IAS encourages organizers of regional conferences on AIDS to address research priorities across all disciplines and foster dialogue among researchers.
- 3.3.2 The IAS participates in and/or convenes meetings with policy makers, donors and other stakeholders to address gaps in research, show the benefits of investing in research and to support the development of comprehensive research action plans.
- 3.3.3 The IAS convenes and supports the Industry Liaison Forum to identify and advance research that industry can support in areas focused on core IAS priorities.

Our Foundations: Support to Achieve Our Goals

Our foundations reflect where we have come from as an organization, and identify what we must build on to move forward. They are all inter-connected and represent our inherent strengths and assets that will enable us to fulfil the ambitious programme of work described in this strategic plan. This is how our three foundations will be maintained and strengthened, as necessary:

Foundation 1: Our international conferences on HIV and AIDS are effective and efficient.

By providing critical platforms for tackling the challenges of the global response to AIDS, our international conferences are the foundation of what we do. There is an enormous amount of work needed to deliver conferences of this scale, complexity and impact. This involves not only the efforts of our dedicated Secretariat, but also local partners, and the many hundreds of people who participate in organizing the programmes and associated events. The conferences are mainly financed by delegates' fees, but also rely on the support and participation of major industry sponsors and other donors. Finally, there are the thousands of people from all parts of the world who submit their research and ideas, which are fundamental to the success of our conferences.

Objective 1.1: Deliver conference programmes of exceptional quality and impact.

Outputs:

- 1.1.1 Systems for submission and review of proposals, abstracts and scholarships are efficient.
- 1.1.2 Conference programmes are well planned.
- 1.1.3 Conference governance is effective, representative and transparent.
- 1.1.4 Strong political and community support and engagement of the host city and country are obtained.
- 1.1.5 Support and participation of major industry sponsors and donors are obtained.
- 1.1.6 Conference evaluation is comprehensive and findings are well disseminated and used to ensure continuous improvement.

Objective 1.2: Ensure successful conference communications and media coverage.

Outputs:

- 1.2.1 Messaging and branding is clear and widely promoted, including through comprehensive, accessible conference websites that offer access to key conference and programme-related information.
- 1.2.2 Journalists' participation and media coverage of the conferences is strong and is supported by an effective media centre and by sound arrangements for media accreditation and the provision of high-quality media releases, briefings, press conferences and media kits.
- 1.2.3 Information on how to register for the conference, how to participate in planning and submit abstracts and other applications is disseminated in a timely manner to key stakeholders in the host country, region and internationally.

Objective 1.3: Ensure effective conference logistics and venue management.

Outputs:

- 1.3.1 Systems to support delegate participation, including but not limited to registration and accommodation, are efficient.
- 1.3.2 Appropriate staff (volunteers, helpers and interpreters) are carefully recruited, well trained and effectively managed.

1.3.3 Delegate materials and conference publications are comprehensive, cost effective and well coordinated.

1.3.4 Session rooms, speakers centre, media centre, registration area, Global Village, PLHIV lounge, offices, poster and exhibition spaces, and signage are well set up and coordinated.

1.3.5 IT and audiovisual facilities are effective and well coordinated.

Objective 1.4: Determine future conference locations in a clear and transparent manner.

Outputs:

- 1.4.1 Comprehensive conference selection processes are in place to assess: logistical capacity; political and social environment; and impact of the conference on the epidemic in the country and region. The processes recognize the importance of holding conferences in countries most affected by AIDS, as well as those with substantial research activity and funding.
- 1.4.2 Selection processes and timelines are well documented and understood by IAS members, stakeholders and partners.

Objective 1.5: Share our conference-organizing expertise.

Outputs:

- 1.5.1 Comprehensive documentation of processes and systems used for conference planning and coordination are developed, maintained and shared with partners.
- 1.5.2 The IAS contributes to the Associations Conference Forum, an association of organizations involved in conducting large-scale events, to share expertise, learn from others and leverage the influence of the forum to negotiate cost-effective contracts.

Foundation 2: Our organization is effective and sustainable.

The long-term sustainability and success of the IAS is dependent on a skilled, diverse and committed Secretariat, strong and secure financial management, effective operational systems, innovative IT solutions, integrated planning, and monitoring and evaluation. The IAS is committed to gender balance, the meaningful involvement of people living with HIV and social responsibility. These are the key elements for sustaining the organization's people, systems and processes.

Objective 2.1: Ensure the IAS has a clear organizational identity and valued media profile.

Outputs:

- 2.1.1 Clear messaging and effective communication processes are implemented for advancing the organization's role and work.
- 2.1.2 Measures are in place to ensure transparency of the organization's work, including through the IAS website, annual report and audited financial statements.
- 2.1.3 The IAS website is comprehensive, innovative, up to date, well promoted and utilized.
- 2.1.4 IAS communication and media strategies are comprehensive and appropriately resourced.

Objective 2.2: Sustain and enhance the IAS Secretariat's human capacity.

Outputs:

- 2.2.1 Policies and practices are in place to ensure diversity, gender balance and the meaningful participation of people living with HIV in recruitment, development and retention processes.
- 2.2.2 Adequate support and staff development opportunities are in place to help recruit and retain a skilled and dedicated Secretariat.

Objective 2.3: Ensure effective operational policies and procedures and IT systems.

Outputs:

- 2.3.1 Operational policies and procedures are developed, fully implemented and updated on a regular basis.

- 2.3.2 Effective and innovative IT systems are developed, implemented and supported.

Objective 2.4: Enhance the organization's planning, monitoring and evaluation processes.

Outputs:

- 2.4.1 Annual operational plans are developed, including budgets and indicators for monitoring purposes.
- 2.4.2 Progress against the operational plans is evaluated regularly.
- 2.4.3 Monitoring and evaluation findings and recommendations are used for accountability and continuous programme improvement.
- 2.4.4 A formal evaluation of the IAS's strategic plan is conducted to inform the development of the next strategic plan.

Objective 2.5: Ensure financial stability and management of the organization.

Outputs:

- 2.5.1 Fundraising strategies reflect commitment to further diversify and strengthen sources of financial support for the IAS, including the private sector.
- 2.5.2 Appropriate financial reserves are secured and financial risks minimized through sound fiscal routines and control mechanisms.
- 2.5.3 Financial reporting systems ensure effective budget management and accountability to funders.

Objective 2.6: Promote social responsibility.

Output:

- 2.6.1 Guidelines for social responsibility are developed and implemented, building on our approach in the conduct of conferences, towards balancing the environmental, social and economic impacts of our operations and work practices.

Foundation 3: Our membership is strong, diverse and experienced.

The membership of the IAS is the foundation on which the organization acts as the independent voice of experts and professionals working in HIV throughout the world. A prominent, talented, respected, diverse and actively engaged membership is fundamental to the IAS, and is central to how we achieve our vision and mission. We are committed to supporting our members in their work, connecting them to one another, and engaging them in advancing the implementation of an evidence-based response. IAS members are elected to the Governing Council, which provides sound and transparent governance, oversight of the Secretariat, and secures clarity of mission and achievements. These are the key elements for sustaining the IAS membership, ensuring its active engagement and maintaining effective governance.

Objective 3.1: IAS members are informed about, and engaged in, the organization's work, as well as developments in the global response to AIDS.

Outputs:

- 3.1.1. The IAS uses a range of measures to keep its members up to date about the global AIDS response and related challenges through the IAS website, newsletters and other measures.
- 3.1.2 The IAS communicates effectively with its members about its achievements and plans.
- 3.1.3 Information and suggestions provided by IAS members are carefully taken into consideration by the IAS Secretariat when planning and implementing activities.

Objective 3.2: Retain and expand IAS membership.

Outputs:

- 3.2.1 Delegates attending our international conferences on HIV and AIDS are encouraged to join the IAS.
- 3.2.2 IAS members are offered benefits that are useful to their work.
- 3.2.3 IAS members are supported in their efforts to communicate with each other, and with their regional representatives to the Governing Council.

Objective 3.3: Enhance the role of IAS membership in the HIV response.

Outputs:

- 3.3.1 The IAS provides members with opportunities to be involved in research projects, advocacy programmes and/or professional development initiatives implemented in and/or benefiting their region.
- 3.3.2 The IAS provides members with opportunities to be consulted on IAS plans and activities relevant to their field of expertise and/or their region.

Objective 3.4: Ensure transparent, democratic and effective governance.

Outputs:

- 3.4.1 Systems are in place to support efficient, democratic and transparent elections for the IAS Governing Council.
- 3.4.2 Governing Council members are well supported, including through a clear definition of roles and responsibilities and through an orientation programme for new members.
- 3.4.3 Governance structures and processes are in place to enable an effective strategic and financial oversight.
- 3.4.4 The IAS makes optimal use of the expertise and influence of Governing Council members to advance the organization's vision and mission.

Implementation of this Strategic Plan

Operational plan and budget

This strategic plan aims to strike the right balance between defining objectives and outputs that are specific enough to give clear guidance to the work of the organization, but broad enough to ensure our work remains relevant, flexible and responsive over a five-year period.

The strategic plan will be implemented through an operational plan prepared by the IAS Secretariat.

The operational plan will list specific programmes, projects and activities and will allocate responsibilities, budgets and time frames for each. The plan will also set indicators for monitoring progress and evaluating impact and identify data to be collected.

The operational plan will also set priorities for the work of the organization. Some priorities will remain for the life of the strategic plan (e.g., the international conferences), while others will be shorter-term priorities. Priorities for policy and advocacy work (Goal 2) will be reviewed annually to ensure that policy and advocacy work is well targeted and responsive to new challenges in the epidemic.

The operational plan and budget will be updated annually, reflecting progress in implementing programmes and activities and allowing for any other changes needed to help keep our work relevant and effective. This will help build a culture of continuous learning as we work towards achieving our vision.

Mid-term review of progress

In 2012, there will be a review of progress in implementing this strategic plan, which will enable the Governing Council to consider any significant changes that may be recommended. In particular, the mid-term review will focus on identifying shifts in the HIV epidemic and how the organization can best respond to them.

Appendix 1: IAS Recent History and Achievements 2005–2009

Background

“The history of the International AIDS Society lies in its conferences, and in the struggle for evidence and experience to prevail over ignorance and political expediency in the global response to HIV/AIDS.”³

In 1988, as the scope of the HIV epidemic emerged and the International AIDS Conference grew in size and complexity, a group of prominent scientists from around the world met and decided to form the International AIDS Society (IAS). Its roles were to oversee the conference and to provide an international forum for information exchange. It also began to represent the international scientific community, providing a voice of reason in controversies that were hampering an evidence-based response.⁴ The IAS and its role in the global response have changed considerably since then, particularly in the past five years.

In 2002, the Governing Council decided to assume overall financial and operational responsibility for the International AIDS Conference and the IAS Conference on HIV Pathogenesis, Treatment and Prevention. Consequently, in 2003, it began to expand its permanent staff to ensure greater institutional memory and capacity for conference organizing and to leverage

the platforms they provide to expand programmes for policy, advocacy and education. In addition, the decision was taken to relocate the IAS Secretariat from Stockholm to Geneva to be closer to other international health and development organizations, including the Joint United Nations Programme on HIV/AIDS, the World Health Organization and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The move took place in September 2004.

Stronger Together, Strategic Framework 2005-2009 was developed in the early stages of this period of growth and change to guide the development of the organization. Much has been achieved.

Strengthened membership base

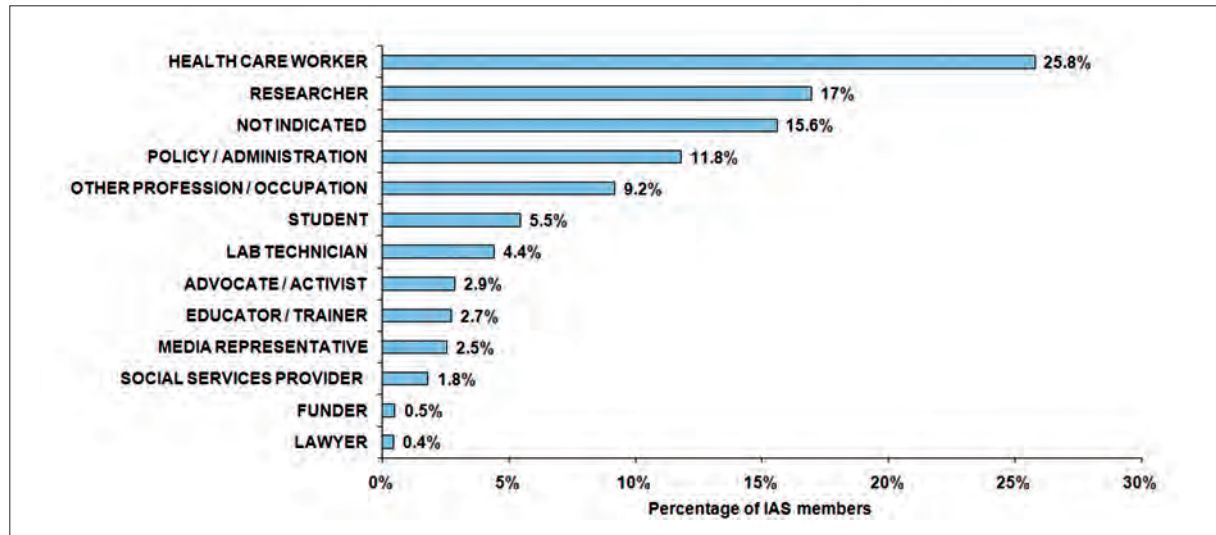
Our membership is the base on which the organization acts as the independent voice of HIV professionals worldwide. We have invested in strengthening our membership, with commensurate benefits in both the number and diversity of members. The membership has grown from 5,802 in 2004 to 14,302 in 2009, an increase of 147%. Members are from 190 countries around the world, and the membership has also become increasingly representative of all five regions (see Figure 1).

Data about IAS members’ professions first began to be systematically tracked in 2005. Health care workers and researchers comprise the largest categories of members, with a wide range of other HIV professionals also represented (see Figure 2).

Figure 1: Membership numbers and percentages by region, 2004 and 2009

Members by region	2004	2004 %	2009	2009 %
Africa	1,064	18%	3,702	26%
Asia and the Pacific Islands	1,071	19%	1,752	12%
Europe	1,209	21%	2,972	21%
Latin America and the Caribbean	309	5%	2,393	17%
USA and Canada	2,149	37%	3,483	24%
Total	5,802	100%	14,302	100%

Figure 2: IAS members by profession, 2009



Transparency and regional representation of governance

The Governing Council is directly elected by the membership. It is comprised of 25 elected members, made up of five members from each of the five IAS regions (see Figure 1) and three officers (the President, President-Elect and Treasurer), as well as two non-voting members (the Immediate Past President and the Executive Director). The composition of the IAS Governing Council has evolved, reflecting the changes in the HIV response, IAS membership and role of international conferences. The Council includes clinicians, biomedical and social researchers, and public health and human rights experts.

In 2004, election procedures were improved by implementing an online voting system that has been continuously refined to ensure democratic and transparent elections. In 2008, changes were implemented to ensure more diverse representation within each region. Within the USA and Canada, at least one seat must be filled by a Canadian member; within Europe, at least one seat must be filled by an Eastern European member; within Africa, at least one seat must be filled by a non-Anglophone member; and within Latin America and the Caribbean, at least one seat must be filled by a Caribbean member. Each region elects five Governing Council members from different countries (with the exception of the USA and Canada region).

Expanded Secretariat and programming

In 2002, the IAS Secretariat consisted of three staff. By September 2004, when the Secretariat moved to Geneva, that number had increased to 15. In March 2009, the Secretariat had a staff of 40 people from 15 countries in all regions of the world.

A significant part of this increase is the result of hiring in-house conference professionals, rather than outsourcing conference organization.⁵ Two-thirds of staff work primarily on the international conferences. As a result, we have accumulated a wealth of knowledge and expertise, which ensures:

- Greater continuity in conference planning and systems
- More attention to conference design that addresses current challenges in the HIV response and providing forums for dialogue to address these challenges
- Effective conference evaluation that supports continuous improvement
- Expertise, skills and systems that are shared with partners involved in organizing regional conferences.

During 2005, a comprehensive review of the International AIDS Conference was undertaken. The review, *Future Directions*, involved wide-ranging consultation. The final report made recommendations related to the mission, objectives, programme elements and organizing structure of the conference.

The recommendations have been progressively implemented since 2006.⁶

We have significantly expanded our online conference presence, increasing access to the vast range of information presented at international conferences through providing:

- Abstracts that are digitally archived and searchable
- Webcasts and a permanent collection of slides, video and audio presentations
- Virtual conferencing techniques; during AIDS 2008, for example, an additional 2,000 people participated in person at regional hubs both during and after the conference.

We have also expanded other communication tools and technical resources, including:

- Our website
- The *Journal of the International AIDS Society*, an online peer-reviewed journal
- Our partnership with the journal *AIDS*
- Our quarterly newsletter.

Expanding staffing has also enabled a wider range of programming, including:

- Increased role in policy and advocacy
- Professional development activities
- Strategic partnerships with international and regional organizations, including regional AIDS societies and networks that are the lead organizers of regional conferences.

Our policy and advocacy work focuses on issues of most relevance to our membership, and where an independent, technically credible voice advocating for evidence-based approaches can make a difference. We have led the push for greater investment in operations research that enables providers and policy makers to: “learn by doing”; identify solutions to problems that limit programme quality and effectiveness; and use the evidence generated to refine programmes for better outcomes.

We convened the Vancouver Summit in 2009 to develop expert consensus on research needed to optimize the individual and societal benefits of the public health approach to delivering antiretroviral therapy (ART). We have convened summits that promote and ensure evidence is used to guide policy and programmes, such as the regional leadership summit on expanding access to opioid substitution therapy for people who inject drugs in Eastern Europe and Central Asia. We have focused on stigma and discrimination in specific areas, such as leading efforts to eliminate HIV-specific travel restrictions.

We have developed our relationships with pharmaceutical companies through our conferences and the IAS Industry Liaison Forum (ILF), which focuses on identifying gaps in knowledge and accelerating research to address priority issues, especially those that will benefit people in resource-limited countries. For example, the IAS-ILF played a central role in advancing pre-exposure prophylaxis research. We have also been active in contributing to current debates through providing commentaries and opinion pieces in journals and leading media, as well as making rapid-response media statements on urgent issues.

We have developed and delivered educational programmes, both within and outside of conference settings. Our programmes include: building the skills of researchers in writing abstracts and developing manuscripts for publication; training of health care workers to undertake operations research; and examining experience in ART scale up to improve practice.

We have strengthened partnerships with regional AIDS societies and networks involved in organizing regional conferences⁷ to:

- Ensure that issues of regional significance are examined in international conferences and that regionally specific challenges identified in international conferences are addressed in depth at regional conferences
- Provide technical assistance for regional conference planning, programme building, exhibition and sponsors, and logistics
- Support organizational development and opportunities for mutual learning and collaboration
- Support activities in the regions to advance evidence-based policy and programming.

Appendix 2: Overview of Development of this Strategic Plan

A comprehensive desk review was conducted to inform the development of this plan. This included reviewing the outcomes of major consultative processes undertaken in recent years. These were:

- International AIDS Conference – *Future Directions*, 2006
- *The IAS and its Pharmaceutical Sponsors: Looking Forward*, 2007
- *2008 IAS Membership Survey: Reporting Findings*.⁸

The first draft was the subject of wide-ranging consultations with our members and key stakeholders, including our international and regional partners and donors. The process involved key informant interviews and face-to-face and email consultations conducted during April and May 2009. The draft was then reviewed and revised as a result of further input from the IAS Governing Council and Secretariat.

A second draft was submitted to the Governing Council for discussion at its meeting held in conjunction with the IAS Conference on HIV Pathogenesis, Treatment and Prevention in Cape Town in July 2009. After further consultation with members, the Secretariat, selected stakeholders and the Governing Council, this strategic plan was approved in November 2009.

We are very grateful to Julia Cabassi and Bill Whittaker, who assisted in preparing this strategic plan.

Endnotes

- ¹ An overview of the IAS history, with a focus on achievements, 2005-2009, is set out in Appendix 1.
- ² The term vertical transmission includes transmission during pregnancy, labour, delivery and breastfeeding.
- ³ *20 Years of the International AIDS Society*, L Kallings, C McClure, 2008, page 6.
- ⁴ See *20 Years of the International AIDS Society* for a history of the evolution of the IAS and the International AIDS Conference, 1985-2008.
- ⁵ Between 1988 and 2003, prior to building this in-house capacity, the IAS was responsible for selecting venues in consultation with co-organizers, and outsourcing the planning of international conferences to entities in the host country. This resulted in significant loss of institutional memory, with new systems and skills being developed as each conference was planned anew by different agencies.
- ⁶ *Future Directions: Maximizing the Impact of the International AIDS Conference*, www.iasociety.org.
- ⁷ Our key regional partners to date are:
 - Asia Pacific – AIDS Society of Asia and the Pacific
 - Africa – Society for AIDS in Africa
 - Eastern Europe and Central Asia – AIDS InfoShare and CIS Council for HIV
 - Europe – European AIDS Clinical Society
 - Latin America and Caribbean – Horizontal Technical Cooperation Group.
- ⁸ These reports are available on the IAS website, www.iasociety.org.



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