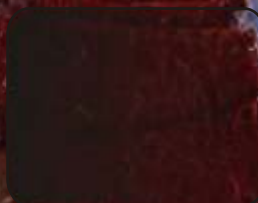


Report on the **XV INTERNATIONAL AIDS CONFERENCE**

BANGKOK THAILAND
11 - 16 JULY 2004
www.aids2004.org



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MESSAGE FROM THE GOVERNMENT OF SWEDEN

Access for all – no time to lose

The theme for this International AIDS Conference is challenging. It calls for action. For the many infected and affected it means access to prevention, treatment and care. For young people it means access to knowledge, information and services. For women it means access to sexual and reproductive health care and services and freedom from sexual harassment and violence. We have no time to lose.

Leadership must be strengthened. The commitment must be there, at the national level but also in business, in international and national organisations and in the civil society at large. Without an explicit leadership the pandemic will continue spreading like wildfire.

Our response should be dramatically scaled up. We need additional resources. The full chain of activities is required, from treatment and care, to research and vaccines and access to affordable medicines. To achieve a halt of the spread of the pandemic, prevention must be put first.

We must be courageous and challenge traditional power structures. A number of rights have to be fulfilled: the right not to be excluded, the right not to be subject to stigma and discrimination, the right to health, the right to counselling and condoms and right to have control over one's own body. Women must be empowered. Men must change their behaviour. Undertakings entered into at the population Conference in Cairo and the Conference of Women in Beijing must be honoured.

Sweden has put HIV / AIDS and sexual reproductive health and rights at top of its development agenda. Based on the Swedish HIV / AIDS Strategy "Investing in Future Generations" we will actively support participatory and comprehensive programs for prevention, treatment, care and mitigation.

We all have to work together, in a harmonised and coherent way, with HIV / AIDS as an integrated component. We must do our best to overcome our differences. We owe it to those living with HIV / AIDS, but also to all those who are at risk of becoming infected.



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"The Centers for Disease Control and Prevention and the United States Department of Health and Human Services have provided support to the Conference to facilitate the participation of scholars from the following countries – Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia."



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abbreviations

Abbreviations

Abbreviations used in this report:

ARVs	Antiretroviral drugs
BMS Virology	Bristol-Myers Squibb
CDC	Centres for Disease Control
CIDA	Canadian International Development Agency
COC	Conference Organising Committee
CPC	Community Programme Committee
CTA ACP-EU	Technical Centre for Agricultural and Rural Cooperation
GNP+	Global Network of People Living with HIV/AIDS
GSK Positive Action	Positive Action GlaxoSmithKline Positive Action
IAC	International AIDS Conference
IAS	International AIDS Society
IAVI	International AIDS Vaccine Initiative
ICASO	International Council of AIDS Service Organizations
ICW	International Community of Women Living with HIV/AIDS
KFF	Kaiser Family Foundation
LPC	Leadership Programme Committee
MOPH	Ministry of Public Health, Thailand
MSD	Merck Sharp & Dohme-Chibret AG
NGO	Non-governmental organisation
OPEC Fund	Organization of Petroleum Exporting Countries
PMTCT	Preventing Mother-to-Child Transmission
PSI Asia	Population Services International
PWLA	Person(s) Living with HIV or AIDS
SPC	Scientific Programme Committee
TBCA	Thai Business Coalition on AIDS
TNCA	Thai NGO Coalition on AIDS
TNP+	Thai Network of People Living with HIV/AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	US Agency for International Development
WHO	World Health Organization

access for all

content

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introduction

1 Introduction

This report gives the reader an overview of the XV International AIDS Conference (AIDS 2004) that took place from 11-16 July 2004 in Bangkok, Thailand.

The XV International AIDS Conference, through the participation of 19,843 delegates from over 160 countries, including 2,710 media representatives, clearly confirmed the International AIDS Conference as the premier event that shapes global perception and understanding of HIV/AIDS. The International AIDS Conference has grown to become the largest health-related conference in the world and attracts delegates from all walks of life, from the whole community of people affected by, and concerned about, HIV/AIDS. Key stakeholders include clinicians and other health workers; medical, biomedical and social science researchers; social and community workers; government and non-governmental agencies at all levels from local and regional to national and international; the pharmaceutical industry and other businesses; educators; the media; policy makers and leaders; faith-based communities, activists, the United Nations Family and, most importantly of course, people living with HIV themselves. For one very intense and exciting week, the worlds of science, medicine, business, communities, activists and artists converged in Bangkok to consider and galvanize the global response to HIV/AIDS.

Since the first International AIDS Conference was held in Atlanta in 1985, the International AIDS Conference has been evolving continuously to reflect the changes required for an effective response to a developing epidemic. Early international conferences focused on sharing research and medical findings about what was then a new disease. More recently, as understanding of the science of HIV infection has steadily increased, attention has been increasingly devoted to developing understanding in social, public health and community-related areas, including local and national experiences in response to the epidemic. Thus while a few commentators expressed disappointment at the prominence of "politics over science" in Bangkok, they may have been missing an important point. Scientists have had a good understanding of how to prevent HIV transmission for over 15 years, and life-saving ARV treatments have been widely available in many richer countries for 8 years. Yet HIV continues to spread dramatically while less than 10% of those worldwide needing treatment actually receive it. So while the Conference remains a critical venue for discussing and disseminating necessary scientific progress, it must also encompass the broader issues. It will take leadership and solidarity - at the family, community, workplace, national, regional and international levels - to turn this epidemic around, and that is equally what the conference in Bangkok was about.

During the week of the conference, an estimated 8,400 people infected with HIV died across the world. With over 40 million now infected, and an inadequate but still substantial 'AIDS industry' responding to the epidemic in a myriad of ways, the International AIDS Conferences held every 2 years are of vital importance for gathering all the stakeholders together to take stock, disseminate learning and consider new directions.

Some of the highlights in this evolution of the Conference are depicted on the following page: (Figure 1)



FIGURE 1: Milestones in the evolution of The International AIDS Conference

Date	Theme	Venue	Milestone
1985		Atlanta	First International Aids Conference
1986		Paris	
1987		Washington	
1988		Stockholm	Establishing of the IAS to act as custodian of the conference
1989	The scientific and social challenges of AIDS	Montreal	Community representatives attend conference
1990	AIDS in the Nineties: from science to policy	San Francisco	Formal inclusion of community representatives in conference programme
1991	Science challenging AIDS	Florence	
1992	A world united against AIDS	Amsterdam	Conference venue changed from Boston to Amsterdam due to US immigration policies
1993		Berlin	ICASO became a community co-organiser
1994	The global challenge of AIDS: together for the future	Yokohama	A permanent secretariat established by the IAS in Stockholm
1996	One world one hope	Vancouver	Inclusion of UNAIDS and GNP+ as co-organisers
1998	Bridging the Gap	Geneva	Inclusion of ICW presenting HIV+ women as a co-organiser and introduction of the Geneva principle.
2000	Breaking the silence	Durban	1st IAC held in a developing country, decision to rotate conference between developed and developing countries.
2002	Knowledge and commitment for action	Barcelona	Inclusion of a local NGO as a co-organiser
2004	Access for all	Bangkok	Introduction of the leadership programme, the Global Village, and a focus on youth.

More detail on the history of the International AIDS Conference is attached as Annex B.

Although Bangkok 2004 was the fifteenth in this series of conferences, it also, in the tradition of some of its notable predecessors, included a number of firsts for the International AIDS Conference.

These were:

- The first time that a Unified Conference Programme attempted to integrate perspectives from science, community and leadership, a radical departure from separating science and community into two distinct programme content areas.
- The first time that the Secretary General of the United Nations attended, and that a specific attempt was made to increase the participation of leaders from all sectors of society in the conference through a dedicated leadership initiative.
- The first time that the conference was held in South East Asia.
- The first time a Global Village was organised, allowing members of the public to interact extensively with the Conference, and greatly enhancing the learning opportunities for delegates from a non-academic background.
- A truly concerted effort was made to enable HIV causes to benefit from the 'conference dollar', with the official conference bag being supplied by people living with HIV, along with other conference supplies and services.
- The first time that the number of local scholarships exceeded international scholarships; of 2,939 scholarships awarded, 1,930 were for local scholarships.
- The first time an online abstract mentoring scheme was introduced whereby first time abstract submitters could connect with mentors who helped them develop their abstracts.

Also notable was the resilience of delegates who were unperturbed by regional terrorism, outbreaks of SARS and avian flu and voted with their feet to make this one of the largest AIDS Conferences to date.

The choice of Thailand as the venue for the conference not only reflected a decision taken by the International AIDS Society at Durban in 2000 to rotate the conference between developed and developing countries. Taking the conference to South East Asia also acknowledged the effectiveness of Thailand's prevention interventions in the early 1990s as well as the government's commitment to scaling up access to treatment and care and to accelerating HIV research, and brought the conference to the region of the world where one fourth of new infections is now occurring.

2 Conference activities

2.1 Background

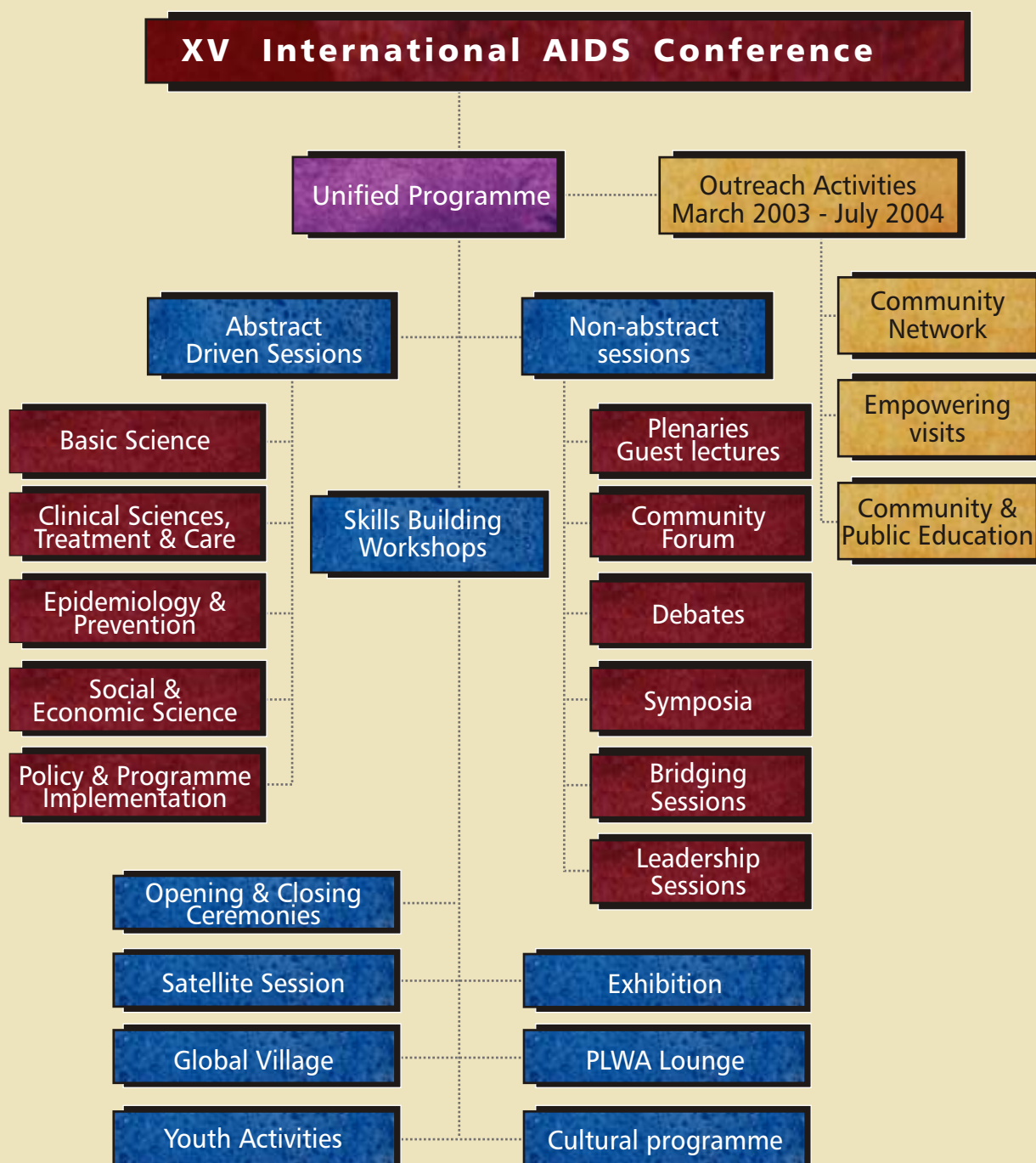
The International AIDS Conference has become much more than just a one-off event, gathering thousands of people over a relatively short period of time. In keeping with the purpose of the conference to shape global perceptions on HIV/AIDS, the conference now consists of an array of activities that are developed in the years between conferences, and that lead on from one conference to the next. Broadly the key elements of the Conference can be divided into:

- The conference programme different types of sessions that take place during the week of the conference, developed by the respective conference programme committees. The unified programme was developed through promoting dialogue around the design of the conference activities between the two historical groups involved in shaping the content of the conference, namely science and community. Once established, the leadership initiative was also brought into the unified approach as far as possible. The integration was achieved by promoting interaction between all three programme committees through joint meetings, and cross representation of committee chairpersons on other committees. All the committees also contributed to designing the non-abstract driven sessions of the conference.
- Conference projects these are projects initiated by any of the conference planning structures (though in practice, many were through the Community Programme Committee) and funded either directly (from the conference budget) or indirectly through earmarked fundraising. These projects took place over many months leading up to the conference, as well as during the conference itself.
- Other conference activities - five other major activities formed part of the core conference activities during conference week.

These were:

- The scholarship programme
- The PWA lounge
- Exhibitions by commercial and non-commercial entities
- Satellite sessions
- Communications (on-line and media coverage of the conference sessions and activities)

FIGURE 2: Overview of conference activities



2.2 Conference theme and vision

The overall conference activities were guided by a conference theme and vision.

The Conference Theme was: "Access for All"

- The theme reflected the need for all groups, including people living with HIV/AIDS, scientists, community workers and leaders, from all levels, in public and private sectors, to have access to all resources developed after 20 years of HIV/AIDS. It means access for all infected and affected groups. It means access to education, information and medication.

The Conference Vision was

- "The XV International AIDS Conference links community and science to galvanise the world's response to HIV/AIDS through increased commitment, leadership and accountability."

The conference vision focused on the following three issues:

Commitment:

The conference acknowledged that knowledge gained from basic, clinical and social research has been critical in its contribution to greatly increasing the life expectancy and quality of life of affected and infected persons. Moreover, prevention efforts have succeeded in reducing the rate of new infections in many populations around the world, though there is still much work to be done. As a result, it is now clearer than ever that progress in the fight against this pandemic will depend not only on scientific developments, educational programmes and community support, but on a global commitment to act.

Leadership:

At the highest political levels, the magnitude and impact of the HIV/AIDS pandemic was falling out of focus as the world responded to terrorism, war and a poor economy. The funding for many HIV/AIDS programmes had shifted with the focus. The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration of Commitment secured a global commitment from world leaders to enhance and intensify national, regional and international efforts to combat HIV/AIDS in a comprehensive manner. The leaders of the world were invited to report on their country's progress and to participate in the Conference debates and deliberations.

Accountability:

Despite twenty years of promises the pandemic continues to escalate in many parts of the world, particularly among poor and vulnerable populations. Access to new diagnostic and therapeutic strategies is available to only an extremely small percentage of at-risk and affected people. The conference posed a number of questions to leaders namely: What has



happened to the pledges of UNGASS? What goals have countries met? What have developing countries and their partners done to scale-up successful community-based programmes? What new drugs have pharmaceutical companies brought within the reach of the millions who need them? What progress has been made since the 2002 Conference in Barcelona?

2.3 The Conference Programme

2.3.1 Introduction

The major challenge focusing the work of the conference programme committees is to maximize and sustain the value of the International AIDS Conferences to all participants and to ensure maximum relevance of the meetings from both a scientific and social perspective.

Taking into account this goal and the current characteristics of the pandemic, the principal objectives of the Conference Programme were as follows:

- To further increase the scientific quality of the meeting;
- To unify science and community efforts to secure access for all;
- To focus on increasing insights into local commitment, effective leadership, global accountability and actions facilitating access for all.

2.3.2 Structure

The unified programme was constructed with a number of distinct components:

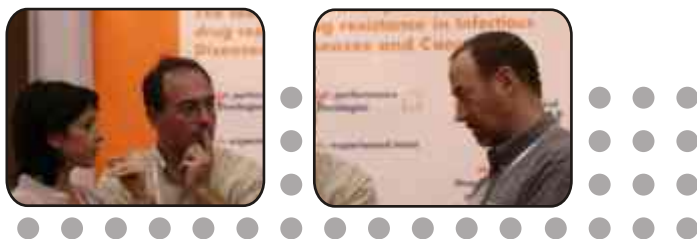
2.3.2.1 Abstract driven sessions

The Abstract driven sessions were selected through a peer review process whereby over half of the more than 10,000 abstracts that were received were accepted for presentation to delegates in one of the following formats:

- 490 oral presentations, grouped into 80 (75, plus 5 late breakers) sessions spread over 4 days
- 5,068 posters displayed for one full day each with authors standing by their posters over the lunch-break to answer questions. 120 of the most significant posters were also presented orally, in short cross-cutting sessions.

The peer review process included each abstract being reviewed by three to four reviewers. To undertake this massive task a review panel of over 1,000 reviewers was convened.

The abstract driven component of the conference was divided into five tracks namely:



Track A: Basic Science

This track highlighted all aspects of HIV structure, replication, and the host immune responses and HIV pathogenesis. The track also included drug discoveries, research on vaccines and advancements in animal models. There has been enormous progress in scientific understanding of HIV, but discoveries now tend to come in incremental steps, rather than major breakthroughs. The current challenges seem to lie in understanding the complexity of interaction between the virus and the immune system, and the viruses' ability to mutate and adapt. The targeting of cellular functions required for viral replication as an approach to anti-viral therapy was confirmed as a promising research direction. While enormous progress has been made in viral control and reduction, the understanding needed to create treatments that could eradicate the virus entirely remains utterly elusive. Significant progress in vaccine development was reported, at the same time as the sober recognition that there is still a long way to go; the task is even more difficult than first appreciated. The 'basic scientists' emphasized that eventual success with this most difficult scientific problem will depend on learning from all sectors responding to the AIDS epidemic, and commended the International AIDS Conference as a unique forum for the engagement of all these sectors.

Track B: Clinical Research, Treatment and Care

This track highlighted the latest research findings of the characteristics and clinical course of HIV infection, diagnosis and treatment of opportunistic infections and other HIV-related disorders, antiretroviral therapy and immunotherapy. Aspects of medicine and related health issues were also addressed including pediatrics, obstetrics and gynecology and dentistry. Best practices in care and treatment issues related to resource limited settings also featured in this track.

Valuable progress in many areas was reported, perhaps most notably in updates on managing HIV and TB co-infection even in resource poor settings where keeping drug regimens simple is especially necessary, in managing ARV therapy without encountering resistance, and in cheaper and simpler methods for monitoring viral load and CD4 counts, all absolutely fundamental issues in scaling-up access. In both the developed and developing world, structured treatment interruptions is an emerging topic for reasons of the economic and practical, and the psychological, burdens of life-long treatment, and preliminary results have been encouraging enough to launch some major studies. Reviewing investigations into the efficacy of combinations of the 20 approved antiretrovirals now available to treat people living with HIV, track B rapporteurs gave a clear message: simpler, cheaper regimens performed as well as more complex and expensive regimens in clinical settings that reported results at the conference.



Track C: Epidemiology and Prevention

This track covered progress in the collection, analysis and use of data that describes the distribution of HIV and the behaviors that spread it. Surveillance methods, observational studies and experimental studies were presented. This track also focused on the design and evaluation of HIV prevention interventions as well as on the natural history of infection and demographic impact of HIV. The track examined methodological advances in epidemiological data in influencing national and local responses.

While some of the statistics were depressing (e.g. over 40% of pregnant women in KwaZuluNatal are HIV+, as well as over 50% of women between 20-24 years), nevertheless a sense of hope seemed to sustain researchers in this field. Within biomedical prevention, many new avenues are being explored in addition to vaccine research: vaginal microbicides, female diaphragm as a cervical barrier to infection, male circumcision, treatment of herpes simplex type II to reduce HIV transmissibility and use of antiretrovirals for both pre- and post-exposure prophylaxis. Although trials are still far from completion, at least they are solidly underway, with many ethical and practical issues having been resolved in recent years. In the field of behavioural prevention, concrete advances were reported in understanding the complexity of risk, some good information about effective programmes to prevent infection amongst marginalised groups in whom the epidemic is concentrated, and a 'new realism' (though far from adequate or universal) on the part of many countries to put evidence based prevention programmes in place despite their political, religious and moral sensitivity (e.g. distributing clean needles, promoting condoms to youth etc). While criticising ideological bias in the over-emphasis on 'abstinence' by some donors and service providers, the scientists themselves were fairly calm about the 'A-B-C controversy' since they felt the evidence clearly showed that all approaches have their place in a portfolio of tools available for tailoring to each situation and target group. Rapporteurs for Track C concluded that comprehensive and timely implementation of the evidence-based strategies that were reported at the conference could avert millions of infections.

Track D: Social and Economic Issues

This track highlighted three major areas of scientific investigation concerning the social and economic dimensions of the HIV/AIDS epidemic and its impact. The first area included studies that increased understanding of risk and vulnerability to HIV/AIDS infection, along with the means to prevent it on a population-wide scale. Also included were strategies to maintain the quality of life and well-being of people living with HIV/AIDS, and ways to mitigate the impact of HIV/AIDS infection on individuals (children and adults), families, communities and society at large. While responses were seen to be maturing in effectiveness and becoming more nuanced to complexity and local conditions, a need was



identified for more attention to interventions that address the underlying structural determinants of vulnerability to infection and its impacts. For example, GIPA¹ programmes were reported to be unsustainable in situations where most people living with HIV are poor, untreated and stigmatised: GIPA programmes must therefore be underpinned by interventions for economic empowerment, access to treatment and reduced stigma and discrimination. Greater understanding of the issues of marginality and stigma was provided through sessions dedicated to groups such as youth, MSM, prisoners, migrants and drug users. Third, the track highlighted methodological and ethical issues, including research involving children, post-trial care for research participants and the ability to generalise successes on the small scale to large scale responses. Concern about the gap between evidence and policy was expressed (as it had been in track C), with a challenge to transform research findings into action.

Track E: Policy and Programme Implementation

This track covered progress, lessons learned and evolving challenges in policy development and practice and the implementation of HIV/AIDS programmes. The presenters of this track shared information on policy evolution and leadership of HIV/AIDS programme implementation at global, regional, national and community levels; described the impact of existing and evolving policies on HIV/AIDS programme implementation, shared lessons learned and provided examples of effective HIV/AIDS programmes, including innovative efforts to overcome barriers to scaling-up and sustaining programmes in various settings. Presenters further identified gaps in policy development and the availability of resources to implement and expand HIV/AIDS programmes. Key themes included national leadership, partnerships across every sector of society, human rights protection, meaningful participation of people living with HIV and of affected communities, trade agreements, funding, access, capacity building, and as for tracks C and D - linking the knowledge base to policy.

2.3.2.2 Non abstract driven sessions

The non abstract driven component of the conference was designed to highlight additional current view points and issues, comprising the following kinds of sessions:

Plenary Sessions

Some of the world's most distinguished researchers, community leaders and policy specialists were invited to give presentations in Hall A (the largest conference hall) at the start of each conference day. As broad as the AIDS response itself, these sessions covered

¹ Greater Involvement of People Living with HIV / AIDS (in all aspects of the AIDS response)

critical issues such as youth, human rights, education, and economic empowerment of people living with HIV, alongside the vital presentations on scientific advances in areas such as microbicides, ARVs and PMTCT. These speeches laid out the 'state of the art' of the topics, provided insights to the latest controversies, indicated future directions and offered key recommendations. Following their plenary presentations, almost all the plenary speakers also agreed to participate in an informal discussion session with delegates and the public in the Global Village each lunch time.

The plenary speakers and their presentation titles are attached as annex F.

Invited Sessions

40 invited sessions brought carefully selected expert panels together to explore critical issues in varied and engaging debates, symposia and case study presentations. While some sessions were clearly 'scientific' (e.g. managing patients with HIV and TB), or 'community' (e.g. the role of people living with HIV in the response to the pandemic, from tokenism to inclusiveness), or 'leadership' (e.g. translating high level commitment into action), all sessions worked within the spirit of the unified programme by including a range of perspectives from the people most affected and front line workers, to the researchers and clinicians, to policy makers and leaders. The invited sessions aimed to encourage audience participation, so delegates had the chance to contribute and develop their understanding through discussion. Their success in involving the audience varied somewhat with the commitment and skills of the sessions' moderators, and this is an area where clearer guidance from the conference organisers could be helpful in optimising the value of these sessions. Groundbreaking symposia on topics such as 'traditional healing' and 'the sex industry', and high profile debates such as 'ABC vs. CNN'² and 'IPR vs. affordable access to ARV'³ enabled the conference programme to address many emerging issues and controversies where the research base is still weak or inconclusive, or where it is not being used sufficiently to underpin programme and policy responses.

Rapporteur Sessions

Chief Rapporteurs reported the highlights of the programme on the last morning of the conference, providing elegant and accessible summaries of each track, as well as overview reports of the community and leadership issues. These reports included key recommendations put forward during the conference and for the next conference in 2006.

The rapporteur teams produced daily summaries which can be found on the conference web site at www.aids2004.org (click on "programme"). The rapporteurs are listed in annex G.

² Condoms, Needles and Negotiating Skills

³ Intellectual Property Rights

Leadership Sessions

The inaugural leadership programme attracted more political leaders and celebrities to the International AIDS Conference than even before. As a late addition to the unified programme, the leadership programme was only partially integrated with science and community, and many dedicated “leadership sessions” were also convened to review different aspects of AIDS leadership. It was explicitly acknowledged that leadership comes in many forms, from people living with HIV, community and religious leaders, scientists, the young and the old... not only politicians, governments and international bodies such as the UN. The most important characteristics of leadership were reported as courage, respect for others and willingness to empower them, the ability to listen and be respectful, and accountability. Other key themes included supportive policies, scaling up, resource mobilisation, and mobilisation of peers. Candidly acknowledging that throughout more than 20 years of this epidemic, political leaders have made countless promises and commitments and the vast majority of them have never been kept, leadership was described as the “missing link” between the huge body of knowledge and funding that we have to fight AIDS and the dismal reality of millions untreated and millions of preventable infections allowed to occur. Towards accountability of the leadership programme itself, 70% of these sessions yielded specific commitments on policy, resources, scaling up and closer collaboration which were recorded with the public commitment to delegates at the closing ceremony to report on them at the next International AIDS Conference. An evaluation of the leadership component is currently being completed by UNAIDS and a separate report will detail the outcome of the review.

2.3.2.3 Skills Building Workshops

Skills building (SB) workshops have become very popular with a broad spectrum of delegates and the number of workshops has been increasing from conference to conference. Skills building (SB) workshops have become very popular with a broad spectrum of delegates and the number of workshops has been increasing from conference to conference.

The increased popularity of the SB component among delegates is worth noting. It is estimated that 3,560 of the 2004 delegates attended an SB session. SB is the one place where delegates can put practical knowledge to use as they learn new skills, methods and techniques that will help others - or themselves - as soon as they arrive back home. The workshops employ interactive, creative training methods on subjects critical to those facing the realities of the AIDS pandemic - whether they are a medical professional, researcher, politician, administrator, outreach worker, peer advocate, caregiver and/or a PWLA. In SB workshops, delegates have the opportunity to put learning into action. As well, the workshops are one of the few places where the different programme tracks converge.

During the AIDS 2004 Conference, 83 workshops provided skills development trainings on



79 different topics and were presented in six different languages. The SB component offered scheduled workshops covering a diverse range of content chosen from five broad categories that were developed by an 18-member international working group of AIDS professionals and activists.

The five categories were:

1. ▪ Living with HIV
2. ▪ Surviving the threat of HIV and other life threatening conditions
3. ▪ Healthy organisations, healthy communities
4. ▪ Public policy and civil society
5. ▪ Science, medicine and community

As well, over-arching principles were developed in order to assure relevance and accessibility. The principles were:

1. ▪ Relevant to today's realities
2. ▪ Applicable to emerging trends
3. ▪ Address issues of gender, sexuality and age, whenever appropriate
4. ▪ Consider involvement of PLWAs
5. ▪ Relate to different and specific client populations
6. ▪ Accessible; including language, style, etc. (for workshop attendees)
7. ▪ Respectful of differences
8. ▪ Inclusive of harm reduction practices
9. ▪ Practical but creative educational methodology
 - a. – Transferable to resource-poor settings and vice versa
 - b. – Interactive, as relevant to the learning mode
10. ▪ Relate to one or more of the Scientific, Community and Leadership Programme areas and the Conference Vision

Competition to hold these sessions was fierce and more than 900 proposals were submitted to the conference secretariat, a 200% increase over the 300 submissions for Barcelona. From these 900+ proposals, 83 were selected for the 180 hours of SB sessions offered at the conference.

Financial assistance to over 100 SB facilitators was critical in enabling their workshops to take place, particularly those from Africa, South America and the Caribbean.

An innovative extension of the skills building workshops was the further development of "Talking Wall", an invention of the Barcelona 2002 skills building programme. The Talking Wall was a physical networking space where delegates willing to transfer skills were linked to delegates hoping to acquire skills. This was done through creating a physical space where delegates could post their contact information, expertise or needs. This facility was utilized by 300 delegates. An innovation of the 2004 conference was duplicating this facility on the internet (www.thewall2004.org).



At relatively low cost and minimal effort, the 2004 Talking Wall was a value-added benefit to the delegates at the conference as well as the development of skills exchange. This cyber networking space was appropriately called The WALL (The Way to Accessible Learning and Living). The WALL did not go online until the start of the conference and had only 90 users. Future SB programmes will be advised to institute The Wall (or their version of it) early on with simple email marketing to delegates and through the conference website.

Evaluation forms were distributed at the beginning of each session to both delegates and facilitators. Approximately 63% of delegates attending workshops returned participant evaluation forms while facilitator evaluations were returned from 54% of the workshops. From these responses, it emerged that over 79% of participants judged their overall experience of the workshop as good to excellent, and 76% of facilitators felt that their workshops success was good to excellent.

The hot topics out of the 2004 sessions, based on the observation of the skills building coordinator, were workshops that related to the writing of abstracts and proposals, orphans and vulnerable children and fundraising/organisational capacity building. Written feedback from the participants on the evaluations indicated urgent need for the following topics to be covered (or better covered) in the future. These are listed in the order of the number of requests for them.

- Orphans and vulnerable children (OVC)
- Issues of the affected and infected elderly
- Men who have sex with men (MSM) and lesbian, gay, bisexual and transgender (LGBT) issues
- Home-based care
- Psychosocial training, programme development and support (of all kinds and for different sub-populations)
- School education programmes
- Business/fiscal management (for NGOs, startup networks, PLWAs in financially self-sustaining activities and NGO "enterprises")
- Marketing training
- Programme monitoring and evaluation (ME)
- Abstract/proposal/grant writing.

2.3.2.4 Opening and closing ceremonies

Eleven thousand delegates from over 160 countries attended the Opening Ceremony of the XV International AIDS Conference, to enjoy speeches and performances that encompassed the worldwide community of people concerned about HIV/AIDS. Conference Co-Chair and President of the IAS, Dr Joep Lange, told the conference about the theme of Access for All: "It's about much more than access to medications; it also means access to unbiased information and education about HIV/AIDS; access to effective prevention tools; access to comprehensive medical care; access to resources; access to all those things that will mitigate the impact that HIV/AIDS has on human lives".

For the first time, the UN Secretary General, Kofi Annan, addressed the International AIDS



Conference delegates, stressing the importance of leadership with the words: “We need leaders everywhere to demonstrate that speaking up about AIDS is a point of pride, not a source of shame”. Prime Minister Thaksin Shinawatra of Thailand went on to speak proudly of Thailand's success in HIV prevention, his government's commitment to scale up ARV treatment to 50,000 Thai people, and his hope that nations would all work together to tackle the scourge of AIDS, symbolised by his promise of a US\$ 1 million donation to the Global Fund and an offer to provide generic ARVs to neighbouring poorer countries. As he spoke, the diversity of conference delegates and the fractionalised nature of the world's communities impacted by AIDS became apparent, as protestors silently unfurled banners of protest about human rights abuses during a Thai government crack-down on illegal drugs earlier in the year and a half prior to the conference.

Following speeches by the Thai Minister for Public Health and Miss Universe, a unity candle to honor the more than 20 million people who have died of AIDS was lit by Kofi Annan and Thaksin Shinawatra. Two conference sub-themes of 'youth' and the 'Africa-Asia Exchange' were then presaged with a short film focusing on youth around the world affected by HIV/AIDS created by the Face of Aids Foundation, and a stunning musical performance of Thai and Kenyan children affected by HIV. Their songs 'Rainbow Bridge' and 'Stardust', composed especially for the conference, captured the images of a colorful bridge on the horizon connecting lands and people of the world and the idea that children are stardust making the stars shine brightly. Drums beat the rhythms of Africa and the children sang and danced their clear simple message of love, compassion and hope which touched the hearts of the audience.

Unfortunately, many delegates concluded that the finale of the ceremony had then been reached, and they followed leaders Kofi Annan, Thaksin Shinawatra and celebrities such as Richard Gere and Miss Universe out of the hall towards the refreshments outside. But it was not the end, and three further speeches were still scheduled. As the exodus continued, two of these speakers generously deferred to the third, the only HIV+ speaker in the line-up, who was supposed to provide the closing words of the ceremony. There were only a few hundred delegates left to hear his speech. The ceremony was undoubtedly planned poorly, with far too long an agenda for an event beginning at 7pm, but it was still hard not to appreciate the symbolism of the incident. The remaining three speakers were rescheduled to give their speeches later in the week.

By the time of the Closing Ceremony, some lessons had been learned. The voices of people living with HIV and communities affected were fully included, while short and effective speeches captured key issues and demonstrated serious commitment. Nelson Mandela, on the eve of his 86th birthday, explained that the best birthday present he could receive was a renewed commitment by leaders from all sectors of society to take real and urgent action against HIV/AIDS. Thailand's Minister of Public Health promised greater focus on vulnerable and marginalised groups such as migrants, women and injecting drug users. A drama performance of Thai children reinforced the Thai government's commitment to provide universal life-saving ARV treatment, illustrating the incredible promise and hope of ARVs in a developing region where so few yet have access. Sonia Gandhi, leader of the newly elected Congress Party of India, asserted her awareness of the dangers of complacency and her firm intention to “rise to meet the social, political and technological



challenges of AIDS". Accountability was conveyed most clearly by Madam Graca Machel, Patron of the Leadership Programme, as she humbly acknowledged that "We have not done enough to protect people against HIV/AIDS..... Bangkok has to be an end to promises made and promises broken". Lee Jong Wook, Director General of the World Health Organization, pledged to work "with you to ensure that commitments are met..." in an AIDS response that "...must meet the high ambition and bold commitments of this conference".

Finally the conference heard a rousing plea - and a warning - for a move beyond institutional rivalry and ideological barriers from Peter Piot, Executive Director of UNAIDS: "There is no time to be divided by institutional agendas... we all have the same goals, and we must work together, each playing to our individual strengths ... let us not forget that all the tools to change the course of this epidemic are in our hands. But are we really willing to change our institutional behaviours as much as our personal behaviours? Are we ready to radically take on these challenges, to leave behind our flags? Every person in this room will provide part of that answer. But what I know is if we are not willing we will massively fail".

Summing up the Conference and the challenges ahead, incoming IAS President Helene Gayle declared: "We had spirited discussions and shared diverse views, but hopefully in the end we recognise that there is more that unites us than divides us and that unity, not confrontation, is the key to our success... I hope we leave here having put an end to divisive debates about abstinence, monogamy or condoms when we need them all and more - that we find a way to make generic drugs and branded drugs of the highest quality and lowest cost available to all who need them - that we no longer talk about clean needles or drug treatment when both are necessary - that we recognise that pooled resources and bilateral funding are complementary - that we can change men's behaviours and empower women at the same time - that we can fight AIDS and fight poverty."

2.4 Conference Projects

Several conference projects were organised by the community secretariat of the conference to complement the core activities. These projects, integrated with the rest of the conference programme, had the following goals:

- To ensure that the conference addressed the critical issues of communities and PLWAs.
- To ensure that communities could participate fully and that the conference would have a lasting and meaningful impact on communities locally, regionally and internationally.
- To provide space for cultural exchanges and to demonstrate how HIV/AIDS intertwines with community life.
- To provide networking opportunities for community groups where they could demonstrate and exchange lessons learned from their work.

- To create communication between communities of conference participants and communities in Thailand.
- To create an arena for youth within the conference with opportunities for youth to contribute to the conference.

Brief descriptions of these projects follow.

2.4.1 Community Gathering and Closing

A half-day forum on the opening day of the Conference set the scene for community involvement in the conference, a first meeting point for community delegates from all over the world to share solidarity and plan to maximize their learning and contribution in the conference. The event included a welcome lunch, reports from the regional conferences, and orientation to both the conference and the community projects within it. It continued with break-out sessions for networks and interest groups to plan their role in the conference, and closed in time for delegates to join the Opening Ceremony. The Closing Ceremony passed the community flag from Thailand to Canada, and allowed delegates to celebrate their commitment and solidarity before returning to the challenges they face in their work and their communities.

2.4.2 AIDS 2547 Community Impact Project

A diverse range of outreach activities was organised over many months to draw communities into the conference and bring the conference to communities. It included training on how to write and present successful abstracts, presentations to 'spread the word' and encourage people from all walks of life to get involved and make the most of the opportunities presented by the conference, and consultations with community and PLWA groups to ensure conference arrangements were effective for them. This project continued with an Empowering Visits Programme and activities to strengthen regional (Mekong) networks concerned with issues such as access to treatment, care and support, and cross-border cooperation. 2547 Buddhist Era is the year 2004 in the Christian calendar. The name of the project emphasised that its activities were mainly aimed at the host country and nearby Mekong sub-region.

2.4.3 Global Village "Learning from Those Who Live it"

For the first time, the Conference was physically accessible to non-delegates through the Global Village, providing learning opportunities for anyone concerned and involved in the community response to AIDS. Delegates were able to interact with their local counterparts to share experiences, celebrate diversity, share solidarity and compassion, discuss ideas, pass on perspectives and establish new networks for learning. Activities in the Global Village included community meetings and forums, exhibitions, cultural performances, health foods and herbal markets, and services such as massage and traditional healing. Relaxing space was provided in "networking bars" run by different community groups. This was also the place to buy souvenirs of Thai handicrafts and



products that support community groups and people with HIV. The Global Village took to the streets with an impressive international Advocacy Parade of over 3000 people through downtown Bangkok, which culminated in a ceremony to honor those that have died of AIDS and install a stone monument in their memory in Bangkok's most popular park. Well over 20,000 people visited the Global Village during the week of the Conference, at least 13,000 of them members of the Thai public.

2.4.4 Silabha Art and Cultural Programme

Cultural approaches are a vital part of the AIDS response. They are not just about entertaining, celebrating life and having fun, although in the context of such a devastating epidemic, these are important achievements which contribute to hope and healing. Art is also used to communicate effectively with all groups of people, helping to prevent AIDS in tangible, interesting and memorable ways; addressing stigma and discrimination, and creating bridges.

Silabha was created to carry the messages, opinions and feelings of people around the world living and working with HIV/AIDS. It was a major program of over 190 artists, which brought cultural richness and dynamism to the Bangkok AIDS conference. Artistic and cultural events were interwoven through every part of the Conference, from songs and poems before plenary sessions, memorial quilts in every session room, and song and dance performances in hallways and exhibition spaces. By bringing artistic and cultural expressions on AIDS into public spaces around the city and integrating them into the conference itself, Silabha sought to balance the 'cold science' with 'warm human' activities.

The involvement of various government offices such as the Office of Contemporary Arts and Culture, Ministry of Culture and the State Railway Authority of Thailand as well as many private sector and business groups, enabled the project to reach out to a wider public beyond the health arena. The Silabha programme took AIDS issues right out to people of all walks of life, not only health professionals and conference delegates. This was one of its greatest strengths, and indeed one of its biggest challenges - communicating why we should all be involved and search for ways to contribute to and support the struggle against AIDS.

2.4.5 Activities for Youth

Activities for Youth promoted the importance of youth issues and brought together over 450 youth (230 on youth scholarships) to the Conference to have their voices heard and contribute their perspective on the key issues of "Access for All". The project involved a judicious mix of youth-dedicated sessions and efforts such as orientation and skills-building that would support young people to participate successfully throughout the conference. The project began with a Youth Forum on Sunday 11 July, and continued throughout the week as part of the unified conference programme, including 1 Plenary, 16 Abstracts, 2 Non-Abstracts, 3 Leadership Forums, 6 Skills Building workshops and around 300 posters. These sessions, along with extensive and varied youth sessions and other activities in the Global Village, facilitated the exchange of ideas and experiences

among youth and laid the foundations of a global youth network that is connected to world HIV/AIDS communities.

2.4.6 Community Award Scheme

The Community Award scheme was a critical foundation to the community projects, enabling a rich and diverse group of talented people from communities and community-based organisations to join the projects and also to contribute their voices to the whole Conference. One hundred and sixty five people received Community Awards.

The Global Village and the Mekong Community Initiative were utterly dependent on this scheme to bring the people that were essential to the project. The scheme also brought in around half of the cultural performers, with the other half obtaining support from the International Scholarship Programme. It provided support to a smaller number of people that played a key role in other community activities such as the PLWA Lounge. Finally, it broadened access to the Conference by enabling PLWA volunteers to join 'delegate-only' activities such as programme sessions. An evaluation survey showed that awardees found the conference a very valuable experience, and they especially appreciated the chance to contribute their ideas and experience as well as to learn from others.

2.5 Other Conference Activities

2.5.1 The Scholarship Programme

2.5.1.1 Introduction

The purpose of the scholarship programme was to provide access to the International AIDS Conference for delegates who could not otherwise afford to attend the conference:

The scholarship programme had two distinct components namely:

- The International Scholarship Programme. This scholarship programme awarded scholarships to international delegates through a set selection criteria developed by an International Scholarship Working Group and approved by the COC. These criteria were used to evaluate written requests for scholarships. The International Scholarship Programme received 10,855 applications and was able to award 1,010 scholarships to applicants from 178 countries.
- The Local Scholarship Programme. 300 free registrations were provided by the conference to this local programme, and then considerable further scholarships were made possible through fundraising within Thailand by the Local Host.



2.5.1.2 International Scholarship Programme.

Applicants funded through this programme were divided in a number of categories namely:

- Abstract submitters i.e. a potential delegate who has submitted an abstract for the abstract-driven component of the conference
- Non-abstract submitters
- Media representatives

This format was designed to meet the scholarship needs related to the unified programme where the distinction between scientific and community delegates had become blurred. Prior to the AIDS 2000 Conference in Durban scholarships had only been awarded to community delegates. The AIDS 2000 Conference awarded scholarships to three categories of delegates namely from community, science and media. The 2002 Conference in Barcelona introduced the system that was used in Bangkok. The blurring between science and community applicants certainly became apparent as the scholarship process unfolded, especially when it was decided to give extra points to people who had been accepted as cultural programme performers it turned out that many of these had also submitted abstracts. Thus it became clear that delegates to the conference have multiple roles in the AIDS epidemic and multiple contributions to make to the conference, while a significant minority of delegates from a community background are engaging fully with the abstract-driven part of the conference.

The International scholarships in Bangkok were awarded based on the following criteria:

- The category in which applicants applied
 - 55% were awarded to abstract-submitters
 - 45% to the non-abstract category and media
- The region applicants came from

Region	Regional allocation (%) in the AB category	Regional allocation (%) in the NAB category
Africa	27	29
Asia & Pacific	25	26
Latin America & Caribbean	23	23
Europe (Eastern Europe)	15 (10)	14 (10)
North America	10	8



- The country of the applicant. The conference tried to ensure representation by delegates from all countries, so a minimum of one scholarship was awarded to each country from which applications had been received.

Additional criteria used in scoring applications were

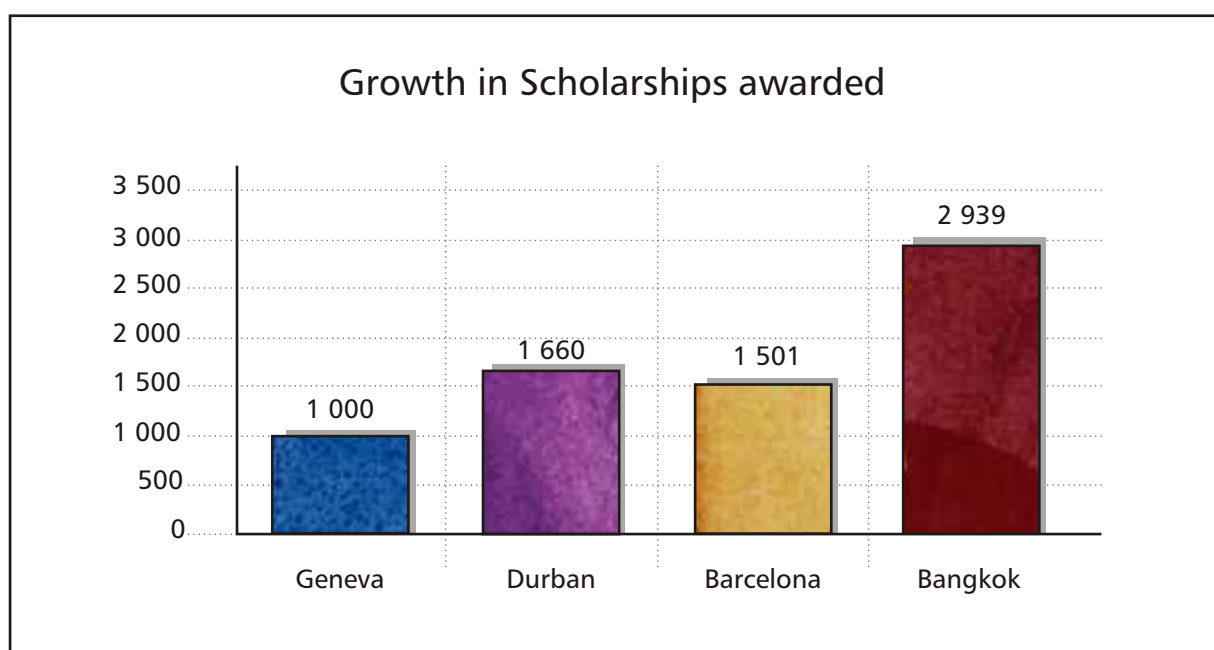
- Whether an applicant met the criteria for a youth (under 21; this was later changed to under 25)
- Whether the applicant had received a scholarship to a previous International AIDS Conference
- Whether the applicant played an active role in the conference programme, e.g. had their abstracts accepted, been accepted as a skills building session presenter, or had been accepted as a NGO exhibitor or a participant in the cultural programme.

Greater detail on the International Scholarship Programme is provided in Annex C.

2.5.1.3 Local Scholarship Programme

The local scholarship programme was administered by the local host and awarded 1,930 scholarships. The 300 free registrations allocated by the conference were awarded by a joint local committee comprised of representatives of government, community and academic organisations, while the government allocated the additional awards based on its own fundraising.

2.5.1.4 Growth in scholarships awarded (local and international)





2.5.2 PLWA Lounge

The PLWA Lounge was a place of rest where delegates living with HIV could find relief from the stress of the hectic conference and enjoy peer support. The Lounge provided a calm and nurturing environment, with complementary refreshments, spaces for informal discussion and for quiet relaxation as well as private facilities for taking medication staffed by trained personnel provided by MSF. The PLWA Lounge was staffed by members of the Thai Network of People Living with HIV/AIDS (TNP+) and provided nutritious Thai, Thai-Muslim, and “Western” foods, Thai therapeutic message and a warm welcome to HIV positive delegates from all over the world. The Lounge was also valued for the chance to meet new PLWA friends and learn about their experiences. It was used by around 1000 PLWA each day.

2.5.3 Exhibitions

Two categories of exhibitors participated in the conference. These were commercial exhibitors defined as exhibitors who purchased the exhibition space they used, and non-commercial exhibitors who were allocated free space (6 square meters each).

The exhibition hall was divided into three-quarters commercial space (utilising about 2,220 square meters of exhibition space) and one-quarter non-commercial (utilising about 740 square meters). The commercial space had to be rented but exhibitors nevertheless included many not-for-profit organisations as well as the pharmaceutical company booths and other businesses, and also the booths of the conference organisers.

In the non-commercial section, 112 NGOs from 48 different countries displayed their work. A balanced representation of issues, geographic location, gender perspectives and activities was provided through careful selection from over 250 applicants. Applicants, who had never exhibited at the International AIDS Conference before, as well as those involving PLWA voices, were prioritised. It was a space for delegates to meet, share experiences, display results of their work, and exchange information. Visitors also included funding agencies and the media. There were relaxing benches and plants. People could rest and enjoy the varied offerings of the culture of communities on the NGO stage, with an exciting programme provided by the Silabha Art and Cultural Programme.

2.5.4 Satellite Sessions

Commercial and non-commercial Satellite Meetings on specific issues relating to HIV/AIDS took place on-site in the evenings during the Conference and all day on Sunday before the Opening Ceremony.

Satellite sessions were fully organised and operated by those proposing the satellite and were a source of income for the conference. The fee structure differentiated between commercial entities and non profit entities (non-profit organisations could include intergovernmental and governmental organisations) and a fee waiver system also granted a very small number of free satellites.

A total number of 9 commercial and 90 non-commercial satellite sessions were held. Despite the



timing of satellite sessions, many of these were as popular as the programme sessions and they can be regarded as an important extension of the networking and learning opportunities provided by the conference.

2.5.5 Communications

This support activity is fundamental to the effective organisation of the conference but it also creates some of the key outputs: media and on-line coverage brought the conference out to a far larger audience, potentially the whole world. An 'in-house' communications capability was new to this International AIDS Conference and it had impressive results: a record number of journalists (2,683) were enticed to physically attend the conference resulting in over 2,700 written articles about the conference. The ratio of articles with a positive versus negative tone was 2:1. Global media featured stories about access efforts and challenges around the world. In the United States, according to the Kaiser/Harvard School of Public Health Health News Index for July/August 2004, some 35 percent of those surveyed said they closely followed reports from the Bangkok Conference, and of the top five health news stories that Americans were following during that period, reports from the AIDS 2004 Conference was the only international news closely followed.

Press Coverage Statistics		
Pre-Conference coverage (English only)	April - July 9	250 articles
Conference coverage (English only)	9 - 17 July	1,000 articles
Conference coverage (Thai)		475 articles
Conference coverage (Latin America)		319 articles
Conference coverage (European non-English language)		320 articles
Conference coverage (Chinese)		62 articles
Post-Conference coverage (English only)	July 18 to August	282 articles
TOTAL		2,708 articles
Ratio of positive to negative tone articles		1 . 82 : 1

On- line coverage also significantly extended the reach of the conference's messages. Preliminary analysis showed that during the conference, visitors to the official website more than quadrupled from the average number of visits during the week before. The largest number of visits occurred on Monday, July 12. Kaisernetwork, which featured daily special conference coverage, received 47,000 conference-related web-page visits during the week of the Conference and 23,000 in the two weeks following.



Aware of the renewal of public concern brought about by media coverage of the conference, several politicians ensured that they had high profile commitments to announce during the week of the conference. In China, Premier Wen Jiabao issued a statement to the world media about China's new commitment to AIDS. In the UK, Prime Minister Tony Blair committed £1.5 billion to the Global Fund to fight HIV/AIDS. Thai Prime Minister Thaksin Shinawatra announced Thailand's commitment to universal treatment. There were pledges of major contributions to the Global Fund from the Gates Foundation and the European Commission, and an announcement of a new global media initiative for HIV education in four nations.

A daily newspaper "The Correspondent" was available for delegates each day of the Conference and was also posted online, published in English and Thai. It was produced by Health & Development Networks, with cooperation (but independent from) the conference's communications team.



organising structure

3 Conference organising structure

3.1 Introduction

The International AIDS Conference has a two tier organisational structure namely:

- A governance structure provided through various representative committees.
- An operational structure, tasked with implementing the strategic direction originating from the governance structures.

3.2 Governance structures

The governance of the International AIDS Conference relates to two distinct components of the conference namely:

- The financial or business component of the conference. Here the governance responsibility resided with the two Organisers namely the IAS and the Thai Ministry of Public Health. This governance roll was fulfilled through the IAS 2004 Committee. The activities component of the conference which was under the jurisdiction of the Conference Organising Committee (COC). The COC was comprised of representatives of the Organisers and the Co-organisers.

The COC was supported by a number of technical content committees comprising experts from the three main programme areas. These experts were organised into the following committees:

- The Scientific Programme Committee (SPC)
- The Community Programme Committee (CPC)
- The Leadership Programme Committee (LPC)

Committee members are listed in annex D.

3.3 Operational Structures

3.3.1 Introduction

For the first time, the XV International AIDS Conference established a dual operational structure with a division of operational activities between the Conference Secretariat at the International AIDS Society and the local host.

This was a deliberate departure from the model followed with past conferences where the local host, usually an academic institution or NGO, had to establish the conference secretariat from scratch. In the past, local hosts were expected to:

- Recruit and staff the secretariat, usually with staff with no conference organising experience.
- Raise US\$1,000,000 for start up capital and debt guarantees.

- Organise the conference, with no prior experience and with access to little written institutional memory.

Conceptualise and develop all operational systems from scratch.

- With Bangkok 2004 a new approach was initiated. The objectives of this approach were to:
 - Reduce financial exposure of the local host.
 - Develop a sustainable institutional memory
 - Develop standardised operational systems and experienced staff in core areas such as, fundraising, communications, financial management etc.
 - Reduce costs related to duplication in systems development

3.3.2 Division of Tasks

Tasks were therefore divided between the two organisers, the local host and the IAS, based on an approach of determining the most efficient and logical division of tasks.

However, this division was made somewhat more complicated by the later establishment of a

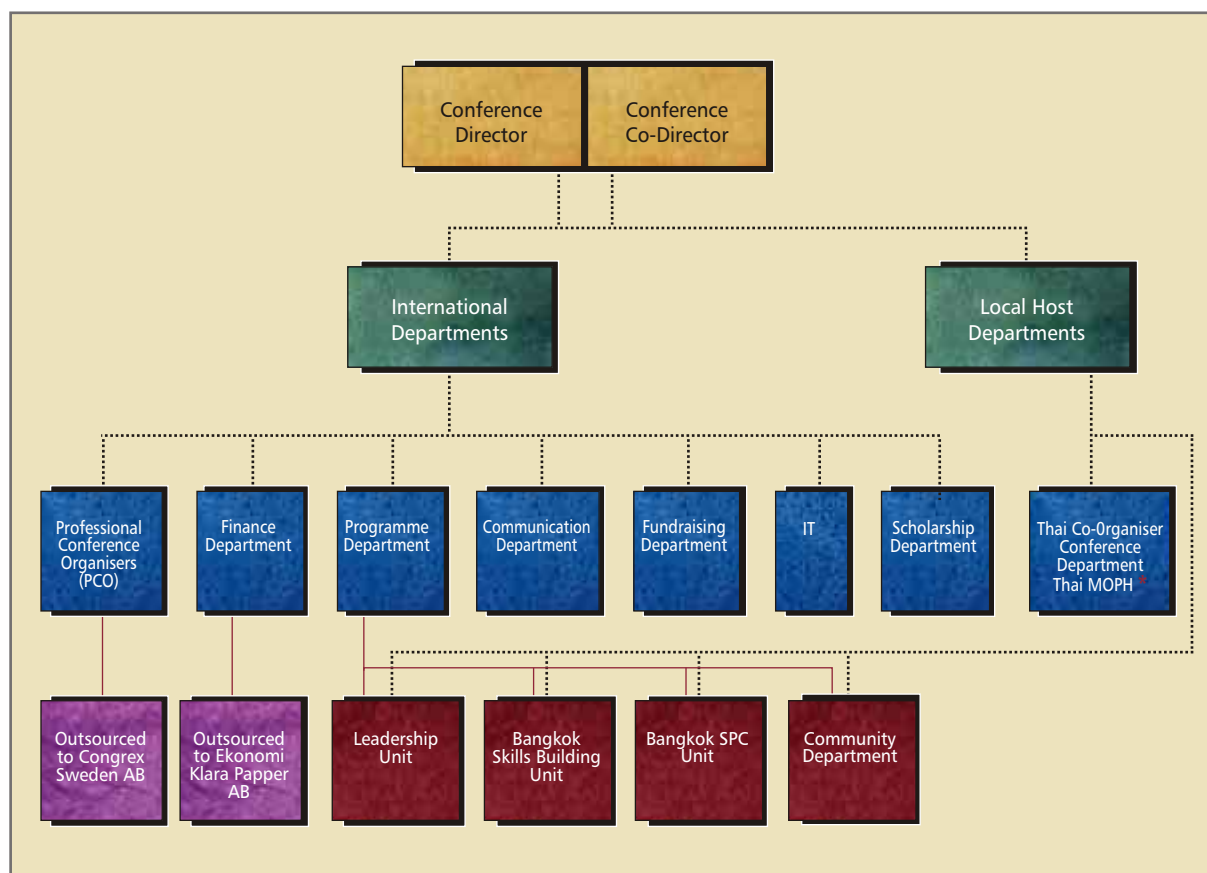
IAS	Local Host
Designate international members of governance committees	Designate local members of governance committees
International communication	Local and regional communication
Coordinate the creation of the conference programme	Organise the opening and closing ceremony
Manage conference accounting and financial reporting	Organise local security
Organise the international scholarship programme	Organise a local scholarship programme
Manage the service level agreement with the PCO and other international service providers	Manage protocol and diplomatic arrangements
Provide information technology support and development of permanent IT systems	Organise the volunteer programme
International fundraising and overall financial risk management	Fundraising for projects and local scholarships
Produce printed material	Organise conference services such as: <ul style="list-style-type: none"> ■ PLWA lounge ■ Culture programme ■ Child care Preparing the city and the country, e.g. <ul style="list-style-type: none"> ■ Outreach ■ Publicity ■ Training for immigration officials, police

community department which felt the need to retain some operational independence from both the organisers. The community department, operating under the governance of the community co-organisers (through the Community Programme Committee and the COC) worked at both international and local level, on tasks such as developing the skills-building components, the PLWA lounge and many other community projects, and also contributed to most other functions such as fundraising and communications through working cooperatively with all other departments.

3.3.3 Departments

In order to achieve these objectives a number of departments were established either at the IAS head office or in Bangkok. Overseeing these departments were an IAS appointed Conference Director and a Co-Director appointed by the Thai Ministry of Public Health.

Figure 3: Organigramme AIDS 2004 Conference Departments



* Various local committees were also established by the THAI MOPH to support some of the work of the Bangkok based departments.



3.3.4 Supportive activities

Over and apart from the conference activities that made up the programme and projects of the International AIDS Conference there were also a number of critical support functions that underpinned the work of the programme committees and the programme related departments. These functions were:

3.3.4.1 Fundraising

Staging the International AIDS Conference, given its size and scope is an expensive exercise even when organised on a non commercial basis. As only approximately 50% of delegates pay the full conference registration fee the conference is heavily dependent on other sources of income to cover costs.

Fundraising is therefore a key success factor for the conference. Sponsorship for the XV International AIDS Conference to the value of \$ 8 859 207 was secured. This sponsorship came from a large range of sponsors and supporters. See Annex E.

3.3.4.2 Mobilisation of the local community

An important objective of the conference is to serve as a catalyst to shape perceptions around HIV/AIDS not only internationally but also locally in the host country and in the region. While the conference is clearly an international event, it moves location each time partly, but importantly, in order to have a local impact. The community secretariat and the Thai government as local host moved mountains to involve the Thai population.

The following outcomes of some of these local mobilisation activities indicate their scale and significance:

- A stone monument to honor and remember those who have died of AIDS, set in Bangkok's most popular park. In the context of enduring denial about HIV and the appalling stigma and discrimination still faced by those affected, this is a very significant and hopeful achievement.
- New networks for shared learning and collaborative campaigning. For example, in Thailand, a new Working Group on Human Rights and HIV, chaired by a member of the National Human Rights Commission and a new network of NGOs and communities working with and for children infected and affected by HIV, and in the Mekong sub-region, a new PLWA network was initiated.
- New capabilities. For example, 20 PLWA trained and now able to earn a living as Thai therapeutic masseurs; 94 linguists trained in HIV and able to provide volunteer interpreting services.



- The establishment of an Empowering Visits Coordinating Group to develop and manage study tours that are genuinely beneficial to the Thai community organisations being visited as well as to the visitors.
- An on-going Africa-Asia Interaction, to exchange experiences and learning between communities of the 2 continents.
- New awareness and understanding: at least 13,000 members of the Thai public visited the Global Village and the Thai Exhibition in Hall 10 of the conference venue. Thousands, perhaps even hundreds of thousands, watched the comprehensive coverage of the conference on national Thai television, and tuned into interviews and summary reports broadcast from the Global Village on the 'community radio'. 804 visitors to the Global Village Networking Bars reported that they had a "very concrete" plan to coordinate better with other organisations and/or expand their networks as a result of their experience in the Global Village.
- Empower, the Thai NGO serving sex workers, perceived a significant and positive shift in Thai public opinion towards sex workers as a result of their activities around the Conference;
- A cross-border ARV scheme providing ARVs and treatment for OIs and counseling to 60 non-Thais (migrants and indigenous people) within Thailand for two years, a demonstration of what can be done which looks likely to be continued and scaled up.

3.3.4.3 Volunteer support

- Almost 1,000 volunteers were recruited from amongst Thai university students by the Thai Government, and a further 200 from community-based organisations by the community department. While the decision by the Ministry of Public Health not to recruit international volunteers led to some disappointment amongst those who like to volunteer from conference to conference, there was no doubt that the young Thai volunteers not only contributed very effectively to the success of the conference arrangements; they also gained enormously. Countless volunteers reported that they had found it a profoundly enlightening and rewarding experience and expressed their intention to contribute to the fight against HIV/AIDS in future.



3.3.4.4 Information Technology

- Information technology has become another critical component of the conference. As part of organising the 2004 conference the IT department undertook the following activities:
 - Developed a new scholarship submission system (with online submission functionality and budget based selection support)



- Developed a system for an online mentor scheme for abstract submitters
- Established and maintained a conference website with high demands set on the functionality, information structure and design
- Introduced a push emails system
- Established a new contact database to promote the conference and key activities within it
- Introduced a new system for sharing documents between departments
- Managed the setting up of the IT infrastructure at the Conference centre which entailed setting up 300 computers and 120 printers
- Developed a process to support the skills building submissions process (a fully on-line submissions system, as for abstract submission, has been recommended for future conferences).

3.3.4.5 Accounting and Auditing

Accounting services for the conference was outsourced to a Swedish accounting company Economi Klara Papper AB.

KPMG are the appointed conference auditors.

3.3.4.6 Interpretation services

Interpretation services were expanded at the Bangkok conference to include not only the plenary hall but also one of the largest session halls. The range of languages was expanded from the French and Spanish offered at Barcelona to include Thai and Chinese (Mandarin) as well. There were 22 interpreters, who interpreted from English into the other languages. It was only occasionally possible for speakers to use other languages such as Thai, if a sequential interpreter (prearranged volunteer) joined them on the platform, or one of the sessions chairs could offer this support. Interpretation services were also provided for some satellite meetings. Volunteers interpreted all the sessions in the Global Village (which were open to the public as well as delegates) and while the quality was variable, it was still a very valuable enhancement of the accessibility of the conference. Professional interpretation is always preferable but is extremely expensive.

3.3.4.7 Logistics



Congrex Sweden AB, a professional conference organiser (PCO), has been involved with providing the logistical support to the International AIDS Conference since 1998. At the Bangkok conference they provided the following services:

- Delegate registration management
- Logistical management
- Exhibitor management
- Abstract management

Congrex established a local office in Bangkok from November 2003 and worked closely with the local host and community department to plan and implement the venue logistics. Amongst many challenges, transporting thousands of delegates from downtown Bangkok through rush-hour traffic to the venue in the north of the city was anticipated as the greatest logistical difficulty, and the fact that it all happened smoothly is testament to the meticulous planning and the strong cooperation of local police and transport agencies.

3.3.4.8 Security

Due to the current global security situation another first for the International AIDS Conference was the introduction of archway- and baggage- scanners to screen all entries to the conference.

The extensive security arrangements were coordinated by the IAS with the support of Genric, an international security consultancy with experience of past International AIDS Conferences. They coordinated with all concerned parties including the Royal Thai Police who commanded a large security contingent that included 800 officers, 50 security staff members of the IMPACT centre and the various VIP protection and private security teams accompanying high profile delegates.

General security measures included:

- Archways and X-ray baggage scanners
- Delegate badges that determined access to certain areas
- Explosive sniffing dogs

3.3.4.9 Activism and Protest

Activism is an essential component of the response to AIDS. All attempts were made to ensure that protest at the Conference took place in a safe and constructive manner. Steps taken to achieve this included the appointment of a Community Liaison Officer who engaged with activist groups in the weeks prior to the conference to ensure that the conference took place with limited disruption, no physical injuries, and no arrests.



A freedom of expression statement widely published prior the conference by the IAS advocated the right of all speakers to be heard and the right to peaceful activism. Destruction of property was specifically forbidden.

Some 'hot button' issues at the Conference were the impending Free Trade Agreement between Thailand and America that it was feared might inhibit the production and distribution of generic medications; a prevention trial in nearby Cambodia that was accused of neglecting the human rights of participants (especially around issues of informed consent and the commitment to provide medical care to research subjects that could become infected during the trial) and the Thai government's recent "War on Drugs" which had led to extra-judicial killings of alleged drug users and impeded HIV programmes amongst this vulnerable group; political, religious and moral controversies over different HIV prevention approaches. A new phenomenon at this conference was a rival activist group called Bureau Crash (USA) who, wearing red T-shirts emblazoned with "capitalism heals, socialism kills", attempted to disrupt and thereby discredit the demonstrations of the other activists.

Verbal disruption of programme presenters due to demonstrations took place in a small number of sessions but at no point was a speaker completely prevented from giving their talk.

Unfortunately there was damage to property within the commercial exhibition as the result of some activist actions. Here the key issues articulated concerned drug prices, HIV prevention trial ethics and lack of paediatric formulations.

Anger was expressed by many of the conference delegates towards those activists who disrupted sessions and damaged exhibitor booths. The conference organisers have committed to working with activist groups to identify more constructive platforms for expression of dissent at the 2006 conference, and to preventing any damage to property or disruption of presentations in the future.

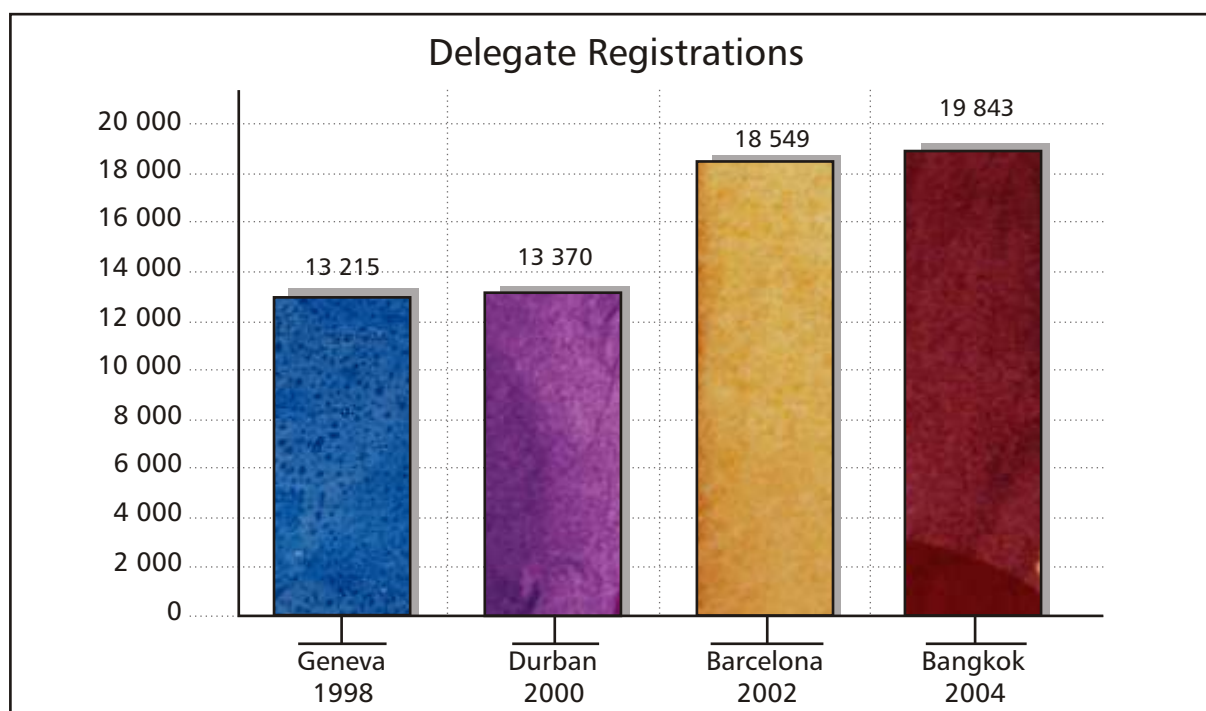
trends & statistics

4 Some Trends and Statistics

4.1 Introduction

This section depicts some of the interesting trends associated with the conference. As this report has already indicated, IAS has been the custodian of the conference for many years but the actual management has rested with local organisers until a core secretariat was created for Bangkok 2004 and beyond. One consequence of this is that data about past conferences is regrettably patchy and is hardly available at all pre-Geneva 1998.

4.2 Delegate registration (all categories)



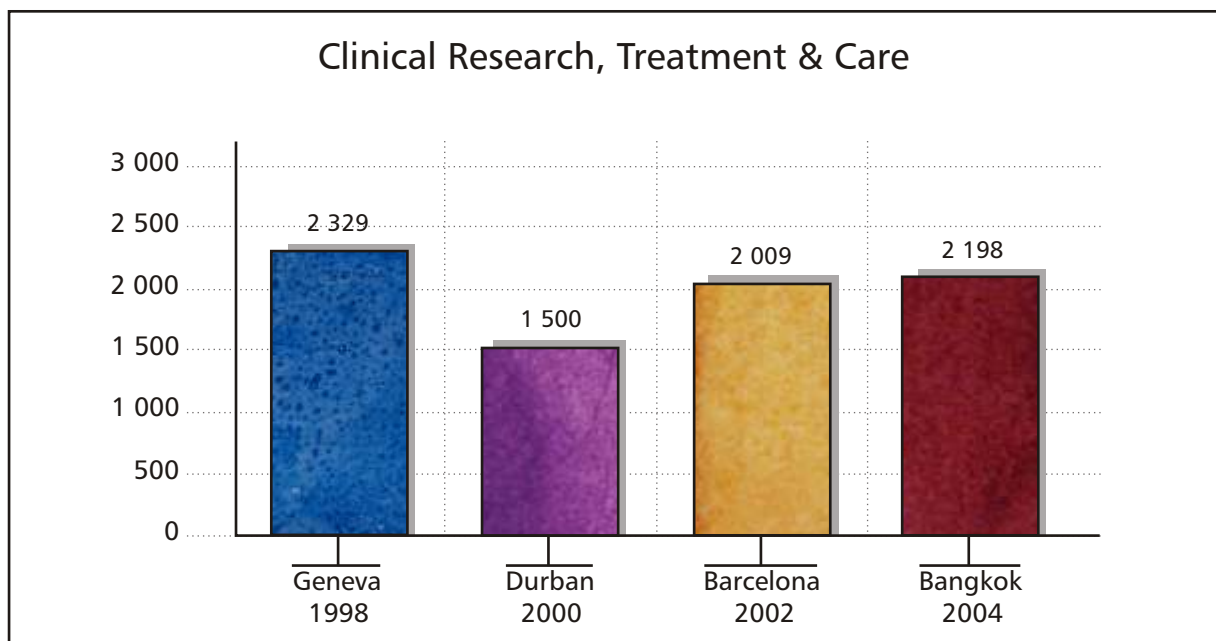
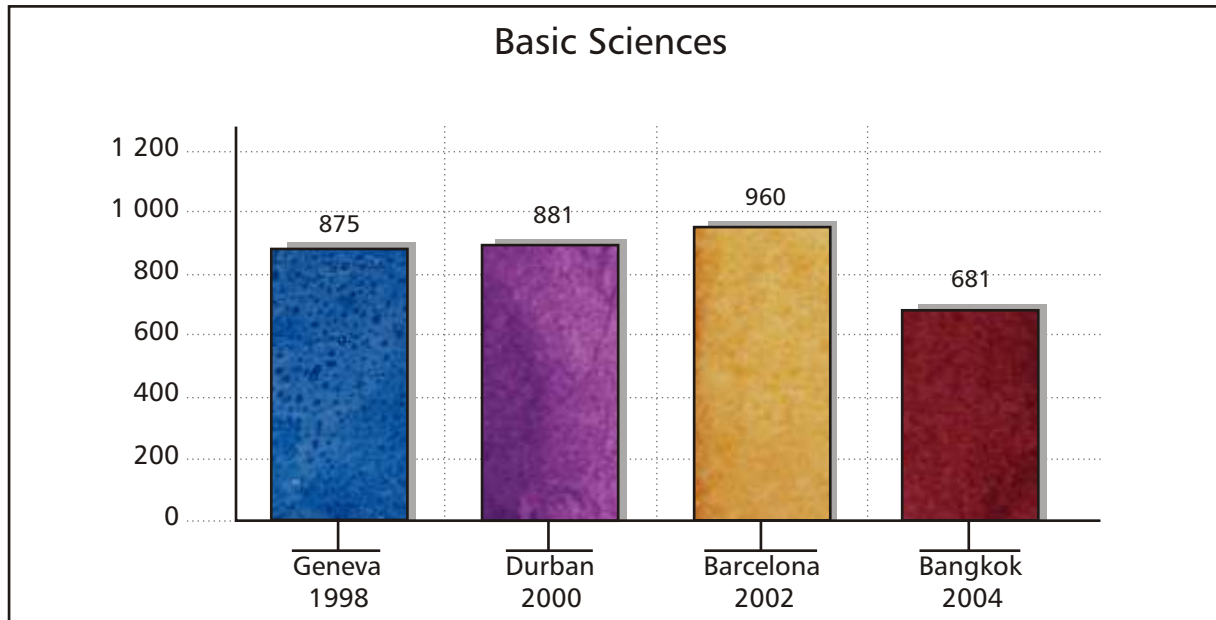
4.3 Abstract submission

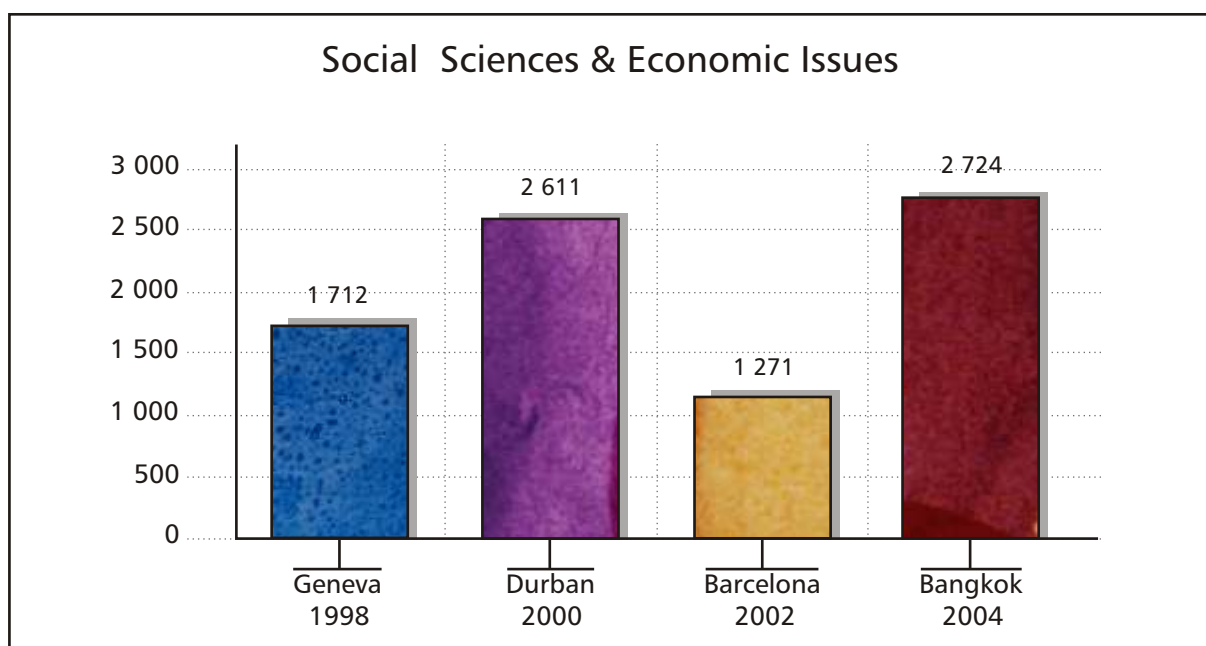
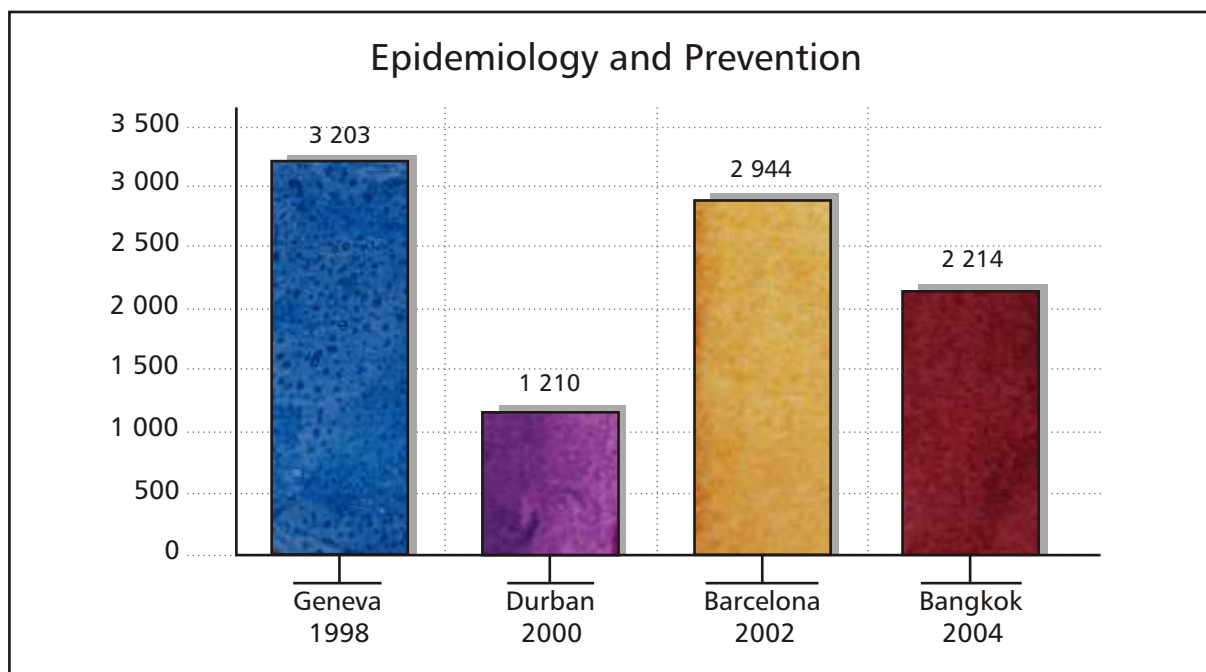
Although the number of tracks has varied over the past four conferences (4 in Geneva, 5 in Durban, 7 in Barcelona and 5 in Bangkok) abstracts can broadly be divided into the following areas:

- Basic Sciences
- Clinical Research, Treatment and Care
- Epidemiology and Prevention
- Social Sciences and Economic Issues
- Policy, Advocacy and Interventions



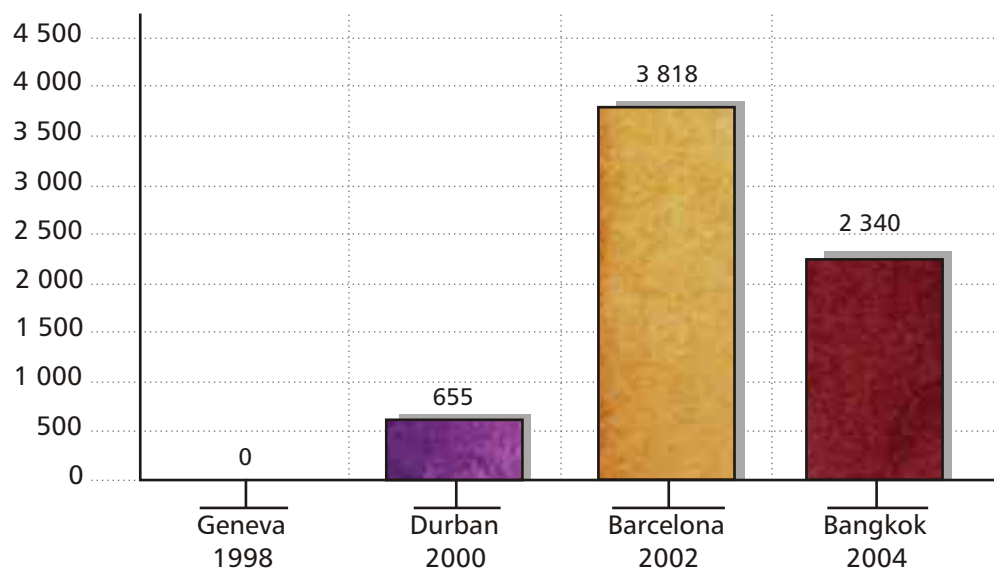
4.3.1 Abstracts Submitted



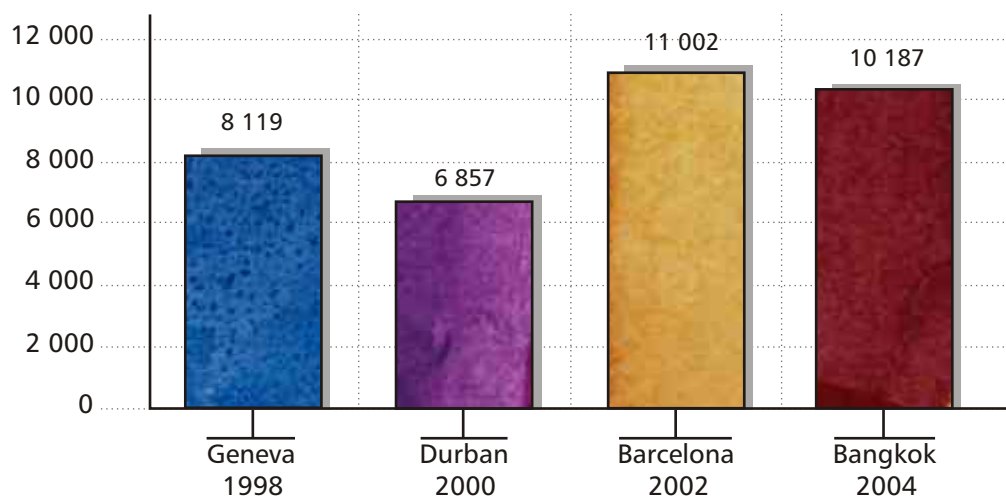




Policy, Advocacy, Interventions



Total Abstracts Submitted



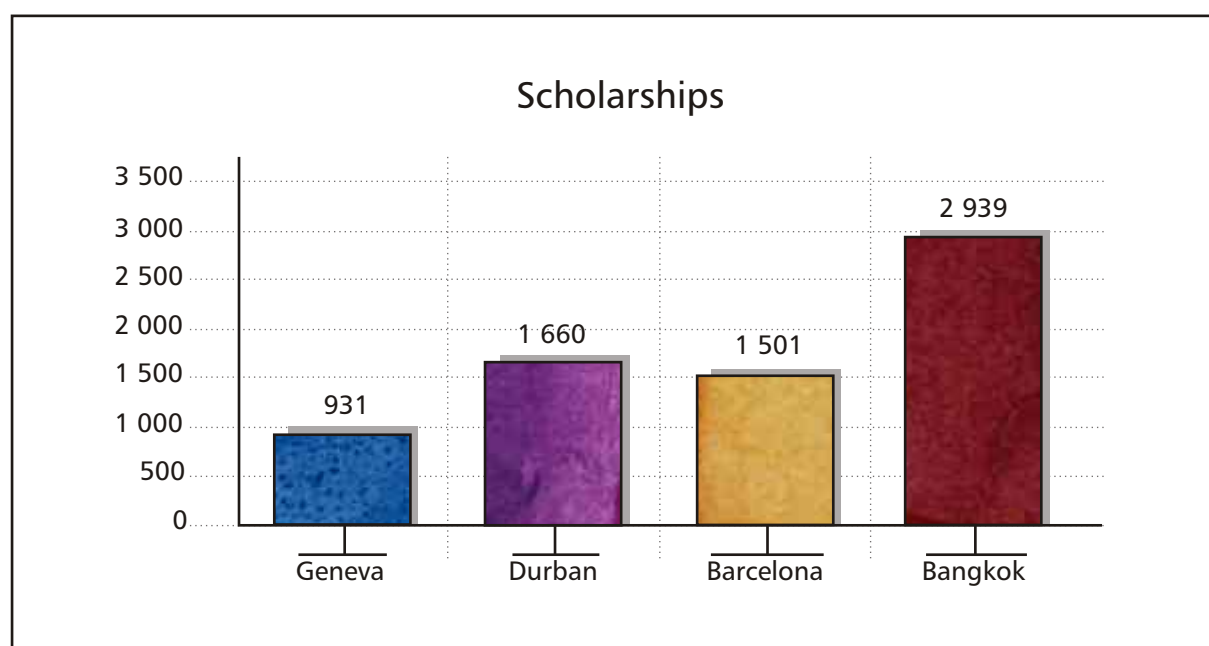
Over the past 4 conferences, a strong interest in participating through presenting research has been sustained. The proportion of basic science abstracts has reduced slowly as a percentage of total submissions, perhaps because of alternative venues for presenting research and also perhaps reflecting a gradual shift in research priorities in response to the evolution of the epidemic itself.

Care should be taken in extrapolating trends from these statistics because:

- The number of tracks has been changing from conference to conference.
- Track descriptors with the exception of perhaps the Basic Sciences and Clinical Sciences are not necessary compatible.

4.4 Scholarships Awarded

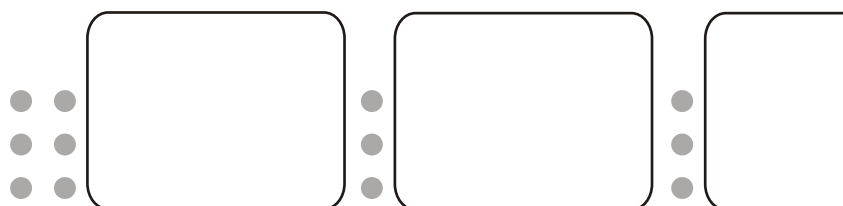
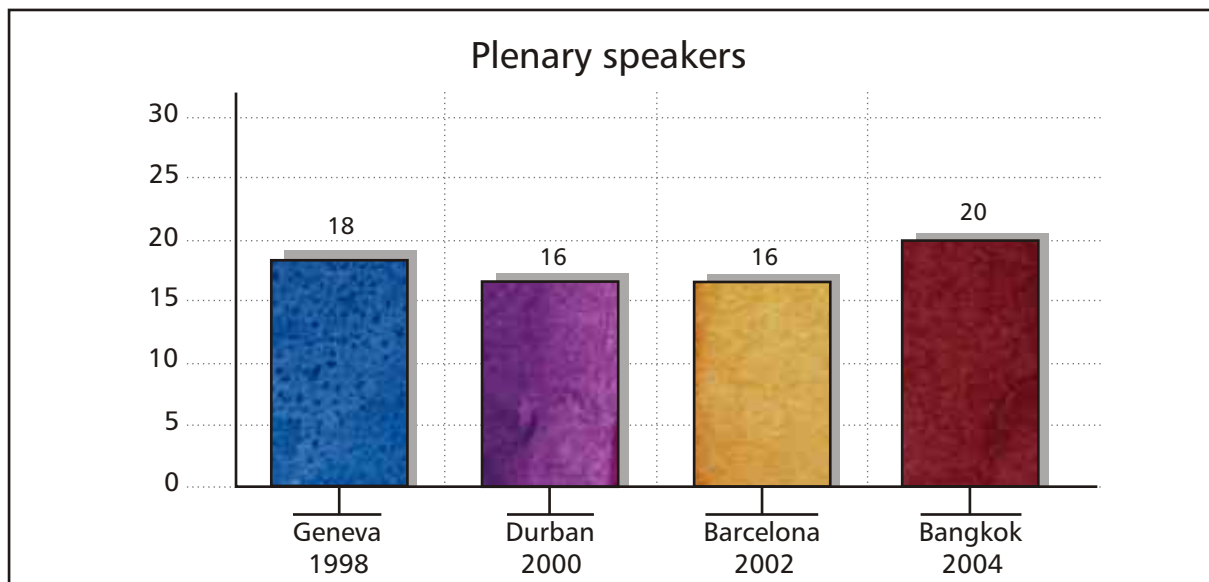
4.4.1 Scholarships



4.5 Plenary talks and oral presentations

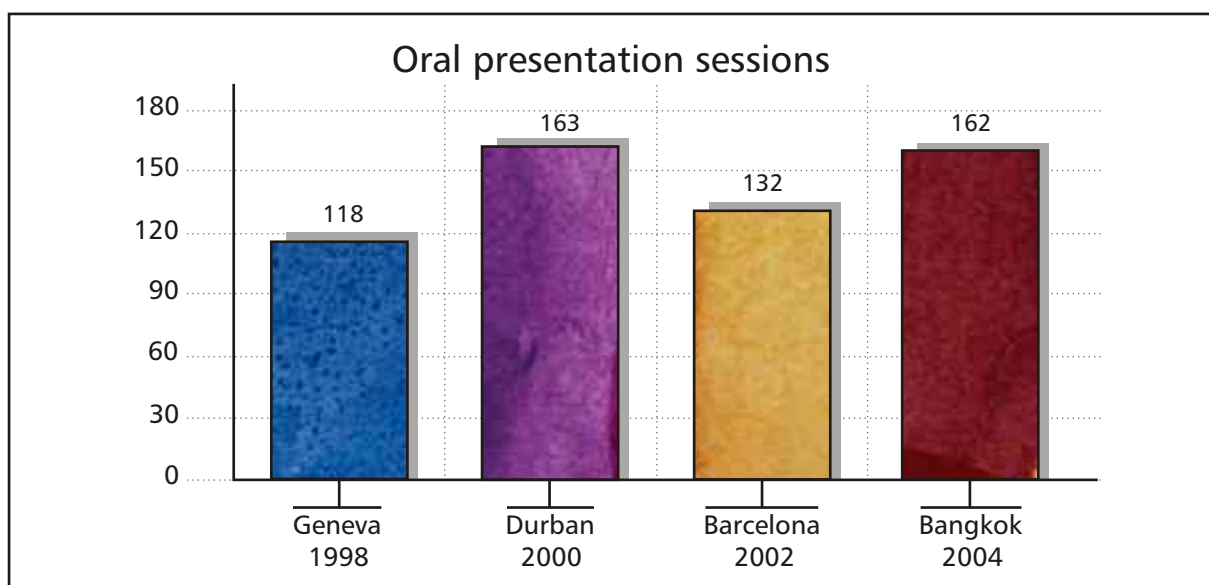
4.5.1 Plenary Speakers

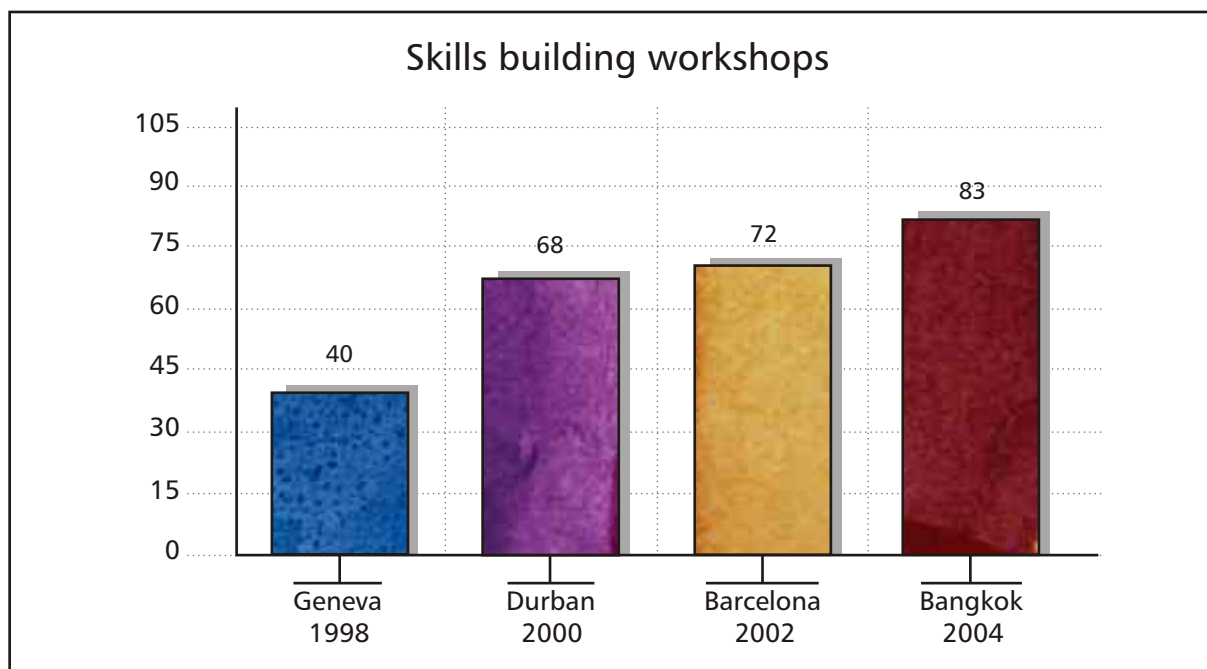
In AIDS 2004, there were 3 plenary-type speeches scheduled for the Opening Ceremony in addition to the ones recorded here, and also 2 special lectures held in the lunch-hour which are recorded below under 4.5.2



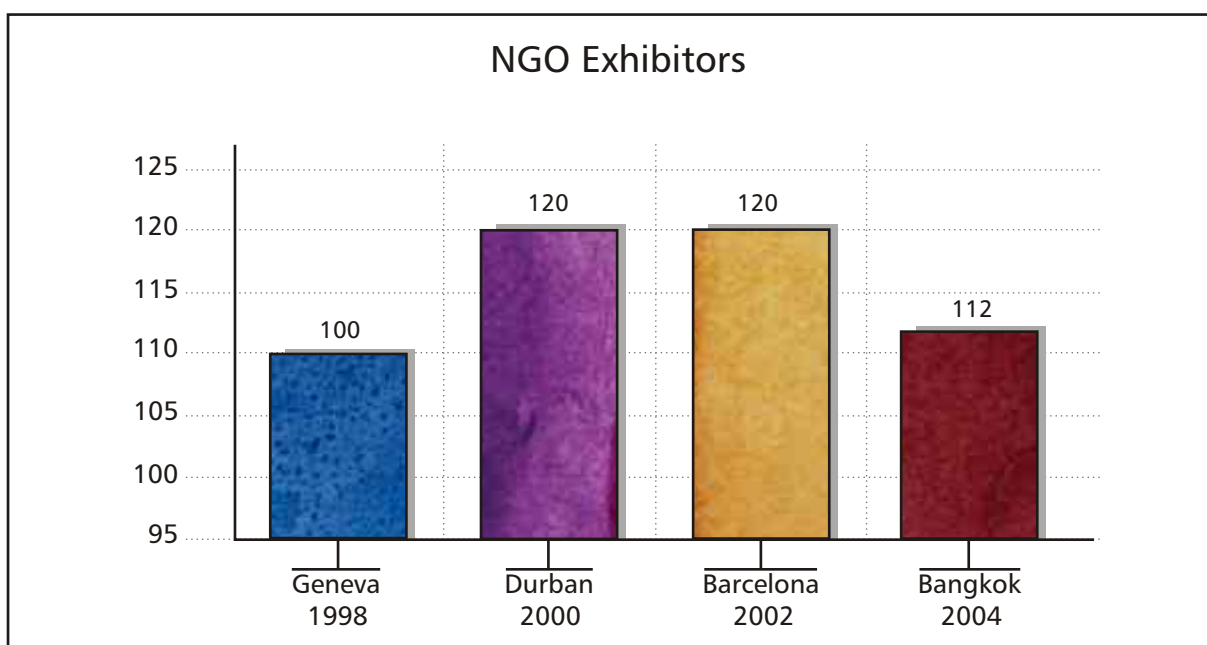
4.5.2 Oral Presentation Sessions

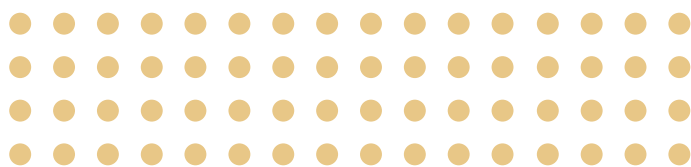
This includes abstract sessions, non-abstract sessions and, for Bangkok, leadership sessions and two special lectures.





4.7 NGO Exhibitors





It should be noted that although Bangkok had less NGO exhibitors in the main exhibition hall, many additional Thai NGOs exhibited in Hall 10 of the conference venue which was also open to the public.

4.8 Sponsorship

The generous support of donors was critical to the success of the conference and its initiatives. Support from intergovernmental and bilateral donors was greatly increased from previous conferences and a number of first-time donors gave generously. The main areas of support were core funding (unrestricted support to the conference budget) community projects (support to various initiatives of the Community Programme Committee including the Global Village and Youth Programmes), the Scholarship Programme, Media (including outreach to journalists, the media centre and PR functions) and the Leadership Programme (funding for leadership activities including sessions and forums).

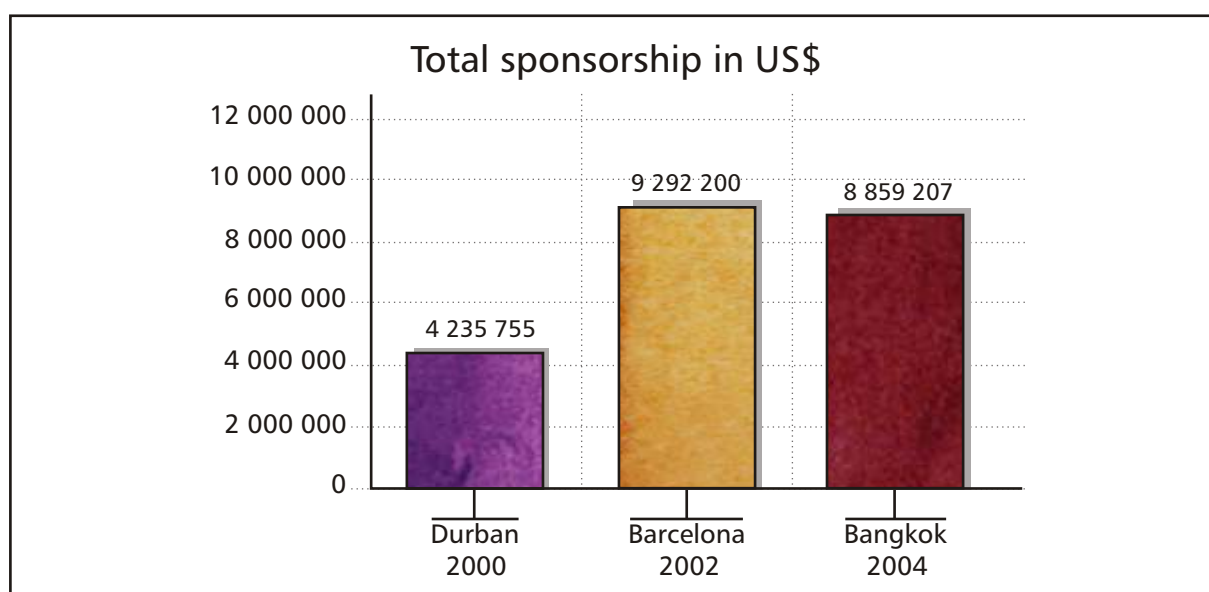
The conference organisers would particularly like to recognize the generous support of the major donors including the following:

- The European Union, whose contributions enabled the Global Village, Youth Programme, Cross-Border ARV initiative and Scholarship Programme
- The Bill & Melinda Gates Foundation who supported Scholarships, Media and Leadership initiatives
- The Rockefeller Foundation and GSK Positive Action support to Community initiatives
- The OPEC fund, Catholic Medical Mission Board and Sasakawa Memorial Health Foundation were also generous supporters
- The Research and Development based Pharmaceutical firms whose support provided a much needed base of funding for the core of the conference including Abbott, Roche, GlaxoSmithKline, Merck, Boehringer Ingelheim, Bristol Myers Squibb, Gilead and Pfizer
- The Swedish and Canadian governments who came forward with unprecedented levels of support
- The generous support of Norway, Ireland, Australia and the United States
- The United Nations and its agencies, in particular UNAIDS
- Corporate supporters including Nike and the Hotels of Bangkok who supported community initiatives.



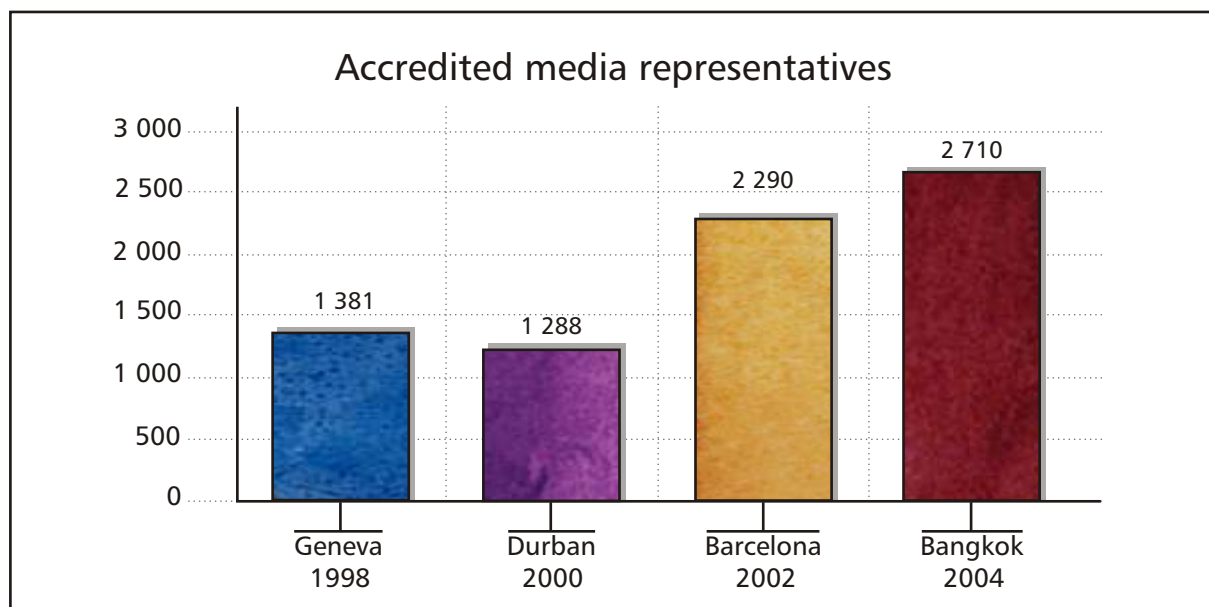
- The Kaiser Family Foundation, Medscape and Health & Development Networks support through in-kind contributions of staff and technical capacity for conference coverage
- The many and varied supporters of the Leadership Programme including, among others, Pfizer and the World Bank.

A full list of conference donors is found in Annex E.



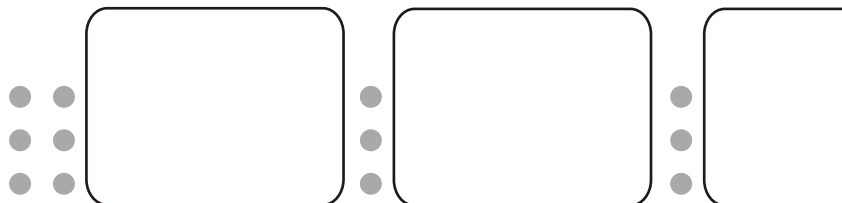
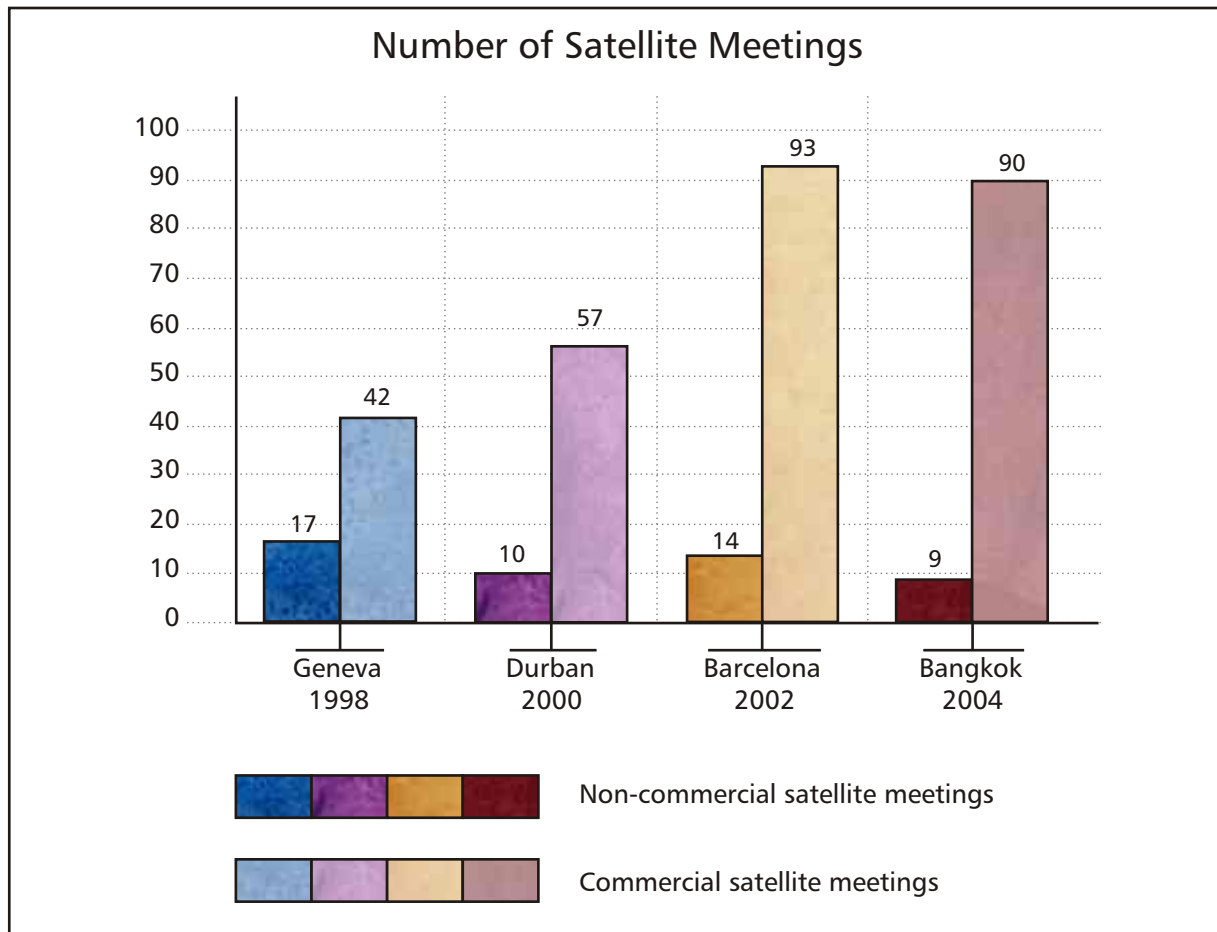
4.9 Media

Accredited media representatives





4.10 Satellite Meetings



5 Monitoring and Evaluation

Formal monitoring and evaluation of the conference, although discussed since 1998, was never undertaken until the COC of the Bangkok 2004 conference decided to initiate such a project in November 2003. The project plan was accepted in March 2004.

The monitoring and evaluation project was undertaken on a voluntary basis by a number of researchers from the School of Health Systems and Public Health at the University of Pretoria in South Africa and from the School of Public Health and Community Medicine of the University of Washington in Seattle, USA. The project focused on the outcome and possible impact of the International AIDS Conference on the professional behaviour of the delegates.

A delegate survey was conducted at the XV International AIDS conference. The survey was a self-administered questionnaire that included both open and closed questions. The questionnaires were distributed randomly at selected parallel sessions in each of the five tracks. 2,596 completed questionnaires were received and analysed.

In addition focus group discussions and intercept interviews were conducted with participants who had attended previous IAC conferences in order to explore what the possible impact of past conferences has been on their professional activities.

Major findings of the survey

- The primary track attended by respondents (22.8%) was Track B: Clinical research, treatment and care.
- The major regions that respondents came from were: 29% from Asia; 25% from North and Central America; 22% from Europe and 18% from Sub Sahara Africa.
- The top three nationalities of respondents were USA (16.4%), Thailand (13.8%) and South Africa (6.0%).
- More than 50% of the respondents had less than 7 years experience in the HIV/AIDS field.
- The employment profile of the respondents were as follows: researchers/scientists, 27%; clinical care providers, 23%; programme managers, 15%; educators, 10.6%; government officials, 8.4%; community/outreach workers, 3.3% and community or religious leaders, 2.3%.
- 30.4% of the respondents had less than 5 years experience in the HIV/AIDS field.
- The work experience of delegates reflected the regional response to the AIDS pandemic. The majority of African and Asian respondents had less than 10 years work experience while the majority of North American and European respondents had been working in the HIV/AIDS field for more than 15 years.

- 91% of the respondents indicated that their level of English was “proficient” or “good”.
- 89% of the respondents had not attended more than four conferences of the possible 14 previously hosted IAC.
- Approximately half of the respondents had not attended any previous IACs.
- 30% of respondents found the plenary sessions “highly valuable” while half of the total respondents found the plenary sessions to be “moderately valuable” while only 3% of respondents found the overall information that they acquired in the sessions to be “not at all useful” for their work.
- 63% of respondents indicated that the content of the sessions was at the correct level of difficulty.
- 86% of respondents indicated that they would recommend this conference to a peer.
- Of the respondents who felt that they could compare the International AIDS Conference with other AIDS Conferences, one-third reported that the general usefulness of IAC was “less useful” while one third viewed the International AIDS Conference as “more useful”.
- The following factors were identified by the respondents as having influenced their decision to attend the International AIDS Conference: content, 25%; networking opportunities, 20.7%; speaker and facilitators, 13.3%. Factors such as tourist value of the host country, required to by their work and receiving scholarships only rated about 10% respectively as a factor.
- The following barriers were identified to attending: travel cost, 33.7%; registration cost, 33.2% and time away from work, 26.1%.
- Leadership sessions that were perceived as not being distinct from the rest of the sessions; delegates generally supported the continuation of these sessions but they need to be more interactive.
- Youth focus was positively received.

The attendance level of 110 randomly selected programme sessions was judged as follows:

- 25% - Full
- 35% - Half-full
- 40% - Few attendees

The major findings of the intercept interviews that focused on the impact of the conference were:

- That 80% of respondents who had attended past International AIDS Conferences reported making behaviour changes with regard to their professional practice as a direct result of attending the conference.



- The impact was more likely to happen subsequent to attending a International AIDS Conference for the first time.
- The type of behaviour changes were:

Type of behaviour change	Definition
• Changed programming efforts	• Began a new programme or made changes to current programme
• Increased education of others	• Published more, gave more lectures/speeches, more mentorship of researchers, providers of medical students
• Changed patient management approach	• Increased risk assessment or counseling, changed treatment plans, conducted more community-focused treatment (i.e. more indigent patients)
• Changed research approach	• Changed emphasis or methods in scientific or clinical research
• Changed advocacy approach	• Changed emphasis or methods in advocacy for HIV patients, communities, or programmes
• Increased policy involvement	• More effort to influence policy at organisational, local regional or international levels
• Increased IAC participation	• Changed from no participation as a presenter or organiser to a presenter or organiser at a subsequent IAC
• No changes made	• Practice did not change in any way

While behaviour change was the main area of interest, it was noted during the interview process that 37% of interviewees also reported as impacts, certain effects they described as supportive of their professional practice. These effects were occasionally mentioned as directly influencing professional behaviour change (i.e. by networking informally at the conference, attendee met a potential collaboration partner and they later set up a new programme site together). Mainly though, supportive effects were described as an intermediate impact (i.e. attendee was inspired by other attendees of the conference and went home to perform her/his own work with increased commitment). The following table identifies the range of values for this variable "type of support".

Type of report recieved	Definition
• Peer support	• Received positive feedback, motivation, inspiration from other conference participants
• Exposure to funding resources	• Learned about new funding sources, how to apply etc.
• Increase in knowledge awareness	• Gained information on a range of topics (i.e. treatment side effects, HIV surveillance methods) or increased awareness of PLWHA, political issues
• Changed research approach	• Met and talked with new people who were helpful in some way to professional practice.



6 Conclusion

The XV International AIDS Conference was clearly a successful event if measured against attendance rates, scholarships awarded, media coverage and delegate satisfaction as 86% of delegates surveyed said they would recommend the conference to their peers. The new unified programme concept was implemented without any major hitches and the new organisational structure with the division of tasks between the IAS and the local host functioned adequately, although structures should be simplified for future conferences.

Given the huge scope and scale of the conference, it is likely that there will be as many different assessments of the conference as there were different stakeholders and interest groups involved. Nevertheless, it seems reasonable to assert that the conference put the spotlight on HIV/AIDS in Asia. The different characteristics of the epidemic from place to place became much clearer and the needs of countries with low prevalence rates masking high absolute numbers (for example, China) and high incidence in specific vulnerable populations, were illuminated. One of the great lessons was that 'one size does not fit all', that treatment and prevention plans have to be tailored to local conditions; while strategies cannot be simply transplanted from one region of the world to another, there is enormous potential in learning from past mistakes and successes.

The increasingly disproportionate impact of the epidemic on women was widely acknowledged; in an example of how one simple statistic can speak volumes, the news that 80% of women infected with HIV in India have had just one sexual partner put the spotlight on the vulnerability of young, poor, married women and graphically reminded the delegates of the need for constant reassessment and renewal of strategies and approaches. Important 'new entries' to the AIDS world were assessed, with the Global Fund confirmed as an important new funding mechanism, with special enthusiasm for the way in which it facilitates the meaningful inclusion of civil society. WHO's "3 by 5" initiative, while thought by some to be overly ambitious, was a welcome attempt to dramatically scale up access to HIV treatment. UNAIDS "3 Ones" principles were seen as an important contribution to simplification and overall coordination and the US President's Emergency Plan for AIDS Relief was viewed as a major increase in funding to respond to AIDS in a focused number of countries.

The preliminary results of the monitoring and evaluation indicates that there is a need to continue with the restructuring of the International AIDS Conference especially if relevance in a continuously changing environment is to be maintained. This would also be in keeping with the trend that we have seen in past conferences; in effect the International AIDS Conference has been continuously reinventing itself (see figure 1).

In approaching future conferences there are a number of content issues that need to be considered carefully. These include:

- Finding ways of ensuring that the conference maintains its appeal to experienced workers in the field of HIV/AIDS. As shown above a significant number of delegates are new comers to the HIV/AIDS field and new comers to AIDS conferences

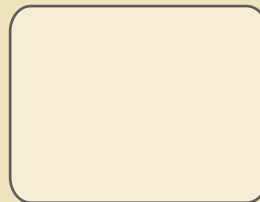


- Expanding interaction, dialogue and debate between presenters and audience
- Ensuring that plenary sessions appeal to the majority of delegates
- Developing strategies to differentiate the International AIDS Conference from other AIDS conferences and to increase the usefulness of the conference to the varied experience and background of attendees
- Ensuring the quality of scientific presentations
- Refining the Leadership Programme

Taking into account the perception of delegates that the number of sessions is too many and the relatively poor attendance at many sessions, consideration should be given to reducing the number of tracks and sessions. It should be noted that although session halls were not filled to capacity, the venue was. This corresponds with feedback from delegates who indicated that there are three main reasons for attending the conference namely: content, networking opportunities and renewal to the cause of HIV/AIDS. Even before this delegate survey, these various needs had been recognised by the community department with several projects designed expressly to satisfy those functions, and the conference organisers now need to consider how to dedicate greater space for these activities for the whole range of delegates.

Acknowledging this need to continuously reassess and reinvent the International AIDS Conference, the IAS has initiated the Future Directions project. This project, through broad consultation with stakeholders, will examine all aspects of the mission and goals of this conference. Through a series of key informant interviews, stakeholder consultations and web-based discussion, "Future Directions" aims to ensure that future International AIDS Conferences maximize their potential for systematic review of progress across the field of HIV/AIDS and identification of common agendas to drive progress in the intervening years. The results of the project will be made available in late 2005, and will be incorporated into future conference planning processes.





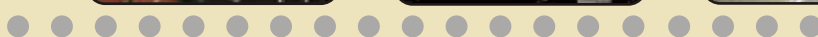
report

Report of the First Leadership Programme

XV International AIDS Conference
11-16 July 2004 • Bangkok



actions that inspire others
to dream more, learn more
do more and become more...



First leadership programme

I. The First Leadership Programme at the IAC

Since the Special Session of the UN General Assembly, leadership on AIDS has increased at all governmental levels and in a variety of sectors. The amount of resources devoted to HIV/AIDS programmes has significantly grown, as has the number of countries with strategic national AIDS plans. Yet leadership in the fight against AIDS remains insufficient, inconsistent and often disorganised.

- A **critical mass** of AIDS leadership has yet to develop. While leaders in some countries and in some sectors have embraced the fight against the epidemic, other potentially important leaders remain on the sidelines. At the unprecedented UN Special Session, a watershed moment in the global response to the epidemic, few national leaders attended. Substantially greater momentum is needed to encourage all leaders to perceive that they have no choice but to join the fight against the epidemic.
- **Continuity** of leadership is frequently missing. Major leaders often attend important meetings or conferences to give a speech on AIDS, but they typically leave soon thereafter, having perhaps generated scattered media coverage but having contributed little to the long-term momentum towards greater leadership against the epidemic. Few mechanisms permit heads of states, parliamentarians, business leaders, workers' organisations, religious leaders, community leaders and leaders among people living with HIV/AIDS to share their diverse experiences and leadership strategies in the fight against HIV/AIDS. As a result, current leadership on HIV/AIDS often remains **insufficiently strategic and uninformed by earlier experience**.
- Strategies are needed to promote the **recruitment and cultivation of new leaders** on HIV/AIDS and at the same time, reconfirm commitment and strengthen involvement of the **current leaders from various sectors and levels**.

Leadership and the XV International AIDS Conference.

Leadership and the XV International AIDS Conference. The International AIDS Conference is one of a very few structures that can promote and induce recognition, mobilisation, sharing of lessons learned and continuity of leadership and commitment. The historic juxtaposition of scientific experts and community leaders has helped make the International AIDS Conference one of the world's most important scientific and community gatherings on AIDS. Yet science and community activism alone, while essential, will never reverse the global epidemic if it is not supported by energetic and sustained leadership from political and other leaders. In an attempt to use the International AIDS Conference to generate greater global leadership against



Patron of the Leadership Programme Graca Machel
with Chairman and President of MTV Bill Roedy

the epidemic, leading political figures and leaders from other sectors have occasionally attended the conference in the past. These efforts often have largely lacked follow-up or a coherent strategy.

In response to these continuing challenges, the Government of Thailand, the UNAIDS family, and the International AIDS Society proposed the creation of a full programme of conference sessions devoted to leadership in the global response. The specific objectives of the Leadership Programme were **to promote strong and concrete commitments by leaders** in five major aspects of the global response:

- Development, implementation and enforcement of policies that support an effective response to the epidemic,
- Scaling up HIV prevention, treatment, care and impact alleviation Programmes in countries affected by the epidemic,
- Significantly increasing financial and human resources available for essential HIV/AIDS Programmes,
- Mobilising new and greater leadership in the fight against HIV/AIDS, and
- Enhancing the accountability of leaders in mounting an effective response.

The proposal of creating a complete Programme devoted to leadership initially encountered some resistance. In particular, concerns were expressed that high-level political leaders might use the conference to promote their particular agendas and that their attendance might draw attention away from other aspects of the conference. Eventually, however, the Conference Organising Committee (COC) endorsed the creation of the Leadership Programme (in November 2003), to focus on the broad range of leadership required to wage an effective response to HIV and AIDS.



Zackie Achmat, LPC member Milly Katana and Peter Piot share a light moment at the Conference

For the Bangkok Conference, the COC directed that the Leadership Programme would have to secure financing to underwrite its costs. A Leadership Programme Committee was formed, with Dr. Pakdee Pothisiri⁴ and Dr. Debrework Zewdie⁵ serving as co-chairs. Makeup of the Leadership Programme Committee (LPC) reflected a strong commitment to a diverse and inclusive planning process. The LPC included representatives of ICW, GNP+, ICASO, IAS, Chairs of the Scientific and Community Programme Committees ensuring a truly unified approach. LPC membership also ensured geographical representation with the members coming from sub-Saharan Africa, Asia, Latin America, Europe, and North America.

⁴ Deputy Permanent Secretary, Ministry of Public Health, representing Thailand as host country

⁵ Director, Global HIV/AIDS Programme, the World Bank, representing the UNAIDS family



United Nations Secretary-General Kofi Annan, Thai Prime Minister Thaksin Shinawatra, and Graca Machel, Founder and President of the Foundation for Community Development, Mozambique agreed to serve as Patrons and actively participated in the Bangkok Leadership Programme.

An LPC Secretariat was established in January 2004 with the team consisting of members from UNAIDS Secretariat, IAS, World Bank and the Thai Ministry of Public Health. The LPC devoted substantial efforts toward design of an innovative programme that complemented and synergised the unified programme. The LPC and its Secretariat also focused its efforts on fundraising in a short period of time (from December 2003 March 2004) and successfully raised over US\$ 1.3 million.

The first Leadership Programme increased attention to the role of leadership in the response among participants, and among leaders who do not attend such conferences, the media and the world at large. The Leadership Programme contributed 18 different plenary presentations and over 50 leadership sessions, including two high-level sessions on leadership across sectors. Over seventy percent of these sessions produced concrete statements of commitment by one or more participants (see evaluation report).

achievements Achievements of the Leadership Programme

The XV International AIDS Conference for the first time introduced a complete programme dedicated to focusing and promoting leadership in the fight against HIV/AIDS. Leaders from the fields of religion, science, industry, media worked hand in hand with courageous AIDS champions from the most heavily affected communities to explore the importance of leadership and to identify key elements for a successful response. A truly 'unified' approach with representatives from science and community programmes involved at each step of the planning process for the Leadership Programme, including feedback on session design from over 10,000 listserv members made it a unique and participatory effort.

Access for all

The Leadership Programme engaged the members of various listservs to send their suggestions on the design of the Leadership Programme including questions that they would like to see answered by the leaders participating in the various sessions. This received a tremendous response and helped shape the various LP sessions. This, combined with the online webcasting of key LP sessions by KFF ensured that the LP was open to a wider audience.



Meet the Leaders

These moderated open house sessions with **leaders from different sectors** provided an opportunity for delegates to interact with “unique and successful” leaders who have done it (policy, programme, resources and have mobilised their peers) successfully and to learn the “secret” of how they did it and how they overcome obstacles. Moderated by top media professionals (Riz Khan, Bill Roedy) these sessions took up difficult issues and brought together a panel of leaders in the area to analyse and present their views, experiences and concrete ways forward. The presence of a community voice on each of these panels ensured that the issues addressed the community perspectives and priorities. Questions received from the listservs were posed to the panel ensuring that the session met the wider needs and aspirations of those working on HIV/AIDS issues.

In contrast to the traditional format of conference sessions, the Leadership Programme was designed to be inter-active and promoted free-flowing dialogue on difficult and important issues—setting a new trend in Conference session design. This was reflected in the high level of attendance in many LP sessions and positive feedback from participants (see session evaluation chart below). To ensure maximum opportunity for input and participation, the LPC capitalised on existing list-serve mechanisms to invite people in the field, including affected communities, to submit prior to the conference questions to be posed to leaders participating in special “Meet the Leaders” sessions. Similarly for the first time questions from the floor was also taken and community representatives who were part of the panel posed these questions to the panellists facilitating greater interaction and raising and discussing 'difficult issues'.

A major outcome of the Bangkok Leadership Programme is the multi-sectoral **Bangkok Statement of Leadership Commitment** (*annexed to this report*), which includes concrete leadership commitments and clear accountability mechanisms. Seventeen different sectors met in sector-specific leadership forums to identify strategies for strengthening the global response. Among the sectors that gathered in Bangkok were people living with HIV, males who have sex with males, people who inject drugs, sex workers, women, young people, leaders from AIDS programmes, governments, NGOs/CBOs, the private sector, religion, sciences, uniformed services, and the world of work. Sectoral leaders caucused prior to the Bangkok conference to begin to develop sector-specific leadership statements, then met during the conference to forge sectoral statements of leadership commitment.

After completion of sector-specific leadership statements, leaders from all sectors met during the conference and were facilitated by Graca Machel to produce the Bangkok Leadership Statement. The Statement, presented at the closing ceremony by Graca Machel, was the collective commitment

of leaders from the different sectors (**Sectoral leadership statements are available on www.aids2004.org**). The Bangkok Leadership Statement recognises people living with HIV as the “primary leaders in the fight against the epidemic.” Expressing shame that more progress has not been made in the fight against HIV/AIDS, the statement commits diverse sectors to work toward progress in each of the Leadership Programme's five cross-cutting areas. The Bangkok Leadership Statement also endorsed global efforts to achieve the targets set forth in the UNGASS Declaration of Commitment on HIV/AIDS and urged that global stakeholders be held accountable for its implementation. To that end, the statement included a vow to report to the XVI International AIDS Conference in Toronto on global progress in acting on the commitments made in Bangkok.

The second Asia Pacific Ministerial Meeting (APMM) was attended by Ministers from different sectors from 38 countries in the region. The meeting reviewed the commitments and follow-up actions undertaken by the countries based on their commitments in the first APMM in Melbourne in 2001. The APMM provided a unique opportunity for leaders from the region to strengthen regional collaboration and cooperation in their response to HIV and AIDS. The Declaration of Commitment of the second APMM is attached as annex.

The Conference attracted leaders from a broader range of sectors than any prior conference. Apart from heads of governments/states who attended the Conference (Thailand, Uganda, St. Kitts and Nevis), a number of global leaders (UN Secretary General Kofi Annan, President Mandela, Mrs. Sonia Gandhi, Zackie Achmat, Hank McKinnel, Mary Robinson, Randal Tobias) and over 100 ministers from different sectors participated in the Conference. The Leadership Programme facilitated leaders from different sectors to interact and learn from each other and to build on each other's strengths. Top Leaders from the media, entertainment industry, private sector, work place, religion and youth were mobilised for the first time in a big way and attended the Conference.



Ambassador Randal Tobias

The role of Faith Based Organisations was also consolidated at this Conference and leaders from over 400 FBOs participated in the Conference and contributed to the Leadership Commitment of the religious leaders. Leaders from the entertainment industry including top actors (e.g. Richard Gere, Rupert Everett, Nandita Das), media personalities (e.g. Bill Roedy, Riz Khan), community activists (e.g. Zackie Achmat, Milly Katana, Anandi Yuvraj, Kate Thomson, Abraham Kurien) private sector (Hank McKinnel), and young people (Raoul Fransen, Sujima Viravaidya) played a significant role in the Leadership



Mrs. Annan, UN SG Kofi Annan, Prime Minister Shinwatara and President Museveni



Programme sessions. The Leadership Programme also provided a fora for community and scientific leaders to meet with the government counterparts and leaders from other sectors. The Leadership Programme facilitated critical interaction between diverse groups of leaders ranging from political leaders to community leaders thus ensuring greater sharing of experience and understanding of the key issues and providing advocacy opportunities.

The Leadership Programme also provided an impetus for clear leadership commitments and follow up actions on each of the five cross-cutting objectives. For example, the announcement by Thailand of adoption of a harm reduction policy on IDUs; scaling up of access to treatment including support to countries in the region for increased access to treatment. Similarly, India announced greater engagement of NGOs and PWAs in development of its national AIDS policy and also scaling up of access to treatment. Sonia Gandhi spoke at the closing of the Conference and has followed up the commitment of the government in India for example through the establishment of the National AIDS Committee chaired by the Prime Minister of India. The signing of the Leadership agreement between Russia, Thailand, Nigeria, Brazil, China and Ukraine on prevention and treatment is again a significant example of greater collaboration and commitments for collective actions among leaders across regions.

The Leadership Programme also generated high levels of media interest and coverage of the Conference. Most of the LP sessions were covered by media including online webcasting by Kaiser Network of most key sessions. A local Thai television channel provided live coverage of the key sessions including the Asia Pacific Ministerial Meeting. There were over 1000 lead stories in the media based on the Leadership Programme events and its preparations (local and global media) including a top international publication calling the 'Meet the donors session with top ministers from donor countries as 'the most significant event of the Conference'.

The Leadership Programme sponsored one of the highlights of the Bangkok conference an evening with former South African President Nelson Mandela. The event featured a video that captured highlights from the 46664 concert in South Africa in November 2003 sponsored by the Nelson Mandela Foundation. President Mandela addressed the thousands of conference participants who attended the evening event, reiterating his personal commitment to the fight against HIV/AIDS. A number of celebrities and AIDS leaders attended this event and reiterated their commitment in support of the HIV and AIDS response. The event not only generated wide global media coverage, but provided 'the emotional energy that we needed to go on' and inspired the delegates and the thousands who watched the event live on the web and on television globally.

The Profiles in courage a compilation of inspiring stories of leadership by community leaders was launched at the Bangkok Conference. A selection of these profiles is currently available on the Conference website and will be further enhanced with additional examples by Toronto 2006. The response to these inspirational stories of personal courage in the response to HIV and AIDS distributed during the Conference was overwhelming. It is proposed that a compilation of these profiles be released at the AIDS 2006 Conference in Toronto. The Profiles in Courage can also be used as an excellent tool to monitor the impact of the Leadership Programme on community based leadership.



The Leadership Programme organised unique skills building programmes that were attended by top leaders and provided an opportunity to share experiences and transfer skills in the area of leadership development and advocacy. Some of the participants at the Skills building including senior ministers have made significant contributions and ensured follow up at their country level. These sessions were based on experiential learning process and have established the mentoring process whereby experiences are shared and exchanged on an ongoing basis.

Different sectors have initiated follow up to the leadership commitments made during the Conference and significant progress has been made e.g. the religious leaders and FBOs have developed specific workplans based on the Religious Leaders Statement of Commitment and have received the endorsement of top religious leaders from different faiths; the women's group organised a regional best practice conference based on their leadership commitment and have reviewed the progress on a regional basis. Leaders have been following up on their commitments made at the Conference i.e. Indonesia's current Vice President participated in the Leadership Programme and currently provides personal leadership to the scaling up of Indonesia's HIV response. Young people have been following up on the development of the Global Coalition of Youth. Each sectoral leadership group is responsible for follow up on the Leadership Commitments made and will report back at the XVI International AIDS Conference on progress made.

The success of the Leadership Programme is also reflected in the fact that it will be a permanent feature of the International AIDS Conference.

The specific outcomes across the five key objectives of the Leadership Programme are attached as annex.



III. Lessons Learned

1. The Time-frame and fund raising

The Leadership Programme was designed, developed and organised (including mobilising resources) in less than six months. The short time-frame for planning the Bangkok Leadership Programme had a major impact on the Programme itself. For the Bangkok Conference, the Leadership Programme Committee was charged by the Conference Organising Committee with raising sufficient funds to cover the costs of planning and organising the Bangkok Leadership Programme. Instead of focusing exclusively on planning for Bangkok, LPC and the Secretariat of the Leadership Programme were forced to spend substantial time and energy on fundraising.

The Co-Chairs of the Bangkok Leadership Programme hope and expect that many of these difficulties will be averted in the future, when the Leadership Programme will become a permanent feature of the conference. The Leadership Programme will be financed in the same manner as the Scientific and Community Programmes, obviating the need for the LPC to spend substantial time raising funds from other sources. In planning the Leadership Programme itself, the Toronto LPC will be able to focus on delivering the vision of LP, plan programme sessions and identify session sponsors without having to worry about financial considerations.

2. Participation of leaders:

The short time-frame for planning the Leadership Programme undoubtedly contributed to the small number of critical leaders including Heads of Government/State who attended (many of the leaders could not be invited till March 2004 when the LP was financially covered).



Riz Khan facilitates a Meet the Leaders session.

However, the benefit of having leaders coming to the Conference and being held accountable for their commitments and follow-up has been well demonstrated. Having a smaller number of leaders also ensured that the quality of engagement of the leaders was very high due to preparatory interactions and ongoing briefing provided by the LPC and its secretariat to these leaders. It also provided for better interaction between leaders from different sectors on a one to one basis. In the future it may be a good idea to invite the leaders well in advance of the Conference and use it as an opportunity to advocate with them on an ongoing basis.

3. Engaging wider stakeholder consultations:

The importance of engaging broader civil society in preparing the different sessions at the Conference is critical. The listservs provided an excellent opportunity to expand the scope of the Leadership Programme and engagement of the civil society in better design of sessions. It also significantly improved the session content and more directly addressed the expectations of a wider audience.



Panel members of the intersectoral 'Meet the Leaders' session

4. Engaging professionals to moderate sessions:

The success of the Special Meet the Leaders sessions which followed a predominantly interview format with difficult questions being posed by media professionals to top leaders reflects the effectiveness of this format. Ensuring that the questions posed to the panelists comes from the wider audience (listservs, delegates to the Conference) and engaging media professionals to facilitate discussions on difficult issues and to moderate debates is a very effective strategy as evidenced from the success of sessions moderated by Riz Khan and Bill Roedy. This may be continued at AIDS 2006 in Toronto.

5. Rationalising on the number of sessions:

The Leadership Programme consisted of over 50 sessions including those organised by different session sponsors. While many of these sessions were of high quality and made significant contribution to the outcomes of the Leadership Programme, it may have diluted the overall impact of the Leadership Programme. It is recommended that in future conferences the Leadership Programme limit to a few, high level, strategic sessions.



Prime Minister Denzil Douglas, Thai Health Minister Sudarat Keyuraphan and Dr. Peter Piot

6. Facilitating Strategic Collaboration:

The significant role of the Conference Leadership Programme in creating and providing spaces and forums for different leaders at the global level to enhance strategic collaboration was highlighted. The convening role ensured that different groups of leaders come together, discussed issues and challenges, made realistic commitments and demonstrated the ability to collectively reinforce each others commitments.



Hank McKinnel, CEO of Pfizer and member of the Leadership Advisory committee

The Leadership Programme also highlighted that while the Conference is a critical global forum for the different actors to meet and discuss issues related to HIV and AIDS, a number of development processes can be initiated prior to the Conference that will help lead to collective solutions that are endorsed at the Conference. The signing of the leadership agreement between six countries on access to treatment evolved around the Conference, but was the result of the steps initiated by the Leadership Programme in collaboration with the Thai Ministry of Health and UNAIDS family. Similarly, never before have so many young

people come together through regional consultations (organised in all the regions in preparation for the Conference) and brought the key issues and commitments made there to the global forum during the Conference which resulted in the planning of a global coalition of youth. The Leadership Programme also highlighted the interest and initiative of the private sector and the world of work in partnering and engaging in discussions on the AIDS response. Thus the Leadership Programme helped catalyse a number of similar collective commitments that will help provide greater thrust to the global response on HIV and AIDS.

7. Branding of the Leadership Programme:

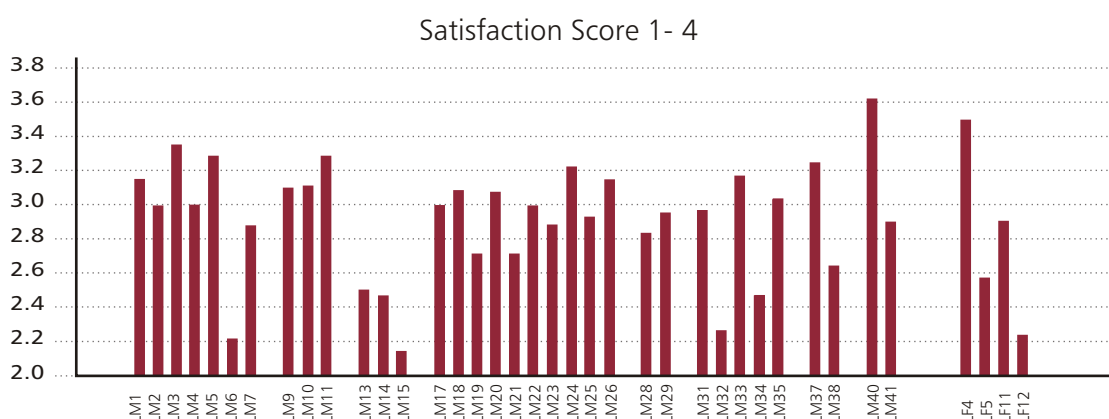
The Leadership Programme branding helped position it within the Conference. The Leadership Programme developed a number of promotional materials with the slogan 'Accountability across all sectors'. The materials included posters, daily session guides, special T-shirts (for volunteers and key LPC members), LP brochure and pull outs that provided information on the Leadership Programme.



The overall branding of the Leadership Programme was extremely effective and a similar strategy may be developed for Toronto.

8. Evaluation strategy:

The need to have an evaluation strategy in place well in advance of the Conference for the conference programmes was highlighted. While the LP evaluation strategy was limited in scope, it provided excellent and valuable feedback to improve design of the future LP. It clearly reflects that those sessions that were participatory were perceived as highly satisfactory while those that relied on didactic presentations scored low.



9. Role of the host government:

The role of the host government in ensuring the success of the Leadership Programme is also highlighted from the experiences at Bangkok. The Thai government provided direct leadership and support to the Leadership Programme including the Thai Prime Minister, Minister of Foreign Affairs and the Health Minister sending letters of invitation to Heads of governments and states, ministers and other leaders to attend the Leadership Programme. The Government of Thailand also provided significant financial support to cover the protocol costs of the participation of the invited leaders. The short time frame did not provide enough time for the host country to do as much as they wished.

10. Role of Volunteers:

The LP Volunteers contributed significantly to the successful management of the LP sessions during the Conference. It is critical that the volunteers be provided training in advance of the Conference and provided specific responsibilities and guidance. The volunteers were given two half day orientation to the Conference and the LP (including role plays and crisis management situations) and a staff member of the Secretariat was assigned to coordinate the activities of the volunteers. It is important that volunteers be selected based on their interest in the area and provided assignments that meet their interest.

11. Role of the Secretariat:

The Secretariat of the LP played a significant role in coordinating the programme and follow up of the LPC decisions. While having the Secretariat in three locations working independently created some difficulty in coordination and communication though given the limited time frame, the Secretariat did an excellent job in pulling together the Leadership Programme. Establishment of e-workspace ensured that information is shared well and efficiently with the LPC members. However, it is recommended that future members of the Leadership Programme Secretariat be located in the same vicinity and work closely with the IAS. The LP Secretariat needs to be fully staffed and should have the right expertise to deal with high level leaders from different sectors and provide strategic analysis and inputs for the LPC to make informed decisions.

12. Managing expectations for Toronto:

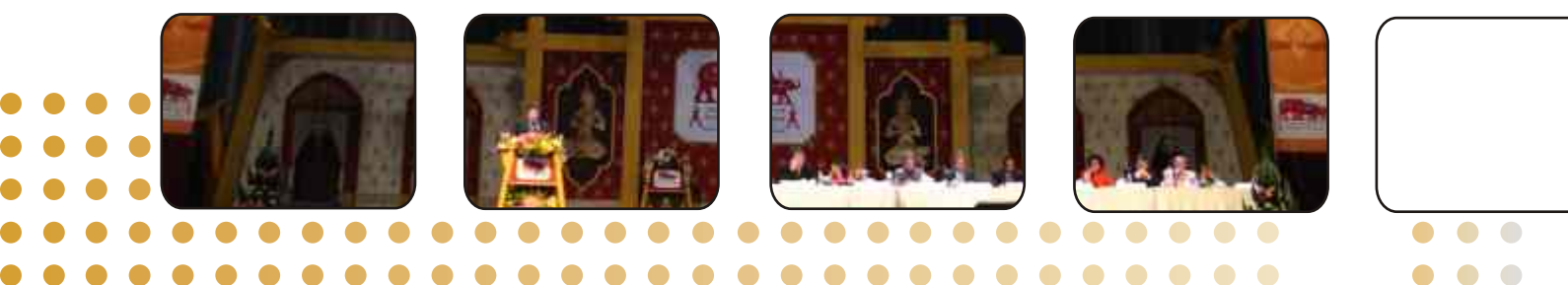
While the Leadership Programme was introduced successfully at Bangkok, the expectations for Toronto are very high. The LP will need to follow up on the commitments made at Bangkok and the LPC will need to facilitate mechanisms for reporting back on progress against commitments. It should also be noted that there are funds available for the LPC based on savings from the Bangkok LP and may be used strategically to initiate preparatory



activities for Toronto. A number of lessons have been learned in the development of the Leadership Programme and it is critical that a joint LPC meeting of the Bangkok and the Toronto Conferences be organised to share the vision and the follow up actions in early 2005.

Acknowledgements

The Leadership Programme Committee would also like to recognise the personal leadership and support of Patrons, leaders of the host country, IAS and co organisers of the Conference.



Annexures

Annexures and Additional Reports

XV International AIDS Conference

11-16 July 2004 • Bangkok

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access for all



annexure A

Organisers and Co-Organisers

The International AIDS Conference was convened by:

- The IAS as custodian of the conference and lead organiser.
- A designated local organiser chosen through a competitive bid process three years prior to the actual conference taking place.
- Five co-organisers: four international (the Joint United Nations Programme on HIV/AIDS - UNAIDS, the Global Network of People Living with HIV/AIDS - GNP+, the International Council of AIDS Service Organizations - ICASO and the International Community of Women Living with HIV/AIDS - ICW) and a local NGO selected from the host country.

The organisers and co-organisers of the XV International AIDS Conference are described below:

A.1 Organisers

A.1.1. International AIDS Society

The International AIDS Society (IAS) represents researchers and other health professionals working in HIV/AIDS throughout the world. The IAS is a non-profit organisation founded in 1988. The IAS has more than 6,000 individual members from over 130 countries. The IAS is the custodian of the International AIDS Conference. The IAS also organises the IAS Conference on HIV Pathogenesis and Treatment. This conference occurs biennially and focuses on bio-medical research in HIV/AIDS.

In addition to the Conferences, IAS programming includes education, promotion of best practice, networking and policy and advocacy activities to support its membership worldwide.

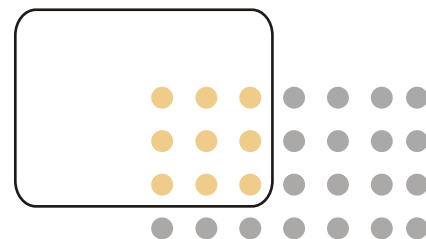
A.1.2 Thailand Ministry of Public Health

The Thailand Ministry of Public Health is a government agency that serves as the national authority on all functions related to health promotion, prevention and control of disease and injury, medical care and rehabilitation and food and drug administration. The ultimate goal of the Ministry is to ensure better health for all.

In line with the above functions, the Ministry of Public Health is committed to providing high quality HIV/AIDS prevention and care programmes. Additionally, the Ministry facilitates relevant research activities and fosters the involvement of civil society, including non-governmental organisations and people living with HIV/AIDS in the process of HIV/AIDS programme development.

A.2 Co-organisers

A.2.1 The Global Network of People Living with HIV/AIDS (GNP+)



GNP+ is a global network for and by people living with HIV/AIDS. Its overall aim is to improve the quality of life of people living with HIV/AIDS. GNP+ works within three closely interrelated areas: advocacy, capacity building and communication.

The Global Advocacy Agenda is the policy platform guiding the advocacy work of GNP+. It consists of three key areas:

- Promoting global access to HIV/AIDS care and treatment
- Combating stigma and discrimination
- Promoting the greater and more meaningful involvement of people living with HIV/AIDS in the decisions that affect their lives and the lives of their communities.

The central secretariat of GNP+ is in Amsterdam and it has affiliated networks in the following world regions.

● Africa	■ Network of African People Living with HIV/AIDS (NAP+)
● Asia/Pacific	■ Asia/Pacific Network of People Living with HIV/AIDS (APN+)
● Caribbean	■ Caribbean Regional Network of People Living with HIV/AIDS (CRN+)
● Europe	■ European Network of People Living with HIV/AIDS (ENP+)
● Latin America	■ Latin America Network of People Living with HIV/AIDS (REDLA+)
● North America	■ GNP+ North America (GNP+ NA)

A.2.2 The International Community of Women Living with HIV/AIDS (ICW)

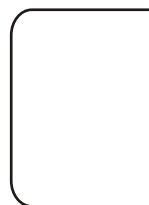
ICW is an international network run for and by HIV positive women that promotes and advocates for changes that improve the lives of women living with HIV/AIDS. It was founded in Amsterdam in 1992 to respond to the desperate lack of support and information to HIV positive women worldwide.

ICW works towards ensuring that all HIV positive women will:

- Have a respected and meaningful involvement at all political levels; local, national, regional and international, where decisions that affect their lives are being made;
- Have full access to care and treatment; and
- Enjoy full rights, particularly sexual, reproductive, legal, financial and general health rights; irrespective of sexuality, culture, age, religion, social or economic status/class and race.

A.2.3 The International Council of AIDS Service Organizations (ICASO)

ICASO, the International Council of AIDS Service Organizations, works to strengthen the community-based response to HIV/AIDS by connecting and representing NGO networks throughout the world.



The networks ICASO seeks to connect and represent consist of community groups working with limited resources to stem the tide of infection among their families, friends and neighbors. It has become clear that some of the most cost-effective and innovative responses to the challenges posed by the epidemic originate in the hardest-hit communities. Because their resources are often meager, and because the epidemic poses immediate life or death choices, these communities have been forced to devise novel defenses against transmission, to provide as much care and treatment as possible, to speak plainly about the disease and de-stigmatise HIV status, and to lobby their governments at all levels to increase resource allocations for a range of services.

ICASO helps networks and groups connect to share lessons learned, expertise, and even commodities. ICASO works to amplify their voices in global, regional and national policy dialogues, advocating their concerns as comprehensively and accurately as possible. ICASO believes that the involvement of women and men infected with HIV and communities affected by AIDS is essential to ensure their access to adequate prevention, care, treatment and support services.

Founded in 1991, ICASO operates from regional secretariats based on all five continents, guided by a central secretariat in Canada.

A.2.4 The Joint United Nations Programme on HIV/AIDS (UNAIDS)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic;

- the International Labour Organization (ILO),
- the Office of the United Nations High Commissioner for Refugees (UNHCR),
- the United Nations Children's Fund (UNICEF),
- the United Nations Development Programme (UNDP),
- the United Nations Population Fund (UNFPA),
- the United Nations Office on Drugs and Crime (UNODC),
- the United Nations Educational, Scientific and Cultural Organization (UNESCO),
- the World Bank,
- the World Food Programme (WFP) and
- the World Health Organization (WHO).

As the main advocate for global action on HIV/AIDS, UNAIDS leads, strengthens and supports an expanded response to the epidemic aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.



A.2.5 Thai NGO Coalition on AIDS (TNCA)

TNCA, a network of 168 Thai NGOs, aims to improve the quality of life of PLWA in Thailand, and to prevent further infections. With four regional branches, TNCA works to support and develop the NGO response to HIV/AIDS throughout the whole country. Working closely with PLWAs, TNCA advocates strongly for better health care and human rights, and coordinates with public sector efforts on prevention and treatment and care issues.

TNCA activities include: capacity development of NGO and PLWA groups, liaison with public sector and business to bring in the perspectives and concerns of PLWAs to solving problems at all levels, and campaigning on issues such as health for all, human rights, reducing the impact of AIDS on children and increasing the state budget for NGOs and for HIV/AIDS.





annexure B

History of the International AIDS Conference

What follows is a brief history of the International AIDS Conference, which is intended as a reminder for those who are familiar with the Conference's development, and to serve as an introduction for those who might be relatively new to the AIDS field and to the International AIDS Conference in particular.

The conferences began with Atlanta (USA) hosting the International AIDS Conference in 1985. The purpose was sharing research and medical findings about what was then a relatively new disease, and the International AIDS Conference was organised in conjunction with largely biomedical bodies such as the World Health Organization and the US Centers for Disease Control and Prevention. The 1986 and 1987 International AIDS Conferences were held in Paris (France) and Washington D.C. (USA) respectively.

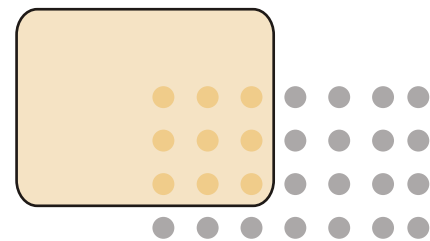
Conferences were held annually until 1994 when they became biennial.

In 1988, at the 4th IAC in Stockholm (Sweden), a not-for-profit organisation - the International AIDS Society (IAS) - was founded with the main responsibility for choosing future meeting venues and serving as a network for those working on HIV/AIDS. The idea was that institutional knowledge (and financial surpluses) gained in one IAC, would flow back to the IAS and provide continuity and financial security for the next conference. At that stage, the idea proved impractical and each IAC was subsequently organised by a new independent local team and much of the learning of successive organisers was lost. The International AIDS Conference 'wheel' was almost re-invented each time.

The Montreal (Canada) conference in 1989 marked a watershed event in the history of International AIDS Conferences and the epidemic. Until then, International AIDS Conferences were primarily the province of scientists. During the AIDS 1989 conference, approximately two hundred HIV/AIDS activists stormed the stage and took their place at the heart of the conference. A person living with HIV "officially" opened the conference "on behalf of people with AIDS from Canada and around the world". The difficult dialogue between science and community had begun. The activist agenda was broader than conference-related policy and called for concrete action from the outset. During the 1989 International AIDS Conference, the USA-based AIDS activist group, Act-Up, released its first Treatment and Data Report, calling for a parallel (clinical trials) track to speed up access to drugs for the treatment for AIDS-related conditions. Talks began with government and industry in the USA to make expanded drug access a reality.

In San Francisco (USA) in 1990, scientists joined activists in protesting the restrictive US policies on immigration and travel restrictions applied to people living with HIV. These policies are still in place. Activists/community representatives now found themselves sitting on session panels with scientists. San Francisco was a milestone in political mobilisation.

During the Florence (Italy) International AIDS Conference in 1991, community took the lead in demanding that IAS and Harvard AIDS Institute (the co-organisers of the following conference in 1992) take a stand against all future conferences in the US until the immigration ban had been



lifted. Planning for International AIDS Conference in Boston in 1992 was well underway. However, the community position was heard and the 1992 conference location was changed to Amsterdam. In 1993, the International AIDS Conference was held in Berlin (Germany).

The International AIDS Conference held in Yokohama (Japan) in 1994 saw the restructuring of IAS in response to concerns about a lack of continuity in IAC planning. A small permanent secretariat was established in Stockholm, with an appointed Secretary General. After competitive bidding, a professional conference organiser (PCO), Congrex, was contracted to be the PCO for at least six future International AIDS Conferences – an agreement understood to expire in 2004. At around the same time, Geneva's bid to host the XII International AIDS Conference (in 1998) was also accepted by the IAS.

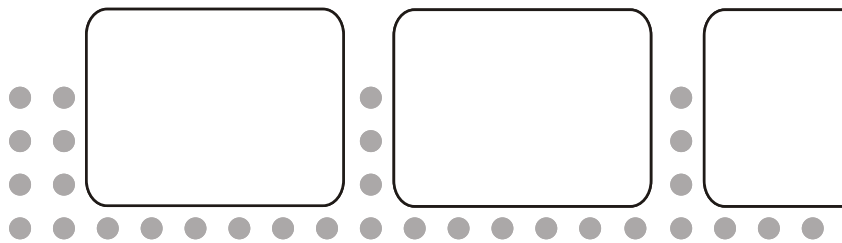
In 1996, the International AIDS Conference returned to Canada (Vancouver) with the theme of "One World One Hope." This Conference heralded the advent of highly active antiretroviral therapy (HAART) for the treatment of HIV/AIDS.

Prior to this, in 1993, the International Council of AIDS Service Organizations became an IAC co-sponsor/co-organiser. UNAIDS and the Global Network of People Living with HIV/AIDS (GNP+) joined them during the Vancouver conference in 1996, and in 1998 the International Community of Women Living with HIV and AIDS (ICW) also became a co-organiser.

The Geneva Principle – that community involvement in the planning of an International AIDS Conference is as important as that of the scientists, and representatives of both groups should be engaged on an equal footing – was created by AIDS 1998. With its ambitious slogan of "Bridging the Gap", all co-organisers in Geneva had equal input and the conference succeeded in highlighting and bringing to global attention the disparities in terms of numbers of people infected and affected by HIV/AIDS, and the availability of corresponding resources between the developed and developing world.

AIDS 2000 in Durban (South Africa) signaled yet another major milestone – and arguably one of the most significant – in the history and evolution of International AIDS Conferences. The conference was held for the first time in the South, acknowledging that: 1) the people and communities most affected by HIV/AIDS have equal importance to contribute and participate in the International AIDS Conference; and, 2) contrary to long-held arguments, that a conference in the South could rival or better any held in the North. During a surprise announcement in the closing ceremony at the Durban IAC, Stefano Vella, then the President of the IAS, also announced to rapturous applause that the venue of the 2004 conference would not be Toronto (Canada), as had been planned. "We shall come back to the south again, and again, and again..." he said. As we now know, AIDS 2004 was hosted by the Government of Thailand, and the Toronto Conference moved to 2006.

Durban showcased the shift from a biomedical approach for the International AIDS Conference. It was simply impossible for conference sessions – including those focusing on basic science – to escape from the fact that the halls and corridors were full of people directly or indirectly affected by the



epidemic. Those who dared to ignore the realities of living with HIV were quickly pounced on by critical listeners during question time, or even before they completed their presentations in some instances. Rhetoric was off the agenda. Instead of having to move those affected to the conference, the International AIDS Conference had finally come to the global epidemic. In addition to the traditional International AIDS Conference tracks - basic science, clinical science, epidemiology, prevention & public health; and social science - a new track was added dealing with rights, politics, commitment and action. Access to HIV/AIDS treatment and the principle of equitable treatment-for-all catapulted into a global political issue and movement. James McIntyre, co-chair of the clinical science track in Durban, spoke of a new scientific activism: "The clinical science track seemed closer to the policy and human rights axis than ever before, as the issues of drug access extended from the street demonstrations to the conference rooms. It was no longer enough to report on drug advances in a vacuum that did not consider how to make these advances accessible". Joep Lange, President of the IAS from 2002-2004, has since proclaimed International AIDS Conference in Durban to be "one of the most significant moments in the history of the epidemic". McIntyre concluded that... "the challenge (to Barcelona) will be to retain and build upon the scientific activism of Durban for the benefits of all".

Barcelona in 2002: Knowledge and Commitment for Action.

"Advocacy and policy has been front and centre at this conference". With these words Terje Anderson, Executive Director of the National Association of People with AIDS in the USA summarised the AIDS 2002 Conference as a major political benchmark. Barcelona also saw several points of broad consensus: the goal of 3,000,000 people in developing countries receiving antiretroviral drugs (ARVs) within 3 years was made concrete; the debate between prevention vs. care-based approaches was over; the major question was about securing the resources and will to scale up models which we already know work; and a heightened recognition that marginalisation and stigma continue to define and shape the epidemic.

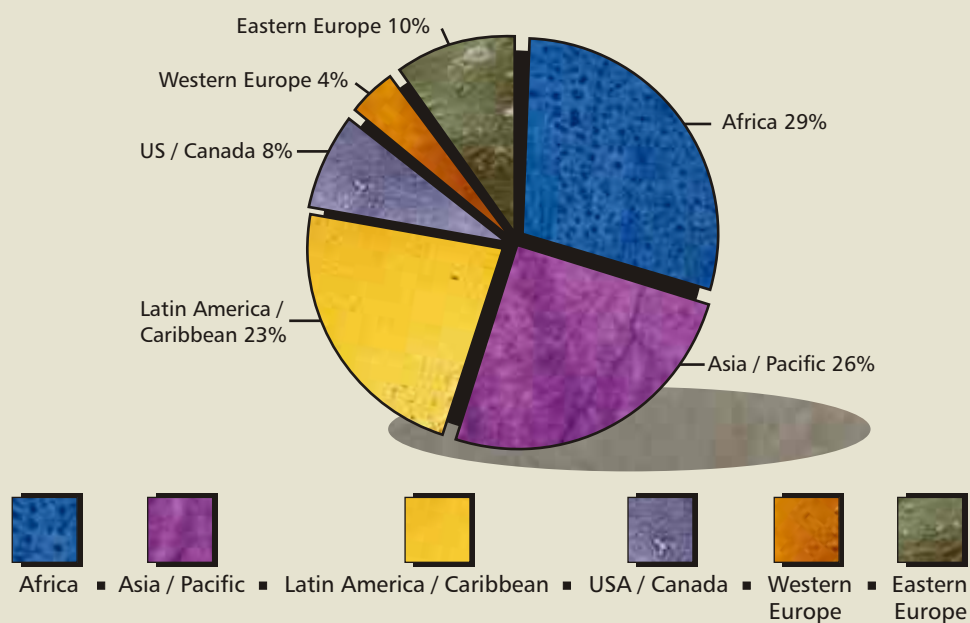
The design of the conference programme set out to create the platform for consensus. It built upon the new 'rights' track introduced at Durban, by offering two new tracks: Track F - Interventions and Programme Implementation; and Track G - Advocacy and Policy. The AIDS 2002 Conference also encouraged presentation of local responses and research by extending the options for abstract submission. The first option was the 'traditional' abstract format for conventional research or clinical studies, and the second option was more suitable to qualitative research and/or authors with less conference experience. The strategy worked, and close to half of the 9000 abstracts received by the conference as a whole were submitted specifically to the new tracks F&G. Novel 'Bridging Sessions' were also introduced to encourage discussion of issues from different perspectives. For example, prevention of mother-to-child transmission of HIV was discussed in a single session from the joint point of views of clinical practice, prevention science and political advocacy.

By the end of the conference, the Barcelona co-chairs, José M Gatell and Jordi Casabona, were optimistic about the final outcome: "In addition to the classical [International AIDS Conference] tracks, the Barcelona conference programme has been widened to include a discussion forum about programmatic and policy issues, and has created a consensus with regard to magnitude and characteristics of the needed response. We think we have succeeded in creating a sense of partnership that should help to push for effective global action."

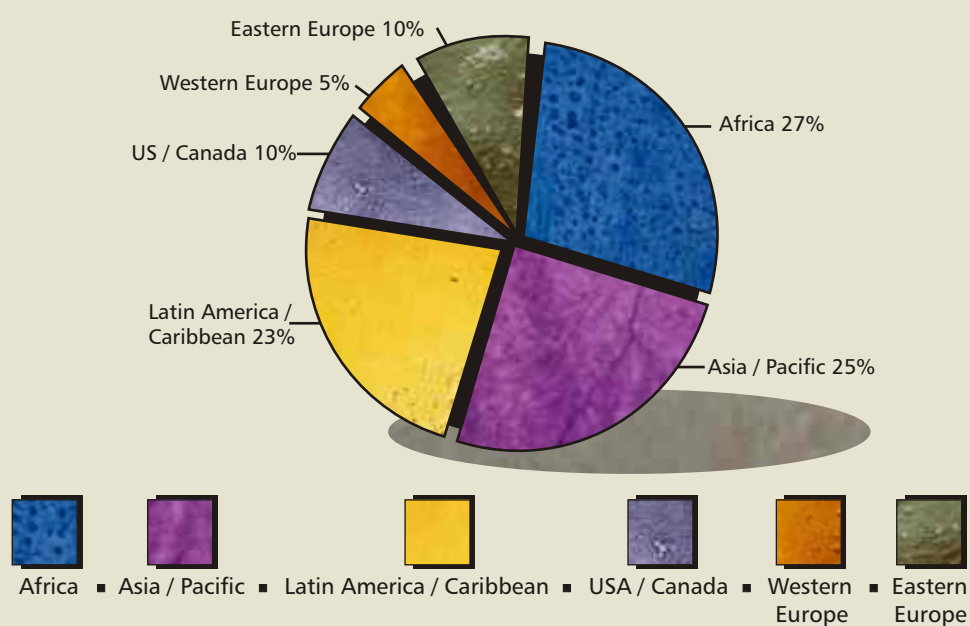
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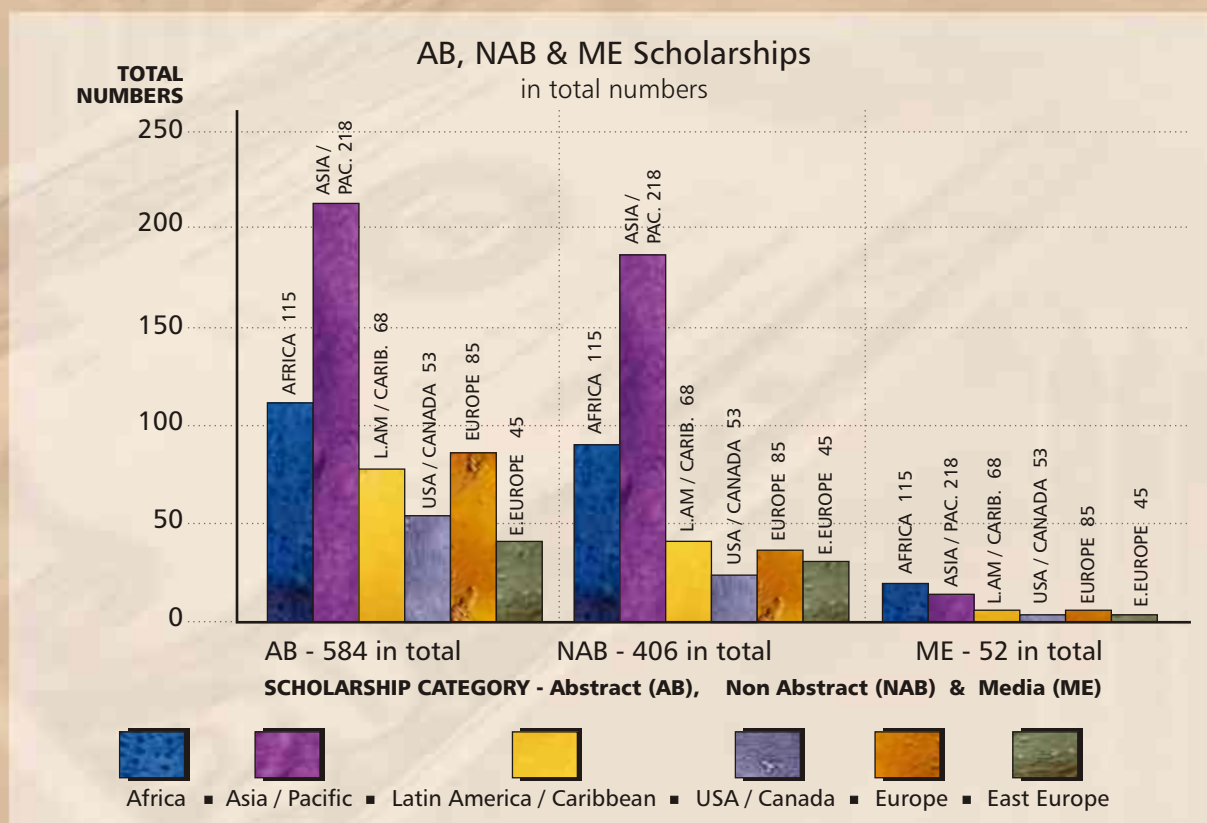
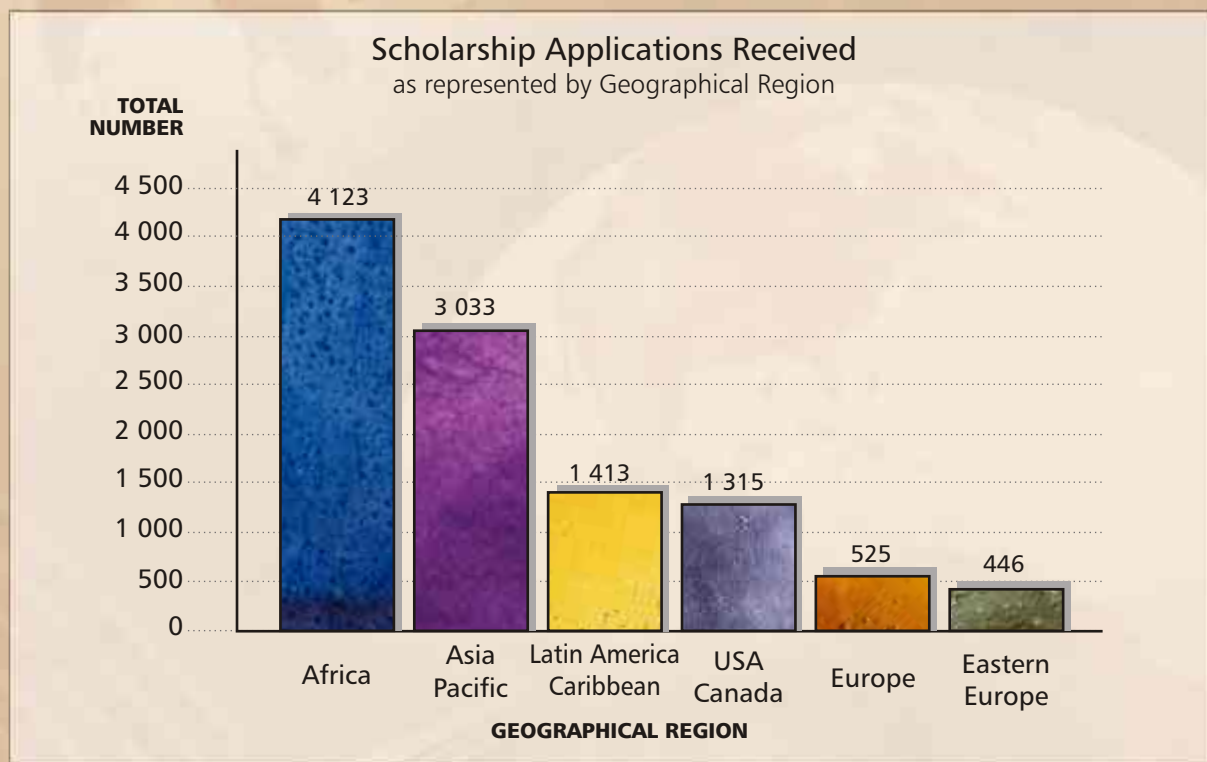
Further Scholarship Statistics

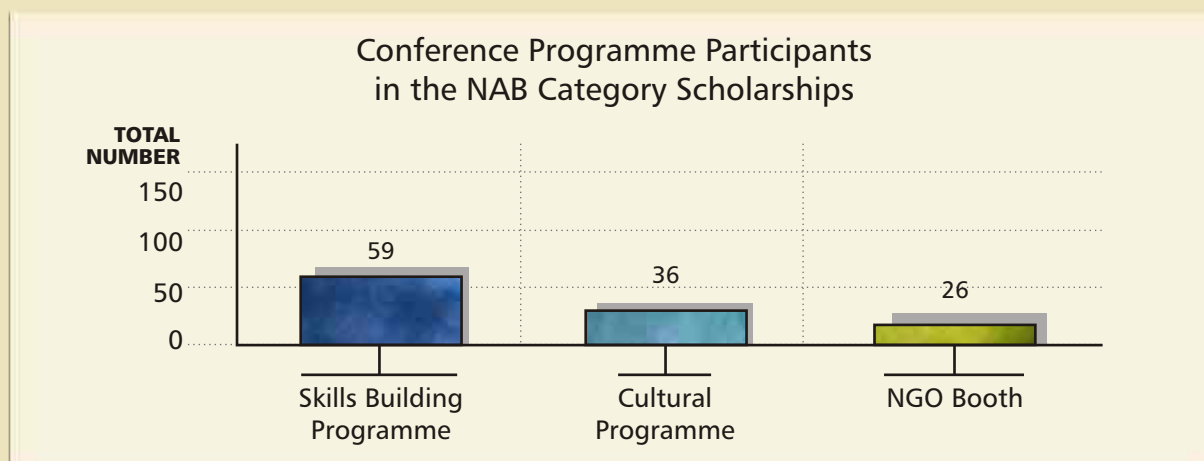
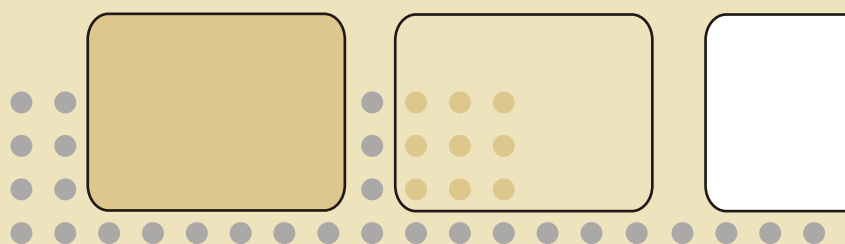
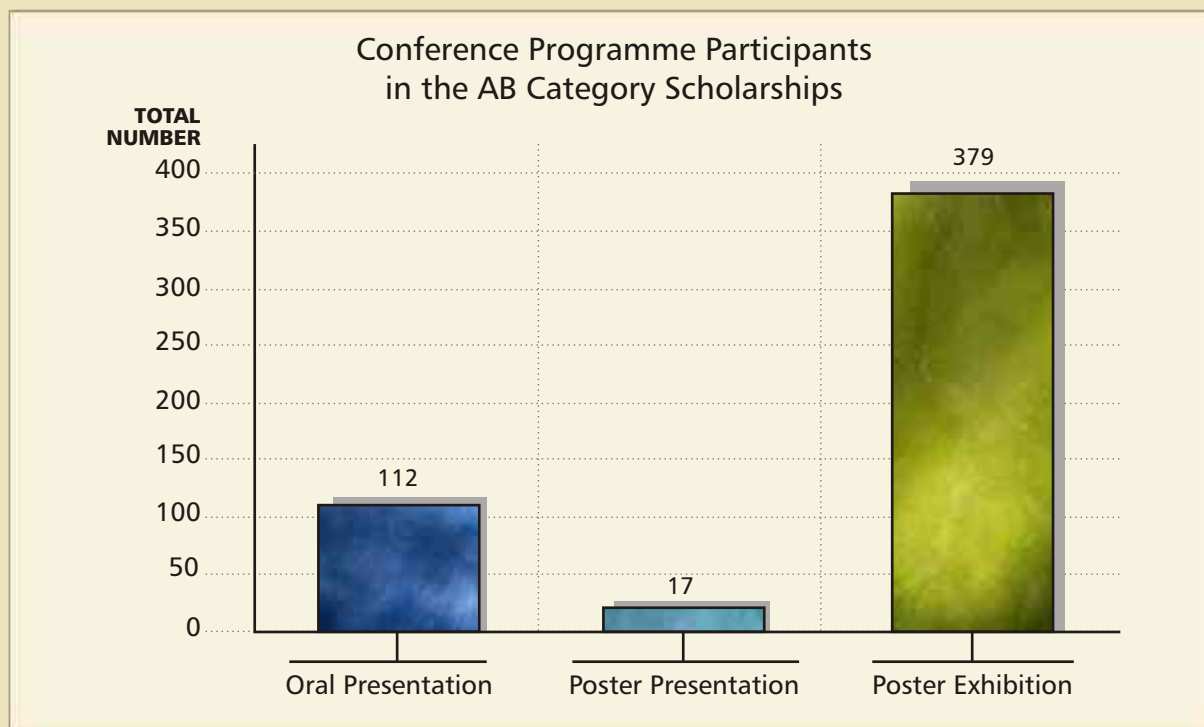
Budget Allocation NON ABSTRACT Category
(45% of total budget) ■ according to Geographical Region



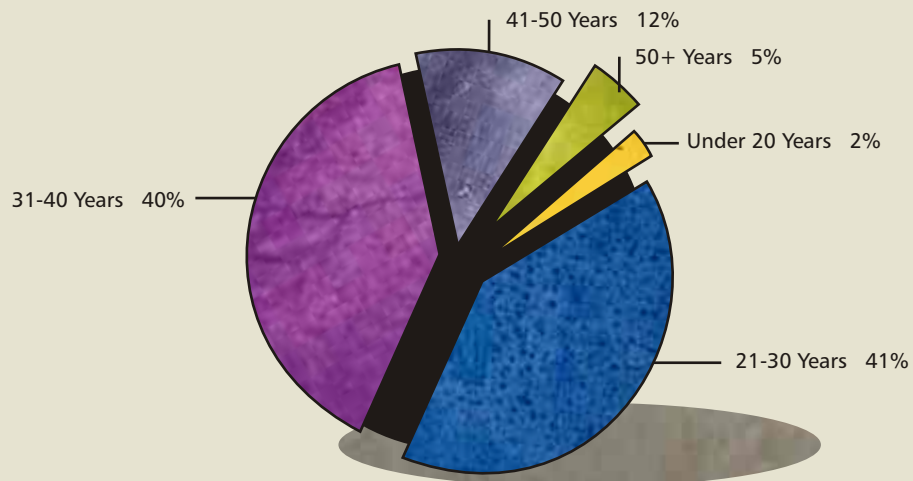
Budget Allocation ABSTRACT Category
(55% of total budget) ■ according to Geographical Region





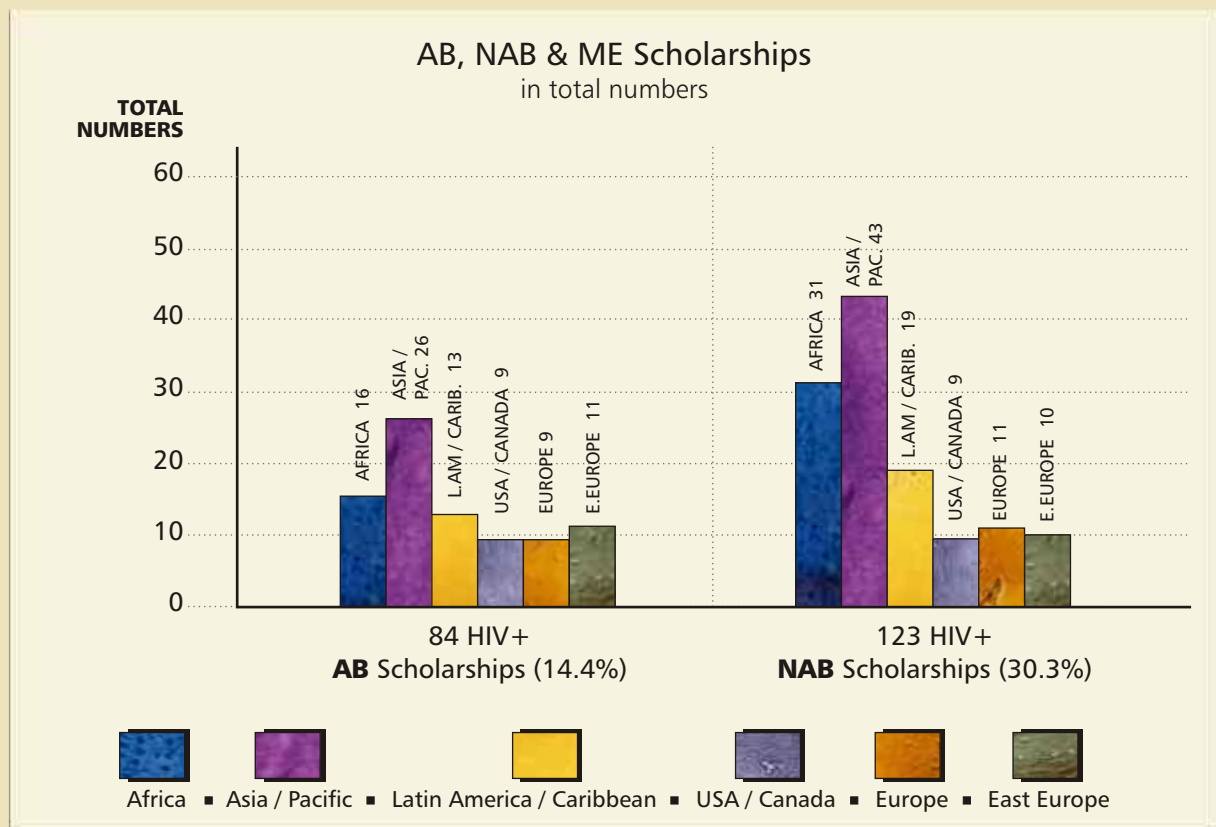


Scholarship Recipients
according to Age Category



Scholarship Recipients
according to Gender





annexure D

Conference Committee Members



IAS 2004 Committee

Local Host Representatives

Manit Teeratanthakorn	▪ Deputy Director General, Department of Disease Control
Siripon Kanchana	▪ Deputy Director General, Department of Health
Sombat Thanprasertsuk	▪ Director of Bureau of AIDS, TB and STIs
Promboon Panitchpakdi	▪ Honorary Advisor to MOPH, Chairman of TNCA

IAS Representatives

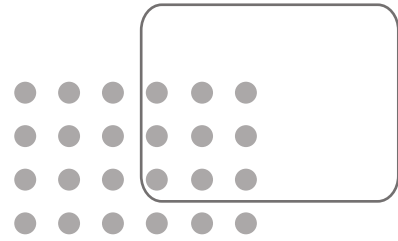
Rodrigo Garay	▪ IAS acting CEO
Mats Ahnlund	▪ IAS Conference Director
Joep Lange	▪ International Conference Co-Chair
Gustaaf Wolvaardt	▪ Senior Advisor

Conference Organizing Committee

Chair:	▪ Vallop Thaineua	▪ Thailand
Co-chair:	▪ Joep MA Lange	▪ the Netherlands
Members:	▪ Siripon Kanchana	▪ Ministry of Public Health
	▪ Manit Teeratanthakorn	▪ Ministry of Public Health
	▪ Prasert Thongcharoen	▪ Chair SPC
	▪ Mechai Viravaidya	▪ Chair CPC
	▪ Helene D. Gayle	▪ IAS President-elect
	▪ Roy Chan	▪ IAS Regional Representative East Asia & Oceania
	▪ Souleymane Mboup	▪ IAS Regional Representative Africa
	▪ Rodrigo Garay	▪ IAS acting CEO
	▪ Richard Burzynski	▪ ICASO
	▪ Stu Flavell	▪ GNP+
	▪ Alejandra Trossero	▪ ICW
	▪ Promboon Panitchpakdi	▪ TNCA
	▪ Werasit Sittitai	▪ UNAIDS
	▪ Gudmund Hernes	▪ UNAIDS

Scientific Program Committee

Chairs:	■ Prasert Thongcharoen	■ Thailand	
	■ David Cooper	■ Australia	
Members:	■ Kiat Ruxrungham	■ Thailand	■ Track A co-chair
	■ Richard Koup	■ USA	■ Track A co-chair
	■ Praphan Phanuphak	■ Thailand	■ Track B co-chair



Scientific Program Committee

Peter Mugenyi	Uganda	▪ Track B co-chair
Prayura Kunasol	Thailand	▪ Track C co-chair
Elizabeth Pisani	UK	▪ Track C co-chair
Benchayouddumnern-Attig	Thailand	▪ Track D co-chair
Pilar Ramos-Jimenez	the Philippines	▪ Track D co-chair
Wiput Phoolcharoen	Thailand	▪ Track E co-chair
Eugene McCray	USA	▪ Track E co-chair
Mechai Viravaidya	Thailand	▪ CPC co-chair

Community Programme Committee (CPC)

Chairs	▪ Mchai Viravaidya	▪ Thailand
	▪ Donald de Gagne	▪ Canada
Members	▪ Terisita Bagasao	▪ UNAIDS
	▪ Sandra Batista	▪ Brazil (Seven Sisters)
	▪ Susan Chong	▪ Malaysia (APCASO)
	▪ Bev Greet	▪ Australia (ICW)
	▪ Musimbi Kanyoro	▪ Kenya (YWCA)
	▪ Jairo Pedraza	▪ USA (GNP+)
	▪ Anthony Pramualratana	▪ Thailand (TBCA)
	▪ Marija Subataite	▪ Lithuania (EuroCASO)
	▪ Kamol Upakaew	▪ Thailand (TNP+)
	▪ Pawana Wienrawee	▪ Thailand (TNCA)
	▪ Prasert Thongcharoen	▪ Thailand (SPC Chair)

Leadership Programme Committee (LPC)

Chairs	▪ Pakdee Pothisiri	▪ Thailand
	▪ Debrework Zewdie	▪ USA
Members	▪ Milly Katana	▪ Uganda (GNP+)
	▪ María-Josefa Vázquez Naveira	▪ (ICW)
	▪ Mary Ann Torres	▪ Canada (ICASO)
	▪ Helene D. Gayle	▪ USA (IAS)
	▪ Brian A Brink	▪ South Africa (private sector)
	▪ Mchai Viravaidya	▪ Thailand (CPC Chair)
	▪ Prasert Thongcharoen	▪ Thailand (SPC Chair)



Scholarship Working Group

Name	Region	Nominated by
Michael Angaga	Kenya/Africa	GNP+
Mamadou Seck	Senegal/Africa	ICASO (AfriCASO)
Robert Baldwin	Thailand/Asia- Pacific	ICASO (APCASO)
Pornsinee Amornwetchet	Thailand/Asia-Pacific	Local host MoPH
O.C.Lin	Hong Kong /Asia-Pacific	UNAIDS + ICASO (APCASO)
Kurt Frieder	Argentina/Latin America & Caribbean	Track B committee
Javier Rozette	Panama/ Latin America & Caribbean	Track D Committee
Akiko Takai	USA/ North America	UNAIDS
Valerie Thandi Manda	Switzerland/ Europe	UNAIDS
Fiona Pettit	UK/Europe	ICW

annexure E

Sponsorship

Entity	Community	Core	Leadership	Media	Scholarship	Grand Total
European Union	702,000				468,000	1,170,000
Bill & Melinda Gates Foundation		200,000	200,000	200,000	100,000	700,000
Swedish Foreign Ministry		567,450	20,007			587,457
Pfizer		330,000	150,000	20,000		500,000
Meet the Leaders Sessions			465,000			465,000
Gilead		405,000				405,000
Boehringer Ingelheim		365,000				365,000
BMS Virology		340,000				340,000
Roche		330,000				330,000
MSD		325,000				325,000
Abbott Virology		300,000				300,000
GlaxoSmithKline		300,000				300,000
CDC					250,000	250,000
World Bank			235,000			235,000
GSK Positive Action	206,000					206,000
Kaiser Family Foundation				200,000		200,000
Medscape				195,000		195,000
Health Canada		131,250	56,250			187,500
CIDA					187,500	187,500
Irish Foreign Ministry		87,750	87,750			175,500
Health and Development Networks				160,000		160,000
Rockefeller Foundation	156,575					156,575
USAID	75,000				75,000	150,000
Norwegian Foreign Ministry		70,000	70,000			140,000
Nike	140,000					140,000
AusAid	5,000		85,000			90,000
OPEC Fund			20,000		70,000	90,000
UNAIDS Family			75,000			75,000
UNAIDS	3,000	30,000			40,000	73,000
Bristol Myers Squibb			50,000			50,000
UNDP	26,000					26,000
Tibotec / Virco		25,000				25,000
Catholic Medical Mission Bd		25,000				25,000
CDC - Thailand	25,000					25,000
NuMedx		25,000				25,000
CTA ACP-EU					23,400	23,400
Bangkok Hotels	21,525					21,525
Oxfam	20,000					20,000

annexure E

Sponsorship

Entity	Community	Core	Leadership	Media	Scholarship	Grand Total
Sasakawa Memorial Health Fd	17,500					17,500
WHO	15,000					15,000
Beckton Dickinson		15, 000				15,000
Star Alliance		15, 000				15,000
Columbia University		15, 000				15,000
PSI Asia (Official Condom)	10,000					10,000
Asian Development Bank		10,000				10,000
African Health & Development	7,500					7,500
Norwegian Church Aid	5,000					5,000
AIDS Journal					3,000	3,000
Nestle	2,500					2,500
Individual Donors	2,250					2,250
GNP+	2,000					2,000
Grand Total	1,441,850	3,911,450	1,514,007	775,000	1,216,900	8,859,207

In-kind' contributions to the community projects came from the following: (alphabetical order)

- AA Footware Co Ltd
- APEX International Entertainment Co Ltd
- Bangkok Post
- Banrie Coffee
- Bireley's California Orange (Thailand) Co Ltd
- Bundit Computer Center
- Canon
- Chang Beer
- Chevrolet Sales (Thailand) Ltd
- Coffee Society
- Epson
- Fast Tech Media
- Frito-Lay Company
- General Motors (Thailand) Ltd
- Goethe Institut
- IAVI International AIDS Vaccine Initiative
- Khao Shong Coffee
- Manora Food Industry Co Ltd
- Ministry of Information and Communication Technology of Thailand
- Nation Newspaper
- Nestle
- NIKE Inc
- Pepsico Beverage International
- Rangsit University
- Rajabhat Suan Dusit Institute
- RS Promotion
- S&P Syndicate Public Co. Ltd.
- Sara Lee Coffee and Tea (Thailand) Ltd.
- Sermasuk Company Ltd
- Starbucks Coffee (Thailand) Co. Ltd
- Thai Airways International
- Thai Towel
- The Queen's Gallery
- Tipco F&B Co. Ltd.
- TVE Asia Pacific
- United Foods

Annexure Annexure F

XV International AIDS Conference
11-16 July 2004 • Bangkok



access for all

annexure F

Plenary Topics and Speakers



Monday

- Overarching Theme:
Access to Resources: Commitment and Accountability
- Political commitment and accountability ■ Yoweri Museveni, President of Uganda
- Global problem solving in the 21st century:
Desperate times deserve innovative approaches ■ Jean Francois Rischard
- Critical review of funding mechanisms ■ Mabel van Oranje Wisse Smit
- The business response to HIV/AIDS ■ Tsetsele Fantan

Tuesday

- Overarching Theme:
Scaling up Access to Treatment.
- Antiretroviral therapy update ■ Kiat Ruxrungtham
- TB and HIV ■ Pappa Salif Sow
- Clinical manifestations of HIV in different
parts of the world ■ Diane V. Havlir
- Scaling up access to care in resource
constrained settings - what is needed? ■ Jim Kim

Wednesday

- Overarching Theme:
Ensuring Access for Youth and Women
- A pep-talk too far - reflections on the power
of AIDS education ■ Mary Crewe
- A call for the inclusion of new generations ■ Raoul Fransen & Ricky Tombing
- Addressing inequalities; making prevention work ■ Thoraya Obaid
- Rights matter: structural interventions and
vulnerable communities ■ Dennis Altman



Thursday

- Overarching Theme:
Expanding Options and Access for Prevention.
- Non-vaccine prevention technologies: State of the art report on development & use of male & female condoms, oral chemoprophylaxis & circumcision ■ Quarraisha Karim
- State of the art report on development & use of microbicides ■ Zeda Rosenberg
- HIV vaccines: Where are we now and where are we going? ■ José Esparza
- Prevention of mother to child transmissions in the context of scaling up access to treatment and care: new developments and PMTCT Plus ■ Siripon Kanchana

Friday

- Overarching Theme:
Overcoming Challenges through Empowerment and Action
- Poverty reduction and economic empowerment of people living with HIV / AIDS ■ Mechai Viravaidya
- Human rights and rules - national policies on HIV and the human impact ■ Irene Kahn
- Evidence - based harm reduction interventions, HIV / AIDS prevention, national drug policy development and the human impact ■ Luiz Paulo Teixeira Ferreira
- Religion and HIV / AIDS ■ Gideon Byamugisha



annexure G

Rapporteur Teams

Track A

- **Chief Rapporteur**
- **Rapporteurs**
- **Damian Purcell**
 - Anthony Kelleher
 - Charles Boucher
 - Eric Arts
 - Jane Dale
 - Mario Clerici
 - Steve Zeichner

Track B

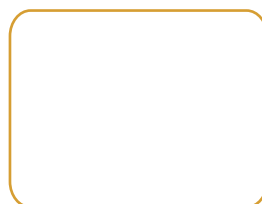
- **Chief Rapporteur**
- **Rapporteurs**
- **Bernard Hirschel**
 - Sinata Koulla-Shiro
 - Lisa McNally
 - Joseph Eron
 - Sarah Pett
 - Carlos Zala

Track C

- **Chief Rapporteur**
- **Rapporteurs**
- **John Kaldor**
 - Gail Kennedy
 - June Kittikraisak
 - Liz Montgomery
 - Mary Wangai
 - Saphonn Vonthanak

Track D

- **Chief Rapporteur**
- **Rapporteurs**
- **Ian Askew**
 - Ann Mccauley
 - Julia Kim
 - M.E Khan
 - Susan Tuddenham





Track E

● Chief Rapporteur
● Rapporteurs

- **Edward Green**
- Angela Trenton Mbonde
- Bilali Camara
- David Stephens
- Edward Emmanuel
- Jacob Gayle

Community

● Chief Rapporteur
● Rapporteurs

- **Shaun Mellors**
- Glen Brown
- Fezeke Kuzwayo
- Francoise Welter
- Javier Hourcade Belloc
- Malu Marin
- Peter Busse

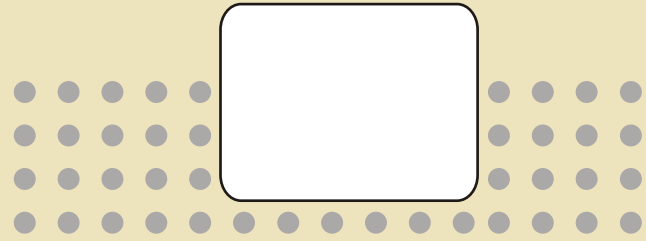


Leadership

● Chief Rapporteur
● Rapporteurs

- **Debrawork Zewdie**
- Keith Hansen
- Mike Isbell
- Lindsay Knight
- Vatsana Chanthala
- Yasmin Halima
- Joseph Valadez

Rapporteur reports can be seen on the conference website at <http://www.aids2004.org> (click on 'conference programme'). Abstracts, web-casts and the conference daily newspaper are also available there.



Annexure H Audited Financial Results

XV International AIDS Conference
11-16 July 2004 • Bangkok



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auditors report

Auditors Report

of the 2004 International AIDS Conference

To the Managing Director of IAS AB

Auditors report

We have performed the procedures agreed with you and have audited the final settlement of accounts for the XV International AIDS Conference in Bangkok, Thailand 11-16 July 2004.
The net result was USD 1 799 570.

Our engagement was undertaken in accordance with Swedish generally accepted auditing standards applicable to agreed-upon procedures. The procedures were performed to assist you in evaluating the validity of the aforementioned final settlement of accounts.

Opinion

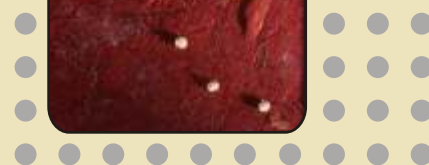
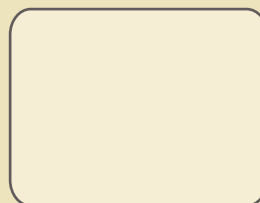
Based on our review of the supporting documentation and the compiled financial reporting nothing has come to our attention that causes us to believe that the statement from Ekonomi Klara Papper AB on behalf of the Beneficiary is not correct.

Stockholm 30 May, 2005



Anders Taaler

Authorized Public Accountant



financial statement
Venue • Bangkok, Thailand • Date • July 2004
Currency • US Dollar

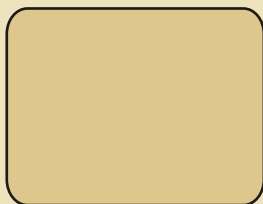
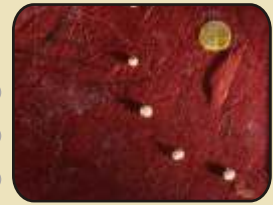
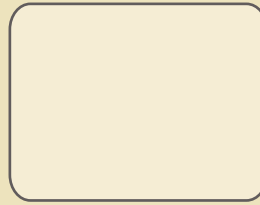
REVENUE SUMMARY	NOTE	Actual Booked AUDITED	Last Provision	NET TOTAL
SPONSORSHIP	1	6 096 938	297 809	6 394 747
EXHIBITION SPACE		1 023 125		1 023 125
REGISTRATION FEES	2	9 467 320		9 467 320
OTHER REVENUES	3	1 630 980		1 630 980
TOTAL REVENUES		18 218 363	297 809	18 516 172
COST SUMMARY		Actual Booked AUDITED		
FACILITIES (CONFERENCE VENUE) RELATED		1 458 408		1 458 408
TECHNICAL EQUIPMENT & STAFF		1 198 305		1 198 305
EXHIBITIONS		124 287		124 287
PRINTED MATTER & WEB SITE		465 366		465 366
DISTRIBUTION & HANDLING		104 321		104 321
SCHOLARSHIPS		1 218 341		1 218 341
INVITED DELEGATES	4	391 040		391 040
ABSTRACTS & POSTERS		24 138		24 138
DECORATIONS & SIGNS		62 418		62 418
ON SITE PERSONNEL (CATERING & VOLUNTEERS)		254 890		254 890
SECURITY		141 238		141 238
TRANSPORTATION		517 729		517 729
SOCIAL ACTIVITIES	5	388 775		388 775
VARIABLE COSTS	6	207 923		207 923
CONGREX CONFERENCE ORGANIZER FEES/COSTS		1 261 820		1 261 820
ADMINISTRATIVE COSTS CHAIRPERSONS		58 037		58 037
COMMITTEE MEETINGS		442 879		442 879
LOCAL HOST ACTIVITIES & COSTS		1 330 830		1 330 830
STAFF SECRETARIAT COSTS		1 641 148	4 454	1 64 5 602
OFFICE OVERHEAD COSTS		663 605		663 605
INFORMATION TECHNOLOGY		497 753	3 793	501 546
MEDIA / COMMUNICATIONS		536 042		536 042
MARKETING / PROMOTION		240 679		240 679
CONSULTANT FEES		161 370		161 370
LEGAL SERVICES		84 341		84 341
FINANCIAL MANAGEMENT / ACCOUNTING / AUDIT / INSURANCE	7	433 580	89 519	0 523 099
DELEGATE CONTRIBUTIONS, TAXES, BANK CHARGES		2 396 964		2 396 964
START-UP EXPENSES	8	312 609		312 609
TOTAL COSTS		16 618 836	97 766	16 716 602
TOTAL SURPLUS	9	1 599 527	200 043	1 799 570

explanatory notes

Explanatory notes on Financial Results of the 2004 International AIDS Conference

**The Leadership Programme, as a late addition and pilot programme, was not included in the official conference budget. As such, the finances for the Leadership Programme were accounted for separately. The audited results for the Leadership Programme were not available at the time of printing of this report. They will be posted on the conference and IAS website in 2005.*

- Note 1** ● Sponsorship includes all sponsors and donors. The five largest are, in order: European Union, Bill and Melinda Gates Foundation, Swedish Government (SIDA), Pfizer and Gilead. A full list can be obtained from the Conference Secretariat.
- Note 2** ● The income from fees is based on 8.600 fully paying participants. The other circa 10.000 delegates were either free registrations (scholarships 2.939, media 2.600 and speakers / facilitators and guests) or reduced-fee registrations (students, youth).
- Note 3** ● Other revenues are mainly sold satellites and office space (US\$ 1.1 million) and a contribution from the Barcelona Conference of US\$ 204.000.
- Note 4** ● Mainly travel & accommodation costs for developing countries, community-based speakers and facilitators.
- Note 5** ● Opening / Closing ceremonies and Welcome reception
- Note 6** ● Conference bags, water, badges, etc.
- Note 7** ● US\$ 1 million to the Revolving Fund for future International AIDS Conferences, US\$ 423.000 VAT and taxes, US\$ 505.000 self-selected delegate contributions to co-organisers or the International Scholarship Fund and US\$ 260.000 bank fees and credit card commissions.
- Note 8** ● All expenses associated with initial negotiations and pre-planning meetings with local host and co-organisers, initial promotion and marketing expenses, all travel and other expenses incurred prior to the first official Conference Organising Committee meeting.
- Note 9** ● Surplus is divided 40 % to Local Host for local and regional HIV / AIDS project to be determined by the Thai Ministry of Public Health in consultation with Local NGOs. When the details are provided by the Thai Ministry of Public Health they will be made available on the conference and IAS website.
- 30 % is designated for the IAS Reserve Fund for future Conferences and 30 % is designated to the IAS for ongoing operational costs of the membership society.



access for all

actions that inspire others
to dream more, learn more
do more and become more...



access for all

