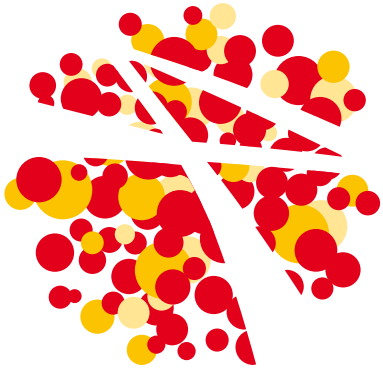

AIDS 2010

XVIII INTERNATIONAL AIDS CONFERENCE

JULY | 18-23 | 2010 | VIENNA AUSTRIA

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EVALUATION REPORT

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- Estonia (www.ehpv.ee | www.hmsx.info | www.tugikeskus.ee)
- Ukraine (www.salus.org.ua | www.amicus.dn.ua | www.rcsev.org.ua | www.aidsalliance.org.ua)
- Kyrgyzstan (www.taisplus.com | www.mh-center.org)
- Tadjikistan (www.spinplus.tj)
- Kazakhstan (www.plwha.kz)

LIST OF ACRONYMS AND ABBREVIATIONS

ANRS	*Agence Nationale de Recherche Scientifique*
AIDS 2006	XVI International AIDS Conference (Canada, 2006)
AIDS 2008	XVII International AIDS Conference (Mexico, 2008)
AIDS 2010	XVIII International AIDS Conference (Austria, 2010)
AMP	Abstract Mentor Programme
CAPRISA	Centre for the AIDS Programme of Research in South Africa
CCC	Conference Coordinating Committee
CCO	Clinical Care Options
CME	Continuing medical education
UEMS-EACCME	European Union of Medical Specialists – European Accreditation Council for Continuing Medical Education
ECUO	Eastern Europe and Central Asia Union of People Living with HIV
EECA	Eastern Europe and Central Asia
ECMEC	European CME credit
IAC	International AIDS Conference
IAS	International AIDS Society
IDU	Injecting drug user
CCABA	Coalition on Children Affected by AIDS
IT	Information technology
MSM	Men who have sex with men
NGO	Non-governmental organization
PAG	Programme-at-a-Glance
PLHIV	People living with HIV
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS

EXECUTIVE SUMMARY

The XVIII International AIDS Conference (AIDS 2010) was held in Vienna, Austria, from 18 to 23 July 2010, attracting more than 18,000 participants, including about 14,000 delegates from 190 countries. The objective of the conference evaluation was to identify the strengths and weaknesses of AIDS 2010 and assess its immediate and long-term impact to ultimately ensure the conference continues to play a key role in strengthening the global response to HIV and AIDS.

The leading data collection instrument was an online survey sent to all delegates with an email address 10 days after the conference had ended. The survey itself received a high response rate (31%), with 3,276 surveys completed. In addition, several other instruments were utilized to collect data on specific conference areas, activities and services. These included, but were not limited to, online and paper surveys, as well as individual and focus group interviews with delegates and non-attendees, which were conducted before, during and after the conference.

The main findings of the evaluation include:

How did delegates hear about the conference?

The two primary sources of information about the conference were: delegates' affiliations, organizations or work; and attendance at a previous International AIDS Conference (29% and 20%, respectively).

Why did some AIDS 2008 delegates not attend AIDS 2010?

Financial constraints, lack of time and/or other priorities were the main reasons for not attending AIDS 2010 (selected by 75% and 30% of surveyed non-attendees, respectively).

How well were participants supported in their preparation and participation?

Resources available on the online **Programme-at-a-Glance** most frequently used by delegates and considered the most useful were abstracts, presentation slides and roadmaps (more than 77% reported that they were "useful" or "very useful").

The AIDS 2010 **community website** was developed to support the meaningful participation of community delegates. More than 70% of surveyed community delegates who used it reported that it was "useful" or "very useful".

Social networking tools were also used by delegates as a resource to prepare themselves for the conference and participate in an effective way. Although these tools were underused, more than half of surveyed delegates who had used them reported that they were "useful" or "very useful" (as opposed to "somewhat useful", "not very useful" or "not useful at all"), especially the conference blog and the AIDS 2010 Facebook page.

The **interpretation service** (English-Russian and Russian-English) was underused by delegates, with only 36% of survey respondents reporting that they had used it (vs. 62% who did not need/use it and 1% who needed it but were not aware of it). However, the majority of users considered it to be "very useful" or "useful" (38% and 34%, respectively).

The online **Abstract Mentor Programme**, intended to assist abstract submitters with limited experience, featured 65 mentors who reviewed about 500 abstracts. The majority of surveyed abstract submitters who used this programme reported that the feedback provided by their mentors was "very useful" or "useful" (over 70%), and almost all would recommend the programme to a friend or a colleague (97%) and would use it again at the next conference (93%).

The **Positive Lounge** is a place of rest and support for HIV-positive conference delegates at the conference venue. The majority of surveyed delegates who visited the lounge considered it "very helpful" or "helpful" in supporting their participation in the conference (44% and 33%, respectively). The most frequently listed complaints about the lounge related to the lack of healthy and warm meals inside the lounge and to its remote location.

Eight hundred and seventy-five (875) **scholarships** were awarded to applicants from 142 countries. Eastern Europe and Central Asia was the most represented region after sub-Saharan Africa, which reflects efforts made to support the participation of people from the region on which the conference was mainly focused. The vast majority of surveyed scholarship recipients rated the organization of the AIDS 2010 scholarship programme as "excellent" or "good" (61% and 32%, respectively).

Online and on-site resources intended to help **speakers, chairs, moderators and abstract presenters** prepare for their session were widely used and considered "useful" or "very useful" by the majority of surveyed speakers, chairs, moderators and/or abstract presenters (75% and more, depending on the resource rated).

The on-site helpdesk for **poster exhibitors** was widely used and considered to be "helpful" or "very helpful" by the majority of surveyed poster exhibitors (42% each). The overall organization of the poster display area was well rated, with the majority of surveyed poster exhibitors reporting that it was "good" or "excellent"

(52% and 36%, respectively). Surveyed poster viewers were also satisfied with the poster display area (60% "good" and 22% "excellent").

Support to **exhibitors** was well rated, with the majority of surveyed exhibitors considering booth build up and dismantling to be "very well organized" or "well organized" (91% and 84%, respectively); the on-site Exhibitor Helpdesk was seen as "excellent" or "good" (92%). The layout of the exhibition area was also well rated (82% indicated that it was "excellent" or "good").

The on-site Media Centre was well perceived by **media representatives**, who rated the overall organization of this area as "good" or "excellent" (47% and 45%, respectively). Online and on-site resources considered to be the most useful by surveyed media representatives were the press conference rooms, newsroom, online media guide and media centre page of the conference website (more than 81% rated them as "useful" or "very useful").

The most frequently listed **complaints** about the conference organization related to food and drinks, the conference venue (temperature, long walking, noise), pre-conference logistics, registration fees, profile of delegates, session schedules, and Internet access during the conference.

Which session types did participants attend?

Participants had the **choice between a wide range of sessions and activities**, including five plenaries, 18 special sessions, 70 oral abstract presentations, 40 poster discussions, 4,488 poster exhibitions, 12 bridging sessions, 47 symposia and 79 workshops.

AIDS 2010 attracted 10,145 **abstracts**, of which 6,128 were accepted. The proportion of abstracts accepted in biomedical tracks (i.e., Tracks A, B and C) has decreased between 2006 and 2010, although within this category, the proportion of Track A abstracts has slightly increased between 2008 and 2010 (4% to 6%).

Delegates mainly attended sessions in Track D (25%) and in the new Track F (20%). Similar to 2006 and 2008, Tracks A and E were the least favoured. Most of those delegates who had a main track of interest reported having attended sessions in tracks other than their main track of interest (87%).

Workshops were appreciated, with the majority of surveyed workshop attendees considering them to be "useful'' or "very useful'' (between 77% and 79%, depending on the focus area). Some complaints were made on the proposed levels and focus areas, as well as on the format of some workshops deemed not appropriate for effective professional development.
Looking at **AIDS 2012**, the majority of surveyed delegates would keep the same number of sessions as in 2010. However, just over 30% would like more workshops and special sessions. The most frequently listed suggestions for the AIDS 2012 programme related to the need to reduce the number of sessions and/or activities to avoid scheduling or time conflicts between important sessions, and to improve the quality of abstracts and speakers/presenters.

What happened at the Global Village?

The **Global Village**, a diverse and vibrant space where communities gather from all over the world to meet, share and learn from each other, featured 95 non-governmental organization (NGO) booths, 28 marketplace booths, 50 sessions, 25 networking zones, 23 art exhibitions, 22 screenings and 27 live performances, as well as a Youth Pavilion, a Community Dialogue Space and a video lounge.

The overall organization of the Global Village was well rated, with the majority of interviewed visitors indicating that it was "good" or "excellent" (88%).

Activities and areas considered to be the most useful were networking zones and sessions (83% and 80% of surveyed delegates, respectively, rated them as "useful" or "very useful").

How did non-attendees follow AIDS 2010?

Non-attendees could follow the conference online through, among other things, the **conference website** and **partners' coverage**.

- The conference website was widely used, and resources that online followers considered to be the most useful were abstracts, daily news bulletins and presentation slides (more than 75% of surveyed online followers rated them as "useful" or "very useful").
- A range of online resources were also provided by three conference online coverage partners, namely Clinical Care Options, NAM and the Kaiser Family Foundation.

Non-attendees could also follow the conference by attending a **"conference hub"**, hosted anywhere in the world by local organizations active in the fight against HIV/AIDS. Each hub consisted of the screening of sessions selected from the conference programme, followed by a moderated local discussion in order to examine how the content of the session may be used to strengthen the response to HIV locally.

Almost 50 hubs were organized in 2010 by various institutions covering all five continents; three of these hubs were supported financially by the conference. Despite some technical problems and translation challenges resulting in delays and/or bad quality of screened sessions, the majority of surveyed hub participants (only those attending the three hubs supported financially by the conference were surveyed)

reported that the hub they attended was “useful” or “very useful” to their work (42% and 46%, respectively).

What did media say about AIDS 2010?

More than 1,200 media representatives attended AIDS 2010 (a 58% decrease compared with AIDS 2008), coming from 100 countries and representing mainly the host region (53%) and North America (21%).

More than 10,000 online articles, published from 18 to 31 July 2010, covered topics relevant to the conference and/or directly referred to it.

What were the main outcomes of the conference?

More than two-thirds of surveyed delegates rated AIDS 2010 as “successful” or “very successful” (as opposed to “somewhat successful”, “not very successful” or “not successful at all”) in:

- Providing opportunities to discuss the influence of global drug policy on HIV prevention, treatment, care and support for people who inject drugs
- Providing opportunities to get feedback on actions taken to scale up HIV prevention, treatment, care or support from decision makers, donors or implementers
- Increasing understanding of the connection between human rights and an effective response to HIV
- Increasing understanding of the relationship between the scale up of the HIV response and other development priorities.

More than 85% of those surveyed delegates who identified themselves as leaders and/or decision makers “agreed” or “strongly agreed” with the following statements:

- AIDS 2010 provided you with the best available and understandable information on gender-sensitive, evidence- and human rights-based HIV/AIDS interventions.
- AIDS 2010 helped you understand what the current limitations are and identify the best solutions towards achieving the Millennium Development Goals.
- AIDS 2010 provided you with opportunities to discuss how evidence-based policies and programmes for people who inject drugs, including harm-reduction strategies, can be expanded.

The top two main benefits gained by delegates and by hub participants were new knowledge and new contacts/opportunities for future collaboration.

New knowledge was the highest ranked benefit gained by non-attendees from following the conference online (68%).

What are the expected impacts of the conference?

Surveyed delegates listed a range of implications that they thought the conference might have on policy, advocacy, human rights, research and funding at country, regional and/or global levels.

Sharing information with colleagues, peers and/or partner organizations was the follow-up activity most frequently identified by surveyed delegates, online followers and hub participants (87%, 71% and 92%, respectively).

What were the perceived added values of AIDS 2010 compared with other scientific/health conferences?

The majority of surveyed delegates indicated that AIDS 2010 offered something that they did not get from other well-known scientific/health conferences (75%). The focus on human rights and HIV, and the international dimension, were considered to be the main added values of AIDS 2010 compared with other scientific/health conferences (selected by 48% and 43% of surveyed delegates, respectively).

In conclusion, the evaluation demonstrated that **the International AIDS Conference continues to provide a key platform for thousands of individuals to share knowledge, raise key messages, and create and reinforce partnerships and alliances, thus boosting the response to HIV and AIDS at global, regional, national and local levels**.

In order to maintain the high profile of the conference and maintain robust levels of attendance in an increasingly challenging financial context, organizers of the International AIDS Conference will need to continue being innovative and must remain committed to strengthening existing mechanisms to ensure the delivery of high-quality, new and promising scientific research. Efforts to attract more leaders and decision makers, who need to hear the key messages of the conferences, will also be required.

Specific recommendations are listed on pages 86 and 87.

EVALUATION CONTEXT

Background and rationale

The **XVIII International AIDS Conference (AIDS 2010)** was held in Vienna, Austria, from 18 to 23 July 2010. Held every two years, the conference is a unique opportunity for the global AIDS community to assess where we are in the response to HIV and AIDS, evaluate recent scientific developments and lessons learnt, and collectively chart a course forward. Vienna was chosen as the host city in part due to its proximity to Eastern Europe and Central Asia (EECA), a region with a growing epidemic fueled primarily by injecting drug use.

The theme of AIDS 2010, *Rights Here, Right Now*, was selected by organizers to emphasize the critical connection between human rights and HIV, a dialogue begun in Mexico City in 2008. The main goal of AIDS 2010 was to have a positive impact on the response to HIV and AIDS globally, and in Austria and the neighbouring region of EECA in particular (see the objectives in Figures 1).

Figure 1. Conference objectives

1. *To increase the capacity of delegates to introduce, implement and advocate for effective, evidence-based HIV/AIDS interventions in their communities, countries and regions*
2. *To influence leaders, including key policy makers and donors, to increase their commitment to gender-sensitive, evidence- and human rights-based HIV/AIDS interventions, including harm-reduction strategies for people who inject drugs*
3. *To serve as an accountability and feedback mechanism for those engaged at various levels of the response to HIV/AIDS, including policy makers and other leaders*
4. *To increase public awareness of the continued impact of HIV/AIDS and the need for responses to the epidemic through the media and other means*
5. *To increase understanding of the connection between human rights and an effective response to HIV/AIDS*
6. *To increase understanding of the synergistic relationship between the scale up of the HIV/AIDS response and other global health, human rights and development priorities among key stakeholders involved in these distinct fields*
7. *To provide opportunities for multi-stakeholder dialogue to develop creative solutions to unresolved challenges in research and implementation of HIV policies and programmes.*

The **conference programme** featured daily abstract-driven sessions in six tracks and non-abstract-driven sessions that included plenary sessions, bridging sessions, symposia, special sessions, workshops and a rapporteur summary session. AIDS 2010 provided other opportunities to reach the global AIDS community through the Global Village, an on-site Media Centre, an exhibition area and satellite meetings, as well as affiliated events, engagement tours and cultural events held outside the conference venue.

AIDS 2010 was the fourth conference of this series to be systematically evaluated. In order to engage all key stakeholders involved in the conference organization, a comprehensive evaluation plan was prepared using the AIDS 2008 evaluation report and the AIDS 2010 programme as the basis. This plan also reflected input from members of the AIDS 2010 Conference Coordinating Committee (CCC) and the three programme committees, as well as from staff of the Conference Secretariat.

The **objective of the AIDS 2010 evaluation was to identify strengths and weaknesses of the conference and to assess its immediate and long-term impacts** to ultimately ensure the conference continues to play a key role in strengthening the global response to HIV and AIDS. Results of the evaluation will be used by the organizers of the next International AIDS Conference (AIDS 2012), which will be held in Washington, DC, USA, in July 2012, and by the various AIDS 2012 committees during the planning and programme-building phase. The AIDS 2010 evaluation is also expected to be used as an accountability tool by all conference participants, online followers, donors and sponsors to get a consolidated overview of what happened at AIDS 2010.

It should be noted that results presented in the separate "AIDS 2010 Conference Report"[1], a technical report released by the Conference Secretariat a few months after the conference, are an important adjunct to the broader evaluation of AIDS 2010. The objective of the conference report is to provide a concise summary of key findings and lessons learned from AIDS 2010 for those working in HIV and related fields, with a focus on new advances that are likely to have a significant impact on the global response to AIDS in the months and years to come.

Methodology

Data collection instruments

Given the wide scope of the conference, **the evaluation sought to collect a range of views using quantitative, qualitative and impact indicators**. To this end, various methods were used to collect data, including:

- Review of AIDS 2010 documentation and website and previous conference evaluation reports
- Consultation with members of AIDS 2010 committees and with staff of the Conference Secretariat
- Individual interviews and surveys of key informants, including conference delegates, scholarship recipients, media representatives, speakers, chairs, moderators and exhibitors, as well as hub participants and organizers, Global Village visitors from the public (as opposed to delegates), Global Village activity organizers, members of conference planning committees and working groups, online followers, AIDS 2008 delegates who had chosen not to attend AIDS 2010, abstract authors who used the Abstract Mentor Programme, abstract mentors and abstract reviewers
- Focus group interviews with delegates
- Feedback from rapporteurs on sessions they attended during the conference
- Review of statistical data relating to AIDS 2010 registration, scholarships, abstracts, programme, website
- Review of monitoring data from previous International AIDS Conferences to allow comparison over time
- Review of reports submitted by AIDS 2010 outreach partners
- Analysis of the conference's online media coverage and use of new media tools.

The primary data collection instrument was an online survey[2] sent to all delegates[3] with an email address 10 days after the conference had ended. The survey was available in English and in Russian, and contained about 40 questions, including open-ended ones to give respondents the opportunity to fully articulate their opinions. As with previous conference evaluations, survey questions were mainly focused on the tools and services available before and during the conference to help people prepare themselves for the conference and participate in a meaningful way; questions also focused on the conference programme (main track of interest, attendance and usefulness) and the main outcomes of the conference. This survey also contained questions about specific features that were previously asked through separate surveys. Such questions were only displayed to respondents who reported that they had used/benefited from those features, including: media facilities, guidelines and/or templates for speakers and presenters, the poster exhibition area, the Positive Lounge, and the scholarship programme. This strategy allowed us to reduce the number of surveys and to increase the number of responses from target groups.

Of the 11,201[4] survey invitation emails sent out in early August 2010, 368 were returned as undeliverable and 163 delegates opted out because they were unable to come to the conference or only attended a small part of it. After one reminder, a total of 3,276 surveys were completed, resulting in a **response rate of 31%** (vs. 26% in 2008). Of this total, 6% were completed in Russian.

A number of other instruments were used to gather information on: 1) support to exhibitors; 2) the Global Village; 3) hubs; 4) reasons for not attending AIDS 2010; 5) conference outreach and impact on non-attendees; and 6) conference governance and programme building.

This includes the following surveys (online and printed) and interviews, which were administered before, during and after the conference (the number of respondents is bracketed):

- Hub participant survey[5] (n=174)
- Hub organizer survey (n=16)
- Global Village visitor face-to-face interviews (n=526)
- Global Village activity organizer survey (n=125)
- Exhibitor survey (n=72)
- Abstract Mentor Programme – mentor survey (n=46)
- Abstract Mentor Programme – mentee survey (n=223)
- Abstract reviewer survey (n=692)
- Online follower survey (n=90)
- Community follower from the Austrian and Eastern Europe and Central Asia survey (n=249)
- Community website survey (n=50)
- Non-attendee survey[6] (n=875)
- Conference committee/working group member survey (n=65)
- Rapporteur feedback form (n=105)
- Instant poll[7] (n=12).

Results of some of these listed surveys are not presented in this report due to either a too low response rate or because their main findings were not relevant to this report.

Features introduced at AIDS 2010

For the first time, **focus group interviews**[8] were conducted during the conference with delegates mainly coming from civil society. The objective was to collect their views on the extent to which the conference contributes to addressing key challenges of the HIV

response (with a focus on accountability, funding, human rights and community engagement) and on the future of the International AIDS Conference. A total of four group interviews were conducted during the last two days of the conference. Each lasted for about 1.5 hour, and each one was with a different group to avoid creating the perception that only one group was represented, which would have posed the risk of biased/invalid results. All group interviews were moderated by an external consultant who was also responsible for the transcription of recorded data and their analysis.

A total of 29 delegates participated in these focus group interviews, and 17 people who had confirmed their attendance did not show up, which represents a fairly high no-show rate (37%). Of the 29 participants, 14 identified themselves as men, 14 as women and one as transgender. They represented all regions of the world, although Europe was the region with the highest representation. Almost half of them had received a conference scholarship to attend AIDS 2010. Results of these focus group interviews were used to cross check findings from the various surveys and interviews conducted as part of the AIDS 2010 evaluation.

Another innovation was the use of **rapporteurs** who followed sessions during the conference. All rapporteurs were expected to fill in a standard feedback form after each session they had observed, and attended a special briefing on this on the eve of the conference. The feedback form was similar to a check list aimed at measuring some indicators (e.g., number of sessions presenting new findings) and at triangulating information collected through online surveys. Due to the limited number of forms returned and the challenge of consolidating results that were not always consistent[9], results of feedback forms were not used for the evaluation purpose.

Mindful of the importance of assessing the **impact of the conference**, or at least the extent to which it had an influence on non-attendees, the AIDS 2010 Evaluation Coordinator initiated a **pilot project in Austria and in four countries of the EECA region (Estonia, Kyrgyzstan, Russia and Ukraine)**. The immediate objectives of this project were: to understand if and how the public in general (as opposed to delegates and hub participants) and key populations in particular had heard about the conference; to capture what they learnt thanks to conference coverage (through the Internet, printed materials, radio, TV and other channels); and assess how this may affect their attitudes and practices with respect to HIV. This project was implemented by local partners, mainly NGOs, based in the five target countries, under the guidance and supervision of the AIDS 2010 Evaluation Coordinator. Most partners were responsible for at least one of the following activities:

- Prepare and conduct post-conference interviews with individuals and/or focus groups targeting vulnerable populations, such as people living with HIV, men who have sex with men, people who inject drugs, sex workers, migrants, women and youth.
- Post the link of an online survey, mainly dedicated to HIV-affected communities, on their website and look for other relevant websites on which the survey link could be posted.
- Translate survey forms and guidelines from English to Russian and other appropriate languages.
- Track media articles on the conference published in Russian, Ukrainian and Estonian in July 2010, and analyze their content.

As part of this project, one of the Austrian partners conducted a literature review to map out studies conducted on HIV awareness of Austria's general public and key populations over the period, 2000-2010[10].

The AIDS 2010 evaluation also included an **analysis of online articles covering the conference** in English, German, French, Italian and Spanish, as well as a review of posts and comments left by delegates and non-attendees on the conference blog, Facebook page and Twitter in July 2010.

Survey administration and result analysis

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

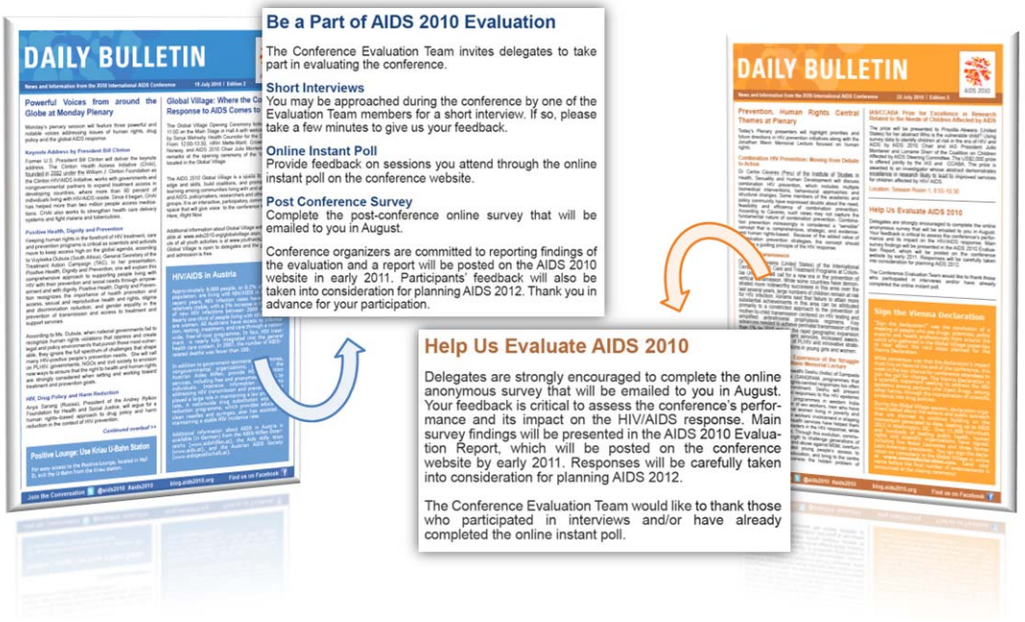
Interviews and data entry for printed surveys administered on site were undertaken by 15 volunteers under the supervision of the AIDS 2010 Evaluation Coordinator and her assistant. All volunteers participated in a half-day training session held on 17 July 2010, and were briefed and debriefed each day they worked.

Data analysis was prepared and conducted using statistical analysis software that included frequencies and cross tabulations for closed questions. Total numbers vary in some instances because non-responses were excluded from valid data. **Statistical comparisons, including the chi-square test, were employed in the analysis of the data**, although for clarity, the details of these are not included in this report. Where the term, "significant", is used in the report, differences have been found with a probability of, at most, 0.05. The information collected was triangulated and cross checked to illuminate similarities and differences in the perspectives offered and to highlight key issues[11]. To allow comparison over time, monitoring data from previous conferences were also reviewed. The analysis of qualitative responses (i.e., to open-ended questions) was conducted by a consultant. The consultant coded the responses according to broad thematic categories, which were discussed with

and approved by the AIDS 2010 Evaluation Coordinator.

Promotion

Evaluation promotion was conducted to inform delegates and other target groups of the purpose of evaluation and to encourage them to complete the various surveys and/or interviews. This included **advertisements in the General Information Guide** (a document with information on Vienna and general conference logistics, available on the conference website a few months before the conference) **and the printed daily bulletin** (second and fifth editions) distributed to all delegates throughout the conference.



Some online surveys were also advertised through the **AIDS 2010 website**, **Facebook** and **Twitter**.

Most online surveys were active for at least two weeks, and for each survey, at least one reminder was sent out about 10 days after the invitation email or the first reminder.

A **financial incentive** was also offered to delegates who completed the post-conference online delegate survey, with a prize of US$200 randomly allocated to 15 respondents.

Limitations

Given the scope of the conference, its ambitious and broad objectives and the timing of the evaluation, it has not been possible to assess its real impacts at individual, country, region and global levels. In addition, **some results need to be interpreted with caution** since the understanding of questions and answers proposed in survey/interview forms is likely to differ from one respondent to the other, depending on his/her country of residence, gender, age, HIV status, HIV work experience, professional and personal background and expectations of the conference. Finally, **the diversity of the conference programme did not allow the evaluation to cover all sessions and activities**, mainly due to time and logistical constraints, as well as human resources limitations.

The **trend analysis from AIDS 2006 to AIDS 2010 was limited by the difference in type of data collected**. In addition, some trends presented in this report need to be treated with caution because they correspond to different realities (e.g., overlap between tracks).

DELEGATES AND SURVEY RESPONDENTS PROFILE

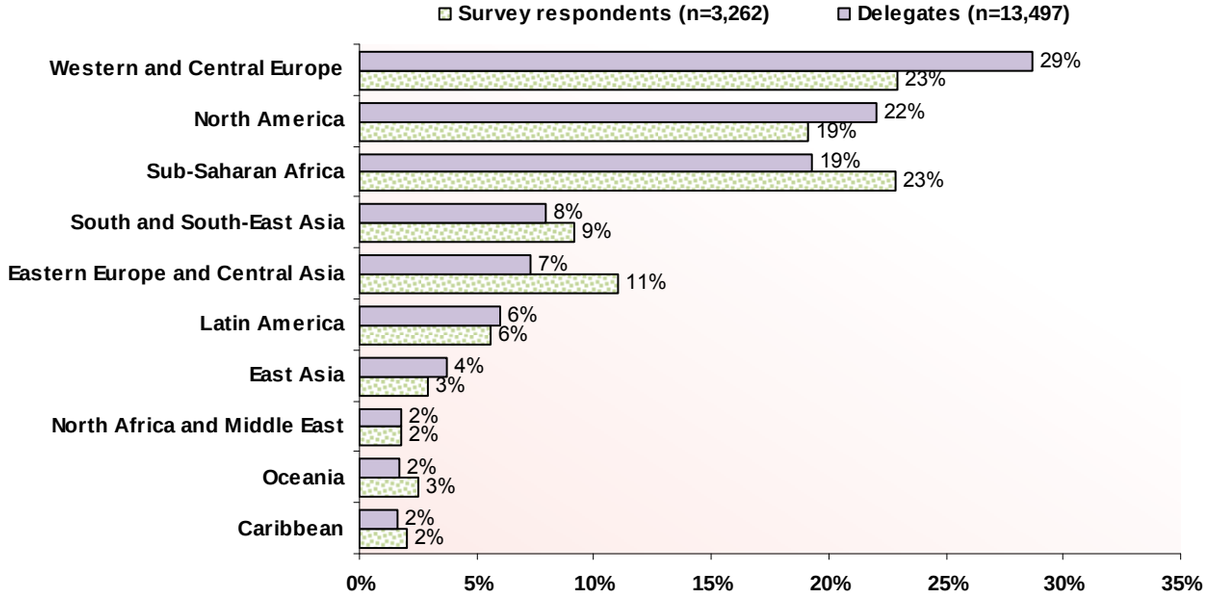
AIDS 2010 was attended by more than 18,000 participants. Of these participants, 13,841 were classified as delegates[12], a **21% decrease compared with AIDS 2008** (19,655). Other participants included 569 exhibitors, 515 accompanying persons, 1,651 faculty (one-day pass), 770 volunteers, 85 hostesses and more than 1,000 staff and organizers.

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

Region/country

Delegates represented a total of 190 countries[13]. Not surprisingly, the largest number of delegates lived in the conference host region[14], i.e., Western and Central Europe. The two other most represented regions were North America and sub-Saharan Africa, as shown in Figure 2. Comparisons between delegates and survey respondents require caution since the survey respondents' region is based on the country of work as opposed to the country of residence.

Figure 2. Breakdown of delegates and survey respondents by region



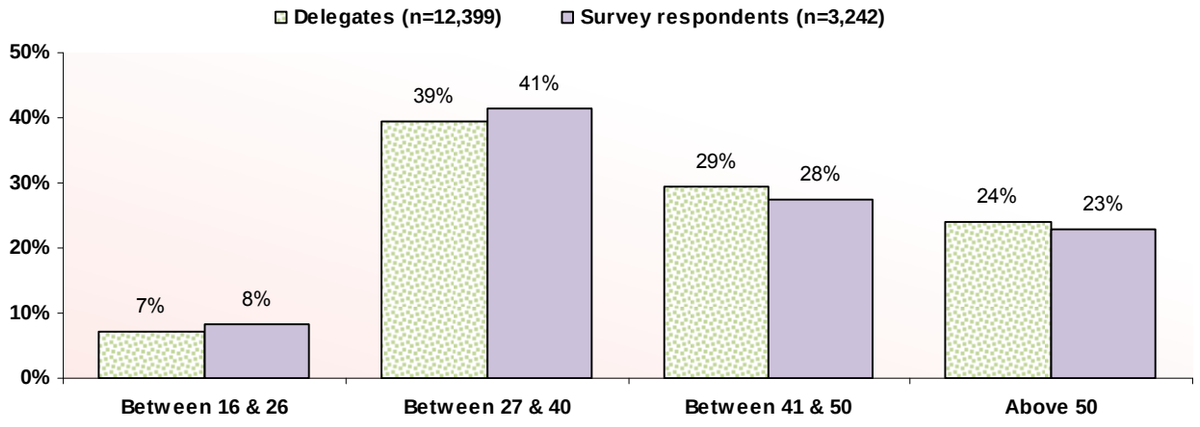
Gender

As in 2008, **the proportion of female and male delegates was almost equal** (50.7% female, 49.1% male and 0.2% transgender), but more females completed the delegate survey (54% vs. 45.6% male and 0.4% transgender[15]). The proportion of transgender delegates decreased slightly over time (from 0.3% in 2006 and 2008 to 0.2% in 2010).

Age

The majority of delegates and survey respondents were between 27 and 50 years of age, almost one in four were above 50 years of age, and less than 10% were under 26 years of age (see Figure 3).

Figure 3. Age of delegates and survey respondents



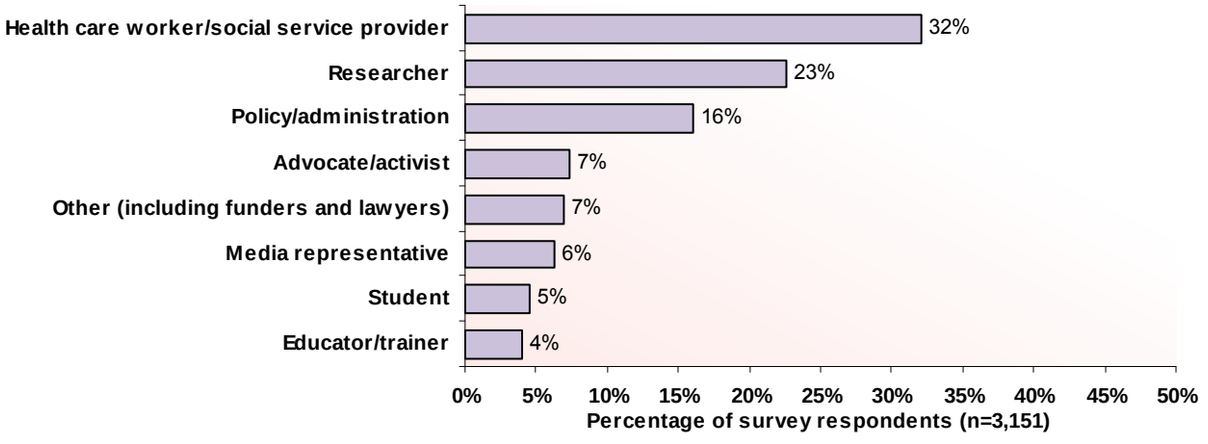
Professional experience in HIV/AIDS

Of the 2,870 survey respondents who specified the number of years they had been working in the HIV field (full or part time), 9% had less than two years of experience, 27% had between two and five years, 27% had between six and 10 years, 15% had between 11 and 15 years, and 22% of respondents had more than 15 years' experience.

Main occupation and affiliation

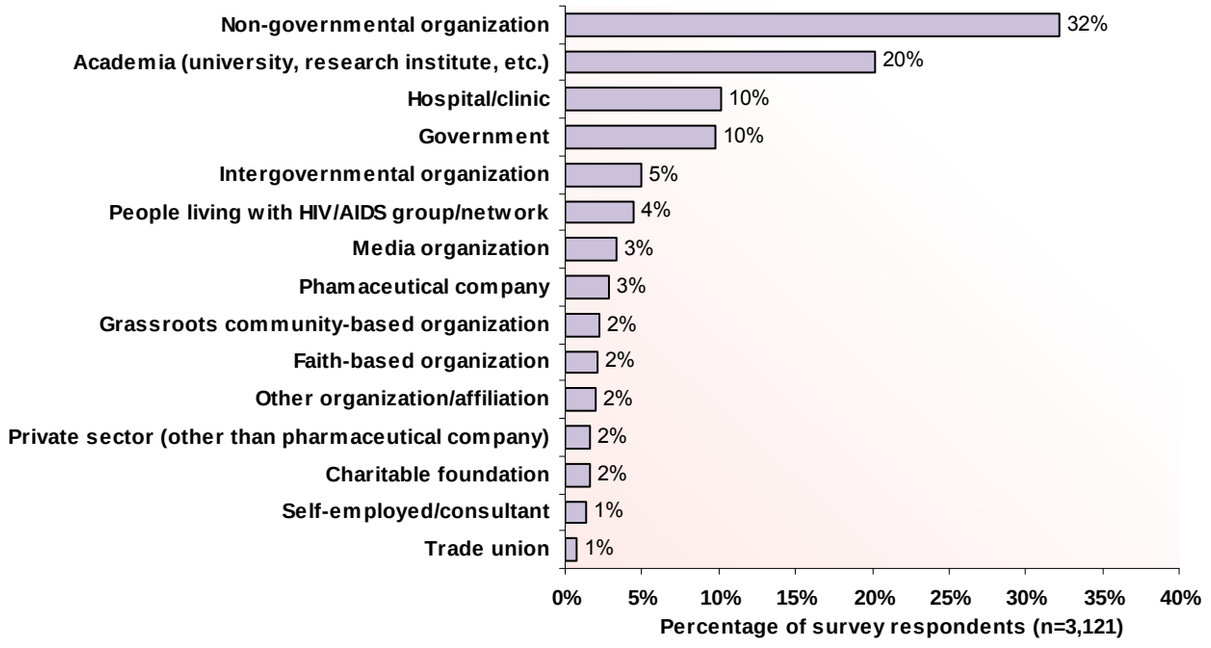
As in 2008, **health care workers/social service providers and researchers** were **the most represented professions among surveyed delegates** (see Figure 4).

Figure 4. Main occupation/profession of survey respondents



As in 2008, **the majority of surveyed delegates** reported being **affiliated with and/or working in NGOs and the academic sector** (see Figure 5).

Figure 5. Main affiliation/organization of survey respondents



Not surprisingly, the majority of researchers selected academia (university, research institute, etc.) as their main affiliation/place of work (54%) while the majority of health care workers/social service providers reported that they were mainly affiliated with/working in NGOs and hospitals/clinics (30% and 25%, respectively).

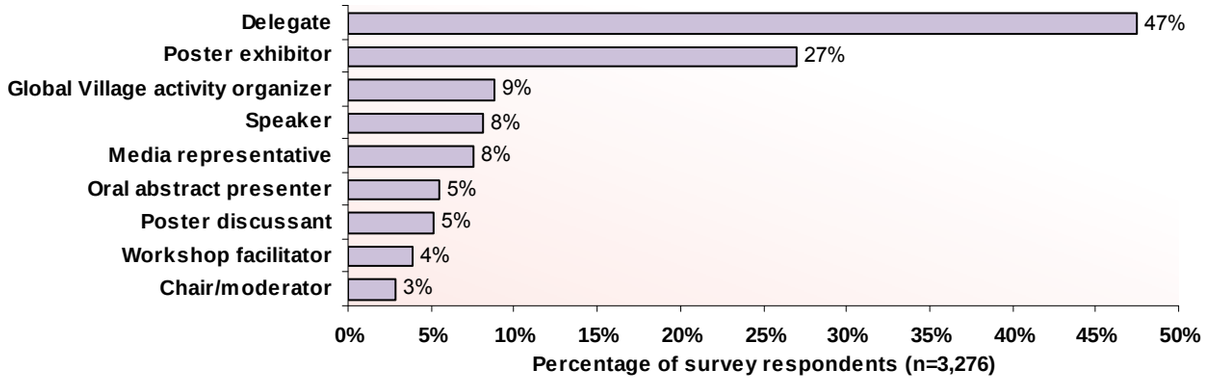
Previous conferences attended

As in 2008, **the majority of survey respondents were attending the International AIDS Conference** (IAC) **for the first time** (62%). Of those who had attended a previous IAC, 69% had attended AIDS 2008, 58% AIDS 2006 and 41% AIDS 2004. One in five non-first-time attendees had attended all past three conferences (i.e., AIDS 2004, 2006 and 2008). This information is not available for delegates.

Participation type

As shown in Figure 6, **the survey sample included delegates with different roles in the conference**.

Figure 6. Participation type of survey respondents[16]



KEY FINDINGS

How did delegates hear about the conference?

Surveyed delegates were asked to select from a 17-item list the way they had first learnt about AIDS 2010. **The largest proportion of respondents (29%) reported that they knew about the conference through their affiliations, organizations or work**. The second most frequently identified source of information about the conference was attendance at a previous International AIDS Conference (20%). The IAS website was the third most frequently identified source of information (12%) and a recommendation by a colleague/friend the fourth one (11%).

Conference organizers and international civil society partners that were members of the AIDS 2010 Conference Coordinating Committee (CCC) made substantial efforts to promote the conference from early 2009 onwards. This included the production and worldwide dissemination of a wide range of online and/or printed materials in several languages, such as web pages, e-updates, newsletters, bulletins, flyers, posters and postcards, as well as presentations (including video) and announcements about the conference during key meetings, regional conferences, festivals, concerts and other cultural events.

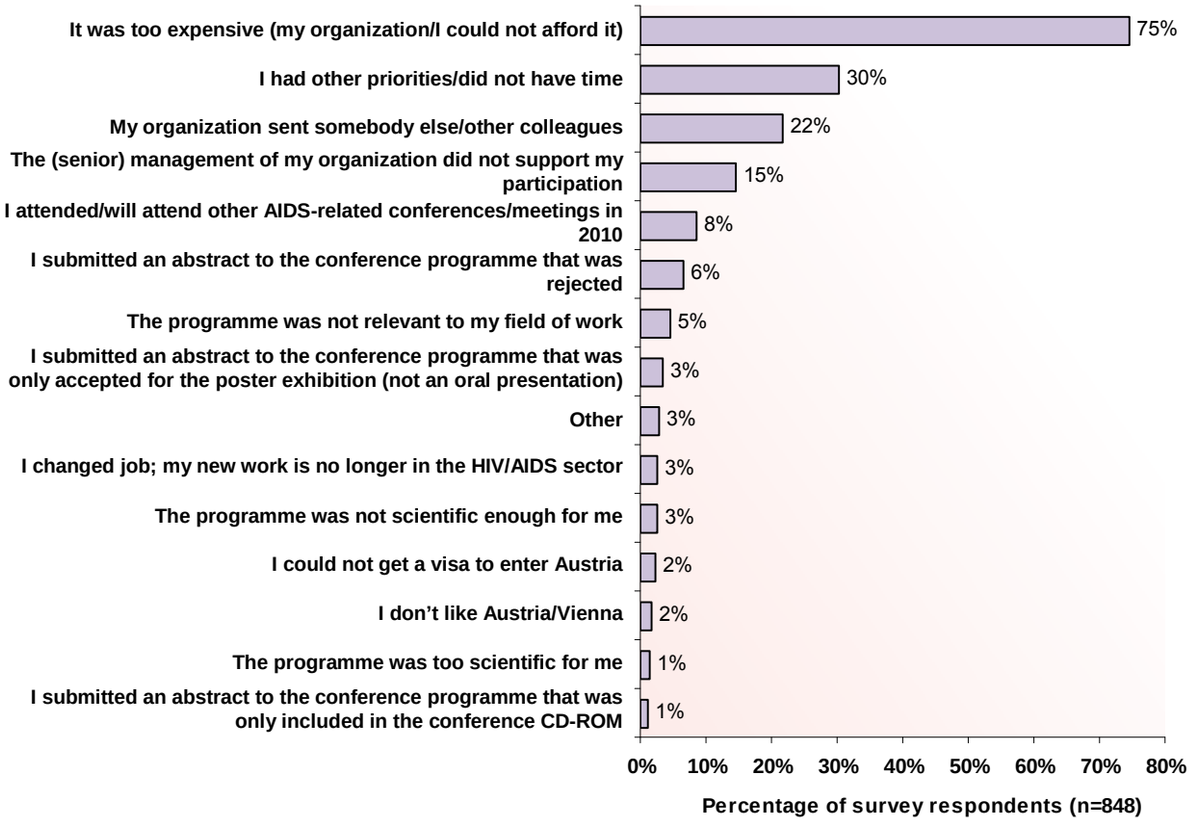
Click on the picture below to see a video

Why did some AIDS 2008 delegates not attend AIDS 2010?

Most AIDS 2008 delegates who did not attend AIDS 2010 were emailed a survey in early August 2010 in order to identify, among other things, reasons why they did not attend the conference. About 4,100 people who attended AIDS 2008 received the invitation email, and 875 of them completed the survey (21% response rate). The majority of respondents reported that they were working in North America (25%), Latin America (23%) or sub-Saharan Africa (22%), and were affiliated with NGOs (27%) or academia (23%). One in four respondents had more than 15 years' experience working in the HIV field, 16% had between 11 and 15 years, 32% had between six and 10 years, 23% had between two and five years, and 3% had less than two years of experience. With respect to gender and age, females were more represented (51% vs. 48% male and 1% transgender) and so were people over 40 years of age (57% vs. 37% who were between 27 and 40, and 6% who were between 16 and 26 years of age). Not surprisingly, the majority selected either English or Spanish as their mother tongue (37% and 22%, respectively).

Surveyed AIDS 2008 delegates who did not attend AIDS 2010 were asked to select from a 16-item list the three most important reasons for not attending the conference. A few other categories were created during the results analysis based on responses provided by those who selected the last listed item, "other, please specify". Not surprisingly, **the most frequently selected reasons were financial and time constraints** (see details in Figure 7). It is encouraging to note that **very few respondents selected the options related to shortfalls of the AIDS 2010 programme**.

Figure 7. Main reasons for not attending AIDS 2010



The following response categories were not included in Figure 7 due to the low number of cases (the number of respondents is into brackets):

- Did not submit an abstract (n=9): respondents did not submit an abstract, usually because they had no new research that was ready to be presented.
- Missed the deadlines (n=8): people did not submit abstracts or scholarship applications on time.
- Conference is too big/did not like AIDS 2008 (n=5): people thought the conference was too big or did not like it because it was "chaotic".
- The AIDS 2010 programme did not include any relevant presentations of past or ongoing research/programmes (n=4).
- The AIDS 2010 programme did not include any presentations on emerging issues (n=3).

The following reasons were each mentioned by one respondent:

- I preferred to attend from home.
- I think every two years is too often, need a break.
- I did not receive an invitation.
- I did not understand English documents and could not sign up.

Survey analysis showed that **the lack of funding to attend such conferences is a real challenge** and highlights **the need to provide more scholarships and/or financial support to people from resource-limited settings**.

Surveyed non-attendees who followed the conference online had the opportunity to rate several information sources available on the conference website (see details on page 61). They were also asked what they planned to do for AIDS 2012. Of the 803 respondents, 57% intended to go to the conference, 36% did not know yet, 5% intended to follow the conference through the Internet and/or or other communication channels, and 2% did not select any of these options.

How well were participants supported in their preparation and participation?

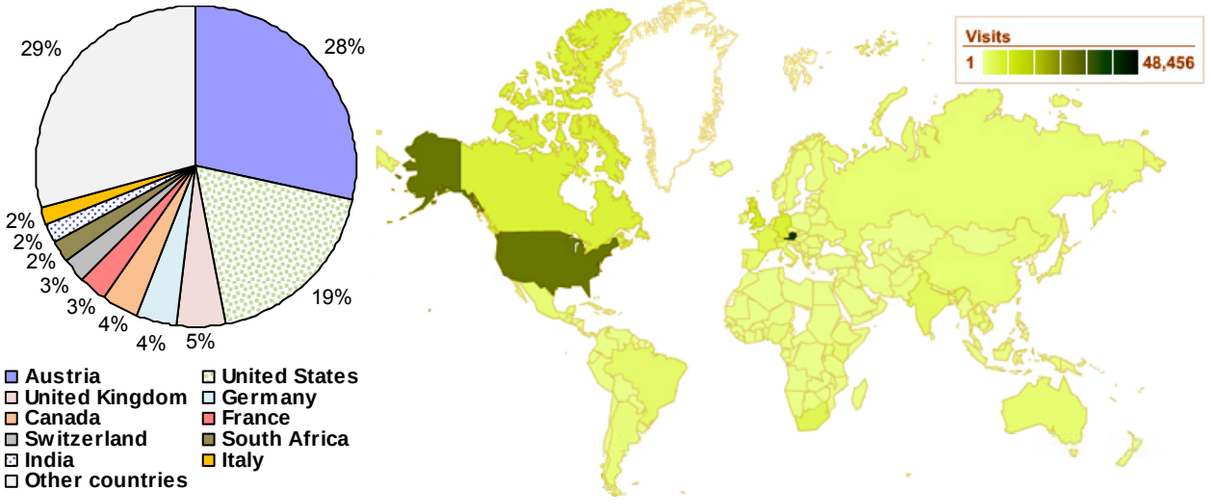
All participants

Conference website

Reflecting a commitment to make information presented at AIDS 2010 accessible to as many people as possible, **organizers made a significant portion of the programme available online through the conference website**. This includes copies of speeches, slide presentations, abstracts, digital posters and session-specific and daily rapporteur reports, as well as workshop handouts and audio recordings which were available through the **Programme-at-a-Glance (PAG)**[17]. In addition, the AIDS 2010 website conformed to the Level A standard for accessibility, having eliminated the major accessibility barriers. Content was accessible to a wider range of people with disabilities, including those with blindness and low vision, deafness and hearing loss, learning disabilities, cognitive limitations, limited movement, speech disabilities and photosensitivity, as well as those with a combination of these conditions.

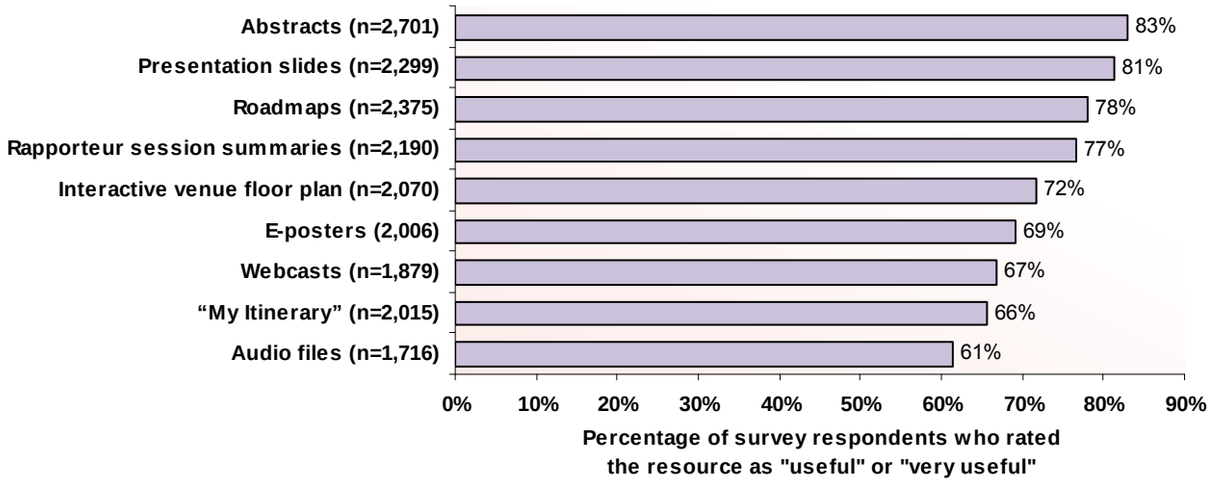
The conference website has seen a significant increase (32%) in the number of visitors compared with AIDS 2008. During July 2010, the conference website was visited 171,551 times (vs. 130,393 in 2008 and 112,500 in 2006) from 207 different countries and territories, as shown in Figure 8, which confirms the growing importance of this website in promoting and disseminating information on the conference. Not surprisingly, the majority of visits took place during the conference (77,036 visits from 18 to 23 July 2010).

Figure 8. Breakdown of AIDS 2010 website visitors by country (July 2010)



Surveyed delegates were asked to rate nine resources available on the PAG. **The three resources used most were abstracts, roadmaps and presentation slides** (each one was used by more than 75% of respondents). As shown in Figure 9, these three resources were also considered to be the most useful.

Figure 9. Usefulness of online resources for delegates



It is encouraging to note that **more delegates used roadmaps (77%) compared with AIDS 2008** (less than 60% of surveyed delegates) **and considered them to be "useful" or "very useful"** (78% in 2010 vs. less than 70% in 2008).The same trend was also observed for the itinerary builder.

Surveyed delegates were also asked to rate other resources of the conference website that were not available through the PAG, such as general information on the conference and the host city, media information, and procedures to obtain a visa. Almost 70% reported that they were "useful" or "very useful", 19% rated them as "somewhat useful", 4% as "fair" or "poor", and 8% did not know. The conference website was also used by delegates to register for the conference and book accommodation, two actions that were considered "easy" or "very easy" by the majority of surveyed delegates (84% and 71%, respectively).

Eighty-one (81) respondents made specific comments about these resources. Most of them complained that the PAG was too heavy for slow connections, was not user friendly, was online very late, and/or that it was almost impossible to use it with an Apple Macintosh. Some people reported difficulties in finding online abstracts and e-posters.

Key resources for first-time attendees from civil society

Voices of first-time attendees from civil society in EECA

✍ *"The conference in Vienna was very important for our countries … the preliminary work, which was done by ECUO, i.e., digests, step-by-step instructions and constant online support, was very useful for participants from our countries, especially for those who don't speak English. And at the conference, thanks to the Tea Zone and daily exploratory sessions, any person from our countries could effortlessly find whatever place and event they were searching for." (NGO worker, Byelorussia).*

✍ *"I registered on the conference website using the step-by-step instructions sent out by the ECUO office." (Senior policy and advocacy officer, Ukraine)*

✍ *"The daily exploratory session, held every morning really helped the participants not "to be lost" [in] that huge area and not to miss the most important sessions for our region." (Advocacy officer, Russia)*

International civil society partners that were members of the AIDS 2010 CCC made substantial efforts to spread information about the conference to their members, constituencies and partners. They also developed and disseminated a range of online resources to help first-time attendees from civil society better understand the nature of the conference and the advantages of attending it, and to prepare for the conference and effectively participate. This included: the AIDS 2010 community website[18], **online guidelines and video tutorials** (e.g., how to submit an abstract and/or a proposal for a workshop and programme activity in the Global Village, how to apply for a scholarship, how to register and create a

conference profile, how to apply for a visa); **face-to-face training sessions** during regional conferences (e.g., the 2009 Eastern European and Central Asia AIDS Conference); and regional training programmes (how to write an abstract, how to create a conference profile). It also included **roadmaps** (selection of key sessions and activities most relevant to the population or populations targeted by international civil society partners). A few partners also made computers with access to the Internet available to people interested in the conference, allowing them to register online. **During the conference, sessions and meetings were organized by international civil society partners to help their constituents and members navigate the conference and share their experiences**.

Looking in more detail at the **AIDS 2010 community website**, aimed at helping community delegates better understand and participate in the conference, almost two-thirds (65%) of surveyed delegates reported visiting it (vs. 23% who did not use/visit it and 12% who were not aware of it). It is interesting to note that more than half of those delegates who were not first-time attendees reported visiting this website (57% vs. 68% of first-time attendees), and that no major difference was found between the respondents' age and use of this website. **Of the 2,032 respondents who had visited this website, the majority rated it as "useful" or "very useful"** (41% and 32%, respectively, vs. 20% who said that it was "somewhat useful", 5% "not very useful", and 1% "not useful at all").

Some delegates who participated in focus group interviews felt that many people from civil society, who were not used to large scientific conferences, were overwhelmed by the size of the programme and preferred to stay in the Global Village, where things were more familiar. They therefore suggested having a "buddy system" to help first-time attendees navigate the conference, i.e., someone who had attended at least one International AIDS Conference and who would mentor a first-time attendee on a voluntary basis, especially in the first day or two. A few participants also thought that an orientation session on the first afternoon (just before the opening session) would be useful for people who are not used to attending large conferences.

Social networking tools

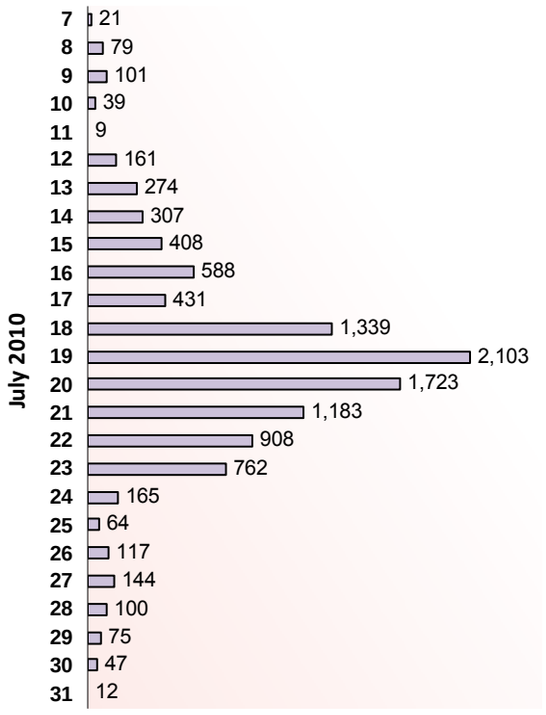
For the first time, delegates and non-attendees were also able to use **Facebook**[19] , **Twitter**[20] and the conference **blog**[21] **to communicate and advocate on issues debated during the conference**, and **to share concerns and hopes** with their personal and professional network.

The **conference blog** was **visited 13,389 times in July 2010**, including 7,365 times during the conference. A total of 48 blog posts were published between 14 June and 23 July 2010. The 27 posts published before the conference mainly highlighted available resources, providing information to help delegates make the most of their conference experience (such as harm-reduction services available on site, and conference hubs), promoted conference-related events and outcomes (e.g., the Vienna Declaration, the Vienna Express train), and offered a forum for key leaders and conference organizing partners to share their perspectives. The 21 posts published during the conference focused mainly on the conference programme and the dissemination of pre-conference meeting reports. Blog followers were able to leave comments on each post and to share these posts through social networking tools and other websites.

Facebook featured **three different AIDS 2010 fan pages**: one general (AIDS 2010: XVIII International AIDS Conference); one devoted to the Global Village; and one to the Youth Programme. The general fan page opened on 21 January 2010. According to Facebook tracking data, **the number of fans regularly visiting this page** increased until 12 July (7,851 fans) and **jumped to 11,617 fans on 17 July**. By the end of the conference, 12,439 people were AIDS 2010 Facebook fans. Not surprisingly, the number of interactions (comments, wall posts and the like) increased around the conference time (15 July-24 July), with an average of 200 daily interactions (vs. about 25 before this period). The age and sex disaggregation showed that fans were mainly between 18 and 34 years of age (62%), and that males and females were equally represented. The five countries most represented by fans at the end of the conference were Indonesia (2,886 fans), the United States of America (1,904 fans), India (827 fans), Austria (711 fans) and Kenya (555 fans).

Twitter's public profile of AIDS 2010, with 1,502 active followers[22], turned out to be a new way of communicating and debating issues discussed at the conference, as well as a forum of discussion on conference-related topics. A total of **11,160 tweets**[23] were tracked **from 7 to 31 July 2010**, using an online provider, Twapper Keeper, which saves and archives hashtags[24] or keywords for analysis purposes. With **2,549 twitterers**, the highest peak of activity for the AIDS 2010 hashtag (#aids2010) was during the first four days of the conference (8,183 tweets). The **majority (80%) of tweets were made by 30% of the twitterers** and the majority of followers only tweeted once (62% vs. 38% who tweeted at least twice). The top 10 twitterers accounted for 14.6% of the total number of tweets[25]. As the geo mapping system (a tool to identify the tweets' country of origin) is still under development, data collected on tweets' countries of origin were not reliable. However, it was found that more than 90% of the total tweets were published in English.

Figure 10. Number of tweets for "#aids2010" (n=11,160)

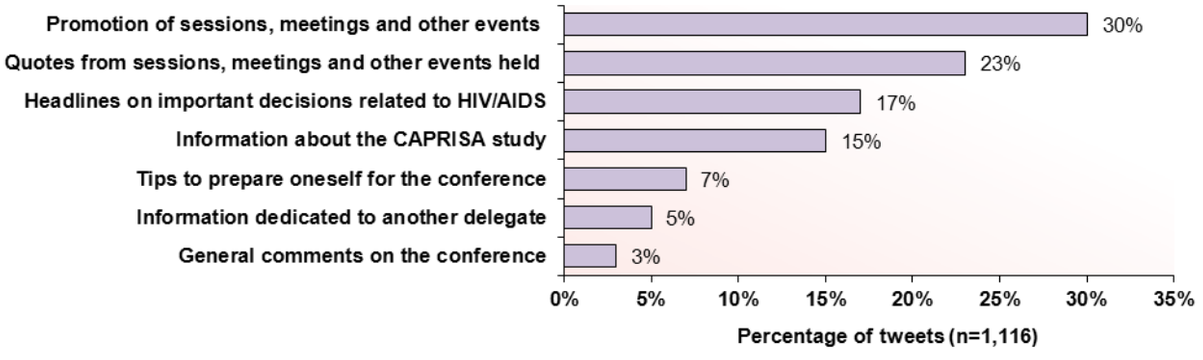


Looking at the content of these tweets, an analysis of a 10% random sample revealed that **30%** of tweets were information aimed at **promoting/sponsoring a session, meeting or event held at the conference**.

Almost one tweet in fifth (**23%**) was a **quote** from sessions, meetings and other events held at the conference during which important issues, appeals to governments or scientific findings were presented.

Other tweets were categorized as follows: headlines on important decisions related to HIV/AIDS that were made before the conference (17%), information on the CAPRISA study[26] (15%), tips to prepare oneself for the conference such as advice on materials to read before attending a specific session (7%), information dedicated to another delegate (5%) such as a meeting request or personal comment on conference sessions/areas, and general comments on the conference (3%) not being addressed to someone in particular. These results clearly show the potential of Twitter to raise awareness of key issues covered by the conference and, to a lesser extent, to help delegates participate in the conference in a meaningful way.

Figure 11. Overview of tweets' main topics



Results of the online delegate survey showed that 40% of surveyed delegates reported using the conference Facebook page and the blog, and 29% reported using Twitter. Although one could have expected a higher use rate, given efforts made by conference organizers and partners to promote them, it is encouraging to note that **two-thirds of those who had used the Facebook page and the blog considered them to be "useful" or "very useful"** (as opposed to "somewhat useful", "not very useful" or "not useful at all"). **Twitter was reported to be "useful" or "very useful" by 56% of twitter followers**, which shows that this tool needs better promotion at the next conference.

Feedback from outreach partners also confirmed that **these tools are essential to reach out to key groups and networks that are not necessarily aware of this kind of event and/or cannot afford to participate in person**.

These findings confirm the potential of these new online tools to support delegates and to greatly expand the reach of the conference.

Printed materials and CD-ROM

The **pocket programme** (small map format provided with the delegate badge holder) and the **conference programme** (book provided with the delegate bag) were **widely used by surveyed delegates** (98% and 97%, respectively). However, the **conference CD-ROM** was **used by only 66% of surveyed delegates** (vs. 17% who collected it but did not use it, 13% who did not collect it and 4% who were not aware of it). The low use rate of the CD-ROM is probably due to the fact that many delegates did not bring their laptops with them to the conference venue and/or did not have time to view it. However, that 17% did not collect it or were not aware of this CD-ROM suggests that it should be better promoted at the next conference, including clear instructions on how and when to collect it at the conference venue.

As in 2008, **the pocket programme was ranked highest in terms of usefulness**, with 93% of surveyed delegates reporting that it was "useful" or "very useful", followed by the conference programme and the CD-ROM (84% each).

Thirty-two (32) delegates made specific comments on printed materials, indicating that the conference programme book was too large, not convenient, not clear and/or did not include important things. A few of them specifically commented on the pocket programme, saying that it was useful. A few delegates thought that the conference CD-ROM was not user friendly or complained that it was not distributed on the last day of the conference.

Interpretation

English was the official language of the conference. With Eastern Europe and Central Asia being a target region at AIDS 2010, **simultaneous interpretation from English to Russian was available for conference sessions taking place in Session Rooms 1 to 9 (except for satellite symposia**). Statistics showed that less than 10% of delegates had requested interpretation headsets at the time they registered, and only 36% of survey respondents reported using the interpretation service during the conference (vs. 62% who did not need/use it and 1% who needed it but were not aware of it).

Although a limited number of delegates used this service, **it was considered to be "very useful" or "useful" by the majority of those who used it** (38% and 34%, respectively).

Fifty-seven (57) delegates made specific comments on translation/interpretation at the conference. Most of them were complaints about the lack of translation into French and Spanish and/or the bad quality of translation from English to Russian. Some delegates who participated in focus group interviews made the same remarks and also complained that the need to have a credit card to get a headset prevented many of them from using the interpretation service.

Features to make AIDS 2010 socially and environmentally responsible

In an effort to ensure that AIDS 2010 was socially and environmentally responsible, participants had the opportunity to participate in the **Social Responsibility Initiatives**, starting with the **carbon offset option** when they registered online. In addition, the conference venue featured a food donation and a material donation programme. The **food donation programme** consisted of redistributing leftover food collected directly from the conference venue caterers to homeless people in Vienna through the "Gruft" organization, a registered charity supervised by Caritas. The **material donation programme** consisted of a set of "donation boxes" placed throughout the venue, where participants could leave any items they did not wish to take home. All donated items were collected by WIENER TAFEL, an independent environmental and social charity, which redistributed them to social institutions offering basic care for people in need.

It is encouraging to note **that the donation boxes were used by 76% of surveyed delegates, and the majority found them to be "very useful" or "useful"** (47% and 31%, respectively).

Despite these efforts to make the conference socially and environmentally responsible, 35 respondents made specific comments about waste at the conference. Most of them noted the overuse of papers/printed materials, while some complained about the excessive number of condoms that were distributed during the conference.

Comments about the conference organization

This section describes **comments made by delegates on topics/areas not covered in the other sections of this report**. All comments were analyzed and classified in the following themes (the number of respondents for each main theme is into brackets):

- **Food and water** (n=99): not enough food and drinking water available at the conference venue, prices too high, no more food available during the opening session.
- **Venue** (n=74): temperature too high, long distances to walk between session rooms, too much noise that filtered from one room to the other.
- **Pre-conference logistics** (n=69): difficult registration process (especially for students), lack of coordination between different services, complaints about hotels suggested by the conference organizers and hotel booking through the conference profile.
- **Registration fee and scholarships** (n=67): complaints about the registration fee (too high), including demands for sliding scales

and reducing prices for NGOs. Some comments were made about the scholarship process and the selection of scholarship recipients.

- **Delegates' profile** (n=47): lack of representation of some groups, including Africans, people from the South, lawyers, local (Austrian) community representatives, transsexual sex workers, grassroots people, transgender people and young African researchers. Many respondents also called for more leaders and high-level decision makers to attend the conference, and for ensuring that politicians who attend the conference are not only those who are already engaged in the response to HIV (i.e., need to have politicians who are not yet convinced about the urgent need to engage in this area).
- **Schedule** (n=33): complaints about very early and very late sessions, poster view time too short, plenaries too long, regional sessions should be held at the beginning of the conference (instead of throughout the week), need for a longer time out at lunch when there is no session.
- **Internet** (n=31): need to have wireless Internet everywhere; it should be included in the price of registration.
- **Protesters** (n=25): protesters were seen as a threat or as a source of nuisance.
- **Duration** (n=23): most respondents (n=16) suggested making the conference shorter, proposing to reduce it to four days, while a few would prefer only three days. Many also suggested dropping the last day (Friday) and holding the closing session at the end of the last full day. The remaining seven respondents suggested making the conference longer because there is too much content and not enough time to see everything, have discussions and do networking.
- **Arrival in Austria** (n=12): difficulties in finding hotel, not enough staff at the airport to help delegates figure out how to reach hotels.
- **Conference frequency** (n=9): suggestion to hold the conference less often, every three or four years. Some of these suggestions echoed the feelings of many delegates who participated in focus groups interviews. The latter felt that holding the International AIDS Conference every two years is too frequent and does not leave time for ''real work'', including fund raising and preparing abstracts and other presentations. They argued that regional conferences are more effective and cost efficient, explaining that while it is interesting to bring everybody together, real partnerships tend to be developed with neighbouring countries, which face similar epidemics, have similar resources and constraints, and can share best practices and innovations. Regional conferences are also more cost efficient with respect to travel, translation services, etc. Regional conferences could then do the "real work", while the international conference would serve as a showcase for important research, a tool for advocacy and a public relations operation. Many of those who commented to that effect were old-timers, and had already attended three or more International AIDS Conferences.
- **Number of delegates** (n=5): suggestions to accept less people.

Other comments and suggestions, each made by one or two respondents, included the following:

- The next International AIDS Conference should be held in Africa, and not in the United States of America.
- The conference organization should be more inclusive of key populations.
- Conference attendance should be made compulsory to avoid ending up with empty session rooms.
- There is a need for a policy concerning the messages and T-shirts put out by activists, some of which were deemed offensive to people living with HIV (PLHIV).
- The condomize campaign took too much space.
- Volunteers did not always have answers to questions.
- The conference could include an employment service to help people looking for a job.
- Some pharmaceutical companies were too visible (specific complaints were made about having the name of a company on the delegate badge holder).
- The presence and visibility of sex workers should be enhanced.
- There should be more areas where people can sit and rest.
- Screen monitors for announcements were not big enough.
- There were not enough power outlets.
- Methadone should be provided at the conference venue.
- There should be more venues/rooms for viewing plenary presentations at a distance from the plenary room.
- Some rooms were too small for the importance of the topic being discussed.
- The cloakroom closed too early on the last day of the conference.
- Delegate bags could be improved.

Abstract authors

The **Abstract Mentor Programme (AMP)** was introduced at the XV International AIDS Conference (AIDS 2004), with the objective of helping less experienced researchers improve their abstracts before submitting them to the conference. Mentors help abstract submitters by answering questions on practical issues related to the content and language of their draft abstracts. Self-help tools, including an abstract writing toolkit available in four languages, are also available online. This programme is completely independent of the abstract review and selection process of the conference. It is a service provided by the Conference Secretariat to **widen access for less experienced submitters** from around the world and to increase their chances of having an abstract accepted.

For AIDS 2010, **65 mentors reviewed about 500 abstracts**, more than 90% (n=459) of which were submitted to the conference programme by 346 authors (200 male and 146 female[27]). **Half of the submitted abstracts were accepted** (n=229): 62% of these were for poster exhibitions, 32% to be included in the conference CD-ROM, 4% for oral abstract sessions, and 2% for poster discussion sessions.

In addition to the AMP, **international civil society partners** who were members of the AIDS 2010 CCC **helped a number of people improve their abstracts** before submission to the conference programme through face-to-face workshops and/or online support, which included online guidelines and pre-review/editing of abstracts.

Feedback from abstract submitters

Abstract authors who used the AMP were surveyed immediately after the deadline for submitting abstracts to the conference programme. The survey remained active for two weeks (from 16 February to 2 March 2010), with one reminder sent 10 days after the original survey invitation email was sent out. Of 322 emails sent, only five could not be delivered. A total of 223 responses were submitted, which represents a high response rate (70%).

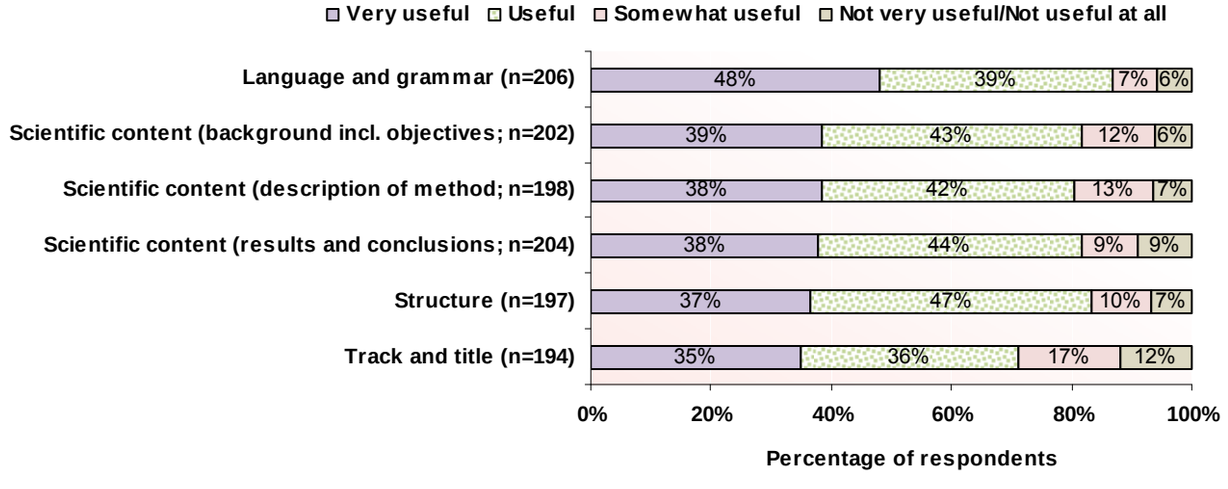
Voices of abstract submitters

- ✍ *"I saw a real difference in my abstract (…) after submission to the mentor."*
- ✍ *"The feedback gave me insights into my own study and I would strongly encourage other people to use this service."*
- ✍ *"The programme should continue to enable young abstract writers learn from seniors as it would go a long way to build capacity."*
- ✍ *"As a student, it was very helpful and reassuring to have a mentor look over my abstract."*
- ✍ *"It is not easy for young scientists to write an abstract; with this programme everything was easier."*
- ✍ *"This is the best programme that I ever got from conference organizers."*
- ✍ *"The programme helped me realize important things I thought were not necessary."*

The majority of surveyed abstract submitters found that it was "easy" or "very easy" (48% and 33%, respectively, vs. 13% who found it was "somewhat easy", 4% who found it was not "very easy", and only 1% who found it was "not easy at all") **to understand the content and structure of the Mentor Feedback Form**.

The majority also reported that the feedback provided by their mentor was "very useful" or "useful", especially feedback on language and grammar, as illustrated in Figure 12.

Figure 12. Usefulness of mentor's feedback



With respect to the promptness of mentors, 62% of respondents indicated that it took no more than two weeks to receive feedback from their mentors, 31% indicated that it took from three to four weeks, and 7% indicated that it took more than one month. **Just over 60% of respondents reported that the time span to receive feedback from their mentors had met their expectations "very well" or "well"** (35% and 28%, respectively, vs. 23% who replied "fairly well", 10% who replied "not very well", and 5% who replied "not at all"). Not surprisingly, respondents who indicated it took no more than two weeks to receive feedback from their mentors were more likely to have reported that this duration had met their expectations "very well" or "well" compared with others (78% vs. 40% of those who had to wait from three to four weeks and 31% of those who had to wait more than one month).

Based on recommendations from previous evaluations, abstract submitters had, for the first time, the opportunity to re-submit their abstracts to their mentors after they received the first feedback. However, **only 27% respondents indicated that they had submitted their abstracts to their mentors twice**. This low rate is probably due to the fact that abstract authors did not have time to re-submit their abstracts to their mentors because of the close deadline for submission to the conference programme. Another reason might be that this option was not clearly explained in the online instructions for abstract submitters using the AMP. **Respondents who submitted their abstracts twice** (n=59) **were asked if it was useful**. Of 43 who answered that question (i.e., 73% of expected respondents), **the vast majority replied Yes** (91%).

As an indicator of the professional value of such a programme, **almost all respondents reported that they would recommend the programme to a friend or a colleague (97%) and would use it again at the next conference (93%), which confirms results from the AIDS 2008 AMP evaluation**.

A total of 13 respondents who indicated that they would not use the programme again explained why. The most frequently selected reason was that the respondent had not gained any benefits from the programme (n=5). Other reasons included the following (the number of respondents is indicated into brackets): no feedback or feedback received too late from mentor (n=3); not sure to submit another abstract (n=2); no need for any more mentoring support (n=1); and preference to be creative (n=1).

Survey respondents were also asked if they had the opportunity to attend face-to-face writing workshop(s) over the past two years. Only 22% replied Yes, and 67% of these specified the number of workshops attended: only one workshop (12%), two workshops (45%), three workshops (15%), and more than three (27%).

A total of 133 surveyed submitters wrote clear and relevant comments or suggestions to improve the AMP: 65 of these wrote positive remarks on the programme overall and 20 respondents explicitly said they had no comments. **Just over one in four respondents** (n=35) **indicated that the duration to receive feedback from their mentors was too long** (i.e., feedback was received too close to or even after the deadline for submitting abstract to the conference programme) **or that they had never received feedback from their mentors** (this was especially true for respondents who had submitted two abstracts or more). Eighteen respondents reported that mentors' feedback was not specific enough, not clear enough, not very constructive and/or not complete.

Nineteen respondents provided other comments and/or suggestions, including the following:

- Feedback was received on an abstract that was not the submitter's one.
- Comments from the mentor were not related at all to the submitted abstract.
- The AMP should be available in Spanish.
- It was difficult to implement all suggested changes (such as adding details) given the space limit (i.e., 300 words).
- Abstract submitters working for the same organization should be assigned to one mentor or a particular group of mentors (since the organization background remains the same, it will facilitate the review).
- The AMP should be also offered to experienced abstract presenters.
- Abstract submitters should be able to choose their mentor from a list specifying mentors' academic background and experience, thus ensuring that the mentor's profile is relevant to the submitted abstract(s).
- The reviewed abstract should be sent back in an a simple editable format, such as Word and not PDF.
- The corrections done by the abstract submitter based on the mentor's feedback should be submitted to the mentor for final "certification/approval" before submitting the abstract to the conference programme.

Three respondents highlighted the need to have more interactive exchanges between abstract submitters and mentors (including through phone calls whenever needed), and two respondents recommended offering abstract submitters the possibility of submitting their abstracts at least three times to the same mentor.

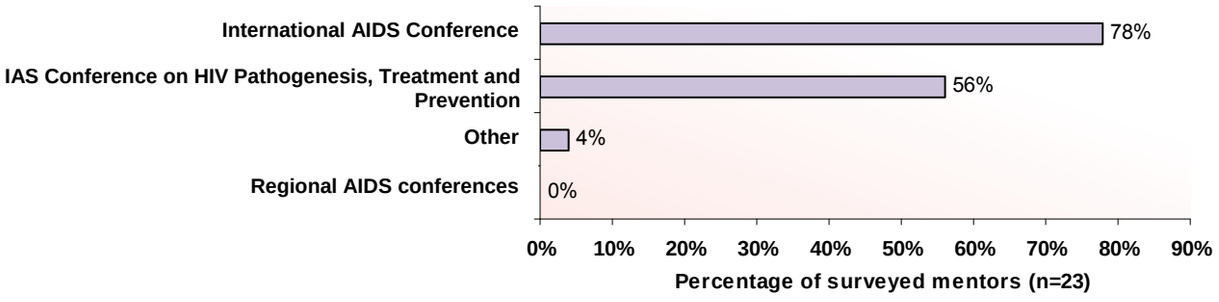
Feedback from mentors

Voices of mentors

- *"It is always fun and learning to be part of this programme."*
- *"I really appreciated contributing to the AMP and (helping) authors of abstracts I read and I would like to state I will be happy to continue helping this way."*
- *"It is a great initiative, congratulations!"*
- *"It is well structured and well organized."*

All active mentors were also invited to share their opinions about this programme. Of the 65 active mentors, 46 completed an online survey immediately after the AMP had closed (response rate of 71%). **Half of the surveyed mentors had mentored abstract submitters before AIDS 2010 (50%), mainly for International AIDS Conferences**, as shown in Figure 13.

Figure 13. Previous experience as mentors



As an indicator of their commitment, **almost half of surveyed mentors** (48%) **reported reviewing more than five abstracts for AIDS 2010, and of these, 11% had reviewed between 11 and 15 abstracts and 18% had reviewed more than 15**.

With respect to the "**Abstract Feedback Guidelines**", **all surveyed mentors reported using them, and the majority indicated that they were "easy" or "very easy" to use** (48% and 26%, respectively, vs. 22% who found them "somewhat easy", and 4% who found them "not very easy"). **The vast majority also reported that these guidelines had allowed them to save time** (91%) **and thought that they were a good way to provide abstract authors with structured comments and clear feedback** (98%). Twelve respondents provided comments on the guidelines, three of whom suggested some changes with regard to the format: two mentors would like to be able to use the track-changes tool in the abstract under review to avoid having to rewrite everything in the template; one mentor would prefer to use a drop-down box with Yes/No options (instead of a list of questions), along with text boxes for free comments. Two mentors suggested some changes with regard to the content/structure: one would revise the order of questions in the "results/conclusions" section so that feedback on conclusions comes after feedback on results; the other suggested that the feedback guidelines include a "general comments" section, or a section for an overall assessment of the abstract quality (because some of the submitted abstracts required much more basic feedback than was suggested by the feedback guidelines). Two mentors reported that they lacked guidance on some aspects: one wrote that when abstract authors submitted requests that were not covered by the feedback guidelines, s/he did not know how to proceed; the other indicated that it would be useful to also have some guidance for abstracts that do not report on research and, therefore, follow a different format. Five other comments were not related to the guidelines.

Twenty-five mentors provided further comments and suggestions on the programme, six of these explicitly said that it was a good programme. **Seven mentors indicated that they had not enough time to review abstracts or had too many abstracts to review, thus suggesting increasing the number of mentors and/or closing the AMP well before the deadline for abstract submission to the conference programme**. Three mentors indicated that they would have liked the AMP coordinating team to send them an email acknowledging receipt of their feedback. Two mentors regretted the fact that they did not have the opportunity to see corrections made by the mentored abstract submitter (i.e., to see a revised copy of the abstract incorporating the mentor's edits and comments) and/or that they did not know if the abstract they reviewed was eventually accepted or not. Two mentors suggested letting them know from the beginning the estimated number of abstracts they would have to review so as to plan their work time accordingly. Two mentors wrote that the quality of the abstract they had to review was very low and suggested adding a note requesting abstract authors not submit "very first" drafts.

Other comments and suggestions each made by one mentor included the following: mentors would benefit from training before starting the abstract review process; mentors would benefit from attending a mentor meeting during the conference to share their experiences and discuss how they could improve their feedback; giving feedback online and not through emails would allow mentors to save time (as they would not have to download, edit and send documents); young abstract mentors could be offered scholarships to attend the conference as a way to acknowledge their contribution to the AMP; abstract authors would benefit from attending a workshop on research capacity building with mentors; young abstract authors would benefit from more long-term collaborations with mentors; in order to receive more detailed and beneficial feedback, abstract submitters should provide mentors with detailed information on their study projects, especially the methods (e.g., a list of what they did and found); mentors would benefit from receiving feedback from the mentored abstract authors to know if their contributions were useful or not; the AMP should provide further support to non-native English abstract authors; and benefits to use the AMP should be better promoted through, among other things, illustrating with statistics how the programme improves the quality of abstracts submitted to the conference programme.

The fact that **most surveyed mentors would recommend participation in the programme to a colleague or a friend** (89%) **and indicated their willingness to mentor more abstracts than the number they actually reviewed for AIDS 2010** (78%) is evidence of how enriching the mentoring experience is. Looking ahead to the next conference, **all respondents** (100%) **reported that they would mentor again**, in particular for the International AIDS Conference in 2012 (96%) and for IAS 2011 (82%). Forty-two percent would also provide mentoring support for regional conferences.

When surveyed mentors were asked if they had ever conducted a face-to-face workshop, 60% replied Yes, and **56% of these reported that the AMP was a more effective process than a face-to-face workshop**. Fourteen respondents explained why they thought the AMP was more cost effective than face-to-face workshops. The most frequently cited advantage was that online mentoring can reach more people from different countries (n=8). Three respondents indicated that online mentoring is a real opportunity to improve abstracts though direct feedback. One respondent reported that online mentoring is targeted and allows for more flexibility, particularly with regard to time. Another respondent reported that online mentoring gives confidence to the abstract submitter since his/her name and contact are kept anonymous. Three respondents also indicated that online mentoring is cheaper, while one respondent specifically wrote it does not require travel.

For AIDS 2010, **all active mentors received a certificate of participation to acknowledge their work.** Many mentors were thankful for the certificate and for the opportunity to be involved in a learning experience.

Positive delegates

Voices of Positive Lounge visitors

✍ *"The Positive Lounge is one of the most amazing areas for HIV-positive people as they meet one another and share experiences. I made new HIV-positive friends from the Positive Lounge. We shared our [past] experiences on stigma; it was a wonderful moment for me." (Skills building trainer, Sierra Leone).*

✍ *"I just very recently tested HIV positive and never opened up to any one about it because of fear … in the lounge, I met HIV-positive people able to speak out openly … it gave me strength to open up and talk to other people too." (Activist, Namibia)*

✍ *"The Positive Lounge lacked the ambiance, environment of the previous conferences in Mexico and Toronto. The availability of food was below standard compared to the last two conferences. The Lunch voucher system was degrading and violated any anonymity previously obtained at fully serviced lounges. I was disappointed this year with the lack of serenity, attitude and behavior given to PLHIV considering the conference's focus was on Human Rights. I understand there would have been economic restraints. However this is the only place where PLWHA feel like they are treated like Kings and Queens, reducing the effort this year showed that there is still a lack of acceptance, acknowledgment and Human dignity for PLHIV that previous conferences obtained effortlessly." (Manager/director, New Zealand)*

✍ *"I thought the Positive Lounge was better this year because it offered less food. Previously it was subject to abuse by greedy people taking unfair advantage of the facility, using the service when they did not qualify. Those people spoiled it for everybody because they contributed to overcrowding, congestion and scarcity of food while they were not HIV Positive. This year it was very quiet, as it should be. I was more able to meet and have casual conversations with people from faraway places than would have been impossible if the chaotic circumstances of past conferences were repeated." (Freelance journalist, Canada)*

✍ *"I met a lot of people there who are not HIV positive. This is a problem of every such a conference, but needs to be solved somehow." (Social worker, Kazakhstan)*

✍ *"I appreciated that there was a separate area for PLHIV. However, the lounge was located in far, secluded area of the conference hall. It took forever to get there. Next time, it would be more ideal to have it in a central area." (Manager/director, United States of America)*

✍ *"Well organized and very supportive to people living positively. Keep it up because it's the only place positive people feel relieved and relaxed when attending the conference." (Peer educator, Uganda)*

✍ *"The Positive Lounge provided an ideal opportunity to interact with persons from other countries and share ideas. It provided many new friends and the ability to build networking opportunities that continue beyond the conference." (Social worker, Anguilla)*

Positive Lounge

The Positive Lounge is **a place of rest and support for HIV-positive conference delegates**, which also provides opportunities to meet and talk with other people living with HIV (PLHIV) from across the globe in a relaxed and nurturing environment. Based on practices at and evaluation findings from previous IAS and International AIDS Conferences, and taking into account the need to reduce the conference budget, the AIDS 2010 Positive Lounge provided complimentary snacks, spaces for informal meetings, and private facilities for taking medication. It was open from Sunday, 18 July, to Friday, 23 July.

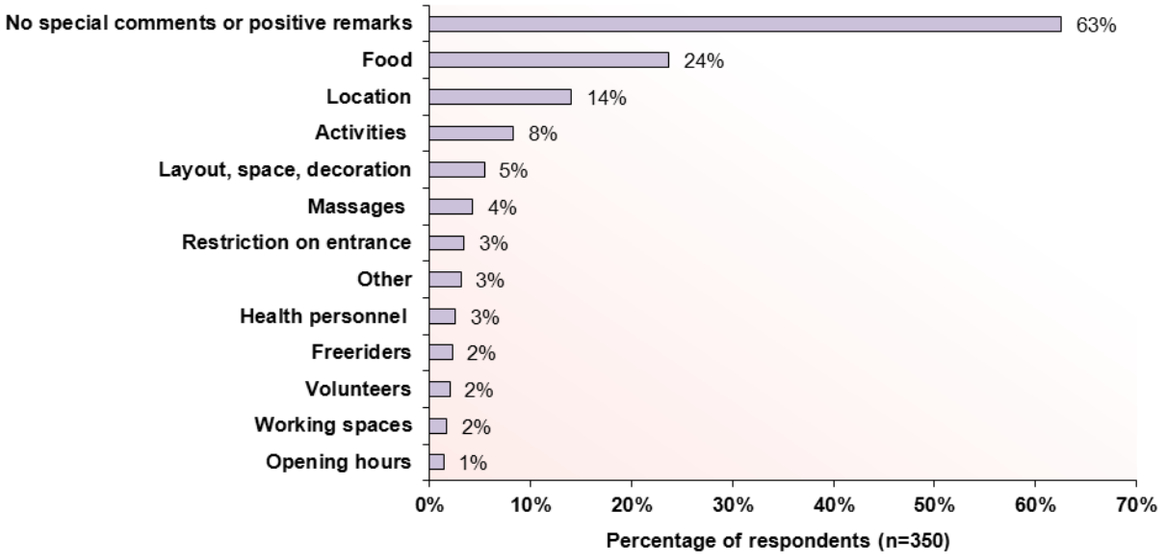
One surveyed delegate in four (25%) **reported visiting the Positive Lounge, of which the majority indicated that it was "very helpful" or "helpful" in supporting their participation in the conference** (44% and 33%, respectively).

Click on the picture below to see a video

Comments and suggestions

Surveyed delegates who visited the Positive Lounge were given the opportunity to make comments about this area and/or suggestions on how to improve it at the next conference (AIDS 2012). A total of 384 delegates provided comments, 34 of which were not clear or not relevant to this area. Relevant comments were categorized within 13 main themes. As shown in Figure 14, **63% of survey respondents made positive remarks** and **the most frequent comments related to the food and the location of the lounge**.

Figure 14. Main themes of comments from Positive Lounge visitors



Food
Delegates were disappointed at not having warm meals inside the Positive Lounge, especially those delegates who had been at previous International AIDS Conferences. Some noted the lack of a water cooler. Some resented that the provided vouchers gave access to only one choice of meal, which they saw as stigmatizing. A few noticed that serving nuts in bowls was not hygienic, especially for people with immune suppression. People would have liked: warm meals; vegetarian meals; Asian meals (a few requests were made for rice); pastries; more variety of fruits; and halal foods. One delegate complained about the lack of sensitivity of staff at the catering services.

Location
Most remarks were complaints that the lounge was too far away from the rest of the conference, especially from the Global Village and the food courts, thus requiring long walks, which was deemed inconsiderate of the health problems of PLHIV. A few people suggested that there should be many such lounges spread around the conference.

Activities
Suggestions were made to have more activities in the Positive Lounge, such as presentations by PLHIV on their activities, more facilitators to help people interact, and more interaction with media representatives. It was also suggested that the following equipment/services be made available in the lounge: screens or posters advertising activities of interest for PLHIV; screens on which to follow plenaries; newspapers; DVD players; and screens on which to watch documentaries.

Space, layout, decoration
Some delegates complained that the Positive Lounge was too small or that there were not enough facilities to accommodate everyone. A few also complained about the way it looked, the decoration or the "atmosphere" (e.g., not cozy enough), the seating arrangements, the lack of private spaces, and the music (too much or too little).

Massages
Delegates who attended AIDS 2008 in Mexico missed the professional massagers and did not like the machines provided.

Restriction on entrance
Some delegates disagreed with the concept of the Positive Lounge: they felt that its restriction to PLHIV was stigmatizing to them and constituted a forced disclosure. Some suggested opening it to all people with chronic health conditions or to people with disabilities who also have special needs.

Other
Other comments included remarks on the temperature (too hot, need for air conditioning), communication problems, and the needs of positive delegates attending the conference with their young children.

Health personnel
Some respondents would have liked to see health personnel in the Positive Lounge, including people with information about antiretrovirals in Austria (in case of lost medications) and counsellors or mental health professionals.

Freeriders
A few delegates expressed concerns about HIV-negative people taking advantage of the lounge. One respondent commented about a positive delegate who abused services provided inside the Positive Lounge (i.e., eating too much snacks).

Volunteers
Some delegates felt mistreated when questioned about their serostatus, while others lamented volunteers' lack of information. Some suggested giving volunteers special training before the conference.

Working spaces
Respondents would have liked to have an Internet connection, electric plugs and other equipment to allow them to work inside the Positive Lounge.

Opening hours
Some delegates felt that the Positive Lounge closed too early in the day and should open a few days before the conference starts.

Scholarship recipients

Voices of scholarship recipients

✍ *"The scholarship provided much needed opportunities for people from resource-limited settings like myself to attend this great conference. I have learnt and acquired so much from this conference." (Administrator, Papua New Guinea)*

✍ *"The scholarship programme was perfect, and provided delegates with all what they needed. Registering, receiving the conference material, everything was very easy. Congratulations for the excellent work!" (Physician, Brazil)*

✍ *"It would not have been possible for me to attend such inspiring conference without the Scholarship! Right now, I am in Istanbul attending the World Youth Congress, where I share my knowledge from AIDS 2010!" (Social worker, India)*

✍ *"The AIDS 2010 scholarship programme, in my opinion, was perfect. I am wholly pleased with the work of the scholarship team with whom I had numerous communication. Additionally, the speedy delivery of pre-departure guidance, with a lot of useful advice and recommendations, allowed me to effectively prepare my trip." (Print journalist, Tajikistan)*

Overview of the scholarship programme

The aim of the AIDS 2010 International and Media Scholarship Programme was to bring to the conference individuals who are most able to transfer the skills and knowledge acquired there to the work they undertake in their own organizations and communities. Delegates and media representatives were able to request full or partial scholarships.

A full scholarship includes:

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

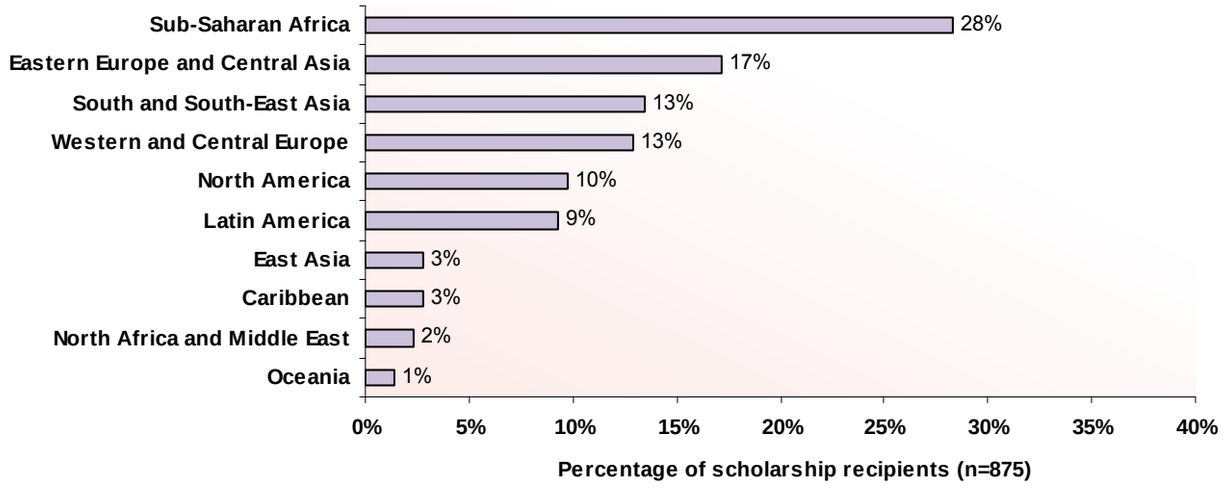
A partial scholarship includes any combination of these aspects.

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

A total of 11,883 scholarship applications were received from 178 countries. The greatest proportion of applicants was from sub-Saharan Africa and from South and South-East Asia (34% and 21%, respectively). Applications were mainly submitted by health care workers/social service providers and researchers (32% and 19%, respectively) and there were more male applicants than female (52% vs. 47%).

Eight hundred and seventy-five (875) scholarships were awarded to applicants from 142 countries. As shown in Figure 15, Eastern Europe and Central Asia was the most represented region, after sub-Saharan Africa, which reflects efforts made to support the participation of people from the region on which the conference was mainly focused.

Figure 15. Residence region of scholarship recipients



Men who have sex with men and people who inject drugs were the two most represented key populations (73% and 12%, respectively). Other aspects of AIDS 2010 scholarship recipients' profiles and comparisons with AIDS 2006 and AIDS 2008 recipients are presented in Figure 16.

Figure 16. Profile of scholarship recipients (2006 to 2010)

Attribute	AIDS 2006 (n=872)	AIDS 2008 (n=810)	AIDS 2010 (n=875)
Type of scholarship			
Non contributing/general	53%	45%	47%
Abstracts	40%	34%	31%
Programme activities		13%	15%
Media	7%	4%	5%
Skills building/workshop	12%	4%	2%
Gender			
Male	49%	48%	50%
Female	50%	51%	49%
Transgender	1%	1%	1%
HIV status			
HIV+	42%	31%	29%
Age			
Between 16 & 26	11%	21%	19%
Between 27 & 40	64%	54%	55%
Between 41 & 50	18%	18%	18%
Above 50	7%	8%	7%
Affiliation			
Non-governmental organization	39%	45%	49%
People living with HIV/AIDS group/network	29%	22%	17%
Academia (university, research institute etc.)	8%	16%	15%
Grassroots community-based organization	11%	7%	6%
Government	1%	3%	3%
Media organization	7%	3%	3%
Hospital/clinic	4%	2%	2%
Faith-based organization	1%	1%	1%
Occupation			
Health care worker/social service provider	41%	21%	27%
Advocate/activist	13%	23%	16%
Student	1%	16%	14%
Policy/administration	2%	7%	12%
Researcher	10%	11%	11%
Educator/trainer	31%	11%	8%
Other	2%	5%	6%
Media representative	7%	4%	5%
Lawyer	0%	1%	2%
Funder	0%		0%

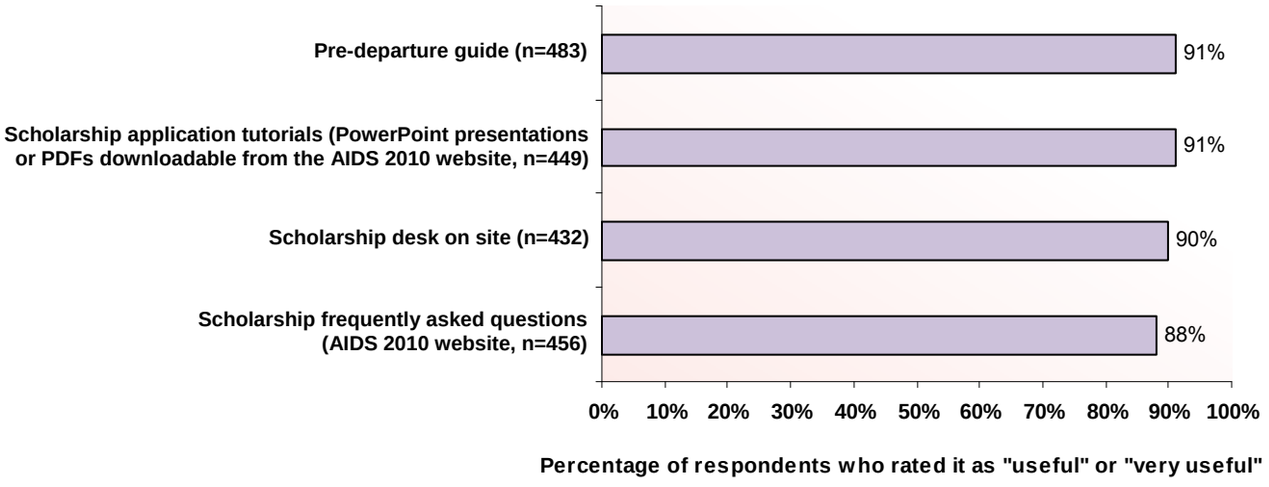
As part of their outreach programme, international civil society partners who were members of the AIDS 2010 CCC helped a number of people prepare their application for the scholarship programme, through, among other things, production of online tutorials and translation of guidelines developed by the Conference Secretariat.

Online and on-site resources

Scholarship recipients had the opportunity to express their opinions on the conference, and more specifically on the scholarship programme, through the online delegate survey. A total of 539 survey respondents identified themselves as scholarship recipients (62% of the total number of scholarship recipients), of which most answered the questions related to the scholarship programme.

The vast majority of survey respondents rated the organization of the AIDS 2010 scholarship programme as "excellent" or "good" (61% and 32%, respectively). With respect to the **resources** put at their disposal before and during the conference (online documentation and on-site desk), **more than 85% of surveyed scholarship recipients reported that they were "very useful" or "useful"** (see details in Figure 17).

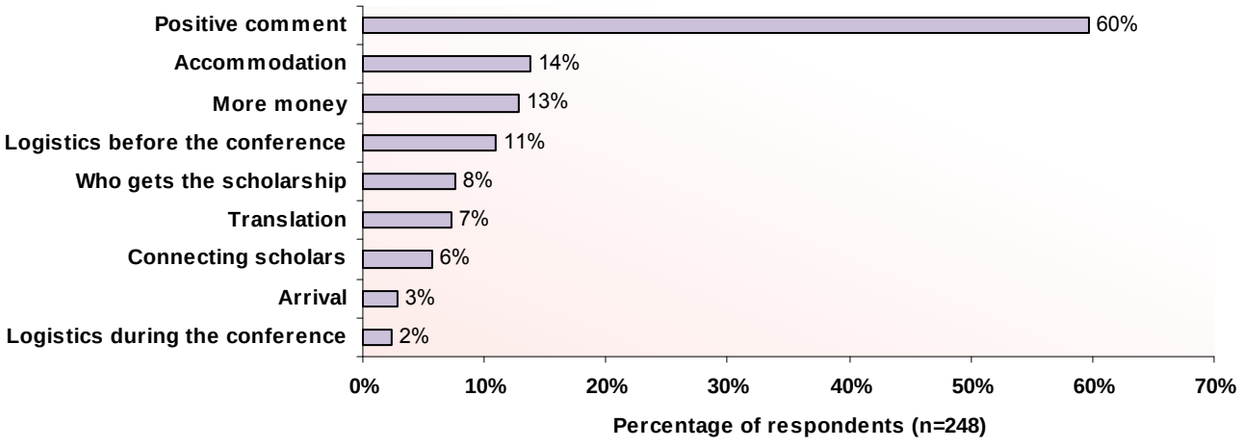
Figure 17. Usefulness of online and on-site resources for scholarship recipients



Comments and suggestions

Surveyed scholarship recipients were given the opportunity to make comments about the International and Media Scholarship Programme and/or suggestions on how to improve it at the next conference (AIDS 2012). More than half (n=280) provided comments, and of these, 32 were not clear or not relevant to this programme. Relevant comments were categorized within nine main themes. As shown in Figure 18, 60% of survey respondents made positive remarks and the most frequently made comments were related to accommodation, the lack of money received to attend the conference, and logistics before the conference.

Figure 18. Main themes of comments from scholarship recipients



Accommodation
Respondents complained that rooms were too small for sharing, too hot, not a good place to rest during a tiring week, or not a good place to work at night. They would prefer to share their rooms with people of the same nationality. One would have preferred to have the option of a better hotel, even if s/he had to pay the difference. Among people who did not get accommodation covered in their scholarship, some asked that the Conference Secretariat suggest cheaper accommodation options, or pay for accommodation instead of airfare or living allowance.

More money
A number of respondents felt that the sum they received (30 Euros per day) was not enough to cover the cost of food inside the conference venue. Some suggested giving per diem allowances for the days of travelling, as well. There were a number of criticisms about partial scholarships that leave important costs uncovered.

Logistics before the conference
Most complaints were about visas; participants would have liked more help to obtain their visas, including a clear agreement with the host country about giving visas to unemployed and/or youth participants. A few people thought that the application process was difficult (but most people said that it was excellent and easy), while others wondered why one had to apply separately for a scholarship for each abstract or proposed activity.

Translation
There were a number of general complaints about the lack of translation to French and Spanish. Comments were also made about the inadequate support for sign language interpreters accompanying scholarship recipients.

Who gets the scholarship
Survey respondents indicated what populations should be given priority in the future for scholarships. This included: sex workers; people from the Caribbean; people from outside Europe; poor people from rich countries; lesbian, gay, bisexual and transgender organization workers based in Africa; transgender community workers; young Africans; injecting drug users; journalists from poor countries; and people from the South who study in the North.

Connecting scholars
Respondents suggested various ways to ensure better connections between scholarship recipients, such as having a party so that all recipients can meet each other, helping scholars from the same region/country get in touch before or during the conference, and providing a forum where scholars can keep in touch and update each other on their work after the conference. This last suggestion was probably made by delegates who were not aware that there was a forum on Facebook where AIDS 2010 scholarship recipients could get in contact with each other for different objectives, including sharing of information about accommodation (feedback from the Conference Secretariat confirmed that this forum was effectively used for that purpose).

Arrival
Some people reported they felt lost or confused upon arrival in Vienna, especially those who are not familiar with Western public transit systems. Others complained that they had to advance cash to pay for transportation from the airport (they received their transport pass with their badge only at the conference, but they got reimbursed in such cases) and/or that there was not always someone at the info desk at the airport. A few scholars would have liked to have someone pick them up at the airport.

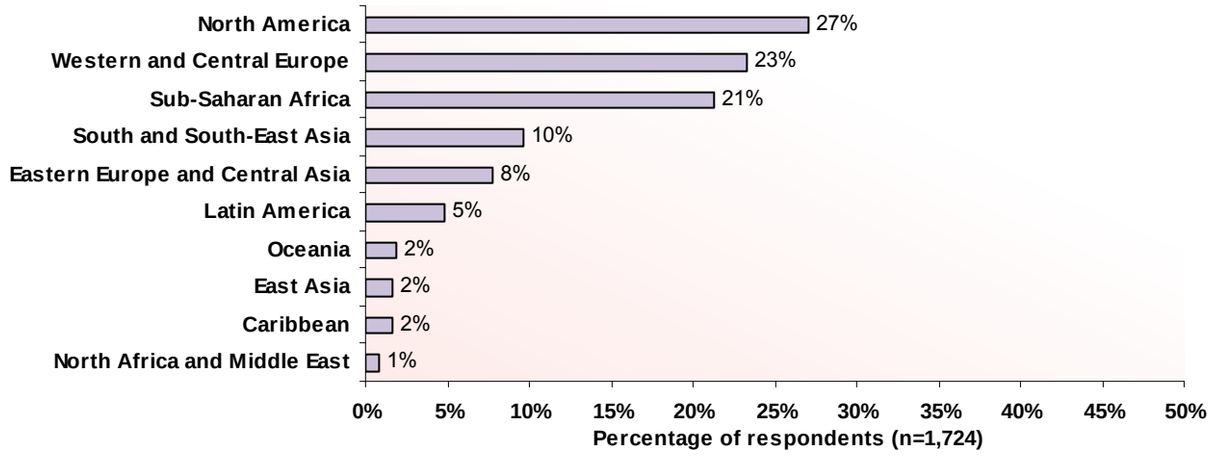
Logistics during the conference
Most frequent suggestions included the following: provide grantees with a local SIM card to be able to reach each other more easily; warn of the group photo in advance or via phone rather than email; make sure to use emails that the grantees can access at the conference (personal emails); and give instructions on how to use the Internet connections. A few people indicated that scholarship desks were not clearly identified.

Speakers, chairs, moderators and oral abstract presenters

Number and regional representation of speakers and chairs

Conference organizers mobilized 1,824 speakers, 16% of whom made more than one speech/intervention during the conference. As shown in Figure 19, the regions most represented by speakers were North America, Western and Central Europe, and sub-Saharan Africa.

Figure 19. Breakdown of speakers by region



The conference organizers also mobilized 441 chairs, 16% of whom chaired more than one session during the conference. The regions most represented by chairs were Western and Central Europe (32%), North America (27%) and sub-Saharan Africa (17%).

Online and on-site resources

Online resources
In order to help speakers, chairs, moderators and abstract presenters prepare for their session(s), conference organizers provided guidelines and templates, which were available on the conference website a few months before the conference. **Of the 541 surveyed delegates who identified themselves as a speaker, chair, moderator and/or abstract presenter, the majority reported that they had used these online resources** (86% vs. 12% who had not used them or said it was not applicable, and 3% who were not aware of these resources). **They were considered to be "very useful" or "useful" by 81% of survey respondents** (vs. 15% who found them to be "somewhat useful", and just 3% who said that they were "not very useful" or "not useful at all").

Human resources
Support provided by session point persons was used by 78% of survey respondents, 78% of whom reported that it was "very useful" or "useful" (vs. 14% who found it to be "somewhat useful", and 7% who said that it was "not very useful" or "not useful at all").

Support provided by the Conference Secretariat was used by 70% of survey respondents, 75% of whom reported that it was "very useful" or "useful" (vs. 17% who found it to be "somewhat useful", and 8% who said that it was "not very useful" or "not useful at all").

Speakers Centre
A Speakers Centre was available to speakers, chairpersons, and oral abstract and poster discussion presenters during the conference. Here, they could upload their presentations and access other kinds of support. **Of the 537 surveyed speakers and/or oral abstract presenters who rated this area, 80% reported using the centre**, and **86% of these found it to be "very useful" or "useful"** (vs. 10% who found it to be "somewhat useful", and just 4% who said that it was "not very useful" or "not useful at all").

Comments and suggestions

Surveyed speakers, chairs and/or presenters were given the opportunity to make comments about these resources and/or suggestions on how to improve them at the next conference (AIDS 2012). A total of 127 respondents provided comments: 17 of these were not clear or not relevant to this area. **The majority of respondents (n=76) made positive remarks, praising the professionalism and friendliness of staff and the organization of the resources**. Other frequent comments were classified into the following themes (the number of respondents is in brackets):

- **Human support and on-site equipment** (n=23): many mentioned that the person chairing or moderating their session was ill-prepared, or had not contacted them before. Some remarked that session point persons were "uneven", with some doing excellent work and others not doing so well. Some complained that the time given to each presenter (10 minutes) was too short. Other complaints included the lack of: a space in which to practice presentations; printing facilities; preparedness of volunteers and/or technical staff; recording of poster presentations; and Internet access inside the Speakers Centre.
- **Communication** (n=15): most complaints were about the poor, or lack of, communication before the conference. One respondent complained about the colour of the template background and another was upset at not being listed as a speaker in the conference programme.
- **Translation** (n=8): complaints were made about the lack of translation and interpretation into English (of non-English presentations), Russian, French and all other United Nations languages.

Poster exhibitors

Voices of poster exhibitors (1/2)

✍ *"The poster exhibition area was good. The layout and labelling made it easy for both exhibitors and delegates to use. Also the helpdesk assisted a lot." (Other health care worker/social service provider, Nigeria)*

✍ *"It was a good idea to display all the exhibitions on the same site with commercial and other booths; this drains more visitors than for both activities." (Teacher/lecturer, Burkina Faso)*

✍ *"I know how difficult it is to fit all the posters in but I would personally like to see less space for the country and pharmaceutical booths and more for posters so they could stay up for two days at least." (Manager/director, Canada)*

✍ *"Although there were so many posters exhibited, it was easy to find where to exhibit my poster and also because they were organized by discipline area, I was able to make contact with and find out what was happening in different regions within my area of work." (Manager/director, United Kingdom)*

✍ *"The poster exhibition was the best so far (my 6th conference) with much more space and opportunity for extended live discussion. One small thing that would help people find their way around quickly would be some notices about which track / topic begins where that could extend higher above the display boards and be visible from far away." (Epidemiologist, Tanzania)*

Voices of poster exhibitors (2/2)

✍ *"Too many posters. It would be more valuable to be more selective and accept fewer posters, thus driving more traffic to posters worth seeing. Some posters were phenomenal, some were relatively useless." (Manager/director, South Africa)*

✍ *"It was too crowded, [thus] difficult to focus on any one poster. I gave up on visiting the posters after the first two days and just collected handouts where available." (Psychologist, Jamaica)*

✍ *"Lots of poster boards were left empty - others would have loved the chance to present a poster. Incentives to encourage researchers to stand by their posters at suggested hours?" (Postgraduate, Canada)*

Poster display area and helpdesk

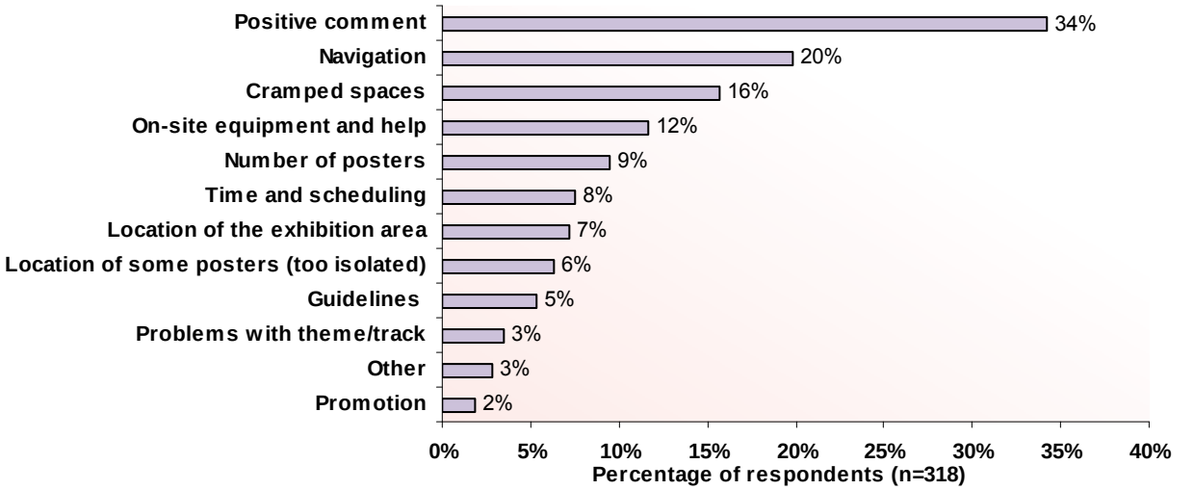
Surveyed **poster exhibitors** (n=884) were asked to rate the overall organization of the poster display area (i.e., its area layout, labelling, etc.). **Of 843 respondents, the majority rated it as "good" or "excellent"** (52% and 36%, respectively). The poster helpdesk, located in the poster exhibition area, mainly to provide support to poster presenters, was used by 77% of surveyed presenters, the majority of whom reported that it was "very helpful" or "helpful" (42% each).

Poster viewers, as opposed to poster exhibitors, were also asked to rate the poster layout in the display area**. Of the 2,046 survey respondents who had visited the poster exhibition, the majority rated it as "good" or "excellent"** (60% and 22%, respectively).

Comments and suggestions

Surveyed poster exhibitors were given the opportunity to make comments about the poster exhibition area and/or suggestions on how to improve it at the next conference (AIDS 2012). A total of 336 provided comments, 18 of which were not clear or not relevant to this area. Relevant comments were categorized within 12 main themes. As shown in Figure 20, **34% of survey respondents made positive remarks and the most frequently made comments were related to the navigation through the poster display area and space between posters**.

Figure 20. Main themes of comments from poster exhibitors



Navigation
Aside from general impressions of confusion, the most common complaints were that:

- The signs indicating the themes and tracks should have been bigger, clearer, more visible, higher up, more frequent.
- The numbering system/order of posters was not clear and numbers were too small.
- The floor plan/map was not clear or not located in the right area. One person suggested an electronic search tool in the poster area. Another suggested a "you are here" mark on the floor plans in the poster area.
- The zigzag lines were confusing; straight lines would have been better.

Cramped spaces
Many noted that there was not much space to present and view posters. Because of the shape of the display, some presenters had to stand in front of the neighbouring poster. Generally, both presenters and viewers thought the space was too cramped.

On-site equipment and help
The most common request from presenters was for chairs or stools on which to sit when they stood by their posters for two hours. Many also requested having a

space on which they could display materials, such as business cards, and collective tables for presenters of a common theme to leave materials for the whole week. Some presenters would also have liked to get more help from volunteers to hang their poster. Towards the end of the week, there seemed to be a lack of tape to hang posters. Someone suggested being able to set up the poster the night before the presentation day.

Number of posters
Many respondents were overwhelmed with the quantity of posters available. Some thought that there was a need for a better selection, with some posters being fantastic, while others were not worth looking at.

Time and scheduling
Many people thought the time allowed to present and view posters was too short. People suggested giving at least two days to each poster or leaving posters up for the whole week, as they sometimes missed posters of interest. People also wished for more time to visit the posters each day or for two separate hours (one at lunch time and one at the end of the day). Finally, some respondents regretted missing key sessions and speakers or other posters of interest to their work because they had to present their own posters at the same time.

Location of the exhibition area
Some delegates thought the proximity with the food court and the exhibition hall was detrimental to the flow of visitors, as those two elements were more attractive. However, other respondents praised this location. Many suggested that the posters be in the halls between the session rooms, so that people can read them during session breaks. Others suggested that the poster area be in the front of the conference, and that posters selected for the exhibition area and those selected for poster discussion sessions be in the same area to avoid confusion.

Location of some posters
Most complaints came from authors whose posters were located at the back of the poster area, on rows facing walls, which meant that they did not get much traffic or interaction with delegates. They felt spatial arrangements should ensure a fair distribution of "traffic" to all posters.

Guidelines
Respondents suggested that there be more strict guidelines for authors who present posters to make sure that posters are attractive and synthetic (not just "journal articles on a large background"), and that poster presenters stay around to answer questions about their work. Some also wondered why so many poster spots were left empty. Another set of comments was about the times to take posters down, with some authors feeling that they had not received clear indications, and were thus not able to bring their posters back home.

Problems with theme/track
Respondents reported that they had problems with the thematic groupings of posters, which were not clear or logical, including some posters being placed in the wrong tracks. Some delegates suggested having better defined groups and clearer thematic areas, and two delegates recommended separating programme-related posters from scientific ones.

Other
Other comments related to the temperature in the hall, the need to focus on certain topics, and the online system to download abstracts.

Promotion
Some respondents felt that the conference should better promote the poster exhibition area to attract more delegates.

Exhibitors

The conference hosted **151 exhibition booths** (vs. 162 in 2008), 54% of which represented NGOs, 25% commercial organizations, 19% governmental and intra-governmental organizations/agencies, and 3% publishers. **The two regions most represented by exhibitors were Europe and North America** (40% and 38%, respectively).

Exhibitors were asked to assess the exhibition area and related support through an online survey, which was active for more than one month (launched on 27 July and closed on 3 September after two reminders). Of 142 exhibitors invited to complete the survey (one per exhibiting organization), three had undeliverable emails. Out of the 139 "valid invitees", 72 responded, yielding a response rate of 52%. Just over half of surveyed exhibitors were attending the IAC for the first time as exhibitors, and the majority represented non-commercial organizations (75%).

In order to improve the exhibition space order process, conference organizers launched the **IAS Satellite and Exhibition Tracker (ISET)** in 2009. **Just over half of surveyed exhibitors found that it was "very easy" to submit their applications through this system**, 39% found it to be "somewhat easy", 6% found it to be "not very easy", and 4% did not remember. Of those who had attended a previous IAC as an exhibitor, two-thirds confirmed that this new system allowed them to improve the exhibition space order process. When asked if they got what they had ordered (in terms of both quantity and quality), all respondents except one answered Yes.

The **AIDS 2010 Exhibitor Manual** that was available through the conference website to help exhibitors plan and organize their exhibitions **was well rated, with 85% of respondents rating it as "very useful" or "useful". Support from the AIDS 2010 Exhibition Department before the conference was rated as "excellent" or "good" by 88% of respondents**.

On-site support was well rated, with the majority of respondents considering booth build up and dismantling as "very well organized" or "well organized" (91% and 84%, respectively) and the on-site Exhibitor Helpdesk as "excellent" or "good" (92%). **The layout of the exhibition area was also well rated** (82% indicating that it was "excellent" or "good"). The two services/features that got a slightly lower rate were cleaning (28% finding it was "fairly well organized", "not very well organized" or "not well organized at all") and on-site signage (32% rating it as "fair" or "poor").

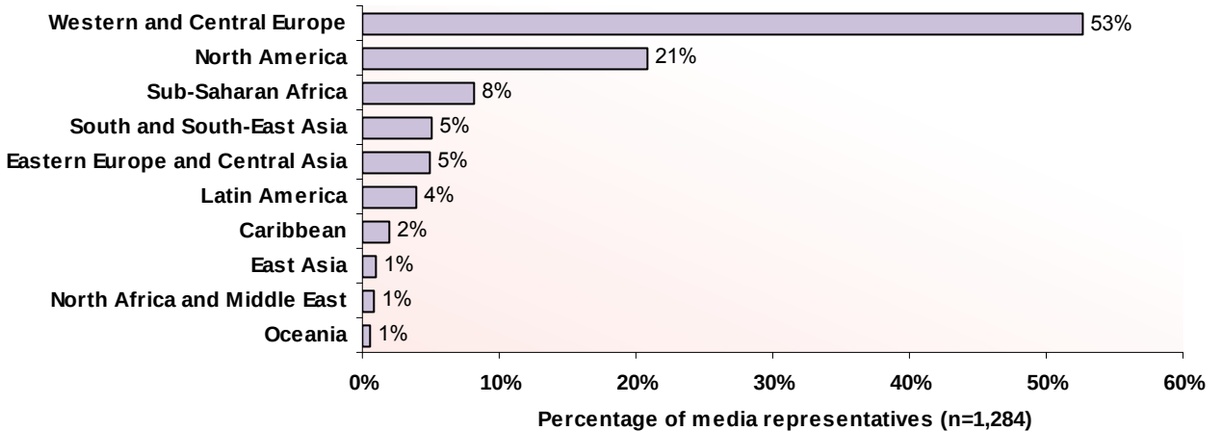
Despite some complaints about the booth numbering system, which apparently did not allow participants to find booths easily, **all surveyed exhibitors qualified their experiences at AIDS 2010 as "positive" or "very positive"** (52% and 48%, respectively).

Details of benefits gained by exhibitors are available on pages 77 and 78.

Media representatives

More than 1,200 media representatives attended AIDS 2010, a **58% decrease from AIDS 2008**, representing **100 countries**. As in 2008, the largest group came from the host region (53%), with the host country ranking first (27% of all media representatives lived in Austria). The second most represented region was North America, with 18% of media representatives living in the United States of America. The low representation of the remaining regions is most likely due to the difficulty for journalists to find adequate funding to attend the conference; this may also explain the overall reduction in the number of media representatives present. Regarding this aspect, it should be noted that **the number of scholarships granted to media representatives increased from 33 in 2008 to 40[28] in 2010**, as recommended by the AIDS 2008 evaluation.

Figure 21. Regional breakdown of media representatives

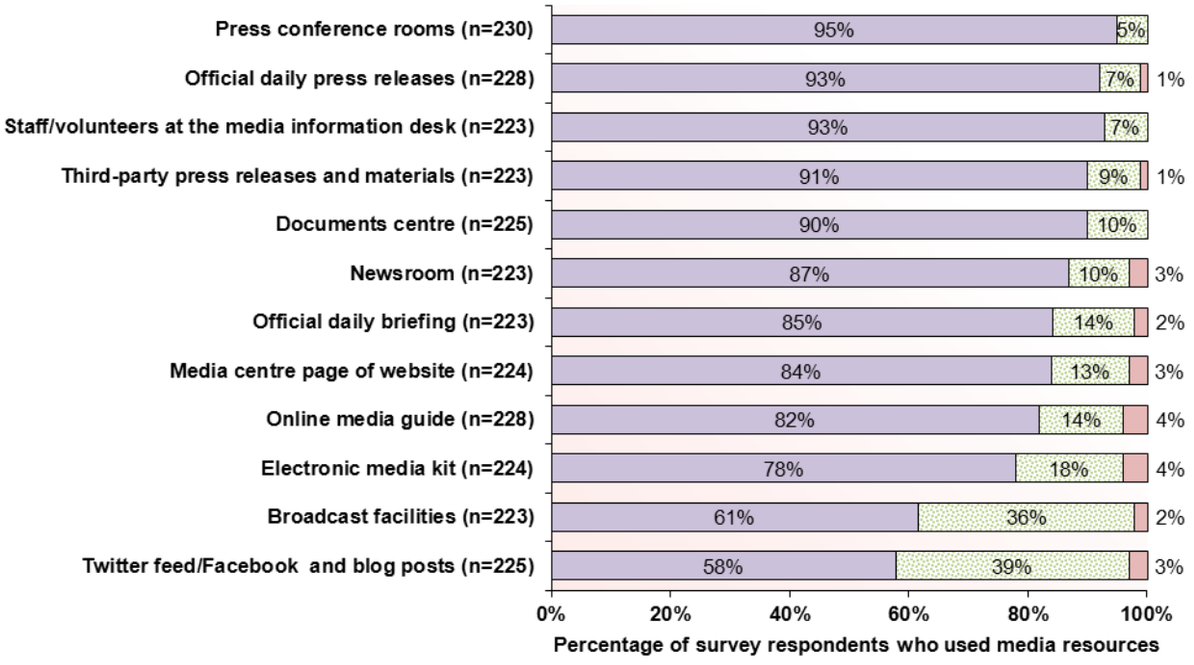


Online and on-site resources

Conference participants who completed the online survey and identified themselves as media representatives (n=248) had the opportunity to express their opinions about the Media Centre and resources put at their disposal before and during the conference to enhance their preparation and their participation.

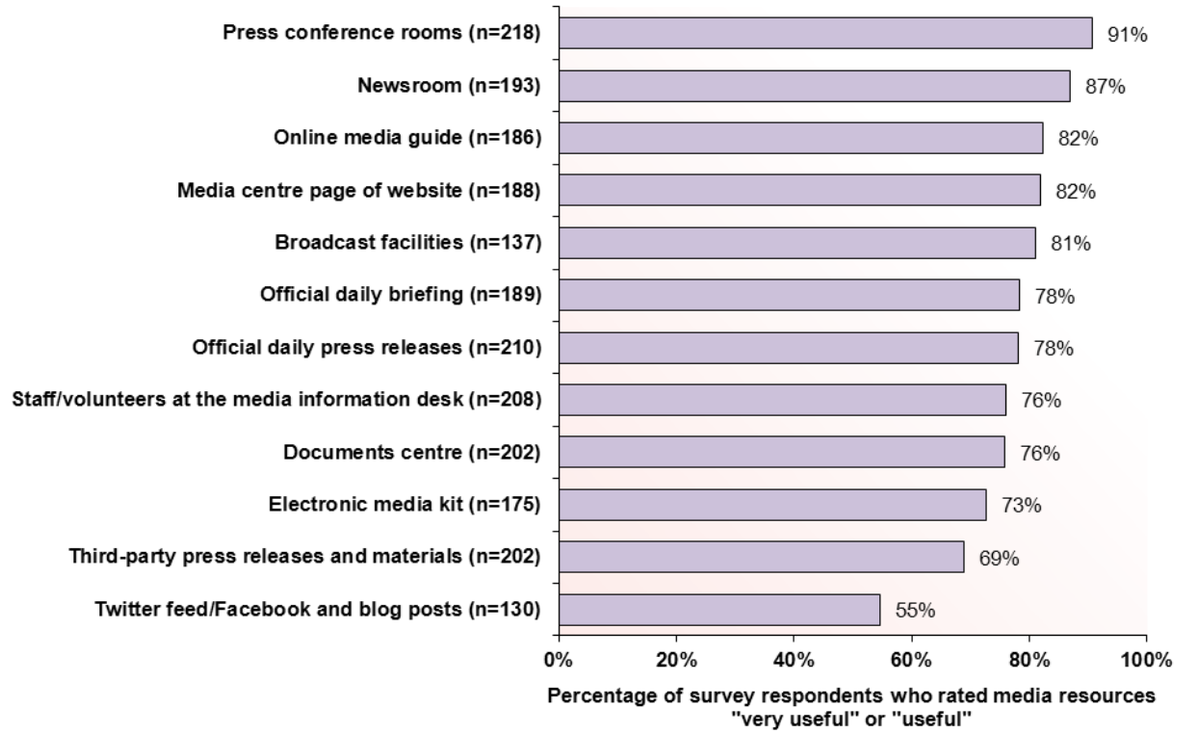
The vast majority of surveyed media representatives rated the overall organization of the on-site Media Centre as "good" or "excellent" (47% and 45%, respectively). Among the **on-site and online resources** aimed at building and/or enhancing the knowledge of media representatives about HIV and helping them cover the conference, **the two most used** were **press conference rooms** and **official daily press releases**, while the two least used were broadcast facilities and social media tools (see details in Figure 22).

Figure 22. Use of resources by media representatives



As shown in Figure 23, **these resources were considered to be "very useful" or "useful" by the majority of surveyed media representatives**.

Figure 23. Rating of resources used by media representatives

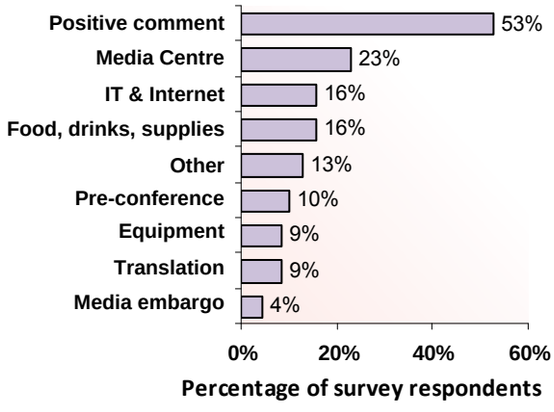


Only 58% used new social networking tools (Twitter, Facebook and the conference blog), **of which 55% rated them as "useful" or "very useful",** indicating that these tools need to be better promoted and well in advance to the next conference.

Comments and suggestions

Surveyed media representatives were given the opportunity to make comments about the on-site and online media centres and/or suggestions on how to improve them at the next conference (AIDS 2012). A total of 81 provided comments, 11 of which were not clear or not relevant to media. Comments were categorized within nine main themes. As shown in Figure 24, more than half of surveyed respondents made positive remarks, and the most frequently comments were related to the on-site Media Centre, information technology (IT) and Internet, and food, drinks and supplies**.**

Figure 24. Main themes of comments from media representatives



On-site Media Centre
Some media representatives were not happy with delays in transcripting speeches and getting hard copies of speeches, digital recordings of press conferences and sessions. Others asked to have monitors covering different presentations (and not all the same) and to find a way to avoid audio cut out (with no warning) during the plenary sessions. Other suggestions included: a simple way to communicate what and when a press briefing is happening (including the room and who is speaking); a list of the sessions that will be broadcast on TV in the Media Centre during the day; a more structured presentation of third-party press releases/materials; respecting speaker schedules; and fewer speakers on panels as some were too big (six or seven speakers).

IT equipment & Internet
Main comments were that the Internet was slow, and that Yahoo email did not work for a few days. Suggestions included providing: more software programmes that are used by journalists; more Russian keyboards; and more support staff to solve IT problems.

Food, drinks and supplies
Requests were made to have water on site, more options for food and drinks inside the Media Centre, free or cheaper food, the possibility of buying food until late, and being able to buy simple supplies, such as pens and paper.

Other
A few complained that there were too many non-journalists (PR people & advocacy groups) who entered the Media Centre, which was distracting. Other complaints were the absence of a Media Centre during the Youth Pre-conference, too much security, not enough parking available, and dirty tables.

Pre-conference
Some complained about the release of abstracts, saying that they were released to the public on the weekend but embargoed for media until several days later, or that abstracts should have been posted on the conference website earlier. One respondent said that there needed to be more abstracts featuring science and far fewer on policy. There was also a request for a media-specific overview of the conference ahead of time. The long delay in getting approved as a media representative was also mentioned.

Equipment
Media delegates suggested making the following equipment available in the Media Centre: digital sound recorders (to be returned at the close of business); lockers; electrical adapters to match with different plugs; a photocopy machine; and a printer. The need to have better soundproofing rooms for recording interviews and broadcasts was also mentioned.

Translation
A few media representatives complained about the lack of translation to Spanish, French and Russian.

Media embargo
Three respondents complained about the reaction of conference organizers following an embargo break by a media representative.

The content of articles produced by media representatives was not covered by the online survey. An overview of media articles written on the conference is available on pages 67 and 68.

Which session type did participants attend?

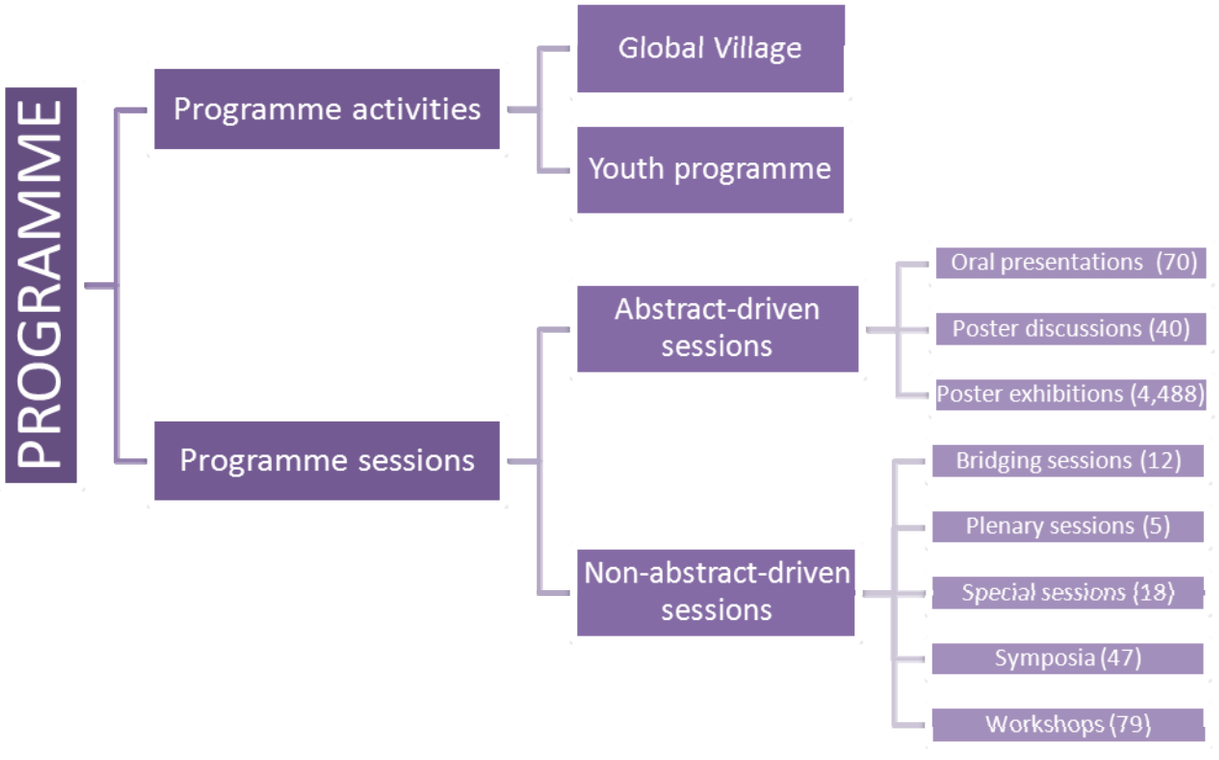
Overview of the conference programme

The AIDS 2010 programme was developed by the following committees:

- The Conference Coordinating Committee[29]
- The Community Programme Committee
- The Leadership and Accountability Programme Committee
- The Scientific Programme Committee
- Six track committees:
  - Track A: Basic Sciences
  - Track B: Clinical Sciences
  - Track C: Epidemiology and Prevention Sciences
  - Track D: Social and Behavioural Sciences
  - Track E: Economics, Operations Research, Care and Health Systems
  - Track F: Policy, Law, Human Rights and Political Science.

The AIDS 2010 programme included a range of sessions, meetings and activities, as summarized in Figure 25.

Figure 25. Overview of the conference programme

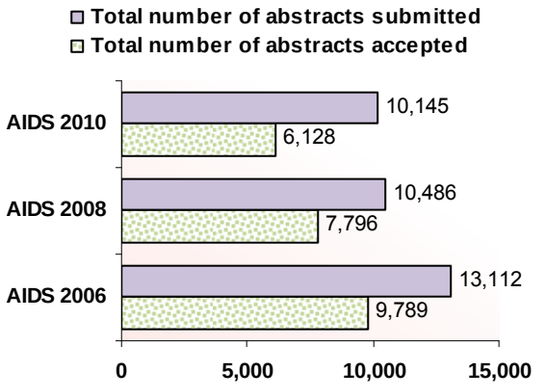


The AIDS 2010 programme also featured an exhibition area, hosting 151 booths spread out over 3,028 m², as well as satellite meetings, a cultural programme, engagement tours and affiliated events. An overview of the cultural programme, engagement tours, affiliated events and the youth programme is available in Appendix 2.

Abstract statistics and trend analysis[30]

Total number of abstracts and breakdown by gender

Figure 26. Total number of abstracts submitted and accepted (2006 to 2010)



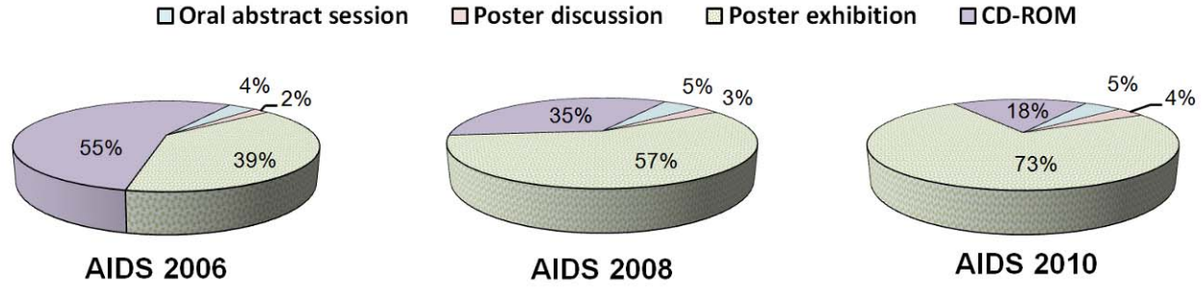
AIDS 2010 attracted 10,145 abstract authors, almost the same figure as in 2008. However, as illustrated in Figure 26, **the success rate** (the ratio of abstracts accepted versus those submitted) **has decreased in 2010** (60% vs. 74% in 2008). This is mainly attributable to a new scoring system and a stricter selection of abstracts by the AIDS 2010 Scientific Programme Committee.

Looking at gender distribution, **51% of abstracts were submitted by women** (vs. 50% in 2008) and **the female representation among successful abstracts authors increased for three conferences in a row** (53% in 2010 vs. 52% in 2008 and 49% in 2006).

Breakdown of abstracts by type of presentation

As illustrated in Figure 27, **the proportion of abstracts accepted for poster exhibitions has steadily increased from 2006 to 2010** (39% in 2006, 57% in 2008 and 73% in 2010), **while the proportion of abstracts selected for inclusion in the CD-ROM has decreased over time** (55% in 2006, 35% in 2008 and 18% in 2010).

Figure 27. Breakdown of abstracts accepted by type of presentation (2006 to 2010)



Breakdown of abstracts by track

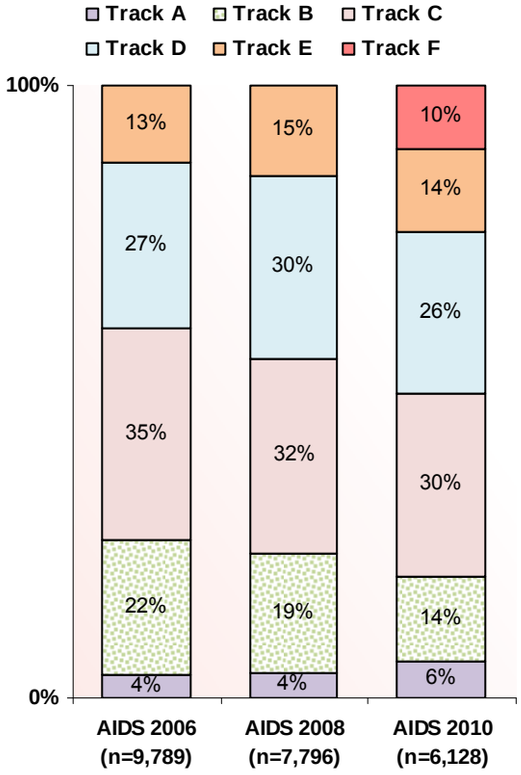
Abstracts were submitted in the following **six tracks**:

- Track A: Basic Sciences
- Track B: Clinical Sciences
- Track C: Epidemiology and Prevention Sciences
- Track D: Social and Behavioural Sciences
- Track E: Economics, Operations Research, Care and Health Systems
- Track F: Policy, Law, Human Rights and Political Science.

As in 2008, **Track D and Track C attracted the largest proportions of abstract submissions** (60% of the total vs. 62% in 2008). **Track F**, **introduced at AIDS 2010**, **attracted 11% of all submissions**, and is therefore off to a strong start.

As shown in Figure 28, **the proportion of abstracts accepted in biomedical tracks (i.e., Tracks A, B and C) has decreased between 2006 and 2010, although within this category, the proportion of Track A abstracts has slightly increased from 4% in 2008 to 6% in 2010**. This trend reflects efforts made by the Scientific Programme Committee to give more space to operations research, social and political science, and other non-biomedical disciplines.

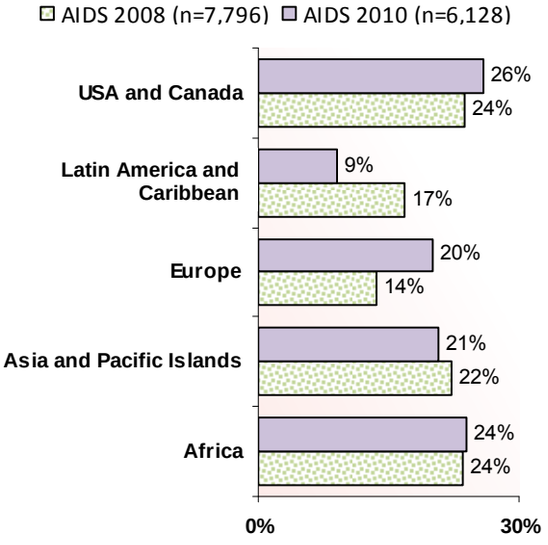
Figure 28. Breakdown of abstracts accepted by track



Breakdown of abstracts by region and top 10 countries

As in 2008, **almost 70% of abstracts were submitted by authors from Asia and the Pacific Islands, Africa and North America (USA and Canada)**. Not surprisingly, the proportion of abstracts submitted by European delegates has increased (from 12% in 2008 to 19% in 2010) while the proportion of abstracts submitted from Latin America and the Caribbean has decreased (from 19% in 2008 to 12% in 2010), which reflects the influence of the conference host region on abstract submissions. This trend is also valid for abstract acceptance, as illustrated in Figure 29.

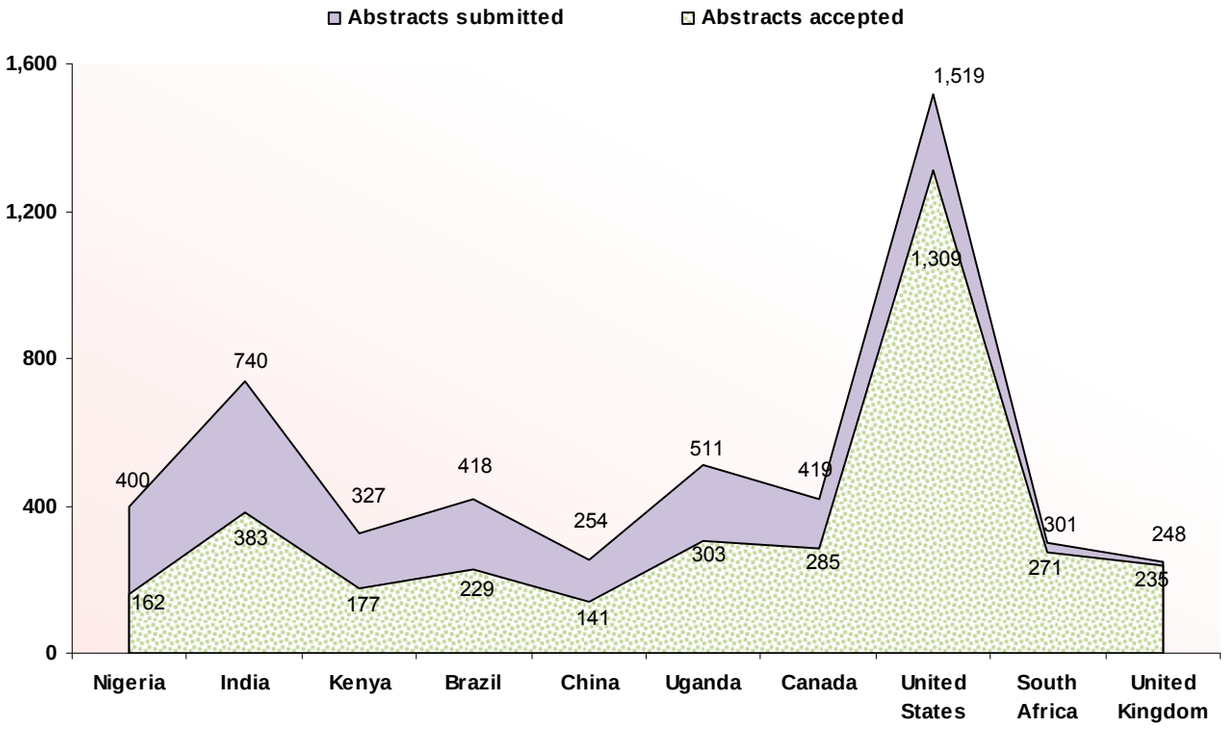
Figure 29. Breakdown of abstracts accepted by region (2008 & 2010)[31]



As in 2008, the following nine countries were among the top 10 for abstract submission and acceptance: United States of America, India, Uganda, Canada, South Africa, the United Kingdom, Brazil, Kenya and Nigeria. Mexico was not among the top 10 countries in 2010, most probably because this country was not hosting the conference, as it did in 2008. China was the 10th country best represented in 2010, and was not among the top 10 in 2008.

Comparing success rates (the ratio of abstracts accepted versus those submitted), **the United Kingdom, South Africa and the United States of America had the highest rate**, as illustrated in Figure 30[32].

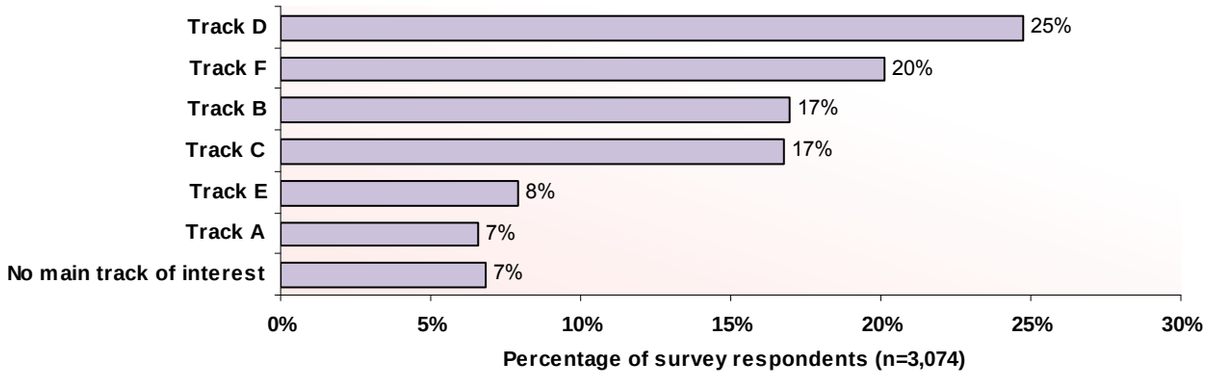
Figure 30. Top 10 countries for abstracts submitted and accepted[33]



Main track of interest

Surveyed delegates were asked what their main tracks of interest were at AIDS 2010 (i.e., the track in which they attended most sessions). As shown in Figure 31, **Track D was delegates' first choice (25%)**, **with the new Track F receiving the second highest ranking (20%)**. Similar to 2006 and 2008, **Tracks A and E were least favoured**. However, Track D was better ranked in 2010 compared with 2006 and 2008 (when it was only the third choice of surveyed delegates).

Figure 31. Main track of interest of survey respondents



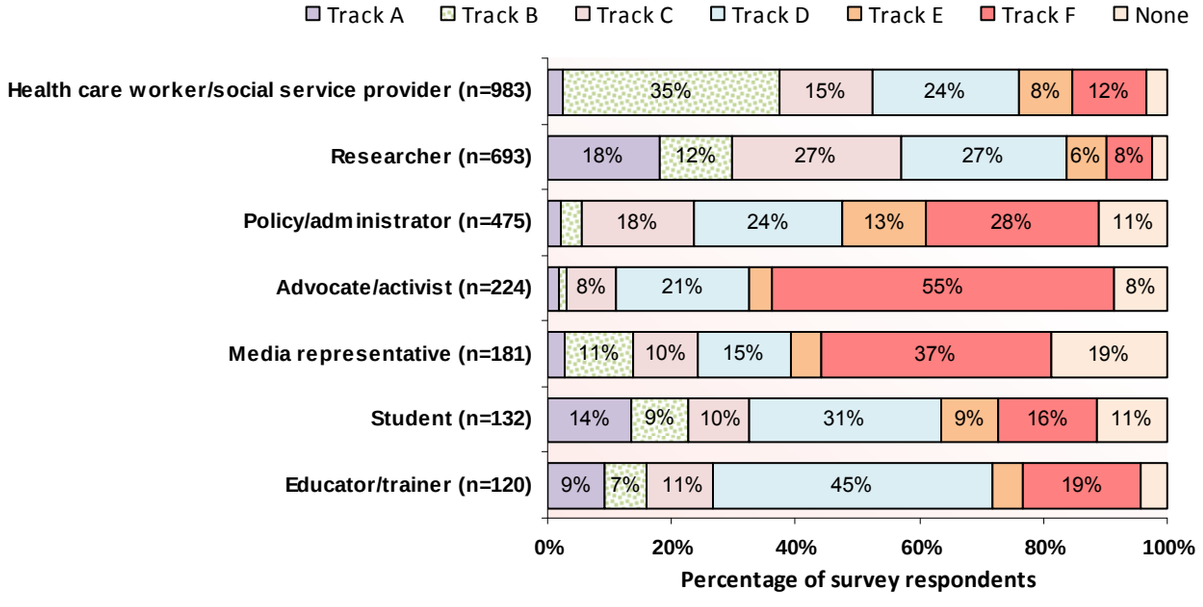
WHO WAS MORE LIKELY TO BE ATTRACTED BY THE NEW TRACK F, "POLICY, LAW, HUMAN RIGHTS AND POLITICAL SCIENCE"?

When this question was analyzed looking for statistically significant differences in delegates' profiles and their likelihood to have chosen Track F as main track of interest, the following was found:

- Advocates/activists (55%), media representatives (37%) and policy/administrators (28%) compared with educators/trainers (19%), students (16%), heath care workers/social service providers (12%) and researchers (8%, $p<0.05$).
- Delegates from Latin America (27%), Eastern Europe and Central Asia (27%), Caribbean (25%), Western and Central Europe (23%) and South and South-East Asia (21%) compared with those coming from sub-Saharan Africa (19%), Oceania (18%), East Asia (17%), North Africa and Middle East (14%) and North America (14%, $p<0.05$).
- Delegates working in grassroots community-based organizations (43%), PLHIV groups/networks (34%), NGOs (29%), faith-based organizations (22%), media organizations (28%) and intergovernmental organizations (20%) compared with those working in government (18%), academia (6%), hospitals/clinics (5%), and pharmaceutical companies (4%, $p<0.05$).
- Delegates between 16 and 26 years of age (27%) and between 27 and 40 (22%) compared with those between 41 and 50 years of age (19%) and above 50 (17%, $p<0.05$).
- Delegates with less than two years of HIV work experience (30%), between two and five years (23%) and between six and 10 years (21%) compared with those who have worked in the HIV field for between 11 and 15 years (17%) and more than 15 years (13%, $p<0.05$).

As illustrated in Figure 32, **the distribution between main tracks of interest depended on the respondents' professions** (e.g., 18% of researchers and 14% of students were mainly attracted by Track A, which was only the case for less than 5% of health care workers, policy/administrators, advocates/activists and media representatives).

Figure 32. Main track of interest by profession[34]

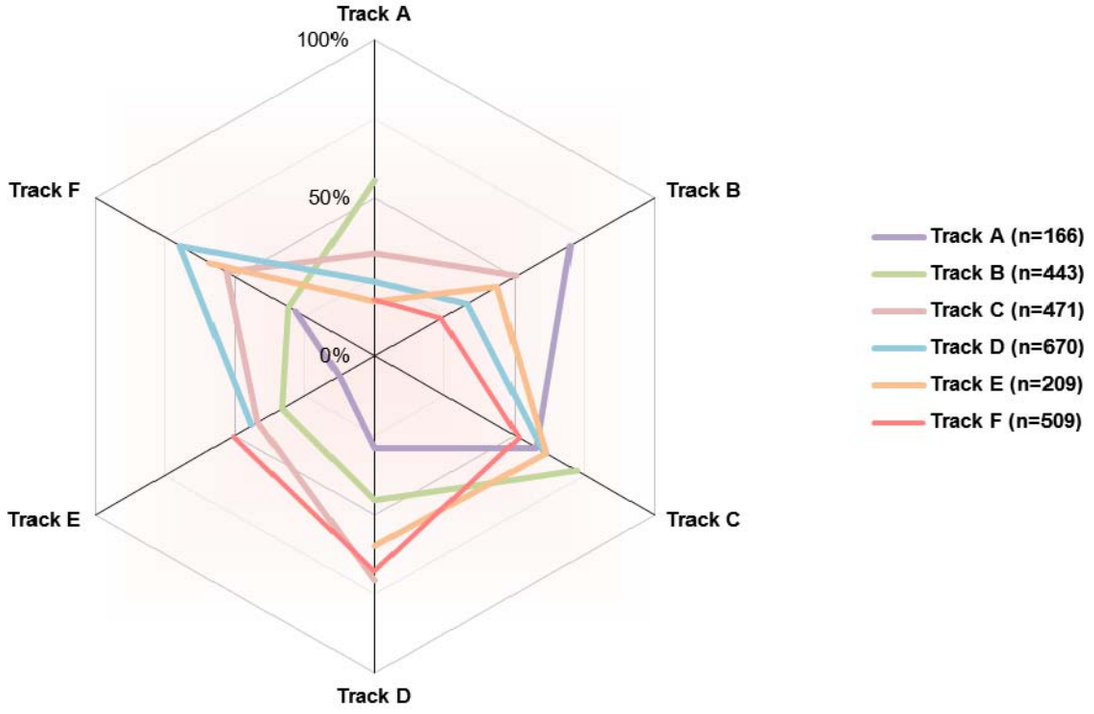


Other tracks of interest

Survey respondents who had selected one main track of interest were then asked if they had attended sessions that did not belong to their main disciplines (i.e., sessions in tracks other than their main tracks of interest). Of the 2,857 respondents, the majority answered Yes (87% vs. 13% No). Delegates whose main tracks of interest were Track A, Track F, Track B or Track E were significantly more likely to have answered No to this question (18%, 17%, 15% and 14%, respectively) compared with those attracted by the two other tracks (11% of those who mainly attended Track D sessions, and 8% who mainly attended Track C sessions). Looking in more detail at the association between tracks, i.e., which tracks attracted people mainly interested in another track, the following trends were found (see illustration in Figure 33):

Main track of interest	Other tracks in which at least 50% of respondents attended sessions (ranked from the highest percentage to the lowest)
A (n=166)	B, C
B (n=443)	C, A
C (n=471)	D, F, B
D (n=670)	F, C
E (n=209)	C, D, F
F (n=509)	D, C, E

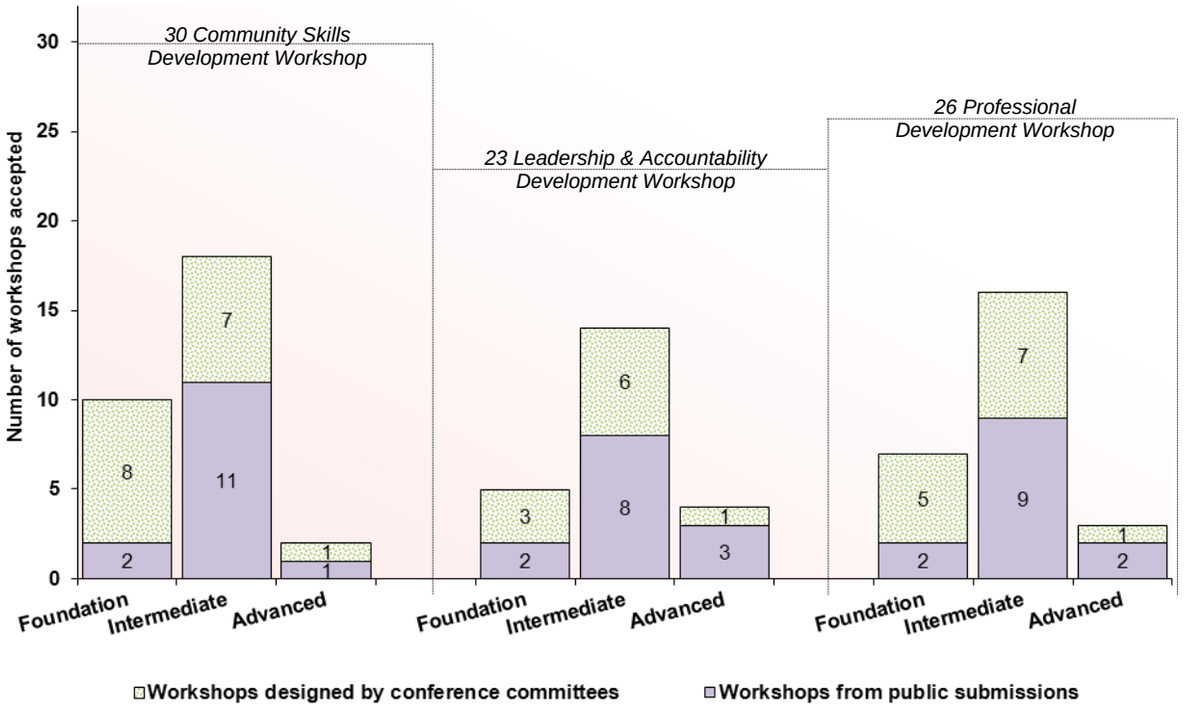
Figure 33. Interlinkages between tracks



Workshops

The conference programme featured **79 workshops**, **40 of which were selected from 413 public submissions**[35] that were reviewed by an independent workshop committee. Another **39 workshops were developed by conference committees**. For the first time, **workshops were structured into three focus areas** (Community Skills Development, Professional Development, and Leadership & Accountability Development) **and into three levels** (Foundation, Intermediate, and Advanced) to maximize the potential impact of the conference on professional development and delegates' capacity to implement evidence-based interventions. All accepted workshops were held, except three that were cancelled at the last minute. A breakdown of accepted workshops by focus area and level is presented in Figure 34.

Figure 34. Overview of accepted workshops



Surveyed delegates were asked if they had attended any of these workshops. **Of 3,060 respondents, 55% replied positively**. Looking at the level of workshops they mostly attended, **the Intermediate level was ranked first (60%)**, followed by the Advanced level (23%) and the Foundation level (18%).

WHO WAS MORE LIKELY TO ATTEND A WORKSHOP AT AIDS 2010?

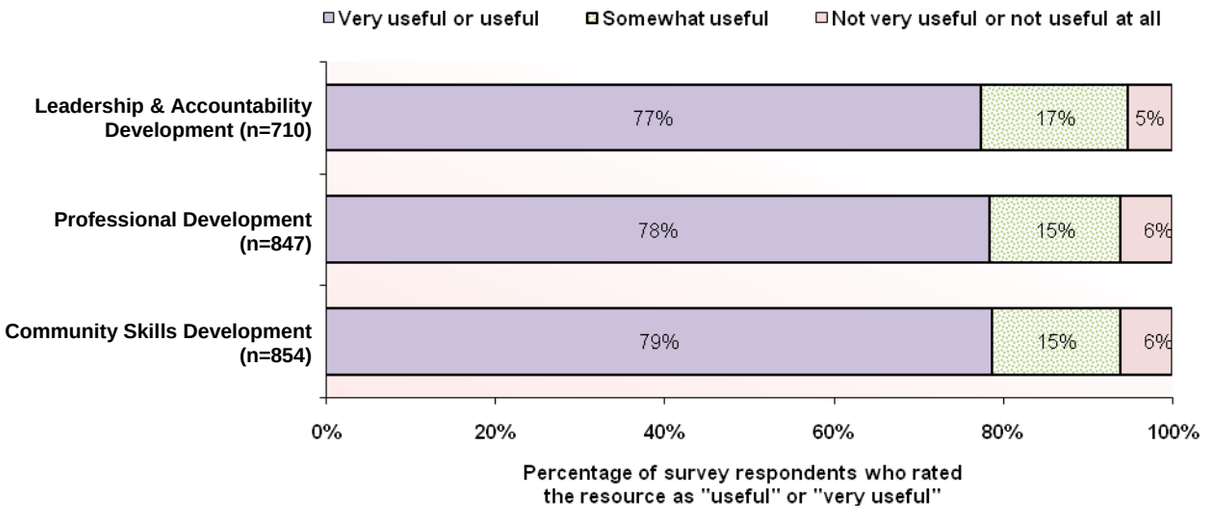
When this question was analyzed looking for statistically significant differences in delegates' profiles and their participation in at least one workshop, the following was found:

- Advocates/activists (67%), educators/trainers (66%), policy/administrators (61%) and heath care workers/social service providers (58%) compared with students (48%), researchers (45%) and media representatives (37%, $p<0.05$).
- Delegates from the Caribbean (76%), sub-Saharan Africa (69%), Eastern Europe and Central Asia (66%), South and South-East Asia (62%) and North Africa and Middle East (57%) compared with those from Western and Central Europe (46%), Oceania (46%), East Asia (45%), North America (43%) and Latin America (41%, $p<0.05$).
- Delegates working in grassroots community-based organizations (75%), PLHIV groups/networks (72%), faith-based organizations (66%), NGOs (64%), intergovernmental organizations (64%) and governments (61%) compared with those working in hospitals/clinics (47%), academia (37%), media organizations (33%) and pharmaceutical companies (24%, $p<0.05$).
- Delegates between 16 and 26 years of age (59%) and between 27 and 40 (58%) compared with those between 41 and 50 years of age (54%) and above 50 (48%, $p<0.05$).
- Delegates whose main track of interest was Track F (65%), Track D (62%), Track E (60%) and Track C (56%) compared with those who did not have any track of interest (40%) or were mainly interested in Track A (44%) and Track B (38%, $p<0.05$).

No other statistically significant correlation was found between the delegates' gender and attendance of a workshop.

As illustrated in Figure 35, **the majority of surveyed delegates rated the workshop(s) they attended as "very useful'' or "useful''**, regardless of the workshop focus area.

Figure 35. Usefulness of workshops



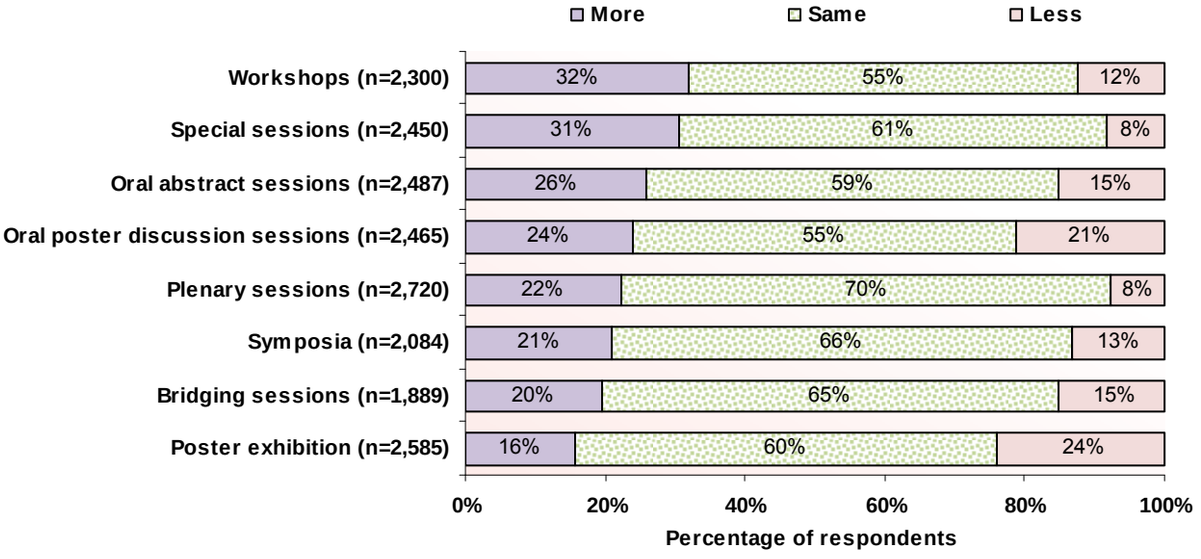
When asked how appropriate they thought **the three focus areas** were to their current needs and competencies, **the majority reported that they were "appropriate'' or "very appropriate''** (54% and 30%, respectively). **The majority also indicated that the three levels were "appropriate'' or "very appropriate'' to their current needs and competencies** (57% and 23%, respectively). Those who answered "somewhat appropriate", "not very appropriate'' or "not appropriate at all'' to these two questions were asked to explain why they thought the three proposed focus areas and levels were not appropriate to their needs and competencies. The most frequent reasons were that:

- The proposed topics were not relevant to the respondent's professional interests (n=27): delegates would have liked more workshops targeting scientific researchers, programme managers, clinicians and people from the private sector. Suggestions were also made to have (more) workshops focused on Asia and Africa, Western countries' epidemics, gender and women, psychiatry and patient support, prevention and best practices.
- The workshop content did not match its level (n=27): delegates expected a certain level, based on the programme, and found that the content of the workshop did not correspond to that level. The majority (n=15) complained that the level was too low and that they did not gain any new knowledge. These complaints were mainly expressed by experienced professionals from developed countries. They wrote that they understood that workshops were geared at activists from developing countries, but that they would have liked to see their needs addressed, as well.
- The workshop format, size and/or facilitators were not appropriate (n=15): most complaints were that the workshops were not interactive, and facilitators were not at ease and were mostly presenting their own work (two specifically said that the actual content of the workshop did not match the title). A few delegates also indicated the need to limit the number of participants and to ensure that they stay for the whole session.
- The definition of the focus areas and levels was not clear and somewhat difficult to apply to the HIV field (n=14): delegates indicated that the words chosen to define the three focus areas were subject to interpretation and that their meaning overlaps as the difference between a community worker and a professional is blurry in the field of HIV/AIDS. A few delegates also mentioned that the definitions of "foundation", "intermediate" and "professional" levels are subject to interpretation.

Suggestions for the AIDS 2012 programme

Surveyed delegates were asked to indicate if they would change the number of sessions at AIDS 2012 for eight different types of sessions. As shown in Figure 36, **the majority would keep the same number as in 2010**. However, **just over 30% would like more workshops and special sessions**.

Figure 36. Expected changes – number of sessions at AIDS 2012



Surveyed delegates had the opportunity to share suggestions to improve the programme of the next conference. **More than 200 delegates suggested key topics to be addressed by the programme and/or highlighted the need to ensure that speakers better represent some key stakeholders** (e.g., more HIV-positive plenary speakers, more real fieldwork heroes in the forefront, and speakers with clinical experience rather than office workers). Topics and target populations that delegates would like to be (better) covered at AIDS 2012 include the following:

- **Specific areas, issues or challenges:** non-biomedical prevention, social and behavioural sciences: co-infections (notably tuberculosis): social work: less focus on treatment: more focus on care and support: HIV in the workplace: communications for HIV prevention: HIV and family planning: HIV and psychology: critical theory: alternative and traditional healing: mental health: prisons and drug treatment: pharmacists against AIDS: effect of HIV on politics: HIV in its broader context: harm reduction: drug policy and law enforcement: international financing: vertical transmission: new drugs: faith and religion: counselling and testing: and nutrition.
- **Key populations, health professionals and/or related issues:** men who have sex with men (MSM): indigenous people: children and infants: ageing and people who live on treatment for a long time: women's health: PLHIV in developed countries: gay men as different from MSM: men and masculinity: lesbian, gay, bisexual and transgender: orphans and vulnerable children: people with disability: diasporas: health care workers (including how to prevent them from HIV infection): implementers and social work: nurses: and private sector.
- **Regions:** Latin America and the Caribbean: Asia: and Eastern Europe.

One hundred and fifty (150) respondents would like to reduce the number of sessions/activities because they thought that the conference programme was too large and featured too many sessions scheduled at the same time, thus obliging delegates to skip key sessions they would like to attend or preventing them from attending full sessions, which provokes, in most cases, disturbances of speakers and other attendees. Some delegates specifically noted the low attendance of some sessions ("rooms were empty"), blaming the programme for being too overwhelming.

One hundred and seventeen (117) respondents recommended improving the quality of abstract-driven sessions and presenters (highlighting the need to present new findings and ideas), not putting too much attention on advocacy and showcasing.

Delegates would like also to see new faces among speakers and presenters, complaining that the "same old experts" always speak at the conference. Some delegates wrote that the quality of presentations should not be compromised by the need to balance regional representation (i.e., abstracts and proposals should not be accepted only because a certain region or country is under represented in the conference programme). One delegate thought that social scientists should be better represented and not confused with activists, and that criteria to be a reviewer of social science abstracts were not appropriate. Another delegate would like to see stronger debates, i.e., more controversial or difficult issues discussed during sessions with panelists who can argue both sides of the case. This wish was also expressed by those who participated in the focus group interviews, using the expression, "preaching to the choir'', to illustrate that most delegates attending AIDS 2010 were on the same side.

Thirty-seven (37) respondents would like to see more interaction at AIDS 2012 and made the following complaints about AIDS 2010: lack of time for discussion in normal sessions; inappropriate format of sessions that were supposed to be workshops; too many speakers and sometimes too many moderators on panels (leaving no time for discussion); and no structured interaction with leaders and decision makers.

Twenty-six (26) respondents complained that the opening ceremony was too long and too boring, recommending that the next one should feature better speakers and be shorter.

Others suggestions included: better integrate tracks (especially science and community tracks); put more emphasis on regional sessions; offer more cultural activities; have better plenary speakers; and use the plenaries to take stock of progresses since the previous conference. The latter was also a request made by participants of focus group interviews who would like to see more accountability/reporting at the conference, as well as more concrete action plans, including concrete steps to take and the identification of who should report on their progress at the next conference. One of these participants also suggested holding a session or a workshop during the conference to present successful accountability mechanisms and providing concrete tools on how to design and put them in place.

What happened at the Global Village?

Voices of Global Village visitors

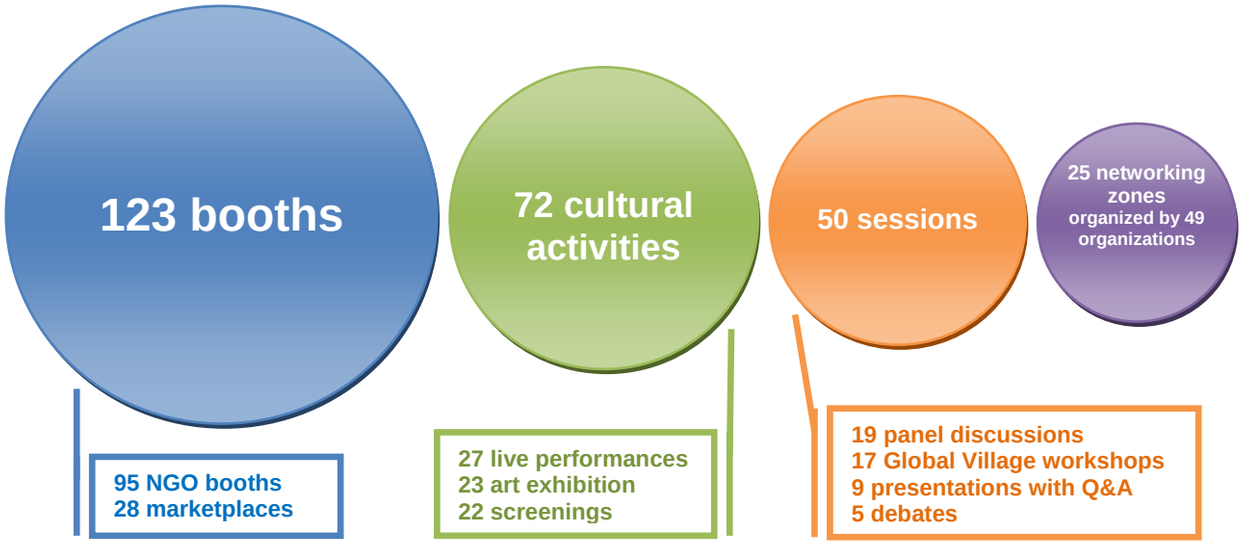
- ✍ *"It is necessary to have a Global Village like this. This is the heart of the conference." (Policy/administrator, Sweden)*
- ✍ *"It's lively, well attended, noisy." (Advocate/activist, Netherlands)*
- ✍ *"I am positively surprised about the diversity and I am enjoying my time." (Health care worker/social service provider, Zambia)*
- ✍ *"I really enjoyed my time in the Global Village." (Researcher, Germany)*
- ✍ *"I liked the energy here. People are excited. It is nice to see young people." (Researcher, United States of America)*
- ✍ *"Some organizations are just in the GV for business but are not really doing anything useful." (Health care worker/social service provider, Uganda).*
- ✍ *"There should be more publicity on the GV for the general public… [many people] don't know it is free because they don't check the website." (Policy/administrator, India)*
- ✍ *[There is] too much. Maybe less but more quality. (Researcher, South Africa)*
- ✍ *"The GV should include more community-based organizations." (Advocate/activist, South Africa)*

The **Global Village is a diverse and vibrant space where communities gather from all over the world to meet, share and learn from each other**. It is also a space that invites conference participants to see how science translates into community action and intervention. The Global Village is **open to the general public** and conference delegates; admission is free.

Activities for the AIDS 2010 Global Village were generated from proposals received through the official application process that opened on 1 December 2009 and closed on 10 February 2010. All proposals were then reviewed and scored by a dedicated working group, composed of local and international experts.

Of 631 activity proposals submitted (vs. 731 in 2008, representing a 14% decrease), **294 were accepted**[36] (vs. 296 in 2008). An overview of Global Village activity proposals accepted for AIDS 2010 and other key figures are provided in Figure 37.

Figure 37. Snapshot of the Global Village (proposals accepted)



As in 2008, the Global Village also accommodated the Youth Pavilion, the Community Dialogue Space and a video lounge. More statistics about the AIDS 2010 Global Village and comparisons with AIDS 2008 are available in Appendix 5.

Although visitors entering the Global Village were not counted on site, **it is estimated that there were around 40,000 visits during the week** and that **most visitors were delegates**.

Feedback from visitors

Feedback from visitors was collected through face-to-face interviews that were conducted by the AIDS 2010 evaluation team from 20 to 23 August and guided by a standard questionnaire. The post-conference online survey sent to all delegates also contained a series of questions on the Global Village and was used to complement trends observed from interviews.

A total of **526 persons were interviewed in the Global Village**, more than the double the number at AIDS 2008 (246 interviews).

Visitors' profile[37]

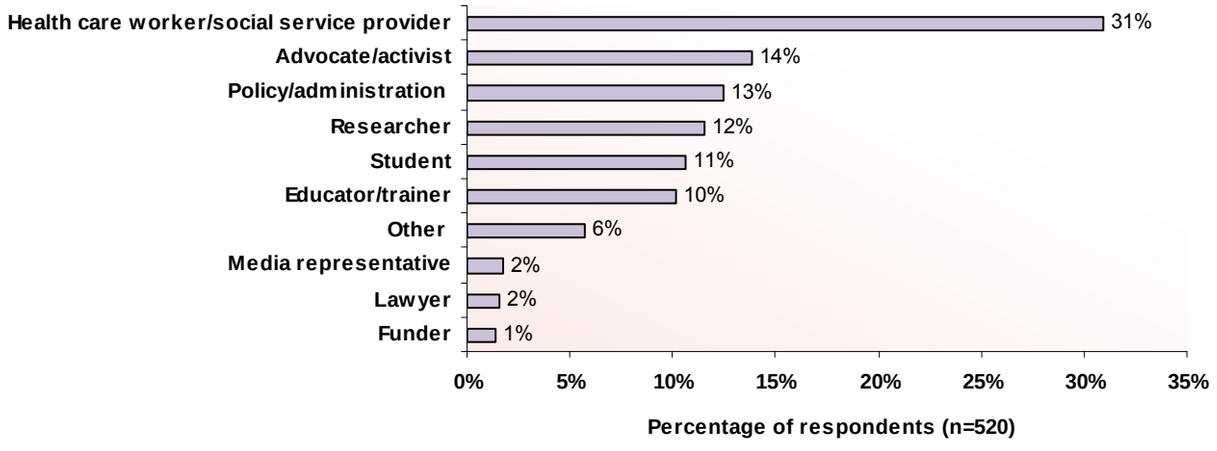
Participant type, age, gender and sexual orientation

The **majority of visitors interviewed in the Global Village were delegates** (83% vs. 17% of public participants[38]) and were over 26 years of age (78%, almost half of whom were over 40 years of age). The proportion of women was higher (52% vs. 47% men and 1% transgender), and the majority of interviewees defined themselves as heterosexual (75% vs. 25% lesbian, gay, bisexual and transgender).

Occupation/profession

As in 2008, **health care workers/social service providers and advocates/activists were the two most represented occupations/professions** among visitors, followed by policy/administrators (including project/programme managers), researchers, students and educators/trainers (see details in Figure 38).

Figure 38. Main occupation/profession of Global Village visitors[39]



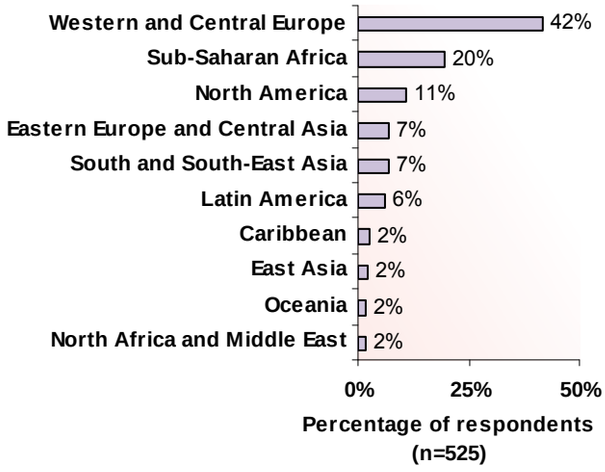
In the category, "other", occupations/professions cited by at least one visitor were intern/apprentice (n=5), architect (n=3), sex worker (n=2) and profession related to information/telecommunication (n=2).

Looking at the main profession by participation type, **public participants were predominantly students** (37%), while **delegates were predominantly health care workers/social service providers** (34%), as in 2008.

Region[40]

As shown in Figure 39, **most visitors were living in Western and Central Europe, sub-Saharan Africa and North America**, which reflects the regional distribution of the overall delegate population and of the delegate survey sample.

Figure 39. Main region of Global Village visitors

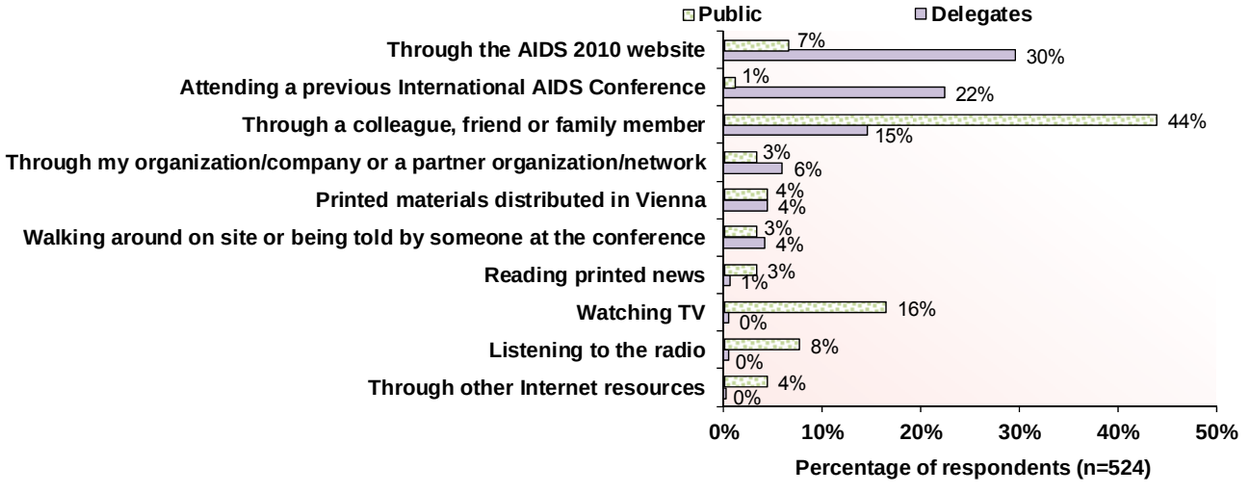


Sources of information about the Global Village

The Global Village was promoted through online information (mainly the AIDS 2010 website, the AIDS 2010 community website[41] and websites of outreach partners), audio and video spots, and a range of printed materials (postcards, posters, flyers and booklet) distributed in Austria and elsewhere. This information was mainly available in English, Russian and German.

Delegates and public participants interviewed in the Global Village were asked to select from a 16-item list how they had first learnt about the Global Village. As in 2008, **the largest proportion of respondents reported they had first learnt about the Global Village through the conference website or through a colleague, friend or family member** (26% and 20%, respectively). Delegates were more likely to have first heard about the Global Village through the conference website or by attending a previous International AIDS Conference, as in 2008. Public participants were more likely to have first heard about the Global Village through a colleague, friend or family member, by watching TV or by listening to the radio (see details in Figure 40).

Figure 40. Main sources of information about the Global Village[42]



Attendance and usefulness

The Global Village attracted many delegates who visited it several times (**of the 3,017 delegates** who responded to the question about Global Village attendance in the post-conference online survey, **94% had visited it** (vs. 92% in 2008). **Of these, 79% visited it three times or more**. Delegates under 26 years of age were significantly more likely to have visited the Global Village more than three times (76%) compared with older delegates (65% of delegates between 27 and 40 years of age, 59% of those between 41 and 50 years of age, and 50% of those above 50 years of age, $p<0.05$).

As in 2008, **activities/areas most visited/attended inside the Global Village were NGO and marketplace booths** (more than 90% of delegates and public participants interviewed in the global village). However, **networking sessions were better ranked in terms of usefulness**, **with 88% of interviewees rating them as "very useful" or "useful"**[43] (see details in Figures 41 and 42).

Figure 41. Attendance of Global Village activities/areas[44]

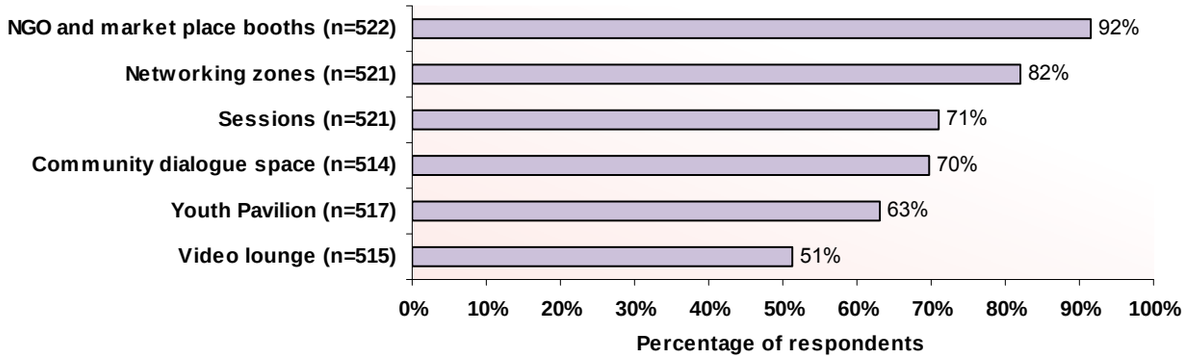
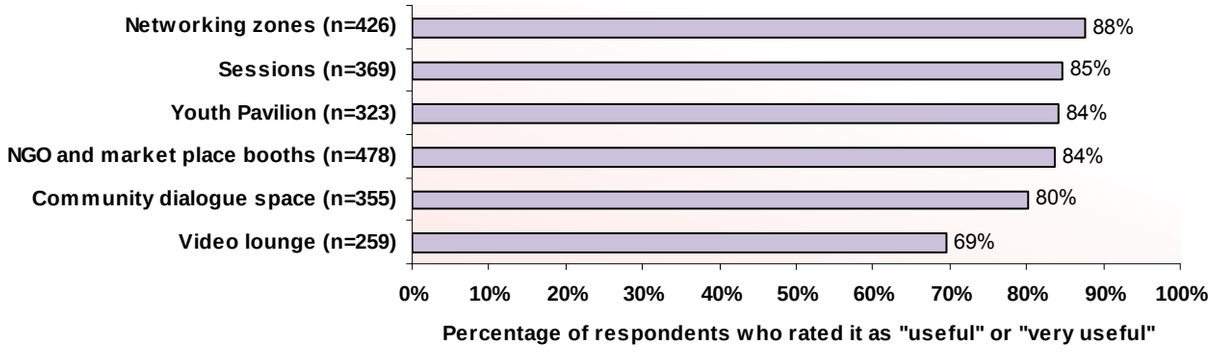


Figure 42. Usefulness of Global Village activities/areas[45]



The post-conference online survey confirmed that **networking zones and sessions were considered the two most useful activities/areas** (83% and 80%, respectively, rated them as “useful” or “very useful”).

WHO WAS MORE LIKELY TO HAVE FOUND THESE AREAS “USEFUL” OR “VERY USEFUL”?

Groups more likely to have rated networking zones as “very useful” or “useful”

- Advocates/activists (92%), students (88%), media representatives (85%) and educators/trainers (84%) compared with policy/administrators (82%), heath care workers/social service providers (82%) and researchers (76%, $p<0.05$).
- Delegates from the Caribbean (89%), sub-Saharan Africa (88%), Eastern Europe and Central Asia (85%) , North Africa and Middle East (85%) and Latin America (84%) compared with those from South and South-East Asia (83%), Western and Central Europe (81%), Oceania (78%), North America (77%) and East Asia (61%, $p<0.05$).

Groups more likely to have rated sessions as “very useful” or “useful”

- Delegates from the Caribbean (92%), sub-Saharan Africa (87%), Eastern Europe and Central Asia (83%), North Africa and Middle East (82%), Latin America (81%) compared with those from Western and Central Europe (79%), Oceania (76%), North America (75%), South and South-East Asia (73%) and East Asia (62%, $p<0.05$).

Groups more likely to have rated the Youth Pavilion as “very useful” or “useful”

- Delegates under 26 years of age (91%) compared with delegates between 27 and 40 years of age (79%), delegates between 41 and 50 years of age (76%) and delegates above 50 years of age (69%, $p<0.05$).

Groups more likely to have rated NGO and marketplace booths as “very useful” or “useful”

- Delegates from the Caribbean (90%), sub-Saharan Africa (82%), North Africa and Middle East (80%), Latin America (80%) and Eastern Europe and Central Asia (78%) compared with those from Western and Central Europe (75%), South and South-East Asia (75%), North America (71%), Oceania (69%), and East Asia (62%, $p<0.05$).

Cultural activities inside the Global Village were also well rated, with **the majority of interviewed visitors considering them to be "worthwhile" or "very worthwhile"** (47% and 41%, respectively).

Details on benefits gained from visiting the Global Village are available on pages 72 to 74.

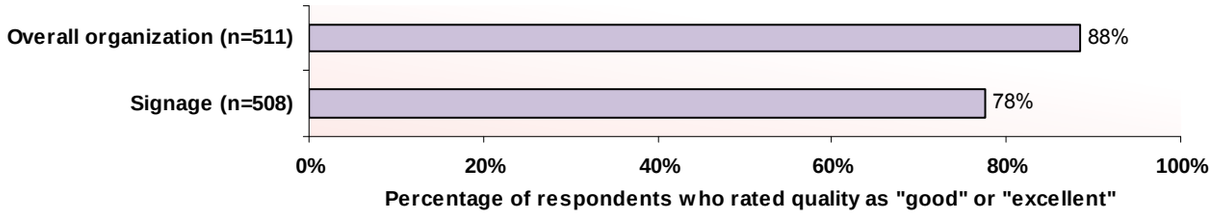
Online and on-site support

As shown in Figure 43, **Global Village organization and signage** were well rated overall, with **the majority of interviewed visitors reporting that their quality was "good" or "excellent"** (as opposed to "fair" or "poor").

Voices of Global Village visitors

- *"Volunteers are very present and helpful." (Media representative, France)*
- *"It is better than last time." (Researcher, United States of America)*
- *"Big thank you to the organizers, everything [is] excellent" (Artist, Uganda)*
- *"The signage is complicated, better grouping of topics [is needed]." (Health care worker/social service provider, Switzerland)*
- *"Please improve coordination [of activities] because many activities take place at the same time, thus making it difficult to listen carefully to speakers." (Policy/administrator, Switzerland)*

Figure 43. Quality of the Global Village organization (feedback from visitors)

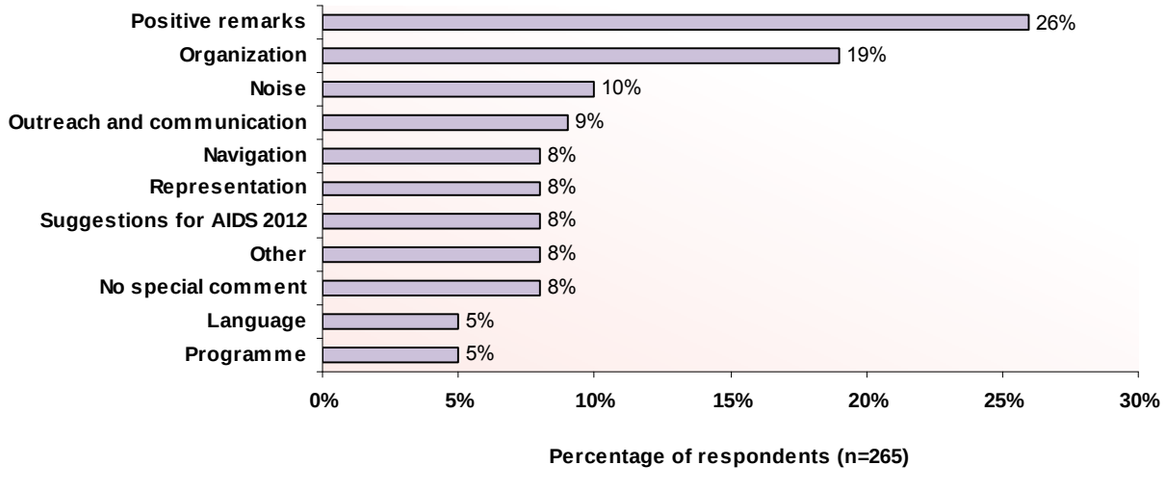


Online resources were also well rated, with **the majority of interviewed people**[46] **rating the quality of the Global Village information provided through the conference website as "good" or "excellent"** (82% as opposed to 18% who rated it "fair" or "poor").

Comments and suggestions

Delegates and public participants interviewed in the Global Village were given the opportunity to make comments about the Global Village area and/or suggestions on how to improve it at the next conference (AIDS 2012). More than half (n=289) provided comments, 24 of which were not clear or not relevant to this area. Comments were categorized within 11 main themes. As shown in Figure 44, **more than one in four interviewees made positive remarks, and the most frequent comments were related to the overall organization, noise disturbances, outreach and communication, navigation and representation**.

Figure 44. Main themes of comments from Global Village visitors[47]



Organization
Most comments were complaints about Internet access, temperature (it was too hot), seating (lack of chairs), space (some areas were too small to accommodate so many people), and water and food (lack of availability and prices too high) in the Global Village. Six interviewees simply indicated that it was a bit chaotic or unorganized. Two interviewees commented on the facilities for disabled people (one reported that there was no sign language for deaf people, while the other suggested having storage with lockers where disabled people or people with back problems could leave their bags when visiting the Global Village). Two other visitors found that it was not central enough (it was too far away from the heart of the conference venue, thus requiring long walks).

Noise
Most comments were complaints about the noise from concurrent performances, demonstrations and other activities disturbing speakers and participants attending sessions, workshops and meetings.

Outreach and communication
Most comments related to the lack of advertising about the Global Village, especially among the local population and youth, and to the overall communication (lack of promotion of some areas of the Global Village, lack of information about activity organizers, and lack of visibility on the Internet).

Navigation
Most comments were complaints about the difficulty of navigating inside the Global Village and finding booths and areas, mainly due to the lack of or inappropriate signage, confusing maps and/or the "illogical" numbering of booths.

Representation
Most remarks related to the perceived lack of representation from community-based organizations (n=4). A few remarks were also made about the lack of representation from a specific region/country, but there was no consistency among interviewees.

Suggestions for AIDS 2012
Suggestions made by two or more interviewees included more performances/art exhibits (n=4) and more donors visiting the Global Village or opportunities to make them accountable (n=2). The following suggestions were each expressed by a different interviewee:

- Something new every time
- More action at the Youth Pavilion
- More activities/sessions from the official conference programme (rather than in the restricted conference area because the dynamics in the Global Village is nicer)
- Only focus on one region
- More creativity from NGOs
- More information about how to help children
- More basic information about HIV
- More opportunity for young people to meet scientists and professionals
- More activities organized by young people
- Organize a meeting for activists of various NGOs in the Global Village, in addition to the activist centre
- Organize the conference during school time so that students can visit the Global Village.

Language
Most comments related to the lack of information and sessions/activities in languages other than English. One person complained because s/he wanted to attend one key session that was available only in Russian.

Programme
Most interviewees found the programme overwhelming (i.e., there were too many things at the same time, preventing visitors from attending all sessions/activities that were most interesting to them).

Other
The most common remarks, falling under the category, "other", were (number of respondents is specified in brackets):

- Questions about the role of or complaints about marketplace booths (n=4)
- Complaints about some activity organizers and/or exhibitors who were not able to present clear and useful information (n=4)
- Complaints about the lack of integration with the rest of the conference (n=3)
- Disappointment with the Global Village overall compared with AIDS 2008 (n=3)

About 30 delegates wrote the following comments and/or suggestions on the Global Village through the online delegate survey form: it should stay open later at night once all sessions in the main conference venue are finished; there should have been more food options inside the Global Village; there was too much selling of handicrafts inside the Global Village; and there were not enough cultural activities. Someone suggested having a pavilion for the elderly, not just for the youth.

Feedback from activity organizers/exhibitors

Feedback from activity organizers was collected through an online survey that was launched immediately after the conference and remained active for three weeks, with one reminder sent out a few days before the completion deadline. Of the 256 invitation emails sent to valid contacts, five were returned undeliverable, resulting in a response rate of 50% (vs. 22% in 2008[48]).

Activity organizers' profile

The majority of survey respondents were NGO or marketplace booth exhibitors (48%), followed by networking zone hosts/coordinators and cultural activity organizers[49] (each 27%), and session organizers (25%)[50], which reflects the overall distribution of Global Village activities (see Appendix 5 for further details).

With respect to their personal profiles, the majority of surveyed activity organizers were **female** (57% vs. 41% male and 2% transgender), and were **over 26 years of age** (83%, two-thirds of whom were between 27 and 40 years of age). They **worked mainly in NGOs** (63%) or in other types of civil society organizations/groups[51] (20%), **based in Western and Central Europe, sub-Saharan Africa or North America** (33%, 19% and 15%, respectively). Just over 60% had worked in the HIV field (full or part time) for more than five years (vs. 29% who had between two and five years of experience in the HIV field and 10% who had less than two years' experience).

When asked how they first learnt about the Global Village, the majority of respondents indicated that it was through their participation in a previous International AIDS Conference, through their organizations, affiliations and/or work or through the conference website (46%, 26% and 15%, respectively). Half of the respondents had organized an activity in the Global Village at previous conferences, almost half of whom had done it twice or more than twice.

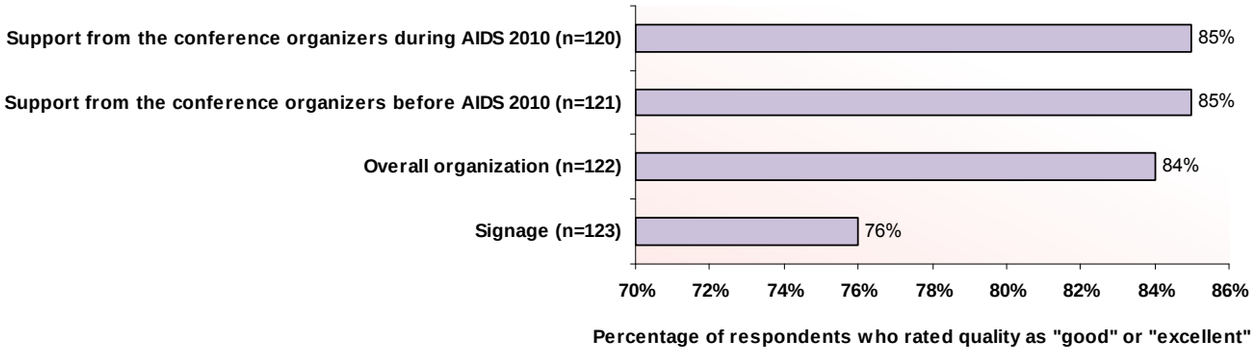
Online and on-site support

Voices of Global Village activity organizers

- *"I think it is one of the most important parts of the conference and it was very well organized. People for the Global Village organization were very helpful." (NGO/marketplace booth exhibitor, Austria)*
- *"The organization was good and youth corners are very helpful for the students like me." (NGO/marketplace booth exhibitor, India)*
- *"All the volunteers were very supportive and helpful … AIDS 2010 Global Village was inspiring, empowering, and simply amazing!!!" (Cultural activity organizer, Canada)*
- *"It seems as though the community of Vienna did not support the Global Village when compared to other cities. This had a big impact as we did not have the traffic that we were expecting." (NGO/marketplace booth exhibitor, Canada)*
- *"Since it was my first time, I was not clear on what types of materials and information would be best suited to the booth format. More information about this (including examples from global village organizers of previous conferences) prior to the conference would have allowed me to create a more effective booth." (NGO/marketplace booth exhibitor, Canada)*
- *"I just felt the GV was too crowded, and sometimes events in one booth would highly disturb or interfere with the other's performance. For next time, I suggest fewer booths to help for better efficiency." (NGO/marketplace booth exhibitor and cultural activity organizer, United States of America)*

As in 2008, **the Global Village organization was well rated overall**, **with the majority of surveyed activity organizers reporting that its quality was "good" or "excellent"** (as opposed to "fair" or "poor"). Most of them were also satisfied with the support that they received from the conference organizers before and during the conference. The slightly lower rating of signage on site is consistent with feedback received from Global Village visitors (see details in Figure 45).

Figure 45. Quality of the Global Village organization (feedback from activity organizers)



Online information about the Global Village, provided through the conference website, **was used by almost all surveyed activity organizers** (95%), **just over half of whom reported that it was "very useful"**, 42% "somewhat useful" and 7% "not very useful". The online guide for community[52], created in 2009 to increase community preparation of and participation in AIDS 2010**,** was used by more than two-thirds of surveyed activity organizers (69%), 46% of whom reported that it was "very useful", 49% "somewhat useful" and 5% "not very useful".

With respect to the application process, 46% of survey respondents indicated that it was "very easy" for them to submit a proposal online, 43% reported that it was "somewhat easy", and 11% said that it was "not very easy".

Surveyed activity organizers also had the opportunity to share their comments and suggestions for improvement through an open-ended question. A total of 58 respondents provided clear and relevant comments mostly related to the Global Village organization, of which 43% were positive remarks and/or messages of thanks.

Comments made by two or more respondents were classified under the following themes (number of respondents is specified in brackets):

- Lack of guidance and timely communication from conference organizers during the preparatory phase, mainly on logistical aspects, such as shipping, equipment order, layout and/or appropriate materials (to bring at the conference) to decorate booths (n=13)
- Lack of air conditioning (n=5)
- Complaints about noise disturbances (n=5)
- Navigation difficulties resulting from unclear Global Village maps or illogical booth numbering (n=4)
- Problems with on-site delivery of equipment and furniture (n=3)
- Lack of on-site staff/volunteers properly informed on the Global Village programme and/or logistical details (n=3)
- Lack of linkages between the main conference sessions and the Global Village activities (n=2)
- Lack of participants from the local population (n=2)
- Doubts about the final objective and format of marketplace booths (n=2).

Details on benefits gained by Global Village activity organizers are available on pages 74 and 75.

How did non-attendees follow AIDS 2010?

People who did not attend the conference had the opportunity to follow the conference through various ways, described in this section.

Voices of online followers

- ✍ *"The AIDS conference is traditionally the best covered and (provides the) best online tools of any international health conference and I always appreciate the breadth and depth of information available…" (Manager/director, United States of America).*
- ✍ *"Online coverage is useful because for people like myself, not attending the conference, I can access it and keep myself informed of what is going on at the conference and try to adopt some of those activities in my daily duties in coordinating the HIV/AIDS response in my country." (Prevention science researcher, Papua New Guinea).*
- ✍ *"The online coverage was really amazing!" (Epidemiologist, Canada)*
- ✍ *"The online programme was very difficult to navigate and it was hard to find individual presentations. In principle, having abstracts online is excellent!" (Teacher/lecturer, United Kingdom)*
- ✍ *"It was impossible to find which sessions were being broadcasted live." (Teacher/lecturer, Mexico)*
- ✍ *"Webcasts did not show slides but that is what we are interested in." (Physician, United States of America)*
- ✍ *"The site for searching abstracts was much more cumbersome than it has been for previous conferences. I wanted to see quickly who was attending and what they were presenting and it was very onerous to get that information." (Epidemiologist, United States of America)*

Conference website

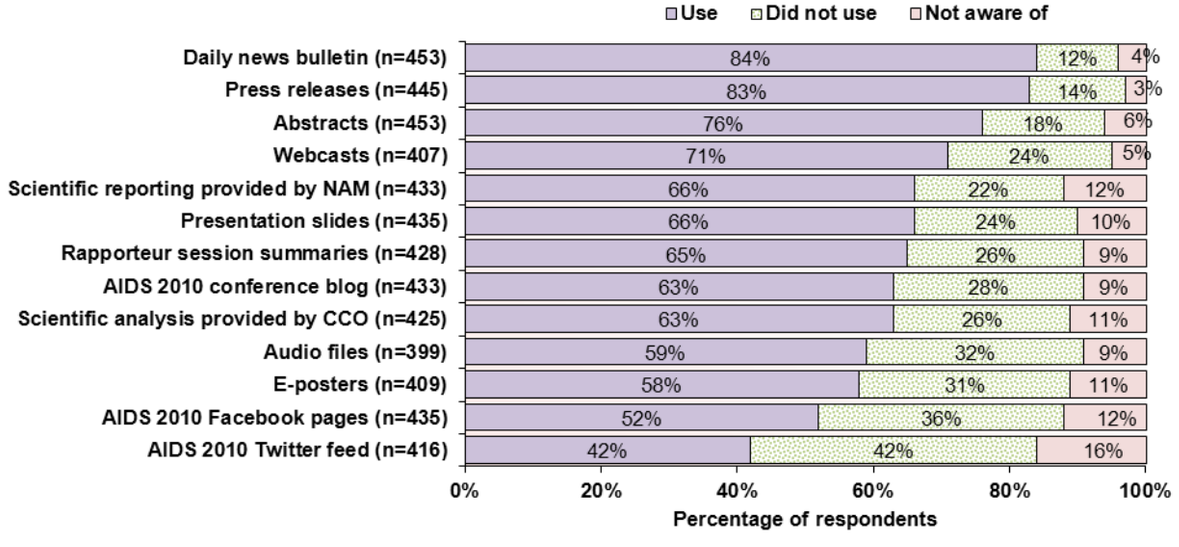
The conference website included a wide range of resources aimed at extending the reach of the conference beyond those who attended. Non-attendees who used these resources, referred to as **online followers**, had the opportunity to give feedback on these resources through an online survey available on the main page of the conference website and advertised on the conference Facebook page and in two Twitter feeds sent by conference organizers during the conference. A total of 90 online followers completed this survey, the majority of whom had never attended an International AIDS Conference (74%) and had heard about AIDS 2010 through their organizations/affiliations/work (19%), the IAS website (14%) or other websites (14%), including Google research and online networking tools (e.g., Facebook, Twitter and blogs).

Feedback on the conference website was also collected through the online survey completed by AIDS 2008 delegates who did not attend AIDS 2010 (see demographic details of these survey respondents on page 18). Of the 819 respondents who answered the question, "Did you follow the conference from home/work through the Internet or other communication channels?", more than half responded Yes (53% vs. 47% No).

Demographics of surveyed people who followed the conference through its website are available in Appendix 6.

Surveyed online followers were asked to indicate which resources they were aware of and/or had used from a 13-item list. As shown in Figure 46**, the four resources most used** were the **daily news bulletin**, **press releases**, **abstracts** and **webcasts**.

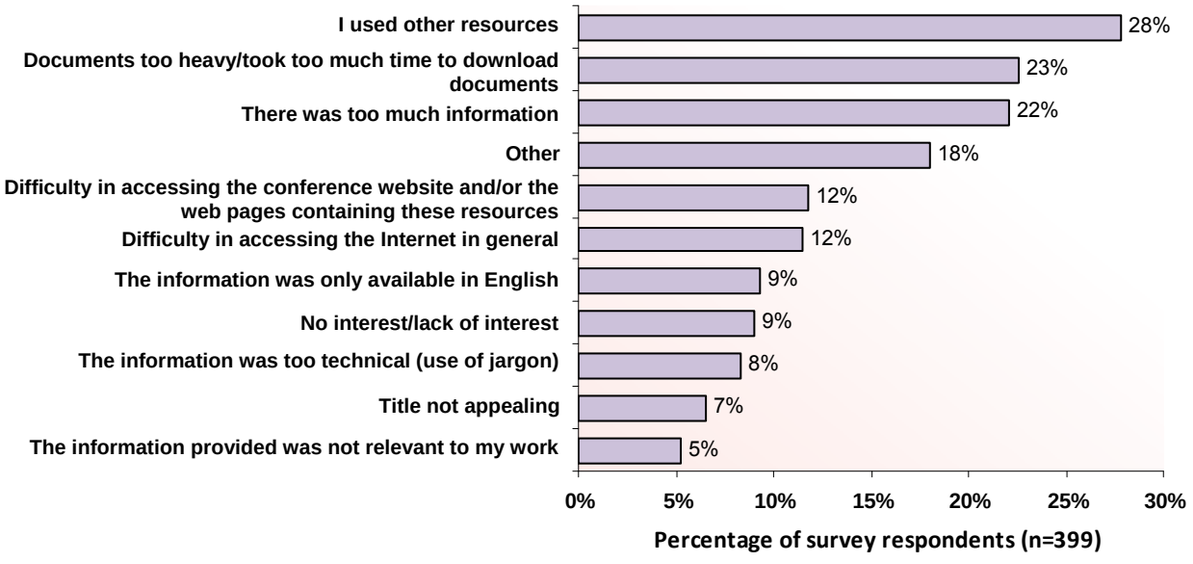
Figure 46. Use of online resources by non-attendees



Details on AIDS 2010 Facebook pages, Twitter feed and the conference blog are provided on pages 22 and 23.

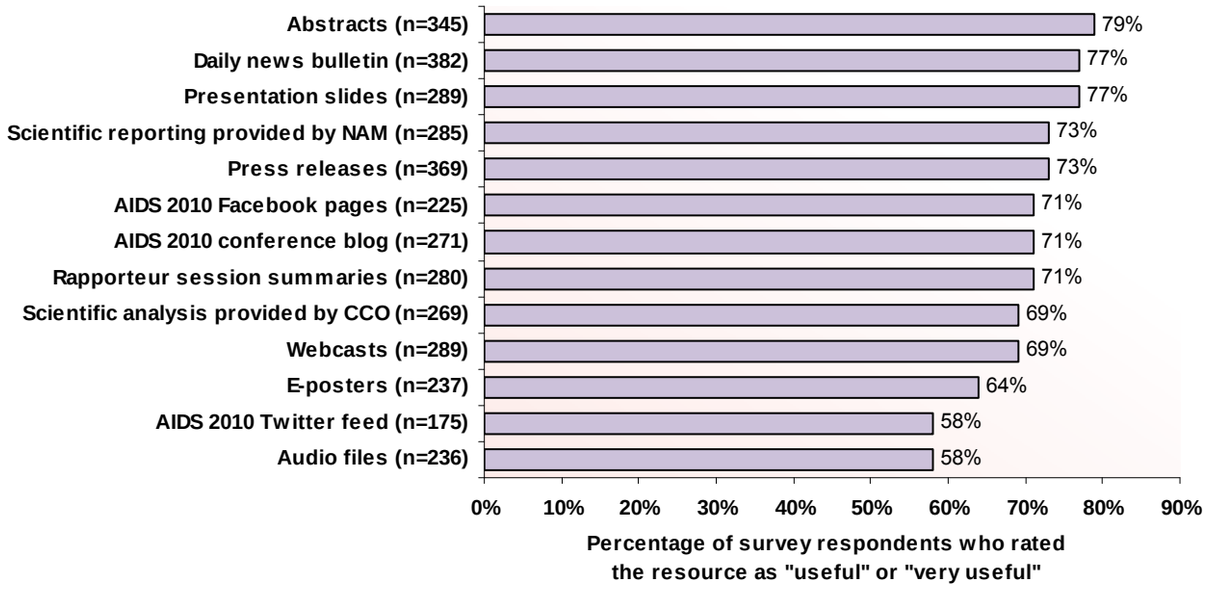
Survey respondents who were aware of these resources but did not view/use them were asked to identify from an 11-item list why they did not use the resources. As illustrated in Figure 47, the three reasons most frequently selected were the use of other resources, the fact that documents were too heavy/large or required too much time to download, or because there was too much information.

Figure 47. Reasons for not using online resources



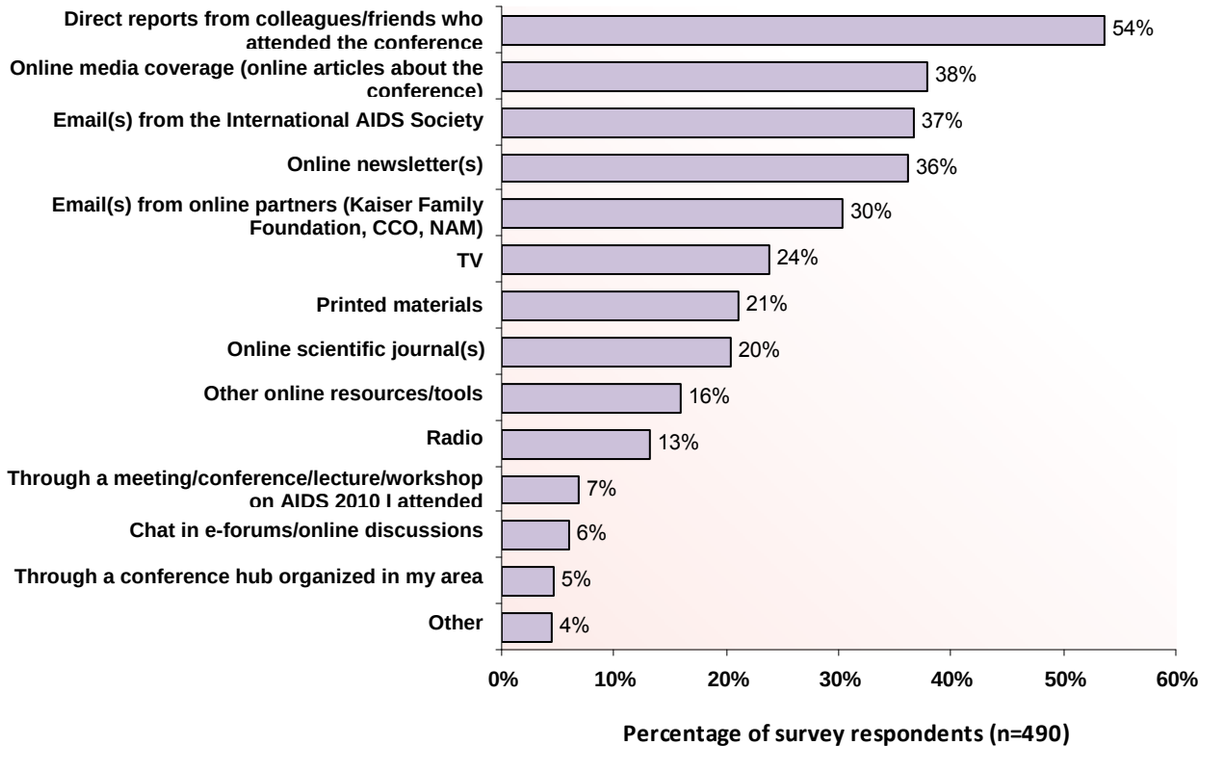
Survey respondents who used these resources were asked to assess their usefulness. As illustrated in Figure 48, **the three resources deemed most useful were abstracts**, the **daily news bulletin** and **presentation slides**.

Figure 48. Usefulness of online resources for non-attendees



Surveyed non-attendees were also asked to specify from a 14-item list other ways that they kept themselves informed about the conference. As shown in Figure 49, more than half reported that they received direct feedback from colleagues/friends who attended the conference, and more than one-third kept abreast of the conference through online media coverage, emails from the IAS and/or online newsletters.

Figure 49. Other ways to keep informed about the conference



Surveyed non-attendees were asked to make comments about the online coverage and/or suggestions to enhance it at the next IAS conference. **Of 163 respondents** whose comments were clear and relevant**, one-third reported having no specific suggestions and/or made positive remarks about the AIDS 2010 online coverage**. Most frequent suggestions related to the content of the online resources (i.e., information should be available in languages other than English; and terms that are too technical should be avoided or spelled out), and the format (i.e., documents should have a limited size and be easily downloadable; the PAG should be more user friendly; there should be more webcasts; and videos should be provided with presentation slides). Some respondents also noted the need to improve the conference coverage on Twitter and Facebook, and to improve web access inside the conference so that delegates can send live updates to their networks.

Details on benefits gained by online followers are available on page 76.

Coverage by online partners

The conference had three online partners: Clinical Care Options (CCO), the Kaiser Family Foundation and NAM.

Clinical Care Options was the official provider of online scientific analysis of AIDS 2010. Its online coverage offered four ways for conference participants and non-attendees to keep up to date with expert opinions and review the implications of new data for use in their own practices:

- **Capsule summaries**: "quick read" reviews of key oral and poster presentations, handpicked by leading experts in HIV. The summary of each study was based on the actual data presented at the conference – not the previously published meeting abstracts – providing the most up-to-date information (11 produced during the conference).
- **Audio podcasts**: downloadable podcasts posted during the conference in which leading experts reviewed the most important clinical data from AIDS 2010 (four were produced during the conference).
- **Expert analysis**: Continuing medical education (CME)-certified module in which the faculty discussed the practical clinical implications of the presented data.
- **Downloadable PowerPoint slides**: slides developed in consultation with CCO's expert faculty (a 40-slide deck was posted during the conference).

In just the first 80 days of CCO's AIDS 2010 coverage, more than 5,200 CCO members from 157 different countries accessed the content, with users each returning an average of two to three times to use different components of the scientific analysis. Additionally, in the first 80 days, the programme's PowerPoint slides were downloaded more than 4,700 times and the audio podcasts were accessed more than 1,760 times.

NAM was the official provider of online scientific coverage for AIDS 2010 through its website, www.aidsmap.com, and through a daily conference bulletin summarizing key scientific news from the conference.

During the conference and in the following week, six **daily bulletins** were published and were **available in six languages**. These bulletins, with more than 40,000 subscribers, reached a diverse global audience in low- and middle-income countries, as well as Europe and North America.

A bulletin survey was completed by 411 respondents, 30% of whom were doctors and nurses, and 21% of whom belonged to the community/NGO sector. The majority of respondents (77%) did not attend the conference, mainly due to lack of budget. Of those who attended the conference, 60% read the bulletin during the conference, 23% saved it to read on their return home, and 17% did not read it. Of those who attended the conference and read the bulletin, 40% used it to find out what was going on at the conference while they were there. Material in the conference bulletin was widely shared, with 75% of surveyed users reporting that they had shared information from the bulletin in some way, chiefly through forwarding it (50%), printing it out for distribution (17%), or through local adaptation or translation (17%). Other major news sources cited by respondents were the conference website (23%), Kaiser Network bulletins and webcasts (16%), Clinical Care Options (5%) and other websites (7.5%).

In the same period, NAM published **66 news reports**, deploying a team of eight reporters to the conference.

The **Kaiser Family Foundation**, a leader in health policy and communications, is a non-profit, private operating foundation focusing on health care issues, It has been webcasting the International AIDS Conferences since 2002. The scope of the Kaiser Family Foundation's AIDS 2010 coverage was extensive with the **webcast of 57 sessions**. The most viewed webcast was the opening session. Organizations tuning in for the foundation's nine live webcasts were both national (i.e., based in the United States of America) and international.

The Kaiser Family Foundation also produced **nine interview videos** (the most popular interview was the one with Ezekiel Emanuel[53]) and provided **five Vienna Notebook recaps** with Jon Cohen[54] (the most watched was the first, posted on 17 July 2010).

In addition, more than **30 stories** about AIDS 2010 were written in the *Kaiser Daily Global Health Policy Report* during the week of the conference and in the immediate aftermath. The most popular story was "Study Finds Microbicide Containing HIV Drug Lowers Infection Risk in Women By 39%."

Last but not least, the Kaiser Family Foundation reported that more than 125 organizations had shared this content by posting the Kaiser's widget, linking to it or embedding its video on their sites or blogs during the week of the conference.

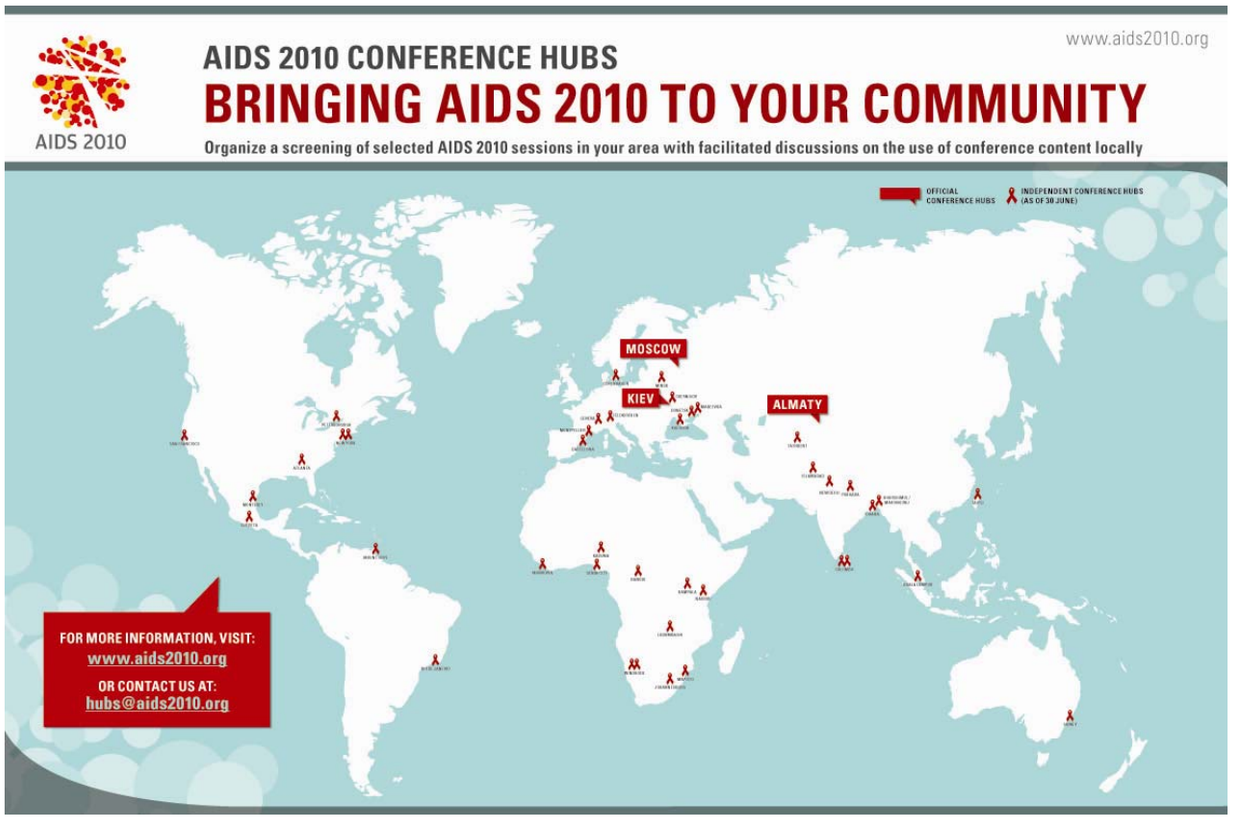
Conference hubs

Voices of hub participants

- ✍ *"It gives a great opportunity to communicate with people involved in (the) HIV response such as doctors, psychologists and people [living] with HIV/AIDS." (Media representative, Russia)*
- ✍ *"It is a wonderful initiative through which we could learn the most updated important information about HIV." (Health care worker/social service provider, Ukraine)*
- ✍ *"Thank you for the … opportunity to feel the atmosphere of unity, understanding, collective actions, the Vienna conference. I learned many new and interesting things." (Funder, Ukraine)*
- ✍ *"It is very important and needed for those who were not able to participate in the conference." (Advocate/activist, Kazakhstan)*
- ✍ *"It should involve representatives of government agencies." (Media representative, Russia)*
- ✍ *"There should be more discussions." (Funder, Kazakhstan)*
- ✍ *"It [would be nice] to see also the slides while the speaker delivers his/her speech." (Educator/trainer, Russia)*
- ✍ *"I would make discussions after each extract of the screened sessions and include interactivity." (Health care worker/social service provider, Russia)*

The "Conference Hub" project was launched at AIDS 2008, with the objective of **extending the outreach of the conference to those unable to attend through mini-conference centres, called hubs**, that were hosted around the world by local organizations active in the fight against HIV/AIDS. Each hub consisted of the screening of sessions selected from the conference programme, followed by a moderated local discussion in order to examine how the content of the session may be used to strengthen the response to HIV locally.

The first official hub took place during AIDS 2008 at the Nelson Mandela School of Medicine, University of KwaZulu-Natal in Durban, South Africa, and attracted approximately 130 people. Another 80 organizations around the world volunteered to host an independent hub during or after AIDS 2008. The Conference Secretariat also organized seven "partner hubs" with the support of the Global Development Learning Network, subsidized by the World Bank. The conference content was made available by the Kaiser Family Foundation, which produced 75 webcast sessions in English and Spanish, including videos and presentation slides.



Based on the AIDS 2008 experience, it was decided to create **three official hubs in 2010**, targeting Eastern Europe and Central Asia. These official hubs were organized over a three-day period one week after the conference had ended to ensure a qualitative selection of webcasted sessions and adequate on-site translation in Russian. Interactive discussions between these three hubs were also organized during the last day of the hub. **Approximately 250 people attended these hubs**, including **62 in Moscow**, Russia (this hub was hosted by AIDS Infoshare), **85 in Kiev**, Ukraine (this hub was hosted by the All Ukrainian Network of People Living with HIV/AIDS), and **80 in Almaty**, Kazakhstan (this hub was hosted by the Kazakhstan Union of People Living with HIV).

In addition, **45 independent hubs were organized in 2010 by various institutions, covering all five continents**. Despite substantial efforts to promote the hubs, the final number of submissions was below initial expectations (80 hubs), and **none of those who had run a hub at AIDS 2008 decided to repeat the experience**. This is probably due to the fact that many independent hubs organized in 2008 were in South America and run in Spanish (no AIDS 2010 sessions and related materials were available in that language). The other reason expressed by some organizers was the lack of financial support in a time of limited resources.

The AIDS 2010 conference content was made available by the Kaiser Family Foundation, which produced 50 webcasts (only videos) in English and Russian that were downloadable from the conference website. In addition, a selection of presentation slides with speaker voices were made available in English and Russian by M-Events. These slides were accessible through Adobe Flash Player but were not downloadable from the Internet.

All participants attending one of the three official hubs were asked to complete a printed survey form at the end of each day. Out of the 250 participants, 174 completed it (70% response rate), and 30% of these people completed the form twice (i.e., on a different day). The majority of survey respondents were health care workers/social service providers (40%), advocates/activists (15%) and policy/administrators (11%); they were mainly affiliated with or working in NGOs (56%) and hospitals/clinics (21%). The proportion of female to male surveyed participants was higher (60% vs. 39%), and the majority of survey respondents were under 40 years of age (66%). When asked how they had first heard about the conference hub initiative, the three most frequent sources of information were emails from conference organizers (27%), information received by their organizations/affiliations/networks (26%) and recommendations by a colleague/friend (17%).

Despite some technical problems and translation challenges resulting in delays and/or bad quality of screened sessions, **the majority said the hub they attended was "useful" or "very useful" to their work** (42% and 46%, respectively). Details on benefits gained from attending a conference hub are available on page 77.

Organizers of official and independent hubs were also surveyed after their hub had ended. Of the 16 organizers who completed the survey, the majority provided positive feedback and indicated that they would organize a hub again at the next International AIDS Conference. Nine organizers indicated that they would take initiatives/actions resulting from the hub. The following examples were given:

- "We plan to continue to organize screening of the videotaped sessions and conferences, as well as using other modern means of communication among HIV-service organizations."
- "Due to the fact that the next conference will be in the United States of America, thus impeding the participation of Belarusian organizations, the organization of such [a] hub will be needed."
- "We want to make a similar event on 1st December (World AIDS Day) in a shopping mall to reach more people."
- "My organization is running a charitable clinic for screening high-risk persons. People used to be very [scared] to come and ask questions, but with this hub, many people came to ask questions. The community gained a lot from this hub."
- "I am planning to share the experience of conference hubs to bring international experience to third world countries. I am advocating for workplaces to use the conference videos as tools for reaching peer educators."

When asked to provide comments and/or suggestions for improvement at the next conference, the following responses were given by hub participants and/or organizers: some expected presentations/videos were not available; lack of clear guidance to download presentations; not enough sessions available in PowerPoint format; bad quality of Russian translation; too few participants; and moderated discussions should follow each presentation. One respondent also complained about the lack of time between the conference and the hub event (it is necessary to make the preparation interval longer).

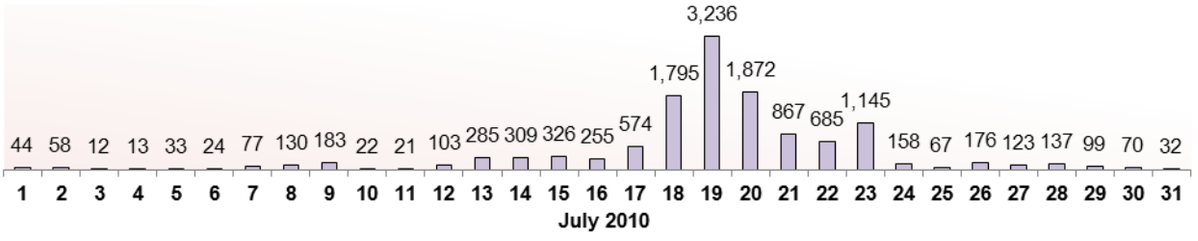
What did media say about AIDS 2010?

The information presented in this section is based on clippings provided by Meltwater News, an online media monitoring service. **Articles from across the world were selected using keywords related to HIV/AIDS and the AIDS 2010 conference and content was then analyzed**. This analysis covered two periods: 1) before the conference (1 to 17 July 2010) to see if there was a growing interest in HIV/AIDS topics and in the conference itself; and 2) during the conference and a few days following (18 to 31 July 2010). News outlets ranged from bona fide wire services and press agencies to online media sources. Articles were generally in English, but not exclusively (the analysis also covered articles in French, German, Italian and Spanish).

Overview of online articles

A total of **12,931** articles were filed by Meltwater News for the month of July 2010 (vs. 11,184 for AIDS 2008), the majority of which were published during the conference (see details in Figure 50).

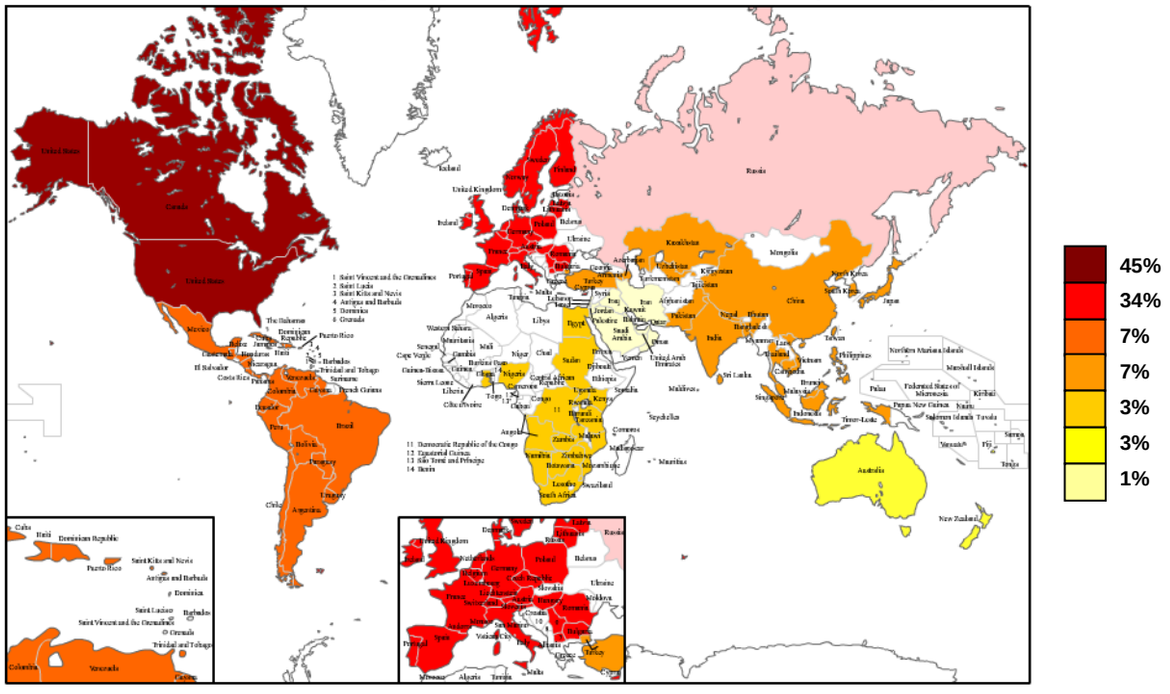
Figure 50. Number of articles per day (July 2010)



The peak on 19 July was a direct result of reports released about the CAPRISA scientific breakthrough at that time (CAPRISA was also the leading topic for media clippings collected on 20 July).

News was filed **from 115 countries** and territories around the world. Not surprisingly, **North America and Europe were the top two regions** in terms of coverage (45% and 34% respectively; see details in Figure 51).

Figure 51. Regional breakdown of online articles (n=12,931)



As illustrated in Figures 52 and 53, the **United States of America and Germany were the top two countries for both periods**. Austria was also among the top five countries for both periods but surprisingly, the number of articles from this country did not increase that much from the first period to the second one (only 42% vs. 391% increase for the United States of America and 303% increase for Germany).

Figure 52. Top ten countries for articles on HIV/AIDS or AIDS 2010 (1 to 17 July 2010)

Country	Number of Articles
U.S.	811
Germany	405
Austria	279
Mexico	129
Spain	128
Canada	126
U.K.	101
Australia	72
Italy	30
South Africa	27
Total	**2,108**

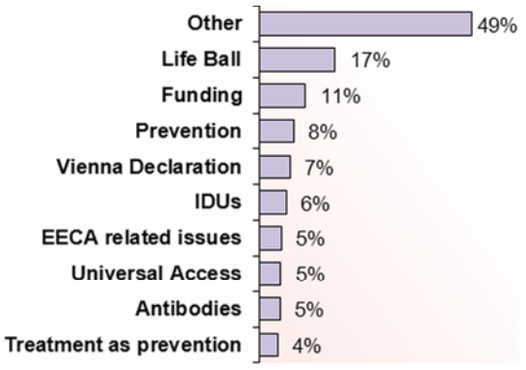
Figure 53. Top ten countries for articles on HIV/AIDS or AIDS 2010 (18 to 31 July 2010)

Country	Number of Articles
U.S.	3,985
Germany	1,633
Canada	1,014
U.K.	472
Austria	395
Spain	325
India	283
Mexico	221
Australia	218
South Africa	216
Total	**8,762**

Main topics covered

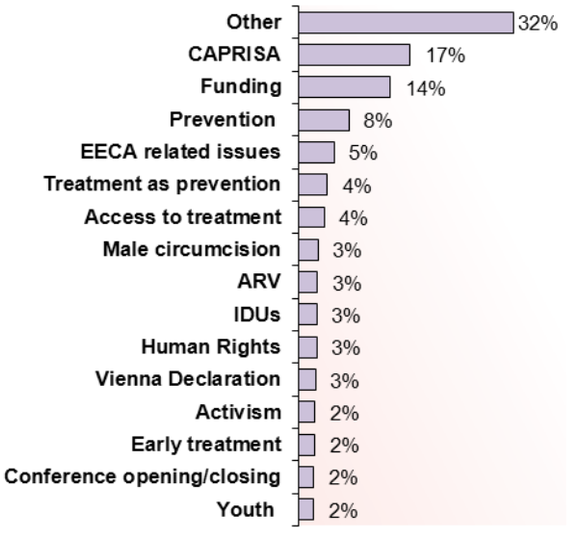
In the **period prior to the conference**, the main subject by far was the **Life Ball**, an important charity event in the HIV/AIDS field held annually in Vienna and attended by key international leaders to raise awareness about the epidemic and funds to support HIV/AIDS programmes. The Life Ball was exceptionally held in July this year to coincide with the conference timing. As illustrated in Figure 54, the other main topics covered by the media were related to the **funding of HIV/AIDS programmes**, prevention and the Vienna Declaration (see details on this declaration on pages 78 and 79).

Figure 54. Main HIV/AIDS related topics covered by the media from 1 to 17 July 2010 (n=2,594)[55]



The two main topics of interest **during the conference and a few days following** were **results of the CAPRISA study and the funding of HIV/AIDS programmes**. Prevention and related issues were also well-covered, as were treatment, human rights, IDUs and issues related to the EECA region, all topics that were included in the AIDS 2010 programme (see Figure 55).

Figure 55. Main HIV/AIDS related topics covered by the media from 18 to 31 July 2010 (n=4,726)[56]



This brief **analysis of AIDS 2010-related media coverage is one indicator of the potential impact of the conference,** helping to identify some of the key messages reaching the public through the media.

What were the main outcomes of the conference?

Voices of delegates

✍ *"I believe the conference is a strong political force particularly with regard to universal access and barriers to human rights. It also plays a role in identifying future challenges in the HIV epidemic that will impact on service delivery programmes." (Nurse, United Kingdom)*

✍ *"The conference brought us new approaches and contacts with researchers around the globe." (Physician, Brazil)*

✍ *"I think at the time of (the) global economic crisis and thus reduction of funding for HIV prevention and harm reduction programmes, the conference has clearly stated that this work cannot be stopped or paused until new funds are available." (Health care worker/social service provider, Kyrgyzstan)*

✍ *"Too much focus was on the medical response as opposed to the behavioral dimensions that are necessary to enact safer behaviors, including high adherence to ART. Many high-quality papers that support these dimensions appeared only in the poster sessions and therefore had minimal impact. The consequence is that medical solutions appear to be the only viable option as opposed to behavioral solutions." (Researcher, United States of America)*

✍ *"The conference has created an opportunity to advocate for universal access and the influential people were there. I hope it would help to change policies and direction on HIV/AIDS in a positive way." (Other health care worker/social service provider, Ethiopia)*

✍ *"It was the first time that drug use issues got such high level of attention. Unfortunately, advocacy based on evidence is not sufficient for changing policies and social values related to injecting drug users. This conference is a step in the right direction, but a lot more needs to be done to convince those who do not see this issue as important or relevant for society." (Policy/administrator, Ukraine)*

✍ *"This conference moved the field of HIV prevention (microbicides and PrEP) forward." (Epidemiologist, South Africa)*

✍ *"I fear that the success for microbicides may reduce access to condoms in some regions where it is not affordable enough. Hopefully better policy in terms of human rights for the key populations." (Sex worker, United Kingdom)*

✍ *"With concentrating on the human rights issues more than usually, scientists may have seen issues they normally do not consider." (Clinical science researcher, Hungary)*

✍ *"I find it strange that so many people come together and talk for a week and then no concrete decision is made when we walk away." (Print journalist, United Kingdom)*

Achievement of conference objectives

Surveyed delegates were asked to assess how successful AIDS 2010 was in achieving the following objectives:

- Providing opportunities to discuss the influence of global drug policy on HIV prevention, treatment, care and support for people who inject drugs
- Providing opportunities to get feedback on actions taken to scale up HIV prevention, treatment, care or support from decision makers, donors or implementers
- Increasing understanding of the connection between human rights and an effective response to HIV
- Increasing understanding of the relationship between the scale up of the HIV response and other development priorities.

The majority of survey respondents considered the conference to be "successful" or "very successful" in achieving these objectives (see Figure 56).

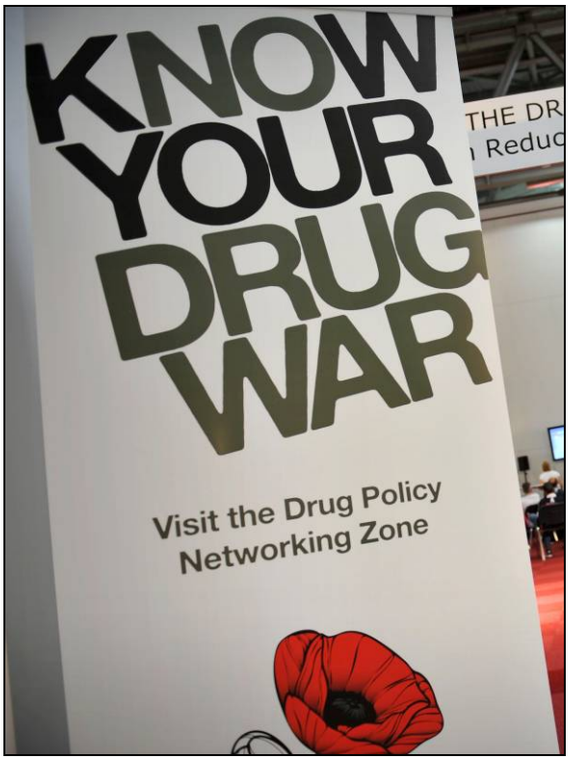
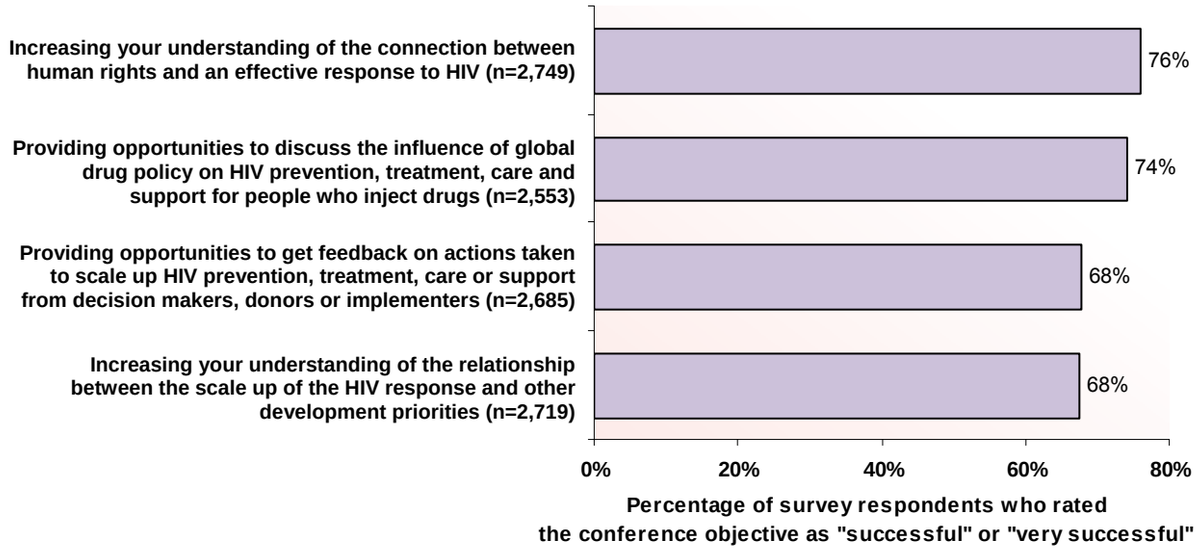


Figure 56. Achievement of conference objectives



In order to measure conference outcome indicators related to leadership, survey respondents were asked if they defined themselves as "leader" and/or "decision-maker". Of the 2,962 respondents, 56% answered Yes. The latter were then asked to indicate their agreement[57] with the following three statements (the number of respondents excluding those who had no opinion is in brackets):

- AIDS 2010 provided you with the best available and understandable information on gender-sensitive, evidence- and human rights-based HIV/AIDS interventions (n=1,548).
- AIDS 2010 helped you understand what the current limitations are and identify the best solutions towards achieving the Millennium Development Goals (n=1,508).
- AIDS 2010 provided you with opportunities to discuss how evidence-based policies and programmes for people who inject drugs, including harm-reduction strategies, can be expanded (n=1,415).

The majority of respondents "agreed" or "strongly agreed" with these statements (more than 85% for each).

Basic science

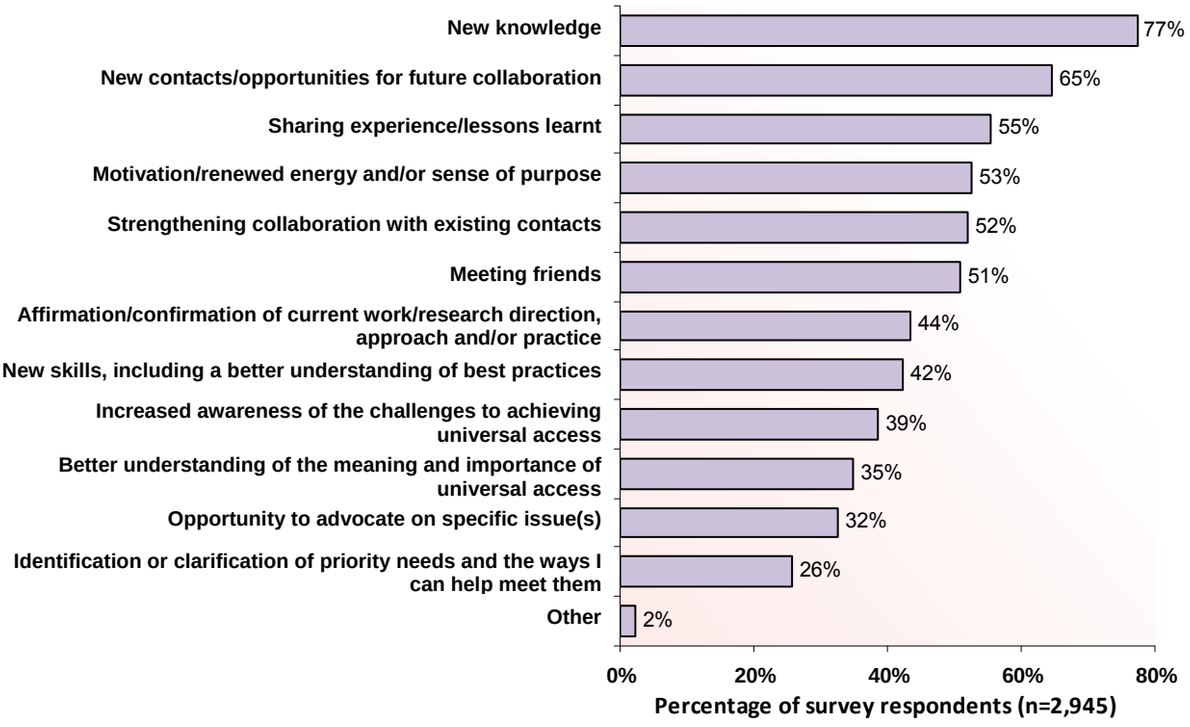
Following one of the recommendations from the AIDS 2008 evaluation ("Increase the relevance of basic science sessions"), efforts were made to improve the quality of basic science at AIDS 2010. **Surveyed delegates whose main track of interest was Track A** (n=203, 63% of whom were researchers) **were** thus **asked to rate the quality of basic science presented at the conference**. **The majority of respondents rated it as "good" or "excellent"** (48% and 35%, respectively, vs. 13% "fair" and 3% "poor").

Benefits gained by participants and non-attendees

Delegates

Surveyed delegates were presented with a list of potential benefits and were asked to identify those they had acquired as a result of their participation in AIDS 2010. As in 2008, **the most frequently noted benefits** were **new knowledge** (77%) and **new contacts and/or opportunities for future collaboration**, **including professional development and career development** (65%). As shown in Figure 57, the four following benefits were also well ranked, with more than 50% of respondents selecting them: sharing experience/lessons learnt (55%); motivation/renewed energy and/or sense of purpose (53%); strengthening collaboration with existing contacts (i.e., people that delegates knew before the conference, 52%); and meeting friends (51%). Of the 2,945 respondents, only 11 indicated that they did not gain any benefit (i.e., 0.4% of the survey sample).

Figure 57. Main benefits gained by delegates from attending AIDS 2010



WHO WAS MORE LIKELY TO HAVE GAINED NEW KNOWLEDGE AT AIDS 2010?

When this question was analyzed looking for statistically significant differences in response trend for the first ranked benefit (i.e., new knowledge), the following was found:

- First-time attendees (80%) compared with those who attended a previous IAC (74%, $p<0.05$)
- Delegates with less than two years of work experience in the HIV field (89%) compared with more experienced delegates (between 72% and 78%, $p<0.05$)
- Media representatives (76%), students (76%), health care workers/social service providers (75%) and researchers (74%) compared with educators/trainers (70%), advocates/activists (67%) and policy/administrators (65%, $p<0.05$).

No other statistically significant correlation was found between the respondents' likelihood to have gained new knowledge and the following interviewee profiles: gender, age, region, affiliation, and main track of interest.

Respondents were also asked if, during the conference, they had the opportunity to network and/or discuss challenges in their current work on HIV with delegates/speakers working in different areas or those with different fields of expertise. Of the 2,880 respondents, 83% answered Yes, 11% said No and 7% were not sure. After excluding those who were not sure, a statistic analysis was conducted to check if there was any correlation between the response to this question[58] and the respondents' main tracks of interest. It was found that delegates whose main track of interest was Track F, D or C were significantly more likely to have answered Yes to this question (94%, 91% and 89%, respectively) compared with those who had another track of interest[59] ($p<0.05$).

Prizes and awards

The IAS and its partners sponsored a number of scientific prizes and awards at AIDS 2010 to reward promising researchers who are doing outstanding work in HIV and AIDS research. A total of **10 delegates received special scientific prizes**, including seven who received the "IAS/ANRS[60] Young Investigator Award", one who was awarded the "Women, Girls and HIV Investigator's Prize", one who received the "IAS TB/HIV Research Prize", and one who was awarded the "IAS/CCABA[61] Prize for Excellence in Research Related to the Needs of Children Affected by AIDS".

In addition, IAS Governing Council members awarded the first "IAS Presidential Award", recognizing the

achievements of individuals who demonstrate a long history of leadership and excellence as pioneers or advocates at the forefront of the response to HIV and AIDS.

As shown in Figure 58, **award winners were all abstract presenters, apart from the winner of the IAS Presidential Award**. **Seven prize recipients out of 11 were women. The majority of prize recipients were young investigators** (between 28 and 35 years old). Countries of research were mainly low-income countries, including five in sub-Saharan Africa.

Figure 58. List of award winners

Award title		Abstract title	Country of Research	Country of Residence	Gender	Age	Occupation
IAS/ANRS Young Investigator Award	Track A	Prototype covalent HIV vaccine for inducing antibodies that neutralize genetically divergent virus strains	United States		Female	33	Undergraduate
	Track B	TB microbiologic and clinical outcomes in a randomized trial of immediate vs. CD4 initiated antiretroviral therapy (ART) in HIV+ adults with high CD4 cell counts	Uganda	USA	Male	33	Physician
	Track C	Mapping HIV prevalence in Africa for a better understanding of epidemics: example from Burkina Faso using 2003 demographic and health survey data	Burkina Faso	Mali	Male	30	Behavioural & social science
	Track D	The language of love: Tanzanian women define intimacy, sexuality and violence in the 21st century	Tanzania	USA	Female	32	Postgraduate
	Track E	Total cost and potential cost savings of the national antiretroviral treatment (ART) programme in South Africa 2010 to 2017	South Africa		Female	35	Economic research
	Track F	Biogeneric development : when trade secret law clashes with research ethics	France		Male	35	Advocate
	HIV Reservoirs	Peripheral blood CCR4+ CCR6+ and CXCR3+ CCR6+ CD4+ T cells are highly permissive to HIV-1infection	Canada		Female	31	Post-doctoral
IAS/CCABA Prize for Excellence in Research Related to the Needs of Children Affected by AIDS		Who is the vulnerable child? Using survey data to identify children at risk in the era of HIV and AIDS	World	USA	Female	49	Other
IAS TB/HIV Research Prize		HIV and TB management in 6 Zambian prisons demonstrate improved but ongoing prevention, testing, and treatment gaps	Zambia	United Kingdom	Female	28	Other researcher
Women, Girls and HIV Investigator's Prize		Mainstreaming the Prevention of Parent to Child Transmission (PPTCT) Program with the National Rural Health Mission (NRHM): Experiences from Southern India	India		Female	52	Physician
IAS Presidential Award		-	-	USA	Male	73	Manager / Director

CME credits

The AIDS 2010 programme was accredited for a maximum of 28 hours by the European Union of Medical Specialists – European Accreditation Council for Continuing Medical Education (UEMS-EACCME)[62] to provide continuing medical education (CME) credits for medical specialists. The EACCME credit system is based on one European CME credit (ECMEC) per hour, with a maximum of three ECMECs for a half-day event, and six ECMECs for a full-day event. Each medical specialist attending AIDS 2010 could claim only the hours of credit that he/she had actually spent in the educational activity.

Global Village visitors

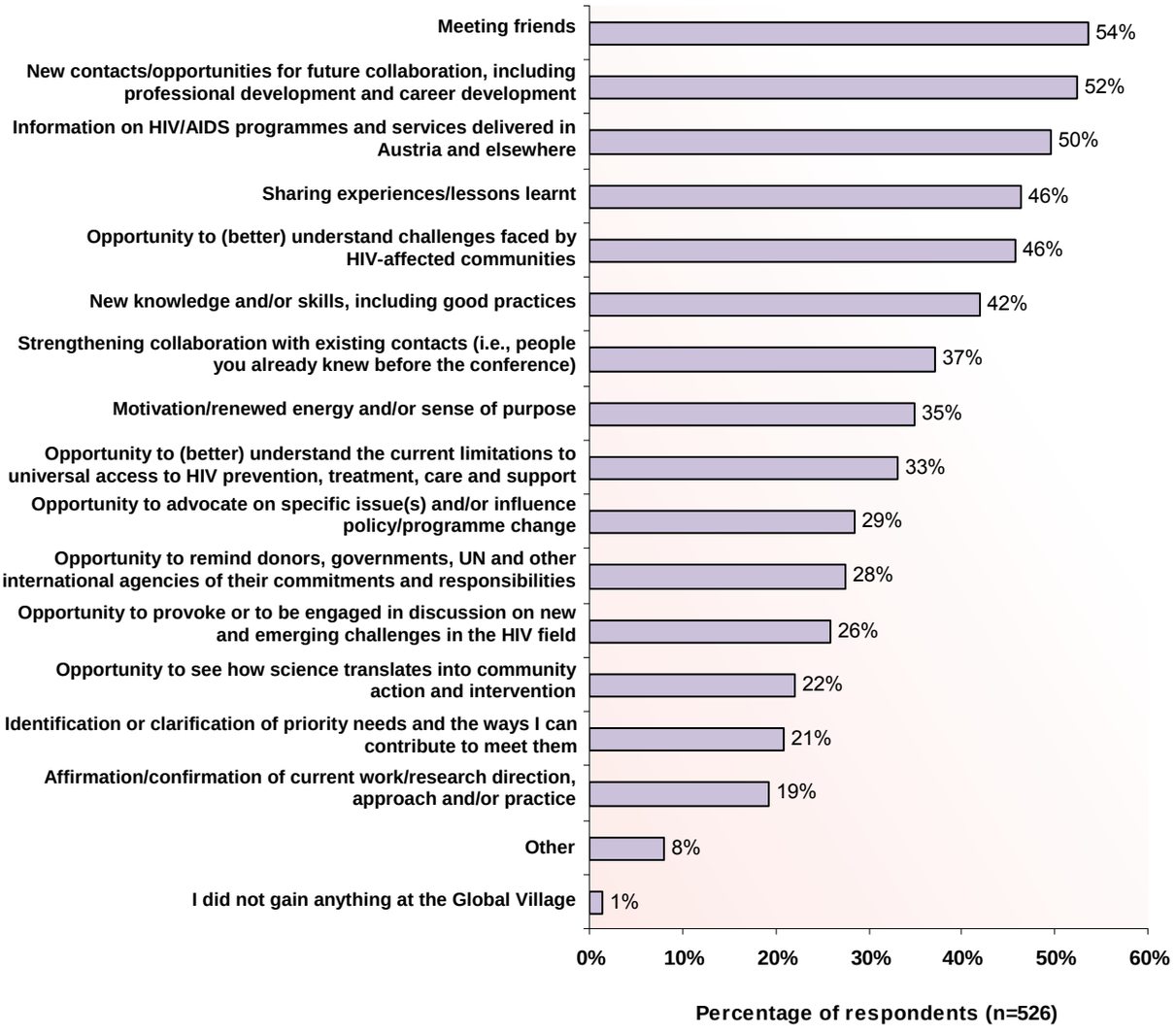
Click on the picture below to see a video

Voices of Global Village visitors

- *"Very happy to see that in the Global Village, (there are) many opportunities to learn, to share, to connect with people worldwide." (Educator/trainer, France)*
- *"Good translation of different themes, not only sharing experience." (Advocate/activist, Kenya)*
- *"Being my first experience in an International Conference, it has been a very wonderful time to interact with new people and share experiences. Keep it up …" (Student, Uganda)*
- *"Important persons come in the (Global Village) to share and discuss with delegates of the communities." (Policy/administrator, Ethiopia)*
- *"(I) learn about culture of the host country, lots of cultural exchange." (Policy/administrator, Cambodia)*
- *"It is a nice place to go to see what's happening … away from the scientific part and get in touch with the people." (Health care worker/social service provider, Belgium)*

Interviewed participants were asked to select from a 17-item list the most important benefits they had gained from visiting the Global Village. The **most frequently noted benefits** were **meeting new friends**, **new contacts/opportunities for future collaboration**, and **information on HIV/AIDS programmes and services** delivered in Austria and elsewhere (see details in Figure 59).

Figure 59. Main benefits gained from visiting the Global Village[63]



WHO WAS MORE LIKELY TO HAVE BENEFITED FROM THE GLOBAL VILLAGE?

When this question was analyzed looking for statistically significant differences in response trend for the top nine benefits (i.e., the top nine rows in Figure 8), the following was found:

Group more likely to have gained information on HIV/AIDS programmes and services delivered in Austria and elsewhere

- Public participants (65%) compared with delegates (46%, p<0.05).

Groups more likely to have gained new contacts/opportunities for future collaboration, including professional development and career development

- Delegates (57%) compared with public participants (31%, p<0.05)
- Educators/trainers (66%), advocates/activists (60%), heath care workers/social service providers (57%), policy/administrators (57%) and researchers (53%) compared with students (31%, p<0.05)[64].

Groups more likely to have strengthened collaboration with existing contacts (i.e., people they already knew before the conference)

- Delegates (42%) compared with public participants (12%, p<0.05)
- Advocates/activists (56%), policy/administrators (46%) and educators/trainers (45%) compared with heath care workers/social service providers (36%), researchers (30%) and students (13%, p<0.05).

Groups more likely to have shared experiences/lessons learnt

- Delegates (50%) compared with public participants (29%, p<0.05)
- Heath care workers/social service providers (55%), educators/trainers (53%), advocates/activists (53%) and policy/administrators (51%) compared with students (31%) and researchers (28%, p<0.05).

No other statistically significant correlation was found between the interviewees' likelihood to have gained one of the top nine benefits and the following interviewee profiles: gender, age and region[65].

The range of benefits gained from visiting the Global Village is likely to be one of the key reasons why **the vast majority of interviewed participants qualified their experiences at the AIDS 2010 Global Village as "very positive" or "positive"** (51% and 48%, respectively).

Global Village activity organizers

Surveyed activity organizers were asked to select from a 16-item list the most important benefits they had gained from organizing an activity/event in the Global Village. The **most frequently noted benefits** were **new contacts/opportunities for future collaboration**, **strengthening collaboration with existing partners** and the **opportunity to increase** the **visibility** of the survey respondent's organization/affiliation (see details in Figure 60).

Voices of Global Village activity organizers

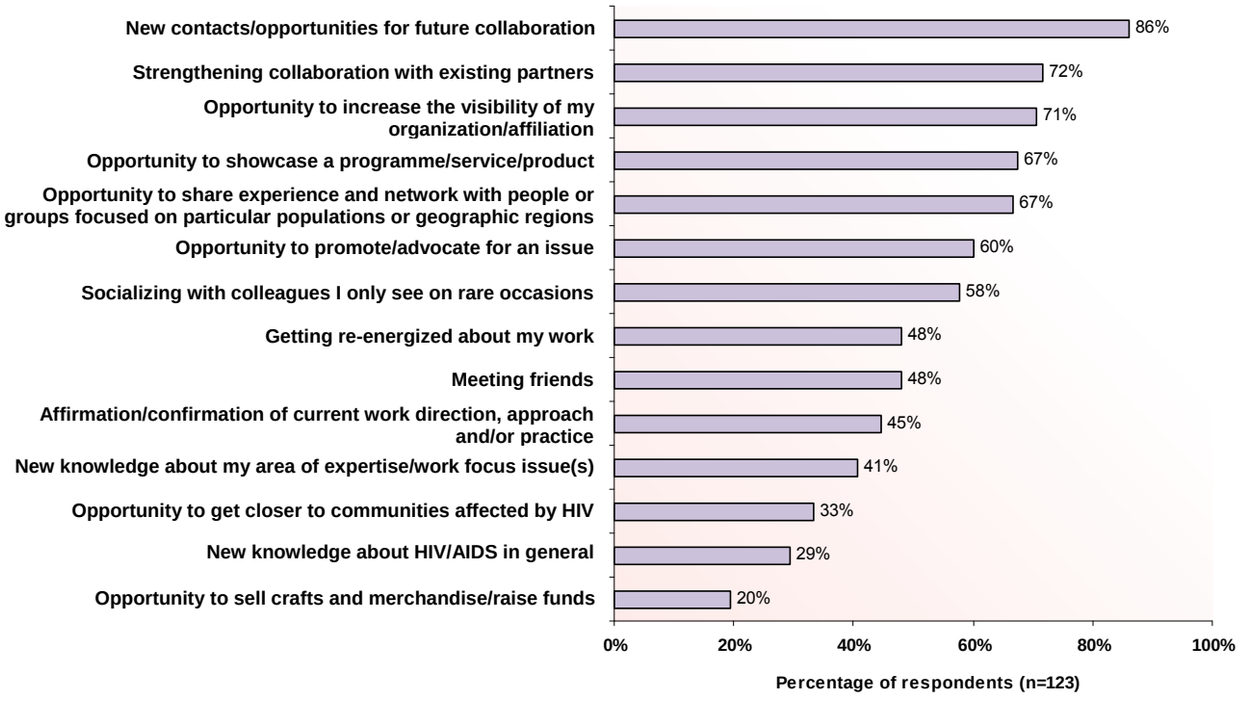
✍ *"The experience was very positive for me and my whole delegation. It offered us space to network, promote our work and learn about others! I will definitely make sure my organization applies for a booth in future conferences." (NGO/marketplace booth exhibitor and session organizer, Tunisia)*

✍ *"The AIDS 2010 Global Village provided many participants (with the opportunity) to share their stories and experiences through art: music, theatre, dance, film, etc. It really gave me a sense of purpose and motivated me to continue creating artistic projects that will raise awareness of how HIV/AIDS has impacted my life and the people in the communities I work with in Canada." (Cultural activity organizer, Canada)*

✍ *"The global village is a dynamic and practical space in all its forms, so it was definitely … enjoyable." (Cultural activity organizer, Venezuela)*

✍ *"AIDS 2010 Global Village was a fantastic opportunity - Many thanks for the experience." (NGO/marketplace booth exhibitor, Canada)*

Figure 60. Main benefits gained from organizing an activity in the Global Village[66]

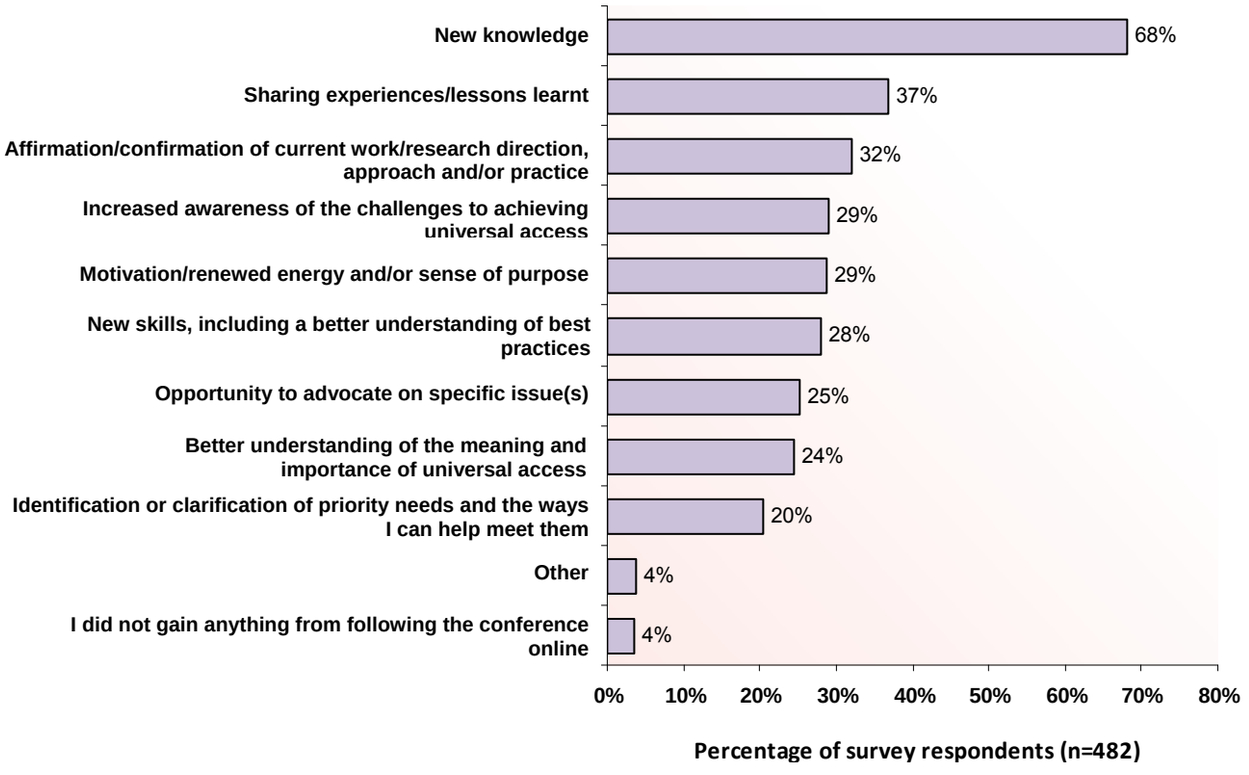


The range of benefits gained from organizing an activity in the Global Village is likely to be one of the key reasons why **all surveyed activity organizers qualified their experience at the AIDS 2010 Global Village as "very positive" or "positive"** (50% each).

Online followers

Surveyed online followers were asked to select from an 11-item list the most important benefits they had gained from following the conference online. **The most frequently noted benefits** were **new knowledge**, **sharing experiences/lessons learnt,** and the **affirmation/confirmation of current work, research direction, approach and/or practice** (see details in Figure 61).

Figure 61. Main benefits gained by online followers



Surveyed online followers were also asked if they would have gained other benefits if they had attended the conference in person (i.e., had gone to Vienna). **Results are very encouraging, with 86% of respondents answering Yes.** Of the 100 respondents who gave examples, the most frequently cited benefit (more than 70% of respondents) was the opportunity to meet and discuss with colleagues, friends and other delegates to share experiences, create new collaborations/partnerships, interact with key opinion leaders, and/or access to job offers. Other benefits cited by at least five respondents included: access to information that is not available online (including printed materials); view posters; attend workshops and sessions not covered online; opportunity to ask for clarifications; renewed energy and/or sense of purpose; and personal experience (touring Vienna, travel adventure).

Community followers from Austria and EECA

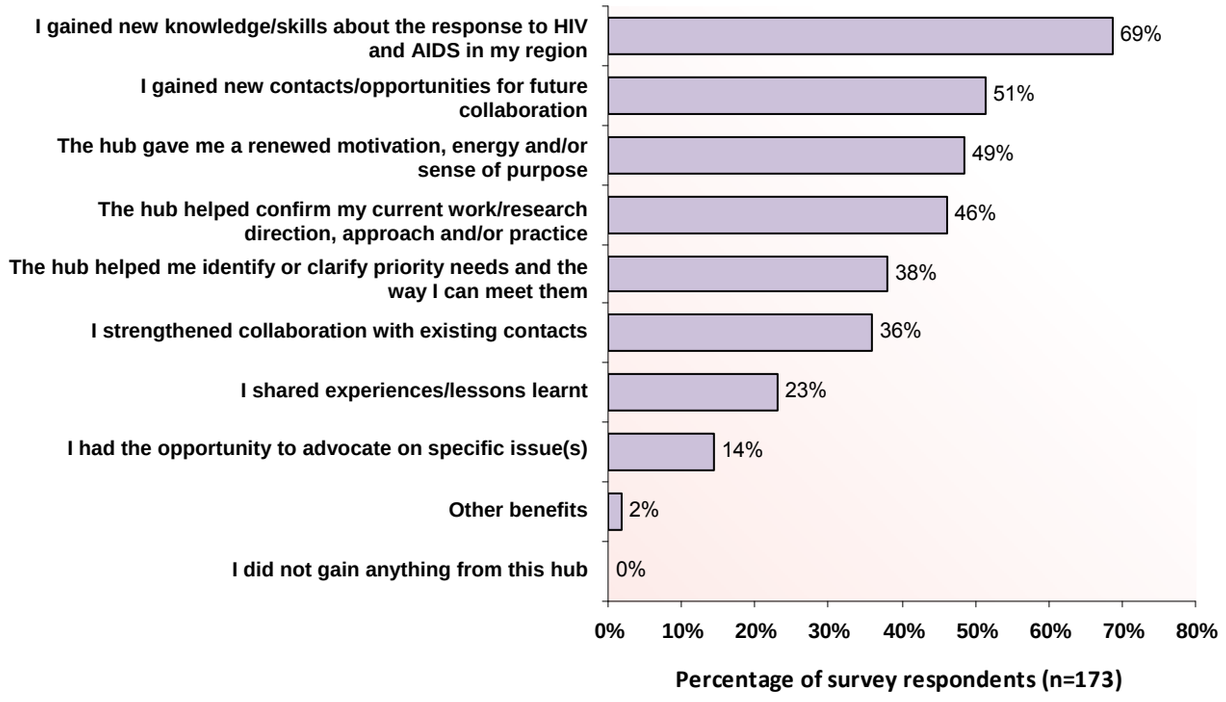
Indicators of conference outcomes with respect to Austria and Eastern Europe and Central Asia (EECA) were collected through an online survey, which was posted on a range of websites dedicated to HIV-affected communities and workers/volunteers based in that geographic area. The survey remained active for six weeks and was available in five languages: Russian, Ukrainian, German, Estonian and English. A total of 249 individuals completed the survey, 56% of whom were PLHIV; 5% identified themselves as sex workers, 3% as migrants and 2% as injecting drug users (IDUs). Respondents represented 15 countries and lived mainly in Russia (51%), Austria (14%) and Ukraine (12%). The majority reported to have first heard about the conference through the Internet (53%).

When asked if they had learnt something new about HIV or AIDS or human rights as a result of the conference, 51% answered Yes (vs. 49% No). The top six topics on which the majority of respondents "agreed" or "strongly agreed" that they had learnt something new thanks to AIDS 2010 were: the role of advocacy/activism (93% "agreed" or "strongly agreed"); the connection between human rights and an effective HIV response (91%); HIV treatment (89%); the impact of HIV-related stigma and discrimination (88%); financing the global response to HIV (85%); and care and support to HIV-affected communities (85%).

Hub participants

Surveyed hub participants were asked to select from a 10-item list the most important benefits they had gained from attending a hub. The **most frequently noted benefits** were **new knowledge/skills about the response to HIV and AIDS in the respondents' region**, **new contacts/opportunities for future collaboration, and renewed motivation, energy and/or sense of purpose** (see details in Figure 62).

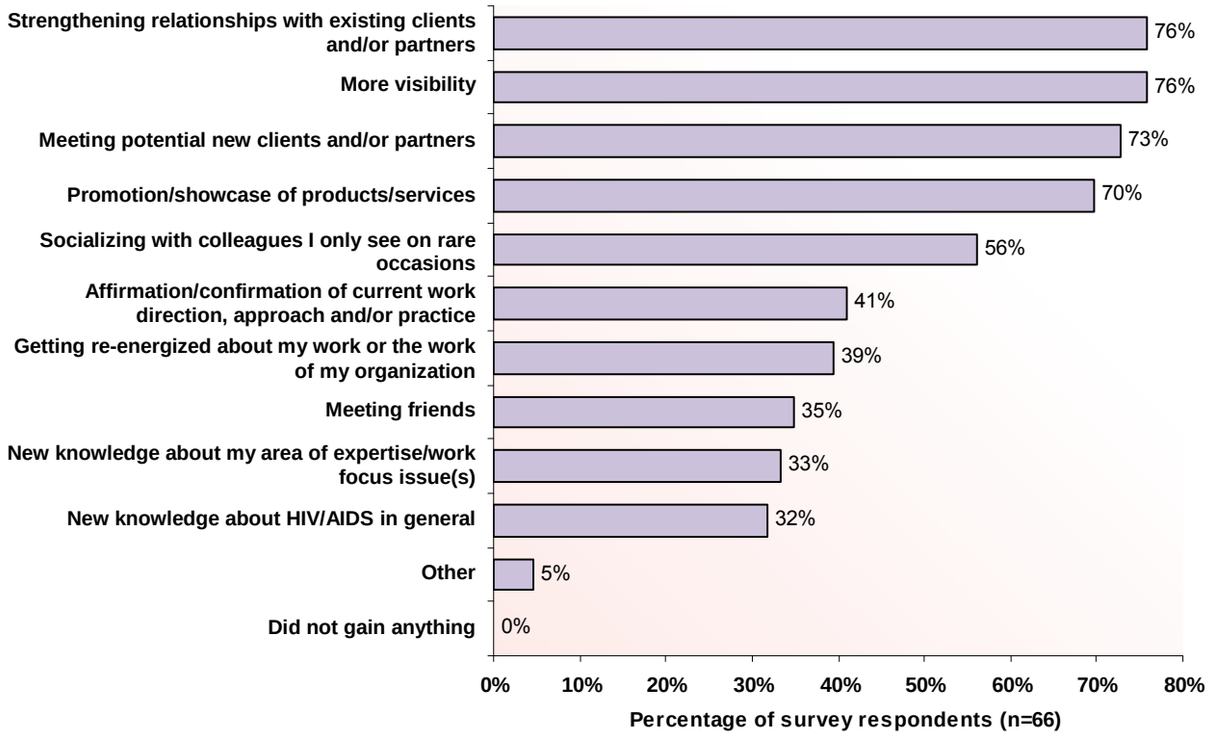
Figure 62. Main benefits gained by hub participants



Exhibitors

Surveyed exhibitors were asked to select from a 12-item list the most important benefits they had gained from attending the conference as an exhibitor. The **most frequently noted benefits** were **strengthening relationships with existing clients and/or partners**, **more visibility,** and **meeting potential new clients and/or partners** (see details in Figure 63).

Figure 63. Main benefits gained by exhibitors



Vienna Declaration

The Vienna Declaration, the official declaration of the XVIII International AIDS Conference, is a **statement seeking to improve community health and safety by calling for the incorporation of scientific evidence into illicit drug policies and by highlighting the ways that over reliance on drug law enforcement results in a range of health and social harms, including growing HIV rates among people who use drugs**. Drafted by a team of international experts and initiated by several of the world's leading HIV and drug policy scientific bodies (the International AIDS Society, the International Centre for Science in Drug Policy, and the BC Centre for Excellence in HIV/AIDS), the declaration was opened for endorsement by academics and members of the public on 28 June 2010. By mid October, more than 17,000 individuals had signed it, including Nobel Laureates, former heads of state, religious leaders, and experts in science, medicine, civil society and law.

The AIDS 2010 delegate survey contained a question on the Vienna Declaration, which was answered by **2,856 survey respondents**. Results showed that **57% had signed the declaration**, 37% had not signed it and the remaining (6%) were not aware of it.

WHO WAS LEAST LIKELY TO KNOW ABOUT THE VIENNA DECLARATION?

- Students (10%), educators/trainers (8%) and heath care workers/social service providers (8%) compared with other delegates (≤6%).
- Delegates from East Asia (19%), Caribbean (11%), North Africa and Middle East (9%) and South and South-East Asia (8%) compared with other delegates (≤6%).
- Delegates whose main affiliation/organization was a pharmaceutical company (17%), academia (8%) or hospital/clinic (8%) compared with other delegates (≤6%).

No other statistically significant correlation was found between the interviewees' likelihood to have heard about the Vienna Declaration and the following interviewee profiles: age and gender.

WHO WAS MORE LIKELY TO HAVE SIGNED THE VIENNA DECLARATION?[67]

Occupations/professions:

- Advocates/activists (77%), educators/trainers (67%), heath care workers/social service providers (63%) and students (63%) compared with researchers (56%), policy/administrators (55%) and media representatives (50%, $p<0.05$).

Regions:

- Oceania (75%), Latin America (68%), Eastern Europe and Central Asia (67%), sub-Saharan Africa (61%), Western and Central Europe (61%) and the Caribbean (60%) compared with South and South-East Asia (58%), North America (55%), North Africa and Middle East (55%) and East Asia (49%, $p<0.05$).

Affiliations[68]:

- Delegates whose main affiliation/organization was a PLHIV group/network (81%), grassroots community-based organization (73%), NGO (66%), hospital/clinic (62%) or faith-based organization (59%) compared with those whose main affiliation/organization was academia (59%), intergovernmental organization (49%), government (49%), media organization (47%) or pharmaceutical company (26%, $p<0.05$).

No other statistically significant correlation was found between the interviewees' likelihood to have signed the Vienna Declaration and the following interviewee profiles: gender and age ($p>0.05$).

It should be noted that a few delegates who participated in focus group interviews complained about the way this declaration was prepared and released. They were surprised to see the declaration presented at the conference as a final product and not to have had any opportunity to contribute to its draft, or at least to suggest some edits.

What are the expected impacts of the conference?

Expected influences of the conference

Surveyed delegates were asked to describe what implications they thought the conference might have on HIV research, policy, advocacy and programmes at country, region and/or global level. This question was purposely left open to interpretation, which resulted in responses varying tremendously according to each respondent's background, experience of the conference, and what s/he understood by the term, "implications". Given the high number of responses (n=1,405) and difficulties in coding due to the wide variety of answers, only the first 500 responses were coded, of which 91 were left out because they were unclear or irrelevant. The response analysis is summarized here.

- **Policy** (n=135): respondents thought that the conference would influence policy. This included a wide variety of answers: promotion of evidence-based policies; setting the agenda for global priorities; improving collaboration between different stakeholders who do not always get to talk; and promoting universal access.
- **Human rights** (n=129): respondents thought that the conference would have positive implications for human rights. This included human rights in general, the rights of IDUs and of PLHIV in Eastern Europe and Central Asia, and the human rights of various key populations (youth, women, MSM, migrants, transgender people, etc.).
- **Advocacy** (n=115): respondents thought that the conference would have positive implications for advocacy, be it through influencing leaders and changing policies, raising awareness among the general public, for example, through media coverage, or through sharing experiences and best practices to improve advocates' skills.
- **Research** (n=108): respondents thought that the conference would have implications for research. This usually referred to motivating researchers, strengthening existing research and sharing findings, and changing research priorities and opening new topics (in most cases, reference was made to the CAPRISA microbicide study).
- **Influences at individual or global level** (n=64): respondents mentioned general positive implications, either for themselves as individuals or in general for the world, without being more precise about the nature of these implications.
- **No implications** (n=41): respondents who were mostly scientists thought that the conference would have little or no implications.
- **Funding** (n=35): respondents thought the conference would have positive implications for funding through an increase in funding for HIV/AIDS or through more efficiency, innovation and new priorities in funding.

Anticipated use of benefits gained by attending/following the conference

Delegates

Surveyed delegates were asked to select from a 17-action list how they would use the benefits they gained from the conference. As in 2008, **the majority of respondents (87%) would share information with colleagues, peers and/or partner organizations through discussions, presentations, dissemination and/or translation of materials, writing papers, etc**. The three following actions were also well ranked, with more than 40% of respondents selecting them: motivate colleagues, peers and/or partners (55%); influence work focus/approach of the respondent's organization (48%); and build capacity within the respondent's organization/network through training, development/update of guidelines, procedures, manuals, other materials, etc. (42%). As shown in Figure 64, many other actions were selected by respondents and, similar to AIDS 2008, only 1% would not do anything differently.

Figure 64. Anticipated use of benefits gained by delegates

Online followers and hub participants

As illustrated in Figures 65 and 66, **the majority of surveyed online followers and hub participants also anticipated sharing information with colleagues, peers and/or partners** (71% and 92%, respectively).

Figure 65. Anticipated use of benefits gained by online followers

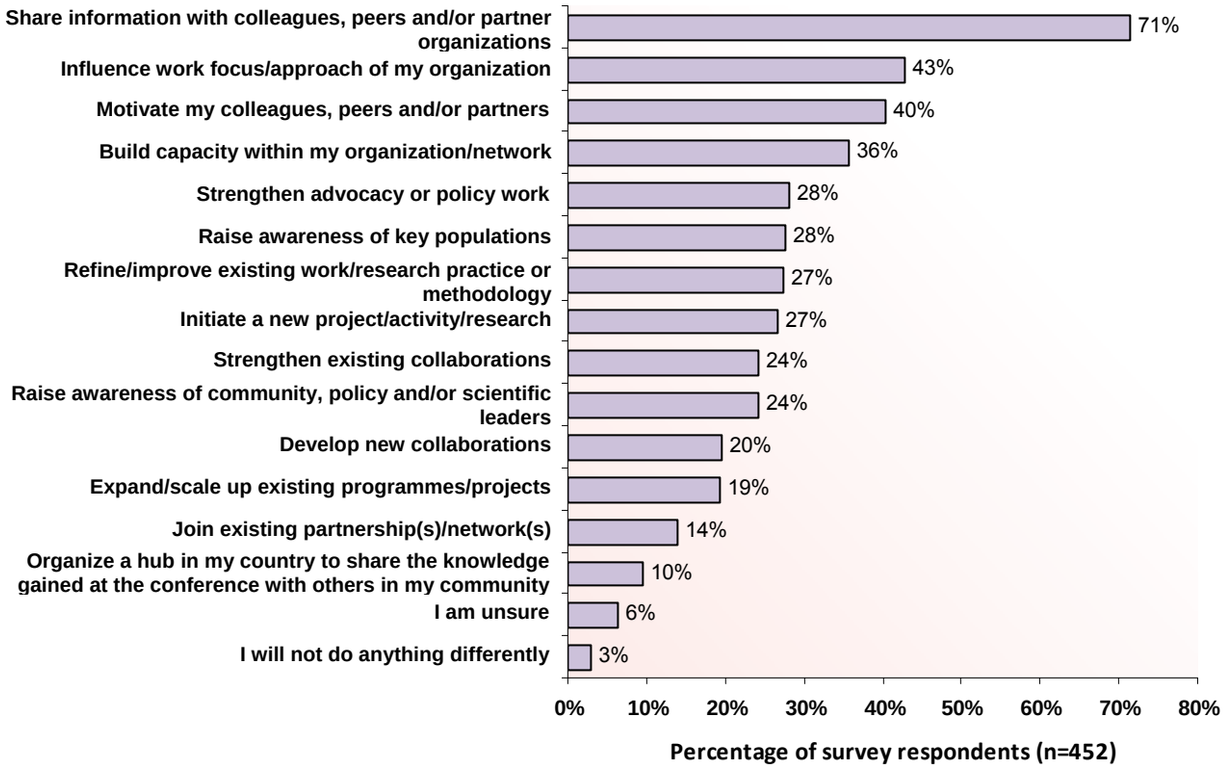
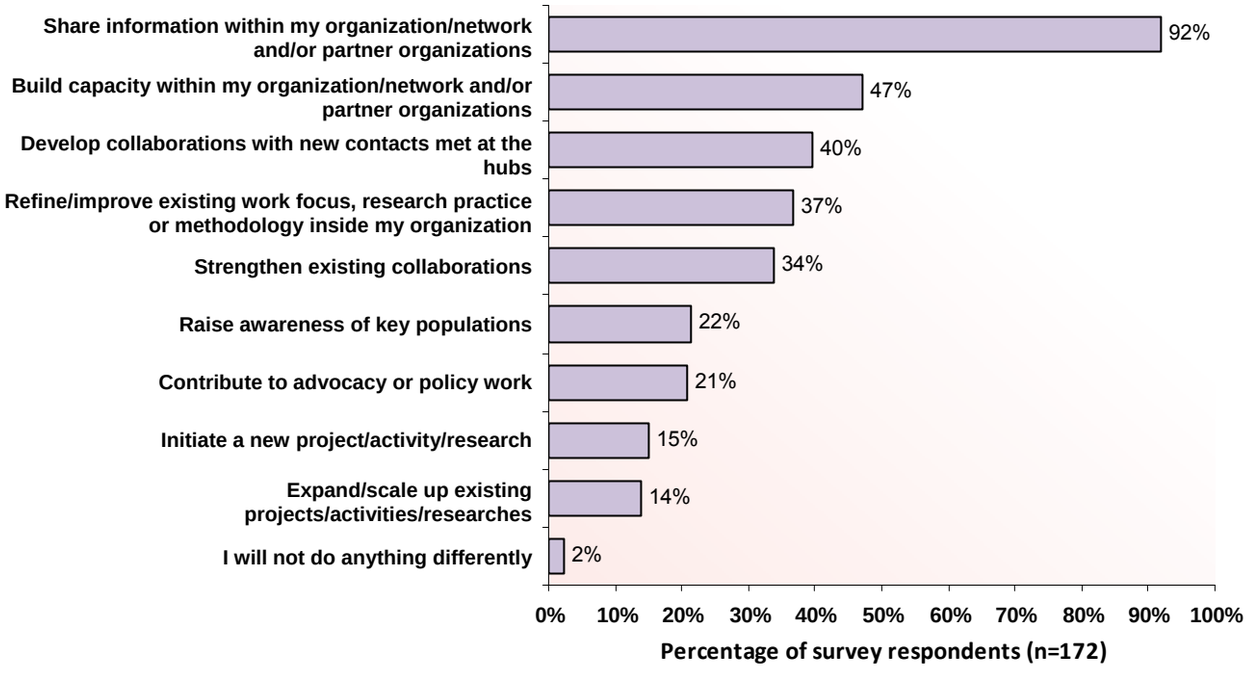


Figure 66. Anticipated use of benefits gained by hub participants



Community followers from Austria and EECA

Community followers living in Austria and EECA were asked if, based on what they learnt about HIV, AIDS or human rights thanks to the conference, they thought that there were actions they could take or planned to take to increase their current engagement in the response to HIV. Of the 81 respondents, the majority answered Yes (81% vs. 19% No). The latter were then asked to select from a four-item list areas in which they felt they would or could take action. The area most frequently selected was helping reduce HIV-related stigma and discrimination (75% of respondents), followed by raising awareness of HIV most-at-risk populations (67%).

In order to assess the impact of the conference on their behaviour, all survey respondents were asked if they thought their behaviour with respect to HIV and AIDS would be influenced by the conference. Of the 186 respondents, 42% answered No, 30% were not sure, and 27% answered Yes.

It is difficult to interpret such results since change in behaviour is usually a long-term impact, which requires several years to be properly assessed. Those who answered Yes were then asked to identify from a 17-item list those actions that they planned to take (with respect to HIV and AIDS) and that they considered to be an influence of the conference. Of the 49 respondents, more than half selected the following actions: try to influence others about their attitudes toward people living with HIV (65%); and advocate for changes in government policies and/or for stronger political action on AIDS (57%).

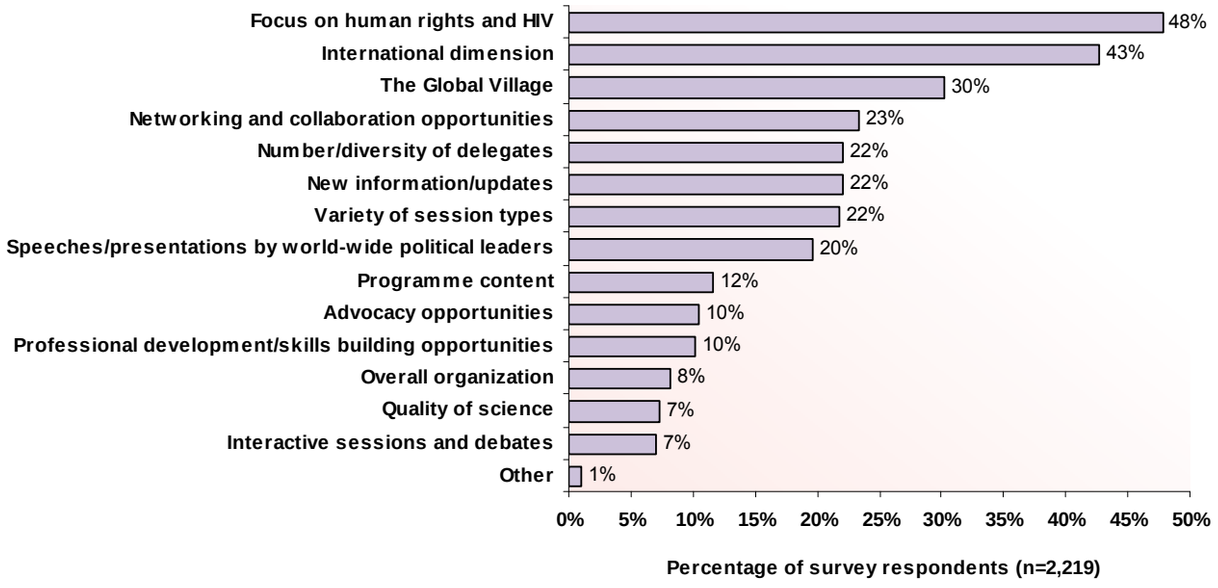
Survey respondents were also asked to select from a 14-item list those people with whom they planned to share new knowledge[69]. The five groups most frequently selected were PLHIV (53%), friends (46%), family (38%), professional colleagues/peers (35%), and young people in their life (34%).

What were the perceived added values of AIDS 2010 compared with other scientific/health conferences?

Surveyed delegates were asked if AIDS 2010 offered something that they did not get from other well-known scientific/health conferences. Of the 2,983 respondents, the majority replied Yes (75%), 12% said No, and 13% did not know. Looking at the influence of respondents' professions, statistical analysis showed that researchers and health care workers/social service providers were less likely to reply Yes compared with other professions[70].

Respondents who replied Yes were then asked to select from a 15-item list up to **three main added values** that they attributed to AIDS 2010 compared with other scientific/health conferences. As shown in Figure 67, the **focus on human rights and HIV**, the **international dimension** and the **Global Village** were the most frequently selected values.

Figure 67. Main added values of AIDS 2010



With respect to the quality of science, it is encouraging to note that delegates who identified themselves as researchers and answered this question (n=504) were more likely (11%) than other delegates to have selected this value (as shown in Figure 60, the average for other delegates was 7%).

CONCLUSION

Despite the current financial crisis, as well as competition with other well-known scientific conferences, AIDS 2010 was well attended and attracted a range of scientific experts, health care workers, social service providers, advocates/activists, educators/trainers, leaders, policy makers, administrators, managers, media representatives, students and others engaged in the response to HIV and AIDS from around the world.

The evaluation demonstrated that AIDS 2010 provided adequate online and on-site support to help people prepare themselves for the conference, participate in an effective way, and follow it in real time. However, feedback from first-time attendees showed that more needs to be done on site to allow them to attend the conference in a meaningful way.

Although the majority of delegates would not change the number of sessions at the next International AIDS Conference (AIDS 2012), some concerns were raised about the density of the conference programme, which prevented delegates from attending key sessions, networking and participating in other worthwhile activities. The overwhelming number of concurrent sessions also resulted in some sessions having very low attendance rates. Reducing the number of sessions and activities is a significant challenge for organizers of such a broad conference because of the importance of covering a variety of key topics related to HIV and AIDS, and the need to satisfy thousands of delegates with very different and specific expectations.

Looking at outcomes, survey results allow to us to conclude that AIDS 2010 was successful in providing opportunities to discuss scientific and non-scientific challenges of the response to HIV and AIDS, present new findings and convey key messages, especially related to funding. The conference was also successful in refocusing the international community's attention on the need to protect and respect human rights and to address continued challenges faced by Eastern Europe and Central Asia.

The evaluation clearly demonstrates the potential impact of the conference on delegates and their work, and also indicates the capacity for this influence to extend far beyond those who attended. This is not only thanks to the availability of online resources, widespread media coverage and new media tools, but also due to the intention of delegates, hub participants and online followers to share new knowledge/practice with colleagues, peers, partners, friends and family.

In order to maintain the high profile of the conference and maintain robust levels of attendance in an increasingly challenging financial context, organizers of the International AIDS Conference will need to continue being innovative and must remain committed to strengthening existing mechanisms to ensure the delivery of high-quality, new and promising scientific research. Efforts will also be required to attract more leaders and decision makers, who need to hear key messages, to the conference.

In conclusion, the evaluation demonstrated that the International AIDS Conference continues to provide a key platform for thousands of individuals to share knowledge, raise key messages, and create and reinforce partnerships and alliances, thus boosting the response to HIV and AIDS at global, regional, national and local levels.

RECOMMENDATIONS

Based on the findings presented here, and taking into account comments made by staff of the Conference Secretariat, the following recommendations were formulated to enhance the outcomes and impacts of future similar conferences, starting with AIDS 2012:

Outreach/promotion

- Adapt outreach strategies, including the content and format of messages and materials, to local contexts, taking into account the HIV epidemics, cultural and political factors.
- Make efforts to attract leaders and decision makers who need to be convinced about the importance of engaging in the response to HIV and AIDS by hearing, among other things, key messages delivered at the conference.

Programme

- Better select speakers to ensure that they include new faces, high-quality experts able to present new ideas and findings in a clear way, and people with different views and arguments to take part in debates/panels.
- Include sessions and/or workshops aimed at developing concrete action plans for the two years following the conference.

Workshops

- Redefine the focus areas and levels to better match delegates' needs and competencies.
- Redefine the workshop format to ensure that it is interactive enough and provides an adequate space for participants to build and/or strengthen their skills.
- Improve the selection process to ensure that the workshop content matches its title and that workshop facilitators are experts in the specific area of the workshop.
- Make sure that each workshop is evaluated on site by participants at the end of the workshop.

Global Village

- Ensure local and international outreach and promotion strategies are well targeted and coordinated.
- Take additional measures to improve the selection of activity organizers to ensure that they deliver relevant, useful and interesting information/services.
- Continue to showcase activities and programmes that are new and innovative.
- Improve navigation tools, especially on-site signage and maps, to help locate activities and areas.
- Reduce the number of activities and areas proposed in the Global Village to combat noise and programme overload.
- Make sure important sessions, workshops or meetings are held in sound-proof rooms and take the necessary measures to limit noise disturbances (coming from concurrent performances, demonstrations or other activities).
- Ensure activity organizers are fully aware of their responsibilities in the preparation, set up and dismantling of booths and/or activities.

Scholarship

- Give the possibility to submit a unique scholarship application for all abstracts and/or activities presented by the same person.
- Better advertise the scholarship group photo as an opportunity for networking.

Positive Lounge

- Provide different options to access a variety of healthy warm meals, inside the Positive Lounge if possible or at least close to it in the conference venue.
- Make sure that the Positive Lounge is located in a central place of the conference venue to avoid long walks to reach the Global Village and other important areas.

Abstract Mentor Programme (AMP)

- Open the submission of draft abstracts to the AMP two weeks before the opening date of the abstracts' submission to the conference programme.
- Create an advisory group to provide technical support in establishing an AMP for the next International AIDS Conference.
- Increase the number of mentors.
- Close the AMP at least two weeks before the deadline for abstract submission to the conference programme so that abstract submitters have enough time to improve and finalize their abstracts.
- Make sure that mentors review abstracts that match their expertise, professional experience and academic backgrounds.
- Ask mentors how many abstracts they would like to mentor on average and make sure that they do not receive more abstracts than the maximum number they stated.
- Make sure that mentors receive in due time an email acknowledging receipt of their feedback.
- Make sure that abstract submitters are notified if their mentors do not have time to provide feedback.
- Improve the guidelines/instructions to mentors and abstract submitters so that mentors can provide detailed and constructive feedback, including the use of concrete examples or references to illustrate their edits and comments.
- Promote scientific writing workshops (such as those organized by the *Journal of the International AIDS Society*) to young abstract authors.

- Support continuous interaction between mentors and abstract submitters (not only during the review process but also beyond it), taking into consideration technical feasibility, cost and time implications, as well as ethical issues.
- Organize a mentors' meeting during the conference so that they can share their mentoring experiences and discuss the best ways to improve the AMP.

Information sources

- Improve the layout of the Programme-at-a-Glance and ensure that it is easily accessible with any type of computer.
- Include presentation slides in all webcasts and use a unique downloadable format for all webcasted sessions to make it easier to access them.
- Promote the conference Facebook page, Twitter and blog well in advance of the conference, and improve conference coverage through these tools.
- Better promote the conference CD-ROM and provide clear instructions on how to collect it at the conference venue and when.

Support to first-time attendees

- Put in place a "buddy system" to help first-time attendees navigate the conference by recruiting volunteers who have attended at least one International AIDS Conference and who will mentor first-time attendees at the conference, especially in the first day or two.
- Consider the feasibility of organizing an orientation session on the first afternoon of the conference (just before the opening session) for people who are not used to attending large conferences.

Hubs

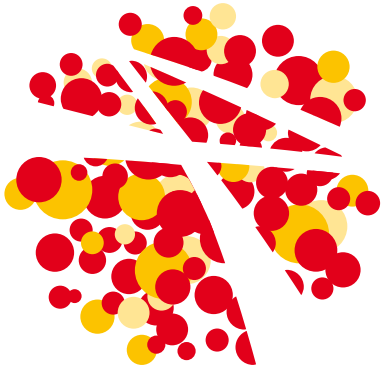
- Promote conference hubs well in advance of the conference, including the production and dissemination of video clips to be posted on conference and partners' websites, as well as on Facebook, Twitter and blogs.
- Simplify the online process of submitting hub proposals and finalize the selection of hub organizers well in advance of the conference.
- Provide financial or other incentives to independent hub organizers to increase their number and the quality of the hubs.
- Initiate fund raising or identify partners to translate webcasted sessions into more languages.

Evaluation

- Improve selection of focus group participants and limit focus group interviews to a maximum of three topics and/or issues.
- Review the use of rapporteurs as a way to triangulate survey results.
- Better use social networking tools, especially Twitter, to encourage delegates to cast their vote on the best sessions and speakers through the online poll.

ENDNOTES

[1] The report is available on the IAS website (www.iasociety.org), through the Publications page.
[2] A copy of the delegate survey is available in Appendix 1.
[3] This classification includes regular delegates, student/youth/post-docs, speakers, media representatives and scholarship recipients. It excludes staff, organizers, volunteers, hostesses, exhibitors, accompanying persons and faculty (one-day attendees).
[4] Email addresses were not available for delegates registered as part of a group.
[5] This survey was administered through distribution and collection of printed forms at the hub at the end of each day.
[6] This survey was completed by AIDS 2008 delegates who did not attend AIDS 2010.
[7] This poll was intended for delegates who could vote on the best sessions and speakers they had attended/listened to during the conference. The poll was available online and could be filled in any day of the conference.
[8] One of the distinct features of focus group interviews is its group dynamics; hence the type and range of data generated through the social interaction of the group are often deeper and richer than those obtained from one-to-one interviews (see Thomas *et al* 1995).
[9] Because opinions are by essence very subjective, many feedback forms completed for a same session by different rapporteurs were not consistent between each other.
[10] The full report is available at: http://www.fh-kaernten.at/fileadmin/media/gpm/gp_PHASE_1_report_Austria_CUAS_final_version_2010.pdf
[11] Parlett, M. & Hamilton, D. (1976). *Evaluation as Illumination: a new approach to the study of innovatory programs*. In: Glass, G (Ed.) *Evaluation Studies: Review Annual*. Sage: Beverley Hills, CA.
[12] This classification includes regular delegates, student/youth/post-docs, speakers, media representatives and scholarship recipients. It excludes staff, organizers, volunteers, hostesses, exhibitors, accompanying persons and faculty (one-day attendees).
[13] Country refers to the country home address of the delegate.
[14] The regional breakdown is based on UNAIDS classification.
[15] Information on gender was available for 12,751 delegates.
[16] The total exceeds 100% as the categories were not mutually exclusive. Only those who selected the option, "delegate" (i.e., someone who attended only sessions), could not select any other option.
[17] www.aids2010.org/pag
[18] www.aids2010community.org
[19] www.facebook.com/aids2010
[20] http://twitter.com/aids2010
[21] http://blog.aids2010.org/
[22] Followers are people who receive tweets. In concrete words, if someone follows you, s/he will receive your tweets on his/her home page, phone or any application (like Tweetie, TweetDeck, etc.).
[23] A tweet is a post or status update on Twitter.
[24] Twitter uses "#" signs in front of "keywords" or "groups" and "locations". These so-called # groups are called "hashtags". Hashtags by definition are used to create real-time track records of creating groups on Twitter. Placing the # sign in front of keywords or targeted groups makes it easier to track all conversations in the Twitter timeline via search.
[25] Source: http://summarizr.labs.eduserv.org.uk/?hashtag=aids2010
[26] The CAPRISA (Centre for the AIDS Programme of Research in South Africa) study is about the first vaginal gel microbicide to prevent HIV. CAPRISA compared tenofovir microbicide vaginal gel with placebo in sexually active women in Sub-Saharan Africa. Results from this study were presented at AIDS 2010, which generated a substantial amount of reports and other types of coverage (see details on the conference media coverage on page 67).
[27] The majority of authors submitted only one abstract (71% vs. 29% who submitted at least two abstracts).
[28] Of the 40 media scholarship recipients, 12 came from sub-Saharan Africa, 11 from Eastern Europe and Central Asia, six from Latin America, four from South and South-East Asia, four from North America, two from the Caribbean, and one from Western and Central Europe.
[29] The CCC is the conference's highest governing body, which is comprised of an international group of experienced HIV professionals and researchers, including representatives of civil society. This committee has the mandate to oversee the conference organization.
[30] These statistics do not include late breakers, i.e., abstract authors who submitted their abstracts during a special, later submission process to report on late-breaking research. Statistics on late breakers for 2008 and 2010 are available in Appendix 3.
[31] Breakdown by region is based on the submitter's affiliation.
[32] The countries located on the right side are those with the highest success rates, and vice versa.
[33] This breakdown is based on the country of the submitter's affiliation.
[34] Delegates who selected "Other" as profession were excluded from this graph.
[35] Details on workshop proposals submitted by the public are available in Appendix 4.
[36] Due to last-minute cancellations, the total number of organizations who eventually held an activity at the conference is slightly lower.
[37] This section presents the main characteristics of delegates and public participants who were interviewed in the Global Village during the conference. Comparisons with delegates who completed the post-conference online survey and the total delegate population are provided whenever possible.
[38] Public participants are defined as people from the general public not registered as delegates and therefore not allowed to access the rest of the conference venue. Only the Global Village was open to these participants for free.
[39] Only visitors who had an occupation/profession in the HIV field were expected to specify.
[40] The region is based on the country of residence, as reported by surveyed visitors, and corresponds to one of the 10 region categories defined by UNAIDS.
[41] The AIDS 2010 community website is an online guide for communities, created in 2009 to increase community preparation of and participation in AIDS 2010.
[42] Only options that were selected by at least 2% of both delegates and public participants were included in this comparative graph.
[43] As opposed to "somewhat useful", "not very useful" or "not useful at all".
[44] Figures in brackets correspond with the total number of respondents.
[45] Figures in brackets correspond with the number of respondents who reported having attended/visited the area/activity considered.
[46] The online Global Village information, available through the conference website, was rated by a total of 363 interviewees.
[47] All comments that were unclear or not relevant to the Global Village were excluded from this figure. Total exceeds 100% because some interviewees made several comments falling under more than one category.
[48] This increase is probably due to the fact that in 2010, this survey was administered online after the conference, unlike in 2008, when it was administered during the conference, through face-to-face interviews with activity organizers or through self-completed printed surveys.
[49] This includes those who organized performances (music, theatre and dance), screened film and/or video, organized poetry and/or literature presentations, and/or displayed visual arts.
[50] Total exceeds 100% because several respondents had organized more than one activity.
[51] This includes grassroots community-based organizations, people living with HIV/AIDS groups/networks and faith-based organizations.
[52] http://www.aids2010community.org
[53] Ezekiel J. Emanuel is Head of the Department of Bioethics at the Clinical Center of the National Institutes of Health.
[54] Jon Cohen is a correspondent with the magazine Science and has done extensive packages for this magazine about HIV/AIDS in Africa, Asia, Latin America and the Caribbean.
[55] The category "other" includes all topics that were cited less than 100 times.
[56] The total of articles read for this analysis does not equal the total of articles published during the second period because a random sample was made for the top three countries. The category "other" includes all topics that were cited less than 100 times.
[57] Answer options were: strongly agree, agree, disagree, strongly disagree, no opinion.
[58] After excluding those who were not sure, the percentage of respondents who answered Yes was 89% (vs. 11% No).
[59] Delegates mainly interested in Track E (88%), in Track B (83%) and in Track A (82%).
[60] Agence National de Recherches sur le Sida.
[61] Coalition on Children Affected by AIDS.
[62] The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net. EACCME credits are recognized by the American Medical Association towards the Physicians Recognition Award.
[63] Total exceeds 100% because respondents were able to select all answers that applied.
[64] Only professions represented by at least 50 interviewees were included in this analysis.
[65] The analysis was run only with the three most represented regions (i.e., Western and Central Europe, sub-Saharan Africa and North America).
[66] Total exceeds 100% because respondents were able to select all answers that applied.
[67] Of the 2,690 surveyed delegates who were aware of this declaration, 60% had signed it.
[68] Affiliations/organizations represented by less than 50 surveyed delegates were excluded from this comparative analysis.
[69] A total of 188 respondents answered that question.
[70] This analysis was conducted after exclusion of those who replied ''Don't know'', which gives the following results for the total surveyed population: 86% Yes vs. 14% No.



AIDS 2010

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