

EVALUATION REPORT



**XIX INTERNATIONAL AIDS
CONFERENCE JULY 22 - 27
WASHINGTON DC USA**

TURNING THE TIDE TOGETHER



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- * Non-conference participants who visited the Global Village
- * Hub participants and organizers
- * Abstract authors who used the Abstract Mentor Programme, abstract mentors and abstract reviewers
- * Readers/visitors of the POZ magazine/website.

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LIST OF ACRONYMS AND ABBREVIATIONS

ANRS	Agence Nationale de Recherche Scientifique
AIDS 2006	XVI International AIDS Conference (Toronto, 2006)
AIDS 2008	XVII International AIDS Conference (Mexico City, 2008)
AIDS 2010	XVIII International AIDS Conference (Vienna, 2010)
AIDS 2012	XIX International AIDS Conference (Washington, D.C., 2012)
AMA	American Medical Association
AMP	Abstract Mentor Programme
ANAC	Association of Nurses in AIDS Care
CCC	Conference Coordinating Committee
CME	Continuing medical education
HAART	Highly active antiretroviral therapy
IAS	International AIDS Society
ICR	International Conference Recognition
KAP	Key affected populations
LGBT	Lesbian, gay, bisexual and transgender community
MCH	Maternal and child health
MSM	Men who have sex with men
NGO	Non-governmental organization
PAG	Programme-at-a-Glance
PrEP	Pre-exposure prophylaxis
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission
PRA	Physician's Recognition Award
Q&A	Question and answer
SPC	Scientific Programme Committee
STI	Sexually transmitted infection
TB	Tuberculosis
TG	Transgender
WHO	World Health Organization

EXECUTIVE SUMMARY

The XIX International AIDS Conference (AIDS 2012) was held in Washington, D.C., United States of America, from 22 to 27 July, attracting more than 23,000 participants from more than 170 countries. The objective of the conference evaluation was to identify the strengths and weaknesses of AIDS 2012 and assess its immediate impact to ultimately ensure that 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 a valid email address a few days after the conference had ended. The survey itself received a high response rate (36% vs. 31% in 2010), with 4,507 surveys completed. In addition, several other instruments were used to collect data on specific conference areas, activities and services. These involved online and printed surveys addressed to delegates and non-attendees, as well as focus group discussions, which were conducted before, during and after the conference.

The main findings of the evaluation include:

How did delegates hear about the conference?

The main sources of information about AIDS 2012 were: delegates' organizations, affiliations or work, attendance at a previous International AIDS Conference, and recommendations from a colleague or friend.

How were delegates supported in their preparation and participation?

Conference organizers provided delegates with a range of online and on-site support to help them prepare for the conference and participate in a meaningful way. The majority of surveyed delegates were satisfied overall with the support they received, as shown in the pages that follow.

Conference organizers made a significant portion of the **programme available online** through the conference website and, for the first time, through a mobile application. As in 2010, most resources available through the Programme-at-a-Glance (PAG) were considered to be useful, with abstracts and presentation slides rated the highest (more than 80% of surveyed delegates rated them as "very useful" or "useful"). The mobile application

was also well rated (76% said that it was "very useful" or "useful").

Delegates and non-attendees were able to use **social networking tools**, such as Facebook, Twitter and the conference blog, to communicate and advocate on issues debated during the conference, and to share concerns and hopes with their personal and professional networks. Although one could have expected a higher rate of use, it is encouraging to note that more than 60% of users found these tools "useful" or "very useful".

The online **Abstract Mentor Programme**, aimed at helping abstract authors with limited experience before they submitted their abstracts to the conference, featured 115 mentors who reviewed 582 abstracts. The majority of surveyed mentees reported that the feedback provided by their mentors was "very useful" or "useful" (65% and 24%, respectively), and almost all would use this programme again (96%) and would recommend it to a friend or colleague (95%).

The **Positive Lounge** is a space where HIV-positive delegates can rest, meet and take their medication in a nurturing environment. The majority of surveyed delegates who visited the lounge considered it to be "very helpful" or "helpful" in supporting their participation in the conference (78%).

Out of **10,296 applications, a total of 851 scholarships were awarded to applicants from 133 countries**. The vast majority of surveyed scholarship grantees rated the organization of the AIDS 2012 scholarship programme as "excellent" or "good" (46% and 37%, respectively). Resources put at their disposal before and during the conference were widely used, and the majority (more than 80%) considered them to be "very useful" or "useful".

Online and on-site resources were provided to **speakers, chairs and abstract and poster presenters** to help them prepare for their sessions. All these resources (i.e., guidelines and templates, session point person, on-site Speaker Centre, support provided by the Conference Secretariat) were widely used and well rated (more than 70% considered them to be "very useful" or "useful").

The **poster helpdesk**, located in the poster exhibition area, was used by 73% of surveyed poster exhibitors, of whom more than 80% reported that it was "very helpful" or "helpful".

Resources were also provided to **media representatives**. The vast majority of surveyed media representatives rated the overall organization of the on-site Media Centre as “good” or “excellent” (47% and 46%, respectively). As in 2010, the two resources considered to be most useful were the press conference rooms and the newsroom.

In order to extend the outreach of the conference to those unable to attend, AIDS 2012 featured mini-conference centres, called **hubs**, which were hosted around the world by local organizations active in the fight against HIV/AIDS. In order to address the challenge of sex workers and people who use drugs not being able to attend the conference because they could not obtain US visas, large hubs were held in India and Ukraine, specifically targeting these two key affected populations. In addition, more than 150 hubs were organized globally, reaching more than 6,700 people from more than 41 countries. As an indicator of the professional value of the hubs, 92% of surveyed hub participants would attend an International AIDS Conference hub again.

Which session types did participants attend?

Participants could choose from a wide range of sessions and activities, including eight plenaries, 14 special sessions, 70 oral abstract presentations, 40 poster discussions, 3,170 poster exhibitions, 12 bridging sessions, 40 symposia sessions, 10 regional sessions, 60 workshops, the Global Village, and the Youth Programme.

AIDS 2012 received 11,715 regular abstract submissions (15% increase from AIDS 2010) and 718 late-breaker submissions (4.5% increase from AIDS 2010). After an intensive review process, 3,837 abstracts, including 97 late breakers, were accepted for inclusion in the AIDS 2012 programme. The proportion of abstracts submitted in Track D (Social Science, Human Rights and Political Science) has increased from 32% in 2010 to 42% in 2012. However, this trend needs to be interpreted with caution because there was no Track F at AIDS 2012.

As in 2010, **Track D was delegates’ main track of interest**. The interest in other tracks has also remained stable over time. The majority (84%) of survey respondents who had selected one main track of interest also attended sessions that did not belong to their main disciplines (i.e., sessions in tracks other than their main tracks of interest).

Workshops were also appreciated, with the majority of surveyed participants rating the workshop they had attended as “very useful” or “useful” (47% and 35%, respectively), and 87% indicating that they would recommend to colleagues/friends that they attend similar workshops.

How was the quality and coverage of the programme rated?

The vast majority of surveyed delegates (more than 80%) reported that the quality of science presented in each track was “good” or “excellent”, with Track A being ranked the highest. The quality of presentations and/or discussions in non-abstract-driven sessions was also well rated (more than 75% rated it as “good” or “excellent”), with plenary sessions being ranked the highest.

With respect to the programme content, 28% of surveyed delegates thought that some key topics were not sufficiently covered. A total of 1,124 suggestions were classified into themes and topics that should be (better) covered at the next conference (see details in the report).

What did the Global Village feature?

The Global Village is a diverse and vibrant space where communities from all over the world gather to meet, share and learn from each other. It featured 113 booths, 74 cultural activities, 40 sessions and 27 networking zones, as well as a Youth Pavilion, a Community Dialogue Space and a film screening room. Activities and areas considered to be the most useful were sessions, non-governmental organization (NGO) booths and networking zones. The organization of this space was well rated overall. The vast majority of visitors and activity organizers (more than 90%) considered their overall experience at the Global Village to be “very positive” or “positive”.

What were the perceived added values of AIDS 2012?

More than 60% of surveyed delegates indicated that AIDS 2012 offered something that they did not get from other well-known scientific/health conferences. As in 2010, the main added values of the conference were seen as the international dimension, the focus on human rights and HIV, and the Global Village.

What were the main outcomes of the conference?

The top three **main benefits gained by delegates** were new knowledge (73%), new contacts/opportunities for future collaboration (57%) and motivation/renewed energy and/or sense of purpose (56%). Only 1% indicated that they did not gain any benefit. The benefit that **hub participants** ranked highest was new knowledge/skills about the response to HIV and AIDS in their region (70%); for **hub organizers**, it was a better understanding of best practices (56%). Main benefits gained by **exhibitors** were: meeting potential new clients and/or partners; more visibility; strengthening relationships with existing clients/partners; and promotion/showcase of products/services (each was selected by more than 70% of respondents).

Sharing information with colleagues, peers and/or partner organizations was the follow-up activity most frequently identified by surveyed delegates and hub participants (83% and 72%, respectively).

Delegates also listed a range of implications that they thought the conference might have on HIV research, policy, advocacy, programmes and funding at country, regional and global levels (see details in the report).

What did not work so well and could be improved at the next International AIDS Conference?

Delegates were asked to think about what they most disliked about the conference (or what disappointed them) and would like to see improved at the next International AIDS Conference. Most recurrent comments related to: the conference venue and logistics issues (too many security checks, poor crowd management, limited seating capacity, food options too limited and too expensive, room temperature too cold, size too

big); the poster exhibition (spread over too many locations, main display area too crowded); the Global Village (too noisy, not central enough, difficulty in finding booths); the Positive Lounge (not enough food and beverages available in the lounge, space abused by HIV-negative delegates); the programme (too dense, time conflict between sessions addressing similar topics, under-coverage of some key topics, not enough time to view posters); the under-representation of some key affected populations and regions among delegates and speakers/presenters; support to delegates (not enough financial help to cover the high cost of registration, travel and accommodation, not enough assistance in obtaining US entry visas); and communications (lack of information on specific activities/features, discrepancies between the online and printed versions of the programme, confusing signage, too much printed materials). Details are provided in the report.

In conclusion, the evaluation demonstrated that the International AIDS Conference continues to be a key forum attracting thousands of key stakeholders engaged in the response to HIV and AIDS. It provides a strategic platform to: share scientific, programmatic and policy knowledge, as well as concrete experiences; raise awareness; advocate for key issues; create and reinforce partnerships and alliances; and increase motivation of those involved in the fight against the epidemic. The conference plays also an important role in keeping HIV and AIDS on the agenda of key national and global leaders and donors. Although it is too early to assess the medium- to long-term impact of AIDS 2012, it is reasonable to expect some influences on HIV research, policy, programmes, advocacy and funding at the global, regional and national levels.

Specific recommendations are listed on pages 72 and 73.

EVALUATION CONTEXT

Background and rationale

The **XIX International AIDS Conference (AIDS 2012)** was held in Washington, D.C., USA, from 22 to 27 July 2012. Held every two years, the International AIDS Conference (IAC) is the premier gathering for those working in the field of HIV, as well as policy makers, people living with HIV and other individuals committed to ending the pandemic.

With the theme, ***Turning the Tide Together***, AIDS 2012 emphasized that a global and decisive commitment is crucial to change the course of the epidemic now that science is presenting promising results in HIV treatment and biomedical prevention. The main goal of AIDS 2012 was to have a positive impact on the HIV and AIDS response globally, and in the United States and Washington, D.C., in particular. Its objectives were:

1. To bring together the world's scientific experts to catalyze and advance scientific knowledge about HIV, present the most recent research findings, and promote and enhance scientific collaborations around the world
2. To bring together community leaders, scientists and policy leaders to promote and enhance programmatic collaborations to more effectively address regional, national and local responses to HIV and AIDS around the world and overcome barriers that limit access to prevention, care and services
3. To engage key, new and non-traditional stakeholders throughout the world in the development of and participation throughout the conference programme, especially those most engaged in the HIV and AIDS response, including women and girls, men who have sex with men, transgender individuals, sex workers, young people, people who use drugs, and people involved in prevention or care programmes targeting the incarcerated
4. To illustrate the enormity of the human suffering and economic cost if society fails to act on the scientific opportunities now available to reverse the epidemic
5. To provide a platform for strengthening the responses to HIV among the diverse populations and communities impacted, and to develop a conference programme that reflects the diversity within the epidemic and the need to tailor strategies and solutions
6. To increase global awareness of the continuing impact of HIV and AIDS and to re-energize global, national and local responses to the pandemic through public health practice, science, policy, education, the media and other means
7. To promote effective action through leadership and shared responsibility at all levels of government and society, and foster leadership in the scientific and programmatic response to the global HIV and AIDS epidemic among policy makers, scientists and members of civil society
8. To increase the capacity of delegates to develop, introduce, implement and advocate for effective, evidence-informed HIV and AIDS interventions in their communities, countries and regions
9. To influence leaders, including key policy makers and donors, to increase their commitment to gender-sensitive, evidence-informed and human rights-informed HIV and AIDS interventions, including targeted interventions for the most at-risk communities and individuals
10. To advance scientific progress in areas that have the potential to make significant gains in the ability to prevent and treat HIV infection, including: new and improved biomedical and behavioural prevention strategies; safer, cheaper, more accessible and effective treatment regimens both for infected individuals and for treatment as prevention research; to understand stigma, adherence and other issues related to the use of these interventions; and research that can ultimately lead to a cure
11. To advance the knowledge, implementation and scale up of evidence-informed HIV and AIDS strategies and programmes
12. To promote accountability among all stakeholders engaged at various levels of the response to HIV and AIDS
13. To increase understanding of the connection between a sound and effective public health response to HIV and AIDS and human rights, sexual and reproductive health and rights, and development priorities among key stakeholders involved in these distinct fields
14. To increase understanding of the synergistic relationship between the scale up of the HIV and AIDS response and other global health goals as strong systems of care and respect for human rights provide the foundation for advancing these goals

15. To provide opportunities for multi-stakeholder dialogue to develop creative solutions to unresolved challenges in research, implementation of HIV policies and programmes, and optimizing the benefits of ensuring more integrated health care systems
16. To bring renewed awareness of and commitment to addressing the HIV and AIDS epidemic in the United States and the broad disparities in access to treatment, care and effective prevention interventions that exist in the US and around the world.

In order to achieve these objectives, the **conference programme** featured daily abstract-driven sessions in five tracks, non-abstract-driven sessions (including plenary sessions, bridging sessions, symposia, special sessions) and regional sessions, along with professional development workshops and a rapporteur summary session. Other activities and areas provided exceptional opportunities for professional development and networking, including the Global Village, satellite meetings, exhibitions, engagement tours, affiliated independent events, the Positive Lounge and the on-site Media Centre.

AIDS 2012 was the fifth 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 on the basis of the AIDS 2012 objectives and programme, and it took into account lessons learnt from the AIDS 2008 and AIDS 2010 evaluations. This plan also reflected input from members of the AIDS 2012 Conference Coordinating Committee (CCC), as well as from staff of the Conference Secretariat.

The **objective of the AIDS 2012 evaluation was to identify strengths and weaknesses of the conference and to assess its immediate impacts** (outcomes) on the HIV and AIDS response in order to improve planning and delivery of future International AIDS Conferences, which should continue to play a key role in strengthening the response to HIV and AIDS. Results of the evaluation will be used by the organizers of the next International AIDS Conference (AIDS 2014), which will be held in Melbourne, Australia, in July 2014, and by the various AIDS 2014 committees during the planning and programme-building phase. The AIDS 2012 evaluation is also expected to be used as an accountability and learning tool by all conference participants, online followers, donors and sponsors to get a consolidated overview of what happened at AIDS 2012.

It should be noted that results presented in the separate AIDS 2012 Conference Summary Report¹, a technical report released by the Conference Secretariat a few months after the conference, are an important adjunct to the broader evaluation of AIDS 2012².

¹ The report is available on the AIDS 2012 website (www.aids2012.org).

² The objective of the AIDS 2012 Conference Summary Report is to provide a concise summary of key findings and lessons learned from AIDS 2012 for those working in HIV and related fields, with a focus on new advances that are likely to have a significant impact on the global response to HIV/AIDS in the months and years to come.

Methodology

Data collection

All online surveys were created and administered using *Cvent*, a web survey program.

Data entry for printed surveys and face-to-face interviews administered on site was undertaken by volunteers under the supervision of the AIDS 2012 Evaluation Team. All volunteers participated in a training session, and were briefed and debriefed each day they worked.

Performance measurement: process, outputs and immediate outcomes

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

- * Review of AIDS 2012 documentation, as well as previous conference evaluation reports
- * Consultation with members of AIDS 2012 committees and with staff of the Conference Secretariat
- * Surveys and face-to-face interviews with key informants, including conference delegates, media representatives, speakers, chairs, moderators, exhibitors, Global Village public visitors and activity organizers, hub participants and organizers, and readers of the magazine POZ, as well as conference committee members, abstract authors who used the Abstract Mentor Programme (AMP), abstract mentors and abstract reviewers
- * Focus group discussions with delegates
- * Mapping of the session content to assess the extent to which the conference programme covered key populations at higher risk of HIV exposure and to identify sessions' region(s) of focus³
- * On-site observations
- * Review of statistical data relating to AIDS 2012 registration, scholarships, abstracts, programme and website
- * Review of monitoring data from previous International AIDS Conferences to allow comparison over time.

The primary data collection instrument was an online survey⁴ sent to all delegates who were registered as individuals⁵ and with a valid email address four days after the conference had ended. The survey was available in English and Spanish, and contained about 40 questions, including open-ended questions 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, usefulness, coverage and quality), the main outcomes of the conference (main benefits gained, anticipated use of benefits, possible implications in terms of policy and advocacy, and programmes), and the main added values of the conference compared with other well-known scientific/health conferences. This survey also contained questions about specific features that were previously asked through separate surveys. Such questions were displayed only to respondents who reported that they had used/benefitted from those features, including media facilities, the Global Village, youth facilities inside the Global Village, guidelines and/or templates for speakers and presenters, the poster exhibition area, the Positive Lounge, and the scholarship programme.

Of the 12,877⁶ survey invitation emails sent out on 31 July 2012, 487 were returned as undeliverable. After two reminders, a total of **4,507 surveys were completed**, resulting in a **response rate of 36%** (vs. 31% in 2010 and 26% in 2008).

³ This information was saved in a simple database that was updated after the conference based on on-site observations, rapporteurs' feedback and last-minute changes to the programme.

⁴ A copy of the delegate survey is available in [Appendix 1](#).

⁵ As opposed to delegates registered as part of a group.

⁶ Email addresses were not available for delegates registered as part of a group.

A number of other instruments were used to gather information on: 1) workshops; 2) the Global Village; 3) conference governance and programme building; 4) abstract review and mentoring programme; 5) the hub programme; 6) support to exhibitors; and 7) the conference impact on POZ readers.

These instruments include the following surveys (online and printed) and interviews, which were administered before, during and after the conference (the number of respondents or participants is bracketed, as is the response rate in the case of private surveys⁷):

- * AMP – mentor survey (n=93, 81%)
- * AMP – mentee survey (n=275, 67%)
- * Abstract reviewer survey (n=835, 62%)
- * Workshop participant survey (n=697)
- * Committee member survey (n=36, 31%)
- * Exhibitor survey (n=80, 42%)
- * Hub participant survey (n=196)⁸
- * Hub organizer survey (n=27)
- * Global Village visitor interview (n=462)
- * Global Village activity organizer survey (n=101, 46%)
- * POZ reader pre-conference survey (n=246)
- * POZ reader post-conference survey (n=46)
- * Focus group discussions (n=72)

As in 2010, individual interviews were also conducted with delegates throughout the conference venue on a random basis. These interviews were filmed with the consent of delegates and the resulting videos are used to illustrate the present report.

Results of the focus group discussions are reported separately in [Appendix 2](#).

Results of some of the surveys listed here are not presented in this report either because the response rates were too low or because their main findings were not relevant to this report.

Impact assessment

The AIDS 2012 evaluation goes beyond the conference itself by assessing its impact. This includes the following data collection instruments:

- * Some of the above-mentioned surveys contribute to assessing the immediate impacts of the conference on delegates and hub participants, i.e., **surveys including questions about main benefits gained at the conference and the anticipated use of those benefits**.
- * As done for AIDS 2008 and AIDS 2010⁹, a **follow-up survey** will be conducted with volunteer delegates about one year after AIDS 2012 to assess the medium-term impact of the conference on their attitudes and practices in their HIV work. This survey will include open-ended questions asking respondents to illustrate their responses with concrete examples. It will also include a set of questions that will be displayed only to scientists (i.e., delegates who identify themselves as researchers).
- * It is also envisaged that a consultant will be recruited in 2014 to **track progress against commitments made at AIDS 2012 and changes/initiatives that may be attributable to the conference** over the period of August 2012 to June 2014. Main findings will be presented at AIDS 2014.

⁷ Survey restricted to a target group (i.e., not open to the public).

⁸ For planning and monitoring purposes, preliminary results on the evaluation of hubs were provided in September 2012 and included in the present report, given that the evaluation process is on-going until the end of 2012.

⁹ The AIDS 2010 and 2008 follow-up survey reports are available on the IAS website, www.iasociety.org (Evaluation section).

Data analysis

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 issues¹⁰. To allow comparison over time, monitoring data from previous conferences were also reviewed. The analysis of qualitative responses (i.e., to open-ended questions) was conducted by a consultant. The consultant coded the responses according to broad thematic categories, which were reviewed and approved by the AIDS 2012 Evaluation Coordinator.

Promotion

Evaluation promotion was conducted to inform delegates of the purpose of the evaluation and to encourage them to complete the various surveys/interviews and/or to take part in the focus group discussions to which they had been invited. This included **advertisements in the General Information Guide** (a document with information on Washington, D.C., and general conference logistics, available on the conference website a few months before the conference), and through **Facebook, Twitter and the conference blog**, as well as in the printed *Daily Bulletin* (second and sixth editions), which was distributed to all delegates throughout the conference. In addition, an **announcement was made at the closing session and a dedicated slide** was displayed during workshops.



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

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

¹⁰ Parlett M & Hamilton D (1976). Evaluation as Illumination: a new approach to the study of innovative programs. In: Glass G (Ed.), Evaluation Studies: Review Annual. Sage: Beverley Hills, CA.

Follow up of recommendations

All recommendations listed in the AIDS 2010 evaluation report and in the post-conference reports completed by the Conference Secretariat were collated, structured by main theme, and shared in due time with the conference planning committees and the secretariat. The latter was responsible for reporting on their implementation status and for providing any justification for not having fully or partially implemented any of these recommendations. This process allowed for reinforcing the accountability of the Conference Secretariat, contributing to the learning process, and providing information about the use and usefulness of the conference evaluation. The same approach will be used for AIDS 2012.

Limitations

Given the evaluation timeframe and resources, it has not been possible to assess the real impacts of the conference at individual, country, regional and global levels. However, the follow-up survey that will be conducted in 2013 with delegates who attended AIDS 2012 is expected to yield information about the long-term impacts of the conference.

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

Finally, the trend analysis from previous International AIDS Conferences to AIDS 2012 may be limited by the difference in type of data collected. Some data may also not be available or comparable because they correspond to different realities (e.g., overlap between tracks, registration figures).



Carnegie library main entrance opposite the AIDS 2012 conference venue entrance in Mt Vernon Pl Northwest Street

PROFILE OF DELEGATES AND SURVEY RESPONDENTS

AIDS 2012 attracted over 23,000 participants, of which about 18,000 were classified as delegates¹¹, which represents a substantial increase compared with **AIDS 2010**. Other participants included exhibitors, accompanying persons and children, faculty (one-day pass), organizers, volunteers, regular staff and suppliers.

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

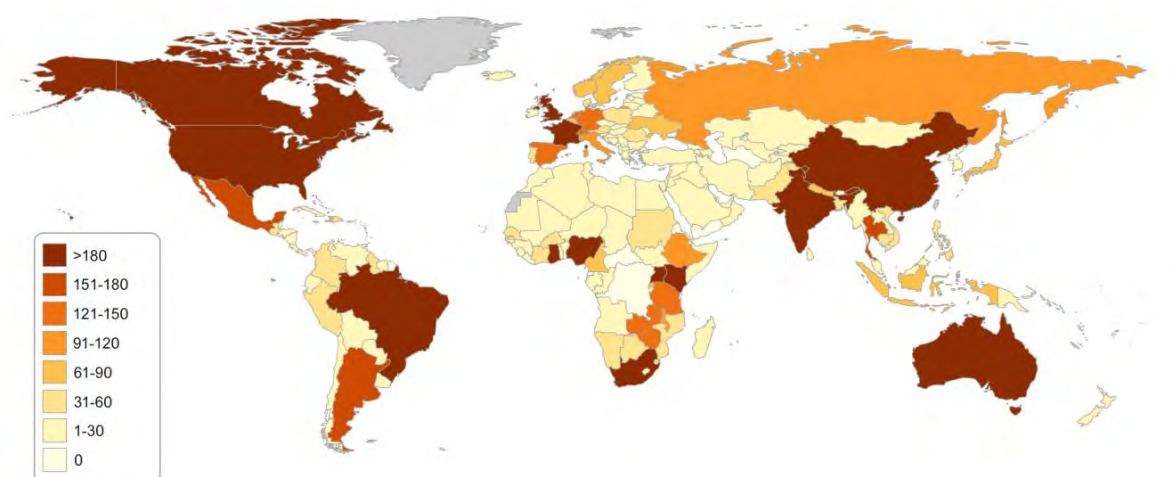
Gender

Unlike AIDS 2010 and AIDS 2008, where the proportion of female and male delegates was almost equal, **more females attended AIDS 2012** (of the 12,426 delegates who specified their gender, 52% were female, 48% were male, and 0.3% identified themselves as transgender). A similar trend was observed in the survey sample (56% females, 43% males, 1% transgenders and 1% who did not disclose, out of the 3,934 respondents who specified their gender).

Country/region

Delegates represented a total of 176 countries¹² (vs. 190 in 2010). The 10 countries most represented were: the United States of America (n=5,605), South Africa (n=477), Nigeria (n=467), Canada (n=387), the United Kingdom (n=329), Kenya (n=256), Uganda (n=255), Ghana (n=206), India (n=194) and China (n=180).

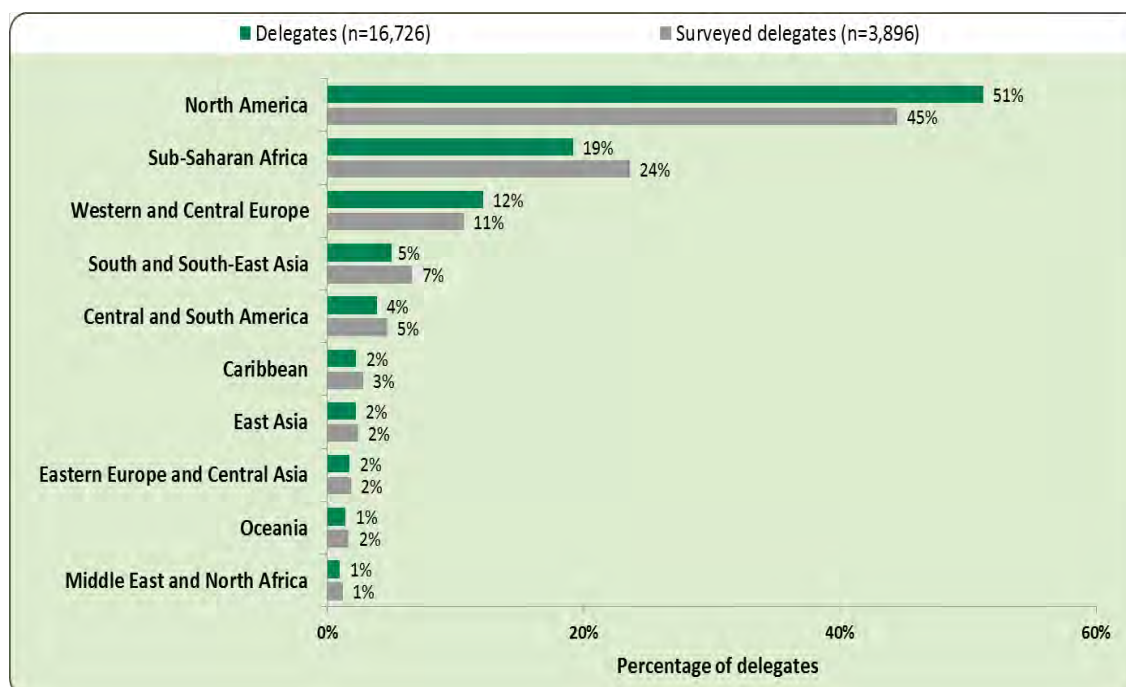
Figure 1. Breakdown of delegates by country (n=16,726)



Not surprisingly, **the largest number of delegates lived in the conference host region, i.e., North America**. As shown in Figure 2, the second most represented region was sub-Saharan Africa. Comparisons between delegates and survey respondents require caution since the survey respondents' region is based on the country of work as opposed to the country of residence, and some respondents reported working in more than one region or globally.

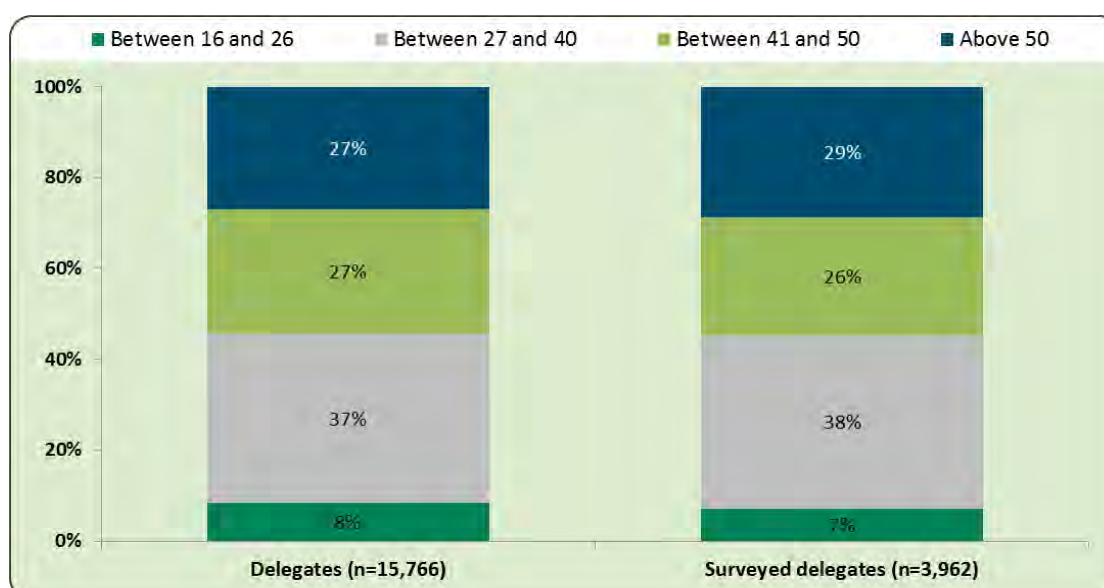
¹¹ This classification includes regular delegates, student/youth/post-docs, speakers, media representatives and scholarship recipients. It excludes staff, organizers, volunteers, hostesses, exhibitors, accompanying persons and faculty (one-day attendees).

¹² Country refers to the country home address of the delegate.

Figure 2. Breakdown of delegates and survey respondents by region¹³

Age

As in 2010, the majority of delegates and survey respondents were between 27 and 50 years of age. Almost one-third were older than 50 years and less than 10% were younger than 26 years (see Figure 3).

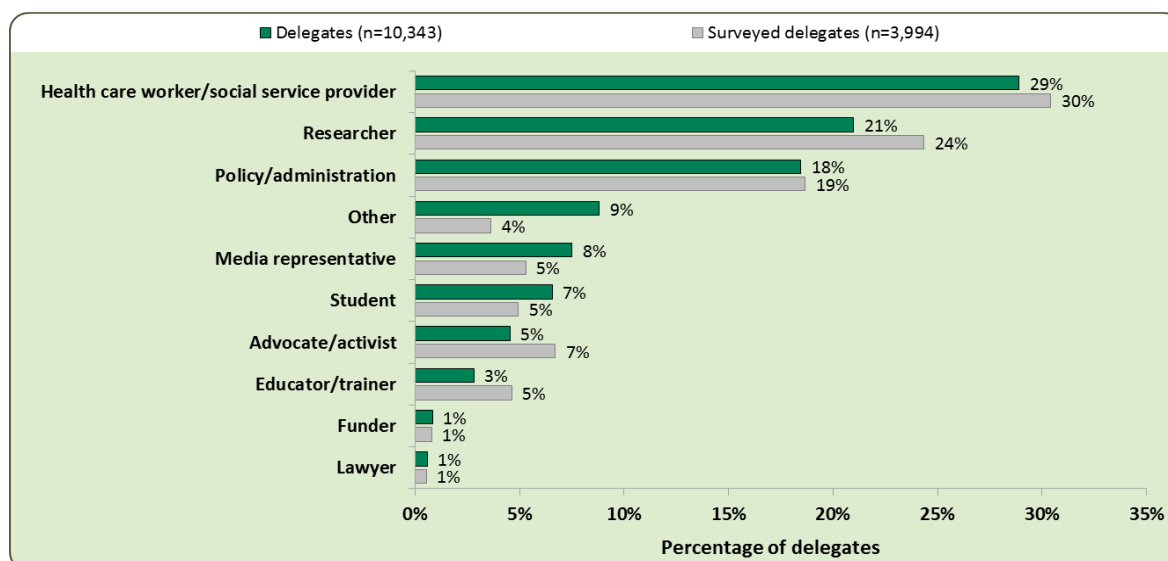
Figure 3. Age of delegates and survey respondents

¹³ The regions are based on the Joint United Nations Programme on HIV/AIDS classification available in [Appendix 7](#).

Main occupation and affiliation

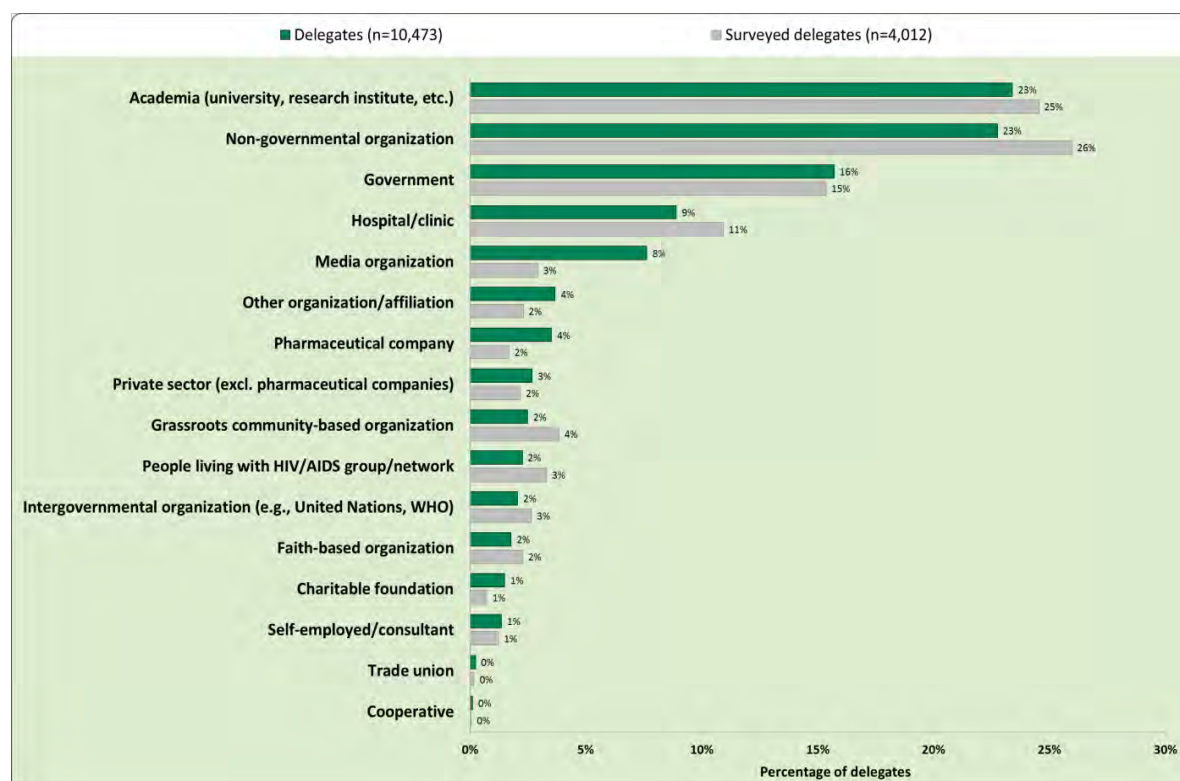
As in 2010, **health care workers/social service providers and researchers** were the most represented **professions** among delegates (see Figure 4).

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



As in 2010, the majority of delegates reported being affiliated with and/or working in NGOs and the academic sector (see Figure 5).

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



Professional experience in HIV

Of the 3,887 survey respondents who specified the number of years they had been working in the HIV field (full or part time), 8% had less than two years of experience, 21% between two and five years, 26% between six and 10 years, 17% between 11 and 15 years, and 28% of respondents more than 15 years' experience. This information was not available for delegates.

Previous International AIDS Conferences attended

As in 2010 and 2008, **the majority of survey respondents were attending the International AIDS Conference for the first time** (61% vs. 39% who already attended at least one previous conference). Looking at the number of International AIDS Conferences attended before AIDS 2012, 60% of non-first time delegates had attended AIDS 2010, 47% AIDS 2008, 48% AIDS 2006 and 31% AIDS 2004.

This information was not available for delegates.



AIDS 2012 registration desk

KEY FINDINGS

How did delegates hear about the conference?

Surveyed delegates were asked to select, from a 19-item list, the way they had first learnt about AIDS 2012. As in 2010, **the most frequently identified source of information about the conference was delegates' organizations, affiliations or work (27%)**. The second largest proportion of respondents reported that they knew about the conference through their **attendance at a previous International AIDS Conference (17%)**. **Other sources** of information selected by more than 10% of respondents included **recommendations by a colleague or friend (14%)** and **the conference website (11%)**.

How were delegates supported in their preparation and participation?

All participants

Conference website

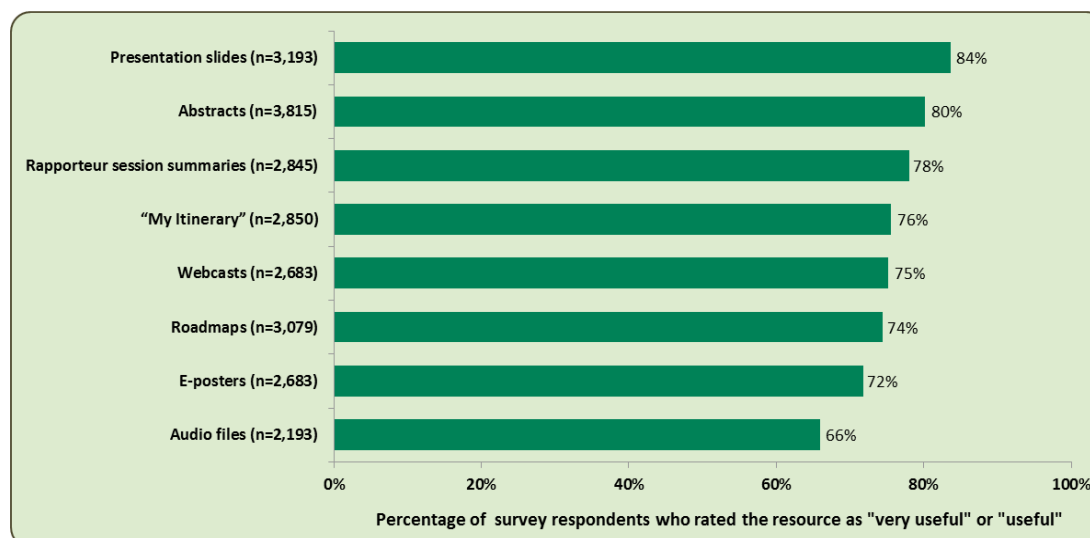
Reflecting a commitment to make information presented at AIDS 2012 accessible to as many people as possible, organizers made a significant portion of the programme available online through the conference website. **Abstracts, e-posters, PowerPoint presentations, rapporteurs' reports and webcasts were available through the Programme-at-a-Glance (PAG) website, and also through the AIDS 2012 mobile application. A new feature was also introduced to support content downloads from Android-based platforms, iPads and iPhones¹⁴**. In addition, the AIDS 2012 website conformed to the Level A standard for accessibility, having eliminated the major accessibility barriers.

The conference website has seen an increase of 42% in the number of visits in July 2012 compared with the same period for AIDS 2010. During July 2012, the conference website was visited 243,255 times (vs. 171,551 in 2010 and 130,393 in 2008) from 210 different countries and territories. Not surprisingly, the majority of visits took place during the conference (89,867 visits from 22 to 27 July 2012).



Surveyed delegates were asked to rate eight resources available on the PAG. As in 2010, **the three resources most frequently used were abstracts (89% vs. 2% who were not aware of it and 9% who did not use it), presentation slides (75% vs. 12% who were not aware and 13% who did not use it) and roadmaps (73% vs. 9% who were not aware and 18% who did not use it)**. As shown in Figure 6, more than two-thirds of surveyed delegates who had used all these resources rated them as "very useful" or "useful". It is encouraging to note that the number of delegates who considered the tool "My itinerary" to be "very useful" or "useful" increased from 66% in 2010 to 76% in 2012.

¹⁴ During the conference, 8,158 downloads were done through iPhones, 4,993 through iPads, and 1,324 through Android-based platforms, out of 14,475 total downloads.

Figure 6. Usefulness of online resources available through the PAG

Surveyed delegates were also asked to rate the usefulness of the **PAG application for mobile phones**. **Just over 40% of surveyed delegates reported using this new feature** (vs. 36% who did not use it, 14% who were not aware of it and 8% who did not know), **76% of whom rated it as "useful" or "very useful"**.

Comments and suggestions

A total of 732 delegates provided feedback on what they believed was missing on the conference website. Delegates' comments were classified into the following themes (the number of responses is provided in brackets¹⁵), of which 117 comments were not relevant to the website, focusing more on conference content and logistics:

Format/content (n=381)

Delegates commented on the need to have the daily programme available earlier and to highlight high-profile speakers (e.g., Elton John, Hilary Clinton). Some delegates complained about the lack of sessions available in French and Spanish. Others noted that the application for mobile phones was not promoted sufficiently and was not always up to date. Suggestions were also made to provide more information on: 1) the conference venue, as well as transport, accommodation and eating options; 2) continuing medical education (CME) credits (eligibility/applicability); 3) up-to-date news and features; and 4) relevant conference and events. Other comments concerned the late publication of press releases and the lack of webcasts and streaming of the Q&A component of sessions. A few delegates thought the website was not interactive enough when searching for information.

Navigation (n=215)

Most comments focused on the challenge faced by delegates in navigating the website to find information, especially on the PAG (difficulty to find and view abstracts).

Website speed and compatibility (n=26)

Main issues mentioned by delegates included the difficulty of using the Silverlight software on some devices (e.g., Apple devices), the incompatibility of the website with the Chrome Internet browser, and the absence of a low-bandwidth version of the website.

Search facilities (n=27)

The search facilities on the website were seen as inadequate for searching for specific abstracts and by author/speaker.

¹⁵ Many delegates made comments that were classified into more than one theme.

Social networking tools

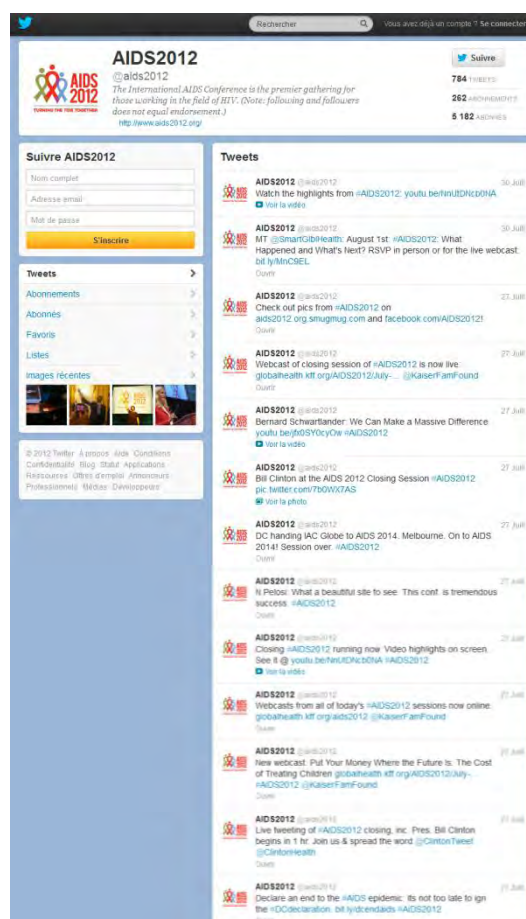
Delegates and non-attendees were able to use Facebook, Twitter and the conference blog to communicate and advocate on issues debated during the conference, and to share concerns and hopes with their personal and professional networks.

A total of 39 posts were published on the conference blog, 12 of which were published during the conference itself. In addition, 26 conference-related videos were uploaded on YouTube during the conference. These videos attracted more than 25,000 viewers.

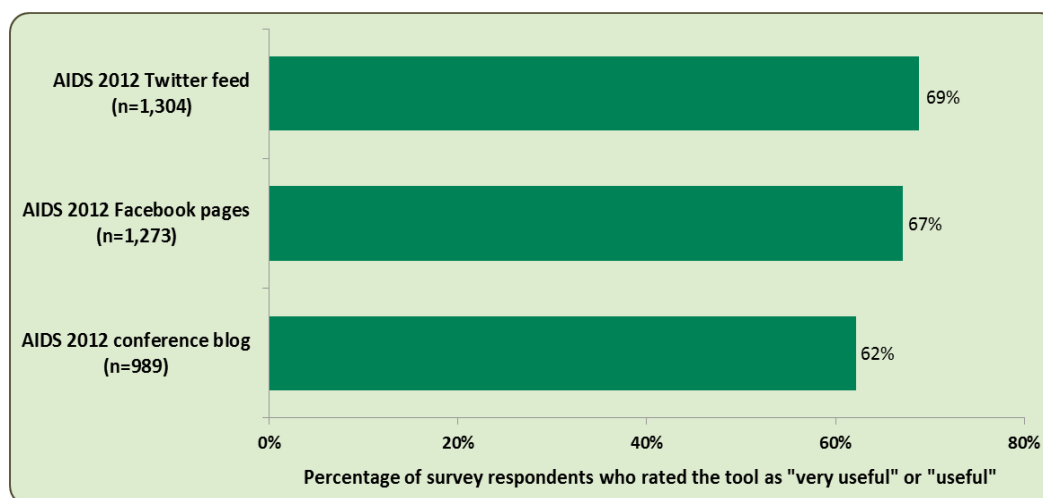


The AIDS 2012 Facebook page registered a total of **7,060 fans** by the end of the conference (vs. 12,439 in 2010).

A total of **85,608 #AIDS2012 tweets** were made during the conference (vs. 8,183 in 2010).



Results of the delegate survey showed that **between 25% and 33% of delegates had used the Twitter feed, the conference blog and the Facebook page**. Of these tools, the **Twitter feed was considered to be the most useful** (see Figure 7).

Figure 7. Usefulness of social networking tools¹⁶

Although one could have expected a higher rate of use given efforts made by conference organizers and partners to promote them and the potential of these tools to expand the reach of the conference, **it is encouraging to note that more than 60% of users found these tools “useful” or “very useful”.**

Printed materials and abstract CD-ROM

As in 2010, **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 (97% and 93%, respectively), **with the majority rating them as “useful” or “very useful”** (90% and 74%, respectively).

The abstract CD-ROM was used by 64% of surveyed delegates (vs. 29% who collected it but did not use it, 3% who did not collect it, and 4% who were not aware of it); **85% rated it as “very useful” or “useful”.**



¹⁶ This figure excludes feedback from media delegates, as this is covered in the section, “*Media representatives*”.

Conference registration and accommodation booking

Surveyed delegates were asked to assess the ease of using the conference registration and the accommodation booking systems. **The majority of respondents who had used the conference registration service rated it as “very easy” or “easy” (82%) while about two-thirds of those who had used the accommodation booking system rated it as “very easy” or “easy”.**

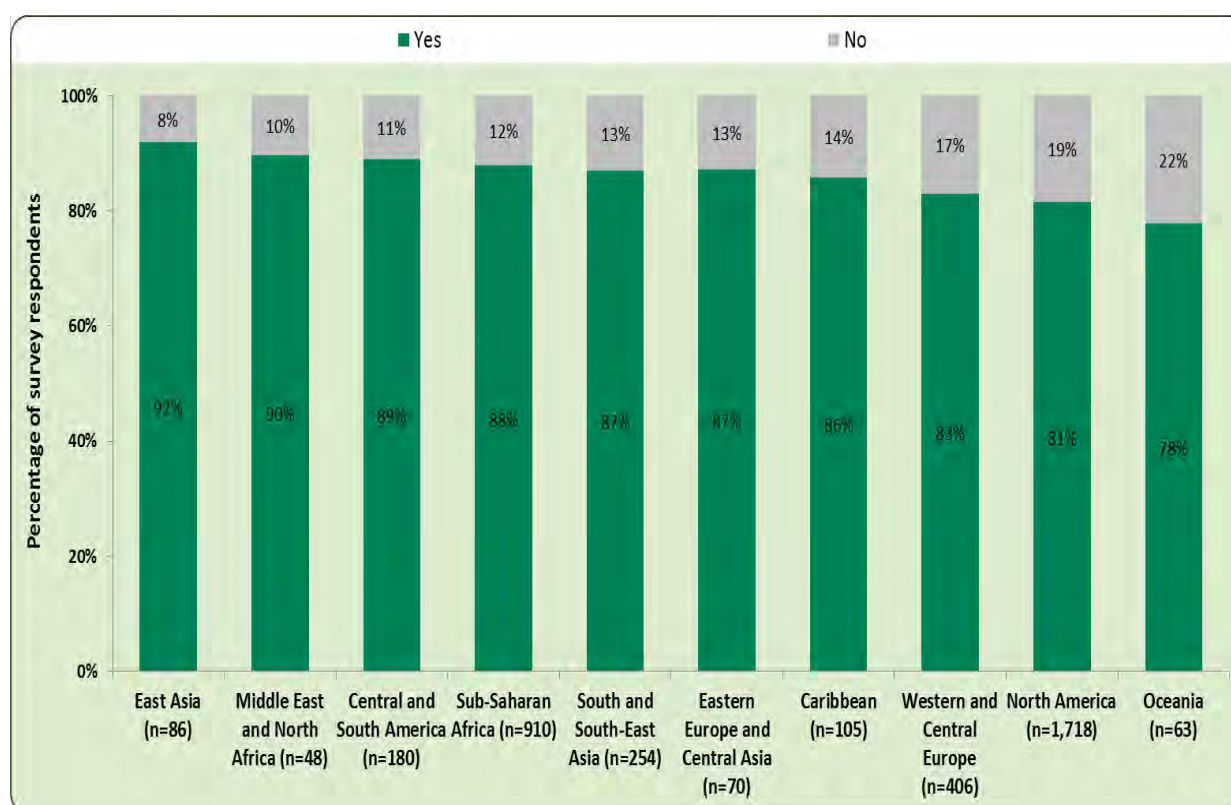
Overall organization

Surveyed delegates were asked to think about the way the conference was organized and indicate if it had met their needs with respect to their work focus, expertise level and role at the conference. **The majority of them replied Yes (84% vs. 16% who said No).**

Statistical analysis showed that there was a significant relationship between the profession of delegates and their responses, with **researchers being more likely to reply No (21%) than health care workers/social service providers and those working in the policy/administration sector (14% for both).**

A significant influence of delegates’ main region of work was also found, with delegates from Oceania being the least satisfied and those from East Asia the most satisfied (see Figure 8).

Figure 8. Were delegates’ needs met with respect to their work focus and expertise level?



Although delegates’ feedback was positive overall, suggestions for improvement were made on some organizational aspects (see the section, *“What did not work so well and could be improved at the next International AIDS Conference?”*).

Abstract Mentor Programme

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 authors by answering questions on practical issues related to the content and language of their draft abstracts. This programme is offered by the Conference Secretariat, independently of the abstract review and selection process, and is designed to provide an opportunity for young and/or less experienced abstract submitters to ask for feedback from experienced abstract submitters. The programme is especially targeted at researchers from resource-limited settings who lack access to opportunities for rigorous mentoring in research and writing, for whom online distance education is proven to cost effectively build research capacity.

In 2012, 115 mentors reviewed 582 abstracts (vs. about 500 abstracts reviewed by 65 mentors in 2010), 67% (n=389) of which were submitted to the conference programme. **A total of 91 abstracts were accepted** (23% of submitted abstracts vs. 30% of regular submissions accepted for the overall conference), **including three for oral abstract sessions.**

Feedback from abstract mentees

As in 2010, 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, with one reminder sent 10 days after the original survey invitation email was sent out. Of 408 emails delivered, a total of 275 responses were submitted (response rate of 67% vs. 70% for AIDS 2010).

Voices of abstract authors

- ✍ "The program was really great. It was so helpful as a junior researcher to be able to have a 'practice run' ... before submitting for the conference proper ... The feedback was useful, constructive and not overly critical – just commenting on those areas which needed to be fixed rather than going into too much detail."*
- ✍ "I am grateful for the support I received from the mentorship team. I gained more knowledge and skills in abstract writing. Using the skills gained through this mentorship process, I was identified as one of the key abstract mentors in my organization."*
- ✍ "The mentor programme shed a lot of light onto how to improve what I submitted. Being a program officer in a government institution, these kinds of initiatives in resource-poor countries are never there to empower people with abstract writing skills or even general writing skills."*
- ✍ "Introducing the second round is a good idea ... Though, I have to say that from my experience as a mentored author, the comments and feedback from the first round were helpful enough to correct and submit the abstract."*
- ✍ "I appreciate the comments given in the first round as well as in the second round, and was able to rewrite using them. Many academic institutions, NGOs, and libraries should establish mentoring programs like this to assist in their professional growth and career advancement."*
- ✍ "Despite there being huge demand for the Abstract Mentor Programme, the suggestions and feedback should be returned within one week of the submission to the mentor."*

As in 2010, the majority of surveyed abstract submitters found that it was "very easy" or "easy" to submit their abstracts to the AMP (47% and 39%, respectively). The majority also reported that the feedback provided by their mentors was "very useful" or "useful" (65% and 24%, respectively).

Based on recommendations from previous evaluations, **abstract submitters had the opportunity to re-submit their abstracts to their mentors after receiving feedback.** Accordingly, the abstract submitters were asked if they had taken advantage of submitting their work for a second round in 2012. Almost half of them replied Yes (47% vs. 53% No), representing an increase of 74% compared with AIDS 2010 when this measure was first implemented. **Of those who reported having taken advantage of this opportunity, the majority rated it as “very useful” or “useful” (44% and 40%, respectively).** The two most frequent reasons for not re-submitting abstracts to mentors were the lack of time to do so before the programme closed and the fact that a second round of mentoring was not needed.

In addition, **abstract submitters had, for the first time, the opportunity to participate in a discussion forum.** Only 40% of surveyed abstract submitters indicated that they visited a forum, the majority of whom found it “very useful” or “useful” (31% and 51%, respectively).

As an indicator of the professional value of such a programme, **the overwhelming majority of respondents reported that they would use the AMP again (96%) and would recommend the programme to a friend or colleague (95%).**

A total of 162 mentees submitted constructive comments or suggestions for improving the AMP that were shared with the Conference Secretariat. The most frequent recommendation was timely feedback (participants reported that their mentors took too long to return their corrected abstracts to them, resulting in not having enough time to re-submit them for the second round of mentoring).

Feedback from abstract mentors

All active mentors were invited to share their opinions about the programme. A total of 93 mentors out of 115 completed the online survey (80% response rate). Overall, **82% of mentors were satisfied with the number of abstracts they reviewed, and 12% indicated a willingness to mentor even more abstracts than they had.** As an indicator of their commitment, over half of the mentors (68%) reported having reviewed at least four abstracts, including revised abstracts (i.e., abstracts submitted a second time after having been revised based on a mentor’s feedback).

Voices of abstract mentors

- ✍ “The Abstract Mentor Programme is a great way to assist upcoming young scientists in scientific writing.”*
- ✍ “I would like to congratulate the programme for its clarity. Keep up the good work!”*
- ✍ “I am happy to have participated! I think a more reasonable workload would have been 2, maybe 3, abstracts. I hope next time there are more willing mentors so that can happen.”*
- ✍ “Outcomes for abstracts submitted to the mentoring program would be very helpful – were the abstracts submitted? If not, why? Were abstracts accepted or rejected?”*
- ✍ “... the deadlines varied per abstract and oftentimes they were received with [little] turnaround time. In total I received many last minute requests. I wish I could have helped more and I tried! ... I look forward to being a mentor again in the future.”*

With regard to the online abstract feedback system, the majority of surveyed mentors indicated that it was “very easy” or “easy” to use (52% and 38%, respectively). **As in 2010, the vast majority also thought that the guidelines, outlined in the online Abstract Feedback system, were a good way to provide authors with structured comments and clear feedback (99%).**

Looking ahead to future conferences, most surveyed mentors reported that they would mentor again (98%). The two mentors who indicated that they would not mentor again gave low quality of abstracts and lack of time as their main reasons for refusal. Of those who were willing to mentor again, 96% indicated they would like to mentor for the next International AIDS Conference (AIDS 2014), 89% for the next IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013), and 60% for regional conferences on HIV/AIDS. This is evidence on how enriching the mentoring experience is.

Additionally, **83% of respondents indicated that they would be interested in mentoring one or two full-length research manuscripts per year**, if such a programme existed.

Positive Lounge

The Positive Lounge is **a place of rest and support solely for HIV-positive conference delegates**. It also provides opportunities to network, relax and refresh/re-energize in the company of other people living with HIV (PLHIV) from across the globe in a nurturing environment. Based on practices at and evaluation findings from previous International AIDS Conferences and taking into account the need to reduce the conference budget, the AIDS 2012 Positive Lounge provided seated massages and meditation classes in addition to offering snacks, beverages and a space for informal meetings and for taking medication. It was open from Sunday, 22 July, to Friday, 27 July.

Voices of HIV-positive delegates

- ✍ "I found it to be very relaxing and valuable to my conference experience."*
- ✍ "On-site medical care (or at least triage care) in the Positive Lounge would have been very helpful and it should be made available at future conferences."*
- ✍ "The Positive Lounge presents problems in that, when the facility is most comfortable and generous, it is abused and used by non-positive opportunists."*
- ✍ "The Positive Lounge for me was very welcoming ... it was a great experience to be around others like me, it made me realize that I'm not in this world alone."*
- ✍ "... the volunteers who staffed the lounge were amazing. The space offered was a welcome break/relief from the hustle and bustle and a great place to meet other people ... there was an instant 'home and safe' feeling."*
- ✍ "Some days there was no water or fluids available, and no snacks to take medications with. Most times ... there was no co-ordinator or anyone that could answer questions. No first aiders or nurses available if someone was feeling unwell."*

Of the 20% of surveyed delegates who reported having visited the Positive Lounge, the majority found it "very helpful" or "helpful" in supporting their participation in the conference (78% vs. 77% in 2010).



Click on the image above to watch a video



AIDS 2012 Positive Lounge

Comments and suggestions

A total of 413 respondents provided comments and/or suggestions for improvement of the Positive Lounge, and 112 of them made positive remarks. Delegates' comments were classified into the following themes (the number of respondents is provided in brackets¹⁷).

Catering, services and equipment (n=144)

Delegates would have liked more food and beverages available in the lounge. The availability of massages was very much appreciated; however, they were often fully booked. Several delegates commented that they would have liked more computer workstations in the lounge.

Location, access and activities (n=127)

Some delegates appreciated the activities organized within the lounge, whereas others would have appreciated less activities. Delegates commented that the location was a little hidden, but most indicated that it offered them privacy. Several delegates mentioned that the lounge was being used by delegates who were not HIV positive. A comment on the opening hours was that it closed too early.

Space, layout and decoration (n=45)

Delegates were generally appreciative of the decor and layout of the lounge. Not all delegates were aware of the "quiet" area for resting and thought it should be better publicised. Other comments included the following: the lounge could be larger with more space to work; the temperature was too cold; and the lighting was not soft enough in the rest area.

Staffing (n=43)

Delegates were thankful and appreciative of the volunteers and staff of the lounge. One critical remark was the lack of medical qualified staff available at the lounge.



AIDS 2012 Positive Lounge Creative Corner – Tree of life filled with delegates' thoughts and feelings

¹⁷ Many delegates made comments that were classified into more than one theme.

Scholarship recipients

Voices of scholarship recipients

- ✍ *"I really enjoyed my time there as it was a learning experience and an eye opener for me."*
- ✍ *"I am grateful for the scholarship, without which I would not have been able to attend the AIDS conference. I definitely support the continuation of the scholarship program as it enables young investigators to engage with other stakeholders and also showcase some of their work and get new ideas regarding where they should go with that research."*
- ✍ *"I would like to thank the conference [organizers] for providing me with the invaluable opportunity to attend AIDS 2012. I have found myself completely energized and inspired returning to my work in Zimbabwe. I will share the information and experiences from AIDS 2012 with colleagues in a formal manner."*
- ✍ *"The scholarship program runs so well. The organization itself is flexible and easy to apply online. Congratulations!"*
- ✍ *"It was my first international [AIDS] conference; it was amazing, I am really grateful to be part of that global meeting. I learned so much, [shared] so much, [and] appreciate so much what I have ..."*



AIDS 2012 Scholarship recipients

Overview of the scholarship programme

The aim of the AIDS 2012 International and Media Scholarship Programme **was to bring to the conference individuals who are most able to transfer the skills and knowledge acquired there** to the work they undertake in their own organizations and communities. Delegates and media representatives were able to request full or partial scholarships.

A full scholarship includes:

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

A partial scholarship includes any combination of these aspects.

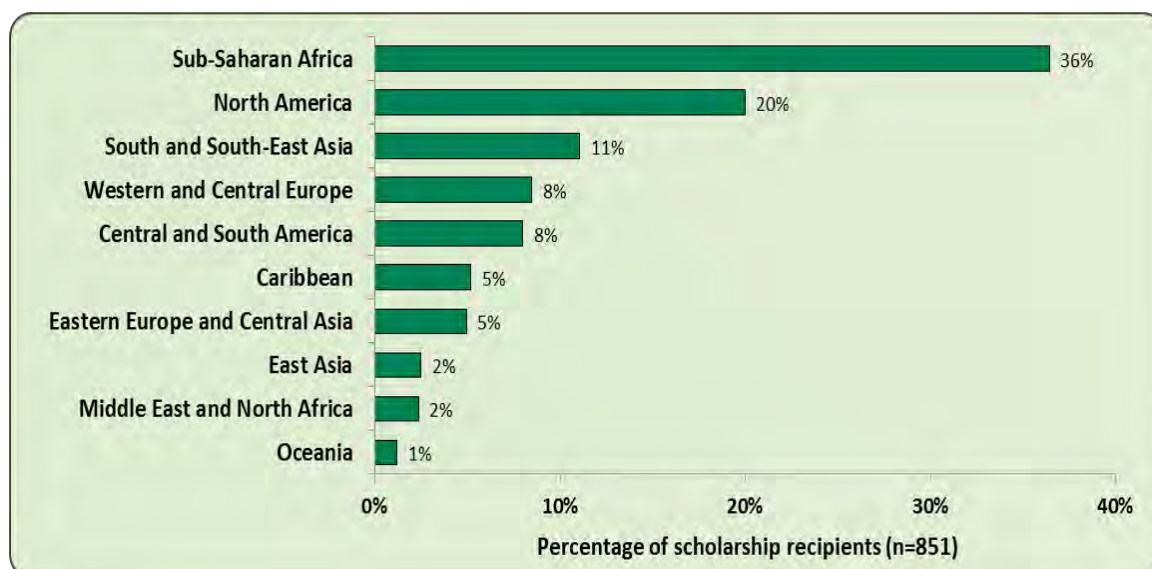
The CCC established selection criteria, taking into account residence region, HIV status, age (young people received priority), key affected populations, gender, occupation, type of organization, attendance at previous conferences, and type of involvement in the conference (e.g., abstract presenter,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

A total of 10,296 scholarship applications were received from 181 countries, mainly from Africa, Asia and the Pacific Islands, and 851 scholarships were awarded to applicants from 133 countries (see Figure 9).

Figure 9. Profile of scholarship recipients (2006-2012)

Attribute	AIDS 2006 (n=872)	AIDS 2008 (n=810)	AIDS 2010 (n=875)	AIDS 2012 (n=851)
Type of scholarship				
Non contributing/general	53%	45%	47%	45%
Abstracts	40%	34%	31%	36%
Programme activities	n.a.	13%	15%	14%
Media	7%	4%	5%	4%
Skills building/workshop	12%	4%	2%	1%
Gender				
Male	49%	48%	50%	47%
Female	50%	51%	49%	52%
Transgender	1%	1%	1%	1%
HIV status				
HIV+	42%	31%	29%	38%
Age				
Between 16 & 26	11%	21%	19%	25%
Between 27 & 40	64%	54%	55%	49%
Between 41 & 50	18%	18%	18%	19%
Above 50	7%	8%	7%	7%
Affiliation				
Non-governmental organization	39%	45%	49%	45%
People living with HIV/AIDS group/network	29%	22%	17%	20%
Academia (university, research institute, etc.)	8%	16%	15%	16%
Grassroots community-based organization	11%	7%	6%	9%
Government	1%	3%	3%	3%
Media organization	7%	3%	3%	3%
Hospital/clinic	4%	2%	2%	2%
Faith-based organization	1%	1%	1%	1%
Occupation				
Health care worker/social service provider	41%	21%	27%	26%
Advocate/activist	13%	23%	16%	23%
Student	1%	16%	14%	12%
Policy/administration	2%	7%	12%	11%
Researcher	10%	11%	11%	13%
Educator/trainer	31%	11%	8%	7%
Other	2%	5%	6%	4%
Media representative	7%	4%	5%	3%
Lawyer	0%	1%	2%	0%
Funder	0%	n.a.	0%	0%

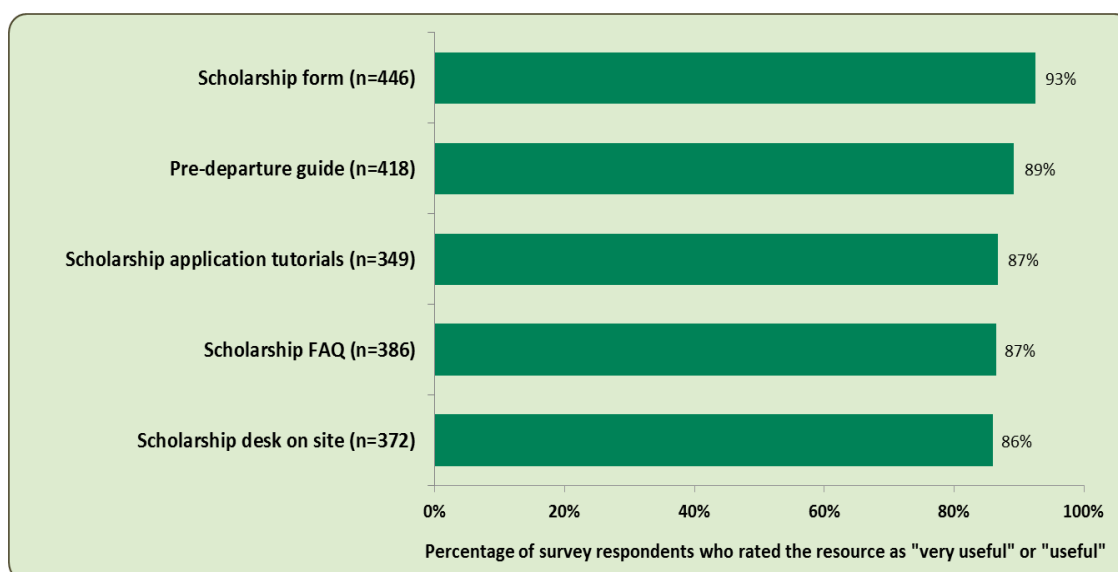
The majority of scholarship recipients were living in sub-Saharan Africa and in North America (see Figure 10).

Figure 10. Regions benefitting from the scholarship programme

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 **494 survey respondents identified themselves as scholarship recipients** and most answered the questions related to the scholarship programme.

The vast majority of survey respondents rated the organization of the AIDS 2012 scholarship programme as “excellent” or “good” (46% and 37%, respectively, vs. 61% and 32% in 2010). With respect to the resources put at their disposal before and during the conference (online documentation and on-site desk), they were widely used and considered to be “very useful” or “useful” by more than 80% of surveyed scholarship recipients (see Figure 11).

Figure 11. Usefulness of resources for scholarship recipients

Comments and suggestions

A total of 247 scholarship recipients provided comments about the International and Media Scholarship Programme and/or suggestions on how to improve it for the next conference; 58 of them made positive remarks, thanking the Conference Secretariat and organizers, and in particular the scholarship team. Delegates' comments were classified into the following themes (the number of responses is provided in brackets¹⁸):

Scholarship type and selection criteria (n=54)

A number of recipients commented that they were awarded full scholarships that were consequently modified to partial scholarships, which led to some disappointment and frustration. Several recipients commented that they had paid the conference registration fee prior to being awarded a scholarship (to take advantage of the early-bird offer) and could not consequently receive a refund. In terms of selection criteria, recipients mentioned that people from developing countries and those working with grassroots organizations should be given priority.

Logistics and communication during the conference (n=52)

Comments focused on the absence of transport provided from the airport to the conference venue and to the accommodation establishments. Checking in at the conference and obtaining information on their accommodation and entitlements proved challenging for some recipients. Positive comments were made on the helpfulness of the scholarship team during the conference.

Accommodation (n=45)

Most recurrent comments were on the quality of accommodation for recipients, the long distance from the conference venue and the fact that no or insufficient breakfast was provided.

Logistics and communication before the conference (n=36)

Recipients commented that they would like to receive information on scholarships earlier and more rapid replies to their email enquiries. Several recipients mentioned that the pre-departure guide was particularly useful to them. A few delegates mentioned issues with their plane tickets and in obtaining US visas.

Financing (n=15)

The main comment from recipients was the suggestion to cover travel and accommodation costs for all people attending as scholarship recipients.

Other

Other comments were on the needs of media scholarship recipients and on other issues, notably concerning the conference format and logistics.

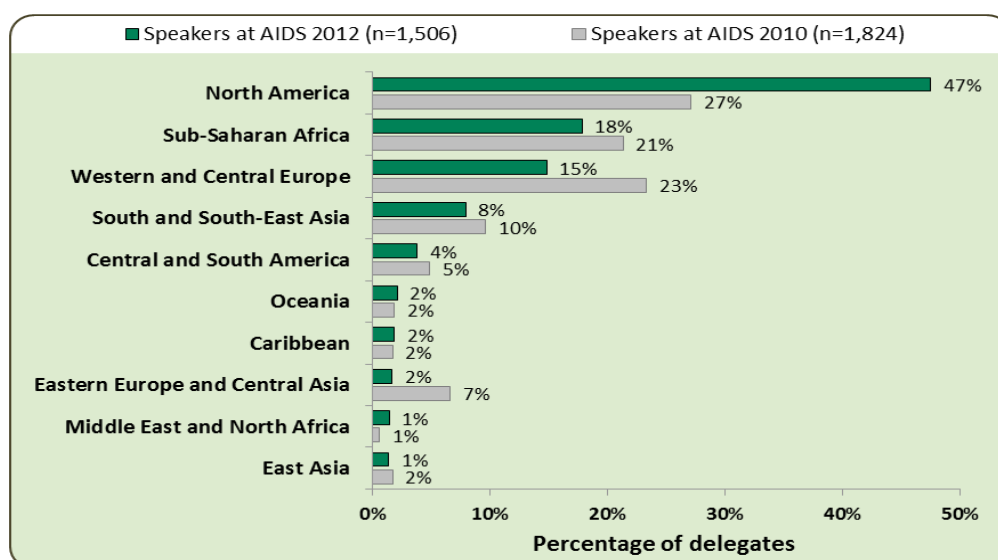
¹⁸ Many delegates made comments that were classified into more than one theme.

Speakers, chairs and abstract presenters

Number and profile of speakers and chairs

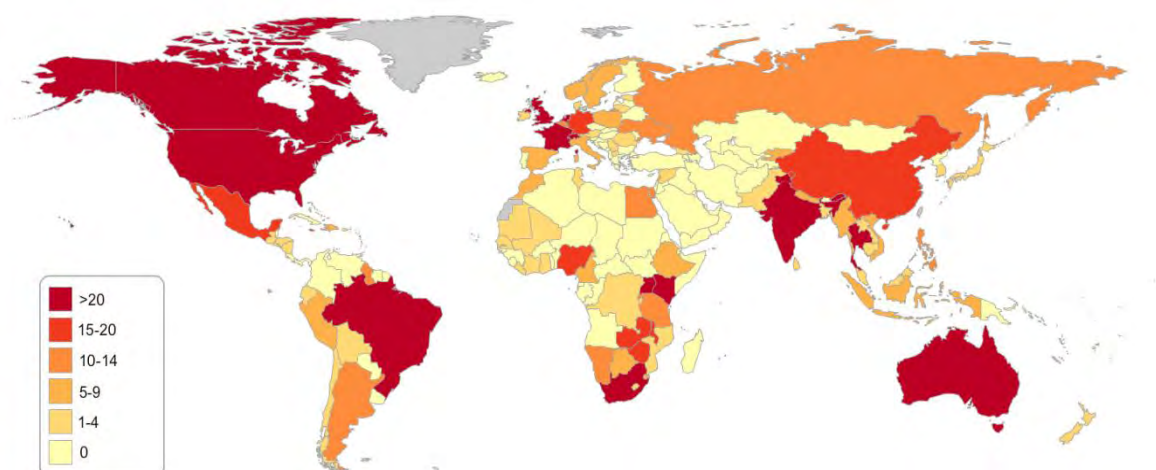
Conference organizers mobilized **1,506 speakers**¹⁹, **462 of whom made more than one speech/intervention** during the conference. As in 2010, **the regions most represented by speakers**, based on their country of work, **were North America, sub-Saharan Africa, and Western and Central Europe** (see Figure 12).

Figure 12. Breakdown of speakers by region²⁰



Speakers represented a total of **96 countries**, based on their country of work. As illustrated in Figure 13, the 10 countries most represented were the United States of America (623 speeches), Canada (82), South Africa (74), the United Kingdom (66), Switzerland (52), India (48), Kenya (34), Australia (27), Thailand (27) and Brazil (26).

Figure 13. Breakdown of speeches by country (n=1,968)



The conference organizers also mobilized **574 chairs**, **81 of whom chaired more than one session**. Chairs represented a total of **73 countries**, based on their country of work. The five countries most represented were the

¹⁹ Speakers include co-speakers and abstract presenters, but not poster exhibitors. This figure excludes the speakers at satellite meetings who were selected by satellite session organizers, i.e., not by the CCC or the SPC.

²⁰ The percentage indicated in 2012 for North America includes Mexico.

United States of America (301 sessions chaired), the United Kingdom (45) Canada (39) Switzerland (39) and South Africa (32).

With respect to gender, **the proportion of female and male speakers and chairs was almost equal.**

Online and on-site resources

Voices of speakers, chairs and abstract presenters

- ✍ "The Speaker Centre was excellent – extremely helpful."*
- ✍ "The support received to prepare for the session was more than adequate, and as with every other aspect of the conference, well organised with very friendly, helpful and efficient staff. The only recommendation I might have is to have more practice rooms available at the Speaker Centre. Also, I do not think that everyone was aware of the practice rooms (even though it was written in a notice at some time) and the staff at the Speaker Centre might want to prompt people on this at check-in, as it was an extremely useful resource."*
- ✍ "Great work from the session point persons, secretariat and Speaker Centre as they exhibited high level of professionalism as they addressed my needs and concerns. Thank you to the team."*

Online resources

In order to help speakers, chairs, abstract and poster 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 1,005 surveyed delegates who identified themselves as a speaker, chair, abstract or poster presenter, about 80% rated the usefulness of these resources. **The majority of them reported that they were "very useful" or "useful" (72%).**

On-site resources

A **session point person** was appointed from the programme committees to coordinate the planning of each session. Support provided by these persons was **used by 75% of survey respondents, 76% of whom reported that it was "very useful" or "useful" (vs. 78% in 2010).**

Support provided by the Conference Secretariat was used by 61% of survey respondents, 74% of whom rated it as "very useful" or "useful" (vs. 75% in 2010).

An on-site Speaker Centre was available during the conference to upload presentations and access other kinds of support. **The majority reported having used the centre (78% vs. 80% in 2010), 87% of whom indicated that it was "very useful" or "useful" (vs. 86% in 2010).**

Comments and suggestions

A total of 158 respondents provided comments and/or suggestions for improvement of these resources, and 23 of them made general positive remarks. Delegates' comments were classified into the following themes (the number of responses is provided in brackets²¹):

Speaker Centre (n=28)

Most comments were very positive. Several delegates commented that they did not know that there was a rehearsal room available.

²¹ Many delegates made comments that were classified into more than one theme.

Guidelines and templates (n=20)

Several delegates mentioned that they would have liked templates and guidelines to be available earlier and that they were not easy to find on the conference website. Delegates also commented on the poster template, the dimensions of which did not match those of the poster boards used.

Session equipment and time management (n=12)

Delegates were, in general, positive concerning the equipment used in the session rooms. Several delegates commented on poor time management by their session chairs.

Other

Some delegates mentioned that too many emails were sent by the Conference Secretariat prior to the conference, and one delegate thought that there should be more communication between speakers and the session chair. The role of the session point person was generally well appreciated, with a few delegates indicating that this role was not known or clear. Delegates also made comments on other aspects of the conference that mostly focused on logistics and programme issues.

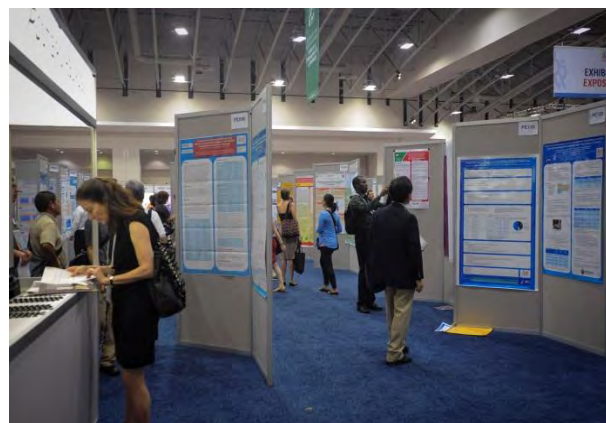
Poster exhibitors*Voices of poster exhibitors*

- ✍ *"The organization of the poster abstracts could be much improved. It would be ideal to have all posters available for the entire conference and grouped well by similar subject area. This might require reduction in number of accepted posters – the focus should be on the best research findings and not just a compilation of self-reports."*
- ✍ *"Having the poster presentation boards organized at an angle (accordion-style) allowed for little room for presenters to stay by their posters without blocking someone else's work. Not ideal."*
- ✍ *"The poster exhibition area was very crowded and overwhelming, but it was a great opportunity for networking with colleagues."*
- ✍ *"Poster viewing was not scheduled as a compulsory activity for delegates. Hence less interest to see, understand and discuss various experiences described in the many interesting posters displayed."*
- ✍ *"Some posters were facing walls, which did not allow visibility. The poster area was relegated to the end of the hall, which also discouraged visitors. I also saw posters in locations where almost no one would walk and stop to see them. If posters are not considered an important component of this AIDS conference, then they should not be included as an option. People invest time and resources that don't seem to be considered worthy by the organizers, as posters are given very little attention and priority."*

Poster display area and helpdesk

Surveyed visitors of the poster exhibition area (n=3,003), as opposed to poster exhibitors, were asked to rate the overall organization of the display area (e.g., layout, labelling). The majority of them rated it as "good" or "excellent" (50% and 21%, respectively, vs. 60% and 22% in 2010). With respect to the poster layout, it was rated as "good" or "excellent" by the majority of surveyed poster viewers (56% and 18%, respectively).

The poster helpdesk, located in the poster exhibition area, was used by 73% of surveyed poster exhibitors, and more than 80% of them reported that it was "very helpful" or "helpful".



AIDS 2012 Poster Exhibition

Comments and suggestions

Delegates made 415 comments, which were classified into the following themes (the number of respondents is provided in brackets²²):

Display area (n=255)

The main comment was that the display area was too crowded and the “accordion” floor plan meant it was difficult for exhibitors to present their posters and for visitors to view them. In addition, there were other areas where posters were displayed and these were difficult to find or to know about.

Poster design (n=87)

Many delegates indicated that the dimensions for posters they were instructed to respect were larger than the poster boards provided, leading to many ill-fitting posters. Some delegates thought that the posters, vertical in design, were difficult to read from top to bottom.

Logistics (n=47)

Comments mainly related to the work of volunteers (some positive and some critical) and to the poster rolls that volunteers took away for storage (some delegates had difficulties in recovering their posters).

Grouping and promotion (n=39)

Comments focused on the desire to have posters containing similar content grouped together in a logical order. Some delegates thought that the poster content was more interesting than oral sessions and should be given more prominence. Others suggested making more announcements and increasing publicity about posters during the conference.

Other

Delegates thought that allocating poster viewing during the lunch break did not allow sufficient time to view the posters. Some delegates were of the opinion that there were too many posters on display. Others commented that the numbering system for posters was confusing and that there were too many posters without exhibitors present.

Media representatives

Media outreach was very large, with more than 550 articles published in the host country²³ and more than 17,000 published worldwide.

Voices of media representatives

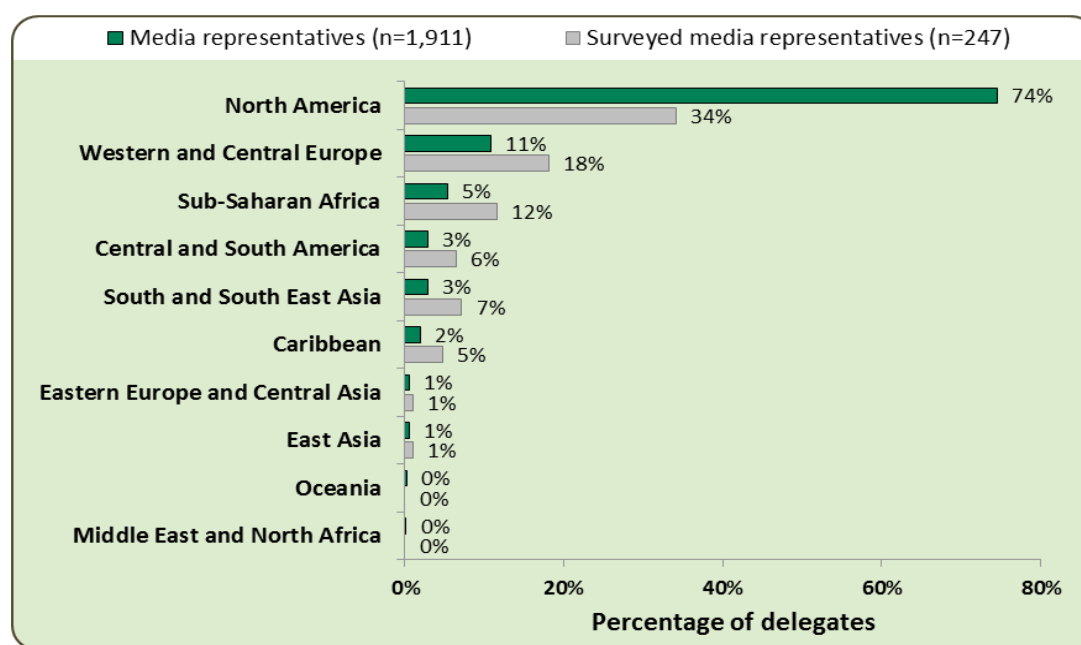
- ✍ “Excellent organization. The only problem was the Wi-Fi, which did not work. And this is crucial for media representatives. Special positive mention for the [web]site where journalists could access all the slide presentation in advance. Very useful for scheduling purposes.”*
- ✍ “The idea of a Media Centre is fabulous and facilities provided for news coverage is enough. The only thing was that high level political figures were not in [the] press conference room for interaction.”*
- ✍ “It would have been more helpful to have the Media Centre located [closer] to the main session rooms. The distance was so great that it was hard to file stories and still attend all the sessions I was interested in. However, I did appreciate the availability of computers in the Media Centre – very helpful!”*
- ✍ “There was much support for media representatives and work was really comfortable.. In general, the work of the Media Centre was excellent and I got new experience for my work there that I have already started introducing.”*

²² Many delegates made comments that were classified into more than one theme.

²³ US top media coverage included the *New York Times*, *Wall Street Journal*, *USA Today*, *Washington Post*, Associated Press, Reuters, Bloomberg, NPR, CNN, ABC World News, CBS and Univision.

A total of 1,953 media delegates represented 79 countries; 1,911 of them specified their country of work. As illustrated in Figure 14, **the three regions with the highest coverage were North America (74%), Western and Central Europe (11%) and sub-Saharan Africa (5%).**

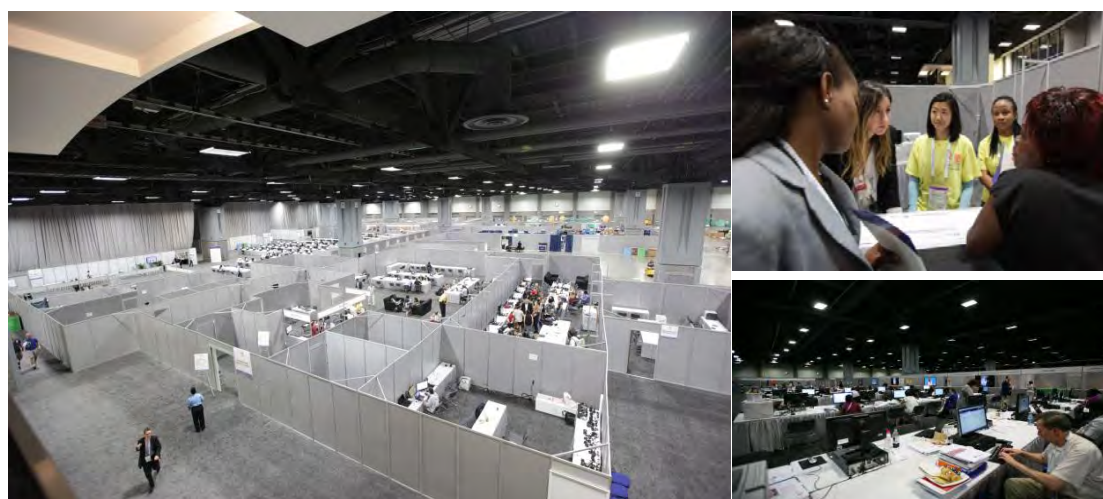
Figure 14. Breakdown of media representatives by region²⁴



Online and on-site resources

Conference participants who completed the online survey and identified themselves as media representatives (n=263) had the opportunity to express their opinions about the Media Centre and the resources put at their disposal before and during the conference to enhance their preparation and their participation.

The vast majority of surveyed media representatives who rated the overall organization of the on-site Media Centre found it “good” or “excellent” (47% and 46%, respectively).

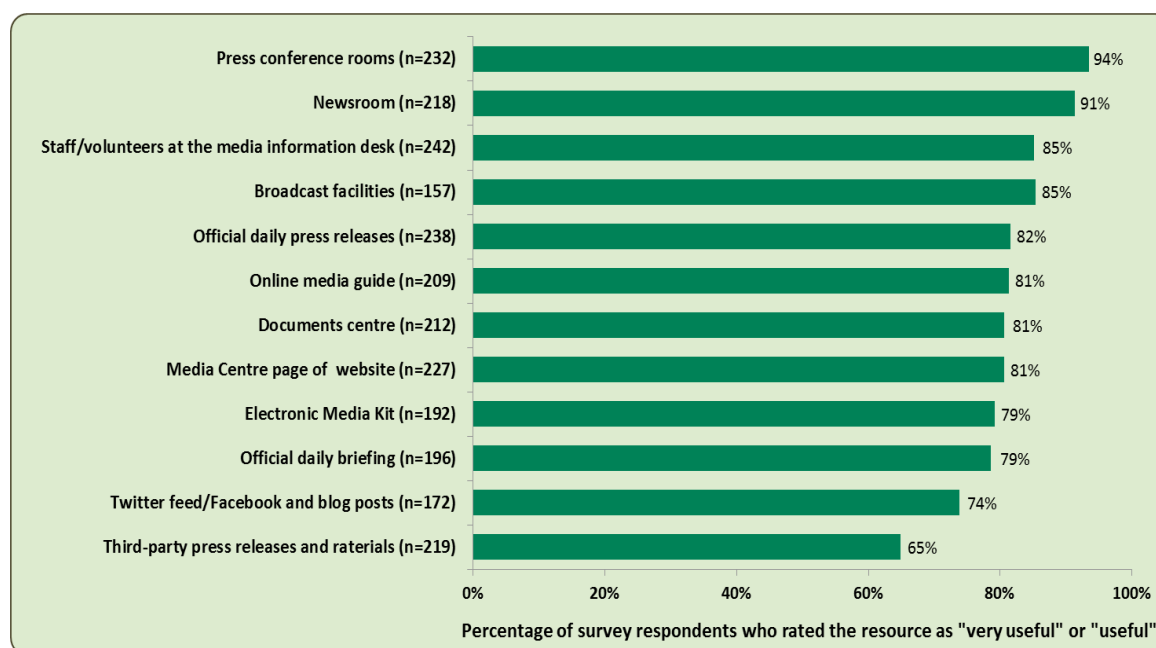


AIDS 2012 Media Centre

²⁴ The total number of media representatives displayed includes the media scholarship recipients, but excludes the representatives who did not disclose their country of work.

Of 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 the staff/volunteers at the media information helpdesk and the official daily press releases (93% and 91%, respectively), while the two least used were the social media tools and the broadcast facilities (67% and 61%, respectively). However, as in 2010, the two resources considered to be the most useful by those who used all these resources were the press conference rooms (94%) and the newsroom (91%, see Figure 15).

Figure 15. Usefulness of resources for media representatives



About 60% of media representatives reported having used social networking tools (Twitter, Facebook and the conference blog), and 70% of them rated them as "useful" or "very useful". These results show that media representatives were more likely to use these tools compared with other delegates (see the section, "*Social networking tools*").

Comments and suggestions

A total of 110 media delegates provided comments and/or suggestions for improvement of these resources, with 16 of them making general positive remarks on the services provided. Delegates' comments were classified into the following themes (the number of respondents is provided in brackets²⁵):

Services and support (n=75)

A recurrent comment made by media delegates was that they would like to have been informed more rapidly about changes to the press schedule and programme in general. They would have also appreciated receiving copies of the plenary speakers' slides and abstracts prior to their programme slots (although some were pleased with the timely access to slides). Others would have appreciated more photographs and video feeds being available. Some media delegates also mentioned the difficulty in obtaining food and that there was no food available in the Media Centre.

Equipment (n=33)

Media delegates complained about the slow Internet connection in the Media Centre. Others said that the centre should use less paper, and there were some requests for more landline telephones and facilities for radio journalists (e.g., ISDN lines with audio codec).

²⁵ Many delegates made comments that were classified into more than one theme.

Location (n=7)

Delegates indicated that the Media Centre was not located centrally and/or close enough to the main session rooms.

Conference hubs

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, which are hosted around the world by local organizations active in the fight against HIV/AIDS. Each hub consists 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.



Photos courtesy of the “Sex Worker Freedom Festival” in Kolkata, India

The festival programme focused on a variety of freedoms, such as: freedom of movement and migration; freedom to access quality health services; and freedom from stigma and discrimination. The hub programme included a number of interactive sessions where hub participants and speakers were able to directly contribute to the discussions taking place in Washington, D.C.

A grant was also awarded to the Eurasian Harm Reduction Network, which hosted a pre-conference forum and a post-conference hub: *“AIDS 2012 Ensuring That Our Voice is Heard Я сделаю все, чтобы нас услышали”*. Held in Kiev, Ukraine, from 9 to 10 July 2012, the pre-conference forum ensured the representation at the International AIDS Conference of people who use drugs and other key populations from Eastern Europe and Central Asia.

The event was designed to impact on the response to HIV epidemics in the region, providing international donors and national governments with critical feedback on recent political and financial decisions that affect people who use drugs and other key populations. The hub organizers put together video messages from forum participants, which were shown during a plenary session, highlighting the benefits and effectiveness of substitution therapy programmes and the importance of including this population in the conversations and solutions put in place. **The post-conference hub, held in Kiev on 28 September 2012, focused on the critical issues arising from the conference, placing relevant issues and cutting-edge science in a local and regional context.**



Photos courtesy of the "Eurasian Harm Reduction Network" in Kiev, Ukraine

In addition to these large population-specific events, more than 150 hubs were organized globally, reaching more than 6,700 people from more than 41 countries. Hubs could be held from the beginning of the conference (22 July) until the end of 2012.

Feedback from hub participants

Voices of hub participants

- ✍ "I am pleased to be part of the AIDS Hub 2012 in updating the latest information and development in the field of HIV/AIDS prevention and care for [the] core and vulnerable population. I am sure this sharing will help the community to prepare better in successfully halting the HIV transmission in Tamil Nadu."
- ✍ "The facilitators were passionate, well-spoken and very organized. The videos selected encouraged and [led] to lengthy and interesting discussions about various issues related to HIV, AIDS and forced sterilization. This experience enriched me as well as opened my eyes to the plethora of issues surrounding this topic and I am very pleased I attended."
- ✍ "The conference hub has been an opportunity for young people to meet and share with other like-minded individuals and organizations ... the information should be widely spread to reach people who might not have access to [the] internet."
- ✍ "There should be a lot more [hubs organized], thank you for putting these together as they help people who have not attended the conference to gain as much as possible from the conference."
- ✍ "I really enjoyed being able to communicate with others on such a powerful subject about our community. The fact that there were people there that represented the issue being discussed made this experience even better for me."

All participants attending a hub were asked to complete a printed or online survey shortly after the event they attended. Preliminary results (dated 24 September 2012) showed that **the majority of survey respondents (n=196) were working in NGOs (27%) and governments (22%).**

When asked how they had first heard about the conference hub initiative, most reported that it was through their organization/affiliation/work (40%), a donor or donor invitation (12%) or an email from the Conference Secretariat (9%).

As an indicator of the professional value of the hubs, **92% of surveyed hub participants would attend an International AIDS Conference hub again.**

Feedback from hub organizers

Hub organizers were asked to complete an online survey on their experiences in organizing a hub. Preliminary results (dated 24 September 2012) showed that the majority of survey respondents (n=27) were working in governments (29%) and NGOs (25%).

Sessions selected for screening were primarily focused on stigma (48% of hubs), prevention and treatment strategies (44%), and antiretroviral treatments (40%). Other common themes included care and treatment (36%), HIV/AIDS best practices (36%) and gender-based violence (30%).

The Conference Secretariat collected additional information from hub organizers regarding the ease of applying for and organizing a hub, the materials and support provided to organizers, the cost of organizing the event and suggestions on ways to improve the hub programme to inform planning of future conferences.

Which session types did participants attend?

Overview of the conference programme

The AIDS 2012 programme was developed by the following committees:

- * The Conference Coordinating Committee (CCC)²⁶
- * The Community Programme Committee
- * The Leadership and Accountability Programme Committee
- * The Scientific Programme Committee
- * Five track committees:
 - Track A: Basic Science
 - Track B: Clinical Science
 - Track C: Epidemiology and Prevention Science
 - Track D: Social Science, Human Rights and Political Science
 - Track E: Implementation Science, Health Systems and Economics

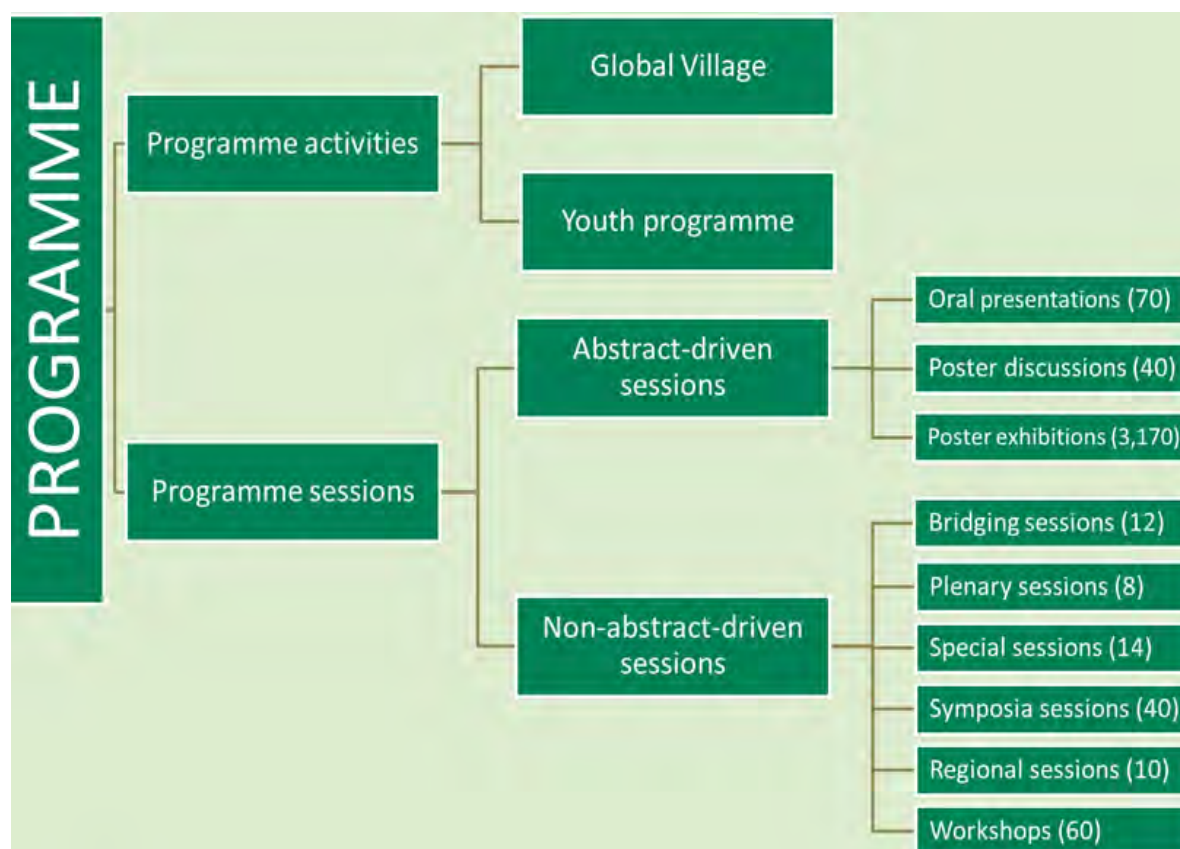


AIDS 2012 media panel satellite session, "HIV/AIDS and the News Agenda – Implications for Ending the Epidemic"

²⁶ The CCC is the conference's highest governing body. It 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.

The AIDS 2012 programme included a range of sessions and activities (see summary in Figure 16).

Figure 16. Overview of the conference programme



The AIDS 2012 programme also featured an exhibition area, hosting 217 booths²⁷ (vs. 151 in 2010) spread out over 3,360m², as well as 185 satellite meetings²⁸, engagement tours and affiliated independent events.

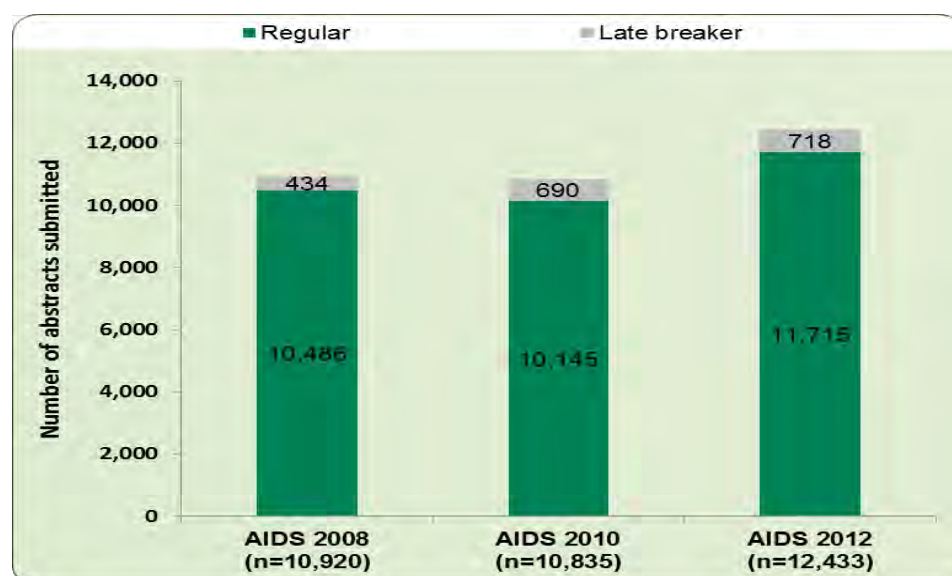
²⁷ This figure comprises 152 non-commercial booths, 53 commercial booths and 12 publisher booths.

²⁸ This figure comprises 180 non-commercial satellites, two commercial satellites and three special satellites.

Abstract statistics and trend analysis²⁹

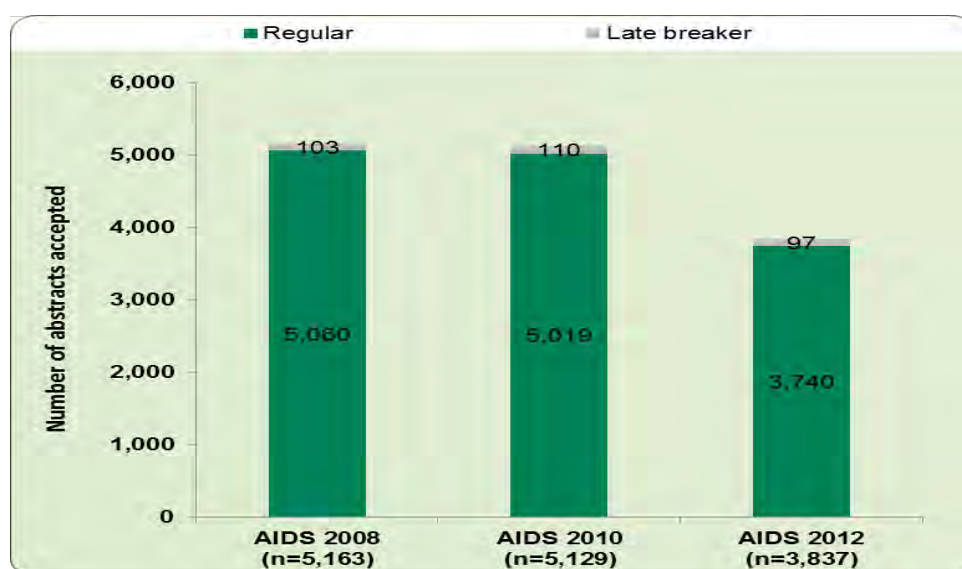
AIDS 2012 received 11,715 regular abstracts submissions, a 15% increase from AIDS 2010, and 718 late-breaker submissions, a 4.5% increase from AIDS 2010 (see Figure 17).

Figure 17. Total number of abstracts submitted: breakdown by submission type (2008-2012)



After an intensive review process, **3,837 abstracts** (31% of submissions), including 97 late breakers, **were accepted** for inclusion in the AIDS 2012 programme (see Figure 18).

Figure 18. Total number of abstracts accepted: breakdown by submission type (2008-2012)³⁰



²⁹ These statistics include late breakers, i.e., abstract authors who submitted their abstracts during a special, later submission process to report on late-breaking research.

³⁰ This graph excludes abstracts that were selected for the abstract CD-ROM category.

Abstracts were initially reviewed and scored by a team of 1,358 peer reviewers from 94 nations using a double-blinded, peer-review process. Each abstract was scored by at least three reviewers. In late March, 40 members of the Scientific Programme Committee (SPC) and the track committees met to review the highest-scoring abstracts, select the abstracts for inclusion in the programme, and create oral abstract sessions and oral poster discussion sessions. Co-chairs of the Community Programme Committee and the Leadership and Accountability Programme Committee also participated in the process, along with observers from several of the conference organizing partners. SPC members selected late-breaker abstracts in June 2012 for oral presentation or poster exhibition.

A comparison of the total number of abstracts submitted and accepted (including both regular submissions and late breakers) from 2008 to 2012 is provided in Figure 19.

Figure 19. Total number of abstracts submitted and accepted (2008-2012)



Breakdown of abstracts by type of presentation and track

As shown in Figure 20a and 20b, the proportion of abstracts submitted in Track D has increased from 32% in 2010 to 42% in 2012. However, this trend must be interpreted with caution because there was no Track F at AIDS 2012.

Figure 20a. Breakdown of abstracts accepted by track – percentage (2010-2012)

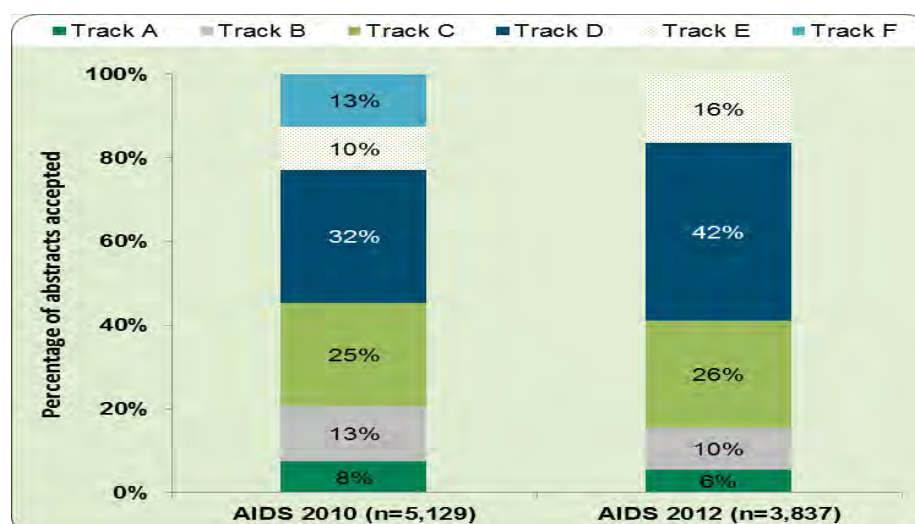
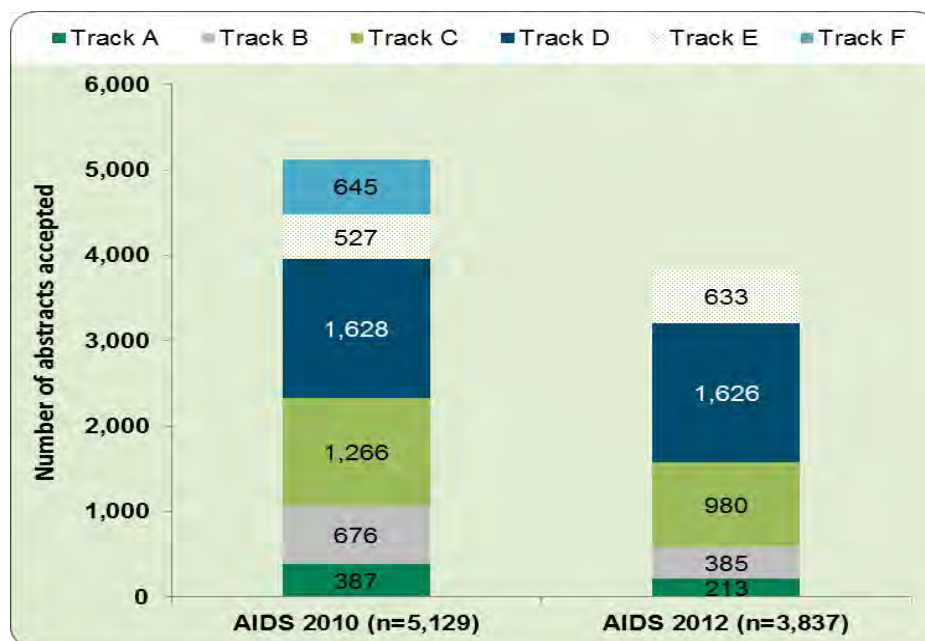
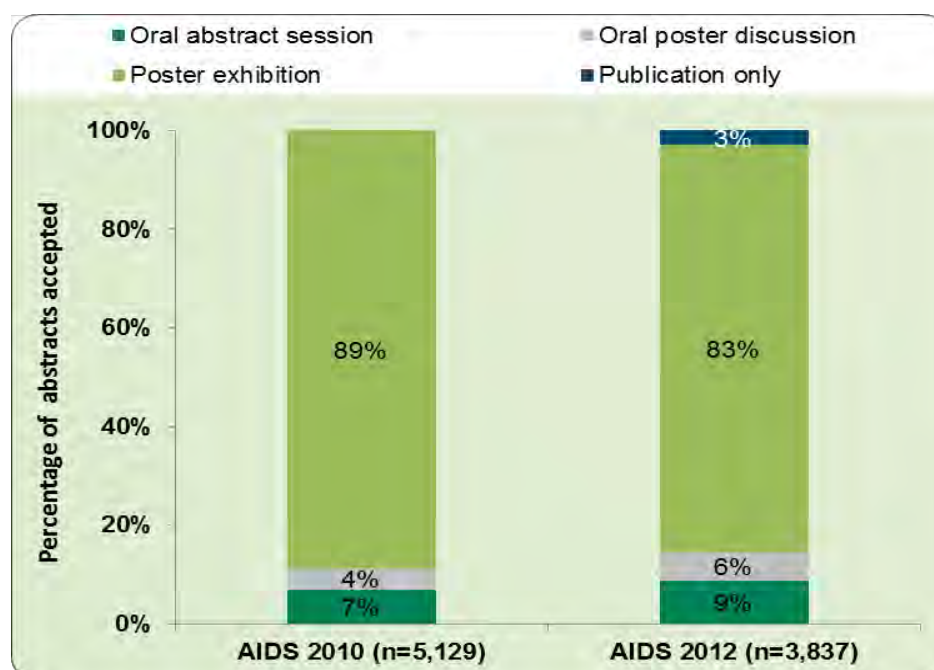
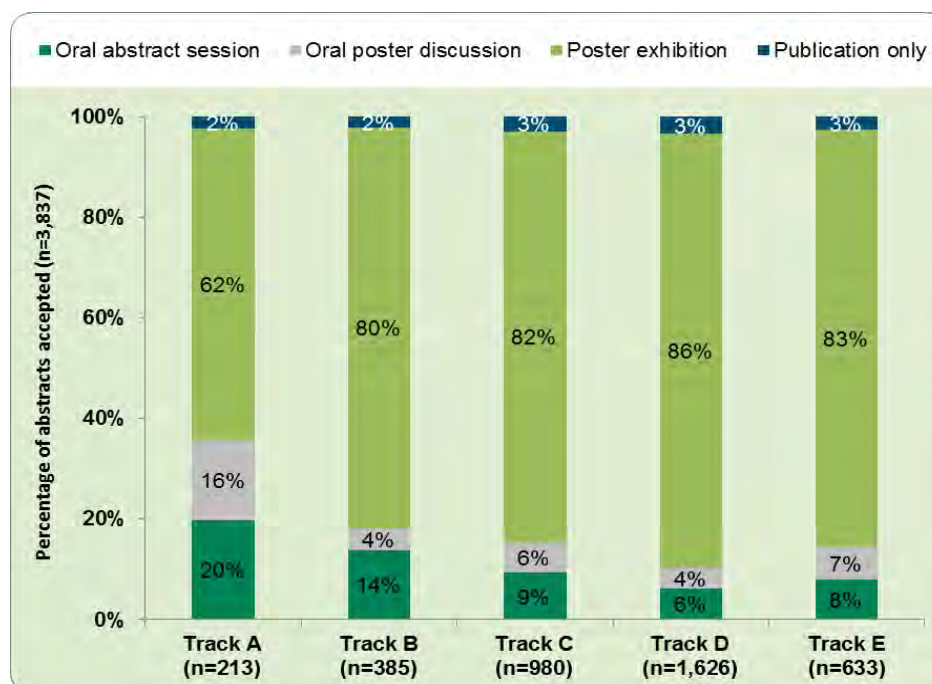


Figure 20b. Breakdown of abstracts accepted by track – actual figures (2010-2012)

As shown in Figure 21, the proportion of abstracts selected for oral presentations has increased slightly from 11% in 2010 to 15% in 2012. In 2012, the category, “Publication only”, was added to include abstracts whose authors were not able to attend the conference.

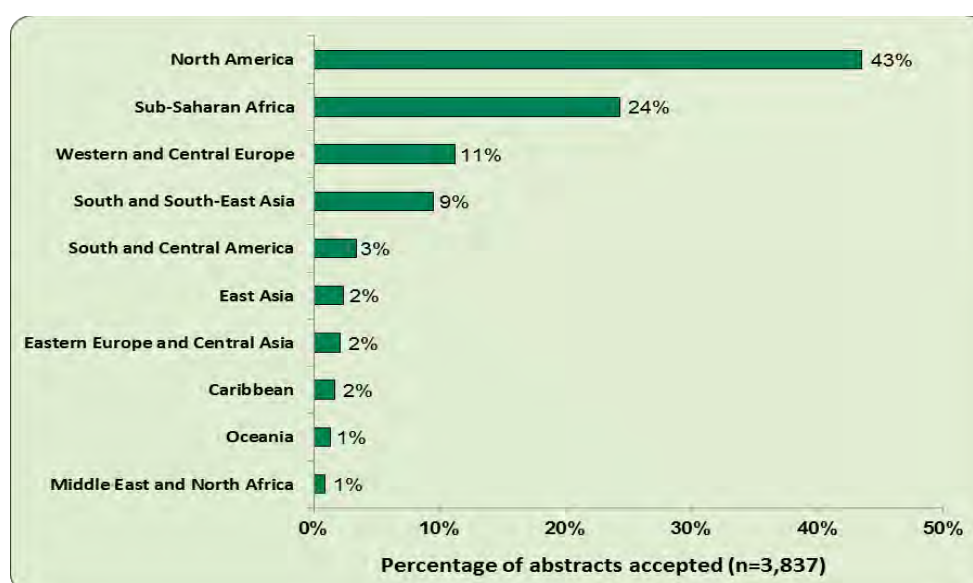
Figure 21. Breakdown of abstracts accepted by type of presentation (2010 to 2012)

Looking at the breakdown of abstracts accepted by track and type of presentation, **abstracts accepted in Track A were more likely to be accepted for oral presentations (36%) than those in other tracks** (see Figure 22).

Figure 22. Breakdown of abstracts accepted (track by type of presentation)

Breakdown of abstracts by region³¹ and top 10 countries

Abstracts were submitted from 170 countries³². Submissions from 119 countries were successful, with North America accounting for most (43%), followed by sub-Saharan Africa (24%) and Western and Central Europe (11%) (see Figure 23).

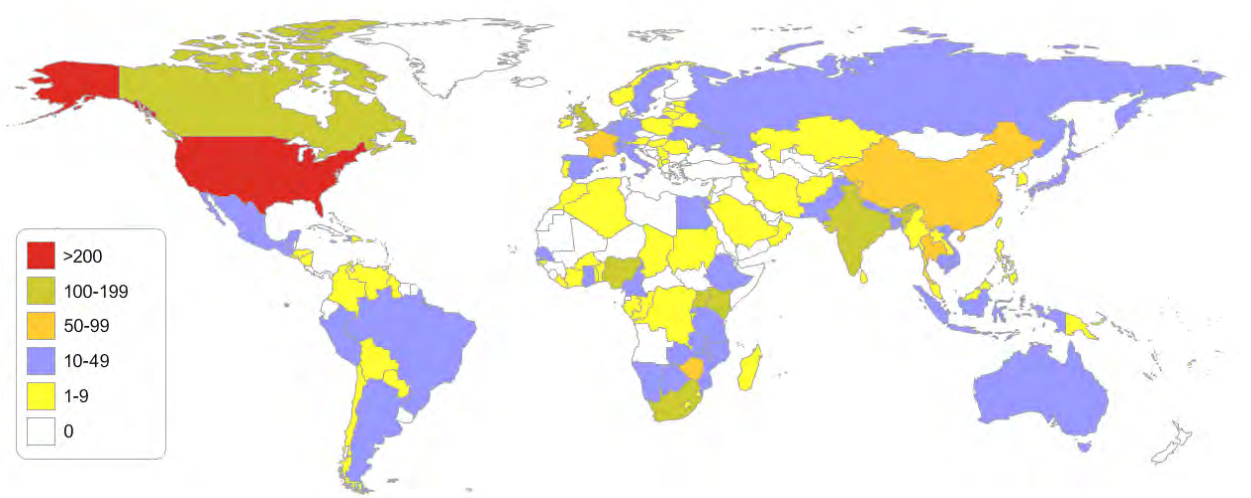
Figure 23. Breakdown of abstracts accepted by region

³¹ The regions are based on the Joint United Nations Programme on HIV/AIDS classification, available in [Appendix 7](#).

³² The country refers to the country of affiliation/organization of the presenting author.

The breakdown of abstracts accepted by country is available in Figure 25.

Figure 25. Breakdown of abstracts accepted by country³³



Further analysis (breakdown of accepted abstracts by region and type of presentation) is available in [Appendix 4](#).
Breakdown of abstracts by gender

As shown in Figure 24, although the number of abstracts submitted by women and men was almost equal, the proportion of female authors whose abstracts were accepted was slightly higher (33%) than the proportion of successful male abstract authors (28%).

Figure 24. Breakdown of abstracts by gender



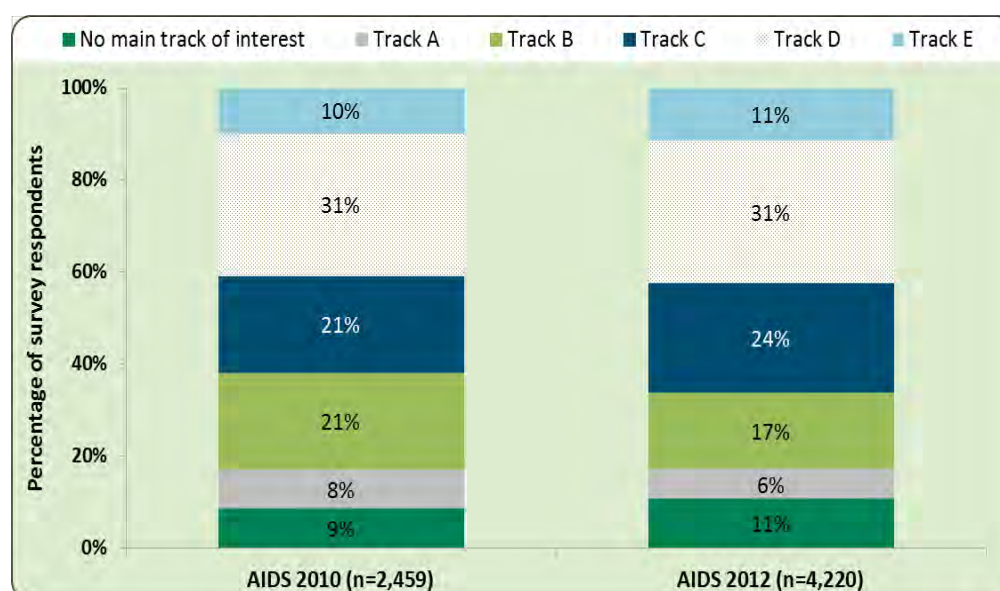
The breakdown of abstracts by gender and type of presentation is available in [Appendix 5](#).

³³ The country refers to the country of affiliation/organization of the presenting author.

Main track of interest

Surveyed delegates were asked what their main track of interest was at AIDS 2012 (i.e., the track in which they attended most sessions). **As in 2010, Track D was delegates' first choice. The interest in other tracks has also remained stable** (see Figure 25).

Figure 25. Main track of interest of survey respondents (2010-2012)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 3,754 respondents, the majority answered **Yes** (84%).

Looking in more detail at the association between tracks, i.e., which tracks attracted people mainly interested in another track³⁵, the following trends were found:

MAIN TRACK OF INTEREST	OTHER TRACK OF INTEREST			
	1 st choice	%	2 nd choice	%
Track A (n=271)	B	55%	C	46%
Track B (n=698)	C	63%	A	49%
Track C (n=1,011)	D	60%	E	52%
Track D (n=1,306)	C	57%	E	51%
Track E (n=485)	C	67%	D	62%

³⁴ This figure excludes the 615 respondents who selected Track F (Policy, Law, Human Rights and Political Science) in 2010.

³⁵ The survey participants could select more than one option.

Workshops

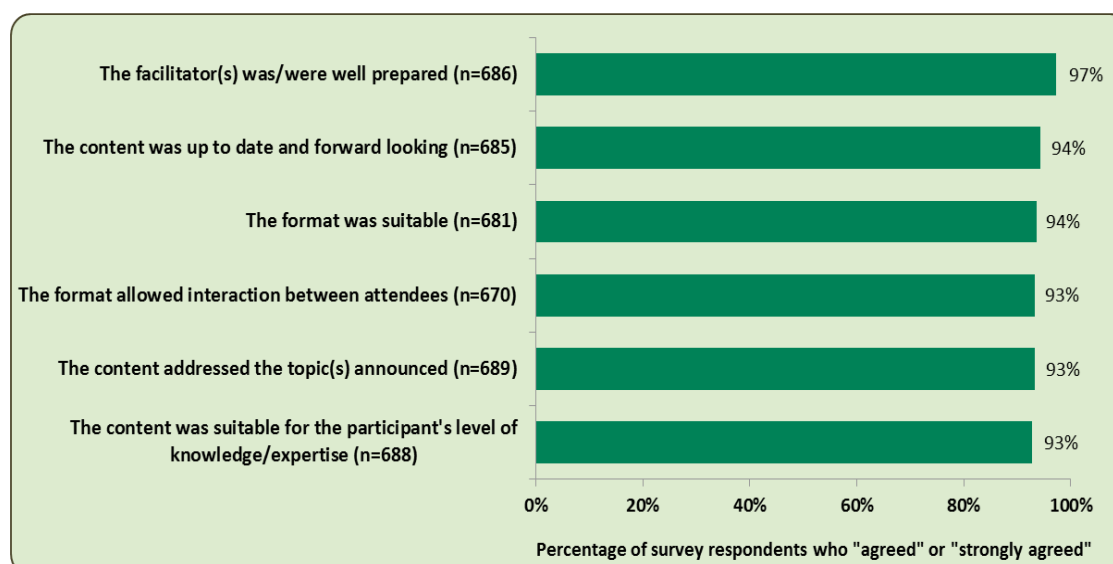
The conference programme featured a series of 60 workshops. Covering all tracks and including several cross-cutting issues and themes, the workshops aimed at increasing the capacity of delegates to implement and advocate for effective, evidence-based HIV/AIDS policies and interventions in their respective communities and countries. Twenty of them were designed by the programme committees (five each from the SPC, Community Programme Committee, Leadership and Accountability Programme Committee and CCC) and 40 were selected from public submissions³⁶.

All workshop participants had the opportunity to share their feedback on the workshop(s) they had attended through a dedicated printed survey form, which was distributed and collected during the conference. Despite a good attendance rate and an announcement made about the survey during each workshop, only 697 forms were collected out of about 2,000 distributed³⁷, suggesting that evaluation should be better promoted among both workshop facilitators and participants.

Workshop content, format and organization

As in 2010, the majority of survey respondents found that the workshop they had attended was “very useful” or “useful” (47% and 35%, respectively); they “agreed” or “strongly agreed” that the facilitators were well prepared, that the workshop content was up to date and forward looking, suitable for the level of knowledge/expertise of participants, and that it addressed the topic announced in the title/description. With respect to the workshop format, the majority of surveyed participants indicated that it was suitable and allowed interaction between participants and between participants and facilitator(s) (see Figure 26).

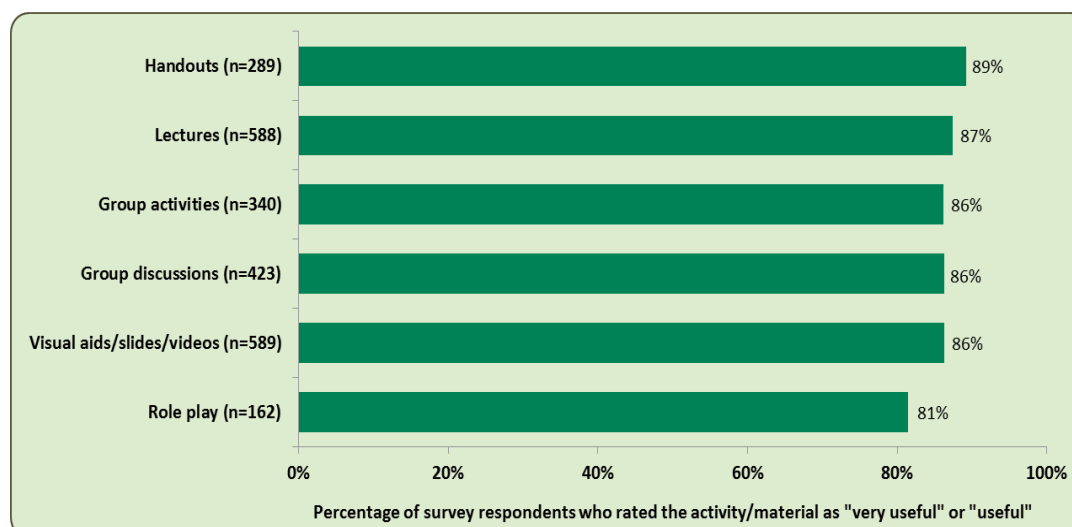
Figure 26. Rating of workshop content and organizational aspects



Surveyed participants were also asked to rate the **usefulness of workshop activities and materials**, such as lectures, handouts or group discussions. **The vast majority reported that they were “very useful” or “useful”**, with handouts considered to be as the most useful (see Figure 27).

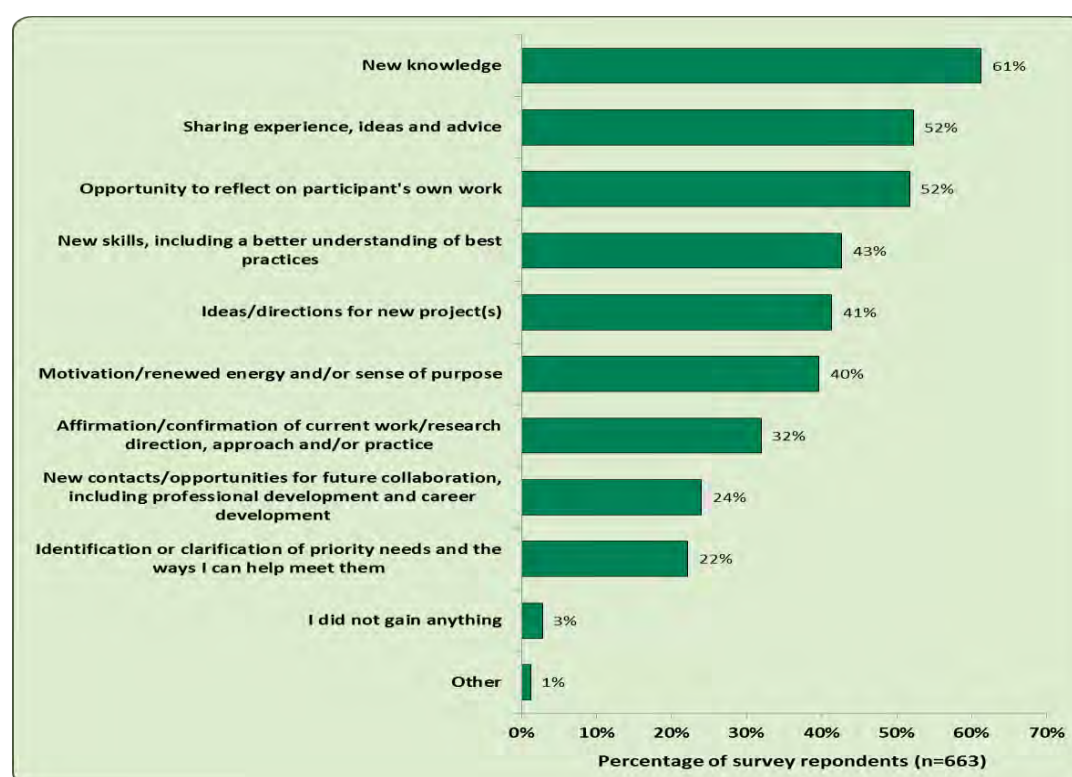
³⁶ A total of 576 workshop applications were submitted, a 19% increase from AIDS 2010.

³⁷ The response rate varied greatly across workshops, ranging from more than 65% to less than 8%. Therefore, results should be treated with caution as they are not representative of each workshop.

Figure 27. Usefulness of workshop activities and materials

Workshop outcomes

Surveyed participants were asked to select, from an 11-item list, the benefit(s) they had gained from attending the workshop in question. As shown in Figure 28, **the most frequently noted benefits were: new knowledge; sharing experience, ideas and advice; and the opportunity to reflect on participant's work** (each selected by more than 50% of survey respondents). In addition, more than 40% of survey respondents reported that they had gained: new skills; ideas and directions for new projects; and motivation, renewed energy and/or sense of purpose.

Figure 28. Main benefits gained from attending a workshop

Survey respondents were then asked to identify, from an eight-point action list, how they intended to use what they had gained at the workshop they had attended. As illustrated in Figure 29, **the majority (72%) would share knowledge, skills and/or information with colleagues, peers and/or partner organizations.** In addition, **almost half of them would refine/improve their work/research practice or methodology.**

Figure 29. Anticipated use of benefits gained from attending a workshop



As an indicator of the professional value of these workshops, **87% of surveyed participants reported that they would recommend to a colleague/friend that they attend a similar workshop.**

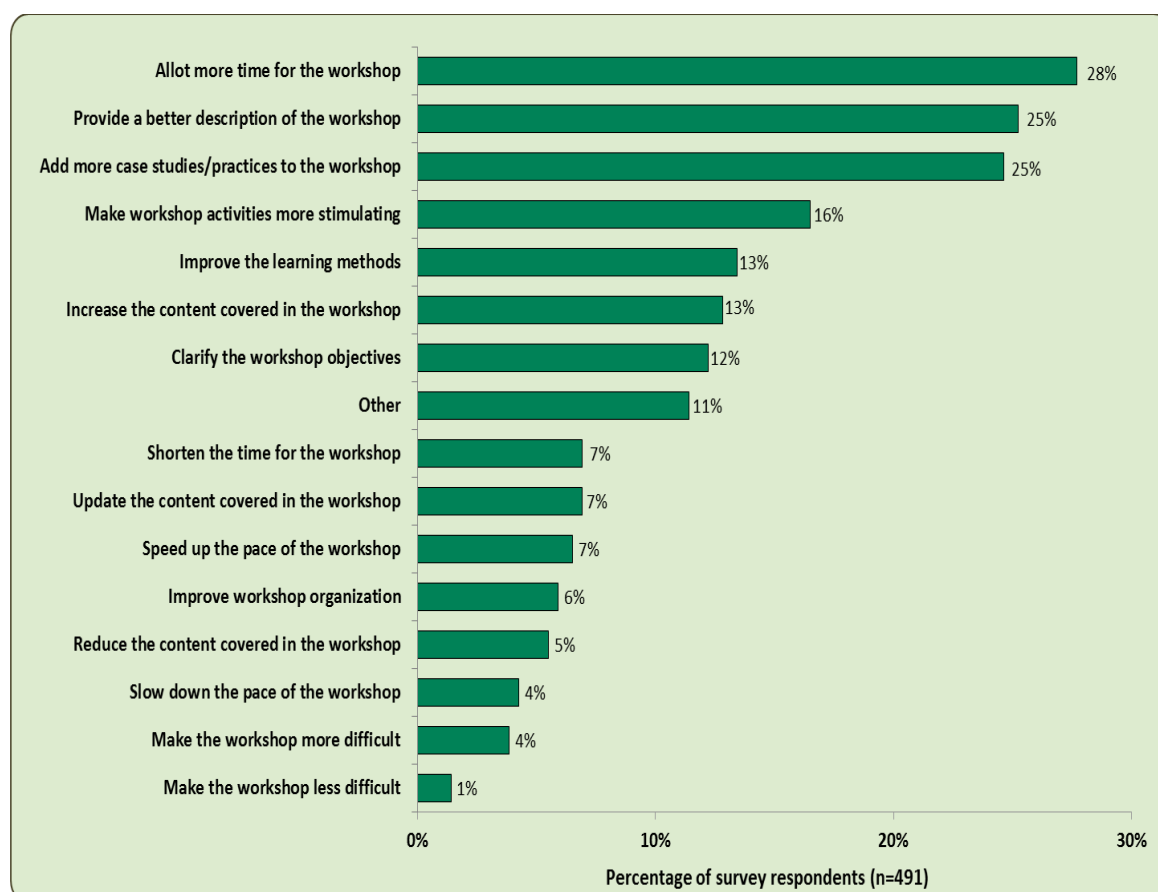


AIDS 2012 "Meet the Editors" scientific workshop

Suggestions for improvement

Survey respondents were asked to identify, from a 16-item list, how they would improve similar workshops. As illustrated in Figure 30, the **most frequently selected suggestions were: more time for the workshop**, specifically highlighting the need to assign time for questions and answers; **a better description of the workshop**; and **more case studies/practices in the workshop**.

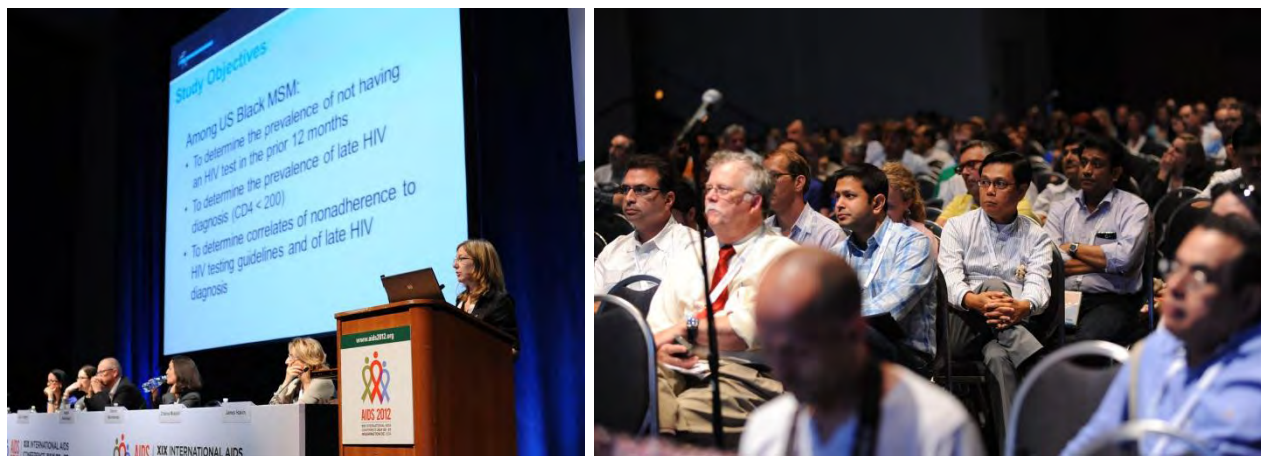
Figure 30. Suggestions for improvement of workshops



The 56 surveyed participants who selected the option, “other”, provided additional comments, most of which were either positive remarks or were related to planning/organization (e.g., start on time, get a larger room), content (e.g., increase representation of key affected populations), format/structure (include Q&A sessions, give handouts/presentations/printed material), and duration (more time for dialogue and group meetings).

How was the quality and coverage of the programme rated?

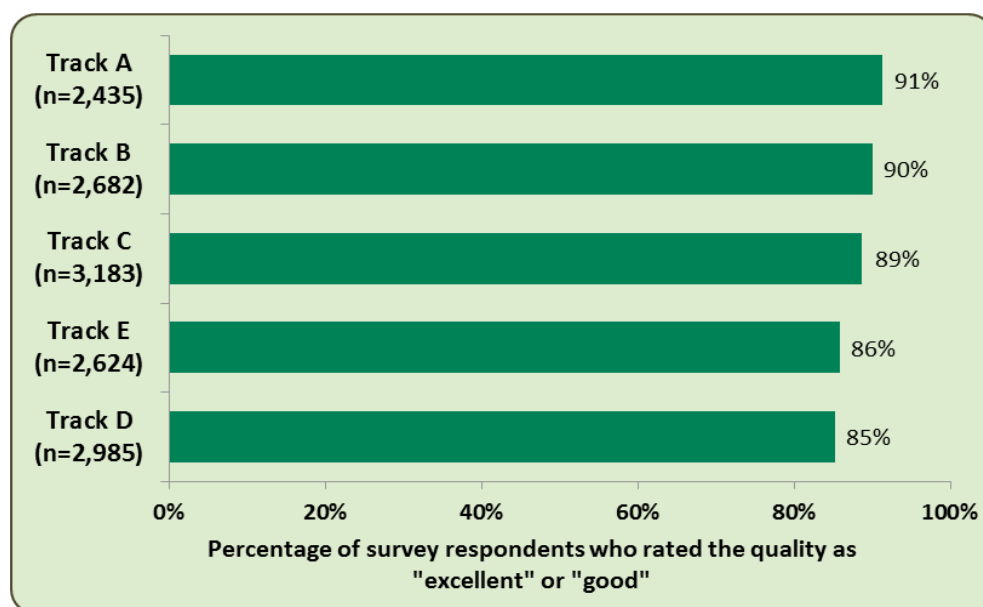
Quality of science presented in abstract-driven sessions



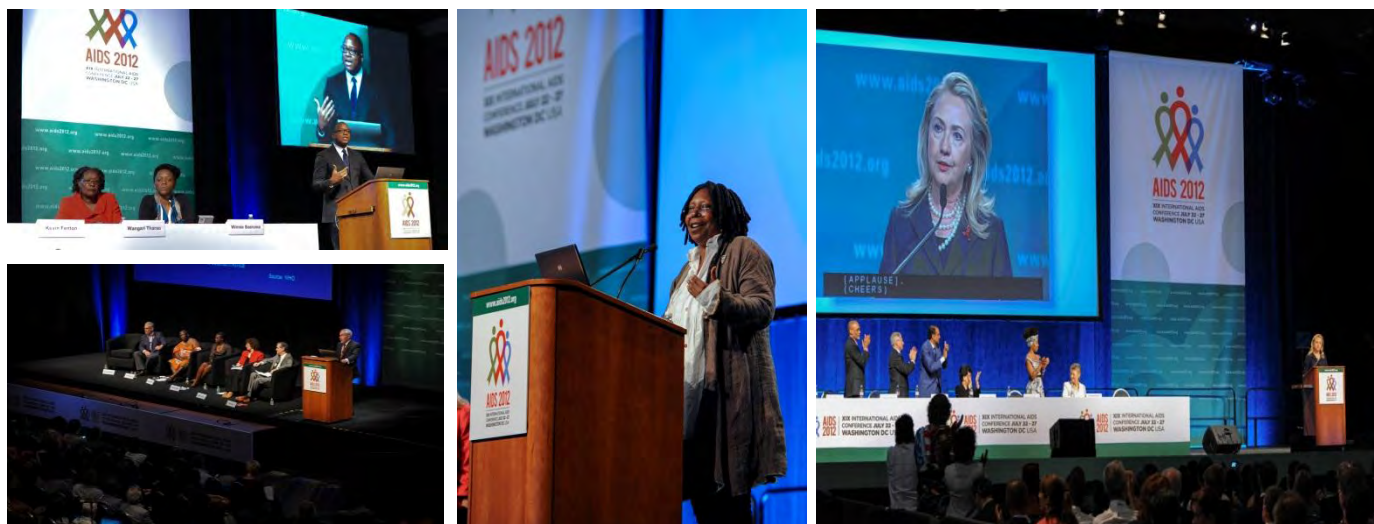
AIDS 2012 oral abstract session (Track B), "HIV Diagnosis and HAART Initiation: Don't Be Late"

Surveyed delegates were asked to rate the quality of science presented in each track. As shown in Figure 31, **the vast majority (more than 80%) reported that the quality was "good" or "excellent" in all tracks, with Track A being ranked the highest.**

Figure 31. Quality of science presented in each track



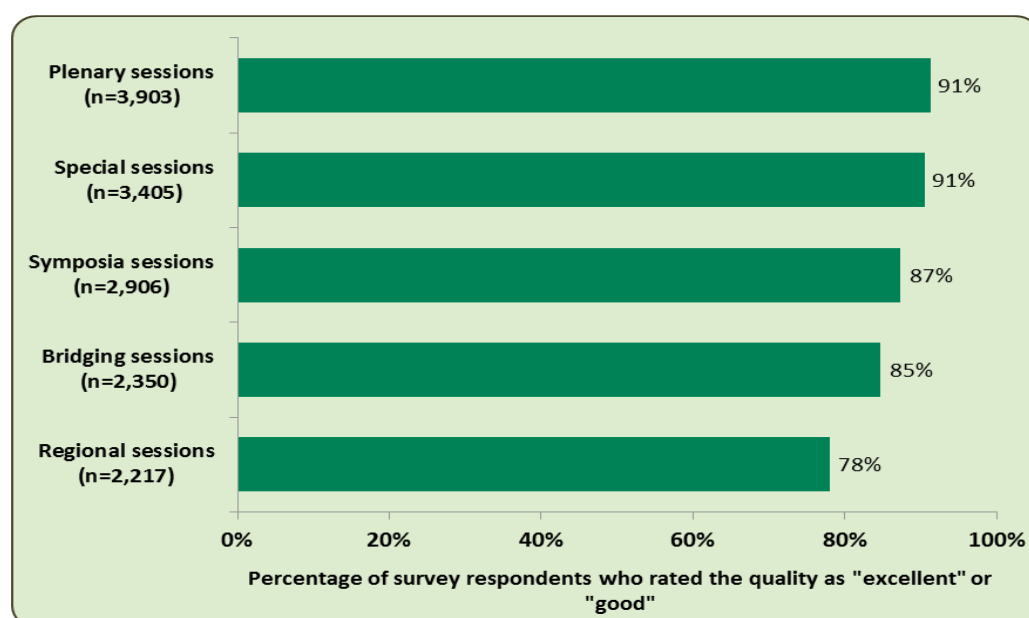
Quality of presentations and/or discussions in non-abstract-driven sessions



AIDS 2012 regional session (top left), symposia session (centre), plenary session (right) and bridging session (bottom left)

Surveyed delegates were asked to rate the quality of presentations and/or discussions in non-abstract-driven sessions. As shown in Figure 32, **more than 75% reported that the quality was “good” or “excellent”, with plenary sessions being ranked the highest.**

Figure 32. Quality of presentations and/or discussions in non-abstract-driven sessions



Coverage of the conference programme

Voices of delegates on the programme content

- ✍ "I feel like these sessions were very research heavy and not enough information or discussion was given to what communities are actually doing and how the information can be applied."
- ✍ "I would have preferred more critical appraisal of treatment as prevention and male circumcision. These two issues appeared to be accepted as status quo, though I am aware that many researchers and service providers have reservations about what motivates acceptance of these interventions, and whether the promise will materialize."
- ✍ "I'd love some really good coverage of behavioral interventions – they got shortchanged and I'm not sure if that's because we have such exciting biological interventions and structural interventions to discuss or because someone has the notion that behavioral interventions lumped together just aren't as effective so not worth the focus. I really need to understand the efficacy of behavioral interventions so they're included in the armamentarium for prevention and care, if they're useful."
- ✍ "In general, topics related to service delivery tended to be superficial in terms of the 'how to' details. For example, a presenter might [make] reference [to] the importance of training volunteers but not how you go about training them (e.g., frequency, curricula used). These details of course cannot be covered in a 15 minute presentation. Thus, presenters should be expected to provide 'how to' reference materials as part of their presentations."
- ✍ "Critical aspects of basic and clinical science that affect women were insufficiently attended to in any systematic fashion. For example, the extent to which PrEP is or is not relevant for the millions of heterosexual women worldwide who are not sex workers was essentially unaddressed and might have merited a plenary. Attention to the necessary synergies among the major components of what is truly reproductive health for women and girls, i.e., HIV and non-HIV STIs, contraception, and MCH did not receive the tough scrutiny that is required."
- ✍ "Health systems with greater depth and human resources for health (HRH) tied to impact. Overall, the sessions all felt short on the impact factor."
- ✍ "Faith-based organisations – the coverage was poor in spite of them being involved in over 60% of health care in sub-Saharan Africa."

Survey respondents were asked if there were topics or themes that should be (better) covered at the next conference: 28% replied Yes (vs. 72% who said No), leaving a total of 1,124 suggestions that were placed into categories. In general, delegates wanted to see more on social and behavioural science (n=72), basic and clinical science (n=53), and mental health issues surrounding HIV (n=63). Others wanted greater focus on skills building and sharing of best practices (n=43).

Delegates also expressed the wish to increase the number of sessions on issues related to the following key affected populations:

- | | |
|--|---|
| <ul style="list-style-type: none"> * People who use drugs (including harm reduction) (n=43) * MSM (n=34) * Youth (n=34) * Children/ orphans and other vulnerable children (n=28) * Sex workers (n=26) | <ul style="list-style-type: none"> * Ethnic minorities/ indigenous populations (n=23) * Transgender populations (n=18) * PLHIV (n=16) * Migrants (n=7) * Prisoners (n=6) |
|--|---|

In addition, the following topics and themes were listed by delegates (the number of respondents is indicated in brackets):

- | | |
|--|---|
| <ul style="list-style-type: none"> * TB/HCV/cancer and other comorbidities (n=50) * Health system strengthening (including focus on health workers) (n=42) | <ul style="list-style-type: none"> * Women/gender issues, including maternal/reproductive health and vertical transmission (n=38) * Faith-based response (n=35) |
|--|---|

- | | |
|--|--|
| <ul style="list-style-type: none"> * Prevention (i.e., combination prevention) (n=34) * HIV care (n=32) * Structural support (i.e., trade and drug policy, legal issues and human rights) (n=31) * New drugs and vaccine development (n=29) * Education/sexual education (n=17) * Heterosexual issues (n=15) * Nutrition/food security (n=15) | <ul style="list-style-type: none"> * People with disabilities (n=14) * Aging and HIV (n=14) * HIV testing (n=13) * HIV treatment (n=12) * Paediatric HIV (n=12) * Monitoring and evaluation (n=12) * Medical male circumcision (n=9) * Housing (n=8) * Social media (n=6) |
|--|--|

What did the Global Village feature?

The Global Village was a diverse and vibrant space (covering an area of 18,023m²), where communities from all over the world gathered to meet, share and learn from each other. It was also a space that showed conference participants how science translates into community action and intervention. The Global Village was open to general public and conference delegates. Admission was free.

Overview of the Global Village

The activities for the AIDS 2012 Global Village were generated from proposals received through the official application process. All proposals were reviewed and scored by the dedicated working group, composed of local and international experts. Of 1,025 proposals submitted (vs. less than 700 in 2010), **a total of 254 activities were selected.**

A snapshot of the activities and features of the Global Village is provided in Figure 33.

Figure 33. Snapshot of the Global Village (proposals accepted)



Click on the image above to watch a video

As in 2010 and 2008, the Global Village also accommodated the Youth Pavilion, the Community Dialogue Space and a film screening room.

Feedback from visitors

Feedback from visitors was collected through face-to-face interviews that were conducted by the AIDS 2012 Evaluation Team from 23 to 27 July using 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 clarify trends observed in interviews.

A total of 462 persons were interviewed on site (vs. 526 in 2010 and 246 in 2008). **When asked to qualify their experience at the AIDS 2012 Global Village, the vast majority rated it as “very positive” or “positive” (62% and 36%, respectively).**

Voices of Global Village visitors

- ✍ *“I have been to all the conferences and this was my first time at the Global Village – great experience; will come again at the next conference.”*
- ✍ *“[I] enjoyed networking and seeing people from all over the world.”*
- ✍ *“[It] was just fine – accessible, well organized and very educational; [however] lots of paper – more than necessary – will go to waste (brochures, posters, etc.). Please recycle!”*
- ✍ *“Once you get into the space, you go with the flow, but it is a little [bit] overwhelming.”*
- ✍ *“The booths need to be numbered properly or [be] more visible.”*
- ✍ *“Difficult to hear local networking zone presentations due to the echoing of other areas and activities.”*

Visitors' profile

The majority of respondents were delegates (79% vs. 21% of public participants) and were over 27 years of age (56%), with an **equal proportion of women and men** interviewed (48% each vs. 2% of transgender and 2% who did not disclose). As in 2010 and 2008, **health care workers/social services providers (28%) and advocate/activist (20%) were the two most represented occupations/professions** among visitors, followed by educators/trainers (17%), researchers (14%), policy makers/administrators (including project and programme managers, 13%) and students (10%).

Sources of information about the Global Village

The Global Village was promoted through different channels, including online information posted on **the AIDS 2012 website, the AIDS 2012 community website³⁸ and websites of outreach partners, audio and video spots, webinars, and a range of printed materials** (e.g., posters and flyers) **distributed in the host country**, more specifically in the Washington area, and in other countries. The information was mainly available in English and Spanish.

Delegates and public participants interviewed at the Global Village were asked to select, from a 20-item list, how they had first learnt about this space. The largest proportion of respondents indicated that they had done so: through their organizations/companies or a partner organization/network; through the AIDS 2012 website; through a colleague, friend or family member; or at a previous International AIDS Conference.

Attendance and usefulness

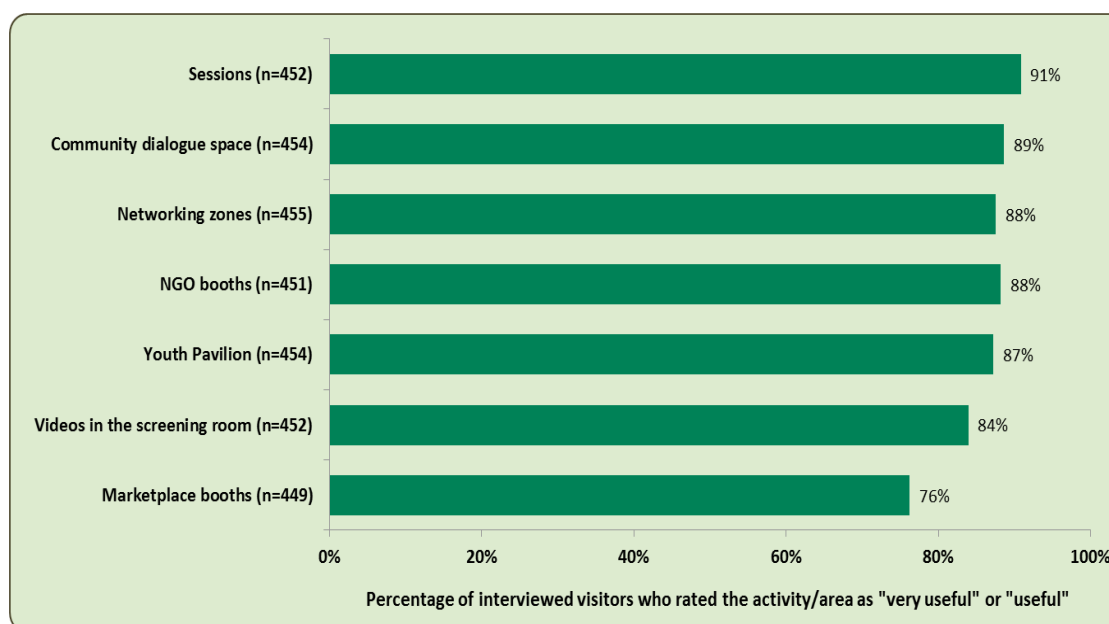
The Global Village attracted many delegates who visited it several times: of the 4,162 delegates who responded to the question about Global Village attendance in the post-conference online survey, 92%

³⁸ This website refers to the e-Guide developed by the International Council of AIDS Service Organizations in partnership with AIDS 2012. The e-Guide was designed to assist community delegates by providing relevant and practical information on conference-related issues, including information-exchange platforms (<http://aids2012community.org/>).

had visited it. Of them, more than half reported having visited it three times or more. Delegates who said that they did not visit the Global Village had the opportunity to explain why. The main reason was lack of time (73%).

As illustrated in Figure 34, **the majority of visitors (more than 75%) rated the different Global Village activities and areas as “very useful” or “useful”, ranking sessions highest, followed by the community dialogue space, networking zones and NGO booths.** According to the post-conference online survey³⁹, sessions, NGO booths and networking zones were also among the highest-ranked activities/areas (more than 40% of surveyed delegates selected them as the most useful activities/areas).

Figure 34. Usefulness of Global Village activities/areas



Interviewed visitors were also asked if they enjoyed the live performances on the main stage and/or the art exhibits throughout the Global Village. The majority replied Yes (67% and 83%, respectively).

With respect to the Youth Pavilion, a total of 638 surveyed delegates specified what type of activities they did in this space. The majority had attended sessions and did some networking (72% and 46%, respectively). However, only 30% reported having visited the Youth Positive Lounge. It is encouraging to note that 86% of respondents recommended keeping the Youth Positive Lounge at the next International AIDS Conference.

Comments and suggestions

Delegates and public participants interviewed in the Global Village were given the opportunity to make comments about the area and/or suggestions on how to improve it at the next conference (AIDS 2014). Almost half of them provided feedback, and 35% of these respondents made positive remarks. Most comments/suggestions related to information and organization issues (better indicate booth numbers, improve way to find session rooms, group booths according to their region/topic). Delegates also commented on noise disturbances (especially when attending a session), the food (limited choice and high prices), the programme (need to group common topics and reduce duration of panel sessions to get more inputs from the public), the under-representation of some key populations (lack of youth and indigenous people), outreach/communication (limited description/value of the Global Village on the conference website), location/space, and the need to increase recycling.

³⁹ Delegates were asked to select, from a seven-item list of activities/areas available in the Global Village, the most useful ones. They were limited to a maximum of three choices.

Feedback from activity organizers

Feedback from activity organizers was collected through an online survey that was launched immediately after the conference and remained active for a month, with one reminder sent out a week before the completion deadline. Of the 224 invitation emails sent to valid contacts, five were returned as undeliverable and 101 surveys were completed, resulting in a response rate of 46% (vs. 50% in 2010 and 22% in 2008).

When asked to qualify their overall experience at the AIDS 2012 Global Village, the majority of survey respondents rated it as “very positive” or “positive” (64% and 33%, respectively).

Voices of Global Village activity organizers

- ✍ *“The inclusion of the Pacific Islanders made us feel a sense of belonging compared to sessions concerning MSM/TG in Asia and the Pacific [where] there was no Pacific Islander at all in the panel ... Thanks to the inclusion of the Pacific Sexual Diversity Network (PSDN), we were able to network with a lot of different organizations and we learned a lot from other associates.”*
- ✍ *“It was very well organized. I enjoyed the sessions and also many booths had very informative materials.”*
- ✍ *“It was a wonderful experience for our group to participate in the Global Village and was a pretty seamless process with all the organizational support we received.”*
- ✍ *“The challenge for this conference was meeting our expectation set based upon experiences in Toronto, Mexico City and Vienna. In the other conferences the Global Village was put [at] front and center as a show piece of the conference. The Global Village was a link to the public to learn about HIV and to support affected artists by buying their crafts. In Washington, [it] did not live up to expectation.”*
- ✍ *“We were given a shared networking zone between the caregiving and faith communities. We were concerned about this from the start as it sends a message that caregiving is only a faith issue and that the faith response is focused primarily on caregiving rather than other aspects of the response. This was difficult to manage as many visitors did see it as one issue, which was not helpful [for] both partners.”*
- ✍ *“The entire experience was incredible, from the organization leading up to the event; the people that I was in contact with prior to the event were so prompt with answers and so helpful! I could not have asked for more help! The Global Village was wonderful; it far exceeded all our expectations! We touched so many people’s lives and so many touched us in incredible ways! Thanks for allowing us to participate!”*
- ✍ *“Thought it was a vibrant space! Though I was surprised by how it seemed less trafficked than the Global Village at AIDS 2010 in Vienna.”*

Organizers’ profile

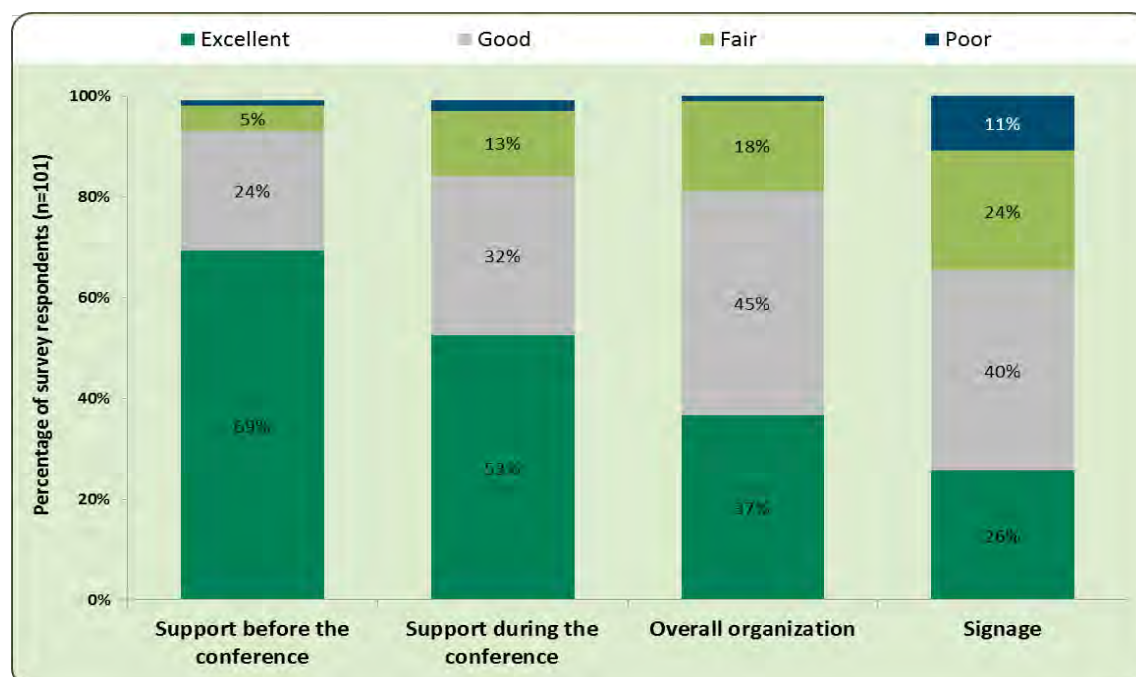
The majority of surveyed activity organizers were affiliated with or worked in NGOs and grassroots community-based organizations (48% and 19%, respectively). Not surprisingly, North America and sub-Saharan Africa were the two most represented regions (43% and 25%, respectively).

Looking at their previous experience as Global Village activity organizers, 57% of survey respondents were doing this for the first time and 17% for the second time; 26% had organized such activities twice or more times previously.

When asked to select, from a nine-item list, how they had first learnt about the Global Village, the vast majority of survey respondents reported that it was at a previous International AIDS Conference, through their organization/affiliation/work or through the AIDS 2012 website (40%, 25% and 22%, respectively).

Online and on-site support

As in 2010 and 2008, the Global Village organization was well rated overall, with signage getting the highest proportion of “poor” and “fair” ratings (see details in Figure 35).

Figure 35. Quality of the Global Village organization (feedback from activity organizers)

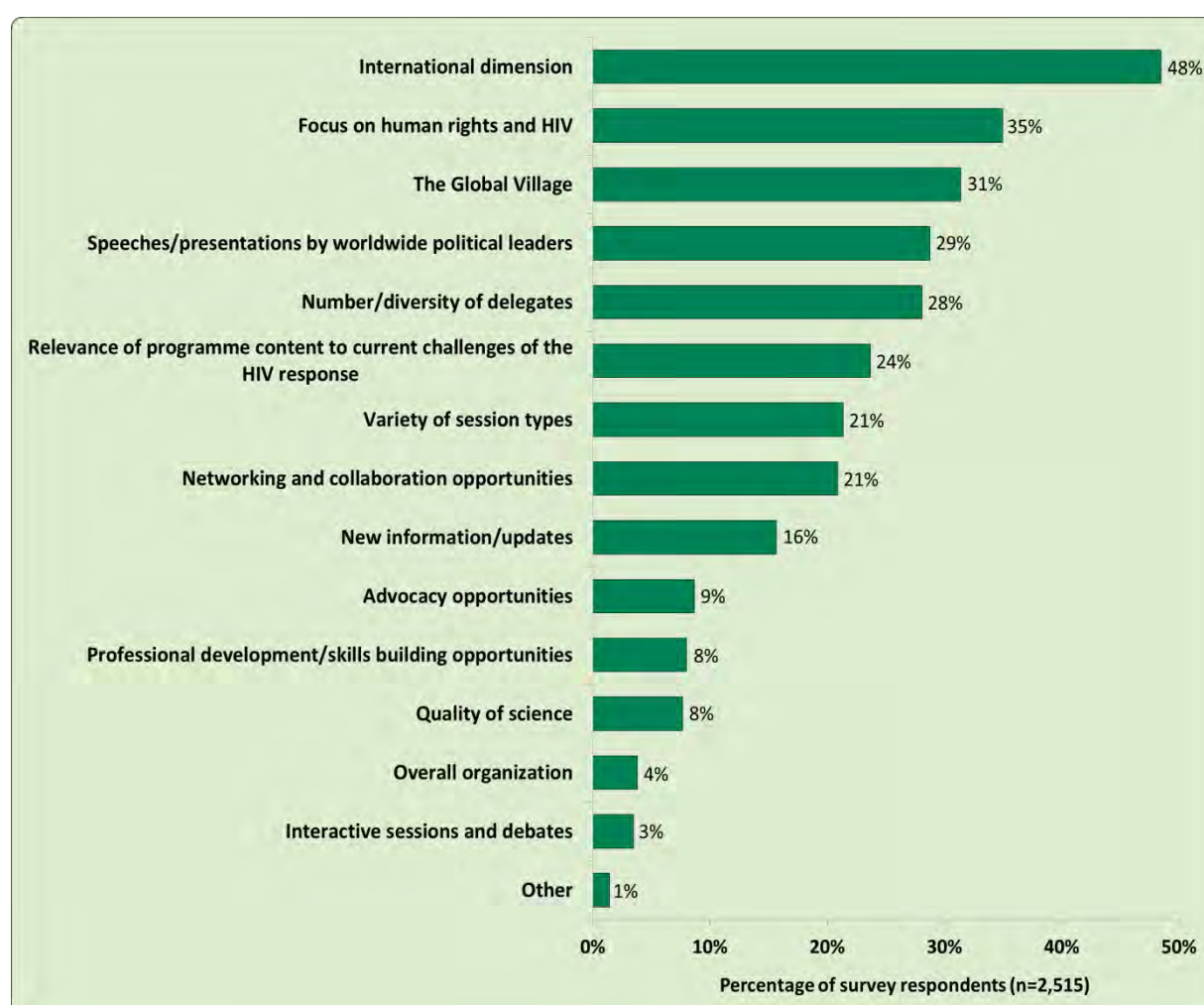
Comments and suggestions

Surveyed activity organizers also had the opportunity to share their comments and suggestions for improvement through an open-ended question. A total of 62 respondents provided feedback, and 35% of them made positive remarks. Most recurrent comments related to: some equipment not being delivered on time; the lack of a good Wi-Fi connection; inappropriate location and numbering of booths; the need to provide an introduction to new visitors and to improve signage; the food (too expensive and low quality options); a perceived lack of scholarship opportunities; and noise disturbances.

What were the perceived added values of AIDS 2012?

Surveyed delegates were asked if AIDS 2012 offered something that they did not get from other well-known scientific/health conferences. Of the 4,132 surveyed respondents, **61% replied Yes** (75% in 2010), **20% No** (vs. 12% in 2010) and **19% did not know** (vs. 13% in 2010). 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 2012 (i.e., what they got out of the International AIDS Conference that they did not get from the other conferences). **As in 2010, the international dimension, the focus on human rights and HIV and the Global Village were the three most frequently selected added values** (see Figure 36).

Figure 36. Main added values of AIDS 2012



The respondents who replied “other” (n=36) cited additional values, such as the strong civil society engagement, the representation of key affected populations or the non-scientific part of the programme.

Analysis of responses based on delegates’ region of work, affiliation/organization type, main track of interest and profession is available in [Appendix 6](#).

What were the main outcomes of the conference?

Main benefits gained by delegates and non-attendees

Delegates

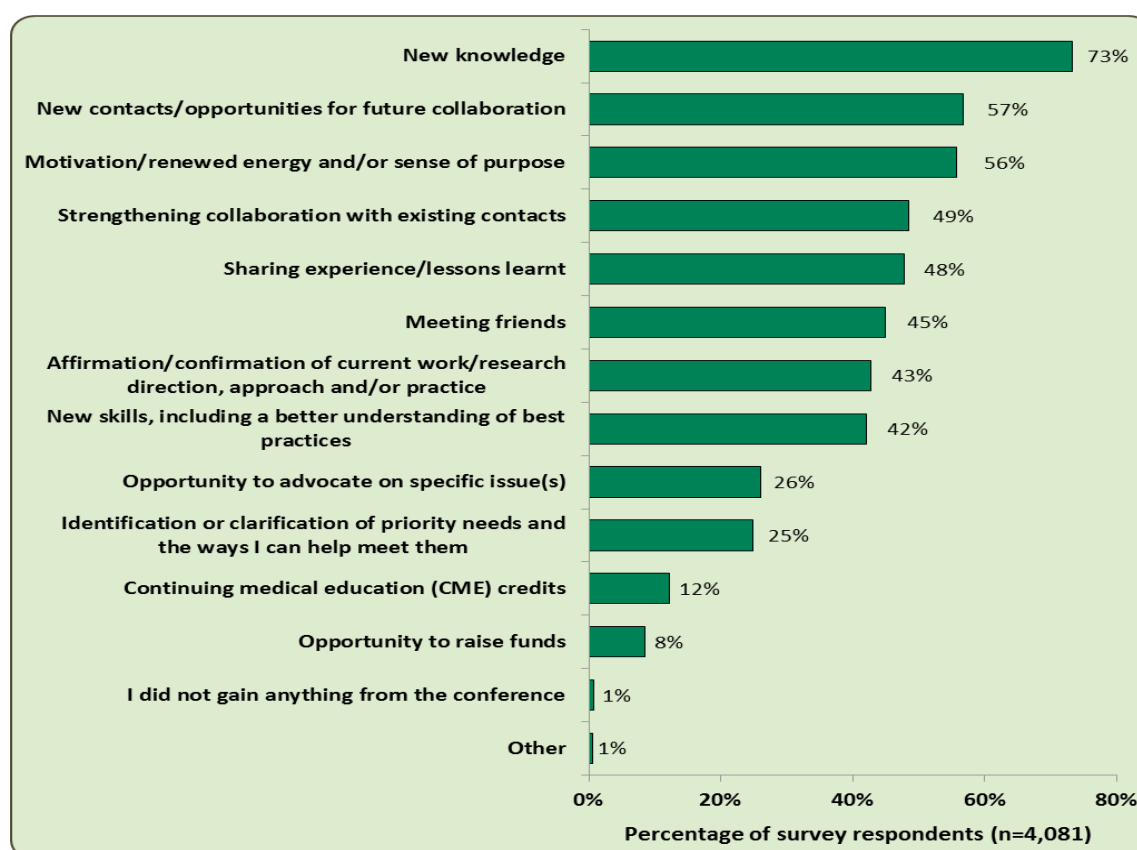
Surveyed delegates were presented with a list of potential benefits and were asked to identify those that they had acquired as a result of their participation in AIDS 2012. **The three most frequently noted benefits were: new knowledge** (73% vs. 77% in 2010); **new contacts/opportunities for future collaboration** (57% vs. 65% in 2010); and **motivation/renewed energy and/or sense of purpose** (56% vs. 53% in 2010).

It is also encouraging to note that between 42% and 49% of respondents selected the following benefits: strengthening collaboration with existing contacts; sharing experience/lessons learnt; meeting friends; affirmation/confirmation of current work/research direction, approach and/or practice; and new skills, including a better understanding of best practices. **Only 33 out of the 4,081 respondents (i.e., 1%) indicated that they did not gain any benefit** (see Figure 37).



[Click on the image above to watch a video](#)

Figure 37. Main benefits gained by delegates from attending AIDS 2012



Surveyed delegates 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. The majority replied Yes (80% vs. 83% in 2010), 16% No (vs. 11% in 2010), and 4% were not sure (vs. 7% in 2010).

Scholarship recipients

In order to assess the immediate outcomes of the scholarship programme, scholarship **recipients** who completed the post-conference online survey **were asked if the conference had helped them build and/or strengthen their capacities. The majority replied Yes (79% vs. 21% No).**

Survey respondents who replied Yes were asked to provide some concrete examples on how the conference had helped them build/strengthen their capacity and how they intended to apply new knowledge/skills acquired at the conference. A total of 352 delegates gave some examples, which were classified into the following themes (the number of responses is provided in brackets⁴⁰):

Personal learning (n=143)

Nearly half of the delegates gave examples of what they had learnt at the conference and how they anticipated applying it to their work. Topics mentioned included human rights related to HIV/AIDS, latest research results, new treatment and intervention strategies.

Networking and collaboration (n=82)

Delegates focused on the opportunity to meet people working in similar fields, as well as the possibility of establishing new partnerships and learning what HIV/AIDS professionals and activists were doing in other countries and regions.

Soft and hard skills development (n=74)

Delegates mentioned developing hard skills, such as practicing English, writing abstracts, advocacy approaches, new research techniques, fundraising methods, media skills and event coordination. Soft skills included learning how to present and communicate better, leadership and mobilization skills.

Communication and knowledge sharing/dissemination (n=71)

A concrete activity often cited by delegates was the sharing (or planned sharing) of information from the conference with work colleagues and within their communities back home. Delegates also wrote about using new knowledge to adapt existing awareness campaigns and spreading information through media channels, such as blogs, newsletters and articles.

Other examples included input into policy and advocacy initiatives (n=37), new approaches and ideas for science and research (n=25), and providing general motivation for delegates to persevere with their HIV/AIDS activities (n=25). Some delegates (n=16) mentioned other areas where they felt they had built capacity, including those where they had initiated projects as a result of the conference.

Prizes and awards

The International AIDS Society and its partners sponsored a number of scientific prizes and awards at AIDS 2012 to reward promising researchers who are doing outstanding work in HIV research. A total of nine delegates received scientific prizes. The Women, Girls and HIV Investigator's Prize, the IAS TB/HIV Research Prize and the IAS/Coalition for Children affected by AIDS Prize for Excellence in Research Related to the Needs of Children Affected by AIDS were each awarded to one abstract presenter. The IAS/ANRS Young Investigator Awards were awarded to the top-scoring abstracts in each of the conference tracks. In addition, one IAS/ANRS Young Investigator Award, the Special HIV Cure Prize, was awarded to an outstanding abstract related to HIV cure research (see details in Figure 38).

⁴⁰ Many delegates made comments that were classified into more than one theme.

In addition to the scientific prizes, **two awards recognizing the outstanding efforts and achievements of individuals in response to the HIV epidemic were given in conjunction with AIDS 2012**. Michel Kazatchkine received the IAS Presidential Award for his impact on the epidemic and his contribution to expand access to antiretroviral treatment. The inaugural Elizabeth Taylor Human Rights Award went to the Iranian brothers, Arash and Kamiar Alaei, in recognition of their efforts to advocate for human rights in the field of HIV.

Figure 38. List of prize and award winners at AIDS 2012

Award title		Prize winner	Abstract title	Country	Gender
Women, Girls and HIV Investigator's Prize		Peter Mudiope	Partnership of HIV-infected mothers (peers), community lay women/men (Sengas/Kojas) and village health teams with prevention of mother-to-child HIV transmission programs, increased male partner support for HIV-infected women in one rural health centre and three urban hospitals in Uganda, July 2009 – July 2011	Uganda	male
IAS/CCABA Prize for Excellence in Research Related to the Needs of Children Affected by AIDS		Gabriel Anabwani	The psychosocial impact of HIV on the siblings of infected children	Botswana	male
IAS TB/HIV Research Prize		Jonathan Golub	The TB/HIV in Rio de Janeiro (THRio) study: a step-wedged cluster randomized trial measuring the impact of tuberculosis (TB) screening and isoniazid preventive therapy on incidence of TB and death	USA	male
IAS/ANRS Young Investigator Award	Track A	Rik Schrijvers	Dissecting HIV-1 integration site selection using a human LEDGF/p75 knockout	Belgium	male
	Track B	Vikrant Sahasrabudhe	HPV genotype attribution of anal neoplasia in HIV-positive MSM: estimating the preventable fraction and disease misclassification	USA	male
	Track C	Renee Heffron	Association of injectable contraception and risk of HIV-1 acquisition in women in HIV-1 serodiscordant partnerships: persistence of effect in multiple sensitivity analyses	USA	female
	Track D	Kathleen Deering	Mapping spatial barriers and facilitators to HIV testing by work environments among sex workers in Vancouver, Canada	Canada	female
	Track E	Caitlin A Matson	Integration of infant HIV testing at nine month immunisation visit in South Africa: a proposed model of service delivery	USA	female
	Special HIV Cure Prize	Nitasha Kumar	Myeloid dendritic cells and HIV latency in resting T cells	Australia	female

CME credits

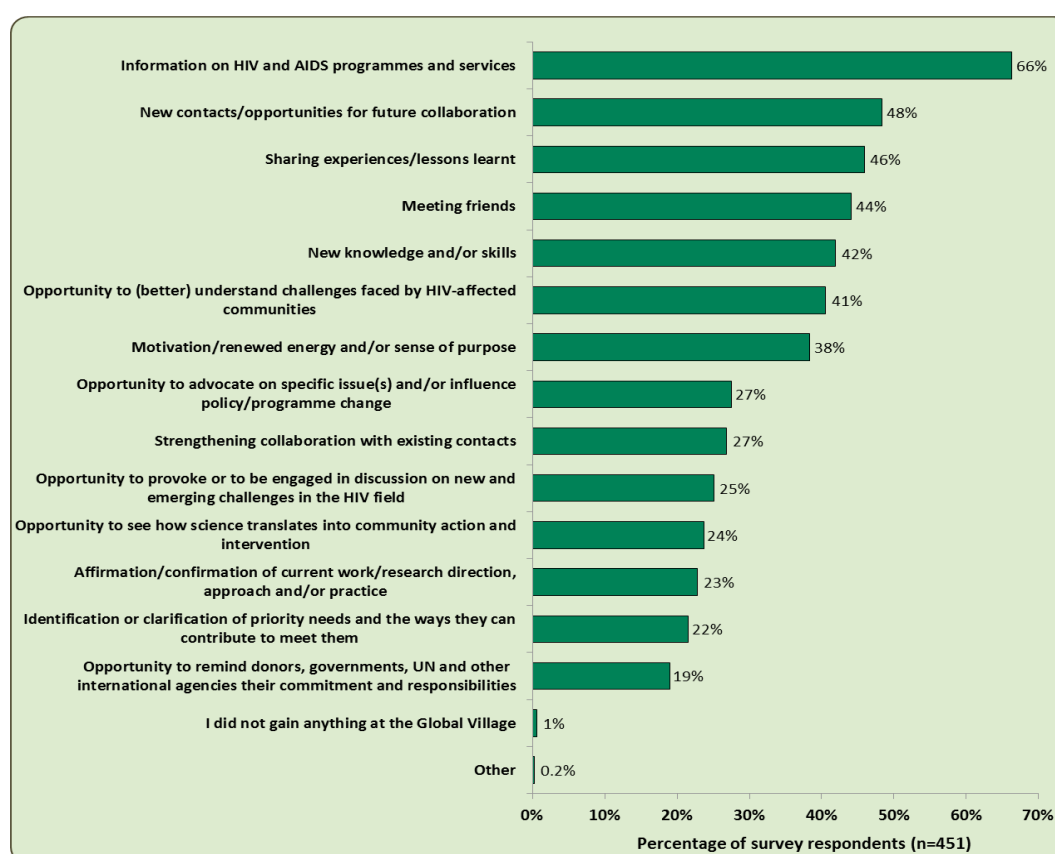
The scientific programme of AIDS 2012 was reviewed by the American Medical Association (AMA) and approved for AMA Physician's Recognition Award (PRA) category 1 creditTM under the International Conference Recognition programme of the AMA⁴¹. The AIDS 2012 programme was accredited for a maximum of 35.5 credits (eight credits per day for Monday-Thursday, and 3.5 credits for Friday). In addition, nursing continuing education contact hours were provided by the Association of Nurses in AIDS Care (ANAC)⁴².

Global Village visitors and activity organizers

Interview/survey respondents were presented with a list of potential benefits and were asked to identify those that they had acquired as a result of their participation in the AIDS 2012 Global Village.

As illustrated in Figure 39, the four benefits most frequently noted by visitors were information on HIV/AIDS programmes and services (66%), new contacts/opportunities for future collaboration (48%), sharing experiences/lessons learnt (46%) and meeting friends (44%).

Figure 39. Main benefits gained from visiting the Global Village

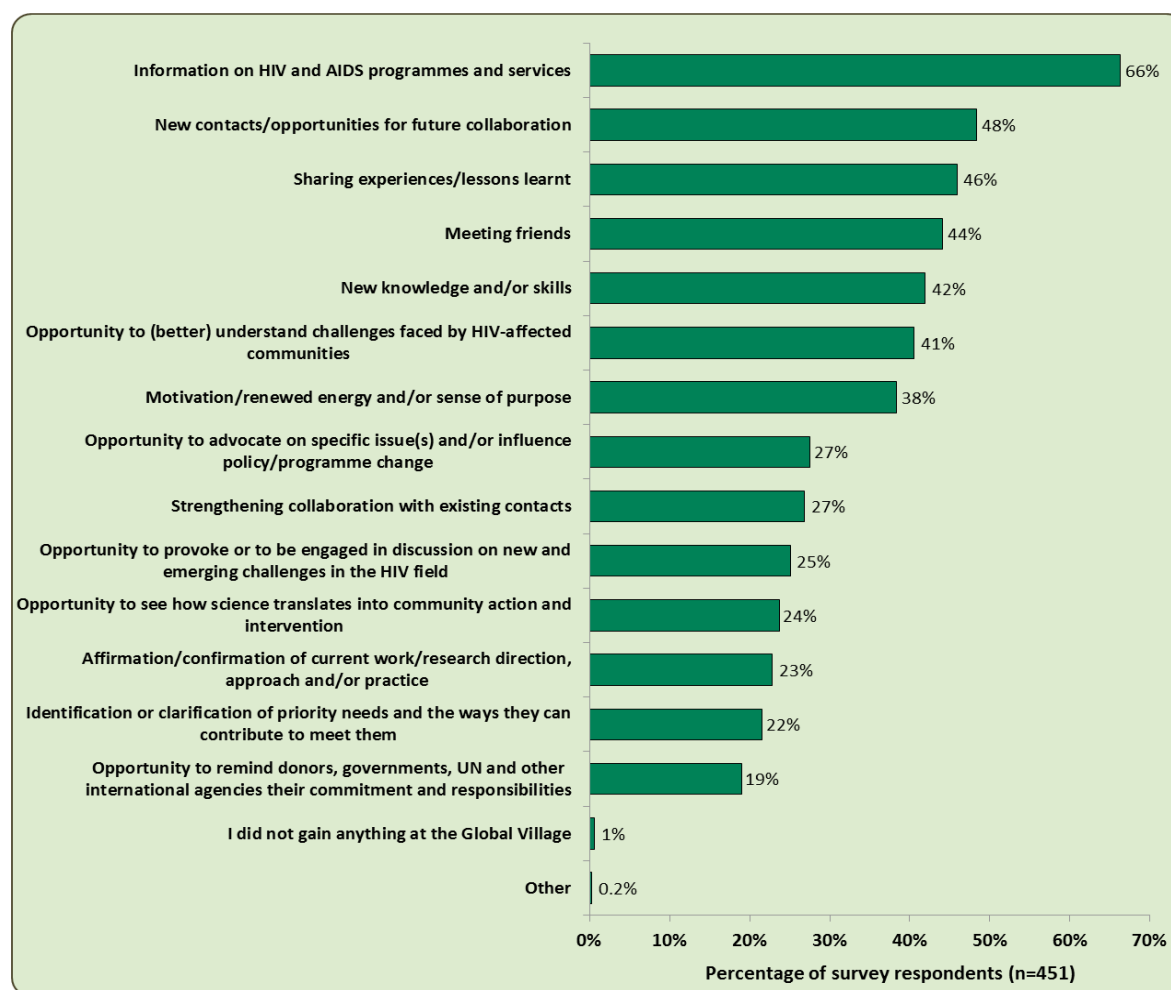


⁴¹ The International Conference Recognition (ICR) programme was started in 1990 by the AMA House of Delegates, in recognition of the fact that international congresses presented opportunities for physicians to participate in quality educational programmes and collaborate with colleagues. The ICR programme recognizes a few conferences each year and provides physicians with an opportunity to earn AMA PRA Category 1 CreditTM at these approved events.

⁴² ANAC is a US-based non-profit professional nursing association dedicated to providing educational and professional development opportunities for nurses specializing in HIV and AIDS care. ANAC is an approved provider of continuing education in nursing through the Virginia Nurses Association, which is accredited by the American Nurses Center's Commission on Accreditation. Individual nurses were responsible for contacting their own country's nursing certification body in order to determine the applicability of contact hours provided through ANAC.

Looking at activity organizers, the majority of survey respondents reported that they had gained new contacts/opportunities for future collaboration (87%). Other benefits, selected by more than 65% of respondents, included the following: increase the visibility of their organization/affiliation; showcase a programme/service/product; socialize with colleagues they rarely see; and strengthen their collaboration with existing partners (see details in Figure 40).

Figure 40. Main benefits gained from organizing an activity in the Global Village



These findings confirm that the Global Village plays an important role in the International AIDS Conference by providing a platform to share knowledge and information on HIV/AIDS in a non-scientific context, to address challenges through dialogue and by looking directly at the community interventions, and to establish collaborations that can be translated into community action to strengthen the responses to HIV.

Hub participants and organizers

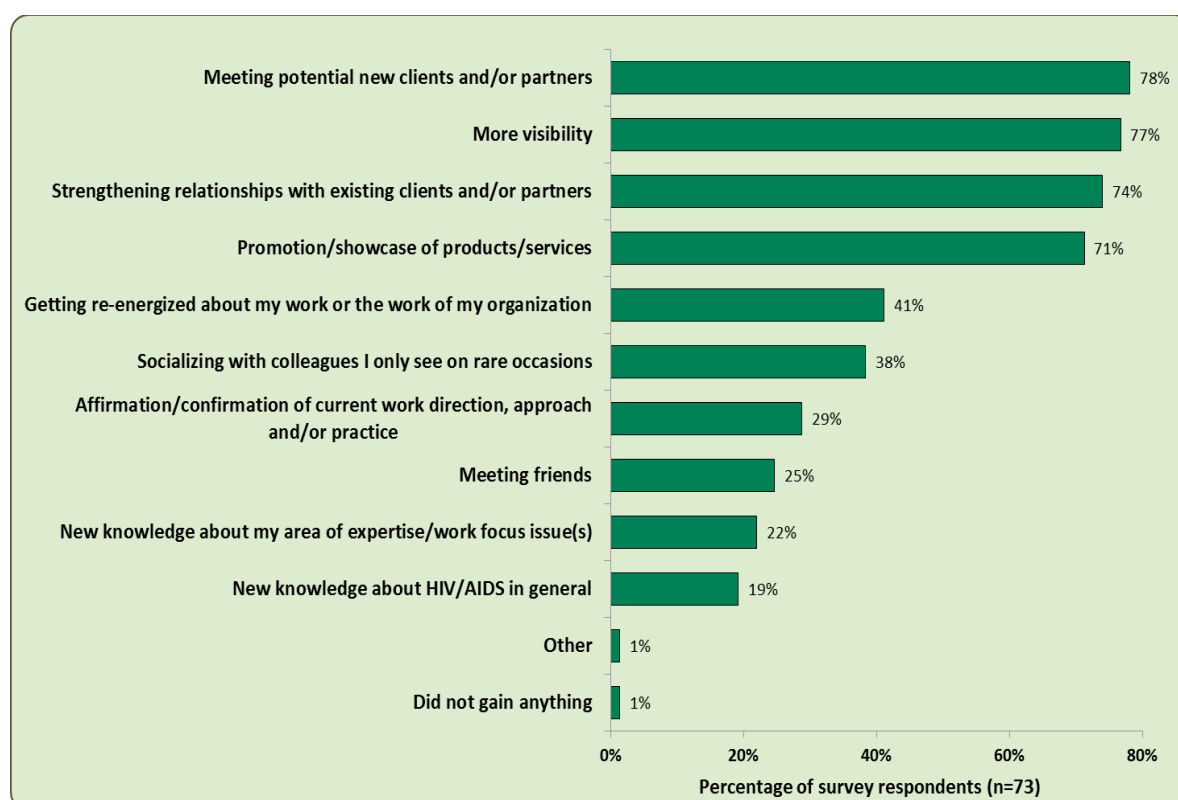
The top benefit gained by hub participants was new knowledge/skills about the response to HIV and AIDS in their regions (70%). Other benefits included gaining new contacts/opportunities for future collaboration (38%), renewed motivation, energy and/or sense of purpose (33%), and training in identifying and clarifying priority needs and the way participants can meet them (30%).

Most frequently selected benefits gained by hub organizers were a better understanding of best practices (56%), new knowledge about the response to HIV and AIDS in their region (48%), and the sharing of experiences/lessons learnt (48%).

Exhibitors

Surveyed exhibitors⁴³ were asked to qualify their experiences in the AIDS 2012 exhibition area. Of the 80 respondents, the majority rated it as “positive” or “very positive” (52% and 43%, respectively). They were also asked to select, from a 12-item list, the main benefits they had gained at the conference. As illustrated in Figure 41, the most frequently selected benefits were: meeting potential new clients and/or partners; more visibility; strengthening relationships with existing clients/partners; and promotion/showcase of products/services (each selected by more than 70% of survey respondents).

Figure 41. Main benefits gained by exhibitors



POZ readers

POZ is a specialist HIV/AIDS magazine, which acted as an official media sponsor of AIDS 2012. In order to assess the outreach of the conference, potential barriers for participation and intention of POZ readers to attend the conference, the latter were surveyed before the conference. POZ readers were again surveyed right after the conference with the aim of measuring the influence of AIDS 2012 on their knowledge, attitudes and practices. Both surveys were available online and in the printed editions of the magazine. Despite efforts to promote these surveys, only 46 readers completed the post-conference survey (vs. 246 for the pre-conference survey).

The post-conference survey included a question about the main benefits gained from attending/following AIDS 2012 online or through other means. **Most frequently selected benefits were new knowledge (14%), new contacts/opportunities for future collaboration (13%) and meeting friends (10%).** Other benefits included sharing experiences/lessons learned (8%) and motivation/renewed energy and/or sense of purpose (8%). It is

⁴³ Feedback from exhibitors was collected through an online survey that was launched several days before the conference and remained active for a month, with one reminder sent out a week before the completion deadline. Of the 197 invitation emails sent to valid contacts, eight were returned as undeliverable and 80 surveys were completed, resulting in a response rate of 42% (vs. 52% in 2010).

worth noting that 8% of respondents indicated that they did not gain anything from the conference. However, these results need to be treated with caution since they represent the views of only 46 POZ readers.

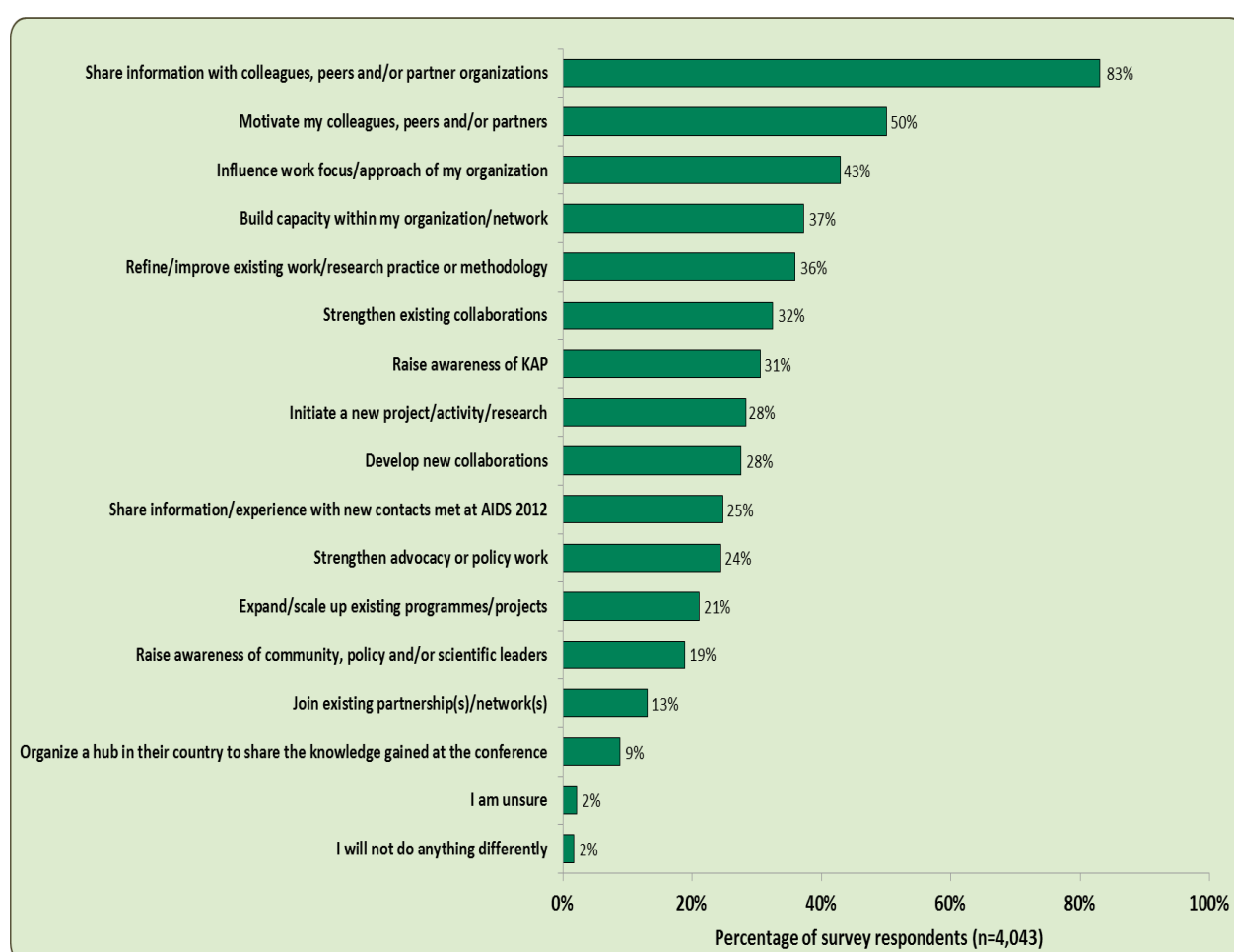
Anticipated use of benefits gained at the conference

Delegates

Surveyed delegates were asked to select, from a 17-point action list, how they would use the benefits they gained from the conference. **As in 2010, the majority of respondents (83%) would share information with colleagues, peers and/or partner organizations** (e.g., through discussions, presentations, dissemination and/or translation of materials, writing papers).

The four other actions that were selected by more than 35% of respondents included the following: motivate colleagues, peers and/or partners; influence work focus/approach of the respondent's organization; build capacity within the respondent's organization/network (e.g., through training, development/update of guidelines, procedures, manuals, other materials); and refine/improve existing work/research practice or methodology (see details in Figure 42). It is encouraging to note that **only 2% of respondents were unsure or would not do anything differently**.

Figure 42. Anticipated use of benefits gained by delegates



Hub participants and organizers

The majority of surveyed participants (72%) claimed that they would share the information gained at the hub with their organizations/networks and/or partner organizations. Other anticipated use of benefits gained by hub participants included: refining/improving their existing work focus, research practice or methodology inside their organizations (35%); building capacity within their organizations/networks and/or partner organizations (33%); and raising awareness of key affected populations (32%).

With respect to hub organizers, the majority of survey respondents (63%) were planning future programmes or initiatives based on the outcomes of their hub. Examples of activities planned included: strengthening the link among stakeholders; developing shared views on specific topics and potentially turning those into policy papers; and organizing additional information-sharing events.

Anticipated implications on HIV research, policy, advocacy and programmes

Delegates who completed the post-conference online survey were asked to think about the implications that the conference might have on HIV research, policy, advocacy and programmes at country, region and/or global levels. A total of 1,410 respondents shared their thoughts, which were analyzed and classified into the following themes (the number of responses is provided in brackets⁴⁴):

Policy and programme (n=823)

Delegates thought that the conference will have the following implications: adjustment and initiation of programmes at the national and regional levels; better promotion of evidence-based policies; influencing the agenda of global priorities; and encouraging collaboration with different stakeholders.

- ✍ *"A very big signal to the policy makers on sensitive issues affecting humanity was sent, most especially on equality (sexuality, drug users, sex workers youths, etc.). I believe many countries will make a change."*
- ✍ *"The conference had opened the eyes and minds of [us], the young clinicians, for more quality research works in the area of HIV; preventive measures to be instituted for betterment of life of [PLHIV] and those affected by HIV. Advocacy to the Government for their commitment through presentation of facts about [the] present HIV situation in each region as learnt from other countries will have an impact on HIV policies and programmes being organized in my country."*

Advocacy (n=411)

Delegates believed that the conference will influence policies and leadership, raise awareness through media coverage and campaigns, and lead to a sharing of experiences and best practices.

- ✍ *"The conference is an inspirational event. Where in many areas governments fail to work in constructive ways together, the steps taken through financial support, data/information sharing has been amazing. Advocacy in DC received a boost by much emphasis on the importance to continue forward."*
- ✍ *"It will create improvement at all frontiers ... It will also cause change in some policies and increase advocacy for the marginalized groups which are more vulnerable. It will... create awareness about the trend of HIV research among different stakeholders and will also strengthen partnership and collaboration among the different actors."*

Research (n=408)

Delegates thought that the conference presented progress on research towards a cure, assisted in setting the direction of new and existing research, motivated researchers, and strengthened existing research findings.

- ✍ *"The conference will influence researchers to continue studies on HIV and AIDS. They will also be encouraged to conduct specific research on how HIV/AIDS affects persons with disabilities."*

⁴⁴ Many delegates made comments that were classified into more than one theme.

Funding (n=202)

Delegates thought that the conference raised the issue of increased funding needed, opened up opportunities for funding, and promoted strategies for local and/or national funding.

- ✍ *"AIDS 2012 will underscore the importance of maintaining and increasing current funding levels to 'turn the tide', it will focus delegates on returning to work which emphasises high-impact, evidence-based HIV programmes, and [it will focus] resources on those activities that work ... closing and prioritising the gaps we know exist."*

Delegates also provided examples of implications at the individual level (n=109), such as better understanding of research and current issues, reaffirming commitment and motivation, and taking initiatives once back at their workplace.

Some delegates indicated they did not know if the conference will have any implications (n=64), while others were of the opinion that the conference had little or no implications (n=32). The latter explained their answer as follows: there was no direct implication in their own work; there was no follow up of statements made at the conference; the conference was too political in nature; the conference did not present any new results; some key groups were under-represented (mainly sex workers and injection drug users); and the conference was over-ambitious. Respondents who did not know said that it was too early to make an assessment.

What did not work so well and could be improved at the next International AIDS Conference?

A total of 2,949 surveyed delegates commented on what they most disliked about the conference (or what disappointed them) and would like to see improved at the next International AIDS Conference. Of these, 176 delegates had no suggestion and 148 made positive remarks. Delegates' comments were classified into the following themes (the number of responses is provided in brackets⁴⁵):

Venue and logistics (n=1,355)

A majority of delegates commented on the security and challenges in managing the crowd efficiently at the venue, particularly at the opening ceremony. Delegates also complained about: the lack of seats in sessions, spill-over rooms and throughout the venue; the size and layout of the conference venue, making locating and attending sessions challenging; the limited availability, low quality and high cost of food, water and beverages; the excessive use of air-conditioning (room temperatures were far too low); inconsistencies with access to the Wi-Fi; accommodation; and transport.

- ✍ *"The physical space of the venue did not encourage interaction as much as other venues in other countries, e.g., Vienna. This meant that you had to seek out individuals you wanted to connect with rather than bumping into them when you were walking around."*
- ✍ *"The constant checking of bags by security and the constant scanning of badges to access certain areas ... I understand having the Global Village open to the public did cause additional security issues so perhaps that is something that should be re-visited for the next conference. In general, there was a disorganized feel to the conference because of the many check points."*

Content (n=663)

Delegates commented on many aspects of the programme content. The main points raised were: too much focus on the US; not enough science, clinical data and research results; prominence of male circumcision issues; limited focus on women and gender; and imbalanced representation of countries and regions.

- ✍ *"There was too much political undertone to the conference. I would like to see more research-based content, successful strategies used to address the aging HIV+ population and treatments."*
- ✍ *"[Much] of the information was presented in lecture/PowerPoint form. I would love to see more interactive sessions, and better practices and resources shared."*

⁴⁵ Many delegates made comments that were classified into more than one theme.

Programme format and schedule (n=525)

Many delegates complained about the time conflict between sessions that were of interest to them. Other comments included the following: lack of opportunities to network; insufficient time to view posters; density of the programme (some reported being overwhelmed by the choice offered by the programme); timing of early and late sessions (some complained that sessions started too early and finished too late); and lack of interaction opportunities during sessions.

- ✍ *"My disappointment was that most tracks of a similar nature were taking place at the same time; hence it became impossible for one to attend all."*
- ✍ *"There was a lot going on, which made it very busy and overwhelming – almost too much. Any possibility for more focus? The conference seemed to lack focus in important areas as it was [attempting] to reach all facets. I found that many 'good' sessions happened at the same time."*

Communication (n=398)

Most comments related to the confusion created between the conference's own signage, displayed only during AIDS 2012, and the permanent venue signage. Other comments included the following: the online version of the programme was challenging to use; the printed version of the programme was too large and cumbersome; the mobile application should give access to the abstracts; and registering for the conference and finding information on the AIDS 2012 website were difficult. Some delegates also questioned the use of paper and printed materials at the conference while others had difficulties in finding information on CME credits.

- ✍ *"The program was difficult to navigate. There were too many different programs, and each one had slightly different information. I felt like I had to read all of the different programs at one time to determine which sessions I would attend the next day. It was cumbersome."*

Programme activities and features (n=395)

Comments focused on the need to improve the opening and closing ceremonies, and the absence of US President Barack Obama. The multiple locations and small space for the poster exhibition was also highlighted. The location and access to the Global Village was thought to be not optimal and to have thus reduced its integration into the conference.

Delegates' and speakers' profile (n=286)

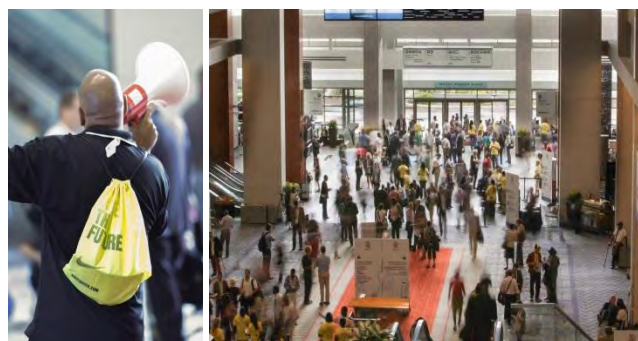
The main point commented on by delegates was the issue of injecting drug users and sex workers not obtaining US visas to attend the conference. Delegates also commented on the need to have better representation at the conference of women, indigenous people, disadvantaged groups and people from Latin America. Several delegates highlighted the lack of recognition of nurses at the conference.

Support for delegates during the conference (n=127)

Delegates sought more financial support (scholarships), as well as more assistance in obtaining entry visas.

Feedback from delegates who participated in focus group interviews during the conference support many of these comments and suggestions (see [Appendix 2](#)).

Most suggestions for improvement are similar to those expressed at previous conferences, which suggests that the conference organizers should invest more efforts in addressing the most frequent challenges faced by delegates. However, it seems that many of these challenges are inherent to all conferences of this size and nature.



[Click on the images above to watch a video](#)



CONCLUSION

Despite the current financial crisis, as well as competition with other well-known scientific conferences, AIDS 2012 was well attended and attracted a range of people engaged in the response to HIV and AIDS around the world. Results of the conference evaluation confirmed most trends observed at previous International AIDS Conferences.

The international dimension, the focus on human rights and HIV and the Global Village are considered to be the main added values of the conference while main benefits gained by delegates continue to be the acquisition of new knowledge and networking opportunities.

The programme was well rated overall in terms of quality and usefulness of sessions and activities. Feedback on workshops and the Global Village confirmed that these two features are important elements of the conference programme with respect to capacity building/strengthening, experience sharing and opportunities to see how science translates into action at the community level.

Delegates also expressed their satisfaction about the overall organization, with the majority (84%) indicating that it had met their needs with respect to their work focus, expertise level and role at the conference. They provided positive feedback on the different types of support received before and during the conference to help them prepare for the conference and participate in a meaningful way.

Most suggestions for improvement are similar to those expressed at previous conferences, which suggests that the conference organizers should invest more efforts in addressing the most frequent challenges faced by delegates. However, it seems that many of these challenges are inherent to all conferences of this size and nature.

In conclusion, the evaluation demonstrated that the International AIDS Conference continues to be a key forum that attracts thousands of key stakeholders engaged in the response to HIV and AIDS. It provides a strategic platform to: share scientific, programmatic and policy knowledge, as well as concrete experiences; raise awareness; advocate for key issues; create and reinforce partnerships and alliances; and increase motivation of those involved in the fight against the epidemic. The conference also plays an important role in keeping HIV and AIDS on the agenda of key national and global leaders and donors. Although it is too early to assess the medium- to long-term impact of AIDS 2012, it is reasonable to expect some influences on HIV research, policy, programmes, advocacy and funding at the global, regional and national levels.

RECOMMENDATIONS

Based on the key findings presented in this report and taking into account comments and observations made by the Conference Secretariat, the following recommendations were formulated to enhance the outcomes and impacts of future similar conferences, starting with AIDS 2014:

Programme

Sessions

- * Maintain the high quality of abstracts selected for the scientific programme.
- * Make efforts to ensure that all key topics relevant to the response to HIV and AIDS are sufficiently covered by the programme.
- * Find and implement solutions to limit time conflicts between sessions addressing similar topics or fields of research.
- * Pursue efforts to ensure the right balance among speakers, presenters and chairs in terms of gender, region, field of expertise and main affiliation/organization.

Poster exhibitions

- * Improve on-site signage to make it easier for delegates to find posters of interest.
- * Ensure that adequate space is provided for poster presentations.
- * Look for more opportunities to enhance the poster viewing experience (e.g., consider extending viewing times).

Workshops

- * Provide a better description of the workshops in the conference programme.
- * Encourage workshop organizers to make the workshops more engaging and improve learning methods by adding more case studies/practices, group activities or discussions, and leave some time for Q&As at the end of the workshop.
- * Encourage workshop organizers to provide participants with learning materials (e.g., handouts, references to online resources).
- * Better promote the usefulness of workshop evaluation to increase the proportion of participants sharing their feedback.

Global Village

- * Improve the information about the Global Village available on the conference website, including a better description of the area, its main features and added values.
- * Improve on-site signage, as well as the numbering and grouping of booths, to help visitors navigate within the Global Village and find areas and sessions of their interest.
- * Improve access to recycling and waste facilities.

Abstract Mentor Programme

- * Encourage mentors to provide timely feedback so that mentees have enough time to make necessary revisions before submitting their abstracts.
- * Ensure that mentors are aware of an anticipated last-minute surge in submissions.
- * Update the abstract writing e-course and explore the inclusion of more examples.
- * Explore different ways to enhance the mentoring programme through faster and less formal interaction among programme participants.

Scholarships

- * Ensure that the accommodation provided to scholarship recipients is of good quality and is located not too far from the conference venue.



Positive Lounge

- * Provide video streaming of plenary sessions in the lounge.
- * Maintain seated chair massages, yoga and reflexology sessions.
- * Provide better on-site medical services.
- * Better promote facilities provided inside the lounge.
- * Encourage sponsors/donors to contribute to the provision of warm snacks or meals inside the lounge.
- * Consider having more computer workstations available inside the lounge.

Information and communication

- * Consider making the printed version of the programme available to delegates on demand only in order to reduce paper waste.
- * Better promote social networking tools.
- * Ensure that the mobile application gives access to abstracts and contains up-to-date information.
- * Provide more information on some features, including CME credits and a map of the conference venue, through the conference website. Address incompatibility issues between the latter and certain browsers.

Other comments and suggestions made by delegates will be carefully reviewed by the AIDS 2014 Conference Secretariat. In addition, lessons learnt by the AIDS 2012 Conference Secretariat and resulting recommendations have been collated and shared with the AIDS 2014 Conference Secretariat, which will be responsible for implementing follow-up actions and for reporting on their progress. This is expected to enhance the conference accountability mechanisms and to foster the learning component of the conference evaluation.





WWW.AIDS2012.ORG

APPENDIX 1: Online delegate survey form

All questions marked with * are compulsory

CONFERENCE OUTREACH & SUPPORT FOR PARTICIPATION

1. How did you first learn about AIDS 2012?

- ☐ IAS website (www.iasociety.org)
- ☐ Conference website (www.aids2012.org)
- ☐ Online guide to Community Involvement in AIDS 2012 (www.aids2012community.org)
- ☐ Other websites, including Google research
- ☐ Facebook, Twitter, blogs or other social networking/media tools
- ☐ Email from the Conference Secretariat (e.g., monthly e-update)
- ☐ Other IAS communication (e.g., newsletter, press release)
- ☐ Printed conference promotion materials (flyer, brochure, poster, newsletter, etc.)
- ☐ Advertisement in a scientific journal or magazine
- ☐ Article in the newspaper
- ☐ Story on TV or the radio
- ☐ Recommended by a colleague/friend
- ☐ At a previous International AIDS Conference
- ☐ At another HIV or health-related conference/workshop/meeting
- ☐ Through my organization/affiliation/work
- ☐ Through a partner organization
- ☐ Through a donor/donor invitation
- ☐ Not sure
- ☐ Other (please specify):

2. *During the conference, were you a?

Select all that apply

- ☐ Speaker
- ☐ Chair
- ☐ Abstract presenter (oral abstract session)
- ☐ Poster presenter (oral poster discussion session)
- ☐ Poster exhibitor (in the poster exhibition area)
- ☐ Workshop facilitator
- ☐ Global Village activity organizer
- ☐ Media representative
- ☐ Delegate not fitting into the above categories



3. How easy was it for you to do the following?

		Very easy	Easy	Somewhat easy	Not very easy	Not easy at all	Not applicable/Don't know
3.1	Register for the conference						
3.2	Book accommodation						

⇒ Information

4. How useful were the following resources, which are available through the online Programme-at-a-Glance (<http://pag.aids2012.org/>)?

		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
4.1	Abstracts							
4.2	Presentation slides							
4.3	E-posters							
4.4	Audio files							
4.5	Webcasts							
4.6	Rapporteur session summaries							
4.7	"My Itinerary"							
4.8	Roadmaps							

5. How useful was the Programme-at-a-Glance application for mobile phones?

- ☐ Very useful
- ☐ Useful
- ☐ Somewhat useful
- ☐ Not very useful
- ☐ Not useful at all
- ☐ Did not use
- ☐ Not aware of
- ☐ I don't know

6. Was there anything important you think was missing on the conference website?

- ☐ Yes (please specify):.....
- ☐ No

7. How useful were the following printed materials (that you received in the delegate bag or badge holder)?

		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
7.1	Programme (in your bag)							
7.2	Pocket programme							

8. How useful was the Abstract CD-ROM?

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

⇒ **Scholarships****9. *Did you receive an AIDS 2012 International or Media Scholarship?**

- ☐ Yes
☐ No (go directly to next section)

10. How would you rate the overall organization of the AIDS 2012 International and Media Scholarship Programme?

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor

How useful were the following resources? (Continues on the next page)

		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
10.1	Scholarship form (downloadable PDF)							
10.2	Scholarship application tutorials (PowerPoints or PDFs downloadable from the AIDS 2012 website)							
10.3	Scholarship Frequently Asked Questions (AIDS 2012 website)							
10.4	Pre-departure guide							
10.5	Scholarship desk on site							

11. Please write in the text box below any comments and/or suggestions for improving similar scholarship programmes in the future.
⇒ **Support to media representatives***Section only displayed to those who selected "Media representative" in Question 2***12. How useful were the following online and on-site resources to build/enhance your knowledge about HIV and/or to cover the conference?**

		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
12.1	Online media guide							



		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
12.2	Media Centre page of website							
12.3	Electronic media kit							
12.4	Staff/volunteers at the media information desk							
12.5	Documents centre							
12.6	Newsroom							
12.7	Press conference rooms							
12.8	Broadcast facilities							
12.9	Official daily briefing							
12.10	Official daily press releases							
12.11	Third-party press releases and materials							
12.12	Twitter feed/Facebook and blog posts							

12.13 How would you rate the overall organization of the on-site Media Centre?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

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

⇒ **Poster Exhibition**

Question only displayed to those who did not select "Poster exhibitor (in the poster exhibition area)" in Question 2

13. *Did you visit the poster exhibition area?

- ☐ Yes
- ☐ No (skip next question)

13.1 How would you rate the poster layout in the display area?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Questions 13.2 to 13.4 only displayed to those who selected "Poster exhibitor (in the poster exhibition area)" in Question 2

13.2 How helpful was the on-site poster helpdesk?

- ☐ Very helpful
- ☐ Helpful
- ☐ Somewhat helpful
- ☐ Not very helpful
- ☐ Not helpful at all
- ☐ I did not visit it
- ☐ I was not aware of this desk

13.3 How would you rate the overall organization of the poster display area (i.e., its area layout, labeling, etc.)?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

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

⇒ [**Positive Lounge**](#)

14. *Did you visit the Positive Lounge?

- ☐ Yes
- ☐ No (go directly to next section)

14.1 How helpful was the Positive Lounge in supporting your participation in the conference?

- ☐ Very helpful
- ☐ Helpful
- ☐ Somewhat helpful
- ☐ Not very helpful
- ☐ Not helpful at all

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

⇒ [**Support to your special role in the conference**](#)

Section only displayed to those who selected "Speaker", "Chair", "Abstract presenter" and/or "Poster presenter" in Question 2

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

		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use/not applicable	Not aware of
15.1	Guidelines and templates							

15.2	Session point person							
15.3	Secretariat support							
15.4	Speaker Centre							

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

⇒ Social networking tools

16. How useful were the following social networking tools?

		Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
16.1	AIDS 2012 Facebook pages							
16.2	AIDS 2012 Twitter feed							
16.3	AIDS 2012 conference blog							

⇒ Overall organization

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

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

CONFERENCE PROGRAMME

⇒ Abstract-driven sessions

18. *What was your main track of interest at AIDS 2012 (the track in which you attended most sessions)?

Select one

- ☐ Track A: Basic Science
- ☐ Track B: Clinical Science
- ☐ Track C: Epidemiology and Prevention Science
- ☐ Track D: Social Science, Human Rights and Political Science
- ☐ Track E: Implementation Science, Health Systems and Economics
- ☐ No main track of interest

Question only displayed to those who selected “Track A” or “Track B”

18.1 Did you attend any sessions on HIV cure at the conference?

- ☐ Yes
- ☐ No (go directly to Question 19)

18.1.1 How would you rate the quality of these sessions?

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor

18.1.2 Please insert in the text box below any comments and/or suggestions you have on the topic of HIV cure for future conferences.

Question only displayed to those who selected one main track of interest in Question 18

19. *Did you attend sessions that did not belong to your main discipline, i.e., did you attend sessions in other tracks than your main track of interest?

- ☐ Yes
☐ No (skip next question)

19.1 Please select all tracks that apply

- ☐ Track A: Basic Science
☐ Track B: Clinical Science
☐ Track C: Epidemiology and Prevention Science
☐ Track D: Social Science, Human Rights and Political Science
☐ Track E: Implementation Science, Health Systems and Economics

20. Overall, how would you rate the quality of science presented in each track?

		Excellent	Good	Fair	Poor	Don't remember	Did not attend sessions in this track
20.1	Track A						
20.2	Track B						
20.3	Track C						
20.4	Track D						
20.5	Track E						

⇒ Non-abstract-driven sessions

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

		Excellent	Good	Fair	Poor	Don't remember	Did not attend this type of session
21.1	Plenary sessions						
21.2	Special sessions						
21.3	Bridging sessions						
21.4	Symposia sessions						
21.5	Regional sessions						

22. Looking at the programme content, do you think some key topics were not sufficiently covered?

- ☐ Yes (please specify which topics):
☐ No

⇒ **Programme activities****23. *How many times did you visit the Global Village during the conference?**

- ☐ I did not visit it
- ☐ 1-2
- ☐ 3-5
- ☐ More than 5

Question only displayed to those who replied "I did not visit it" to Question 23

24. Please select the main reason(s) from the list below:

Select all that apply

- ☐ I did not have time
- ☐ I was not aware of the Global Village
- ☐ I was not interested
- ☐ Other (please specify):

Questions 25 to 25.1.2 only displayed to those who visited the Global Village (i.e., did not select "I did not visit it" in Question 23)

25. Which of the following activities/features did you find the most useful?

Select up to 3 choices

- ☐ Networking zones
- ☐ NGO booths
- ☐ Marketplace booths
- ☐ Community dialogue space
- ☐ Youth Pavilion
- ☐ Sessions
- ☐ Screening room

Question only displayed to those who selected "Youth Pavilion" in Question 25

25.1 What did you do at the Youth Pavilion?

Select all that apply

- ☐ Attend sessions
- ☐ Networking
- ☐ Visit the Youth Positive Lounge
- ☐ Other (please specify):

Question only displayed to those who selected "Visit the Youth Positive Lounge" in Question 25.1.

25.2 Would you recommend keeping the Youth Positive Lounge at AIDS 2014?

- ☐ Yes
- ☐ No
- ☐ I don't know

⇒ **Conference values****26. *Generally speaking, did AIDS 2012, and/or any previous International AIDS Conference you may have attended in the past, offer something that you do not get from other well-known scientific/health conferences?**

- ☐ Yes
- ☐ No
- ☐ I don't know

Question only displayed to those who replied "Yes" in Question 26

26.1 Compared to other scientific/health conferences, what are the main added values of the International AIDS Conference (in other words, what do you get out of the International AIDS Conference that you don't get from the other conferences)?

Select up to 3 choices

- ☐ International dimension
- ☐ Focus on human rights and HIV
- ☐ Relevance of programme content to current challenges of the HIV response
- ☐ Variety of session types
- ☐ Number/diversity of delegates
- ☐ New information/updates
- ☐ Quality of science
- ☐ The Global Village
- ☐ Interactive sessions and debates
- ☐ Networking and collaboration opportunities
- ☐ Advocacy opportunities
- ☐ Professional development/skills building opportunities
- ☐ Speeches/presentations by worldwide political leaders
- ☐ Overall organization
- ☐ Other (please specify):

CONFERENCE ACHIEVEMENTS

⇒ **Main benefits and anticipated actions**

27. What benefits did you gain from attending AIDS 2012?

Select all that apply

- ☐ New knowledge
- ☐ New skills, including a better understanding of best practices
- ☐ Continuing Medical Education (CME) credits
- ☐ New contacts/opportunities for future collaboration, including professional development and career development
- ☐ Strengthening collaboration with existing contacts (i.e., people you already knew before the conference)
- ☐ Meeting friends
- ☐ Sharing experiences/lessons learnt
- ☐ Affirmation/confirmation of current work/research direction, approach and/or practice
- ☐ Motivation/renewed energy and/or sense of purpose
- ☐ Opportunity to advocate on specific issue(s)
- ☐ Opportunity to raise funds
- ☐ Identification or clarification of priority needs and the ways I can help meet them
- ☐ I did not gain anything from the conference
- ☐ Other (please specify):

Question only displayed to those who received a scholarship

27.1 *Did the conference help build and/or strengthen your capacities?

- ☐ Yes
- ☐ No (skip next question)

27.2 *Please provide concrete examples on how the conference helped you build/strengthen capacity and how you intend to apply new knowledge/skills (acquired at the conference) in your work.

28. During the conference, did you have the opportunity to network and/or discuss challenges in your current work on HIV with delegates/speakers working in different areas or those with different fields of expertise?

- ☐ Yes
- ☐ No
- ☐ Not sure

29. How will you use the benefits you gained at the conference?

Select all that apply

- ☐ Share information with colleagues, peers and/or partner organizations (e.g., through discussions, presentations, dissemination/translation of materials, writing papers, etc.)
- ☐ Organize a hub in my country to share the knowledge gained at the conference with others in my community (hub: screening of selected sessions of the conference followed by a moderated discussion)
- ☐ Build capacity within my organization/network (e.g., through training, development/update of guidelines, procedures, manuals, other materials, etc.)
- ☐ Motivate my colleagues, peers and/or partners
- ☐ Influence work focus/approach of my organization
- ☐ Refine/improve existing work/research practice or methodology
- ☐ Initiate a new project/activity/research
- ☐ Expand/scale up existing programmes/projects
- ☐ Raise awareness of key populations (e.g., women, youth, MSM, sex workers, people who use drugs, migrants, etc.)
- ☐ Raise awareness of community, policy and/or scientific leaders
- ☐ Strengthen advocacy or policy work
- ☐ Share information/experience with new contacts met at AIDS 2012
- ☐ Develop new collaborations (e.g., creation of a partnership/network)
- ☐ Strengthen existing collaborations
- ☐ Join existing partnership(s)/network(s)
- ☐ I am unsure
- ☐ I will not do anything differently

⇒ **Anticipated implications**

30. In the text box below, please write down what implications you think the conference may have on HIV research, policy, advocacy and programmes at country, region and/or global level (100 words maximum).

⇒ **Comments and suggestions**

31. What did you most dislike about the conference (or what disappointed you) and what would you like to see improved at the next International AIDS Conference?

FINALLY, A FEW DETAILS ABOUT YOU...

32. Which International AIDS Conference(s) did you attend before AIDS 2012?

Select all that apply or do not select anything if AIDS 2012 was your first International AIDS Conference

- ☐ AIDS 2004 (Bangkok, Thailand)
- ☐ AIDS 2006 (Toronto, Canada)
- ☐ AIDS 2008 (Mexico City, Mexico)
- ☐ AIDS 2010 (Vienna, Austria)

33. *What is your main occupation/profession? (selection from a scrolling menu)

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

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

Question only displayed to those who selected one of the following options in Question 35: NGO, PLHIV group/network, grassroots CBO, and faith-based organization.

35.1 As part of an on-going study on local and national non-profit organizations participating in the conference, would you agree to be contacted in late August/early September to complete a short online survey?

- ☐ Yes (please enter your email address here):
- ☐ No

36. For how many years have you worked in the HIV field (full or part time)?

- ☐ Less than 2
- ☐ Between 2 and 5
- ☐ Between 6 and 10
- ☐ Between 11 and 15
- ☐ More than 15

37. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Do not want to disclose

38. What is your age?

- ☐ Between 16 and 26
- ☐ Between 27 and 40
- ☐ Between 41 and 50
- ☐ Above 50

.....

39. As it is too early to assess the medium-term impact of the conference on your attitude and practice in your HIV work, we plan to conduct a follow-up survey in about 10 months' time. Would you agree to complete such a survey (it will contain maximum 10 questions)?

- ☐ Yes
- ☐ No

.....

40. You reached the end of the survey. Before closing, please indicate if you would like to enter the prize draw to win US\$200 for you, your organization or your nominated HIV/AIDS charity. Fifteen respondents will be randomly selected and will be notified by email (no link to survey answers).

- ☐ Yes
- ☐ No

APPENDIX 2: Focus group discussions

As in 2010, focus group discussions⁴⁶ were conducted during the conference with delegates mainly affiliated to non-governmental organizations, grassroots community-based organizations, people living with HIV/AIDS groups/networks, and faith-based organizations. **The objective was to better understand what participants thought about the conference, including the reasons that motivated them to attend, the barriers encountered for participation and the impact that the conference had on their practices.** Discussions also allowed delegates to make suggestions for improvement and to briefly discuss their perceptions of what it means to be a member of the International AIDS Society.

A total of 58 delegates, divided into nine groups, took part in these discussions, which each lasted for about one hour. They were moderated by a research group of the American University, which was also responsible for the transcription of recorded data and their analysis. The profile of participants is summarized in Figure A.

Figure A. Profile of focus group discussion participants

Attribute	AIDS 2012	Attribute	AIDS 2012
Gender (n=58)		Key affected population (KAP) target group (n=35)²	
Male	47%	People living with HIV	32%
Female	50%	Other	22%
Transgender	2%	Youth	15%
Not disclosed	2%	Lesbian, Gay, Bisexual and Transgender	12%
Region (n=39)¹		Sex workers	12%
Sub-Saharan Africa	51%	Women	7%
North America	21%	Type of mission with KAP (n=36)³	
South and South-East Asia	10%	Treatment & care	39%
Oceania	8%	Prevention	22%
Western and Central Europe	5%	Advocacy	19%
Middle East and North Africa	3%	Prevention & care	11%
Central and South America	3%	Other	8%

¹ No participants represented East Asia, and Eastern Europe and Central Asia.

² It refers to the population(s) affected by HIV/AIDS in which the affiliated organization of focus group participants concentrates its work and efforts.

³ It refers to the main approach undertaken by the affiliated organization when interacting with the people intended to be targeted.

Results of these focus group discussions were used, among others, to cross check findings from the various surveys conducted as part of the AIDS 2012 evaluation. Main findings are summarized as follows:

Reasons for attending the International AIDS Conference

- * To gain knowledge
 - Learn about research conducted by other delegates.
 - Learn new trends in the field.
 - Gain new skills or professional development.
 - Hear speeches by high-level people (e.g., head of UNAIDS, politicians).
 - Affirm or confirm current work approach, including work direction and/or practice.
- * To disseminate knowledge
 - Present research, including presenting posters and being a speaker.
 - Share experiences or lessons learnt.
- * To advocate
 - Advocate for a key population.
 - Advocate for a key issue.

⁴⁶ One of the distinct features of focus group discussions is their group dynamics; hence the type and range of data generated through the social interaction of the group are often deeper and richer than those obtained from one-to-one interviews (see Thomas *et al* 1995).

- * To support delegates' organizations/affiliations
 - *Improve own organization's reputation.*
 - *Increase likelihood of organization being invited to collaborate on research.*
- * To increase motivation, renew energy or sense of purpose
- * To meet contacts
 - *Meet new people.*
 - *Meet friends, referring to existing friends.*
 - *Seek future collaboration, including professional development and career development purposes.*
 - *Strengthen relationships with existing contacts.*
- * To enhance funding
 - *Identify new funding opportunities to raise new funds.*
 - *Maintain existing funding relationships.*
- * To travel

Main barriers to conference participation

- * Cost to attend the conference, including registration fees.
- * Travel distance.
- * Abstract not accepted.

Conference impact upon return

- * Share new knowledge
 - Share information with colleagues, including peers and/or partner organizations.
 - Organize a country hub to share the knowledge gained at the conference with others in the community.
- * Raise awareness
 - Raise awareness of key populations, including women, youth, MSM, sex workers, people who use drugs, migrants, etc.
 - Raise awareness of community, policy and/or scientific leaders.
 - Strengthen advocacy and policy work,
- * Maintain connections
 - Share information/experience with new contacts met at the conference.
 - Develop new collaboration with people met at the conference, such as the creation of a partnership or a network.
 - Continue to strengthen collaborations that pre-existed the conference.
- * Strengthen delegates' organizations
 - Build capacity within organization/network.
 - Motivate colleagues, peers and/or partners.
 - Influence work focus/approach of the organization.
- * Improve programmes and projects
 - Refine or improve existing work/research practice or methodology.
 - Initiate a new project, including a new activity or research.
 - Expand existing projects, including programmes and activities.



Motivation to be part of the International AIDS Society

- * Concerns were expressed by participants who thought that becoming a member of the IAS was required to register for the conference.
- * There was confusion about what it means to be a member of the IAS.
- * Some delegates understood that if they become members of the IAS, they would receive HIV/AIDS-related information, including latest news or research.

Suggestions for improvements to enhance the impact of the International AIDS Conference

- * The Conference Secretariat should explore more in depth the role that technology could play in the overall organization of the conference.
- * The Conference Secretariat should include a programme for newcomers.
- * The support in accommodation provided to delegates should be revised.
- * The Global Village is a conference asset and should be maintained. However, it was not very well integrated into the conference as it was located far away from the main events.
- * The cost of attending the conference should be reduced, and the return on investment should be better explained to delegates.
- * Consider reducing the number of topics covered and organizing the schedule in a more effective way.
- * Make sure that the conference is attended by key affected populations.

APPENDIX 3: Abstract statistics (by track and submission type)

Figure A. Breakdown of regular abstracts accepted by track (2010 and 2012)

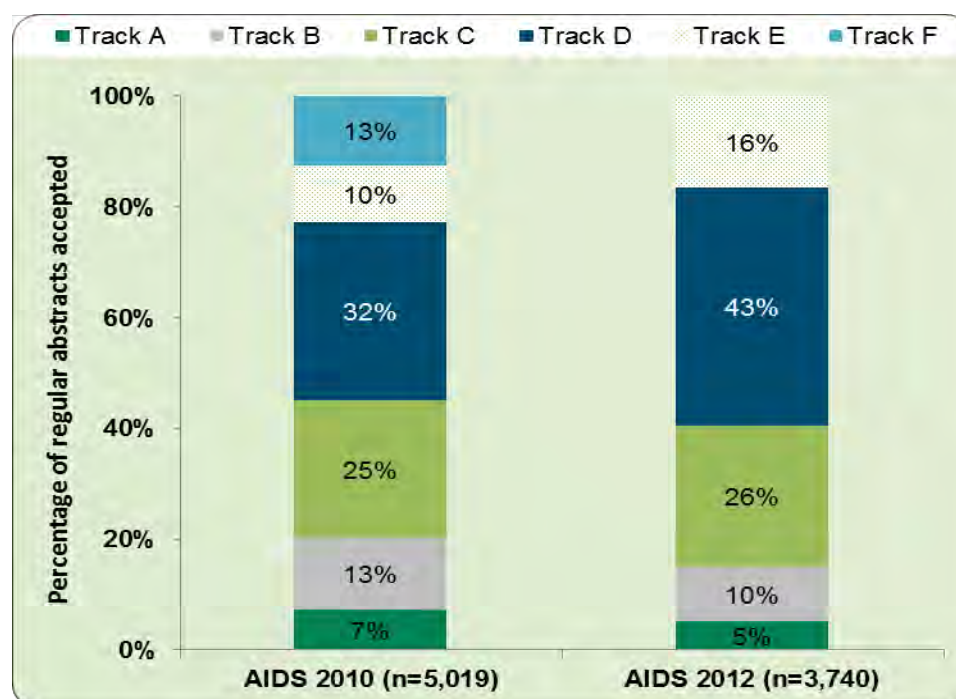
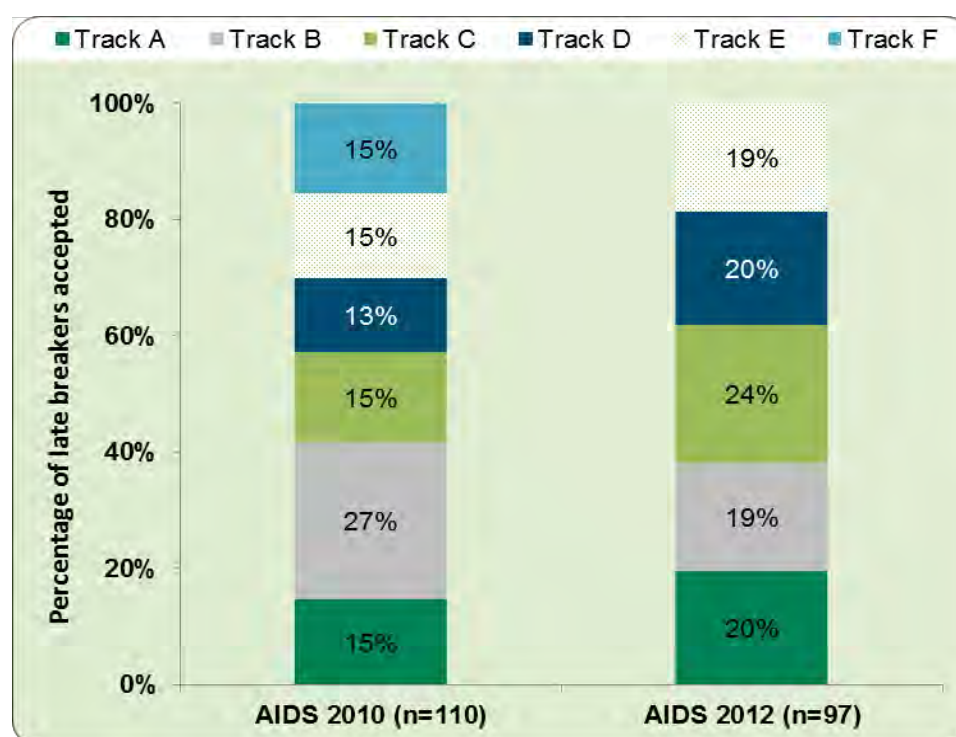
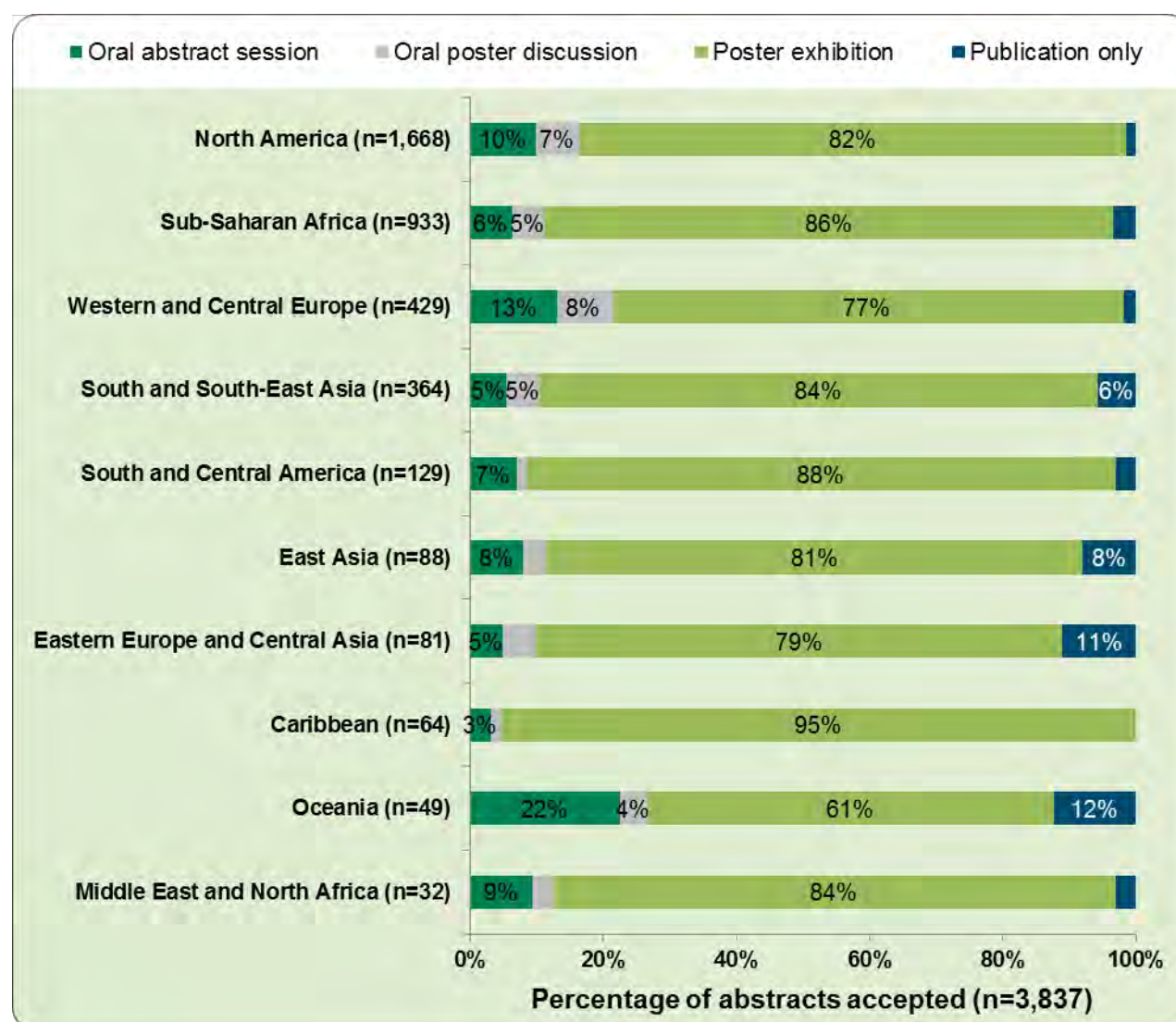


Figure B. Breakdown of late breakers accepted by track (2010 and 2012)



APPENDIX 4: Abstract statistics (based on region)

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



APPENDIX 5: Abstract statistics (based on gender)

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

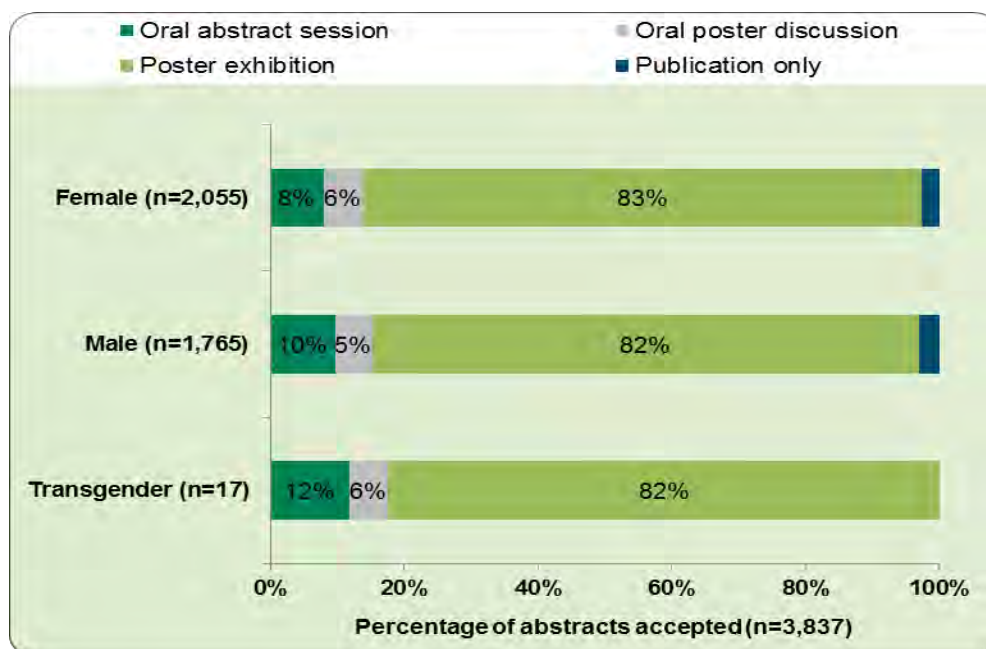
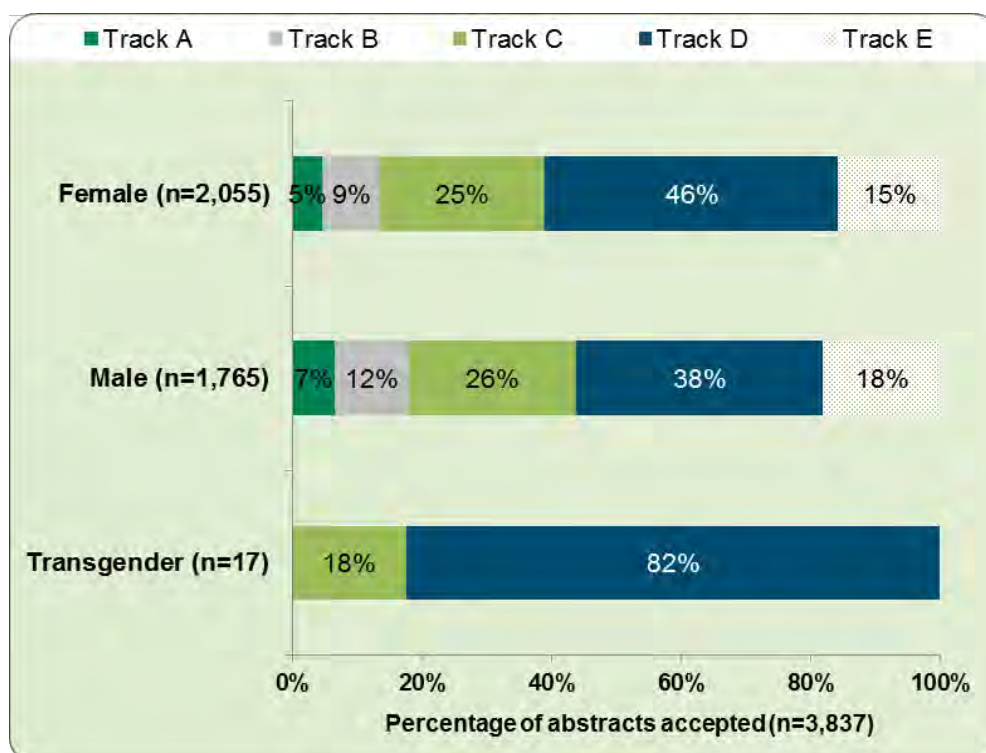


Figure B. Breakdown of abstracts accepted (track by gender)



APPENDIX 6: Perception of the conference's added values

The four graphs below show the response patterns (Yes, No or Don't know) to the question: "Did AIDS 2012 offer something that delegates did not get from other well-known scientific/health conferences?"

Figure A. Breakdown of responses by delegates' region of work

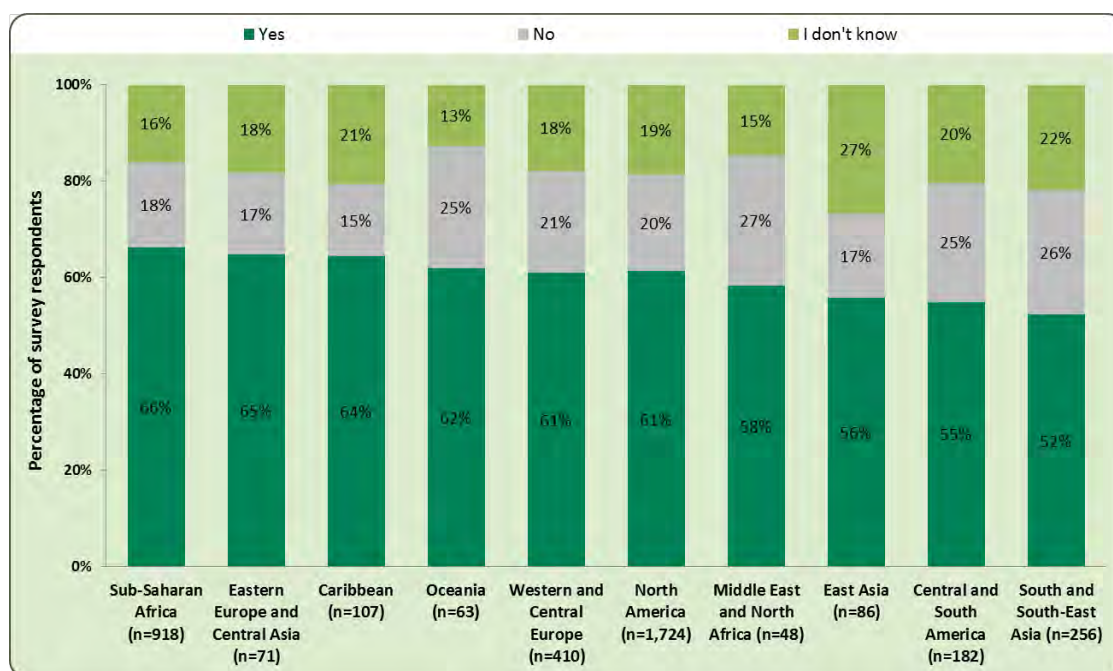
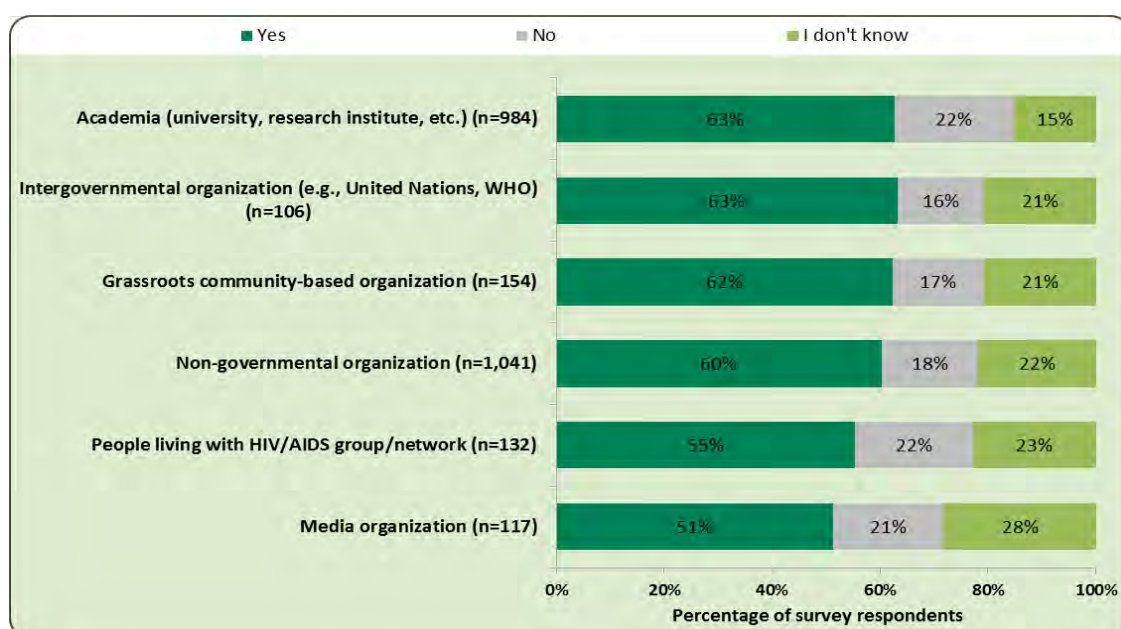


Figure B. Breakdown of responses by delegates' affiliation type⁴⁷



⁴⁷ This graph excludes affiliation types represented by less than 100 surveyed delegates.

Figure C. Breakdown of responses by delegates' main track of interest

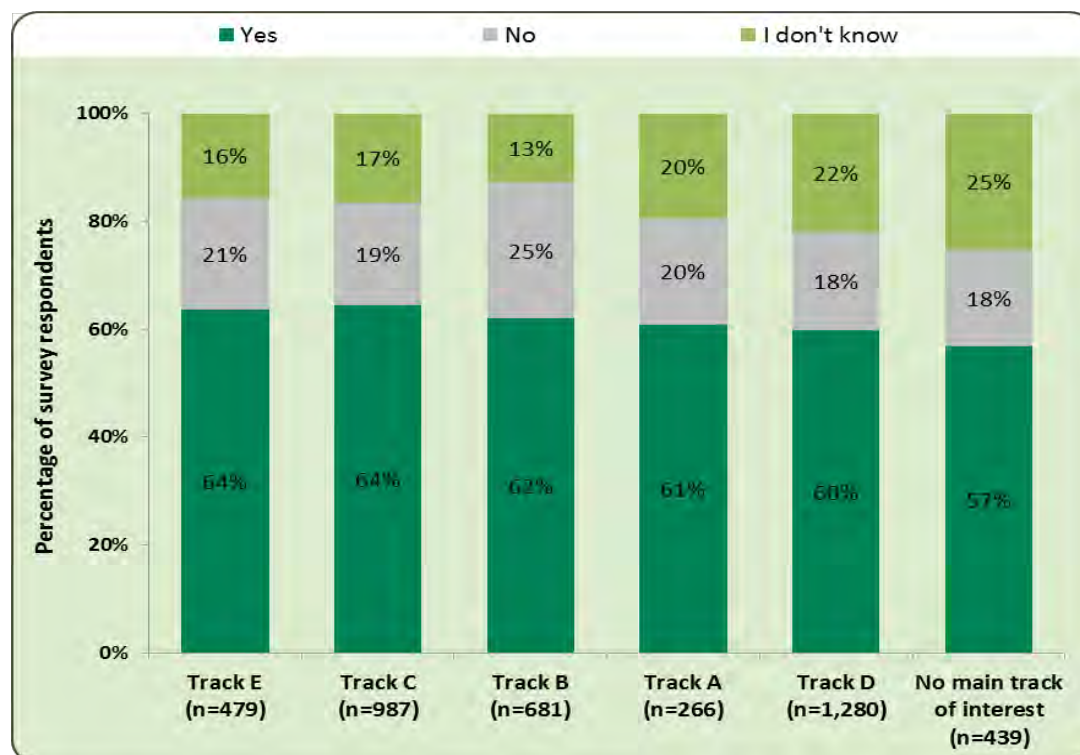
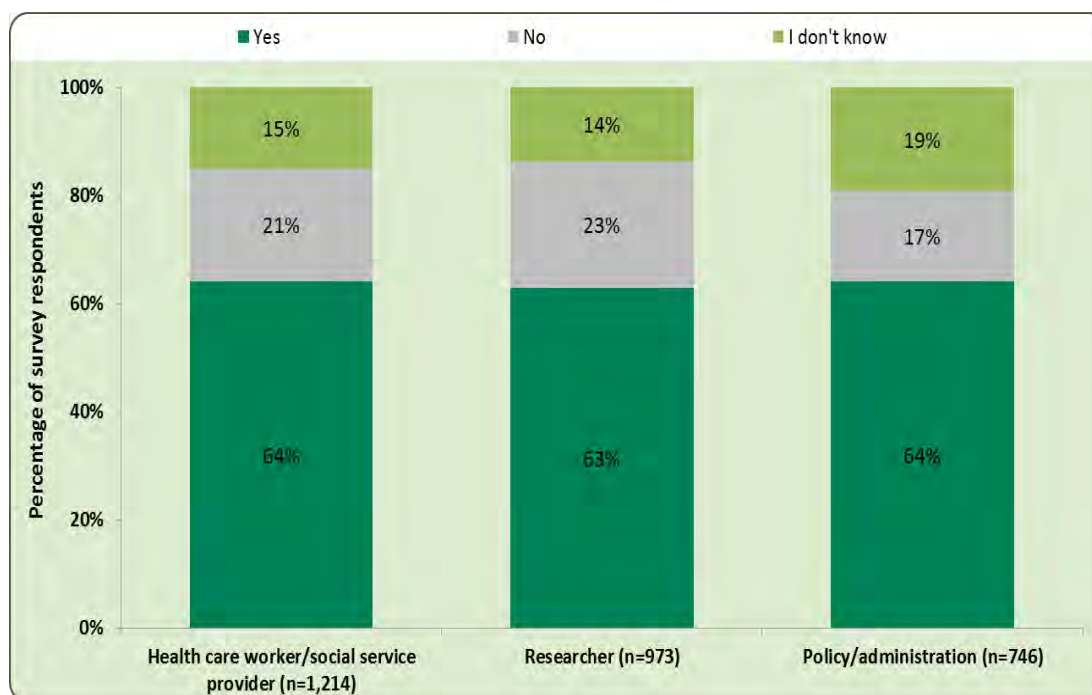


Figure D. Breakdown of responses by delegates' main profession⁴⁸



⁴⁸ This graph only includes the three professions/occupations most frequently identified by surveyed delegates.

APPENDIX 7: List of countries classified by main region

Sub-Saharan Africa (1)		Palestinian Territory, Occupied	PS	Federated States of Micronesia	FM	Netherlands Antilles	AN
Angola	AO	Qatar	QA	Fiji	FJ	Puerto Rico	PR
Benin	BJ	Saudi Arabia	SA	French Polynesia	PF	Saint Helena	SH
Botswana	BW	Somalia	SO	Guam	GU	Saint Kitts and Nevis	KN
Burkina Faso	BF	South Sudan	SS	Kiribati	KI	Saint Lucia	LC
Burundi	BI	Sudan	SD	Marshall Islands	MH	Saint Pierre and Miquelon	PM
Cameroon	CM	Syria Arab Republic	SY	Nauru	NR	Saint Vincent and the Grenadines	VC
Cape Verde	CV	Tunisia	TN	New Caledonia	NC	Trinidad and Tobago	TT
Central African Republic	CF	United Arab Emirates	AE	New Zealand	NZ	Turks and Caicos Islands	TC
Chad	TD	Yemen	YE	Niue	NU	Virgin Islands, British	VG
Comoros	KM			Norfolk Islands	NF	Virgin Islands, US	VI
Congo, the Republic of	CG	Eastern Europe and Central Asia (3)		Northern Mariana Islands	MP	North America (9)	
Democratic Republic of Congo	CD	Armenia	AM	Palau	PW	Canada	CA
Equatorial Guinea	GQ	Azerbaijan	AZ	Papua New Guinea	PG	Mexico	MX
Eritrea	ER	Belarus	BY	Pitcairn	PN	United States of America	US
Ethiopia	ET	Georgia	GE	Samoa	WS	Western and Central Europe (10)	
Gabon	GA	Kazakhstan	KZ	Solomon Islands	SB	Albania	AL
Gambia	GM	Kyrgyzstan	KG	Tokelau	TK	Andorra	AD
Ghana	GH	Moldova, Republic of	MD	Tonga	TO	Austria	AT
Guinea	GN	Russian Federation	RU	Tuvalu	TV	Belgium	BE
Guinea-Bissau	GW	Tajikistan	TJ	Vanuatu	VU	Bosnia & Herzegovina	BA
Ivory Coast	CI	Turkmenistan	TM	Wallis and Futuna	WF	Bulgaria	BG
Kenya	KE	Ukraine	UA	Central and South America (7)		Croatia	HR
Lesotho	LS	Uzbekistan	UZ	Argentina	AR	Cyprus	CY
Liberia	LR	East Asia (4)		Belize	BZ	Czech Republic	CZ
Madagascar	MG	China	CN	Brazil	BR	Denmark	DK
Malawi	MW	Democratic People's Republic of Korea	KP	Bolivia	BO	Estonia	EE
Mali	ML	Hong Kong	HK	Chile	CL	Finland	FI
Mauritania	MR	Japan	JP	Colombia	CO	France	FR
Mauritius	MU	Macao	MO	Costa Rica	CR	Germany	DE
Mayotte	YT	Mongolia	MN	Ecuador	EC	Greece	GR
Mozambique	MZ	Republic of Korea	KR	El Salvador	SV	Holy See (Vatican)	VA
Namibia	NA	Taiwan, Province of China	TW	Falkland Islands (Malvinas)	FK	Hungary	HU
Niger	NE	South and South-East Asia (5)		French Guiana	GF	Iceland	IS
Nigeria	NG	Afghanistan	AF	Guatemala	GT	Ireland	IE
Rwanda	RW	Bangladesh	BD	Guyana	GY	Israel	IL
Sao Tome and Principe	ST	Bhutan	BT	Honduras	HN	Italy	IT
Senegal	SN	Brunei Darussalam	BN	Nicaragua	NI	Kosovo	KV
Seychelles	SC	Cambodia	KH	Panama	PA	Latvia	LV
Sierra Leone	SL	India	IN	Paraguay	PY	Liechtenstein	LI
South Africa	ZA	Indonesia	ID	Peru	PE	Lithuania	LT
Swaziland	SZ	Lao People's Democratic Republic	LA	South Georgia & the South Sandwich	GS	Luxembourg	LU
Tanzania, United Republic of	TZ	Malaysia	MY	Suriname	SR	Macedonia, FYR	MK
Togo	TG	Maldives	MV	Uruguay	UY	Malta	MT
Uganda	UG	Myanmar	MM	Venezuela	VE	Monaco	MC
Zambia	ZM	Nepal	NP	Caribbean (8)		Montenegro	ME
Zimbabwe	ZW	Pakistan	PK	Anguilla	AI	Netherlands	NL
Middle East and North Africa (2)		Philippines	PH	Antigua and Barbuda	AG	Norway	NO
Algeria	DZ	Singapore	SG	Aruba	AW	Poland	PL
Bahrain	BH	Sri Lanka	LK	Bahamas	BS	Portugal	PT
Djibouti	DJ	Thailand	TH	Barbados	BB	Romania	RO
Egypt	EG	Timor-Leste	TL	Bermuda	BM	San Marino	SM
Iraq	IQ	Vietnam	VN	Cayman Islands	KY	Serbia	RS
Islamic Republic of Iran	IR	Oceania (6)		Cuba	CU	Slovakia	SK
Jordan	JO	American Samoa	AS	Dominica	DM	Slovenia	SI
Kuwait	KW	Australia	AU	Dominican Republic	DO	Spain	ES
Lebanon	LB	Cook Islands	CK	Grenada	GD	Sweden	SE
Libya Arab Jamahiriya	LY			Guadeloupe	GP	Switzerland	CH
Morocco	MA			Haiti	HT	Turkey	TR
Oman	OM			Jamaica	JM	United Kingdom	GB
				Montserrat	MS		



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