

AIDS 2016

DURBAN, SOUTH AFRICA JULY 18–22, 2016

ONE YEAR LATER: HOW HAS AIDS 2016 MADE AN IMPACT?

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ACRONYMS AND ABBREVIATIONS

AIDS 2016	21st International AIDS Conference
ARASA	AIDS and Rights Alliance for Southern Africa
ART	Antiretroviral therapy
ARV	Antiretrovirals
CBO	Community-based organizations
EU	European Union
FBO	Faith-based organization
GBV	Gender-based violence
HCT	HIV counselling and testing
HIVST	HIV self-testing
IAS	International AIDS Society
LGBT	Lesbian, gay, bisexual and transgender
MSM	Gay men and other men who have sex with men
NGO	Non-governmental organization
NIH	National Institutes of Health
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
SRHR	Sexual and reproductive health rights
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VMMC	Voluntary medical male circumcision
WHO	World Health Organization

Terminology

Key populations refer to men who have sex with men, people who inject drugs, sex workers, and transgender people.

Priority populations refer to people living with HIV, and groups outside of key populations who may be at increased risk of acquiring HIV, e.g. adolescents, indigenous people, migrants, people with disabilities, prisoners, people of advanced age, women and girls.

INTRODUCTION

The 21st International AIDS Conference (AIDS 2016) was held in Durban, South Africa, on 18-22 July 2016. This was 16 years after the historic Durban 2000 International AIDS Conference, at a time when the 24.5 million people in sub-Saharan Africa living with HIV had limited access to antiretroviral therapy.

In a globally transformed HIV response, UNAIDS estimates that 19.5 million people now receive ART worldwide¹ and that 77% of pregnant women have access to ART for prevention of vertical transmission. While South Africa is still home to the world's largest HIV epidemic, it is also home to the world's largest ART programme, and has broad social mobilization and activism supporting its national HIV response, including active representation and involvement of key population communities.

The biennial International AIDS Conference is the largest international meeting on a health issue. It draws together participants representing all stakeholders in the global response to HIV, uniquely combining basic and applied science, social justice and human rights discourse, and community mobilization and representation.

AIDS 2016 brought together 13,065 of the world's foremost experts, activists and implementers from 155 countries. With 838 international journalists in attendance, the conference is the most widely-covered HIV event in the world. The theme of AIDS 2016 was Access Equity Rights Now. AIDS 2016 was aimed at reinventing the response to HIV and AIDS by:

1. Bringing together the world's experts to advance knowledge about HIV, present new research findings, and promote and enhance scientific and community collaborations around the world

2. Promoting HIV responses that are supported by and tailored to the needs of at-risk populations or people living with HIV, including women and girls, men who have sex with men, transgender people, sex workers, young people, and people who use drugs

3. Promoting activism and community mobilization that holds leaders, industry and governments accountable and increases their commitment to an evidence-based, human rights-affirming HIV and AIDS response

4. Advancing a clear agenda for HIV in a post-2015 framework, including the cross-cutting issues of criminalization, gender-based violence, sexual and reproductive health rights, and stigma and discrimination that keep people living with HIV at the centre of the HIV response

5. Building innovative partnerships with businesses, community, government and science to strengthen HIV prevention and treatment efforts.

This report provides an impact evaluation of AIDS 2016 a year after the conference.



¹ <http://www.unaids.org/en/resources/fact-sheet>



The survey and informants' responses are best summarized by the following overall observations.

89% of respondents agreed that responses for key populations had been enhanced.

70% have initiated at least one new project, programme or research piece inspired by AIDS 2016.

97% of delegates who completed the survey said that attending AIDS 2016 had influenced their work in some way.

83% have shared what they heard at AIDS 2016 with colleagues, communities, clients and leaders.

76% felt that civil society's ability to demand and promote accountability had been improved.

59% of respondents have enhanced their professional networks, and several examples of joint activities and collaborations came out of AIDS 2016.

69% said that the conference had influenced policy change, and many examples of local and national changes were given.

Advocacy and sharing of information contributed to policy changes for test and treat, PrEP, HIVST, differentiated care and more.

ONE YEAR LATER: HOW HAS AIDS 2016 MADE AN IMPACT?

We know from the AIDS 2016 Conference Report² that delegates gained new knowledge, made commitments, networked and formed new partnerships. One year later, the IAS team has asked whether this inspiration turned into action, and whether the sharing of information and advocacy from AIDS 2016 resulted in policy changes, new types of services and better accountability. We took the opportunity to follow up on these outcomes and to assess the impact of AIDS 2016 using a survey a year after the conference. The report builds on the findings of the AIDS 2016 Conference Report, which was prepared immediately after the conference.

Evaluation methods

A survey was sent out to those who had responded to the post-conference survey in mid-2017, asking about the lasting effects of AIDS 2016.

We also conducted eight key informant interviews to enrich the survey results.

The narrative responses were coded where relevant, themes were extracted, and quotes were selected to authentically reflect respondents' views and to show examples³.

Survey demographics

The survey was sent to 2,003 delegates, of whom 580 (29%) responded. For the purposes of the report, the word, "delegate", is used for these survey respondents.

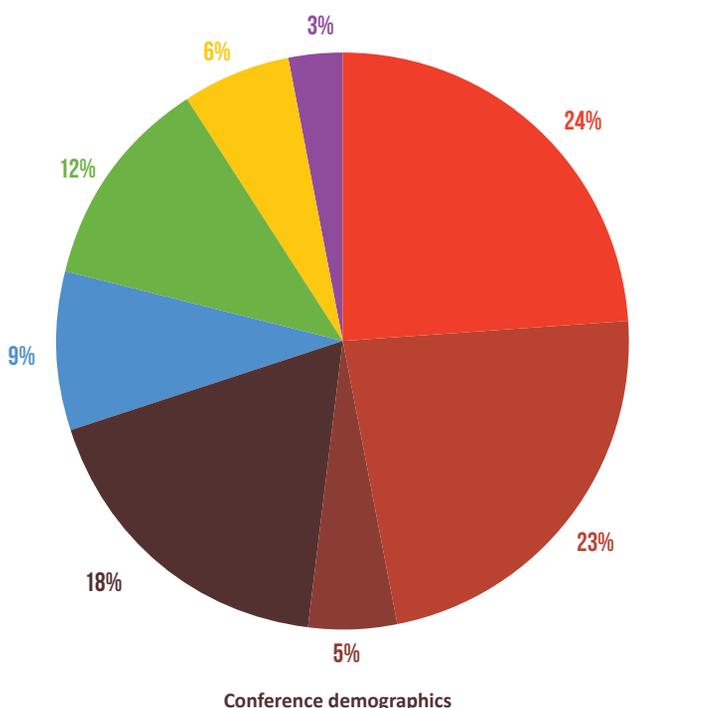
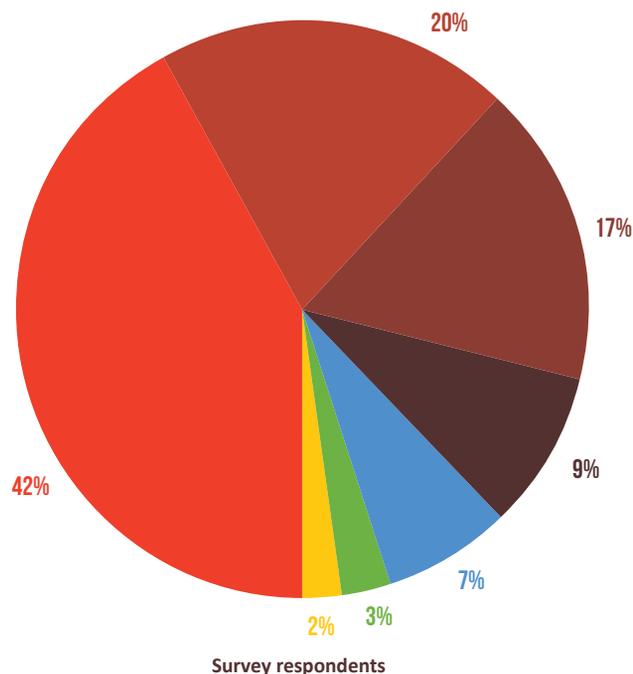
Age and gender demographics are shared in Annex 1, and were representative of the conference delegate demographics. There was, however, some participant bias in terms of affiliation and country representation.

A total of 59% of responses came from civil society (NGOs, CBOs, networks of people living with HIV and key populations). This is a substantial over-representation: civil society contributed only 29% to conference delegate demographics. Under-represented groups include government and intergovernmental agencies, the private sector and media.

Over-represented regions in the data (relative to the number of delegates) were sub-Saharan Africa and Central and South America; and least represented regions were Western and Central Europe and North America.

This distortion is likely to result in biases in the results towards perceptions and activities held by civil society in resource-limited settings, rather than the experiences of government, the private sector and other stakeholders in North America and Europe.

Comparing survey respondents' affiliation with conference demographics



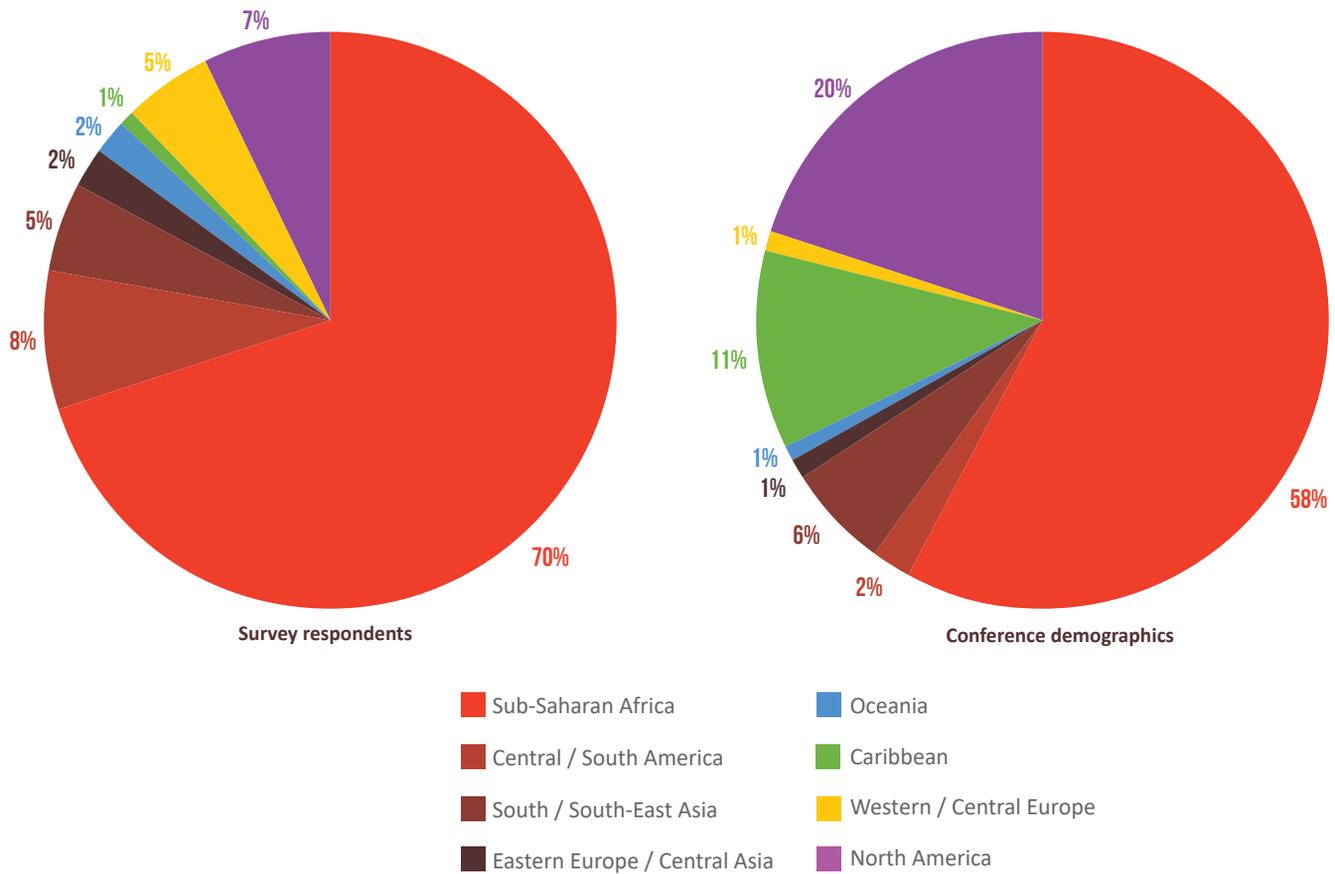
- NGOs / FBO
- Academia
- CBO / Network
- Government / Intergovernmental
- Hospital / Clinic
- Private Sector
- Media
- Foundation / Development Partner

² http://www.aids2016.org/Portals/0/File/AIDS2016_evaluation_report.pdf?ver=2017-04-05-170315-470

³ Quotations are minimally edited for language and clarity as needed.

Unless otherwise stated, all quotations are drawn from the survey.

Comparing survey respondents' country of residence with conference demographics



Analysis and report structure

Survey responses are presented around three broad questions in this report, and are based, to a varying extent, on the achievement of the conference objectives. The questions are:

1. What impact has AIDS 2016 made on you and/or your organization?

This first section describes how delegates and organizations changed after AIDS 2016 in terms of knowledge, skills, working differently, new ventures, and how ideas around cross-cutting issues and key populations have been applied.

2. How has AIDS 2016 influenced your work on HIV advocacy?

The second section illustrates how content at AIDS 2016 was shared beyond the organizations and people who attended, and especially how knowledge and motivation turned into advocacy messaging and partnerships or collaboration.

3. What difference has AIDS 2016 made to the HIV response?

In this section, we draw out the impacts that survey respondents described, such as whether civil society is better able to demand accountability, whether global leadership or investment has improved, and examples of policy influence through AIDS 2016.

WHAT IMPACT HAS AIDS 2016 MADE ON YOU AND/OR YOUR ORGANIZATION?

97% of respondents said “Yes” to the question, “Has attending AIDS 2016 influenced your individual work and/or your organization’s work in any way?”

1.1 How has your motivation, knowledge, skills and awareness improved since AIDS 2016?

88% of respondents said that motivation, knowledge, skills and awareness had improved⁴.

Delegates learned about all dimensions of the response, including: the gaps in TB-HIV integration; pre-exposure prophylaxis (PrEP); developments in self-testing; and test and treat. AIDS 2016 was many delegates’ first conference, so even well-established themes were highly educational, such as PMTCT and youth- and adolescent-friendly services.

“With the knowledge, I was able to mentor the health workers on strategies for adolescent support groups ... and quite a number of those that defaulted have returned. A number of repeat viral loads are now suppressed.”

Delegates acknowledged that “treating our way out of the epidemic” is not realistic. AIDS 2016 injected new approaches and innovation into prevention efforts.

Conference activism was inspiring for many – work was reinvigorated, confidence was raised, and new projects, research and connections were initiated.

“I got very inspired by the many activists. This gave me courage to contact once more the migrant church leaders, important key persons of my target group (migrants) in Switzerland. It also led to the invitation of Phumzile Mabizela to the annual congress of AIDS Focus in Switzerland and to a talk show made by African Mirror TV.”

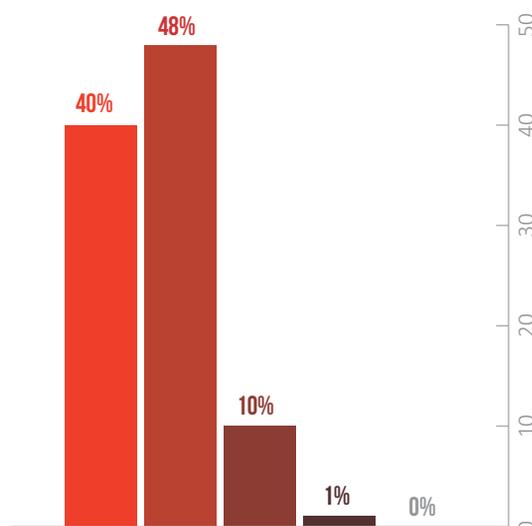
⁴ Survey responses of either “immensely” or “a lot”

⁵ https://www.youtube.com/watch?v=x5eH1nNulpE&list=PLF_UF7OjPa_870ByXksqMBIvt9dv6Wuxj&index=12



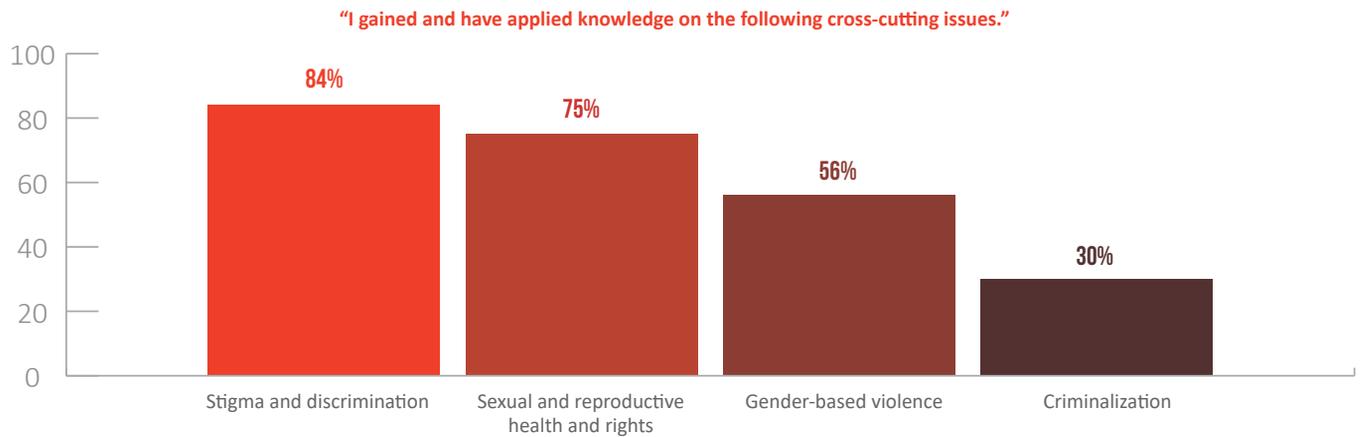
“The experience at AIDS 2016 has improved my professional motivation, knowledge, skills and awareness.”

■ Immensely / Transformative
 ■ Somewhat
 ■ No
■ A lot
 ■ A little



1.2 How have you applied knowledge on cross-cutting issues gained at AIDS 2016?

84% of respondents gained and applied knowledge on stigma and discrimination, and 75% on sexual and reproductive health and rights.



Stigma and discrimination

Delegates have developed training and awareness materials, and facilitated conversations to reduce stigma. Some organizations have taken an inward look at stigma, introducing more inclusive policies and programming.

“We have revised language to be more gender inclusive and sensitive, and have undertaken advocacy with leaders and religious groups in the community to reduce stigma and increase access to SRHR services for youth.”

Sexual and reproductive health and rights (SRHR)

Healthcare providers have enhanced the quality of their services, and focused more on specific key populations and their needs. There has been more STI screening and treatment, PrEP and HCT, particularly for adolescent girls and young women

“Through the knowledge gained from the conference, we have paid more attention to the reproductive health needs of PLHIV in our facilities. Counselling and reproductive health education are being provided, and referral for other reproductive health services is done.”

Gender-based violence (GBV)

Delegates are more aware of GBV and have integrated education, screening and a response to GBV into their other programmes, especially for adolescent girls and young women.

“We have integrated gender-based violence in our implementation at VMMC sites and have seen an increase in couple counselling.”

Decriminalization

Decriminalization, particularly of key populations, was a major programme focus at AIDS 2016. Although there were examples of advocating for decriminalization, only 30% of surveyed delegates had gained and applied knowledge in this area. To build on progress, decriminalization activism needs strong and continued support.

“I have been in the lead in the process of decriminalization of sex work in Kenya whereby we are gathering evidence on violence among sex workers so that we can have tangible evidences before moving to court to challenge the laws and policies in our country.”

1.3 What new projects, programmes and research were inspired by your participation in AIDS 2016?

70% of respondents said “Yes” to “I/we have initiated at least one new project, programme and/or research inspired by AIDS 2016”.

Many new programming ideas were implemented following AIDS 2016, covering a range of biomedical and social approaches to the response. Delegates have also refined old projects for subpopulations and target groups.

The most often mentioned enhancements were around SRHR in general, especially PrEP programming and test and treat. Updated treatment and care approaches were being rolled out for HCT, PMTCT and TB/HIV and other co-infections. A few delegates reported that they had improved their strategies for disease and viral load monitoring and for uptake of differentiated care models.

“We have initiated a project on inclusive and comprehensive SRHR-HIV response along migration corridors to begin in July 2017.”

“We had a small fee-based PrEP project, the first (and only) in Central America. With the knowledge gained, we improved our protocols to improve access to gay men who need PrEP.”

“We have changed to test and treat, offering all positive persons ARVs regardless of CD4. In the correctional centres/prisons, we are offering sero-discordant partners PrEP.”

Several projects focused on communication and community outreach, with innovations including a collaboration with radio programming, use of social media and promotion of self-testing.

“We are now using social media platforms like WhatsApp ... to sensitize young positive people on good adherence and effects of drug resistance.”

“After AIDS 2016, we accelerated implementation of new interventions, including launching the first ever HIVST services in Vietnam on 26 August 2016.”

AIDS 2016 influenced research design and focus by encouraging delegates to draft proposals and collect operational data. The conference also helped to ensure the continued funding of research one year later.

“We are collecting data on quality of life of sero-discordant and sero-concordant couples. This is a subpopulation driving new infections in my country.”

“We have been including transgender people, people with disabilities and sex workers in our studies by adding recruitment strategies targeted for these specific populations.”

Stimulating and directing new research was an important outcome of the conference. Since AIDS 2016, delegates have initiated projects on: child marriage and SRHR; the role of information and communication technology in the HIV response; PrEP for MSM with STIs; barriers and predictors of retention on ART; sex workers; community-based interventions for orphans and other vulnerable children; and finding an HIV cure.

With far more abstracts submitted than could be accepted, a great deal of new information and data are in circulation beyond what was shared during AIDS 2016, especially from the southern African region where the hosting of the conference was a strong incentive for research and writing.

“People accelerated research to show their results at the conference. A lot of science is available to be shared in other spaces. The conference stimulated this work.” (Key informant interview)

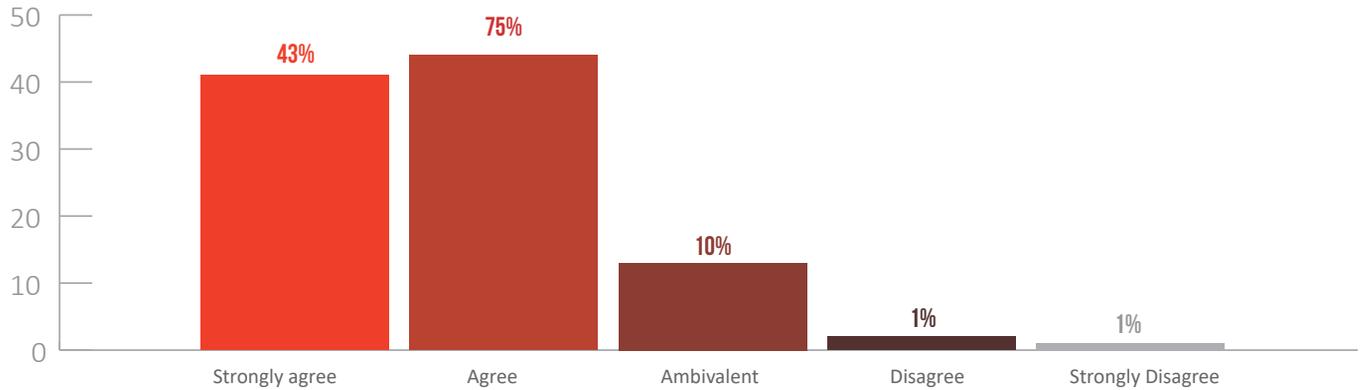


1.4 How has AIDS 2016 strengthened your work with key and priority populations?

The examples of new programming and work with key populations are chosen from responses to the survey statement, “I / we have initiated at least one new project, programme and/or research inspired by AIDS 2016.” If yes, “Please give a brief example of a change or improvement you have made.”

89% of respondents agree⁶ that the response for key populations was enhanced.

“AIDS 2016 has enhanced responses to the needs of at-risk populations or key populations.”



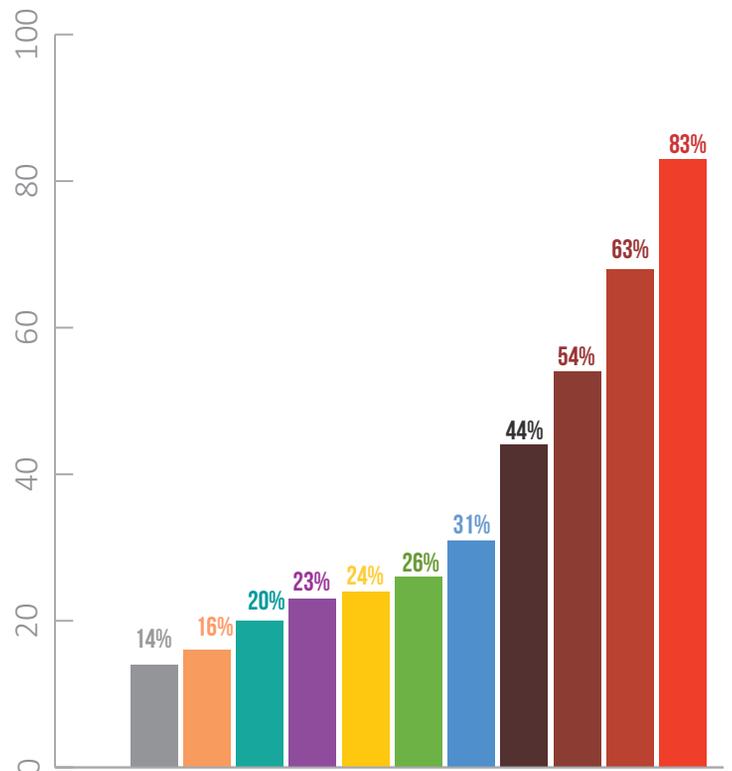
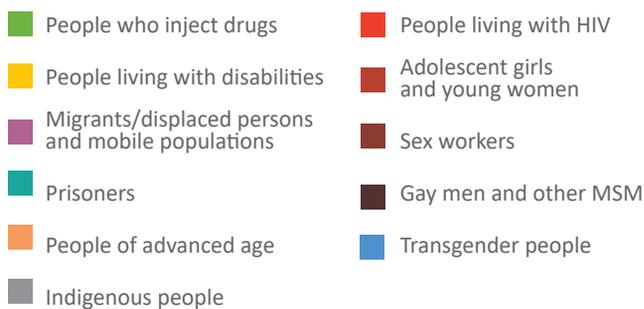
AIDS 2016 encouraged existing programmes to target particular key populations and to provide differentiated care. Outreach was designed to ensure that marginalized groups were reached. Multipronged and inclusive programming was designed to reach a broad range of community members.

“We started a harm reduction peer outreach project carried out by vulnerable people among their peers: female, male and trans sex professionals, MSM, users of alcohol and other drugs, people living on the streets.”

Against a checklist in the survey (shown in the following graph), most delegates indicated that they had improved work practices with PLHIV, adolescent girls and young women, and sex workers (over 50%). There were moderate shifts in work with gay men and other men who have sex with men and transgender people (30% to 50%).

⁶ Responses of “strongly agree” or “agree”

“What I gained at AIDS 2016 has strengthened my work in relation to the following key and priority populations.”



Delegates mentioned many examples of advocacy that were stimulated or influenced by their experience at AIDS 2016.

People living with HIV were supported through disclosure toolkits, livelihoods and food production interventions.

“My organization has involved more people living with HIV around discourse on this issue, especially in relation to SRHR and stigma/discrimination.”

Youth living with HIV were part of innovative approaches to disease management, such as clubs, fitness groups, support groups, disease monitoring and adherence support and referral.

“I have initiated a research project to assess barriers and predictors of retention of PLHIV on ART in a poor-resource setting, northern Nigeria, as a result of motivation from AIDS 2016.”

Youth involvement and participation has enhanced the voice and influence of young people.

“Through my advocacy and persistence, several young women were included as co-chairs in a paediatric HIV scientific symposium.”

Youth and adolescents have established and improved youth-friendly health services, including psychosocial and comprehensive SRHR.

“We are making sure adolescents and youth have access to decent SRH services, realized through immensely supporting the designated youth clinic, while organizing outreach services (HCT, condom demonstration and distribution, comprehensive sexuality education) to various schools in the region.”

The focus on adolescent girls and young women has led to more comprehensive programming for adolescent girls and young women, including sexual rights and dignity. PrEP is being provided as an option for young women in some places, as a direct outcome of the conference messaging on this theme.

“I spearheaded the PrEP awareness sessions in Siaya county, Kenya, during the girls’ forums under the DREAMS initiative. I have so far reached over 4,000 girls and community members through different forums with PrEP messages. I also trained 26 adolescent girls and youth women as PrEP champions on advocacy.”

Sex workers were a strong presence at AIDS 2016, and there has been more emphasis on sex worker rights, and escalating work with them, such as working with the children of sex workers, exploring options for PrEP, and finding innovations for HCT.

“We have seen the need for moonlight HIV testing for sex workers and their clients, and we were successful.”

Gay men and other men who have sex with men were ranked fourth for strengthened programming. Improvements included support to major global movements and projects on the ground, such as: awareness raising and public education; advocacy for rights; prevention support; self-testing for MSM as a major drive; support to MSM on ART; and work around retention in care.

“A project aimed to reduce patient drop-off and increase retention in care among transgender and MSM populations in the Dominican Republic. This was possible from the knowledge gained at AIDS 2016, and my networks of professionals from different countries.”

Transgender people

Delegates became more aware of the needs and experiences of transgender people. Work with and by transgender people has increased, including an emphasis on young transgender people. Approaching and working with transgender people is a new field for many, and consultation and exploration are key themes in this phase.

“We have involved transgender young people in our activities because during the conference, we learnt that they needed our support for their voices to be heard.”

People who inject drugs (PWID)

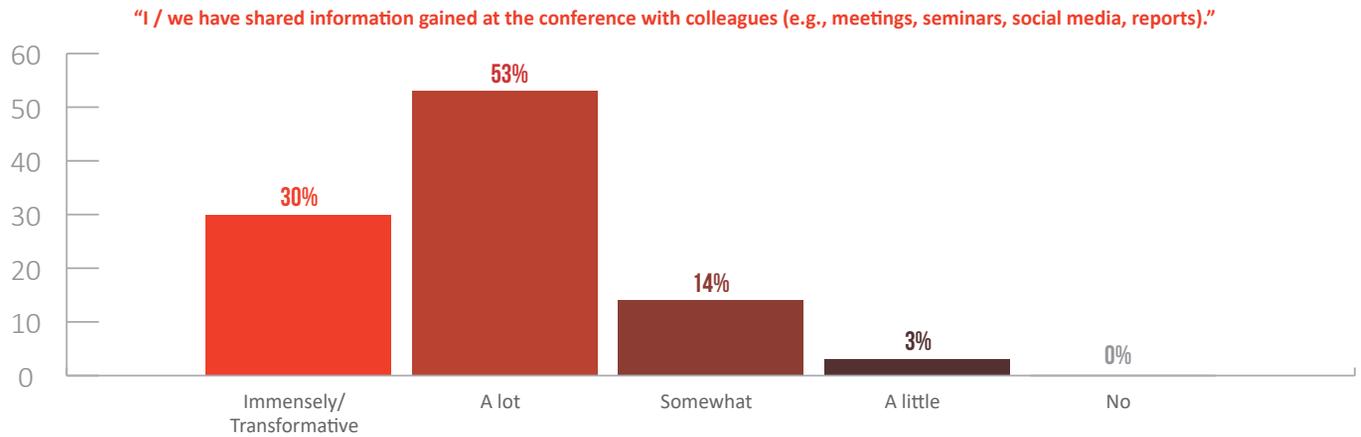
Several examples were shared of substantially enhanced work around research with PWID, inclusion of PWID in programming, and harm reduction work, including needle exchange, outreach and support groups.

“After AIDS 2016, we improved advocacy for HIV services for PWID in Nigeria. We developed the first advocacy toolkit for HIV prevention programming for PWID in Nigeria. UNDP funded the printing of the toolkit and its dissemination to stakeholders. We are currently building the skills of stakeholders in seven states in Nigeria who are working with PWID.”

HOW HAS AIDS 2016 INFLUENCED YOUR WORK ON HIV ADVOCACY?

2.1 Have you shared content from AIDS 2016?

83% of respondents have shared information from the conference⁷ in the year since attending.



Information from the conference was used in training materials, courses and mentorship inputs, and has been shared with networks and platforms in delegates' countries and communities.

"Stigma and discrimination forums were held for members of different state organizations to raise awareness about HIV, and training was provided on ARV issues for issues of adherence to PLHIV."

"We have increased training of peer educators in my community, and organized an awareness campaign on stigma and discrimination."

Less formally, delegates also shared their take-home messages with their colleagues and encouraged their organizations to respond.

"I was able to share the information acquired with my colleagues regarding new policies, advocacy and rights for marginalized people through our weekly meetings at work."

⁷ Survey responses of "immensely" or "a lot"



2.2 Have you kept in touch with contacts made at AIDS 2016?

59% percent of respondents found that their professional networks were enhanced. In the post-conference survey, 47% of respondents had discussed or made plans for collaboration.

Forty-one percent of respondents found that their professional circle had been enhanced, and they remained in regular contact with people they met during AIDS 2016. Eighteen percent of respondents had seen concrete results from networking in the form of at least one joint activity, collaboration or partnership.

Research collaborations were formed where academic and field programmes worked together on proposal writing, study design and implementation.

"We re-established a former collaboration with an investigator at Johns Hopkins to investigate neurodevelopmental effects of HIV and ART among children."

Some partnerships provided direct programming and services between two or three complementary organizations.

"A collaborative project with four partners focusing on retention of HIV-positive girls aged 15-19 years in ART is being implemented in Zambia, and has been funded by the Positive Action for Children Fund."

For some, partnerships have provided programme financing and/or technical resources.

"I have entered into a partnership with Jhpiego [a non-profit organization affiliated with Johns Hopkins University]. The end result will be the operationalization of a youth-friendly clinic focusing on reproductive health and advanced family planning."

New issue-based networks were formed, and existing networks were expanded.

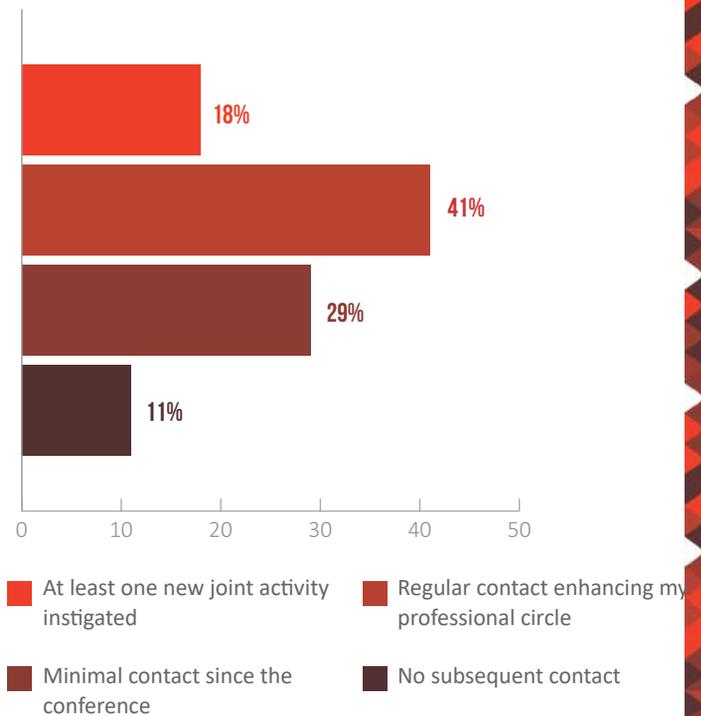
"[We saw] the formation of an initiative of youth networking in the Caribbean region, based on sexual and reproductive health problems, stigma and discrimination."

"Joint work began between a network of positive young people in Latin America and a network of positive young people in Africa."

Advocacy organizations were working together to inform each other and to collectively put greater weight behind more coherent and united messaging.

"[There is] collaboration with 'HIV Justice Worldwide', 'Réseau juridique canadien contre le VIH/sida' and ARASA to fight against HIV criminalization."

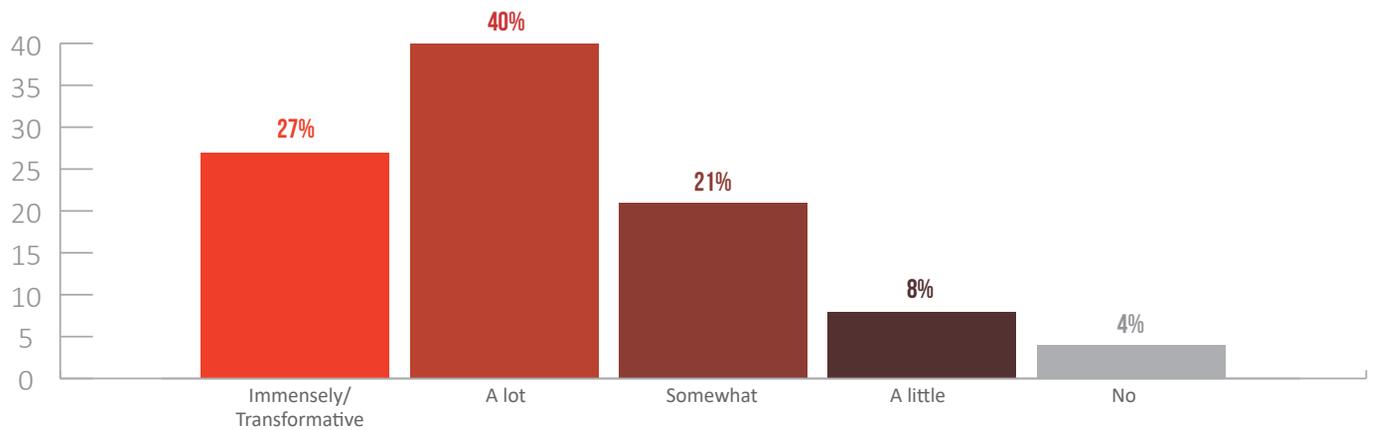
"Which of the following best describes any professional relationships formed during AIDS 2016?"



2.3 How has AIDS 2016 enhanced your advocacy efforts?

67% of respondents substantially⁸ improved their advocacy efforts as a result of the conference.

"I / we have increased or enhanced our advocacy efforts as a result of what we gained during AIDS 2016."



Advocacy was most effective in specific local or national issues, promoting the rights of marginalized populations, or pressuring national policy makers to adopt current clinical standards and good practice. AIDS 2016 stimulated advocacy and communication with a wide range of audiences, such as ministries of health from local to national levels, healthcare workers, police and traditional leaders.

"We have started trainings on traditional leaders so that they understand the pandemic not as witchcraft but should accept HIV is real."

"Based on my experience at the AIDS conference in 2016, I have been inspired to undertake advocacy against criminalization of HIV in the Sexual Offences Act in Kenya."

"We have trained primary healthcare workers on counselling and acceptance of people living with HIV and on ways of reducing stigmatization."

The content presented at AIDS 2016 provided technical inputs for communication with policy makers, backed by up-to-date information and research.

"I have given more inputs for drafting the protection law for PLHIV in Myanmar based on the knowledge gained from this conference."

"We have appealed to the Ministry of Health to use low-dose medications, effective and yet with a low side-effects profile, so as to improve health of people living with HIV."

The AIDS 2016 experience was instrumental in galvanizing advocacy, community mobilization and dialogue, and providing focus and momentum in social movements, which contributed to increased activism leading out of the conference.

"The tone and focus of Nigeria's National HIV Conference was more intense. PLHIV led a protest on stage calling on leaders and investors to be accountable. Stakeholders pledged to increase funding and remove stigma."

⁸ Respondents who ticked "immensely" or "a lot"

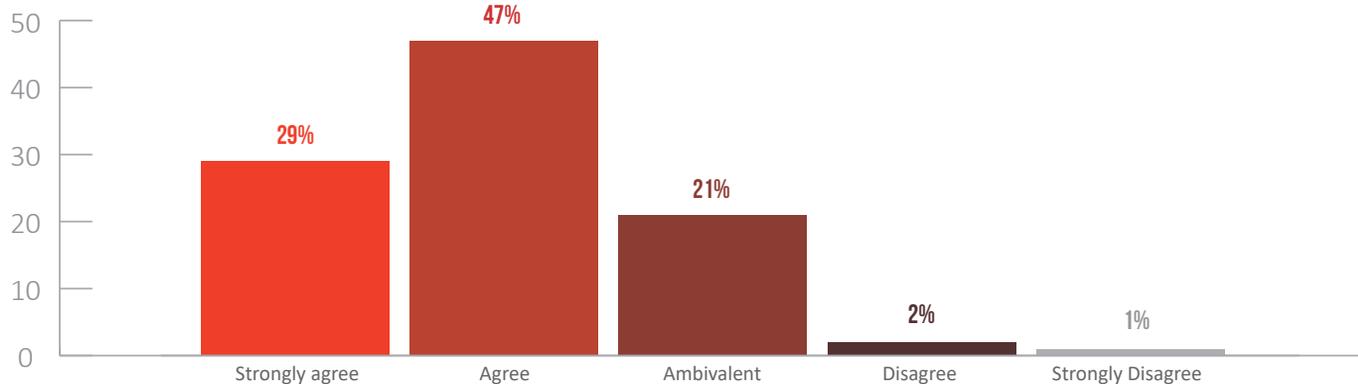


WHAT DIFFERENCE HAS AIDS 2016 MADE TO THE HIV RESPONSE?

3.1 Is civil society better able to demand accountability?

78% of respondents agree that the conference improved civil society's ability to demand accountability.

"AIDS 2016 has improved civil society's ability to hold leaders, industry and governments accountable to an evidence-based, human rights-affirming HIV response."



Building social movements

Delegates agreed that the conference contributed to the empowerment of civil society organizations and social movements. Civil society has worked to hold leaders to account, providing information into policy and decision making, enhancing their capacity for accountability, and building networks for greater influence and collective advocacy. Advocacy has become stronger, with more participation by those affected, and clearer messages articulated with inputs from the conference.

"Here in the USA, I am seeing more and more involvement in the HIV community with people living with HIV standing up for their rights than ever before."

"Our organization has been consistently called to attend and raise the voice of the positive community."

AIDS 2016 enhanced community mobilization and local civil society collectives.

"I have been able to reach more girls with information on SRHR and have come up with GBV clubs in the community."

Community outreach in the South African province of KwaZulu-Natal during preparation for the conference produced one of the deeper and more sustained community-level impacts. Provincial government, the IAS and community leaders held public meetings in towns and villages across KwaZulu-Natal. Targeting PLHIV and youth, the outreach ensured that people's voices were heard and their priorities were reflecting in the programming. The outreach resulted in establishment of district youth forums as extensions to the AIDS councils, which continue to provide youth with a platform for discussion and participation, and support and information.

"Information-sharing sessions were called in community halls in all 10 districts. Senior politicians talked about the upcoming conference, statistics on their district, and how communities and government can work together."

"These district youth forums are still working so that they continue with these dialogues even now." (Key informant interview)

Accountability in practice

Civil society, the media, global guidelines, activism within the conference and the information shared with leaders and decision makers have all led to greater accountability.

One of the most substantial outcomes is a turnaround in Ugandan policies against men who have sex with men.

“In my country, Uganda, AIDS 2016 enhanced the efforts of civil society to successfully advocate for comprehensive quality HIV/AIDS health services for key populations. This was demonstrated by the government’s commitment to allocate funds to procure lubricants for men who have sex with men.”

Advocacy also led to direct impact on other rights and services.

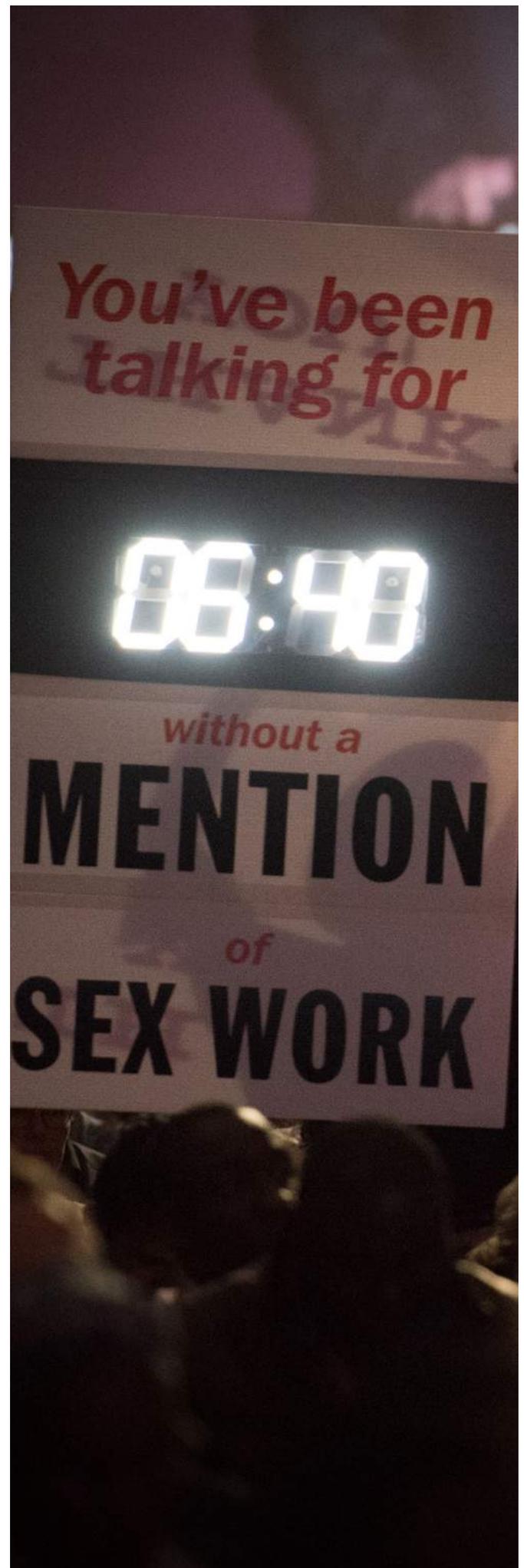
“My organization paid visits to the Nigerian Police Force and to facilities to advocate for rights to access to healthcare services for LGBT. This has created a great change so far.”

“As a result of the efforts advocacy for HIVST and PrEP based on best practices learned from AIDS 2016 and new WHO guidelines, the Vietnam Ministry of Health endorsed piloting HIVST and PrEP, and then supported scaling up.”

Despite many delegates being able to point to positive progress, and a general sense of optimism, there are also accounts of continued frustration in achieving advocacy results.

“We have not seen so much impact at the grassroots level as there has been a stock out of HIV test kits in the country for about four months now.”

“Unfortunately, increased advocacy from civil society is what is visible at this point, but not so much HIV response / policy / investment as yet.”





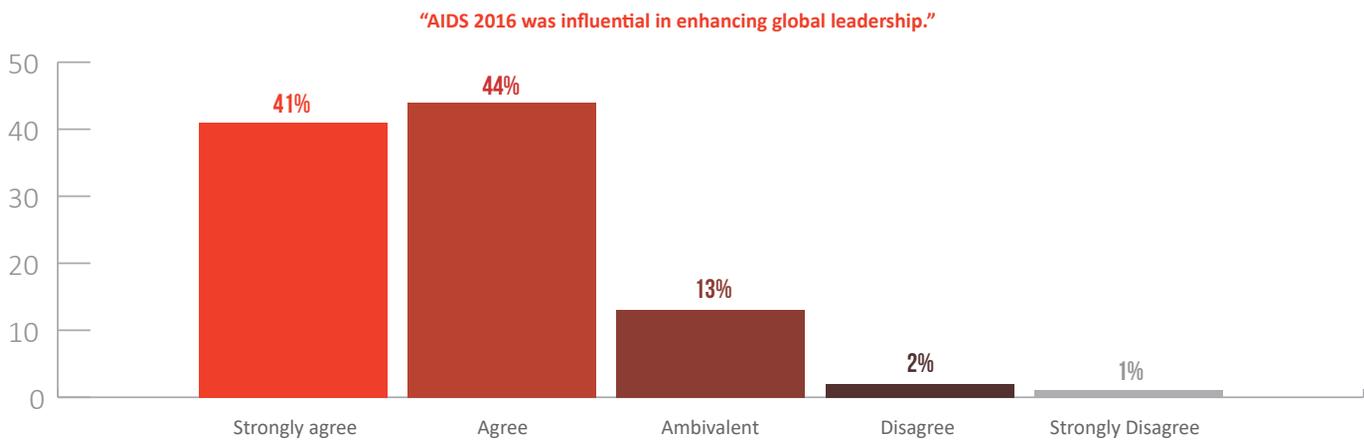
3.2 Has AIDS 2016 enhanced global leadership on the HIV response?

85% of respondents agree that AIDS 2016 enhanced global leadership.

Although survey respondents were very positive about influence over global leadership, there were few examples to illustrate this, suggesting a possible positive bias. Indeed, key informants felt that conservatism and recession in global politics had continued to dominate despite the conference, and that visible global leadership supporting a sustained AIDS response was rather weak. Political changes have been profound since AIDS 2016, and respondents were concerned that any progress made in inspiring the response seems likely to be undermined.

“It is difficult to see positive changes given that the political situation has become much worse. As well as reduced funding, the stigma problem is falling apart with political influence. There are gay men concentration camps in Eastern Europe, and intensified violence in Turkey.” (Key informant interview)

“There are no good examples of influence over policy or leadership. The Netherlands is currently the only visibly positive government. They are hosting AIDS 2018, and a lot is going right there, but they are the exception.” (Key informant interview)





3.3 Has AIDS 2016 influenced policy?

69% of respondents agree that the conference contributed to policy change.

Policy influence at the national level

“Implementation of Dolutegravir-based therapy in Ukraine in the first-line regimen [is] policy in our country, provided through our leaders who attended AIDS 2016.”

“In Jamaica, the Ministry of Health changed to test and treat instead of waiting for persons’ CD4 to drop to 500.”

“Kenya has formally rolled out PrEP. I believe the conference contributed to this policy.”

Policy influence at the provincial / state level

“My state governor signed into law HIV law which addresses management control and is anti-stigma.”

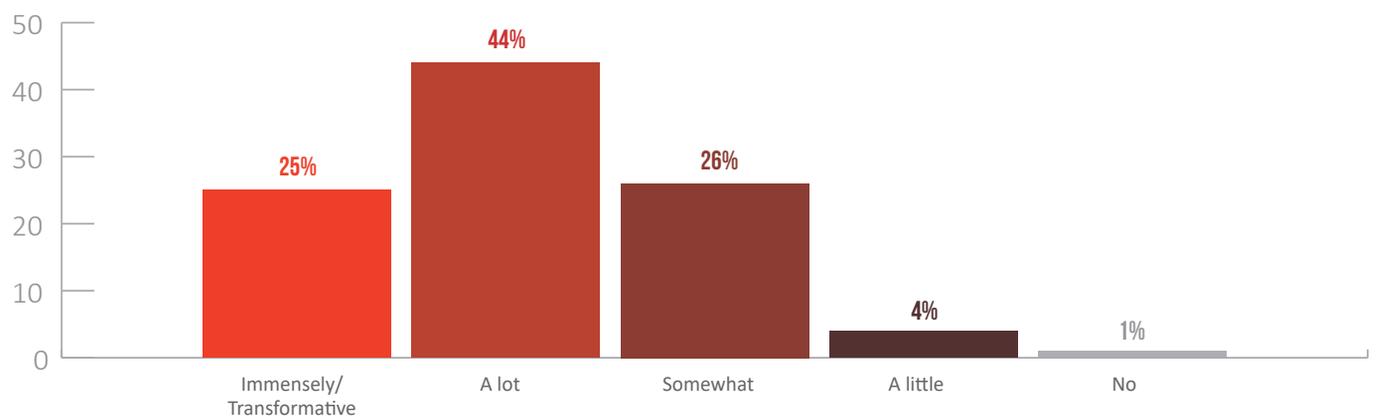
Changes in policy implementation at the local level

“In Zimbabwe, the police and ladies of the night used to play a hide-and-seek game where sex workers will be arrested. But now the policy has changed where they are no longer arrested following advocacy.”

Advocacy that is based on evidence and confirms global trends is powerful in prompting policy change. AIDS 2016 offered a space in which emerging global health standards were clearly and accessibly shared, where evidence to support them was disseminated, and where delegates received motivation to advocate for best practice. In this way, AIDS 2016 was influential in promoting and accelerating policy change.

“In a series of consultations for the 6th AIDS medium-term plan of the Philippines, I have regularly referred to the conference to cite successful evidence-based research that may be beneficial to our country, such as pre-exposure prophylaxis, community-based HIV screening and self-testing.”

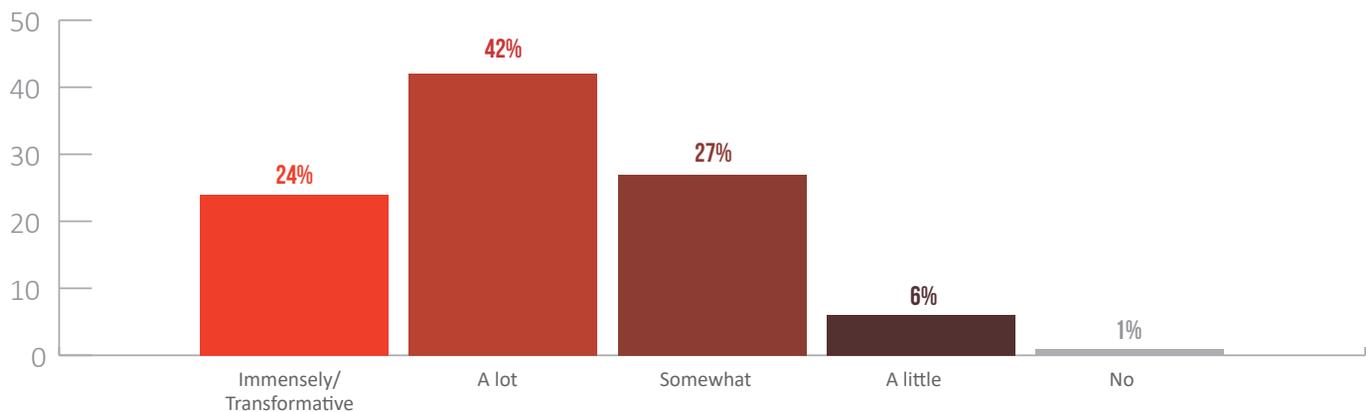
“AIDS 2016 contributed to a policy change at local / national or global level.”



3.4 Has HIV investment grown or become better targeted because of AIDS 2016?

66% of respondents agree that HIV investment has improved as a result of the conference.

“As a result of AIDS 2016, investment in the HIV response has increased or become better targeted.”



Domestic financing of the response was an important focus of the conference. There have been innovative or expanded funding streams from national sources since AIDS 2016.

“My country now has an HIV levy which helps in treatment.”

“The Nigeria government has increased the budget allocation to HIV response.”

At global level, the replenishment of the Global Fund was a subject for discussion and activism at AIDS 2016, and key informants felt that the attention drawn by the conference was one factor contributing to the US\$12.9 billion achieved for the Fifth Replenishment⁹.

Despite the replenishment, however, global coordination of HIV financing was observed to have weakened, and there is concern that financial restraint, a weaker development agenda and conservatism will negatively affect sustained HIV financing.

“There is less funding for HIV. UNAIDS presentations were idiotic not to acknowledge this reality.”

“There are threats to cut NIH, USAID and WHO funds. With Brexit, the financing of the EU is threatened. PEPFAR is not assured. The investment situation has become worse. Budget cuts are really being felt. Clinicians are moving to pharma because they can’t get their research funded.” (Key informant interview)

⁹ <https://www.theglobalfund.org/en/government/>



CONCLUSIONS

The results of this evaluation show the ongoing relevance and usefulness of the International AIDS Conference, with 88% of delegates describing major improvements to their motivation, knowledge, skills and awareness a year later.

Other key outcomes include:

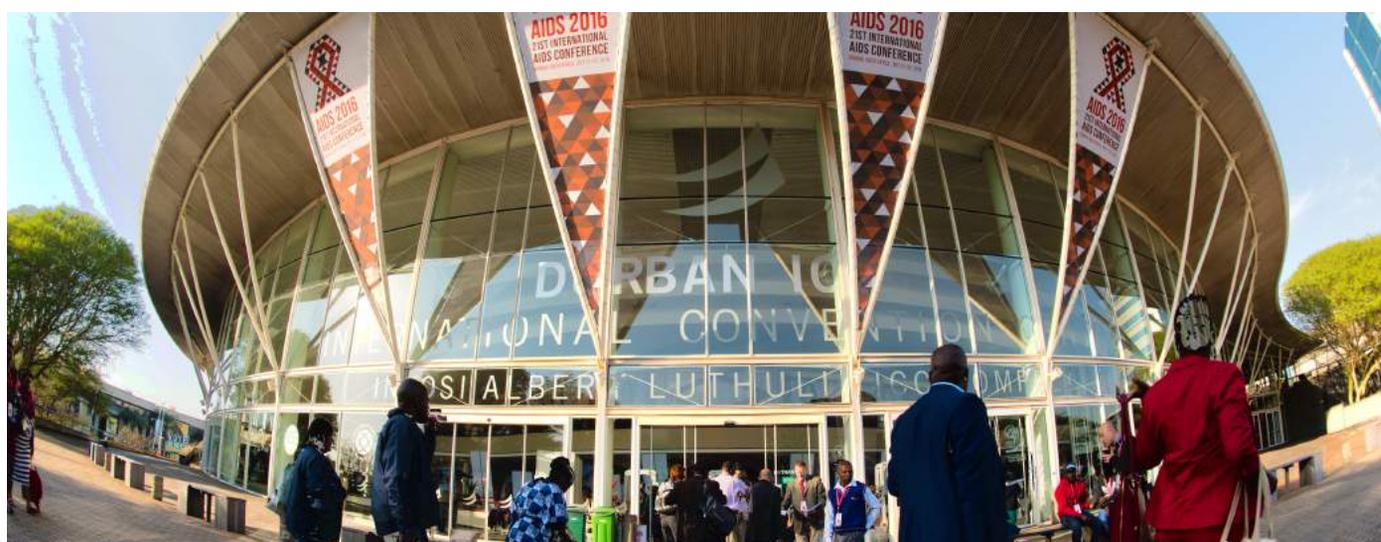
- 89% of respondents agreed that responses for key populations were enhanced.
- 86% said that global leadership was enhanced, although qualitative data and a dearth of examples suggest that this is severely over-stated.
- 76% felt that civil society's ability to demand accountability had improved, with a great many examples of information from the conference being shared in advocacy.
- 69% said that the conference had influenced policy change.
- 66% were positive about HIV investment being improved as a result of the conference.

It is also important to note that conference areas of focus have a major impact. For example: the roll out of PrEP as an option for young women has been a particularly strong, direct outcome of the conference messaging; test and treat has been widely included in policy and rolled out in many contexts; and expansion of key population programming, differentiation and inclusion were mentioned by sources across the globe.

Nonetheless, there are limits to what can be achieved after a conference of this type. In particular, in many parts of the world, respondents feel that the political winds are blowing towards greater repression and less interest in human rights and global activities, such as the fight against AIDS. This may be reflected in the lack of action towards increasing AIDS funding, though it may also be a reflection of the need for professionals across sectors to develop more skills on health economics and domestic funding of the HIV response.

Recommendations for AIDS 2018:

1. The conference preparatory outreach, awareness raising and orientation with communities around the host city had excellent results, and should become good practice for future conferences.
2. Determine ways to increase the emphasis on issues related to criminalization of HIV transmission and of behaviours associated with key populations. This may mean emphasizing cross-learning between legal and health practitioners, as well as seeking examples of the ways that laws can be changed (and ways that positive legal changes can be defended over time). In a related issue, the relative lack of action reported by respondents in improving HIV services for prisoners should also be highlighted.
3. Emphasis on broad inclusion and responsiveness for PWID is a key opportunity for AIDS 2018.
4. Migration, including severe infringements of SRHR of migrant and displaced women and girls, continues to be an issue of increasing concern in many countries, yet HIV services for migrants has received little emphasis in respondents' work since AIDS 2016.
5. Consider joining the AIDS and Economics pre-conference to the conference programme, perhaps by having an overlap of sessions between the pre-conference and conference, assisting AIDS 2018 delegates in making links with health economists and others who can assist in increasing domestic funding of HIV responses.



ANNEX 1. PROFILE OF SURVEY RESPONDENTS

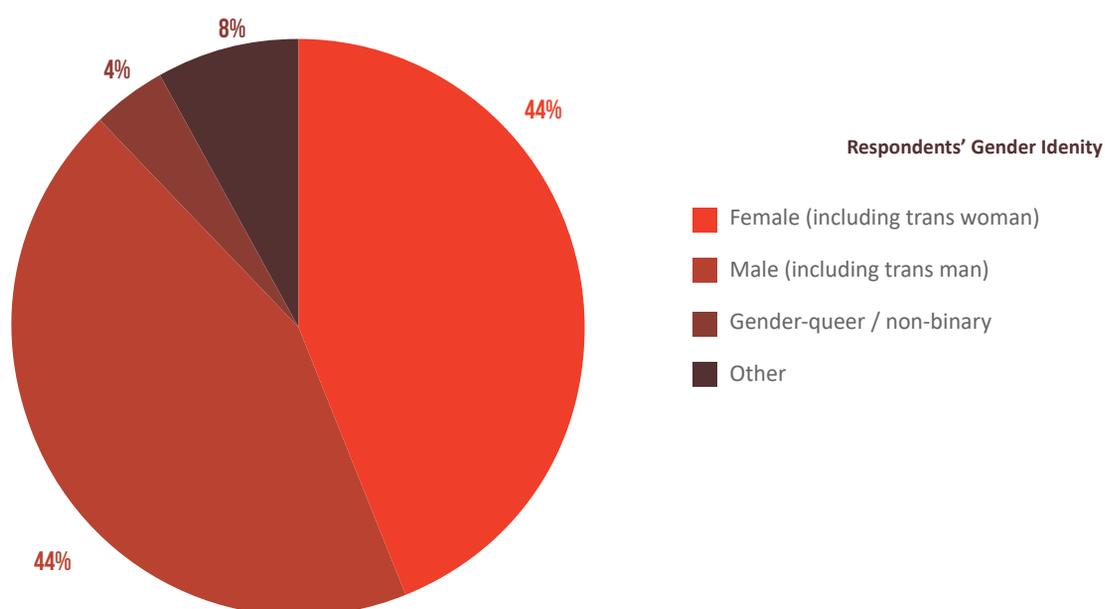
Countries

Respondents were from 86 countries, the great majority of which were in sub-Saharan Africa.

Countries with more than 10 respondents	Number of survey respondents
<i>South Africa</i>	<i>106</i>
<i>Kenya</i>	<i>44</i>
<i>Uganda</i>	<i>43</i>
<i>Nigeria</i>	<i>35</i>
<i>Zimbabwe</i>	<i>35</i>
<i>USA</i>	<i>29</i>
<i>Malawi</i>	<i>23</i>
<i>Zambia</i>	<i>23</i>
<i>Tanzania</i>	<i>19</i>
<i>Brazil</i>	<i>12</i>
<i>India</i>	<i>11</i>
<i>Lesotho</i>	<i>11</i>

Respondents' gender identity

Eighty-eight percent of respondents identified as either male or female. Up to 3% of respondents were transgender.



Respondent age

The age distribution followed conference demographics closely, with most respondents 26 to 45 years of age.

Age Range	Number of survey respondents	% survey respondents (n=580)	% conference delegates (n=13,065)
<i>16 to 25 years</i>	<i>27</i>	<i>5%</i>	<i>5%</i>
<i>26 to 35 years</i>	<i>172</i>	<i>30%</i>	<i>24%</i>
<i>36 to 45 years</i>	<i>193</i>	<i>33%</i>	<i>32%</i>
<i>46 to 55 years</i>	<i>117</i>	<i>20%</i>	<i>24%</i>
<i>Above 56 years</i>	<i>71</i>	<i>12%</i>	<i>15%</i>