EVALUATION REPORT

5th IAS Conference
on HIV Pathogenesis, Treatment and Prevention
19-22 July 2009, CapeTown • www.ias2009.org

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- conference delegates
- conference online resource users not attending the conference
- members of the conference committees
- members of the Cape Town general population.

Without their contributions, it would not have been possible to analyze the process and impact of IAS 2009 in such great detail.

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LIST OF ACRONYMS AND ABBREVIATIONS

AHF/India Cares	AIDS Healthcare Foundation/India Cares
ANRS	*Agence Nationale de Recherche Scientifique*
AIDS 2008	XVII International AIDS Conference (Mexico, 2008)
AIDS 2010	XVIII International AIDS Conference (Austria, 2010)
ART	Antiretroviral therapy
ARV	Antiretroviral
CAG	Community Advisory Group
CCC	Conference Coordinating Committee
DART	Development of Anti-Retroviral Therapy in Africa
DS	*Dira Sengwe*
FAQs	Frequently Asked Questions
FBO	Faith-Based Organization
GIPA	Greater Involvement of People Living with or Affected by AIDS
IAC	International AIDS Conference
IAS	International AIDS Society
IAS 2007	4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Sydney, 2007)
IAS 2009	5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Cape Town, 2009)
IT	Information Technology
JIAS	Journal of the International AIDS Society
LGBT	Lesbian, Gay, Bisexual and Transgender
MDGs	Millennium Development Goals
MSM	Men who have sex with men
NGO	Nongovernmental Organization
OR	Operations Research
PAG	Programme-at-a-Glance
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
SPC	Scientific Programme Committee
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UN	United Nations

EXECUTIVE SUMMARY

The 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009) was held in Cape Town, South Africa from 19 to 22 July 2009, attracting more than 5,800 participants, including 4,898 delegates from 125 countries. The primary aim of the conference evaluation was to identify the strengths and weaknesses of the conference and assess its immediate and long-term impact.

The leading data collection instrument was an online survey sent to all delegates with an email address two weeks after the conference had ended. The survey itself enjoyed a high response rate (34%), with 1,378 surveys completed, over half by first-time attendees. In addition to the survey, several other instruments were utilized to collect data on specific conference sessions, activities and topics. These included, but were not limited to, online and paper surveys, as well as short intercept interviews with delegates and the general public of Cape Town, which were conducted during the conference.

The main findings of the evaluation include:

A. Attendance and Participation

- The international scope, new information/updates and scientific focus were considered to be the main added values of IAS 2009 compared with other well known scientific/health conferences.
- The Scientific Programme and the opportunity for networking or collaboration were the top two reasons for attending IAS 2009 (selected by 77% and 61% of surveyed delegates, respectively).
- Financial constraints and lack of time/other priorities were the main reasons for not attending the IAS 2009 (selected by 59% and 38% of surveyed non-attendees, respectively).
- One hundred and ninety-seven (197) scholarships were awarded to applicants from 57 countries. The proportion of abstract presenter scholarship recipients increased by 62% compared with IAS 2007.
- The resources on the conference website most frequently used by delegates and considered the most useful were the online Programme-at-a-Glance and the abstract search function (over 83% of surveyed delegates used them, of which over 80% reported they were "useful" or "very useful").
- The website resources most frequently used by non-attendees (also called online followers) and considered the most useful were the abstracts and the PowerPoint presentations (over 85% of surveyed non-attendees used them, of which over 77% reported they were "useful" or "very useful").
- The number of abstract submitters taking part in the Abstract Mentor Programme increased from 63 in 2007 to 95 in 2009, of which 16 were from a non-scientific background/occupation. Among the 73 who submitted their abstract(s) to the conference programme, 43 had their abstract accepted (success rate: 59%).
- Activities and services intended to support the meaningful participation of community delegates in what is essentially a scientific conference were well rated, with over 75% of surveyed community delegates who actually attended/used them reporting they were "useful" or "very useful".
- Similar to IAS 2007, the Positive Lounge was a great success, with the majority of surveyed delegates who visited the lounge rating it "good" or "excellent" (81%).
- The overall organization of the conference was rated "excellent" or "good" by the vast majority of survey respondents (42% and 54%, respectively). The most frequently listed

complaints or suggestions related to features to make the conference more socially and environmentally responsible, food and drinks, the poster exhibition area, security, the conference website, internet access during the conference, the abstract book and the size of the conference rooms.

B. Conference Programme

- IAS 2009 saw a decrease in the total number of abstracts submitted (2,584 vs. 3,336 in 2007), but saw an increase in the percentage of these abstracts accepted (61% vs. 55% in 2007).
- Track B (Clinical Science) and the new Track D (Operations Research) attracted most abstracts (41% and 32%, respectively) and were the top two main tracks of interest for delegates (47% and 17%, respectively). The new track, intended to further emphasize the defining characteristic of the IAS conference series -- translating science into practice, is therefore off to a strong start.
- The abstract scoring system was well-received, with 87% of surveyed abstract reviewers rating it "appropriate" or "very appropriate".
- The range of topics covered by abstract-driven sessions was considered about right by the majority of surveyed delegates (77%), while 16% thought there were too many topics and 7% thought there were too few.
- The quality of abstracts was highly rated overall, with those selected for presentation in oral abstract sessions most often rated "good" or "excellent" (93%). However, concerns were raised about the quality of abstracts presented under the new Track D (Operations Research).
- Sessions considered the most useful were plenary meetings, special sessions and oral abstract sessions, with over 80% of survey respondents rating them "very useful" or "useful".
- Poster exhibition was deemed more useful than poster discussion sessions (73% and 64% of survey respondents, respectively, rated them "very useful" or "useful").
- Engagement tours were very well-perceived, with the majority of surveyed participants (87%) reporting they were "successful" or "very successful" in helping them learn about/understand better HIV/AIDS challenges and responses in South Africa.
- The quality of speakers (defined as the capacity to make clear and relevant presentations) was highly rated, with the vast majority of survey respondents reporting that the quality of plenary, abstract-driven and symposia/bridging session speakers was "excellent" or "good" (96%, 89% and 89%, respectively).
- The inclusion of e-posters on the IAS 2009 abstract CD-ROM was well-received, with 82% of survey respondents reporting it was "very useful" or "useful".
- The inclusion of professional development workshops/sessions in the programme of future IAS Conferences should be considered, with just over 40% of surveyed delegates indicating they would have attended such workshop/session if it had been a part of the conference programme.
- The most frequently listed complaints about the conference programme related to the scheduling/time conflicts between important sessions, the content and the focus of the programme.

C. Achievement of Objectives

- Over 73% of surveyed delegates rated IAS 2009 as "successful" or "very successful" (as opposed to "somewhat successful", "not very successful" or "not successful at all") in:
  - Enabling the international scientific community to focus its attention on the continuous challenge facing South Africa and the region as a whole.

- Focusing on the latest HIV science and its practical applications for public and individual health in the context of the current epidemic status.
- Providing new insights into HIV disease development, biomedical prevention and clinical care that can lead to novel research.
- Addressing the challenges of expanding treatment and prevention in resource-limited settings.

D. Media Coverage and New Tools

- A total of 316 media representatives attended IAS 2009 (a 29% decrease compared to IAS 2007) coming from 54 countries and representing mainly sub-Saharan Africa (36%), Western and Central Europe (27%) and North America (22%).
- Over 1,000 online articles published from 19 July to 2 August 2009 covered topics relevant to the conference and/or directly referred to it.
- For the first time, IAS 2009 conference organizers were using a live blog, Twitter and Facebook to communicate with delegates attending the meeting and with those following the conference from home.
- By the end of the conference there were 1,145 Facebook fans, 227 followers on Twitter and 2,400 visitors to the IAS 2009 Live blog.
- The conference blog was the most utilized and considered the most useful of these three tools by online followers (58% of surveyed non-attendees used it, of which 58% reported it was "useful" or "very useful").

E. Benefits Gained and Anticipated Actions

- As in 2007, the top two main benefits delegates gained from attending the conference were new information on HIV treatment and a global perspective on HIV science (70% and 60%, respectively).
- New contacts were also an important benefit of attendance, with 74% of survey respondents (n=444) reporting to have met at least five new people at IAS 2009.
- The most frequently noted benefits gained by online followers were also new information on HIV treatment and a global perspective on HIV science (71% and 62%, respectively).
- About half of the general public of Cape Town who were surveyed were aware of the conference, of which just over 45% reported they had learned something interesting about HIV thanks to IAS 2009.
- Sharing information was the follow-up activity most frequently identified by surveyed delegates and online followers.
- Findings from follow-up interviews with a small number of delegates (122) two years after IAS 2007 demonstrated delegates' belief that the conference had a marked, positive impact on HIV work undertaken at the individual and organizational levels.

In conclusion, the evaluation demonstrated that IAS 2009 was very successful in maintaining the high level of utility and quality of scientific information presented for which this conference series is known, while also breaking new ground in terms of outreach and access for non-attendees. The evaluation also showed strong support for the new track on operations research.

In order to maintain the high profile of the IAS Conference on HIV Pathogenesis, Treatment and Prevention, and ensure continued high levels of attendance in a more challenging fiscal environment, organizers will have to keep being innovative and strengthen existing mechanisms to ensure the delivery of high quality, new and promising scientific presentations.

EVALUATION CONTEXT AND METHODOLOGY

Background and Rationale

The 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009) was held in Cape Town, South Africa from 19 to 22 July 2009. Held every two years, the conference is a unique opportunity to examine the latest developments in HIV-related research and to explore how scientific advances can – in very practical ways – inform the global response to HIV/AIDS.

As the fifth conference in this series, IAS 2009 continued its strong emphasis on basic, clinical and biomedical prevention science. However, **for the first time, the scientific programme also included a fourth track on operations research** (OR). This newest feature underscores one of the key objectives of the IAS conference: to examine how scientific advances increase knowledge and are instrumental in reaching populations who need new and improved methods for preventing, treating and effectively confronting the epidemic.

The conference programme featured daily abstract-driven sessions in four tracks and non-abstract-driven sessions that include plenary sessions, bridging sessions, symposia, special sessions and a rapporteur summary session. IAS 2009 provided other opportunities to reach the global AIDS community through an onsite Media Centre, an exhibition area, as well as satellite meetings, affiliated events and engagement tours held outside the conference venue.

IAS 2009 was the **third conference of this series to be systematically evaluated**. In order to engage all key stakeholders involved in conference organization, a comprehensive evaluation plan was prepared using the IAS 2007 evaluation report and the IAS 2009 programme as the basis. This plan also reflected input from members of the IAS 2009 Conference Coordinating Committee (CCC) and the Scientific Programme Committee (SPC), as well as from staff of the two organizers (the IAS and Dira Sengwe (DS), the South African not-for-profit organization that served as the IAS's local partner).

The objective of the IAS 2009 evaluation was to identify strengths and weaknesses of the conference and to assess whether it had met its objectives, to ultimately ensure the conference continues to play a key role in strengthening the global response to AIDS.

Methodology

Given the wide scope of the conference, the evaluation sought to collect a range of views using quantitative, qualitative and impact indicators. To this end, various methods were used to collect data including:
- review of IAS 2009 documentation/website and previous conference evaluation reports
- consultation with members of IAS 2009 planning committees (CCC and SPC) and with staff of the two conference organizers (IAS and DS)
- interviews and surveys of key informants, including conference delegates, members of conference planning committees, the general public of Cape Town, online resource users and IAS 2007 delegates who had chosen not to attend IAS 2009
- structured observation of different programme sessions and activities
- review of statistical data relating to IAS 2009 registration, scholarship recipients, abstracts and media articles

- review of monitoring data from previous IAS conferences to allow comparison over time
- analysis of the conference's online media coverage and use of new media tools.

The primary data collection instrument was an online survey[1] sent to all delegates with an email address two weeks after the conference had ended. The survey was only available in English, the official language of the conference and contained about 40 questions, including open-ended ones to give respondents the opportunity to fully articulate their opinion. As with previous conference evaluations, survey questions covered conference processes (tools and services offered before and during the conference to enhance the preparation and participation of delegates, speakers and moderators/chairpersons; information and communication; logistics/organization; etc.), the conference programme (relevance/coverage and usefulness), and knowledge transfer catalyzed by the conference itself. Based on consultations with the IAS 2009 planning committee members and staff of the two organizers, new questions were added to get feedback on the following aspects:
- professional development opportunities available at the conference
- quality of abstracts presented as posters and in the CD-ROM
- insertion of e-posters in the abstract CD-ROM (supplementing abstracts of submitters selected for poster discussion sessions, poster exhibitions and the CD-ROM), which was a new feature at the conference
- conference funding and financial support for attendance (profile of those who successfully get funding, reasons of rejecting funding applications, type of donor/sponsor, etc.)
- added values of the IAS conference compared with other well known scientific conferences
- preferred location of future IAS conferences
- efforts to make the conference socially and environmentally responsible.

All delegates who attended the conference were surveyed immediately after the conference. Of the 4,262[2] survey invitation emails sent in early August 2009, 193 were returned undeliverable and 62 delegates opted out because they were unable to come to the conference or only attended a small part of it. After two reminders, a total of 1,378 surveys were completed, resulting in a **response rate of 34%** (similar to IAS 2007). Of this total, 17% were only partially completed.

A number of other instruments were used to gather information on: 1) conference governance and programme building; 2) new features of the conference programme, such as operations research related sessions and posters; 3) specific conference services, activities and areas; 4) reasons for not attending IAS 2009; and 5) the use of online resources to follow the conference from home.

This includes the following online and printed surveys which were administered before, during and after the conference (the number of respondents is bracketed):
- CCC and SPC member survey [n=28]
- community advisory group member survey [n=5]
- operations research session participant survey[3] [n=85]
- operations research poster viewer survey[4] [n=252]
- speaker and abstract presenter survey[5] [n=161]
- poster exhibitor survey [n=277]
- Positive Lounge visitor survey [n=45]
- media representative survey [n=83]
- community delegate survey[6] [n=41]

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[1] A copy of the delegate survey is available in Appendix 2.
[2] Email addresses were not available for delegates registered as part of a group.
[3] This survey was administered onsite targeting participants of key OR-related sessions.
[4] This survey was administered onsite targeting viewers of Track D posters.
[5] This survey was administered online targeting abstract authors who presented their abstract through an oral abstract (OA) or a poster discussion (PD) session.

- engagement tour participant survey [n=90]
- abstract mentor programme – mentor survey [n=31]
- abstract mentor programme – mentee survey [n=66]
- abstract reviewer survey [n=599]
- online resource user survey[7] [n=20]
- JIAS workshop participant survey [n=24]
- scholarship recipient survey [n=125]
- award recipient survey [n=5]
- non-attendee survey[8] [n=1,315]

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

Short intercept interviews were also conducted during the conference with:
- delegates who attended IAS 2007, with the intention of assessing the long-term impacts of the previous IAS conference [n=122]
- members of the Cape Town general population [n=113].

In addition, the following pre-conference events, co-organized by the IAS and its partners, were evaluated through tailored surveys targeting participants and/or speakers and members of advisory groups who were involved in the programme building process:
- professional development programme: Learning by Doing - Using Operations Research to Strengthen HIV Prevention, Care and Treatment Scale up in Resource-Limited Settings
- a new scholarship programme introducing investigators from other scientific disciplines to the field of HIV research
- meeting of health systems experts, HIV researchers and implementers, entitled, Accelerating the Impact of HIV Programming on Health Systems Strengthening.

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

Interviews and data entry for printed surveys administered onsite were undertaken by 15 volunteers[9] under the supervision of the IAS 2009 evaluation coordinator and her assistant. All volunteers participated in a half-day training session held on 19 July 2009, and were briefed and debriefed each day they worked.

Data analysis was prepared and conducted using statistical analysis software (**SPSS**) 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 chi-square were employed in the analysis of the data, although for clarity the details of these are not included in this report. Where the term *significant* is used in the report, differences have been found with a probability of at most 0.05. The information collected was triangulated and cross-checked to illuminate similarities and differences in the perspectives offered and to highlight key issues[10]. 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

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[6] This survey was administered onsite targeting delegates who used and/or attended the different services and activities aimed at supporting the participation of community delegates.

[7] This survey was administered online and advertised through the IAS 2009 website.

[8] This survey was completed by IAS 2007 delegates and/or IAS members who did not attend IAS 2009.

[9] Volunteers were divided into two groups, one working in the morning and the other one in the afternoon.

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

consultant coded the responses according to broad thematic categories, which were discussed with and approved by the IAS 2009 evaluation coordinator.

It should be noted that results presented in the separate "**IAS 2009 Conference Impact Report**"[11], a technical report released by the IAS a few months after the conference, are an **important adjunct to the broader evaluation of IAS 2009**. The objective of the Conference Impact Report is to summarize new data presented at IAS 2009 likely to have an impact on HIV policy and practice on a global scale.

Promotion of the Evaluation

Evaluation promotion was conducted to inform delegates and other target groups of the purpose of evaluation and to encourage them to complete the different surveys and/or interviews. This included advertisements in the conference e-Update (June 2009), the General Information Guide (a document with information on Cape Town and general conference logistics available on the conference website before, during and after the conference) and the onsite news bulletin (first[12] and fourth[13] editions), as well as through **announcements** by speakers and/or chairs at the opening session and at the end of sessions that were evaluated.

For self-completed printed surveys distributed at IAS 2009, respondents were invited to drop their completed forms into one of the 15 **evaluation boxes available at the conference venue**. Each box was 1.20 meter high, like a standing ballot box, with a clear sign on its front. Among other advantages, the use of ballot boxes allowed us to extend the survey completion time and reduce the number of volunteers needed to collect the forms after each session.

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

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

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[11] The report is available on the IAS website (www.iasociety.org), through the Publications page.
[12] http://www.ias2009.org/admin/images/upload/758.pdf
[13] http://www.ias2009.org/admin/images/upload/781.pdf

1 CONFERENCE ATTENDANCE AND SUPPORT FOR PARTICIPATION

1.1 Delegates and Survey Respondents Profile

IAS 2009 was attended by over 5,800 participants. Of these participants, 4,898 were classified as delegates[14], a **slight decrease (5%) compared with IAS 2007** (5,165).

The **delegate survey sample was overall representative** of the delegate population with respect to gender, age, profession and main affiliation/organization. As in 2007, first-time attendees were over represented in the survey sample (representing 63% of respondents, compared with 55% of delegates. This group comprised 69% of respondents in 2007). It should be noted that the comparison can only be considered indicative, as demographic information was not available for all delegates and survey respondents (the number of people for which the information is available is provided in brackets in all figures in Section 1.1.1). Comparison of survey respondents and delegates by region is not available because the demographic information provided by delegates referred to the country of residence or nationality whereas survey respondents were asked to specify the country where they mainly worked.

1.1.1 Attributes of Delegates and Survey Respondents

Region of Work and Residence

A total of 125 countries[15] were represented by delegates. As in IAS 2007, the largest number of delegates came from the host country (South Africa, n=862), followed by the United States (n=842) and France (n=230). A comparison of delegate attendance by region[16] shows the **influence of conference location on attendance** (see Figure 1).

Figure 1. Breakdown of Delegates by Region (Based on Country of Residence)

Percentage of the overall delegate population (n=4,863)

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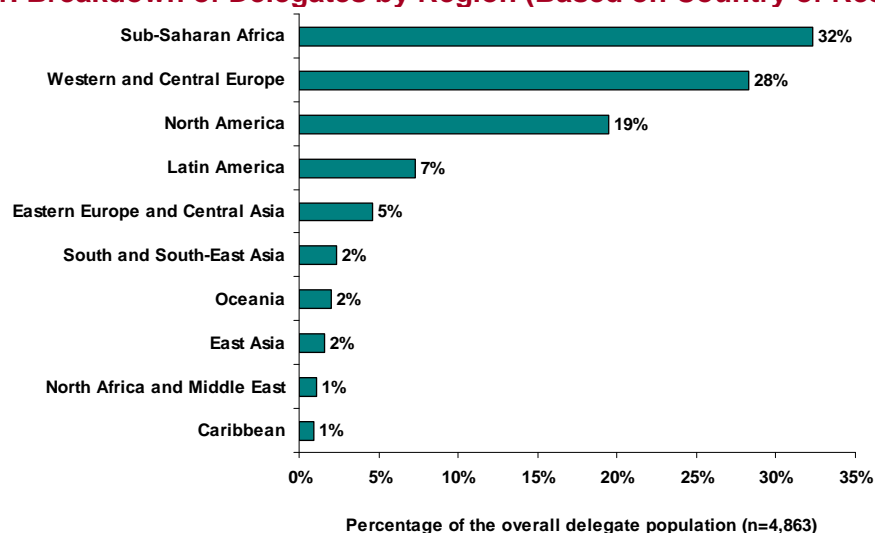
[14] This classification includes regular delegates, student/youth delegates, speakers, media representatives and scholarship recipients. It excludes staff, organizers, exhibitors, accompanying persons and faculty (one-day attendees).

[15] Country refers to the country home address of the delegate as opposed to nationality or country of work.

[16] The regional breakdown is based on UNAIDS classification.

Looking at Figure 2, the largest number of survey respondents reported to mainly work in the United States (16%) and in South Africa (15%). Sub-Saharan Africa and Western and Central Europe were the most represented regions (see details in Figure 2).

Figure 2. Breakdown of Surveyed Delegates by Region (Based on Country of Work)

Region	Percentage
Sub-Saharan Africa	39.9%
Western and Central Europe	22.7%
North America	17.5%
Latin America	6.4%
South and South-East Asia	5.2%
Eastern Europe and Central Asia	2.5%
Oceania	2.4%
East Asia	1.6%
Caribbean	1.0%
North Africa and Middle East	0.7%

Percentage of the survey respondents (n=1,102)
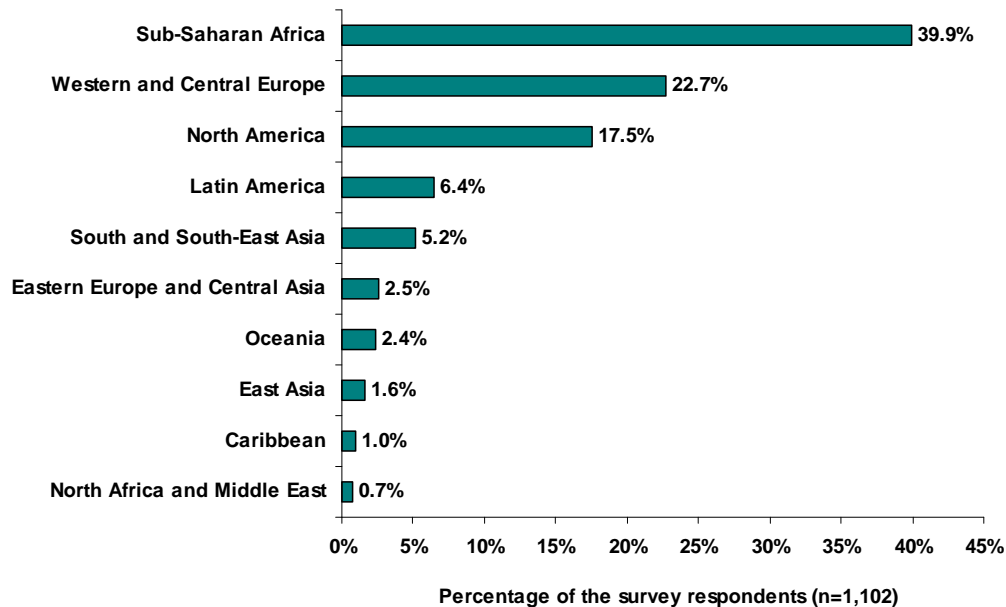
Gender

The proportion of conference delegates who were female increased by 16% from IAS 2007 and this same gender ratio was almost reached in the survey sample (see Figure 3)[17].

Figure 3. Gender of Delegates and Survey Respondents (2007 & 2009)

■ Male ☐ Female

	IAS 2007		IAS 2009	
	Delegates (n=3,339)	Survey respondents (n=1,335)	Delegates (n=4,683)	Survey respondents (n=1,131)
Male	60%	57%	54%	52%
Female	40%	43%	46%	47%

Percentage of the overall delegate population or delegate survey respondents

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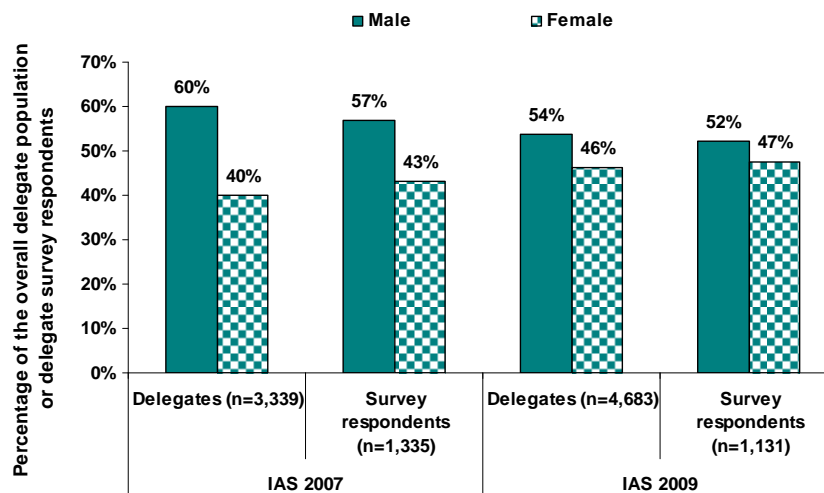
[17] Percentage of transgender was not included because no figures were available on their number at IAS 2009. Only 0.2% of IAS 2009 delegate survey respondents identified themselves as transgender.

Age

As in 2007, **the majority of delegates and survey respondents were over 40 years of age** (56%). Forty-one percent (41%) were between 26 and 40 years of age and just 3% were under 26 years of age (see Figure 4).

Figure 4. Age of Delegates and Survey Respondents

☐ Delegates (n=4,126)   ▮ Survey Respondents (1,133)

Age of delegates and survey respondents
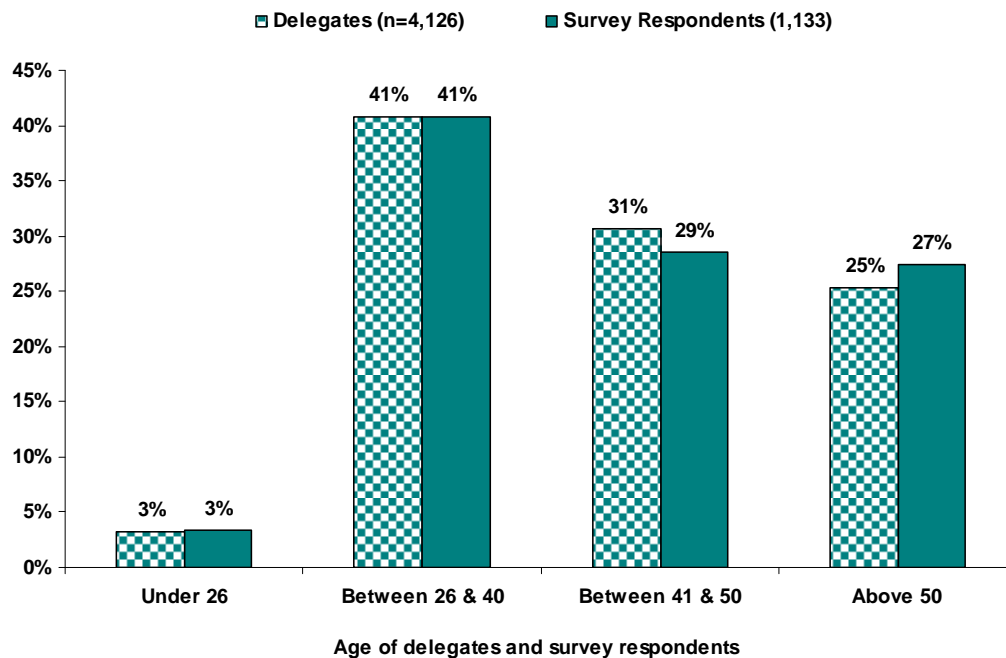
Professional Experience in HIV or AIDS

Of the 1,136 survey respondents who specified the number of years they had been working in the HIV field (full-or part-time), 9% had less than two years of experience, 22% had between two and five years, 25% had between six and 10 years, 15% had between 11 and 15 years and 30% of respondents had more than 15 years experience. This information is not available for delegates.

Main Occupation/Profession and Primary Place of Work

As in 2007, **health care workers/social services providers and researchers were the most represented professions among delegates** (48% and 20%, respectively). The occupation/profession identified by the largest population of survey respondents was also health care worker/social service provider, followed by researcher (see Figure 5).

Figure 5. Main Occupation/Profession of Delegates and Survey Respondents

☐ Delegates (n=4,558) ■ Survey Respondents (1,129)

Health care worker/social services provider — 46% / 48%

Researcher — 26% / 20%

Other — 3% / 12%

Media representative — 5% / 7%

Policy/administration — 11% / 6%

Student — 5% / 5%

Educator/trainer — 2% / 1%

Advocate/activist — 1% / 1%

Percentage of total population
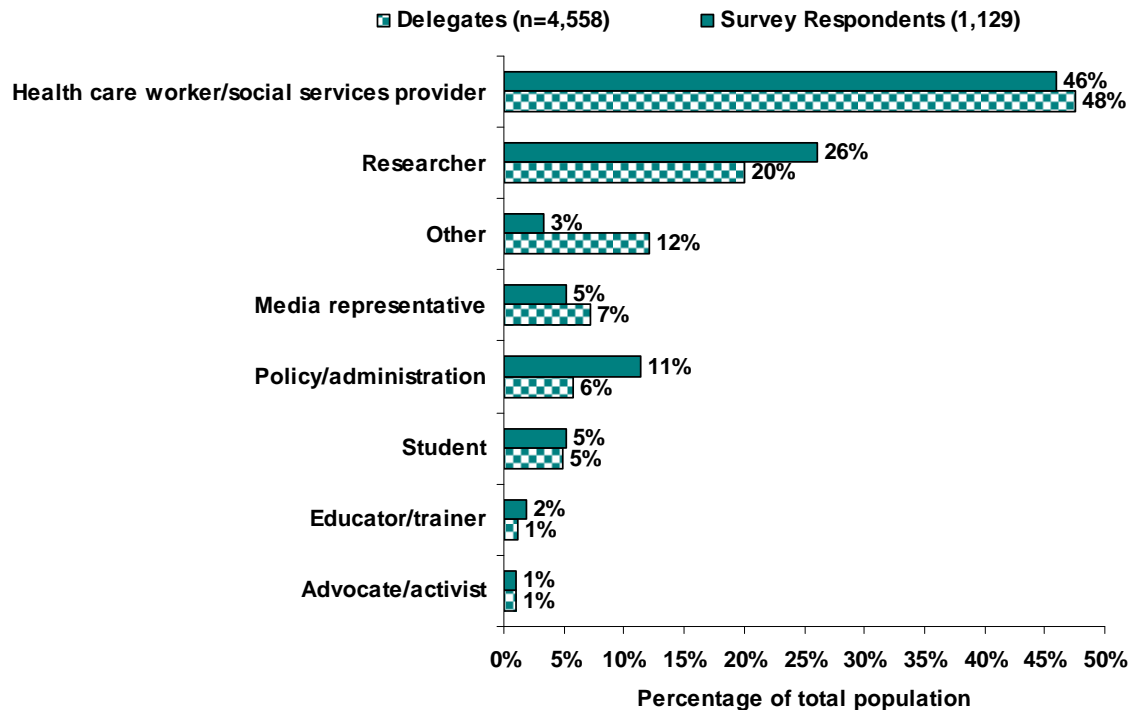
As in 2007, **the majority** of delegates and survey respondents **reported to work in the academic sector and in hospitals/clinics** (see Figure 6).

Figure 6. Main Affiliation/Organization of Delegates and Survey Respondents

☐ Delegates (n=2,704) ■ Survey respondents (n=1,125)

Academia (university, research institute etc.) — 33.9% / 31.7%

Hospital/clinic — 20.9% / 15.4%

Non-governmental organization — 14.9% / 14.8%

Other (including UN agency, consultant, charitable foundation, FBOs, private sector) — 9.2% / 13.1%

Phamaceutical company — 9.0% / 10.8%

Government — 8.4% / 8.7%

Media organization — 3.7% / 5.5%

Percentage of total population
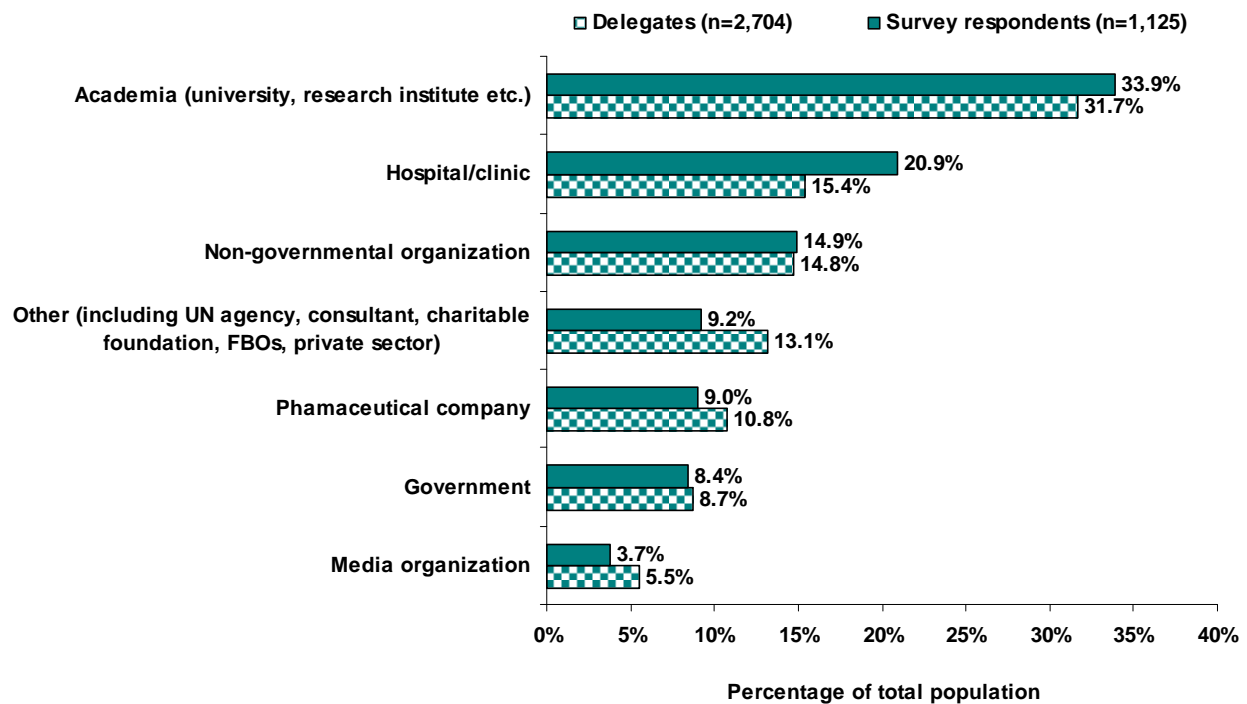
<u>Previous Conferences Attended</u>

As in 2007, **the majority** of delegates and survey respondents **were attending an IAS conference for the first time** (see Figure 7).

Figure 7. Previous IAS Conferences Attended
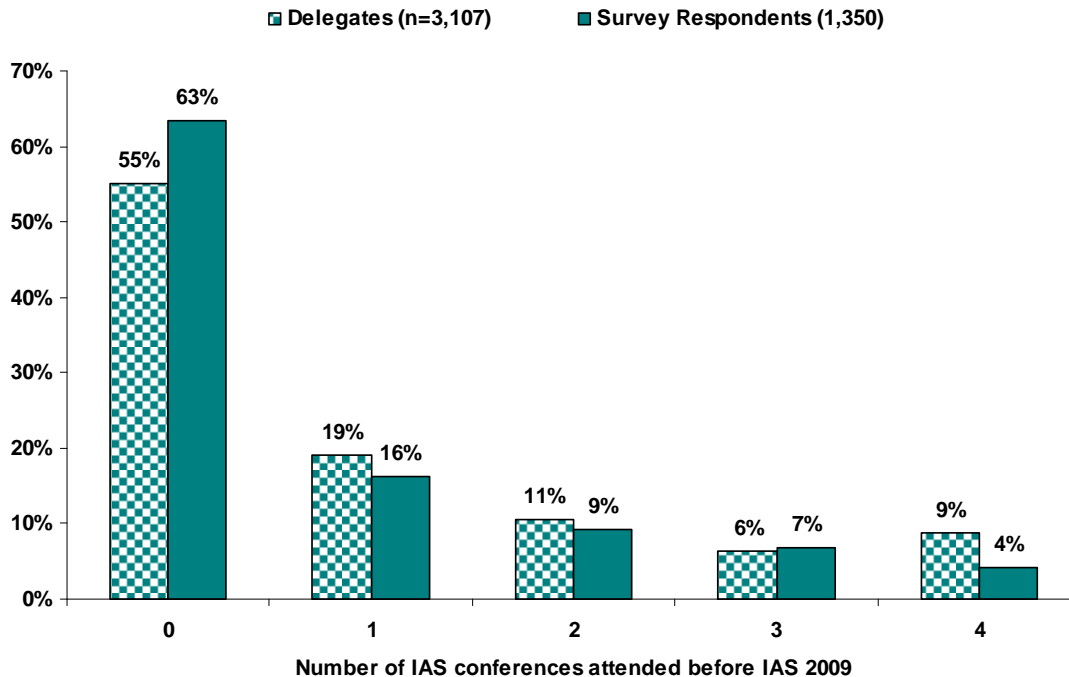
As part of the registration process, delegates were asked how many international AIDS conferences (IAC) they had attended. Of the 3,113 who provided this information, 31% had never attended an IAC, 18% had attended one IAC, 12% had attended two IACs and the remainder (40%) had attended three or more IACs. Surveyed delegates were asked a similar question; almost one third (32%) reported to have attended AIDS 2008 in Mexico.

1.1.2   Sources of Information about IAS 2009

Surveyed delegates were asked how they had first learned about IAS 2009. As in 2007, **the largest proportion of respondents (44%) reported that they knew about the conference because they had attended a previous conference or they were aware of the conference dates**. A recommendation from a colleague or friend was the second most frequently identified source of information about the conference (28%). The IAS website was the third most frequently identified source of information (12%).

1.1.3   Reasons for Attending IAS 2009

As in 2007, **the scientific programme and the opportunity for networking or collaboration were the most frequently selected reasons for attending the conference** (selected by 77% and 61% respondents, respectively). This was followed by: global focus of the conference (50%);

presenting an abstract (26%); geographic location (24%); attending a pre-conference event or another meeting (16%); and recipient of a scholarship or grant (9%)[18].

Surveyed delegates were also asked if the IAS Conferences on HIV Pathogenesis, Treatment and Prevention offered something that they did not get from other well-known scientific/health conferences. Of the 1,372 respondents, the majority (62%) responded "yes", 23% did not know and 16% responded "no". Of the 845 respondents who replied "yes" to the previous question, 820 answered the following question: compared to other scientific/health conferences, **what is the main added value of the IAS Conference on HIV Pathogenesis, Treatment and Prevention?** As shown in Figure 8, **the international dimension, new information/updates and scientific focus were the most frequently mentioned added values**.

Figure 8. Main Added Values of IAS Conferences[19]
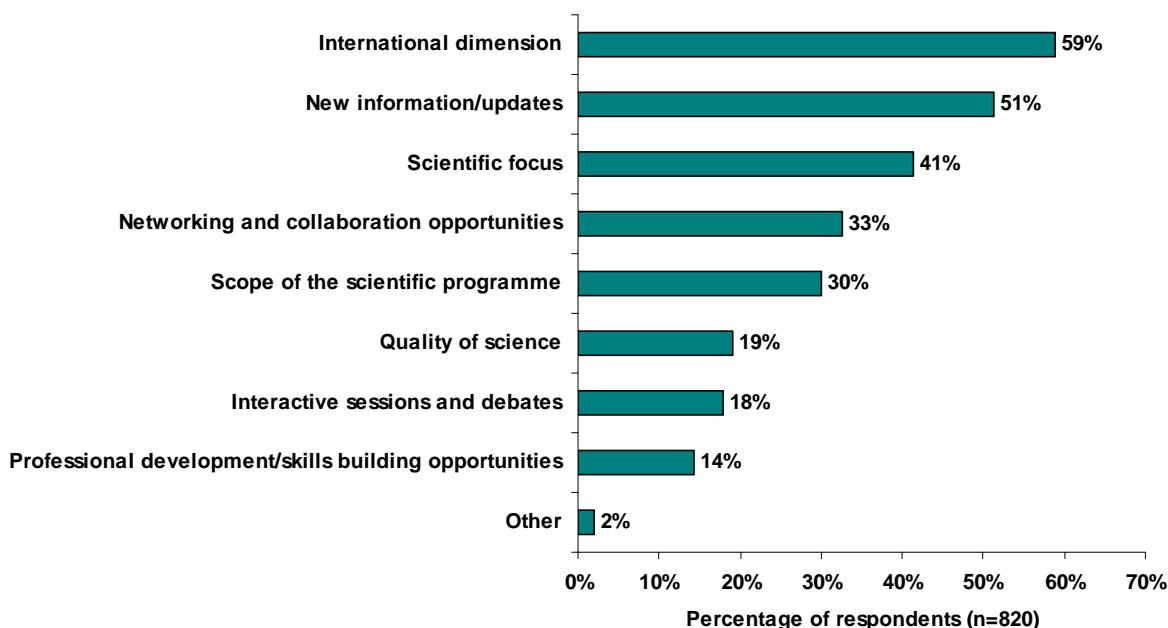
Looking at the geographic location, **surveyed delegates were asked in which type of countries they would like to see future IAS Conferences held. The majority (70%) selected the answer "alternating between a developed and a developing country"**; 16% had no preference; 11% chose "always in a developing/low income country" and the remainder (3%) chose "always in a developed/high income country."

1.1.4   Reasons for Not Attending IAS 2009

All IAS 2007 delegates and/or IAS members who did not attend IAS 2009 were emailed a survey in mid-October 2009 in order to identify, among others, reasons why they did not attend the conference. Survey respondents were asked to select the three most important reasons why they decided not to attend IAS 2009 from a 13-item list. As illustrated in Figure 9, the most frequently selected reason was "I could not afford it" (59% of respondents). This result, combined with the fact that most answers classified as "others" referred to financial constraints, shows the impact of the current financial crisis, combined with the high cost to attend such as conference. Not surprisingly,

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[18] Total exceeds 100% because survey respondents were able to choose up to three options.
[19] Total exceeds 100% because survey respondents were able to choose up to three options.

respondents working in Africa, Oceania and South and South-East Asia were statistically more likely to select the reason "I could not afford it", compared with those working in other regions (more than 67% vs. less than 59%; p<0.05). No statistically significant correlation was found between the respondents' profession and their ability to afford attending IAS 2009 (p>0.05).

Figure 9. Main Reasons for Not Attending IAS 2009

Reason	Percentage
I could not afford it	59%
I had other priorities/did not have time	38%
Other	24%
I attended other scientific conferences in 2009	18%
The programme was too scientific for me	9%
The programme was not relevant to my field of work	8%
I was concerned by the security conditions in South Africa	5%
I submitted an abstract that was rejected	3%
The programme did not include any presentations on emerging issue(s)	2%
I submitted an abstract that was only accepted for the poster exhibition	2%
The programme did not include any exciting presentations of past or ongoing research	2%
I submitted an abstract that was only included in the CD-ROM	1%
I don't like South Africa	1%

Percentage of respondents (n=1,381)

It is encouraging to note that very few respondents selected the following options: "the programme did not include any presentation on emerging issues"; and "the programme did not include any exciting presentations of past or ongoing research". No statistically significant correlation was found between the respondents' profession and their selection of these options (p>0.05).

That nearly one in five (18%) respondents identified the fact that they had attended another scientific conference in 2009 as a reason for not attending IAS 2009[20] highlights the challenge conference organizers face in attracting the right participants in an environment where there are more and more concurrent scientific conferences.

1.1.5   Funding to Attend Conference

For the first time, surveyed delegates were asked who funded their conference attendance. As shown in Figure 10, **the majority** of respondents **reported they were funded by their employer or received funding from another source**. Only 8% indicated to have paid themselves.

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[20] Based on answers given by 228 respondents, the conferences that were most frequently attended in 2009 included: the 16th Conference on Retroviruses and Opportunistic Infections (CROI 2009; 29%); the 49th Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC 2009; 13%); the 47th Annual Meeting of the Infectious Diseases Society of America (IDSA 2009; 7%); the 12th European AIDS Conference (EACS 2009; 7%); the 9th International Congress on AIDS in Asia and the Pacific (ICAAP 2009; 6%); the 10th AIDS Vaccine Conference (5%); and the 18th Meeting of the International Society for Sexually Transmitted Diseases Research (ISSTDR 2009; 5%). Just over 60% of respondents listed other regional and international meetings focused on AIDS and on other topics, as well as AIDS-related workshops and seminars.

Figure 10. Sources of Funding to Attend Conference

In the category "other", the most frequently cited source of funding was research grant or project funds (n=23).

Survey respondents who received financial support to attend the conference were asked to select from a proposed list of answers the three most important reasons why they thought they had received financial support to attend. The three top criteria were the delegate's position within his/her organization/affiliation, his/her involvement in a key AIDS-related research project and the leadership role she/he played in the response to AIDS as illustrated in the Figure 11.

Figure 11. Financial Support Criteria
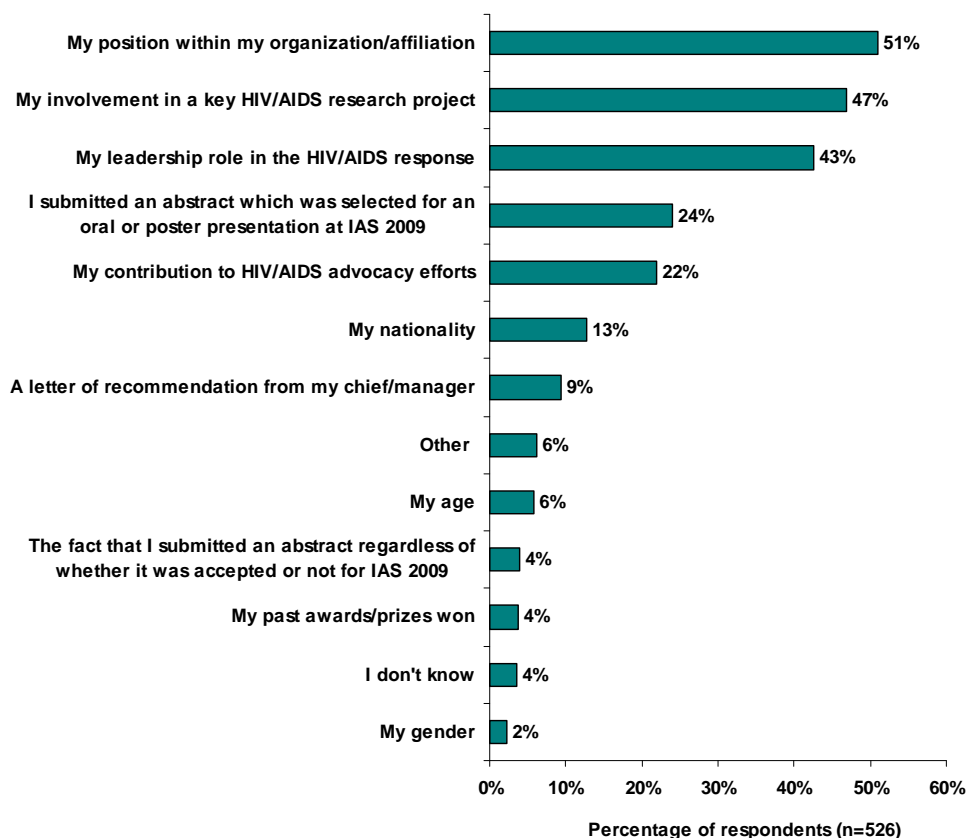
Surveyed delegates who reported to be self-funded, and to have tried to get financial support to attend the conference, were asked to select from a proposed list of answers the three most important reasons why they thought they did not receive such support. Of the 56 respondents, 15 thought it was due to their position within their organization/affiliation, 14 mentioned the fact they did not submit an abstract to the conference, 14 did not know the reason why and 13 thought it was due to their nationality.

1.2   Online Resources

1.2.1   Feedback from Delegates

Surveyed delegates were presented with a list of seven resources available on the conference website to support their participation. As shown in the Figure 12, **the resources used most were the Programme-at-a-Glance and the abstract search function,** as in 2007.

Figure 12. Use of Online Resources by Delegates
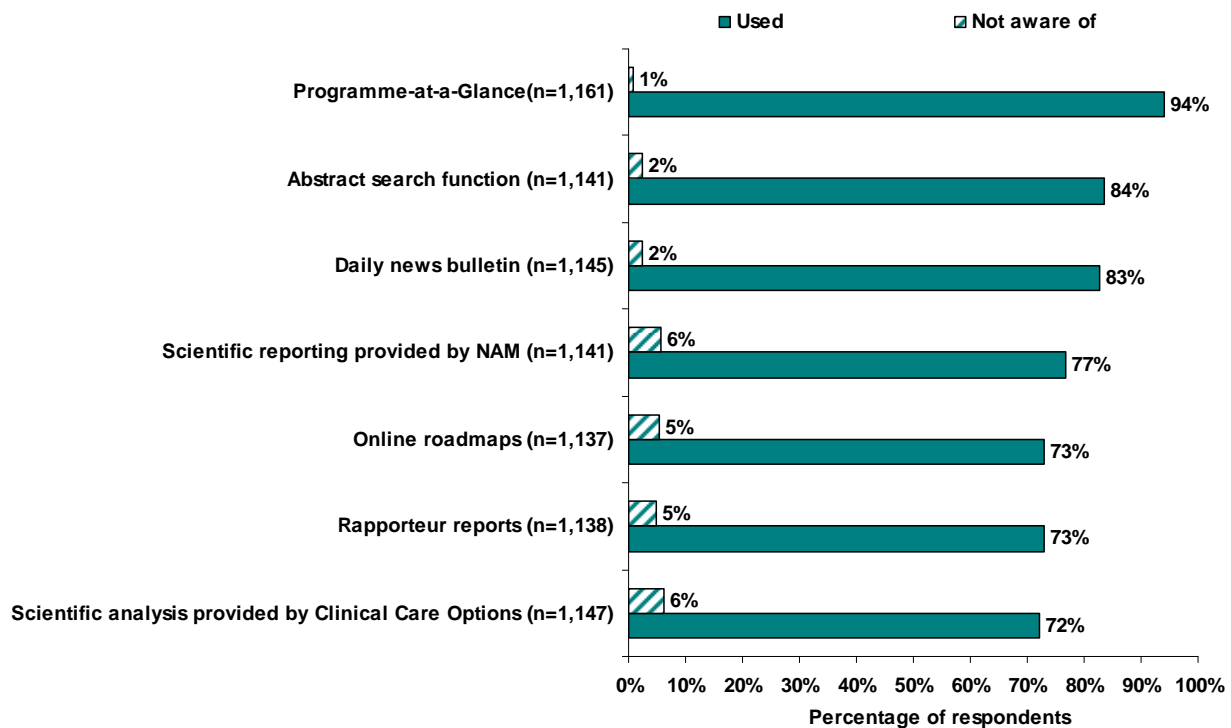
Survey respondents who were aware of and used the above online resources were asked to assess their usefulness. As illustrated in Figure 13, **the resources deemed most useful were the Programme-at-a-Glance and the abstract search function**. The online roadmaps and the daily news bulletin were the lowest rated resources.

Figure 13. Usefulness of Online Resources for Delegates
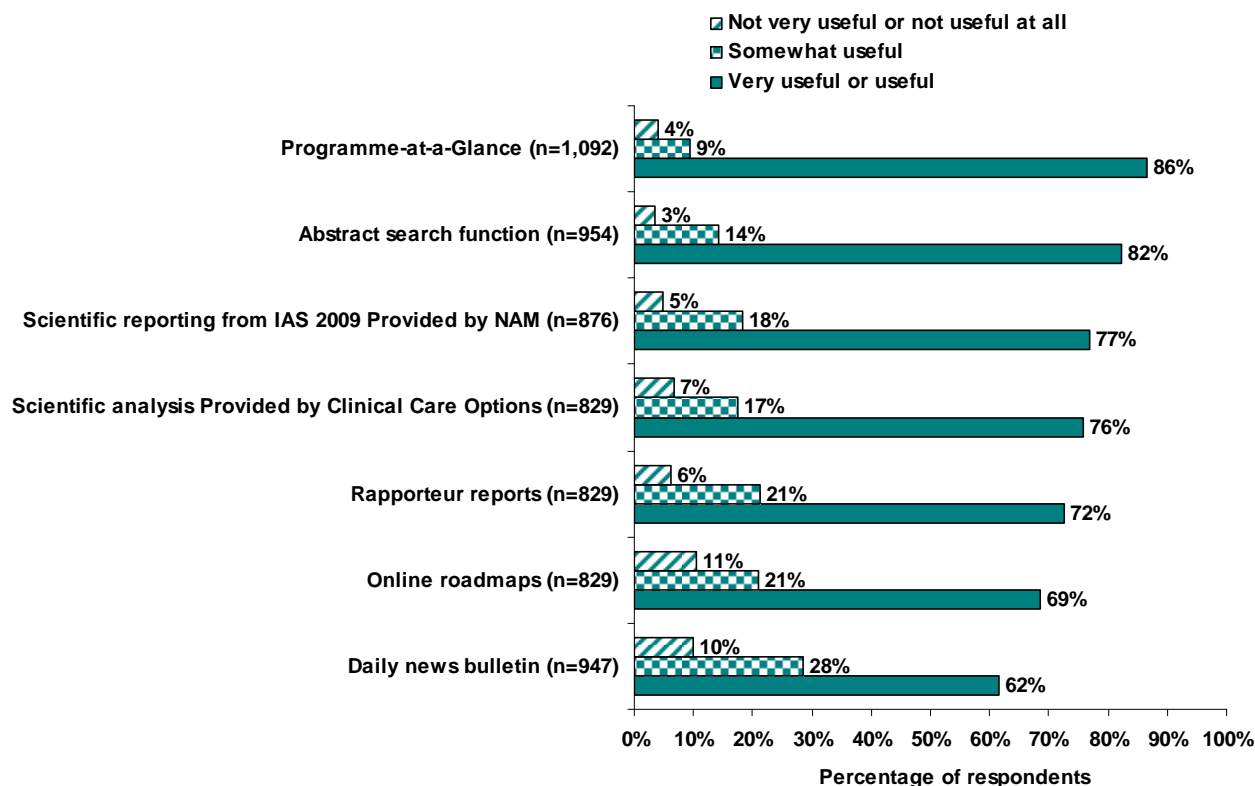
For the first time, e-posters were included on the IAS 2009 abstract CD-ROM. The majority of survey respondents who had an opinion on this new feature (n=874) reported it was either "very useful" or "useful" (47% and 35%, respectively).

1.2.2 Feedback from Non-Delegates (Online Followers)

Visitors of the conference website had the opportunity to give feedback on online resources available through a survey available through the main page of the conference website. This survey was active throughout the conference and closed a week after. Due to the low response rate (n=20), results of this survey are not presented in this report. However, the survey of IAS 2007 delegates and/or IAS members who did not attend IAS 2009 (mentioned in section 1.1.4) included a series of questions related to online resources.

Of the 1,312 respondents who answered the question "Did you follow the conference from home/work through the internet or other communication channels?", over half responded "yes" (56% vs. 44% "no"). Those who responded "yes" had the following profile[21]: the majority worked in sub-Saharan Africa and North America (30% and 19%[22], respectively); men were over-represented (57.8% vs. 41.9% women); just over two-thirds of respondents were between the ages of 26 and 50 (69% vs. 29% who were "above 50" and 2% who were "under 26"). With respect to their profession, the majority identified themselves as health care workers/social service providers and researchers

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[21] Demographics were available for 91% of respondents who used online resources (about 670).
[22] Other regions were represented as follows: Asia (16%), Western and Central Europe (12%), Latin America (12%), Oceania (5%), Eastern Europe and Central Asia (4%); Caribbean (2%) and North Africa and Middle East (1%).

(44% and 22%, respectively)[23]. Most online resource users reported to have been working in the HIV field for more than five years (82%).

Online resource users (n=738) were asked to indicate which resources they were aware of and/or had used from a nine-item list. As illustrated in Figure 14, **the resources most used were the abstracts, the PowerPoint presentations and the conference news bulletin**.

Figure 14. Use of Online Resources by Non-Attendees

Legend: ■ Used ▨ Did not use/view ▨ Not aware of

- Abstracts (n=691): Not aware of 2%, Did not use/view 8%, Used 90%
- PowerPoint presentations (n=690): Not aware of 4%, Did not use/view 9%, Used 86%
- Conference news bulletin (n=673): Not aware of 4%, Did not use/view 10%, Used 86%
- Press releases (n=671): Not aware of 5%, Did not use/view 12%, Used 83%
- Scientific analysis provided by Clinical Care Options (n=671): Not aware of 6%, Did not use/view 13%, Used 82%
- Rapporteur reports (n=667): Not aware of 7%, Did not use/view 16%, Used 78%
- E-posters (n=677): Not aware of 8%, Did not use/view 18%, Used 74%
- Webcasts (n=659): Not aware of 7%, Did not use/view 20%, Used 72%
- Scientific reporting provided by NAM (n=665): Not aware of 13%, Did not use/view 15%, Used 71%

X-axis: Percentage of respondents (0% to 100%)

Survey respondents who were aware of the above resources but did not view/use them were asked to identify from a five-item list why they did not use the resources. The three reasons most frequently selected were the fact that documents were too heavy/large or it required too much time to download (44%), a lack of interest in those resources (22%) and the difficulty of accessing the Internet (21%). Twelve percent (12%) indicated that the title was not appealing, while 23% selected the answer "other"[24].

Survey respondents who were aware of and used the above online resources were asked to assess their usefulness. As shown in the Figure 15, **the resources deemed most useful were the PowerPoint presentations and the abstracts**.

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[23] Other professions were represented as follows: policy/administrator (16%), advocates/activists (4%), students (4%), media representatives (3%), and educators/trainers (3%).
[24] Of the 77 responses that were clear and relevant to the question, the lack of time and competition with other priorities was the main cited reason (70%) for not using a resource. Twelve percent (12%) reported there was too much information and/or the information was too technical (use of specific jargon), while 9% indicated that they had instead used other resources (without indicating which ones). Another 16% of responses were classified as "others" and included the following reasons: documents were only available in English, there were some technical problems when accessing the online resources, the information provided through the online resources was not relevant to their work.

Figure 15. Usefulness of Online Resources for Non-Attendees

Legend:
- ☐ Not very useful or not useful at all
- ▨ Somewhat useful
- ▦ Very useful or useful

Resource	Not very useful or not useful at all	Somewhat useful	Very useful or useful
PowerPoint presentations (n=596)	4%	14%	82%
Abstracts (n=620)	4%	18%	78%
Scientific analysis provided by Clinical Care Options (n=548)	9%	18%	74%
Conference news bulletin (n=578)	7%	22%	71%
Scientific reporting provided by NAM (n=474)	8%	22%	69%
Webcasts (n=476)	11%	23%	66%
Rapporteur reports (n=517)	7%	27%	65%
E-posters (n=504)	11%	25%	65%
Press releases (n=557)	14%	28%	59%

Percentage of respondents

Surveyed non-attendees were also asked to specify other ways they kept themselves informed about the conference. Of 245 respondents whose answers were clear and relevant to the question, **nearly half (47%) reported they received direct feedback from colleagues/friends who attended the conference** (feedback occurred through face-to-face discussions, phone calls or email). About 20% kept abreast of the conference through use of the Internet in general (i.e. unspecified websites) where they could access to reports, newsletters, chat in e-forums, web groups or platforms. Slightly over 10% reported that they had visited HIV specialized websites or read scientific newspapers[25]. The same percentage of respondents mentioned the conference media coverage, including international and national newspapers, magazines, books, radio and TV. Eight percent (8%) were directly informed by the IAS through email updates, its quarterly newsletters, its website and/or contacts with other IAS members. Five percent (5%) indicated to have attended post-conference meetings and/or lectures referring to presentations made at the conference. The remainder (8%) were classified as "other" and included emails in general, listserv messages, other newsletters/reports.

Looking ahead to the next IAS Conference (IAS 2011), a total of 224 surveyed non-attendees made comments and/or suggestions to enhance its online coverage. The majority (69%) reported to have

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[25] These included the following websites or journals: Centers for Disease Control and Prevention (CDC HIV/AIDS), European AIDS Treatment Group (EATG), HIV & AIDS Treatment in Practice (HATIP), HIV & Hepatitis.com, International Treatment Preparedness Coalition Russia (ITPCRU), Kaisernetwork.org, Medscape, National Association of People with AIDS (NAPWA), National AIDS Treatment Advocacy Project (NATAP), POZ.com, STOP TB Partnership (STOP TB), Journal of Acquire Immune Deficiency Syndrome (JAIDS), Journal Watch AIDS Clinical Care, Journal of Infectious Diseases.

no specific suggestions and/or made positive remarks about the IAS 2009 online coverage. Eight percent (8%) made comments related to the content of the online resources (i.e. information should be more concise – a preference for daily summaries was expressed – and be available in languages other than English; terms which are too technical should be avoided or spelled out). Another 8% made suggestions related to IT (i.e. documents should have a limited size and be easily downloadable; the PAG and abstract search should be more user friendly; there should be more webcasts and in real time). Slightly over 5% made comments suggesting that the online resources should be better promoted in advance of the conference, especially the daily updates/summaries. Four percent (4%) would like the IAS to send electronic updates and summaries on the conference to its members. Two percent (2%) stressed the importance of supplementing abstracts with either slides (PowerPoint presentations) and/or access to full articles/manuscripts. The remaining suggestions (4%) were classified as "other".

1.3   Abstract Mentor Programme

1.3.1   Overview

The Abstract Mentor Programme was introduced at the 3rd IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2005), with the objective of helping less experienced researchers improve their abstracts before submitting these to the conference. Mentors help abstract submitters by answering questions on practical issues related to the content and language of their draft abstracts. Self-help tools, including an abstract writing toolkit available in four languages, are also available online. This programme is completely independent of the abstract review and selection process of the conference. It is an opportunity provided by the conference secretariat to widen access for less experienced submitters from around the world and to increase their chances of having an abstract accepted.

Comparison between IAS 2007 and IAS 2009 revealed an increase in the number of abstracts submitted to the Abstract Mentor Programme and an increased likelihood that submitted abstracts would be accepted for the conference programme. As illustrated in Figure 16, 71% of abstracts reviewed by mentors in 2009 were eventually submitted to the conference programme, of which 55% were accepted, which represents an increase of 146% compared with 2007.

Figure 16. Overview of the Abstract Mentor Programme (2007 and 2009)

	IAS 2007		IAS 2009	
	n	%	n	%
Number of abstracts received	89		118	
Number of abstracts reviewed by mentors	43	n/a*	118	100%
Number of abstracts submitted to the conference programme after mentoring	27	63%	84	71%
Number of abstracts finally accepted	6	22%	46	55%
Poster exhibition	3	50%	18	39%
CD ROM	3	50%	25	54%
Oral abstract session	0	0%	1	2%
Poster discussion session	0	0%	2	4%
Poster back up	0	0%	0	0%

Of the 89 questions submitted in 2007, only 43 were relevant and sent to mentors.

Of the 46 abstracts which were eventually accepted, the majority were in Tracks B or D (each 37%), followed by Tracks A (15%) and B (11%).

The number of abstract submitters taking part in the programme increased from 63 in 2007 to 95 in 2009, of which 16 were from a non-scientific background/occupation. Among the 73 who submitted their abstract(s) to the conference programme, 43 had their abstract successfully accepted (59%), of which two were from a non-scientific background/occupation and three had more than one accepted abstract. As shown in Figure 17, though **the majority of abstract submitters came from Africa and Asia-Pacific, submitters from other regions were more likely to be successful in having their abstract selected for the conference programme**.

Figure 17. Regional Breakdown (by Nationality) of Abstract Submitters
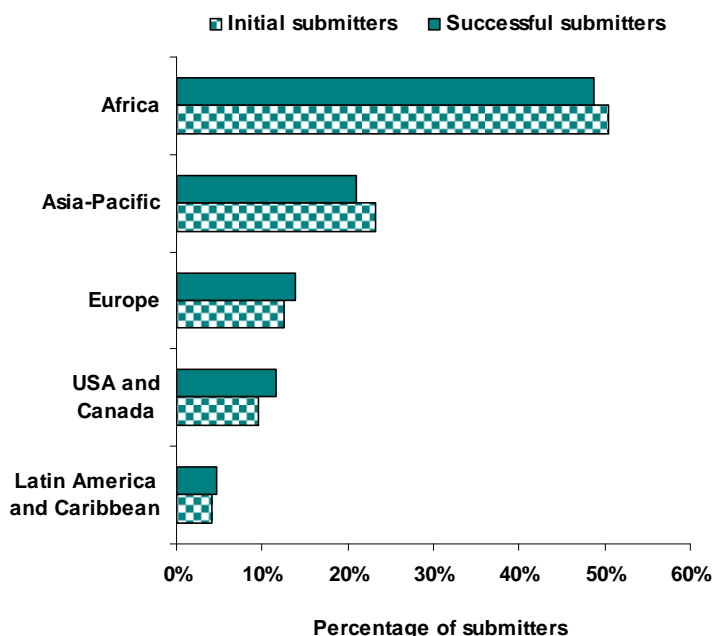
Looking at the breakdown of abstract submitters by country, it was found that:
- The proportion of abstracts from low- and middle-income countries accepted for the conference programme was smaller than the proportion of abstracts from upper-middle- and high-income countries (45% vs. 73%), which shows that authors of low- and middle-income countries are less successful.
- The Abstract Mentor Programme was used more by authors from low- or middle-income countries, compared with those from upper-middle- and high-income countries (6% vs. 2%).

There were fewer young submitters (under 26 years of age) to the mentor programme in 2009 (8% of total submitters) compared with 2007 (22%). Seventy-five percent of young submitters in 2009 were successful in having their abstract selected for the conference programme (information not available for 2007). There were also fewer abstract submitters between the ages of 26 and 36 years in 2009 (46%) compared with 2007 (51%). Only 32% were successful in having their abstract selected for the conference programme (information not available for 2007). Those over age 36 were more numerous in 2009 (45% of all submitters) than in 2007 (27%) of which 53% were successful (information not available for 2007).

The number of mentors increased from 17 in 2007 to 63 in 2009. Mentors were also more active[26] in 2009 (68%) compared with 2007 (53%) and were able to mentor all abstracts they received for review (118). Of the 43 active mentors in 2009, the majority came from Africa (37%), followed by USA and Canada (23%), Asia-Pacific (21%), Europe (9%) and Latin America and the Caribbean (9%). All these percentages decreased compared with 2007, except for the North America region (USA and Canada), which was represented by 23% of active mentors in 2009 (vs. 13% in 2007).

1.3.2 *Feedback from Mentees*

As part of the continuous evaluation process, abstract authors who used the programme were asked to answer some questions as they submitted their abstract(s) to the mentor programme. The majority reported to have heard about the programme through the IAS 2009 conference website (77%) and indicated the objectives and submission process for the programme were "very clear" (49%) or "clear" (42%). **Most submitters (95%) had used the online self-help tools before sending their abstract(s) to mentors**. The least used tool was the "Examples of Prize-Winning Abstracts from AIDS 2008" (although only 9% reported not having used it). All tools were very well rated in terms of usefulness; the "Abstract Writing Toolkit" and "Abstract FAQs" being the most useful (over 80% of "very useful" or "useful" rating).

Abstract submitters were again surveyed immediately after the deadline to submit abstracts to the conference programme (i.e. in March 2009). Of the 66 respondents, which is a high response rate (nearly 70%), **the majority found that it was "easy"** (**45%) or "very easy" (45%) to interpret the feedback provided by their mentor and reported this feedback was "very useful" or "useful"**, especially feedback on the scientific content, as illustrated in Figure 18.

Figure 18. Usefulness of Mentor's Feedback[27]

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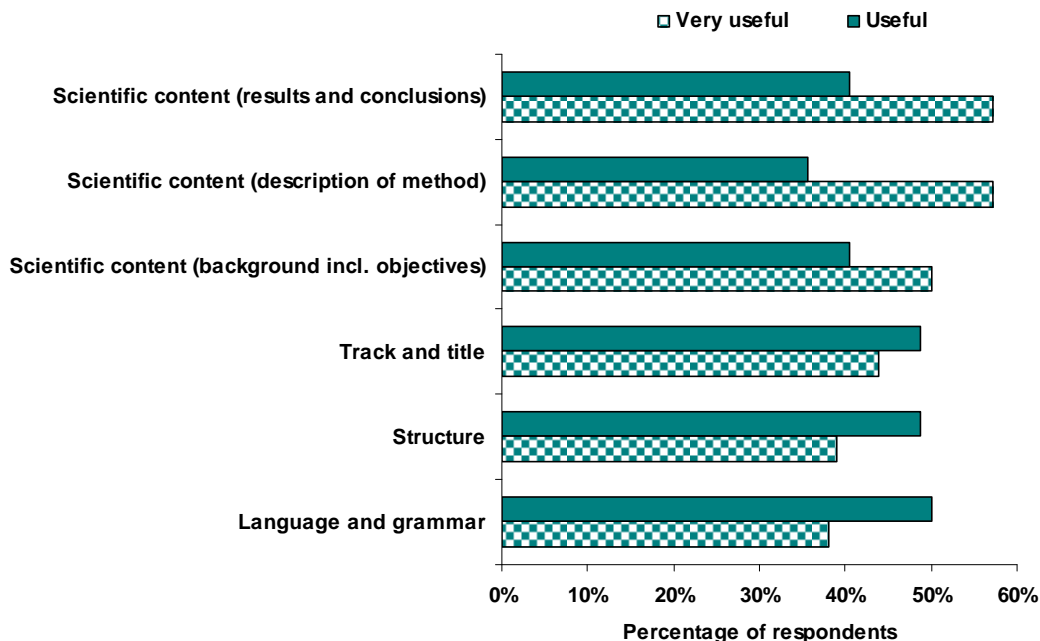
[26] Active mentors are those who effectively mentored abstract submitters as opposed to those who signed up but eventually did not review an abstract.
[27] Total respondent number varied from 41 to 42.

Most respondents were also satisfied by the promptness of mentors, reporting that the duration to receive a response had met their expectations "well" or "very well" (51% and 41%, respectively). This is not surprising given that **74% of surveyed submitters indicated it took no more than two weeks to receive feedback from their mentors** (with 23% indicating it took from three to four weeks). Surveyed abstract submitters were also asked if they had used the online self-help tools to complement their mentor's feedback. Over half of respondents said "yes" (57%). The "Top 5 Reasons Why Abstracts Are Rejected" and the "Abstract Writing Toolkit" were the two most useful tools as shown in Figure 19.

Figure 19. Usefulness of Online Self-Help Tools[28]
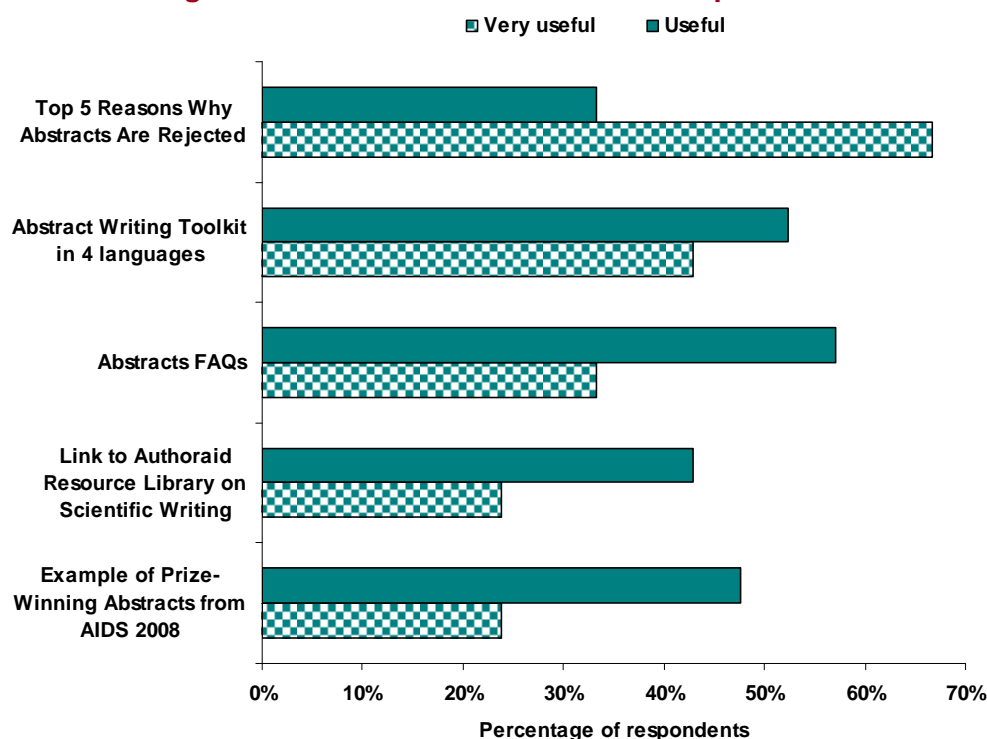
As an indicator of the professional value of such a programme, almost all respondents reported they would recommend the programme to a friend or a colleague and would use it again at the next conference. A total of 46 surveyed submitters wrote comments, 19 of which were positive remarks on the programme overall. Ten respondents explicitly said they had no comments and three suggested mentors' feedback be provided within a week so that submitters would be able to revise and send back their abstract to the mentor before the conference submission deadline. Other comments related to the level of details given by mentors and the timeliness of mentors' feedback. One suggestion recommended continuing collaboration between mentors and submitters after the mentoring process.

1.3.3   Feedback from Mentors

Mentors were also invited to share their opinion about this programme. Of the 43 active mentors, 31 completed an online survey immediately after the Abstract Mentor Programme had closed (response rate of 72%). **Over half of the surveyed mentors had mentored abstract submitters before IAS 2009 (55%), mainly for international conferences** as shown in Figure 20.

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[28] Total respondent number was 21.

Figure 20. Previous Experience as Mentors[29]
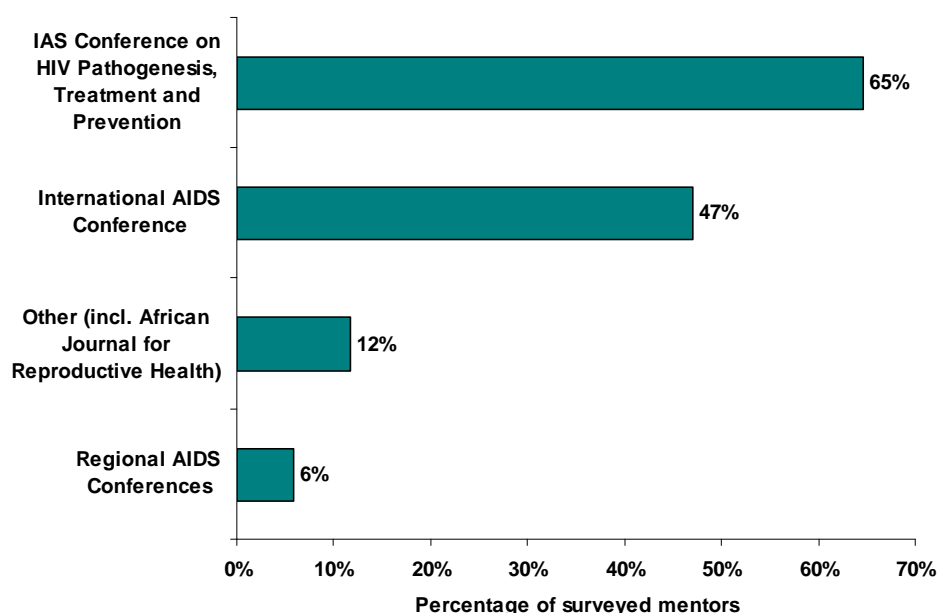
Most surveyed mentors (80%) reported to have reviewed between one and five abstracts for IAS 2009, with 13% reporting that they had reviewed six to 10 abstracts and 7% having reviewed more than 15. **The majority indicated the "Abstract Feedback Guidelines" were "easy" or "very easy" to use** (39% and 39%, respectively) and that these guidelines had allowed them to save time (83%). In addition, all surveyed mentors thought these guidelines were a good way to provide abstract authors with structured comments and clear feedback. Fifteen respondents (48%) provided further comments on the guidelines, of which 60% made suggestions to improve their format and content. A third of mentors (33%) provided no specific comments.

Surveyed mentors were also asked how they would prefer to submit their feedback. Over half of the respondents (55%) preferred the email system currently used, 26% preferred to log-in and complete an online feedback form, and 9% had no preference. Nineteen mentors (61%) provided further comments on the programme. Three (16%) suggested the need to ensure a better match between abstract topics and a mentor's area of expertise. Two (10%) suggested providing further support to submitters with greater need, such as non-native English writers and submitters from community-based and faith-based organizations; two (10%) had no specific comments; one (5%) suggested to provide mentors with a check list to improve their feedback and the remaining mentors made only general comments on overall management of the Abstract Mentor Programme, including the recognition of mentors' work.

The fact that most surveyed mentors (83%) would recommend participation in the programme to a colleague or a friend and indicated their willingness to mentor more abstracts than the number they actually reviewed for IAS 2009 is evidence of how enriching the mentoring experience is. Looking ahead to the next conference, **all respondents (100%) reported they would mentor again**, in particular for the International AIDS Conference in 2010 (97%) and for IAS 2011 (87%). Twenty-five surveyed mentors (81%) reported they would be interested in helping young AIDS researchers from low-income countries publish their research in scientific journals. Among the conditions which would be required by mentors to provide such a service, the most commonly reported was having enough

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[29] Total respondent number was 17.

time dedicated to mentoring activities (45% of respondents) and being recognized or acknowledged for their efforts, including financial support from the conference (such as sponsorship to attend conferences and certificates (41% of respondents)). A few respondents stressed the need to carefully screen applications to the mentoring programme and to provide clear guidelines to mentors. Other suggestions included offering opportunities to share lessons learned among mentors (e.g. through a scientific writing mentor community of practice), tracking the progress of mentored abstract submitters and allowing for online submission of comments, including responses to standard closed- and open-ended questions.

For IAS 2009, **all 43 active mentors received a Certificate of Participation to acknowledge their work.** Many mentors were thankful for the certificate and for the opportunity to be involved in a learning experience.

Voice of a Mentor

"Thanks for recognizing our efforts. Personally, it was also a learning process for me."

1.4   Support to Speakers/Chairs and Presenters

1.4.1   Online Guidelines

As a service to speakers, conference organizers provided presentation guidelines for abstract presenters and other speakers, which were **available on the conference website a few months before the conference**. The majority of surveyed speakers and presenters who rated this aspect (n=159) confirmed that they had used the guidelines (87%). They were **considered "very helpful" by 59%** of survey respondents (vs. 38% who found them "somewhat helpful" and just 3% who said the guidelines were "not very helpful").

Poster guidelines were **also available through the conference website**. The vast majority of surveyed poster presenters who rated this service (n=276) confirmed that they had used the guidelines (98%). Their **usefulness** was **highly rated**, with the vast majority reporting they were "very helpful" or "helpful" (49% and 44%, respectively). Only three suggestions were made to improve the use/impact of presenter guidelines (each by one survey respondent): send them earlier, send them by email rather than just making them available online through the conference profile, and inform presenters if they have an option of using their own template for the poster.

1.4.2   Onsite Support

Speakers and Oral Abstract Presenters

A **Speakers Centre** was available to speakers, chairpersons, oral abstract and poster discussion presenters during the conference, where they could upload their presentations and access other kinds of support. Of the 157 surveyed speakers and/or oral abstract presenters who rated this area, 89% used the centre. In general, **speakers found the facilities and services available in the Speakers Centre, as well as its staff, helpful** (74% "very helpful" and 25% "somewhat helpful").

Assistance from volunteers (based in session rooms) **during presentations** was **also highly rated**, with the majority of respondents (n=126) reporting it was "good" or "excellent" (40% and 54%, respectively).

Survey respondents had the opportunity to share comments and suggestions about onsite logistics and other aspects. Of the 36 respondents who did so, 10 mentioned it was difficult for the audience to see the presentations properly due to screens that were either too small or located in an inappropriate place. Three respondents complained about the poor quality of chairs/moderators, three thought the stage was too narrow, and another three reported the room size was inappropriate. Other complaints, each made by two respondents, were that some presenters did not respect the maximum number of slides for their presentations and that it was difficult to hear questions from the audience. All these comments will be taken into consideration when planning the IAS 2011.

Poster Presenters

A **poster helpdesk** was located in the poster exhibition area, mainly to provide support to poster presenters. Of the 273 surveyed poster presenters who rated this service, 84% had used it and among them, **two-thirds reported it was "very helpful" or "helpful"** (32% and 35%, respectively vs. 20% who found it "somewhat helpful", 12% who said it was "not very helpful", and 1% who said it was "not helpful at all"). **The majority of comments about the helpdesk related to problems presenters had with the adhesive tape used to mount posters to the display boards** (not enough, bad quality and/or long queue to collect it; n=39) and the lack of staff at the helpdesk (n=22).

Surveyed poster presenters also had the opportunity to rate various features of the poster exhibition area. As shown in Figure 21, the majority gave a **good rating to the planning of the poster exhibition area, the signage inside the exhibition area and the layout of poster boards**.

Figure 21. Rating of the Poster Exhibition Area by Poster Presenters[30]

Legend: Excellent / Good / Fair / Poor

Planning of the poster exhibition (n=267): Poor 3%, Fair 17%, Good 54%, Excellent 26%

Signage in the poster exhibition area (n=269): Poor 3%, Fair 18%, Good 55%, Excellent 24%

Layout of the poster exhibition area (n=271): Poor 3%, Fair 16%, Good 52%, Excellent 29%

Percentage of respondents

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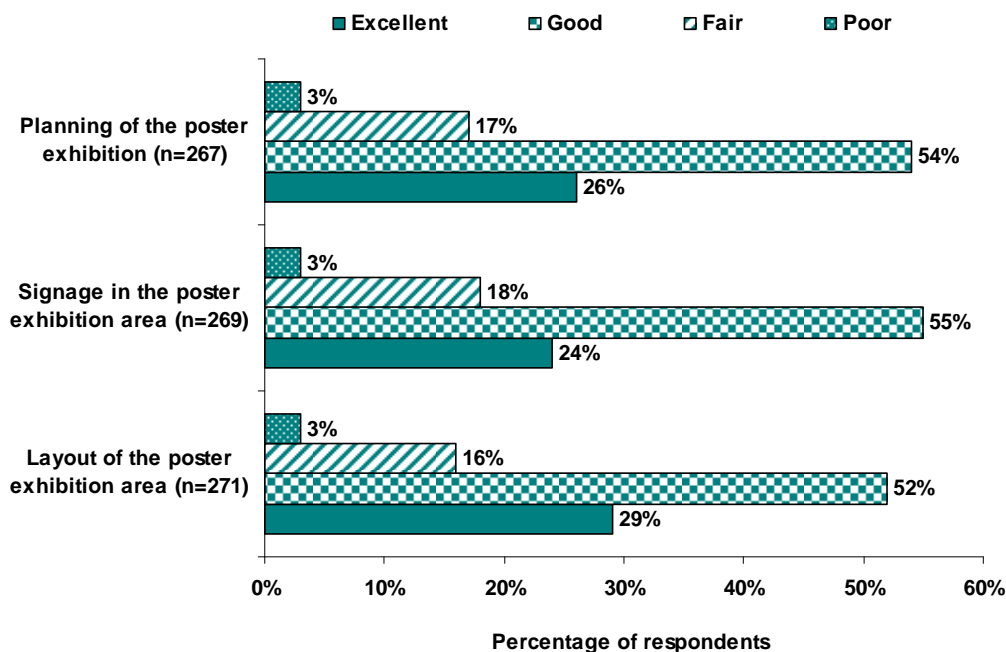
[30] The number of respondents varied from 267 to 271.

The majority of negative feedback about the exhibition area related to the lack of space or inappropriate layout (n=26), the limited time for viewing posters (n=13), the difficulty to understand the coding/numbering system (n=10), noise disturbances from cultural performances or demonstrations in the exhibition hall (n=8), and the difficulty of finding late breaker posters (n=4).

1.5   Support to Media Representatives

Media representatives were surveyed on different aspects of the conference, including support they received from the conference organizers to enhance their preparation and their participation (a total of 83 media representatives completed the survey).

Attending a press conference was rated "very easy" by the majority of survey respondents (82%). The majority also found setting up interviews arranged by media centre staff to be easy (61% rated it as "very easy", 29% as "somewhat easy" and 11% "not very easy").

Completing the online media registration application form when applying for media accreditation was rated "very easy" by the majority of survey respondents (74%). However, it was found that many journalists were confused about the difference between a conference profile and registration form, resulting in many not submitting the required supporting documentation. The use of short pop-up messages during the profile and application processes should be considered to avoid misunderstandings.

Resources/services aimed at assisting media representatives in their coverage and participation were also highly rated, with the majority of media survey respondents reporting that official daily press conferences and the media kit were "very useful" or "useful" (79% and 70%, respectively). Media representatives were asked to rate specific features of the conference website. The majority were satisfied with the ease of use of the conference website (76%) and reported that materials available on it were "very useful" or "useful" to assist them in their coverage and participation (81%). About half (51%) of respondents indicated that it was "very easy" to access abstracts, speaker slides, speeches and/or other resources on the conference website (vs. 37% who said it was "somewhat easy" and 12% who said this was "not very easy").

With respect to the facilities put at the disposal of media representatives, **the majority of survey media respondents were satisfied**, **especially with the support from the IAS 2009 media centre staff, the press conference rooms and the information provided on the online media centre** (see Figure 22).

Figure 22. Rating of Support to Media Representatives
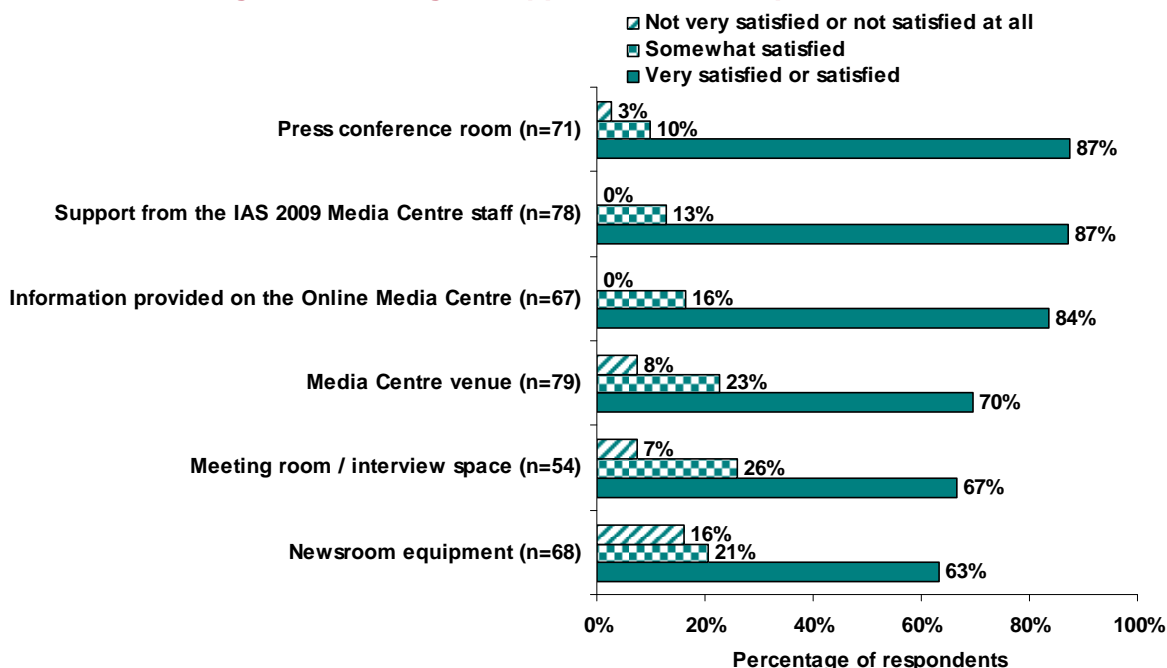
1.6 Community Activities

Community activities were **intended to support the meaningful participation of community delegates in what is essentially a scientific conference**. Such activities were developed by the IAS 2009 Community Advisory Group[31] (CAG), whose primary role was to provide input to the Conference Coordinating Committee (CCC) and Scientific Programme Committee (SPC), so that the conference programme appropriately reflects a community perspective.

Community activities **included an orientation programme, an exhibition booth, a community office, as well as a community forum**. **The Positive Lounge and engagement tours were also intended to support the meaningful participation of community delegates** (see further details on the Positive Lounge in section 1.7 and on engagement tours in section 2.3).

The **Community Orientation Programme** was held on the afternoon of Sunday, 19 July over a two-hour period and targeted community delegates with limited or no conference experience in a pathogenesis environment. The objective was to assist delegates with practical tips on navigating the conference. A valuable component of the event was a series of presentations by Track Chairs, who gave an overview of their respective tracks and suggested sessions that may hold interest to community delegates. The **Community Office** was a space for delegates to plan their daily activities, hold meetings, use the printing/photocopying services and obtain information on sessions and other conference activities. The office was open to all delegates with an interest in community issues. The hours of operation were from Sunday, 19 July to Wednesday, 22 July (8.00 – 16.00). The **Community Exhibition Booth** was an area where NGOs and civil society groups could present their work and share information on programmes and initiatives. It was inside the exhibition hall and was open from Sunday, 19 July to Wednesday, 22 July.

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[31] The IAS 2009 CAG was composed of six members, including a Chair and a Vice-Chair, of which two were from the host country, two from other parts of Africa and the remainders were international.

The **Community Forum** was open to IAS 2009 delegates and the general public. Held on Tuesday, 21 July (17.00 – 19.00) at the Cape Town Civic Centre it featured a panel of experts talking about how to build partnerships between the community and scientists to strengthen the response to AIDS. The forum featured interactive discussions about the role of community partnerships in developing translational research, working to find a cure, and adapting to the changing global economic environment. Seasoned speakers examined these issues from a local, regional and international perspective. Members of the audience were invited to share comments and ask questions after the presentations. Speakers included leading community advocates and experts from the fields of research, clinical science and political science.

A survey form was distributed to delegates attending the community orientation programme, visiting the community booth and/or using the community office. Forms were also distributed to delegates and members of the general public attending the community forum. Unfortunately, due to problems with survey distribution, only 40 people completed the survey form. In addition, some questions about activities that took place at the conference venue could not be completed by members of the general public. Results below should therefore be interpreted with caution.

The majority of survey respondents were women (67% vs. 33% men and 0% transgender), first-time IAS conference attendees (82% vs. 18% who attended IAS 2007), and between 26 and 50 years of age (66% vs. 26% who were below age 26 and 8% who were over 50). Not surprisingly, respondents mainly worked in sub-Saharan Africa (74%). Health care workers/social service providers were most represented (37%), followed by advocates/activists (21%). The occupations of other participants included researchers (11%), educators/trainers (8%) and students (8%). When asked how they first learned about the community activities offered at IAS 2009, about half of survey respondents indicated it was through a colleague or a friend, 13% reported it was through the conference website and the same percentage reported they heard about these activities onsite (i.e. at the conference venue).

All activities offered were well-rated, with over 75% of survey respondents who attended/used them reporting they were "useful" or "very useful". When asked if they would keep the same community activities at the next IAS conference, the majority replied positively (67% "yes" vs. 13% "no" and 20% "not sure"). Just under half of respondents (47%) reported that these activities had met "their expectations "very well" (with another 47% saying they met their expectations "fairly well" and 6% saying "not very well").

A small number of (15) respondents provided specific feedback about the community forum, which may give some guidance for future planning. This includes complaints about the long distance between the forum venue and the area where most local community members lived, insufficient advertising of the event to all local NGOs and communities, as well as the absence of simultaneous interpretation for non-English speakers. In addition, one respondent suggested that to further support the participation of community delegates at IAS 2011, there should be more direct/live feedback from people infected and affected by HIV, including patients involved in trials.

In light of this, local CAG members should make greater efforts and be supported by the conference secretariat to reach out to local communities and involve them more in the planning of and participation in the conference.

1.7 Positive Lounge

The Positive Lounge is **a place of rest and support for HIV positive conference delegates, which also provides opportunities to meet and talk with other People Living with HIV (PLHIV) from across the globe in a relaxed and nurturing environment**. Based on practices at and evaluation findings from previous IAS and International AIDS Conferences, the IAS 2009 Positive Lounge provided complimentary snacks, spaces for informal meetings and private facilities for taking medication. It was open from Sunday, 19 July to Wednesday, 22 July.

The success was as great as in IAS 2007, with the majority of surveyed delegates rating it as either "good" or "excellent" (81% compared with 83% in 2007).

In addition to the online delegate survey, feedback on the lounge was collected during the conference through a special survey targeting lounge visitors. Standard survey forms were available on tables in or distributed directly by volunteers working inside the lounge. One evaluation box was located in the area to allow respondents to return their completed forms at any time. Despite these efforts, the response rate was not very high (45 respondents). This may be due to the fact that most visitors were recurrent visitors, who had no interest in completing the survey more than once. Results below should therefore be interpreted with caution.

Surveyed Positive Lounge visitors were predominantly men (62.5% compared with 37.5% women and 0% transgender), between 41 and 50 years of age (56% vs. 39% who were between 26 and 40 and 5% who were over 50) and mainly worked in sub-Saharan Africa (44%), Western and Central Europe (23%) and North America (15%). Advocates/activists were the best represented (54%), followed by educators/trainers (17%) and health care workers/social service providers (15%).

On average, most respondents (73%) spent between 10 and 30 minutes on each visit and about half (49%) visited the lounge at least four times during the conference. The high number of visits is best explained by the survey response in which **the majority (77%) reported the lounge was "very helpful" in supporting and maximizing their participation in the conference** (vs. 14% who said it was "helpful" and 9% who rated it "somewhat helpful"). Appropriate signage may also be a reason with nearly two-thirds (66%) of surveyed visitors reporting it was "very easy" to find the lounge (vs. 23% who said it was "somewhat easy" and 11% who found it "not very easy" to find).

According to respondents, the most important benefits of the lounge were having a place to rest/relax and to network with other positive delegates (selected by 77% and 70% of respondents, respectively). The availability of free snacks was also a benefit for 60% of surveyed visitors. Having a place for informal meetings and private facilities for taking medication were considered less important (selected by 33% and 28% of respondents, respectively).

Voice of a positive lounge visitor

"Thank you so much for caring about HIV positive delegates. The lounge is a big plus for me."

The most frequent suggestions to improve the lounge at future conferences included the provision of more healthy, diversified and hot food adapted to PLHIV's needs (suggested by 22% of respondents), and access to the Internet and to massage services (each requested by 9% of respondents).

1.8   Scholarship Programmes

The aim of the IAS 2009 International and Media Scholarship Programmes were 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 a full or partial scholarship.

A full scholarship includes:
- registration to the conference
- economy-class return airfare
- shared accommodation in a budget hotel
- modest daily allowance.

A partial scholarship includes any combination of the above.

The CCC established **selection criteria**, taking into account region and country of work, occupation, type of organization, attendance at previous conferences, type of involvement in the conference (e.g. abstract presenter, community member, general delegate, or media representative) and applicant's motivation and ability to disseminate knowledge gained at the conference.

Despite a 35% decrease in the number of applications compared with IAS 2007, **a large number of scholarship applications were received** (n=2,065) **from 130 countries**. As in 2007, the greatest proportion of applicants was from Africa (46%). Applications were mainly submitted by researchers and health care workers/social service providers (23% and 22%, respectively) and there were more male applicants than female (55% vs. 45%).

One hundred and ninety-seven **(197) scholarships were awarded to applicants from 57 countries**. Of this total, 77 were full scholarships (39%) and 120 were partial scholarships (61%). Slightly more scholarships were awarded for IAS 2009 than for IAS 2007 (194).

Just over half of the 2009 recipients were female (53%), 46% were male, and 1% was transgender, while in 2007, over half of the recipients were male (53%), 47% were female and 0.5% were transgender. As in 2007, the largest proportions of recipients were either students or researchers in biology and pathogenesis, and just over half of recipients worked in academia (see Figure 23).

With regard to the scholarship type, the proportion of scholarship recipients who were abstract presenters increased by 62% compared to 2007, due to the change in selection criteria established by the CCC.

Figure 23. Demographic Details of Scholarship Recipients (2007 & 2009)

Attribute	IAS 2007	IAS 2009
Gender		
Male	53%	46%
Female	47%	53%
Transgender	0.5%	1%
HIV positive		
Number of HIV positive recipients	unknown	12%
Region		
Asia-Pacific	32%	14%
Africa	25%	47%
Latin America and the Caribbean	20%	10%
Europe	12%	15%
USA and Canada	11%	14%
Occupation*		
Student	21%	20%
Researcher - biology & pathogenesis	30%	19%
Clinician/physician	9%	16%
Researcher - epidemiology	3%	8%
Media	4%	5%
Activist	3%	5%
Researcher - clinical science	13%	4%
NGO/CBO worker		4%
Researcher - prevention science	3%	2%
Advocate	5%	1%
Organization*		
Academic	66%	52%
Hospital/clinic	11%	14%
NGO	7%	14%
PLWHA network	8%	6%
Media organization	4%	5%
Government		5%
Scholarship type		
Abstract presenter	40%	65%
Non-Abstract/Non-Community (General delegates)	46%	18%
Community	11%	11%
Media	3%	5%

Eight weeks after the conference, 193 scholarship recipients were emailed a short survey. A total of 125 responses were received, which gives a response rate of 65%. Findings of these surveys are reported below. The overall support provided by the conference secretariat was rated highly (74% "excellent", 24% "good", 2% "fair", 0% "poor"). **Resources put at the disposal of scholarship recipients were used widely and reported to be "very useful" by the majority of survey respondents**, with the pre-departure guide identified as the most useful resource (97% of respondents had used it, and among them, 82% reported it was "very useful"), followed by the scholarship-related Frequently Asked Questions (FAQs) available on the conference website (93% of respondents had used it, and among them, 73% reported it was "very useful") and the document on the different funds' combinations (89% of respondents had used it and among them, 63%

reported it was "very useful"). With regard to the online application process, the majority (80%) reported it was very user friendly (with 17% saying it was "somewhat user friendly", 1% saying it was "not very user friendly" and 2% having "no opinion").

Surveyed scholarship recipients were also asked what they gained from attending IAS 2009. **The three benefits most frequently identified were new knowledge (91%), new contacts/opportunities for future collaboration (79%) and an opportunity to affirm work/strengthen engagement (58%).** No respondent selected the option "I did not gain anything". Further details on benefits gained and the anticipated use of such benefits by scholarship recipients are provided in section 3.3.2.

Voices of Scholarship Recipients

"I got a chance to interact with scientists from all over the world and got to know about the researches going on especially mother to child transmission. I will apply the knowledge that I gained during the conference in my country and use it for helping my patients. Thank you so much. This would not have been possible without the scholarship that was provided to me."

"I would like to thank the IAS for the scholarship and congratulate the secretariat for the excellent conference starting from the pre-conference arrangements to the conference."

All scholarship recipients were offered a free one-year IAS membership. Of those who had already received their login details at the time they were completing the survey (n=88), the majority indicated to have gained benefits from becoming an IAS member (82%). Of those who had accessed the IAS membership tools on the IAS website (n=46), the majority selected the following as useful tools: access to the IAS newsletter archives (74%), the ability to search for and contact other members (65%), the ability to post notices about upcoming conferences and other meetings in the IAS event calendar (61%).

1.9   Overall Organization and Onsite Resources

Surveyed delegates were asked to assess different aspects of the conference organization. Most aspects were rated highly and **the vast majority of survey respondents reported the overall organization was "excellent" or "good"** (42% and 54%, respectively). This includes the information received before the conference (rated "excellent" or "good" by 94% of survey respondents), printed materials distributed on site (over 90% of surveyed delegates indicated that both the conference programme and the pocket programme were "very useful" or "useful"), signage for session rooms and other key areas (rated "excellent" or "good" by 84% of respondents), as well as other aspects described in the sections below.

Voices of Delegates about the Conference Organization

"It was well organized and we had as delegates a lot of possibilities to prepare for the conference in advance due to the online information and newsletters."

This successful organization could not have been possible without the **support of 290 volunteers and 85 hostesses**.

1.9.1 Poster Exhibition

The poster display area was located in the main exhibition hall. Measuring 1,616 m², the poster display area was improved compared with previous conferences. It was divided into four parts, one per track, with a poster plaza in the centre where rows of posters from each track converged. The aim of this new arrangement was to increase cross-track networking opportunities among poster presenters and networking between visitors and poster presenters. The display area contained a poster helpdesk, as well as four terminals where delegates could do a quick search of accepted abstracts and posters.

The majority of surveyed delegates reported the poster exhibition area was "excellent" or "good" (23% and 55%, respectively, as opposed to 17% who stated it was "fair" and 4% who rated it "poor"). This good rating is confirmed by the feedback received from about 50 poster viewers surveyed during the conference: 29% considered the poster display area to be "excellent", 57% said it was "good", and 14% said it was "fair".

Feedback on the poster exhibition area from surveyed poster presenters is available in section 1.4.2.

1.9.2 Features to Make IAS 2009 Socially and Environmentally Responsible

Surveyed delegates were asked how important the following initiatives taken by the conference organizers to make IAS 2009 socially and environmentally responsible were:
- Using local suppliers who have good social responsibility policies (80% of surveyed delegates who had an opinion on this issue reported it was "very important").
- Printing on recycled/FSC certified paper (73% of surveyed delegates who had an opinion on this issue reported it was "very important").
- Reducing the number of publications printed (70% of surveyed delegates who had an opinion on this aspect reported it was "very important").

Delegates were also asked to assess the usefulness of a series of onsite services. **The most useful services were the eco-points throughout the conference venue (used to recycle waste) and the programme to donate all surplus conference materials and food** to local organizations (see Figure 24).

Figure 24. Usefulness of Features to Make IAS 2009 Socially and Environmentally Responsible[32]

■ Very useful ▨ Somewhat useful ▧ Not very useful

The eco-points at the conference venue to recycle waste
- 5%
- 31%
- 64%

The donation programme of all surplus conference material and food
- 4%
- 33%
- 64%

The "green t-shirt" team of volunteers to raise awareness of the conference's greening efforts
- 14%
- 40%
- 46%

The carbon emission offset option when you registered
- 13%
- 42%
- 45%

0% 10% 20% 30% 40% 50% 60% 70%

Percentage of respondents

1.9.3   Comments about the Conference Organization

Surveyed delegates were given the opportunity to make additional comments about how to improve organization of the conference. About 20% (n=265) provided comments, 32 of which were not clear or not relevant to the conference organization[33]. Comments were categorized within ten main themes. As shown in Figure 25, almost half of respondents did not have specific suggestions or wrote only positive remarks on the conference organization. The most frequently listed comments were about features to make the conference socially and environmentally responsible, food and drinks, the poster exhibition area, security, the conference website, Internet access during the conference, the abstract book and the size of meeting rooms.

Figure 25. Summary of Comments about the Conference Organization

Main Theme of Comment Relevant to Conference Organization	Percentage of Respondents (n=265)[34]
No special comment or positive remarks/congratulations	45%
Social responsibility	6%
Food and beverages	5%
Poster exhibition area	4%
Security	4%
Conference website	4%
Internet access	3%
Abstract book	3%
Size of conference rooms	2%
Other	21%

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[32] These results exclude delegates who reported to be unaware of the listed feature or to have not used it.

[33] Comments made specifically on the conference programme are presented in section 2.2.4.

[34] All comments unclear or not relevant to the conference organization were excluded from the table.

Social responsibility
Although several respondents commended the efforts made by conference organizers to make IAS 2009 socially and environmentally responsible, fifteen respondents (6%) offered suggestions for how to improve in this regard, such as: reduce the quantity of printed materials distributed during the conference, this conference should stick to the HIV subject and leave the environmental aspect to other dedicated fora, use paper cups at water coolers rather than plastic, have more recycling bins throughout conference venue. A comment was also made about the conference bags donated to school children, stressing the fact that the material used was not sustainable.

Food and beverages
As in 2007, some delegates complained about the lack of affordable and/or complimentary food/beverages throughout the venue.

Poster exhibition area
Comments made about the poster exhibition area were similar to those presented in the section 1.4.2.

Security
Ten delegates mentioned security problems, some expressing concern that it was dangerous outside the conference premises, and others that security inside the venue was too lax or too tight (i.e. badge scanning was too frequent).

Conference website
Ten delegates mentioned that the conference website needed improvement, especially the Programme-at-a-Glance, which was not always easy to use.

Internet access
Remarks made regarding Internet access include: not enough computers connected to the Internet, Internet access was not always reliable in the Media Centre and in the other areas of the conference venue, and there were not enough seats for delegates using WIFI with their own laptops.

Abstract book
Eight delegates regretted not receiving the abstract book for free because the CD-ROM was not appropriate or useless for those who did not have access to a computer during the conference.

Size of conference rooms
Six delegates mentioned that some rooms were too small to accommodate all participants in a comfortable way.

Other comments
In the "other" category, it is worth mentioning that a number of French-speaking participants requested simultaneous interpretation services and that some people found the cost of the conference too high (not only the registration fee, but also the costs of accommodation and transportation). Others requested that organizers reduce the number of pre-conference emails. The following remarks or suggestions were made each by a single respondent: not enough awareness of e-posters, no message center in the conference venue to help delegates find colleagues, material used for delegate bag not appropriate (sticking to clothes), all presentations made with PowerPoint should be uploaded on the conference website (this is, in fact, done for all speakers who authorize organizers to make their presentations available), not enough participation of community representatives, and there was no opening social event like at many AIDS conferences, which could have improved and enhanced networking amongst delegates.

2 CONFERENCE PROGRAMME

2.1 Overview of the Conference Programme and Programme Building Process

The IAS 2009 programme was developed by the following committees:
- The Conference Coordinating Committee[35]
- The Scientific Programme Committee
- Four Track Committees:
  - Track A: Basic Sciences
  - Track B: Clinical Science
  - Track C: Biomedical Prevention
  - Track D: Operations Research

The IAS 2009 programme included a range of sessions, meetings and activities as summarized in Figure 26.

Figure 26. Overview of the Conference Programme[36]

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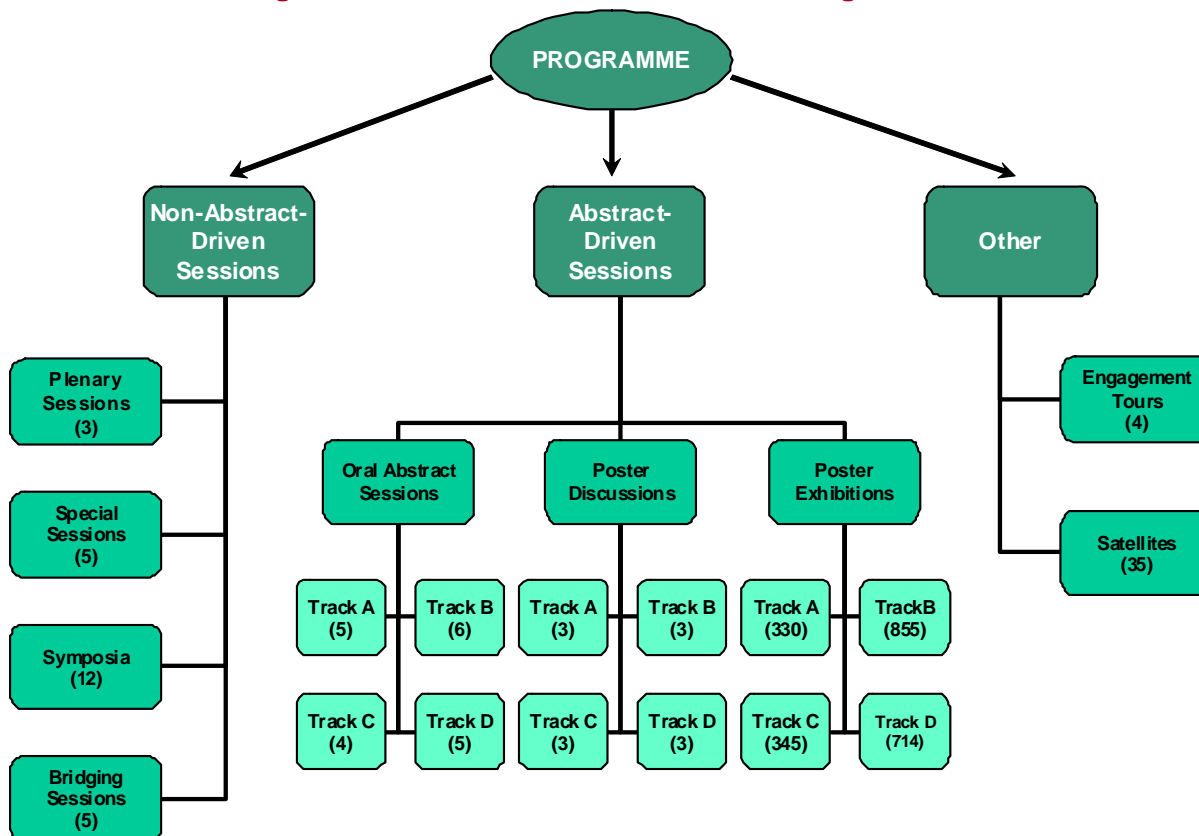
[35] The CCC is the conference's highest governing body, which is comprised of an international group of experienced HIV professionals and researchers. This committee has the mandate to oversee the conference organization.

[36] The number of poster exhibitions includes posters that were accepted but eventually not exhibited. The percentage of absenteeism (i.e. number of posters exhibited divided by the number of posters accepted) was 21% for Track A, 11% for Track B, 23% for Track C and 18% for Track D. No investigations were made on reasons for absenteeism.

2.1.1 *IAS 2009 Abstract Statistics*[37]

IAS 2009 received a total of **2,584 abstract submissions** (vs. 3,336 in 2007, a decrease of 23%) from 115 different countries (vs. 133 in 2007). Sixty-one percent **(61%) of submitted abstracts were accepted** (1,566 vs. 1,825 in 2007) from 96 countries (vs. 97 in 2007). Trend analysis from 2005 to 2009 is shown in Figure 27.

Figure 27. Total Number of Abstracts Submitted and Accepted (2005, 2007 & 2009)
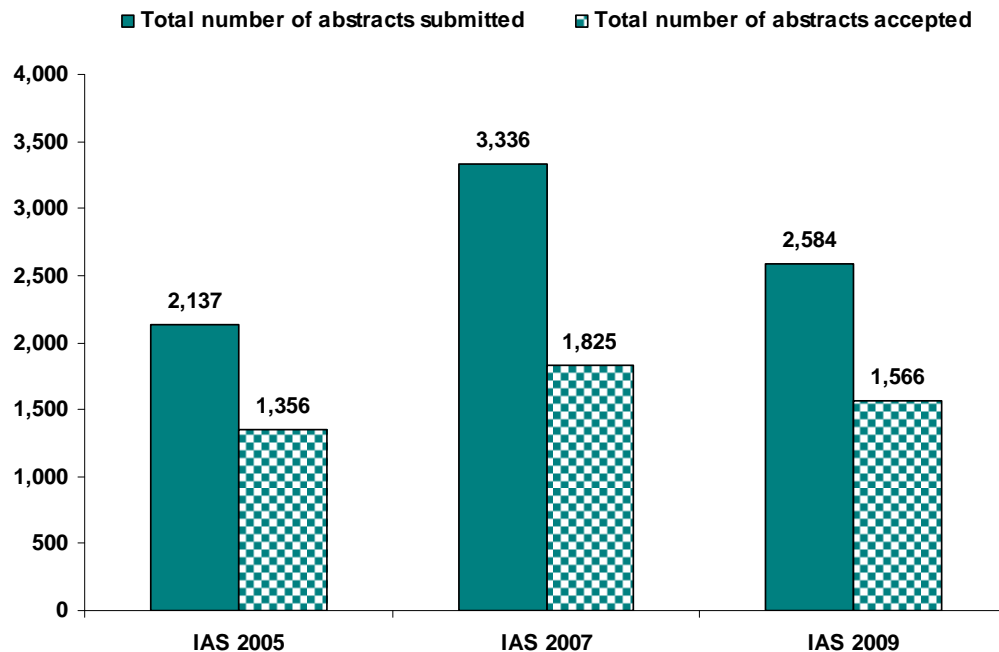
Breakdown by Gender

The majority of abstracts were submitted by men (53% vs. 60% in 2007) while 47% (vs. 40% in 2007) were submitted by women and 0.2% (vs. 0.3% in 2007) by transgendered people. The proportion of abstracts submitted by women increased by 18% over IAS 2007.

Among accepted abstracts, men and women were represented in nearly identical proportions (49.7% and 50.3%, respectively, vs. 57% and 43%, respectively, in 2007). This represents a **17% increase in female representation among successful abstracts authors** (i.e. those whose abstracts was accepted for the conference programme) compared with IAS 2007.

Looking at success rates (the ratio of abstracts accepted/submitted), 65% of female abstract submitters had their abstract accepted, vs. 57% of men.

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[37] 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.

<u>Breakdown by Region and Top 10 Countries</u>

The majority of abstracts were submitted from the conference host region, Africa (34%), followed by Europe and North America (each 21%), Asia-Pacific (15%) and Latin America and the Caribbean (8%). The fact that the majority of abstracts submitted to IAS 2007 were from Asia-Pacific (32%) shows the influence of the conference host region and country.[38] **This trend is also valid for abstract acceptance** as shown in Figure 28.

Figure 28. Abstracts Accepted by Region (2007 & 2009)[39]
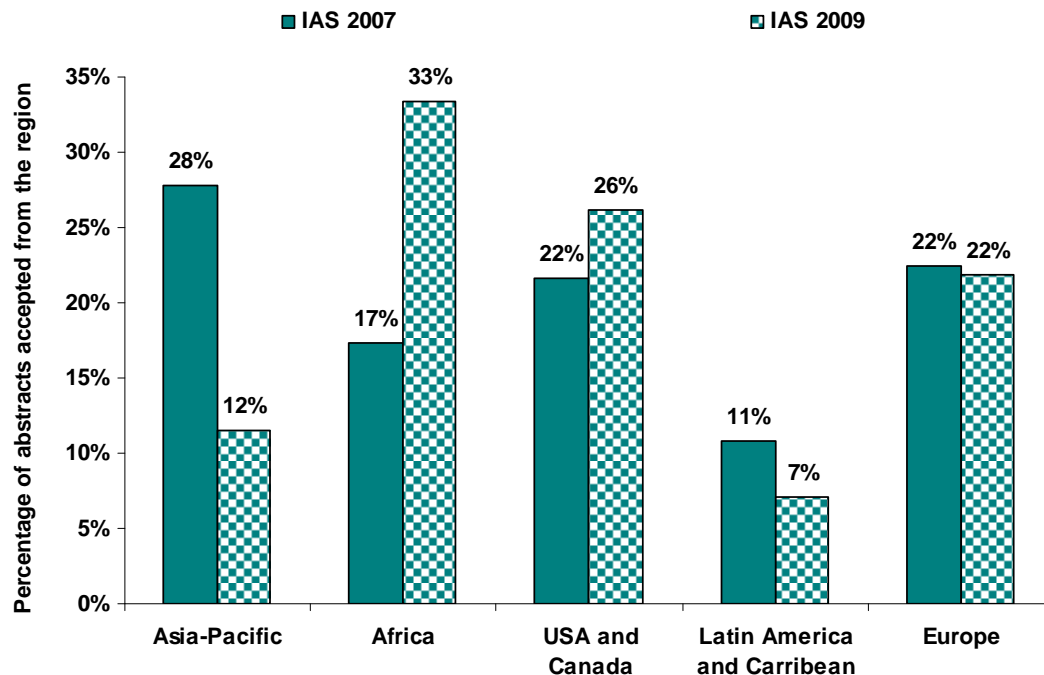
As in 2007, the United States, India, Canada, Uganda, Spain, Italy and Nigeria dominated the list of top 10 countries for abstract acceptance. The three other countries represented among the top 10 list, which were not among the top 10 in 2007 were: South Africa, United Kingdom and Kenya.

Comparing success rates (the ratio of abstracts accepted/submitted), Canada and Spain had the highest rate (78% each), followed by South Africa (75%) and the United States (74%) (see Figure 29). In 2007, the United States had the highest success rate (88%), followed by France (86%), Australia (82%), Spain (79%) and Canada (70%).

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[38] For reference, Australia submitted 209 abstracts at IAS 2007, 172 of which were accepted.
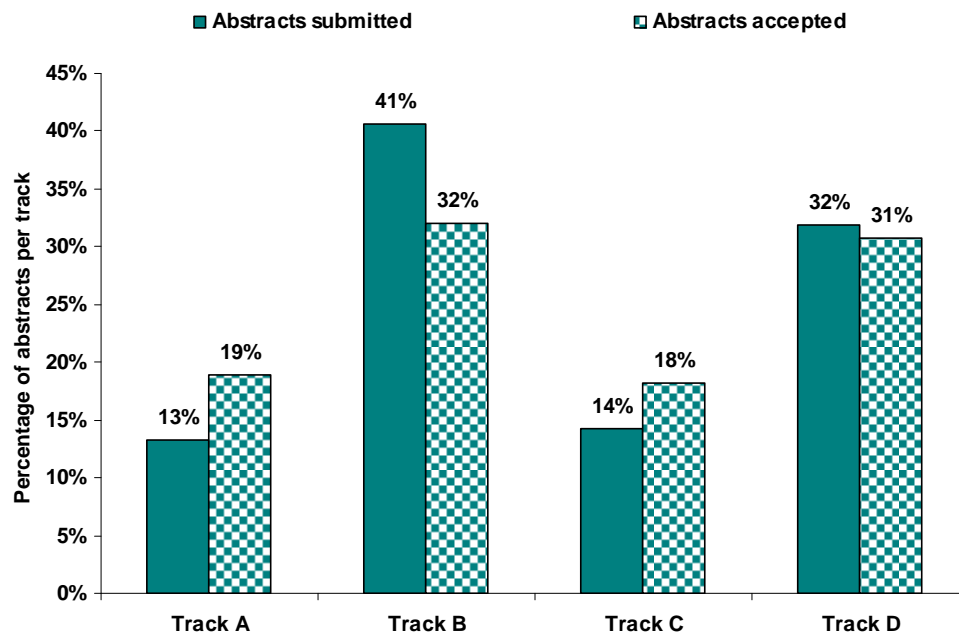[39] Breakdown by region is based on the submitter's affiliation.

Figure 29. Top 10 Countries for Abstracts Submitted and Accepted[40]

	Number of abstracts submitted	Number of abstracts accepted	Success rate
Canada	95	74	78%
Spain	89	69	78%
South Africa	240	181	75%
United States	454	336	74%
Kenya	98	66	67%
Uganda	122	82	67%
United Kingdom	96	63	66%
Italy	101	46	46%
India	134	50	37%
Nigeria	130	48	37%

Breakdown by Track

As the fifth conference in this series, IAS 2009 continued its strong emphasis on basic, clinical and biomedical prevention science. In addition, the scientific programme included for the first time a fourth track on Operations Research.

As illustrated in Figure 30, **Track B and Track D attracted the largest proportions of abstract submissions** (41% and 32% of the total, respectively). The new track, intended to further emphasize the defining characteristic of the IAS conference series – translating science into practice – is therefore off to a strong start.

Figure 30. Breakdown of Abstracts Submitted and Accepted by Track

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[40] This breakdown is based on the country of the submitter's affiliation.

Breakdown of Accepted Abstracts by Type of Presentation

Successful abstracts were accepted as oral or poster presentations, for poster exhibition, or for inclusion on the CD-ROM, which is an extension of the poster exhibition. As shown in Figure 31, **the proportion of accepted abstracts presented in an oral abstract session, poster discussion session or as part of the poster exhibition increased slightly compared with IAS 2007,** and the proportion of abstracts selected for inclusion in the CD-ROM decreased.

Figure 31. Breakdown of Abstracts Accepted by Type of Presentation (2007 & 2009)
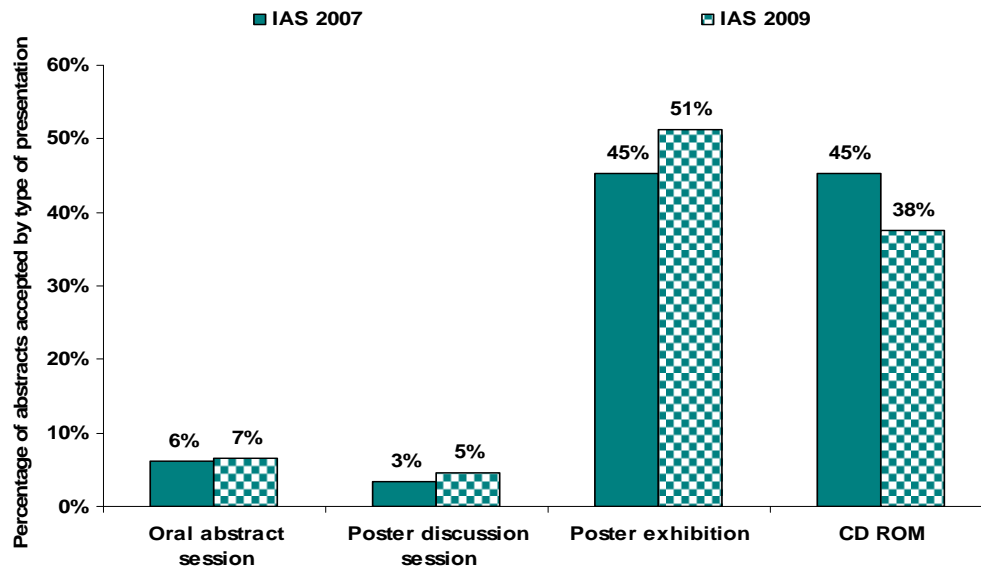
Main Track of Interest

Surveyed delegates were asked what their main track of interest was. As shown in Figure 32, as in 2007, **Track B remained delegate's first choice (47%), with Track D receiving the second highest rank (17%).**

Figure 32. Main Track of Interest of Survey Respondents

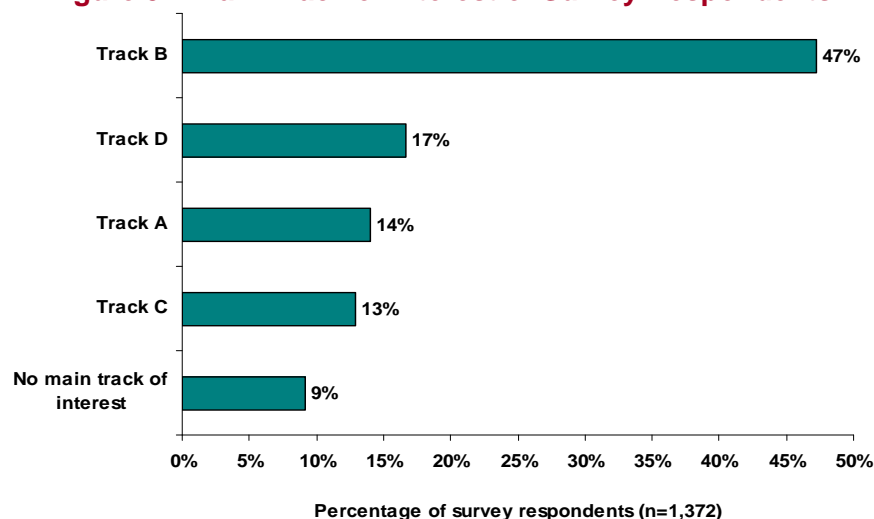Looking at the audience of each track, survey respondents who self-identified as health care workers/social service providers were significantly more likely to select Track B as their main track of interest, compared with researchers (68% vs. 28%; p<0.05). Details for other tracks are illustrated in Figure 33.

Figure 33. Main Track of Interest of Survey Respondents by Profession[41]
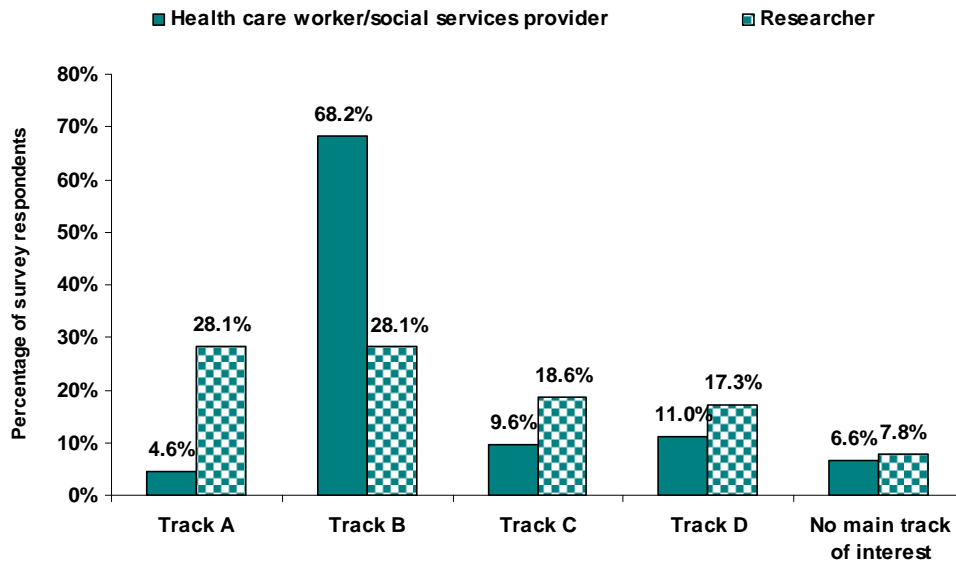
When this question was analyzed looking for differences in main track of interest by gender, region of work, previous conference attendance and professional HIV experience, the following was found:

- Men were significantly more likely to select Track B as their main track of interest (53% vs. 41% of women; p<0.05). With regard to the newest track, women were significantly more likely to report that Track D was their main track of interest (19% vs. 13% of men; p<0.05). The same finding applied to Track C, which was selected as the main track of interest by 16% of women (vs. 11% of men; p<0.05).
- Delegates working in Western and Central Europe were significantly more likely to select Track B as their main area of interest (71%), compared with those working in North America (47%) and in sub-Saharan Africa (32%) (p<0.05). With regard to the new track, respondents working in sub-Saharan Africa were significantly more likely to select Track D as their main interest (27%), compared with those working in North America (10%) and in Western and Central Europe (4%)[42] (p<0.05).
- Delegates who had attended at least one IAS conference prior to IAS 2009 were significantly more likely to report Track B was their main track of interest (62%), compared with first-time attendees (38%; p<0.05). With respect to the new track, first-time attendees were significantly more likely to select Track D as their main track of interest (22%), compared with previous conference attendees (8%; p<0.05).
- Delegates who had more than 15 years of professional HIV experience were significantly more likely to report that Track B was their main track of interest, compared with delegates with less professional experience.[43]

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[41] Only the two professional categories most represented among survey respondents were included in this analysis for reasons of statistical validity.

[42] Only the three regions most represented by survey respondents were included in this analysis for reasons of statistical validity.

[43] More than 15 years of experience (60.9%) vs. delegates with between 11 and 15 years of experience (47.6%), between six and 10 years of experience (39.9%), between two and five years (39.8%) and less than two years (41.5%); p<0.05.

2.1.2 Abstract Review Process

All abstracts submitted to the conference went through a blind, peer-reviewed process carried out by an international review panel. Each abstract was reviewed by no fewer than three reviewers and the final selection of abstracts was made by members of the scientific programme and track committees in April 2009.

A total of 800[44] experts were mobilized to review abstracts submitted to the IAS 2009 conference. All abstract reviewers were surveyed immediately following the abstract selection process to solicit their feedback on the review process, including their views on review guidelines provided by the secretariat and the scoring system used. Of the 796 invited reviewers, 562 fully completed the survey, and another 37 partially completed it. This represents a very high response rate (75%) reflecting the strong commitment of abstract reviewers.

Surveyed abstract reviewers had the following profile: The majority of those who specified their gender (n=560) were male (60% vs. 39% who were women and 1% that was transgender). Most respondents who specified their age (n=557) were over 40 years of age (80% vs. 17% who were between 30 and 40 years of age and 3% who were under 30). The majority of those who specified their profession (n=537) were researchers (62%), followed by health care workers (20%), educators/trainers (6%) and administrators/managers/directors (6%). Other professions included providers of technical assistance, activism/community support and consultancy. Over 60% of surveyed reviewers reported to have worked in the HIV field (full or part-time) for more than 15 years.[45]

Looking at region, the majority of respondents[46] worked in the USA and Canada (30%) or in sub-Saharan Africa (22%). Western and Central Europe was represented by 20% of surveyed reviewers, Asia-Pacific by 15%, Latin America by 10% and the remaining regions (Caribbean, Middle East and North Africa, Eastern Europe and Central Asia) each by less than 2%.[47]

Just 4% of respondents were first-time abstract reviewers and it was the second time for 9% of respondents. The remaining respondents had previously reviewed abstracts as follows: between two and five times (45%); between six and 10 times (19%); more than 10 times (20%); and 3% did not remember. The majority of respondents reported that their previous experience included reviewing abstracts for the International AIDS Conference (93%) and the IAS Conference on HIV Pathogenesis Treatment and Prevention (65%). More than 40% of reviewers had reviewed abstracts for a regional AIDS conference, while many others had also served as a reviewer for a national AIDS conference and/or a health-related meeting/summit.

Reviewer Guidelines

Feedback from nearly two-thirds of respondents (about 65%) is based on their review of more than 15 individual abstracts. Each of the four tracks was represented by at least 35% of surveyed

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[44] A total of 1,510 experts who had previous experience reviewing abstracts were invited to review abstracts for IAS 2009, of which 800 signed up. The majority of reviewers were from the USA and Canada (36%), Western and Central Europe (26%) and sub-Saharan Africa (13%).

[45] The survey sample was representative of the overall reviewer population with regard to gender. No data were available for the other demographic details.

[46] A total of 555 respondents provided information on the region where they mainly worked.

[47] The survey sample was representative of the overall reviewer population with regard to region of work although sub-Saharan Africa was over represented in the survey sample (22% vs. 13%).

reviewers, with Track B being the most represented (by 46% of respondents), reflecting the distribution of submitted abstracts by track.

In order to support abstract reviewers, the IAS developed review guidelines. **Reviewer guidelines were rated "clear" or "very clear" by the vast majority of respondents** (49% and 47%, respectively, as opposed to "somewhat clear", "not very clear" and "not clear at all"). More than 180 respondents provided comments on the guidelines or offered suggestions for improvement. The majority indicated they had no suggestions for improvement (16%) or wrote only positive remarks indicating the guidelines were helpful and easy to use (47%). This is exemplified by the following reviewer comments:

- "In comparison with other guidelines, I think they were actually very clear and made good sense."
- "It was better than guidelines determined for past conferences."
- "The guidelines were straightforward and helpful in making appropriate scoring."

The most relevant suggestions were (number of respondents is specified in brackets):

- Give some guidance on what IAS considers as an excellent, good, or poor abstract through concrete examples (with scores and criteria used) to ensure consistency among reviewers [n=4].
- Better explain how the final score is calculated so that reviewers can get a clear indicator of the presentation type for which the reviewed abstract will be selected (i.e. oral presentation, poster presentation or poster exhibition) [n=2].
- Include rough percentages of abstracts that are expected to be selected for oral presentation, poster discussion and poster exhibition [n=2].
- In consultation with track co-chairs, consider the development of guidelines specific to each track [n=1].

Reviewers offered other comments on the scoring system, which are described below.

Scoring System

The scoring system is described in Figure 34.

Figure 34. Abstract Scoring System

Score	Abstract quality
9-10	**Very good** – research and information is based on an original concept or furnish important or new results. You would strongly recommend this for an oral presentation.
7-8	**Good** – Research and information is strong and relevant to the conference. This could be an oral but you would recommend this for poster presentation.
5-6	**Average** – The abstract contains information from which colleagues with the same interest field can learn. This should be a poster.
3-4	**Lower than average** – Redundant research/information, no substantial improvement of knowledge, poor information quality. This should probably be rejected.
1-2	**Bad or incomplete** – Insufficient information quality, the abstract is formally incorrect, prescribed sections are missing. This should absolutely be rejected.

Surveyed abstract reviewers were asked for feedback on the scoring system. As shown in Figure 35, **the vast majority of respondents rated the abstract scoring system as "appropriate" (66%) or "very appropriate" (21%)**.

Figure 35. Appropriateness of the Abstract Scoring System

Percent of respondents (n=569)
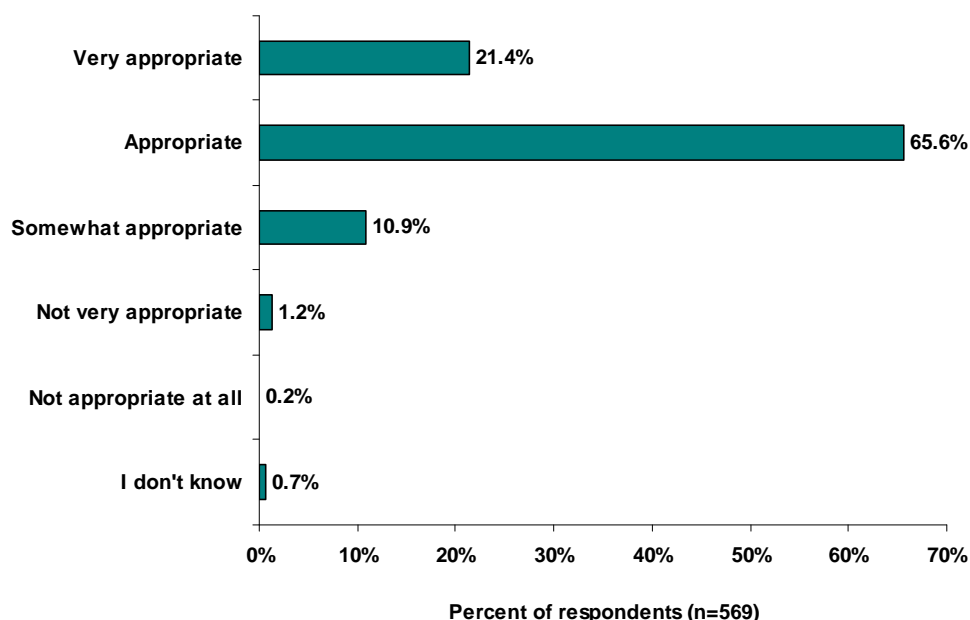
There was no statistically significant correlation between how reviewers rated the abstract scoring system and the following variables:
- their profession
- the number of years they had worked in the HIV field
- the region in which they worked.

Reviewers offered the following suggestions to improve the scoring system (number of respondents is specified in brackets):
- Provide more questions (to be considered when scoring) than those listed in Figure 36, including style/language used, the policy implications of the research, and its social and economic impact(s) [n=9].
- Consider giving a higher weight to key criteria, such as innovation and results, depending on the track [n=5].
- Encourage reviewers to use the comments section to explain their final scores and/or add a comment section for each criteria, which would contribute to a better understanding of the overall score [n=4].
- Narrow the range of scores (e.g. change the range from the current 1 to 10 to 1 to 5) or ensure it is consistent with international practices [n=3].
- Ask reviewers to give an overall score to avoid the situation where the average of the various scores do not accurately reflect the reviewer's overall assessment [n=4)].
- Allow reviewers to recommend how an abstract should be presented regardless of its overall score because some information is better conveyed through a poster rather than orally [n=3].
- Adjust the scoring system for operational research abstracts [n=2].

One respondent was concerned that some criteria are more subjective than others (e.g. what one reviewer considers innovative may differ from what another reviewer thinks.)

Figure 36. Criteria Considered When Scoring

A. Clarity of purpose and objectives of the study - Are the objectives clear and well presented?
B. Appropriateness of the methodology and study design - Is the data analysis and interpretation appropriate? - Is the methodology used appropriate for the study?
C. Significance of the contribution - Are the conclusions clear and appropriate for the study? - Is the study innovative? Does it provide new insights? - Does the study help the advancement of the knowledge and development of the programme?

For purposes of self-evaluation, several reviewers requested that they be informed of the final outcome of abstracts they scored following the marathon meeting.

Reviewers' Feedback on Quality of Abstracts

With respect to the quality of abstracts reviewed, **the majority of surveyed reviewers (59%) reported to have given an "average" rating** (i.e. a rating of 5 or above out of 10 to more than half of the abstracts they reviewed) as illustrated in Figure 37.

Figure 37. Overview of Abstract Scores (n=562)
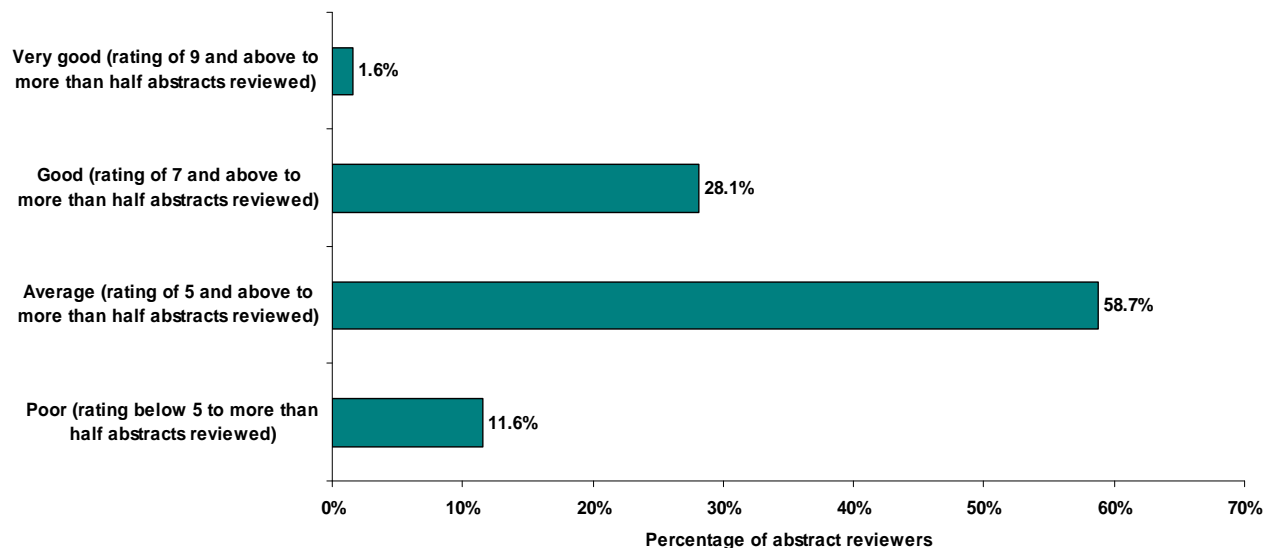
There was no statistically significant correlation between the scores given by abstract reviewers and the following variables:

- the track(s) in which they reviewed abstracts
- the number of times they had reviewed abstracts before IAS 2009
- their profession
- the number of years they had worked in the HIV field
- their gender
- their age
- the region in which they work.

This shows a **good level of neutrality amongst abstract reviewers regardless of their demographic characteristics and professional experience**.

The fact that only 30% of reviewers indicated that they had given a "good" or "very good" rating suggests either that the reviewers need more guidance to score abstracts or that abstract submitters need more support to prepare stronger abstracts. **As explained in section 1.3, the aim of the IAS Abstract Mentor Programme is to increase the quality of submitted abstracts. However, the programme is still under-utilized by abstract submitters** (of the 2,396 submitted abstracts, only 118 were sent to mentors) **and its actual impact on abstract quality is not yet clear**.

Surveyed reviewers were also asked whether they thought the quality of abstracts submitted to IAS conferences had increased over time. Of the 336 respondents, nearly 60% replied that the quality had not increased. Not surprisingly, respondents who thought the quality of abstracts had not increased over time were more likely to have given a "poor" rating to abstracts (20%) compared with those who thought the quality of abstracts had improved over time (2%). None of those who thought the quality of abstracts had not improved over time indicated that they had given a "very good" score, while 6% of those who thought the quality of abstracts had increased had done so ($p<0.05$).

About 150 reviewers made suggestions for how to improve the quality of abstracts, 60% of which were related to the **need for better guidance and support for abstract submitters**. These included suggestions for how to make use of online resources (available through the conference website once the call for abstracts is launched) such as:
- Refining the abstract submission guidelines to include clear requirements for key information to be presented and methodology to be followed.
- Considering the need to adjust these guidelines and/or the standard format for each track.
- Providing examples of good abstracts (likely to be accepted) and bad ones (likely to be rejected).
- Providing a checklist for authors to use before submitting an abstract to the conference programme.
- Providing a glossary to ensure consistency in the terminology used by abstract authors.

Many respondents emphasized the need to better promote and improve the IAS Abstract Mentor Programme through a **focus on submitters who are not familiar with scientific writing and/or those from low- and middle-income settings**. A few reviewers suggested making this programme mandatory for some submitters, especially those who are submitting an abstract for the first time. The need to better communicate the results of the mentor programme was also mentioned by several respondents. In addition to strengthening the IAS Abstract Mentor Programme, a few respondents suggested that the IAS increase the number of capacity-building opportunities, such as workshops in abstract writing and research methodology.

The need to provide **more support to non-native English-speaking abstract submitters** was also mentioned by several respondents to avoid marginalizing potentially important research findings due to language. Three reviewers suggested encouraging such submitters to have their abstract edited by a native English speaker prior to submission. Another respondent proposed to flag abstracts written by non-native English speakers during the review process and provide the latter with more direct feedback on language issues.

About fifteen reviewers commented on the **abstract selection process**. While some reviewers suggested accepting fewer abstracts (i.e. to increase the rejection rate) by having **more strict rules** for abstract selection, others suggested putting in place a **pre-selection process**. Two respondents thought it would be useful to require that any submitted abstract be cleared by a senior expert in the

organization/affiliated institution where the submitter works or studies. It was also suggested that conference organizers and/or independent reviewers pre-screen abstracts before sending them out for review. However, this second option would have major implications in terms of timing and human resources.

In order to **attract more good scientists**, three respondents insisted on the need to offer financial incentives to high scoring abstract authors, such as awards or conference scholarships. Two reviewers stressed the importance of better targeting potential abstract authors by sending messages through colleagues and partners likely to know good researchers and/or to advertise the call for abstracts in known publications and networks. One reviewer also recommended including a brief description of the "state of the art" for each track as part of the call for abstracts, which would highlight research gaps that need to be filled, with priority given to abstracts that address these gaps.

Other comments each made by a single respondent (unless otherwise specified in brackets) include:
- Offer two options for abstract formats with different scoring for each [n=2]: 1) standard/research (background, methods, results, conclusions); 2) programme/project (need, description, plans for use, impact on public health).
- Give more attention to the conference theme by ensuring high score abstracts reflect or contribute to the conference goal.
- Increase the word limit of an abstract because the current length is too short to convey real information.
- Provide guidelines or mentorship to new reviewers to have them better understand the review process.

2.1.3   Feedback from Programme and Conference Coordinating Committees

To assess the effectiveness of the programme-building process and to cover other elements which are not necessarily presented in this report, all planning committee co-chairs and members were surveyed after the conference. As shown in Figure 38, the response rate varied by committee.

Figure 38. Survey Response Rate of Committees

	Total number	Number who completed the survey	Response rate
Conference Coordinating Committee	12	8	67%
Track A Committee	13	3	23%
Track B Committee	17	8	47%
Track C Committee	12	5	42%
Track D Committee	10	4	40%

As an indicator of their engagement in the conference, the majority of surveyed committee members (n=28) played additional roles before and/or during the conference: 88% reviewed abstracts, 58% were a session point person (helping to organize a particular session on behalf of the planning committee), 54% were a session speaker/chair and 46% attended the April 2009 "Marathon Meeting", at which committee members selected abstracts.

Committee Mandate and Operations

The majority of surveyed committee members indicated that the mandate of their respective committee was "very clear" or "clear" (46% and 32%, respectively, vs. 11% who said it was "somewhat clear", 7% who said it was "not very clear" and 4% who indicated it was "not clear at all"). **The majority also rated their committee as "very successful" or "successful" in fulfilling its mission** (37% and 52%, respectively, vs. 7% who said their committee was "somewhat successful" and 4% who said it was "not very successful").

Being based in many different countries, committee members mainly worked together through teleconferences and occasional meetings. **The majority of surveyed CCC members reported their meetings and telephone conferences were "very useful"** (88% and 86%[48], respectively) although some felt that there were too few meetings (13%) and telephone conferences (14%). **Track committee members (including co-chairs) were less likely than CCC members to say that their meetings and telephone conferences were "very useful"** (69% and 36%[49], respectively); almost 30% felt than there were too few meetings **and two-thirds felt that there were too few telephone conferences**.

When asked how interactive their committee was, the majority of surveyed CCC members reported it was "very interactive" (i.e. they had many constructive exchanges through emails, phone calls or meetings). In contrast, 86% of Track B committee members reported their committee was "not very interactive". Results for the other committees are not presented here due to the limited number of respondents.

Guidance received from committee or track co-chairs was considered "good" or "excellent" by 63% of surveyed committee members (vs. 22% who rated it "fair" and 15% who rated it "poor"). **The overall support provided to committees by the IAS 2009 Secretariat was rated as "excellent" or good" by 85% of survey respondents** (vs. 11% who said the support was "fair" and 4% who rated it as "poor"). Two-thirds (66%) of surveyed committee members rated the acknowledgement they received for their voluntary work and effort as "good" or "excellent" (vs. 30% who said it was "fair" and 4% who rated it "poor").

Selection of Abstract and Session Topics

Most surveyed committee members were satisfied with the process for building sessions, especially abstract-driven sessions (85% reported they were "very satisfied" or "satisfied" vs. 78% who reported being "very satisfied" or "satisfied" with the process for non-abstract-driven sessions[50]). The vast majority (92%) was also satisfied with the balance between abstract-driven and non-abstract-driven sessions (only 8% thought there were too many non-abstract-driven sessions, and too few abstract-driven sessions).

With respect to the coverage of key HIV-related scientific challenges, **the majority of survey respondents felt their committee was "successful" or "very successful" in addressing challenges related to South Africa and the Southern Africa region** (91% as opposed to 9% who felt their committee was "somewhat successful"; n=22). **However, addressing challenges related**

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[48] The remainder rated them "somewhat useful" (12.5% for meetings and 14.3% for teleconferences); no respondent selected the answer "not very useful".
[49] The remainder rated them "somewhat useful" (31% for meetings and 64% for teleconferences); no respondent selected the answer "not very useful".
[50] These percentages exclude respondents who said they did not know (about 20%).

to affected regions outside Africa and to HIV disease development was considered less successful (67% as opposed to 24% "somewhat successful" and 10% "not very successful"; n=21).

Surveyed CCC members were also asked what level of consideration they felt was given to the findings and recommendations of the IAS 2007 evaluation during the building the IAS 2009 programme. The majority of respondents felt the evaluation results were given "high consideration" (71%), with the remaining saying the results were given "moderate consideration" (29%).

With respect to the final programme, nearly two-thirds of surveyed committee members reported the conference programme had met their expectations "very well" (64% vs. 36% who responded "fairly well"). However, it is interesting to note that **no Track A or Track C committee members, and only 38% of Track B committee members, reported the conference programme had matched their expectations "very well".**
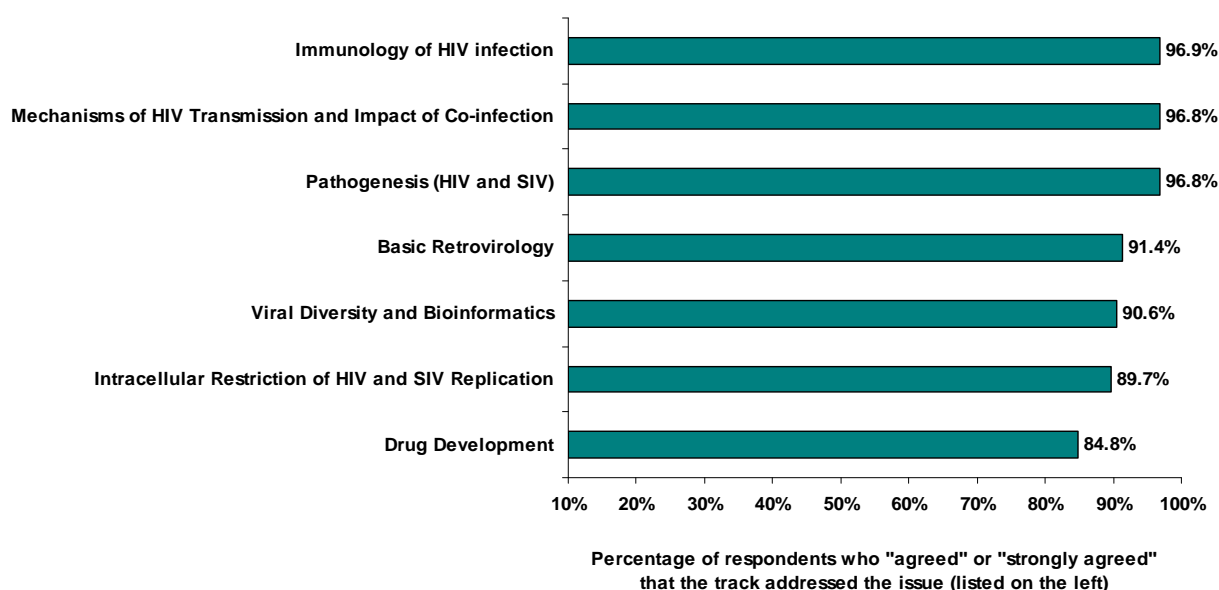
2.2   Sessions and Posters

2.2.1   *Coverage and Relevance*

Abstract-Driven Sessions: Tracks A, B and C

The majority of surveyed delegates reported that the range of topics covered by abstract-driven sessions was about right (77%, while 16% thought there were too many topics and 7% thought there were too few) **and considered the topics "relevant" or "very relevant"** (87%).
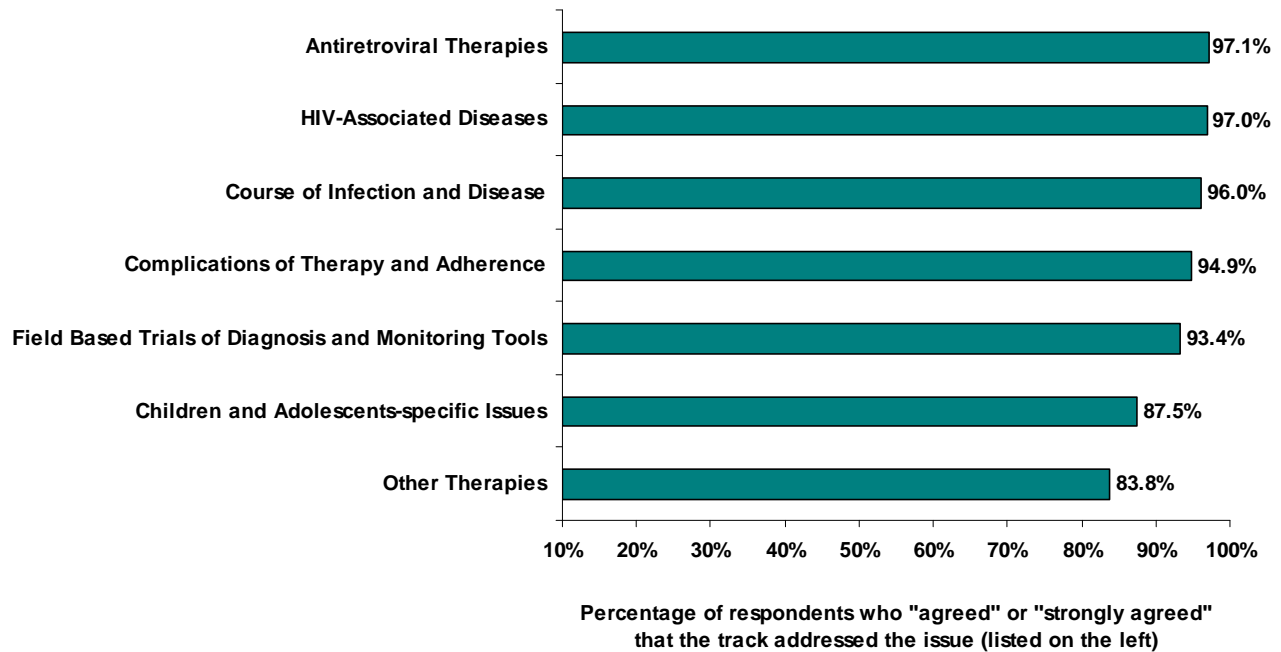
Respondents were also asked to consider the objectives and scope of their main track of interest and indicate if they agreed that sessions in that track addressed a list of issues identified by conference track committees as key priorities in the response to AIDS. Results are encouraging, with **the majority of respondents "agreeing" or "strongly agreeing" that their main track of interest addressed the listed issues**. Detailed results for each track are presented in Figures 39 to 42.

Figure 39. Coverage of Track A Sessions

Issue	Percentage
Immunology of HIV infection	96.9%
Mechanisms of HIV Transmission and Impact of Co-infection	96.8%
Pathogenesis (HIV and SIV)	96.8%
Basic Retrovirology	91.4%
Viral Diversity and Bioinformatics	90.6%
Intracellular Restriction of HIV and SIV Replication	89.7%
Drug Development	84.8%

Percentage of respondents who "agreed" or "strongly agreed" that the track addressed the issue (listed on the left)
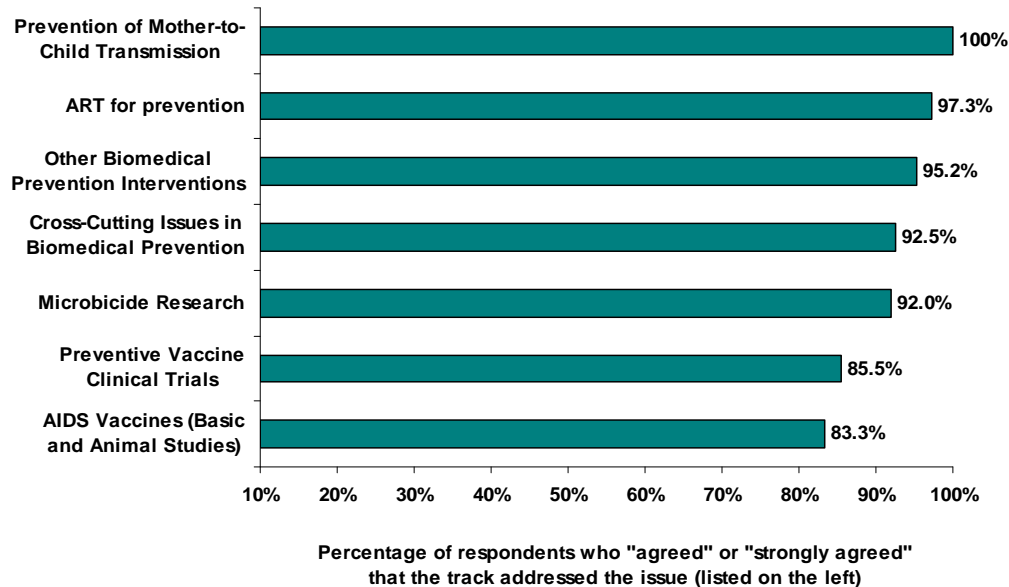
Survey respondents had the opportunity to specify which important issues they thought were missing from or not sufficiently covered by Track A. Of the 28 delegates whose responses were relevant, six mentioned immunology, four mentioned vaccine research, three each mentioned drug development and co-infections, and two each mentioned virology and bioinformatics. Five responses were classified as other (microbicide, basic and behavioural sciences, laboratory diagnoses). Three respondents reported that no issues were missing in Track A.

Figure 40. Coverage of Track B Sessions

Percentage of respondents who "agreed" or "strongly agreed" that the track addressed the issue (listed on the left)
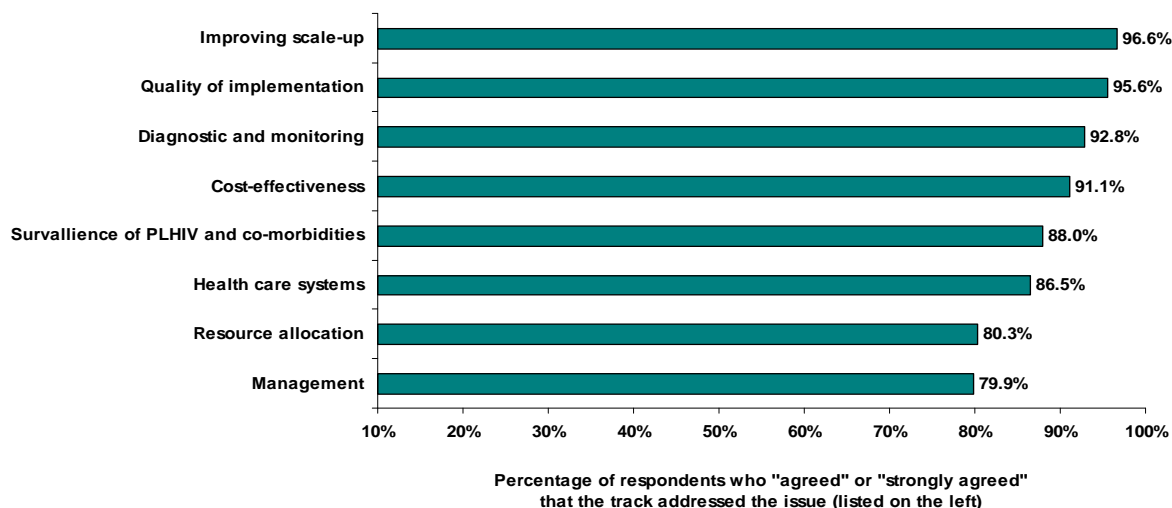
Survey respondents had the opportunity to specify which important issues they thought were missing from or not sufficiently covered by Track B. Of the 64 delegates whose responses were relevant, 16 mentioned key populations (children, women, older people) or regions other than Africa, 10 mentioned co-infections, seven mentioned the management of complications (e.g. neurological) and opportunistic infections and another seven mentioned alternative and/or new therapies (including therapeutic vaccines). Twenty-three responses were classified as other (and included the issues of adherence to treatment, antiretroviral resistance, new drug development, antiretroviral clinical trials, possible alternative diagnostic tools for use in resource-limited settings, malnutrition, post-exposure prophylaxis, cost benefit analysis in various treatment regimens, immune reconstitution syndrome, and the monitoring and evaluation of clinical research). Eight respondents reported that no issues were missing in Track B.

Figure 41. Coverage of Track C Sessions

Session	Percentage
Prevention of Mother-to-Child Transmission	100%
ART for prevention	97.3%
Other Biomedical Prevention Interventions	95.2%
Cross-Cutting Issues in Biomedical Prevention	92.5%
Microbicide Research	92.0%
Preventive Vaccine Clinical Trials	85.5%
AIDS Vaccines (Basic and Animal Studies)	83.3%

Percentage of respondents who "agreed" or "strongly agreed"
that the track addressed the issue (listed on the left)

Survey respondents had the opportunity to specify which important issues they thought were missing from or not sufficiently covered by Track C. Of the 28 delegates whose responses were relevant, eight mentioned key populations (children, people who inject drugs, men who have sex with men, women, serodiscordant couples) or regions other than Africa, seven mentioned behavioral prevention/combined prevention, six mentioned social science (including research on violence), five mentioned microbicides, three mentioned male circumcision and two mentioned drug resistance. Five responses were classified as other and another five respondents reported that no issues were missing in Track C.

Abstract-Driven Sessions: New Track D on Operations Research

Similar to Tracks A, B and C, Track D was well-rated in terms of issues covered as illustrated in Figure 42.

Figure 42. Coverage of Track D Sessions

Session	Percentage
Improving scale-up	96.6%
Quality of implementation	95.6%
Diagnostic and monitoring	92.8%
Cost-effectiveness	91.1%
Survallience of PLHIV and co-morbidities	88.0%
Health care systems	86.5%
Resource allocation	80.3%
Management	79.9%

Percentage of respondents who "agreed" or "strongly agreed"
that the track addressed the issue (listed on the left)

In addition to the online delegate survey, feedback on operations research-related sessions and posters was collected during the conference through two surveys: one targeting participants in OR-related sessions[51] and one targeting Track D poster viewers.

Feedback from Participants in OR-Related Sessions

Of a total of 600 survey forms distributed, only 85 were returned. This low response rate is probably due to the lack of time delegates have during the conference to concentrate on things other than attending sessions. In addition, it is likely that delegates did not perceive the value of completing the same survey form for different sessions. Results below should therefore be interpreted with caution.

Surveyed participants were predominantly women (66% vs. 34% who were men and 0% who were transgender), between 26 and 40 years of age (53% vs. 22% who were between 41 and 50 years of age, 15% who were over 50, and 10% who were under 26 years of age) and first-time attendees (83%). They mainly worked in sub-Saharan Africa (65%) and North America (19%). Not surprisingly, researchers were the best represented (46%), followed by health care workers/social service providers (28%). The majority had been involved in operations research (65%), about half of whom had been involved for less than two years (51% vs. 29% who had been involved in OR for two to five years, 12% who had been involved between six and ten years and 8% who had more than ten years of experience in OR).
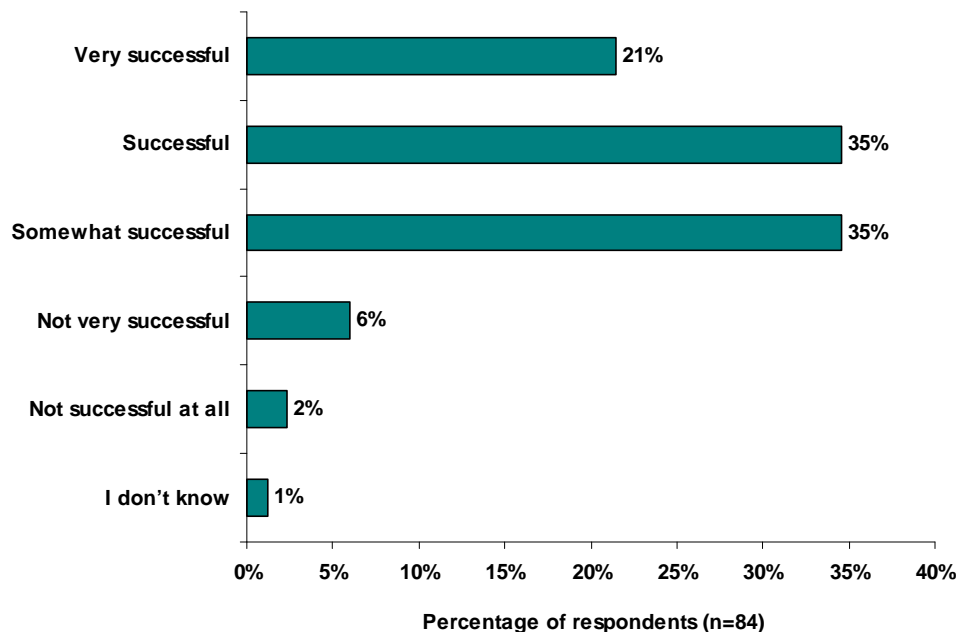
Participants were asked their views of how relevant the OR session was to the Sydney Declaration (issued at IAS 2007), a call to scale up research, which emphasizes that good research drives good policy and programming. The majority reported the session was "very relevant" or "relevant" (each 42%); less than 2% thought it was "not relevant at all" or "not very relevant".

With regard to the research presented at the evaluated session, respondents were most likely to indicate that the implications of the data were "fairly well articulated" (58%). Another 40% thought the implications were "very well articulated", only 2% saying they were "not very well articulated".

Thinking back to one of the key objectives of IAS 2009, **over half of surveyed delegates** (56%) **rated the evaluated OR session as "very successful" or "successful" in exploring the best ways to bridge the gap between science and practice** (see detailed results in Figure 43).

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[51] Due to time constraints, only the following OR-related sessions were evaluated: **"**Operations Research to Improve Laboratory Diagnosis and Monitoring" (poster discussion session), "Innovative Methods for Effectively Delivering HIV Care Interventions" (oral abstract session), "Economic Evaluation and Financing of HIV Interventions and Programmes" (oral abstract session), "Operations Research to Strengthen HIV Prevention" (oral abstract session). Survey forms were also distributed to delegates attending two plenary sessions and a few other OR-related sessions but those sessions had a very low response rate.

Figure 43. Success of OR Sessions in Exploring the Best Ways to Bridge the Gap Between Science and Practice

Very successful — 21%
Successful — 35%
Somewhat successful — 35%
Not very successful — 6%
Not successful at all — 2%
I don't know — 1%

0% 5% 10% 15% 20% 25% 30% 35% 40%

Percentage of respondents (n=84)

Given the findings above, it is not surprising that **the vast majority of delegates surveyed on OR sessions said the new Operations Research track was of added value to the IAS Conference programme** (93% vs. 4% who said "no" and 4% who replied "not sure").

Voices of Delegates Surveyed on the New Track (Operations Research)

"Participants of the conference go away with what works in reality, which increases and improves programme performance. OR has been demystified and removed the gap between scientists and social workers."

"The track has provided value in … showcasing … assessment of services … it has provided evidence … for implementing HIV/AIDS programmes thereby informing revision of policy guidelines and practice …"

"[The track] has added great value to this conference for me personally, has framed the context of many programmes that have been implemented and has provided evidence on issues such as trials in vaccines, MC programmes planning and integration, etc."

"Please keep and expand. This track is why I'm attending my 1st IAS meeting and will keep coming back."

Looking toward the future, surveyed delegates who were involved in operations research were asked if they would submit their work for inclusion in the IAS 2011 conference programme. The majority replied positively (68% vs. 28% who said "maybe" and 4% who said "no") and also indicated they would need support, in particular a scholarship, to attend the conference (74%). Mentoring in scientific writing would be needed by 44% of respondents and 38% indicated that they would require OR training. Three respondents also mentioned the need to increase funding dedicated to OR research.

In addition to increasing coverage of some topics and/or adding new topics[52], the following suggestions were made to improve the OR focus in future conference programmes:

- Better define what "OR" is.
- Give priority to presentations clearly showing how to use OR results to inform/influence policy makers and programme implementers.
- Integrate social sciences into OR.
- Provide information on potential OR funders/sponsors.
- Identify OR research gaps and priorities.
- Support preparation of OR research speakers/presenters.

Feedback from Track D Poster Viewers

Given that only 52 survey forms were completed (out of a total of 100 that were distributed) and that only a few posters were evaluated, the results below should be interpreted with caution.

Surveyed Track D poster viewers were predominantly men (57% vs. 43% who were women), between 26 and 40 years of age (47% vs. 37% who were between 41 and 50 years of age, 12% who were over 50 and 4% who were under 26) and first-time attendees (78%). They mainly worked in sub-Saharan Africa (51%), North America (19%) and Western and Central Europe (13%). Not surprisingly, researchers were the most represented profession (45%), followed by health care workers/social service providers (37%). The majority had been involved in operations research (63%), with over half of those with previous OR experience having been involved two to five years (48% vs. 16% with less than two years of previous experience in OR, 13% with six to 10 years experience and 23% with more than 10 years experience).

The majority of surveyed viewers rated the evaluated poster as "very successful" or "successful" in exploring the best ways to bridge the gap between science and practice (15% and 62%, respectively, vs. 17% who said it was "somewhat successful" and 6% who said it was "not very successful").

With regard to the research presented in the evaluated poster, over half of respondents reported its implications were "very well articulated" (56% vs. 35% who said the implications were "fairly well articulated" and 9% who said they were "not very well articulated").

Looking toward the future, surveyed delegates who were involved in operations research were asked if they would submit their work to the IAS 2011 conference. The majority replied positively (81% vs. 16% who said "maybe" and 3% who said "no") and indicated they would need support, in particular a scholarship, to attend the conference (72%).

Non-Abstract-Driven Sessions

Surveyed delegates were asked to rate the range of topics covered by the plenary sessions, symposia and bridging sessions. The majority reported it was about right (as opposed to "too few topics" or "too many topics") both for plenary sessions (85%) and for symposia and bridging sessions (83%). T**he vast majority of surveyed delegates also indicated that topics covered by**

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[52] Suggestions included (more) presentations on surveillance and programme evaluation, improving quality of services, research design, community mobilization, improving routine monitoring, social and anthropological approaches to economic assessments, infant feeding, etc.

the plenary sessions were "relevant" or "very relevant" (92%). Topics covered by symposia and bridging sessions were also considered "relevant" or "very relevant" by a large majority of survey respondents (86%).

Surveyed delegates were also asked if they would have attended a professional development workshop/session were it part of the conference programme. Of the 1,109 respondents, **42% responded "yes"**, 24% "no" and **34% were "not sure"**. Respondents who replied "yes" were requested to briefly explain which kind of professional development workshops/sessions they would like to see included in future IAS conference programmes. Of the 186 respondents (40%), 37 wanted training in writing scientific papers/abstracts and proposals for funding or some kind of mentorship, 25 in operations research, 16 in management (of projects, clinical trials, clinical facilities), 11 in reporting on AIDS (mainly workshops for media representatives), 10 in monitoring and evaluation and/or data management and analysis and/or epidemiological investigation, eight in HIV counseling, care and/or support, seven in HIV co-infections (TB, hepatitis) and six in prevention. In the "Other" category (n=71), the topics most often mentioned were sessions on the role of nurses, drug resistance, the economics of HIV and AIDS, how to influence policy and programmes, and HIV pediatrics. A total of 22 respondents did not provide clear or relevant answers. These survey results suggest that this type of conference should offer more opportunities for professional development for attendees.

2.2.2   Quality

<u>Abstracts</u>

Delegates were asked to rate the quality of abstracts by presentation type in their main track of interest, or for abstracts overall if they did not have a specific track of interest. The **overall rating was high**, with the majority of respondents indicating the quality of abstracts was either "excellent" or "good". Not surprisingly, **oral abstract sessions received the highest "good" or "excellent" rating** (details in Figure 44).

**Figure 44. Quality of Abstracts by Presentation Type**
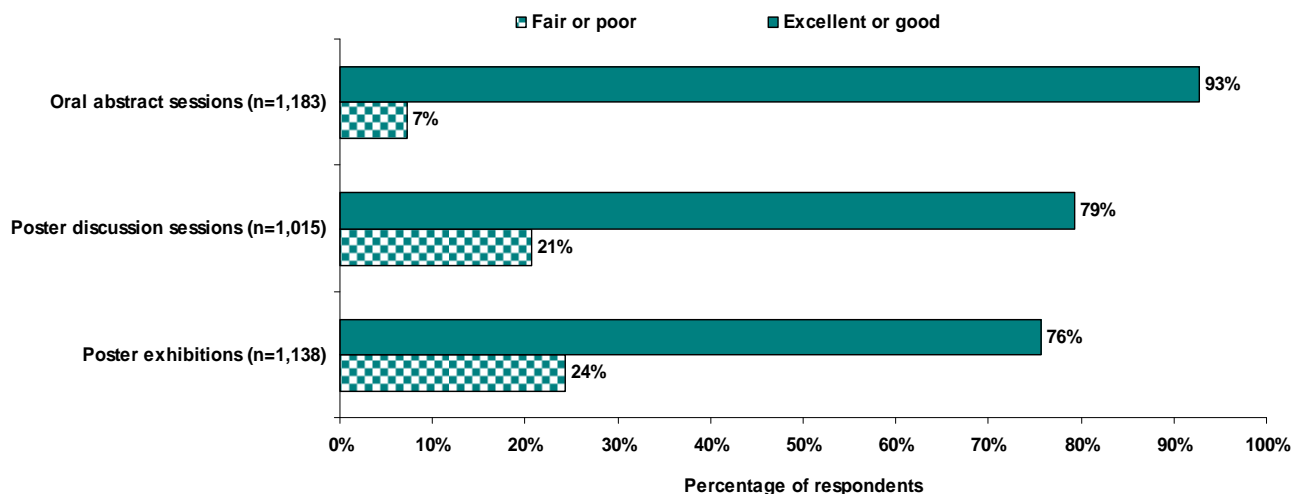
There was no statistically significant association between the above rating and delegates' main track of interest (p>0.05).

Discussions

Delegates were asked to rate the quality of discussions in two types of sessions: abstract-driven sessions, and symposia/bridging sessions. Overall, the **rating was high**, with more than 80% of respondents indicating that discussions were "excellent" or "good" (see Figure 45).

Figure 45. Quality of Discussions by Session Type
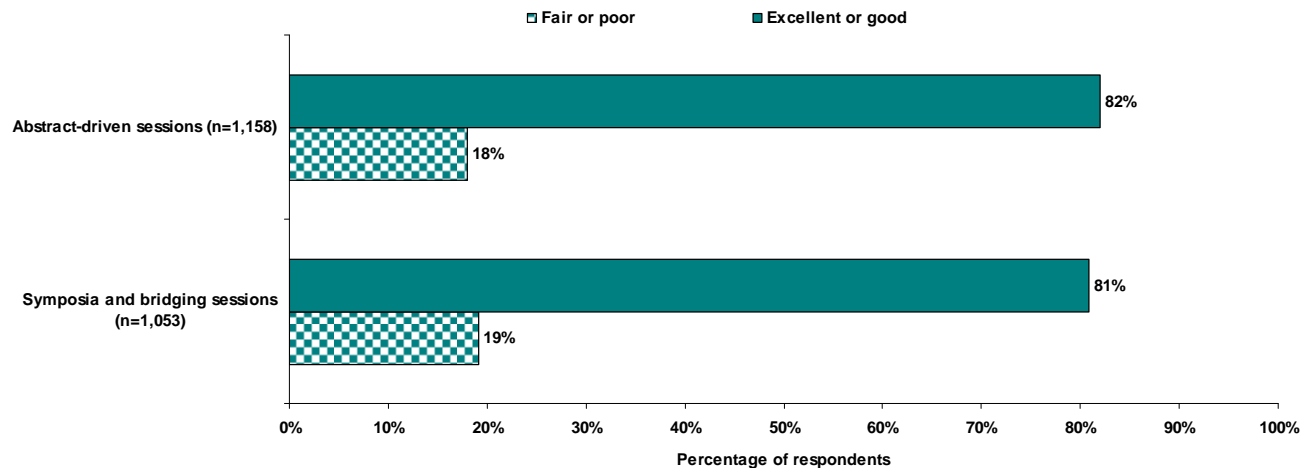
Delegates who had no main track of interest and those whose main track of interest was Track B were significantly more likely to report that the quality of discussions in abstract-driven sessions was "fair" or "poor" (27% and 21%, respectively) compared with others (including 14% of respondents who were mainly interested in Track A, 13% of those mainly interested in Track D and 13% of those mainly interested in Track C).

Speakers

Surveyed delegates were asked to rate the quality of speakers, defined as the capacity of speakers to make clear and relevant presentations. As shown in Figure 46, the **overall quality of speakers was rated highly**, with the vast majority of survey respondents rating as "excellent" or "good" speakers in plenary sessions (96%), and those in abstract-driven sessions, symposia and bridging sessions (89% each).

Figure 46. Quality of Speakers by Session Type
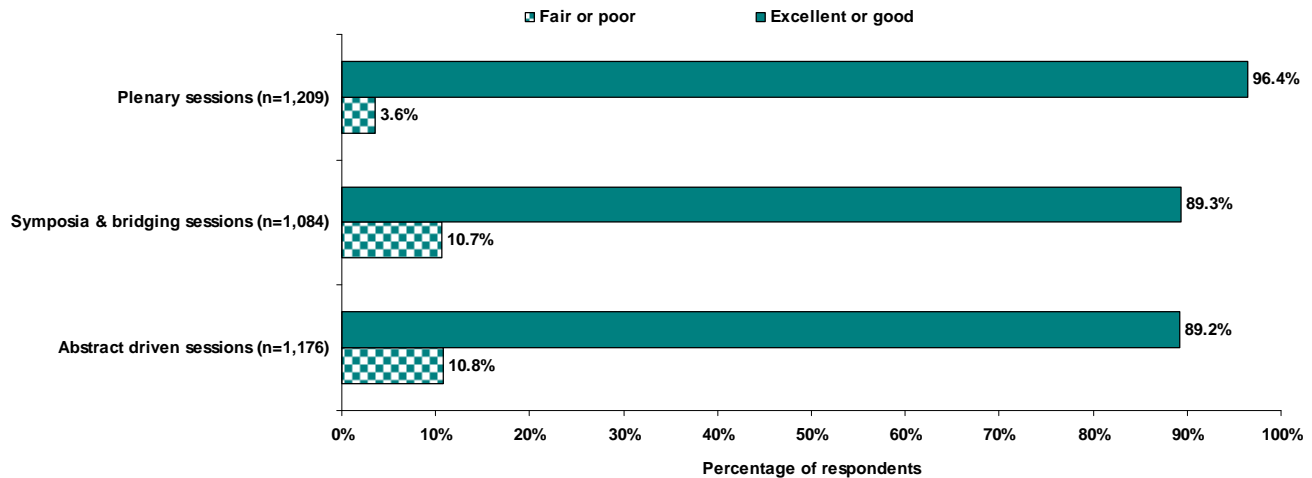
There was no statistically significant association between the rating of speakers in abstract-driven sessions and delegates' main track of interest (p>0.05).

Chairs/Moderators

Delegates were asked to rate the quality of session moderators and chairs. As shown in Figure 47, the **rating was overall high**, with the vast majority of respondents selecting "excellent" or "good" for plenary sessions (94%), symposia and bridging sessions (90%) and abstract-driven sessions (89%).

Figure 47. Quality of Moderation/Chairing by Session Type
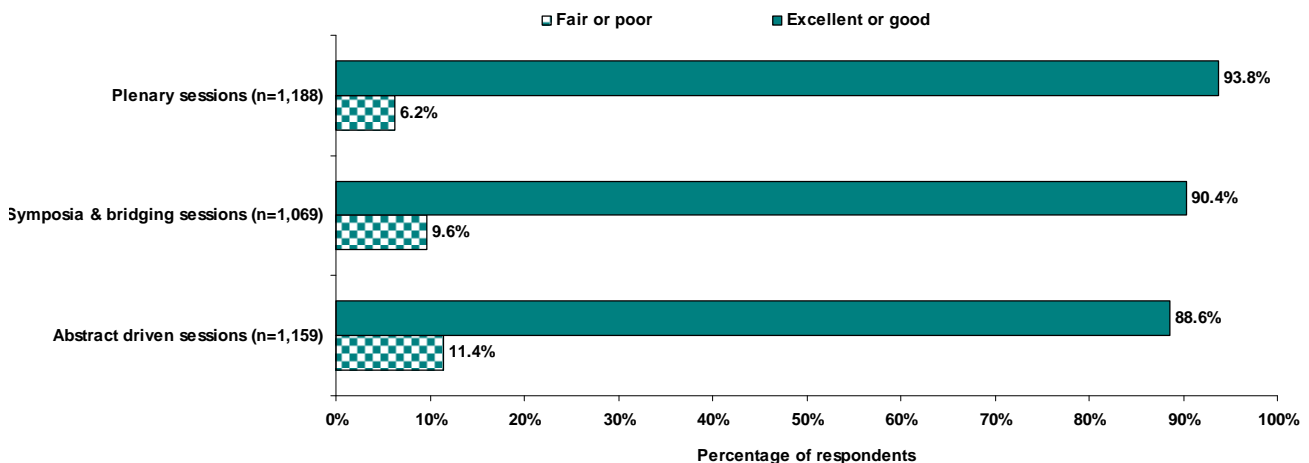
There was no statistically significant association between how delegates rated the moderators/chairs of abstract-driven sessions and delegates' main track of interest (p>0.05).

2.2.3 Usefulness

Sessions considered the most useful were plenary sessions, special sessions and oral abstract sessions (over 80% of survey respondents rated them "very useful" or "useful"); those considered somewhat less useful were bridging sessions, the opening session, poster discussion

sessions and the closing session (less than 70% rated them "very useful" or "useful") as illustrated in Figure 48.

Figure 48. Usefulness of the Conference Programme

Percentage of respondents who rated the session as "useful" or "very useful"
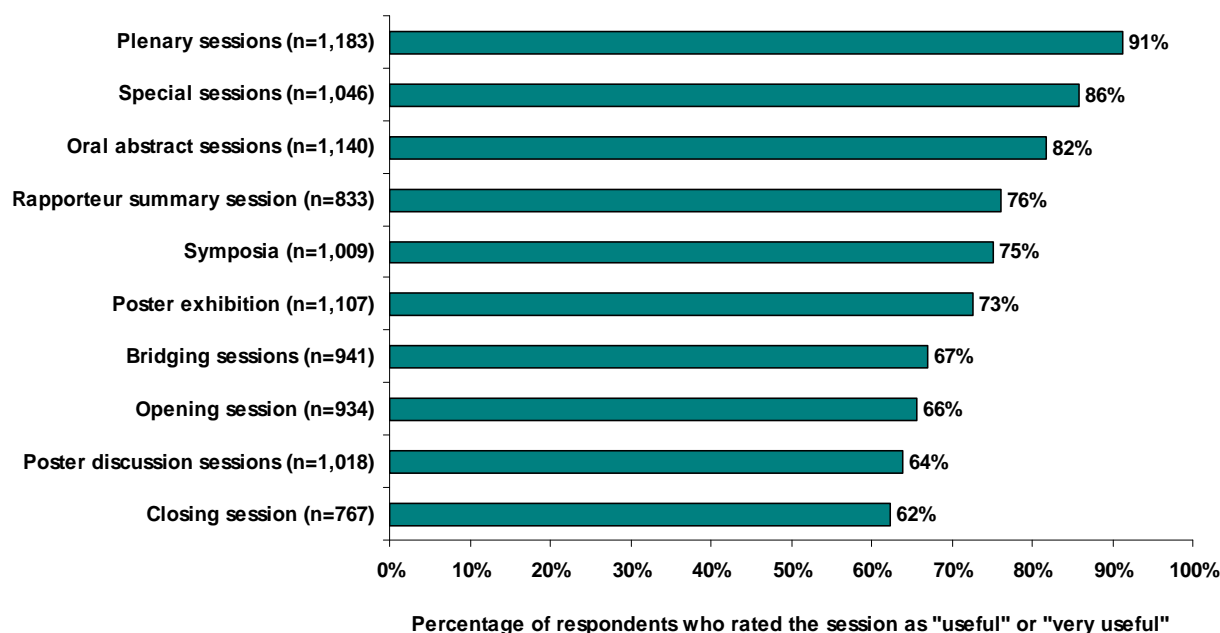
It is interesting to note that **poster exhibitions were deemed more useful than poster discussion sessions**. The following quotations exemplify this finding:
- "There were many excellent posters - many of the abstracts selected for oral presentation were mediocre and many sessions were disappointing."
- "A couple of important late breaker abstracts could have been oral and were instead posters."

Top 10 Sessions

A total of 473 survey respondents listed their top five sessions. Not surprisingly, **the three plenary sessions were among those most frequently cited**.

The ten sessions most frequently selected are listed below (in order of preference):
1. Day one plenary session (HAART as Prevention; HIV and Host Genetics; Prevention of Mother-to-Child Transmission)
2. Day two plenary session (Biomedical Prevention; Immune Control of HIV Replication; Financing the Long-Term Response to HIV; HIV and Extremely Drug-Resistant Tuberculosis)
3. Day three plenary session (Advances in Operations Research Addressing the Convergent HIV and TB Epidemics; Antiretroviral Treatment in 2009; Gender and Sexuality)
4. Track C abstract session: Prevention of Mother-to-Child-Transmission
5. Symposium: When to Start
6. Track B abstract session: HIV Therapies - Old Doors Closed, New Doors Opening
7. Symposium: Antiretroviral Therapy for Prevention – The Time has Come?
8. Track B abstract session: Cardiovascular Disease, to HAART or not to HAART?
9. Opening session
10. Bridging session: Acute Infection and Correlates of Immune Control

2.2.4   Comments on the Conference Programme

Delegates were given the opportunity to make additional comments about the conference programme. Just over one-fifth (n=308) provided comments of which 80 were not clear or not related to the conference programme. Comments were categorized into five main themes. As shown in Figure 49, almost one-third of respondents did not have specific comments on the programme or wrote positive remarks about the conference (including on the organization of the conference). The most frequently identified complaints were about scheduling and time management, followed by the content and focus of the programme.

Figure 49. Summary of Comments about the Programme

Main Theme of Comment Relevant to the Conference Programme	Percentage of Respondents (n=308)[53]
No special comment or positive remarks/congratulations (including on the organization of the conference)	31%
Scheduling and time management	21%
Content/focus	17%
Speakers/abstract presenters and moderators	7%
Other	13%

Scheduling and Time Management
Sixty-five respondents (21%) commented on the scheduling of sessions and time management overall. The following remarks were made: late breaker abstracts should not all be allocated to the last day of the conference; important sessions (e.g. late breaker sessions) or sessions addressing the same topic (e.g. vertical transmission[54]) should not be scheduled at the same time; the duration of sessions was not always appropriate (too long or too short); there was not enough time for questions and discussions during sessions and poster exhibitions; there was not enough time to view posters; there was not enough slots for satellite sessions; and satellite sessions started too early in the morning or too late in the afternoon and were therefore not well attended.

Most of these same issues were **also identified by IAS 2007 delegates** who were surveyed immediately after IAS 2007.

Content/Focus
Fifty-two respondents (17%) commented on the content/focus of the programme. The following remarks were made: some key subjects were missing[55] (n=20); too much focus on Africa (n=10); not enough basic science or not enough good scientific presentations (n=9); not enough presentations on new scientific findings (n=7); and not enough presentations on social science and behavioural prevention (n=6).

Similar comments were also made by IAS 2007 delegates, namely the need to keep a strong scientific focus and to link research in HIV pathogenesis, clinical science and biomedical prevention with strong social and behavioural research.

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[53] All comments that were unclear or not related to the conference programme were excluded from the table.
[54] The transmission of HIV from mother to unborn fetus or infant.
[55] Please see section 2.2.1 for more details on topics deemed to have been insufficiently covered by the programme.

Speakers/abstract presenters and moderators
Twenty-one respondents (7%) commented on speakers/abstract presenters and/or moderators. The following remarks were made: too many speakers/presenters in some sessions; the format of their presentations was not always appropriate and the content not understandable by the whole audience because it was too technical; and the quality of some Track D presenters was weak. With regard to moderators, the following remarks were made: there were always the same people (need to get new faces); and some moderators did not clearly introduce the topic at the beginning of the session. Remarks applying to both presenters and moderators were mainly about the lack of presenters from the host country and the over representation of the USA.

Other
Several other issues were identified by 40 respondents (13%), including the need for more interactive sessions, fewer posters, fewer abstracts presented per session, and more sessions where people who work in the field can present their experiences.

Voice of a Delegate about the Programme

"It was a great conference. I attended so many lectures that were really very informative. And the best part was that all lectures and PowerPoint presentations are available on the website so that we can get back to them in case we missed any of them."

2.3   Engagement Tours

The engagement tours project offered delegates a unique learning experience through **interactive site visits to local organizations, research labs and grassroots community programmes that work on HIV issues in the Cape Town area**. The goal was to exchange knowledge, best practices, successes, challenges and innovative solutions through dialogue and hands-on activities. Tours were available to conference delegates at no cost and transportation was provided from/to the conference venue. Registration could be arranged online or onsite (at the community exhibition booth), on a first-come, first-served basis. Due to transportation-related space limitations, tours were limited to one per delegate.

A total of four tours, each lasting about three hours, were organized during IAS 2009: two at the Ubuntu Clinic[56] and two at the Red Cross War Memorial Children's Hospital[57]. Between 20 and 25 delegates participated in each tour, the maximum capacity of transportation. All participants (90) completed a survey form on their way back to the conference venue. The majority of participants were women (70% vs. 30% who were men), first-time IAS conference attendees (66% vs. 34% who attended IAS 2007), between 26 and 50 years of age (74% vs. 5% who were under 26 and 21% who were over 50) and had worked primarily in Western and Central Europe (26%), sub-Saharan Africa (21%) and North America (20%). Health care workers/social service providers were the most represented profession (57%), followed by researchers (13%) and advocates/activists (11%).

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[56] The Ubuntu Clinic was established by *Médecins Sans Frontières* (MSF) in May 2001 to provide ART. In 2003, the clinic became an integrated TB and HIV clinic to respond to high TB incidence and HIV infection rates in the township of Khayelitsha.
[57] The Red Cross War Memorial Children's Hospital is the only dedicated children's hospital in South Africa. The Paediatric Infectious Disease Unit (PIDU) at the hospital is one of 53 clinics treating HIV-infected children with ART in the Western Cape.

The conference website was the best promotion tool for engagement tours, with almost half of survey respondents reporting they first learned about the project through the IAS 2009 website. **The opportunity to learn about/better understand HIV/AIDS challenges and responses in South Africa was the most important reason delegates gave for their participation in an engagement tour** (selected by 89% of survey respondents), followed by the opportunity to share knowledge and experience with a local organization/community programme engaged in the HIV response (42%). Most survey respondents were satisfied by the number of proposed engagement tours (63%) and their duration (83%). However, over one-third (37%) thought the choice of tours was too limited and 15% reported the duration was too short.

The vast majority of surveyed tour participants (over 90%) rated as "good" or "excellent" (as opposed to "fair", "poor" and "no opinion") the quality of information provided by the host organization, guidance/support from volunteers, transportation during the tour (bus) and overall organization. The quality of discussion/debate among the tour participants and the host organization/lab/programme were also well-reviewed (80% of respondents rating these elements "good" or "excellent" vs. 15% who rated them "fair", 1% who rated them "poor" and 4% who had "no opinion").

With regard to the main achievements, **the majority of surveyed participants (87%) reported the tour was "successful" or "very successful" in learning about/better understanding HIV/AIDS challenges and responses in South Africa**. As an additional benefit, networking among delegates engaged in the same tour and/or between delegates and tour hosts (i.e. organizations visited as part of the tour) was also thought to be of value as shown in Figure 50.

Figure 50. Success of Engagement Tours

■ Networking with delegates (engaged in the same tour) and/or host organizations

▣ Learning about/understanding better HIV/AIDS challenges and responses in South Africa
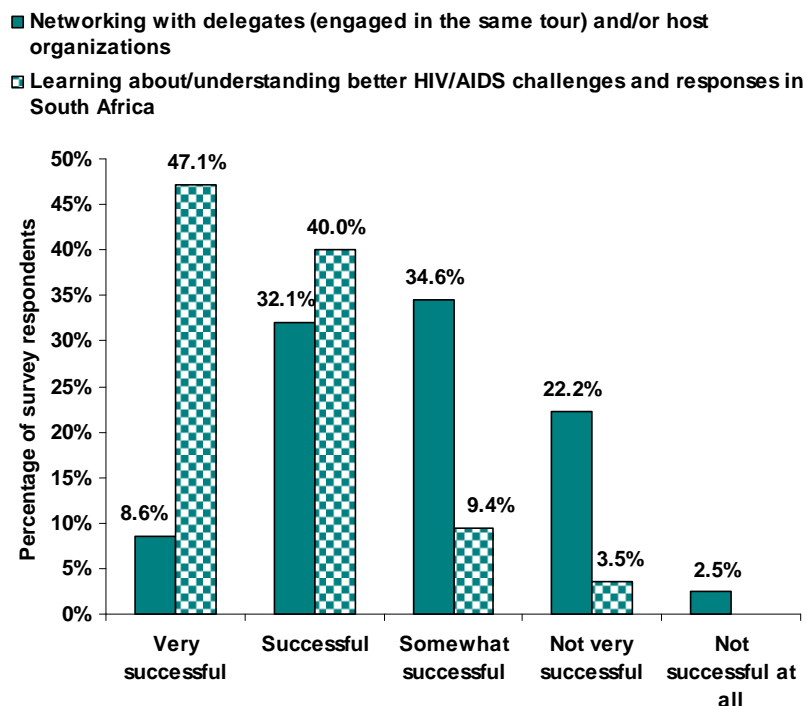
A total of 40 respondents left a comment and/or made suggestions to improve engagement tours at IAS 2011, 13 of whom made positive remarks and/or encouraged others to participate in such a programme (two explicitly reported they had no comments or suggestions). Eleven participants asked organizers to offer more tours or to allow more participants per tour, and eight commented on

the need to have more time at the site visited to engage in a fuller discussion with tour hosts and the affected community. Improvements to the promotion, information, visibility (including signage) of and sign-up process for this programme were recommended by eight participants. Other suggestions, made by fewer than three respondents, included the opportunity for delegates to participate in more than one tour.

Voice of an Engagement Tour Participant
"Keep doing them. They really give a first hand account and picture of HIV and services in the host country."

The above findings confirmed that such tours are highly appreciated by participants and suggest that conference organizers should consider the need for offering more tours or accommodating more participants per tour.

2.4   Affiliated Events

Affiliated events are meetings or activities held outside the main conference venue and include a broad range of locations, time lengths and formats, such as symposia, company meetings, dinners and receptions, investigator group meetings, workshops, debates and pre-conferences. Events may be population- or issue-specific (e.g. focusing on women, gay men/MSM, harm reduction, faith-based) and are organized independently by corporations, scientists, community groups, health-care workers, etc. All official IAS 2009 affiliated events were approved by the conference organizers on the basis of their relevance to the character or purpose of IAS 2009.

Most IAS 2009 affiliated events co-organized by the IAS and partners were evaluated after the conference through online surveys emailed to participants, speakers/chairs and or committee members involved in the programme. Key findings are presented below.

2.4.1   Operations Research Professional Development Programme

As part of its professional development efforts, the IAS brought together HIV programme managers for a **two-day pre-conference workshop to learn how to improve the effectiveness, efficiency and quality of service delivery through operations research**. **Twenty-five managers from 19 different countries** -- including 17 in Africa -- participated in the pre-conference.

The programme also featured a site visit to the Khayelitsha HIV-TB clinic, where participants met with staff from MSF and saw first-hand how OR could be used to improve care in a resource-poor setting.

As a pilot project, this IAS Professional Development Programme benefitted from a partnership with the WHO Department of HIV/AIDS, WHO Tropical Diseases Research, the Global Fund, The Union and *Médecins Sans Frontières*.

Feedback from Participants

Of the 25 participants, 22 completed an online survey. Respondents were predominantly women (71% vs. 29% who were men) and between the ages of 26 and 40 (76% vs. 10% who were between 41 and 50, and 14% who were over 50). Health care workers/social service providers and

programme managers were the most represented professions (each 29%), followed by clinical managers (14%) and academic/university researchers (10%).

The vast majority of survey participants gave an overall good rating to the programme, with 73% reporting it had met their expectations "very well" (and another 23% responding "fairly well" and just 4% responding "not very well"). Most respondents said the information they received before the programme to prepare for their participation was "very useful" (68% vs. 27% who found it "useful" and 6% who said it was "somewhat useful"), considered the number of participants and speakers to be about right (over 85%), and rated as "excellent" or "good" the overall organization of the meeting (67% and 33%, respectively). Participants also gave good ratings to facilitators (91% "excellent" and 9% "good") and guest speakers (29% "excellent", 57% "good" and 14% "fair"), including their answers to participants' questions (64% "excellent" and 36% "good") and teaching methods (18% "excellent", 64% "good" and 18% "fair"). No one rated any of these aspects as "poor".

Surveyed participants were also asked how appropriate the format of the workshop was to their level of knowledge. Although about one-third (36%) thought there was a good balance between presentations and group discussions, over half (59%) reported there were too many presentations and the remainder (5%) had no opinion. With regard to the duration, almost 60% of respondents said the workshop was too short given their level of knowledge of OR (the remainder though it was about right and no one thought it was too long).

In terms of workshop content, the vast majority of survey respondents indicated it was "very relevant" or "relevant" to helping them conduct operations research on AIDS programmes (55% and 41%, respectively, vs. only 4% who said the content was "somewhat relevant"). The session aimed at helping participants refine their draft research proposals was considered "useful" or "very useful" by almost half of surveyed participants (27% and 18%, respectively, vs. 50% who said it was "somewhat useful", and 5% who said it was "not useful at all"). The session on research project management was considered less useful, with just over one-third of respondents indicating it was "useful" or "very useful" (14% and 23%, respectively) and nearly one-third saying it was "not very useful" or "not useful at all" (23% and 9%, respectively).

The site visit to the Khayelitsha HIV-TB clinic was considered "very interesting" by the vast majority of surveyed participants (90%, with the remaining 10% rated it as "interesting") and two-thirds thought it fit into the programme "very well", thus allowing them to observe and/or supplement what they learned in the workshop (the remainder said it fit "fairly well"). Seventeen respondents made comments about the site visit and/or suggestions for improvement at future conferences, seven of whom wrote that it was a very successful experience and six of whom regretted that the visit was during the week-end and not practical enough (it did not allow participants to see the patients at the clinic nor to learn about the organizational and other operational aspects of the Khayelitsha HIV-TB programme).

During the conference, workshop participants benefited from two additional resources: an online **OR roadmap** aimed at helping delegates select relevant conference sessions focusing on operations research, **and daily mentoring sessions** which allowed them to share newly obtained knowledge and address key questions on operations research. Most surveyed participants (82%) reported these services were **"useful" or "very useful"**.

In terms of meeting the overall objectives of the programme, the vast majority of surveyed participants (over 85%) indicated the meeting was **"very successful" or "successful" in discussing the basic concepts and different definitions of OR currently adopted**, discussing the different logistical and operational barriers to implementing HIV scale up over the last decade,

and equipping workshop participants with the means to carry out OR on service delivery programmes. The programme's efforts to explore existing OR-based models/solutions/interventions and to increase participants' understanding of the major analytical methods were also considered successful, though fewer participants rated these particular aspects "very successful" or "successful" (see Figure 51).

Figure 51. Achievements of the OR Professional Development Programme
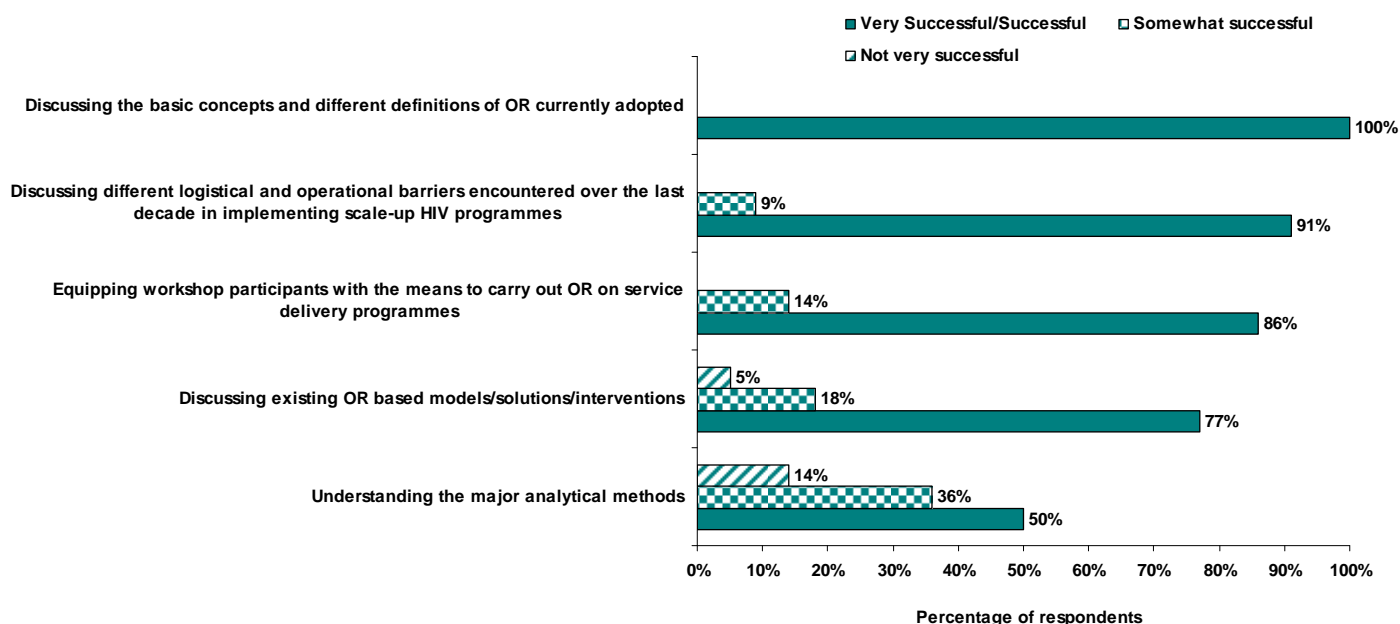
Other benefits of attending this programme included opportunities to ask speakers questions, a feature that was considered "excellent" or "good" by 95% of survey respondents, and the opportunity to interact with facilitators and other participants, which was considered "excellent" or "good" by 87% of respondents. In addition, 75% of surveyed participants reported that they had met experts, which allowed them to discuss their particular OR proposal and other OR-related topics.

Voices of Operations Research Professional Development Programme Participants

"You have accomplished the goals of both teaching us and motivating us to do more and better operations research."

"I got many practical and useful examples of OR from program and conference to apply them in my work."

"Professional Development Programme was outstanding opportunity to learn a lot of useful things and met very interesting people. Information obtained during the workshop and conference is extremely important and applicable in my work."

Looking toward the future, all surveyed participants (100%) indicated they would be interested in staying connected with IAS professional development efforts through online learning and discussion forums. One respondent suggested the IAS establish a network of professionals in operations research.

Nineteen participants made suggestions to improve similar workshops in the future, including nine who would increase the proportion of group work and interactive sessions, six who would include

more practical work (e.g. case studies) and sessions on methodology in the curriculum, six who would allocate more time in the session to review research proposals with senior experts and peers, two who would send documentation to participants well before the workshop to enhance their preparation, and one who would collect information on the expectations of participants before developing the workshop programme.

Feedback from Faculty/Speakers

Two of the three faculty experts who made presentations at the workshop completed a short online survey after the conference. They both "agreed" or "strongly agreed" that the workshop content was relevant to building OR knowledge and skills to improve HIV service delivery and that its format allowed participants to effectively learn about OR. They also "agreed" or "strongly agreed" that the workshop attracted the right target group and that participants were receptive to their session/input and asked relevant questions.

IAS support was well-rated (both survey respondents "strongly agreed" it was helpful) as well as IT and multimedia support (both survey respondents "agreed" it was satisfactory).

With regard to the peer and expert critique of draft research proposals, one survey respondent "agreed" that it was a good opportunity for participants to improve their scientific writing but the second faculty expert "disagreed".

Involvement in this programme was also beneficial to faculty experts; both faculty reported that they learned something new about operations research being conducted elsewhere by other experts.

Looking toward the future, both faculty expressed interest in participating in similar initiatives and to staying connected with IAS through e-learning opportunities, such as knowledge communities and discussion forums.

2.4.2 Scholarship Programme Introducing Investigators from Other Scientific Disciplines to the Field of HIV Research

In an effort to broaden the field of HIV research, the IAS launched a scholarship programme in collaboration with the U.S. National Institutes of Health (NIH) to attract scientists from diverse disciplines to the field of HIV. Through this programme, **21 scientists with an excellent scientific record, but no prior experience in HIV research were awarded full scholarships to attend IAS 2009**.

Scholarship recipients were introduced to the field in a two-day, pre-conference seminar on 17-18 July involving leading scientists in HIV research. They **also attended a site visit to either *Médecins Sans Frontières* or Desmond Tutu HIV Foundation-sponsored programmes** in the Cape Town area. To gain the maximum benefit, the participants attended daily mentoring sessions with other HIV scholars and experts during the conference and also were invited to attend a grant writing workshop conducted by the NIH.

Feedback from Participants

Of the 21 participants, 18 completed an online survey. Respondents ranged in age from 26 to 40 years, with 61% of respondents being male and 39% being female. Fifty-five percent of respondents

worked in the United States (n=10) and 22% in sub-Saharan Africa (n=4). Half of the survey respondents had between three and five years of post-doctoral experience.

The vast majority of survey participants gave good rating to the programme overall, with 78% reporting it had met their expectations "very well" (the remaining 22% reported it had met their expectations "fairly well"). Starting with the organizational aspects, most respondents considered the application form to be "very user-friendly" or "user-friendly" (56% and 33%, respectively) and those who used the online introductory information featured on the IAS website (n=17, 94%) reported it was "very useful" or "useful" (82%, with the remaining 18% saying it was "somewhat useful"). With regard to information received before the programme (scholarship offer email, award letter and pre-departure guide), over 90% of respondents indicated it was "very useful" or "useful" to prepare. Surveyed participants were also asked how appropriate the format of the seminar was to their level of knowledge. Almost all respondents thought there was a good balance between presentations and group discussion and that the number of participants and speakers was about right (100% and 93%, respectively). The seminar duration was deemed to be "about right" by most respondents (78%) and its overall organization was rated "excellent" or "good" by all (78% and 22%, respectively).

Surveyed participants were satisfied by speakers, with the majority reporting that speakers' expertise in their presentation area was "excellent" (100%), that the clarity of information presented was "excellent" or "good" (83% and 11%, respectively vs. 6% who said it was "fair"), that speakers' ability to clearly answer questions asked by participants was "excellent" or "good" (72% and 28%, respectively), and that the variety of teaching methods used by speakers was "excellent" or "good" (50% and 50%, respectively). Facilitators' ability to keep the seminar focused on its objectives and encourage participation by all involved was considered "excellent" or "good" by a large majority of survey respondents (72% and 22%, respectively vs. 6% "fair").

With respect to the workshop content, **all sessions[58] were considered "very useful" or "useful"** by the vast majority of respondents (over 85%). The most useful session was "How does the virus keep surviving?" (rated "very useful" by 72% of respondents).

The **site visits** to the *Médecins Sans Frontières* and Desmond Tutu HIV Foundation sites were considered "very interesting" and "very well-organized" by the vast majority of surveyed participants (94% and 89%, respectively), and **83% thought it fit "very well" into the overall programme**, illustrating and/or supplementing what they learned during the seminar (the remainder reported it fit "fairly well"). When asked if they had comments about the site visit and/or suggestions for improvement of future and/or similar programmes, all respondents (n=7) made very positive remarks about the tour.

During the conference, workshop participants benefited from **daily mentoring sessions** aimed at sharing new learning and addressing key questions with other IAS/NIH scholarship recipients. Just over half of surveyed participants (56%) considered the mentoring sessions **"useful" or "very useful"** (39% and 17%, respectively vs. 44% who rated them "somewhat useful").

The vast majority of surveyed participants (over 80%) indicated the programme was "very successful" or "successful" in providing them with an introductory understanding of the scientific challenges of the HIV field and encouraging them to apply their expertise to the field of HIV research (see Figure 52).
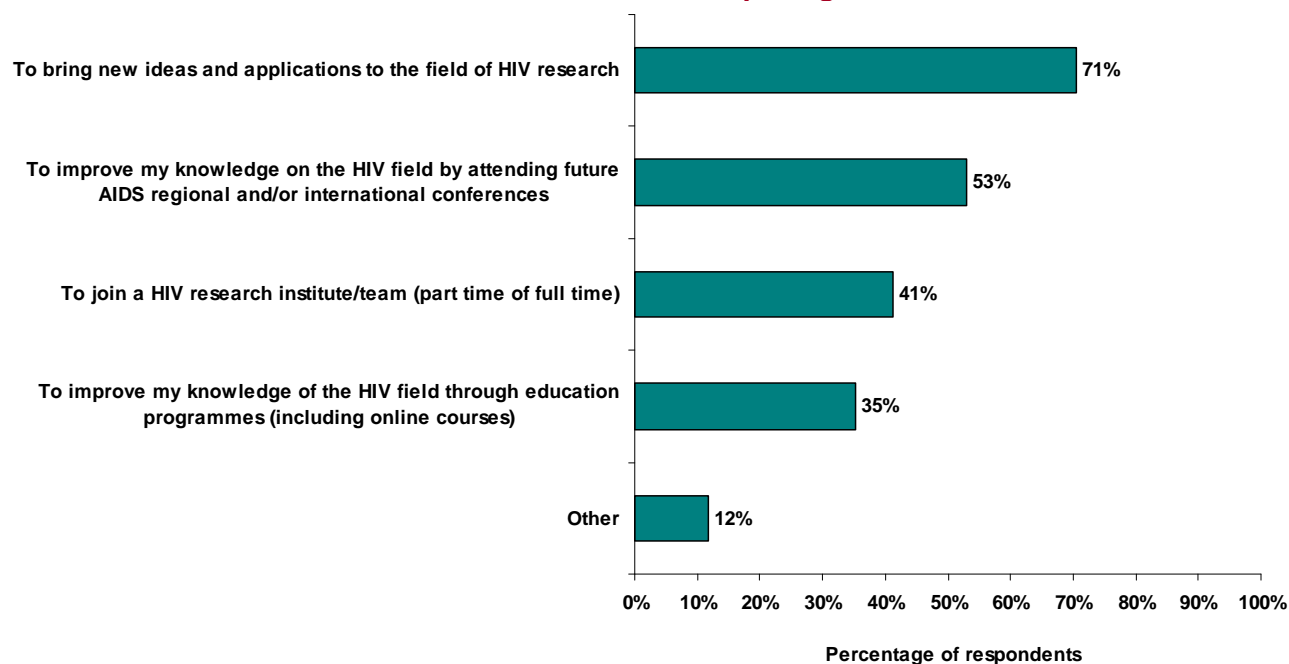
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[58] Session 1: The Discovery of HIV and its translational implications to HIV prevention and treatment and beyond HIV disease. Session 2: How does the virus keep surviving? Session 3: ARV 2009: Introduction and critical overview. Session 4: What can the social sciences teach about addressing HIV research challenges? Session 5: Biomedical Technology: What's out there? Session 6: Seminar Wrap-up Panel Discussion.

Figure 52. Achievements of the IAS/NIH Scholarship Programme
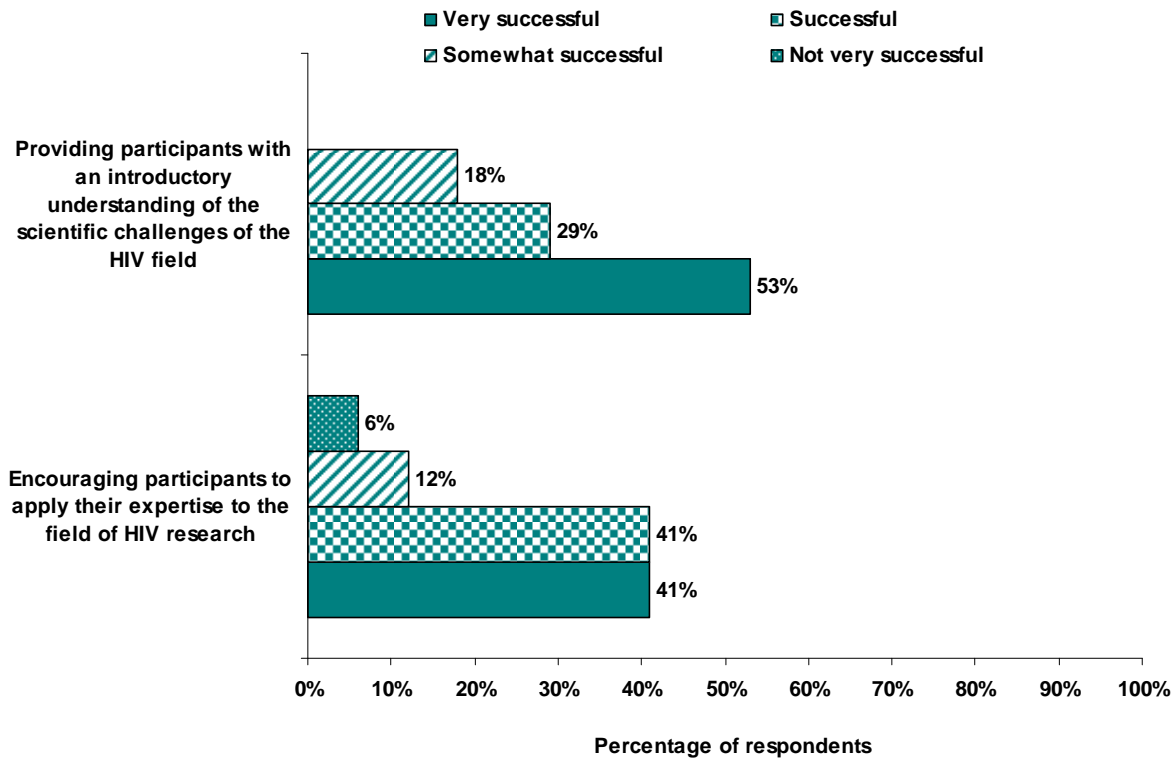
Other benefits from participating in this programme included opportunities to ask speakers questions, considered "excellent" (78%) or "good" (22%) by all survey respondents, and to interact with speakers and other participants, also considered "excellent" or "good" by the majority of survey respondents (94%).

Survey participants also were asked what actions they expected to take as a result of their participation in this programme. As shown in Figure 53, **the majority anticipated bringing new ideas and applications to the field of HIV research**. The fact that only 35% of participants anticipated improving their knowledge of the HIV field through education programmes suggests that either that HIV education resources should be better promoted to non-HIV scientists and/or that their content and format do not necessarily meet the requirements of non-HIV scientists.

Figure 53. Anticipated Actions Resulting from Participation in the IAS/NIH Scholarship Programme

To bring new ideas and applications to the field of HIV research — **71%**

To improve my knowledge on the HIV field by attending future AIDS regional and/or international conferences — **53%**

To join a HIV research institute/team (part time of full time) — **41%**

To improve my knowledge of the HIV field through education programmes (including online courses) — **35%**

Other — **12%**

Percentage of respondents

Voices of IAS/NIH Scholarship Recipients

"This experience (mainly the [visit to] the clinic) completely changed my perspective and has prompted me to learn how I can contribute to the HIV field. I am also excited about applying for the IAS/NIH grant. I am extremely thankful for this experience."

"It was very well organized and the clinic visits were interesting and useful to my understanding of the disease."

"It was a great way to get introduced to the field of HIV… I'm also very interested in the HIV research field now, a lot more so than before. I will definitely investigate my options further."

The following suggestions were made to improve similar programmes in the future:
- Include in the seminar programme an introduction of basic HIV knowledge (including the virus biology and life cycle)
- Allocate more time to meet with HIV experts
- Have scholarship recipients stay in a hotel closer to the conference venue.

Feedback from Speakers

Five of the eight experts who made presentations at the seminar completed a short online survey after the conference. They all thought the seminar was "very successful" or "successful" in providing IAS/NIH scholarship recipients with an overview of the HIV field and its related challenges. They **all "agreed" or "strongly agreed" that the seminar attracted the right target group** and that its format (balance between presentations and discussions) allowed participants to effectively learn about the fundamentals of HIV. They all "agreed" or "strongly agreed" that the number of participants was optimal and that participants asked relevant questions.

With regard to the panel discussion, all four respondents who gave their opinion "agreed" or "strongly agreed" that it was well-moderated and useful.

IAS support was well-rated, with all surveyed speakers "agreeing" or "strongly agreeing" that the information and support they received from the IAS to prepare for their presentation was useful and that IT and multimedia support was satisfactory.

Participating in the seminar was also beneficial for two speakers who agreed that they **learned something new about research being done by experts in another field than HIV** (the remainder reported it was "not applicable").

Looking toward the future, all surveyed speakers expressed their interest in participating in similar initiatives in the future. One speaker suggested including social and behavioural scientists as scholarship recipients, a suggestion made by one scholarship recipient, as well.

2.4.3 Pre-Conference Meeting of Health Systems Experts, HIV Researchers and Implementers

The IAS, with funding from the Rockefeller Foundation, hosted a meeting on 17-18 July aimed at building synergies between key stakeholders in the HIV response and other researchers involved in health systems strengthening, including health systems specialists and HIV researchers/implementers engaged in operations research. **The focus of the meeting was to identify knowledge gaps and develop a research agenda on the impact of HIV scale-up on health systems**, and discussion focused on how best to leverage HIV scale-up to strengthen weak health systems.

Attended by **about 100 researchers and implementers**, the meeting drew from and built upon debates and research discussed at the XVII International AIDS Conference (AIDS 2008) in Mexico City and the results of a Rockefeller Foundation-supported workshop held in Bellagio, in September 2008. This pre-conference also drew on initiatives and various reports from WHO, the World Bank, the Global Fund, PEPFAR, bilateral organizations, and other academic and think tank institutions.

<u>Feedback from Participants</u>

Of 93 participants who were sent an invitation email, 41 completed an online survey. Surveyed participants were predominantly men (54%, vs. 46% who were women) and over 40 years of age (73%). They worked mainly in sub-Saharan Africa (n=20; 54%), in Western and Central Europe (n=9; 24%) and in the United States (n=5, 14%). Researchers were the most represented profession (n=15; 41%), followed by health care workers/social service providers (n=10; 27%) and policy/administrators (n=8; 22%). Over half of surveyed participants had worked in the HIV field (full or part-time) for more than 10 years (59% vs. 14% who had worked in the field between six and 10 years, 24% who had between 2 and 5 years of experience and 3% who had less than 2 years experience in the field).

The majority of survey respondents reported that **the objectives of the meeting were "very clear" or "clear"** (39% and 51%, respectively, vs. 10% who rated them "somewhat clear") and that the meeting structure (presentations and moderated discussions) was appropriate (90%). The meeting title, "Accelerating the impact of HIV programming on health systems strengthening", was one the most important factors in their decision to attend (75%).
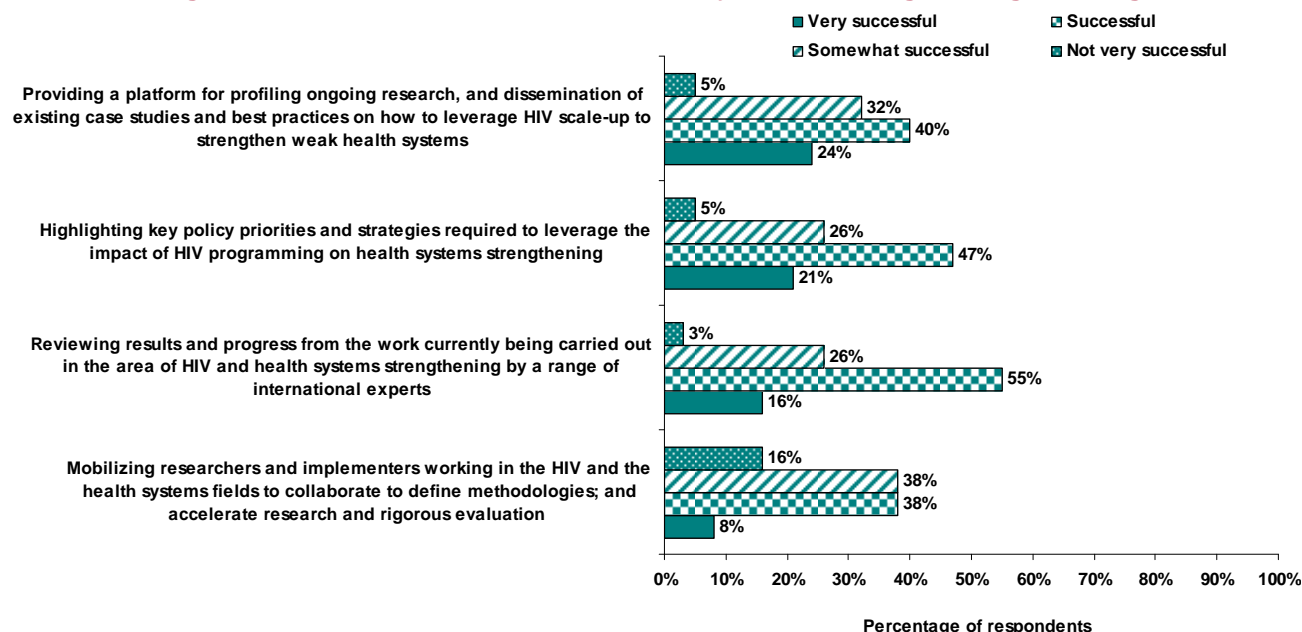
With regard to speakers, the majority of surveyed participants thought the number was about right (84% vs. 16% who thought there were too many speakers) and rated the **quality of presentations as "excellent" or "good"** (51% and 49%, respectively). Answers from speakers were also well-rated, with the majority of survey respondents rating their quality "excellent" or "good" (29% and 61%, respectively, vs. 10% who rated their quality as "fair"). Surveyed participants also were satisfied by moderators, with the majority rating the quality of moderation as "excellent" or "good" (49% and 49%, respectively, vs. 2% who rated the quality of moderation as "fair").

When asked to reflect on participants, the majority thought the number was about right (93% vs. 7% who thought there were too many) and that there were no areas of expertise missing from the summit (75%). The quality of questions asked by participants was rated "excellent" or "good" by most survey respondents (27% and 63%, respectively, vs. 10% who thought it was "fair").

The seminar duration was deemed to be "about right" by most respondents (83% vs. 17% who thought it was too short) and its overall organization was rated "excellent" or "good" by almost all respondents (46% and 49%, respectively).

With respect to the meeting programme, the majority of surveyed participants reported that the **presentations and discussions were "relevant" or "very relevant" to the meeting title** (38% and 60%, respectively, vs. 3% who thought they were "somewhat relevant") and that **the meeting was "very useful" or "useful" for their work** (47% and 37%, respectively, vs. 16% who thought it was "somewhat useful"). The usefulness of the exhibition and sharing of research reports (which took place on the first day of the meeting) is unclear, with less than half of survey respondents indicating they were "very useful" or "useful" (48% vs. 23% who rated them as "somewhat useful", 28% who said they were "not very useful", and 3% who said they were "not useful at all").

In terms of meeting its overall objectives, the majority of surveyed participants (71%) indicated the pre-conference was **"very successful" or "successful" in reviewing results and progress from work currently being carried out in the area of HIV and health systems strengthening by a range of international experts**. The programme's ability to highlight key policy priorities and strategies required to leverage the impact of HIV programming on health systems strengthening was considered "very successful" or "successful" by 68% of survey respondents. Its ability to provide a platform for profiling ongoing research and to disseminate existing case studies and best practices on how to leverage HIV scale-up to strengthen weak health systems was considered "very successful" or "successful" by 64% of survey respondents. However, less than half of respondents (46%) reported the meeting was "very successful" or "successful" in mobilizing researchers and implementers working in the HIV and health systems fields to collaborate to define methodologies and accelerate research and evaluation (see details in Figure 54).

Figure 54. Achievements of the Health Systems Strengthening Meeting

Legend:
- Very successful
- Successful
- Somewhat successful
- Not very successful

Providing a platform for profiling ongoing research, and dissemination of existing case studies and best practices on how to leverage HIV scale-up to strengthen weak health systems
- 5%
- 32%
- 40%
- 24%

Highlighting key policy priorities and strategies required to leverage the impact of HIV programming on health systems strengthening
- 5%
- 26%
- 47%
- 21%

Reviewing results and progress from the work currently being carried out in the area of HIV and health systems strengthening by a range of international experts
- 3%
- 26%
- 55%
- 16%

Mobilizing researchers and implementers working in the HIV and the health systems fields to collaborate to define methodologies; and accelerate research and rigorous evaluation
- 16%
- 38%
- 38%
- 8%

Percentage of respondents

Though it is too early to assess the impact of this meeting, it is encouraging to know that the majority of respondents (63%) plan to take action as a result of their participation. The most frequently cited example of anticipated follow-up was the plan to share information presented/discussed at the meeting with colleagues and partners (n=5). Two participants indicated that they would use what they learned at the meeting when reviewing guidelines or conducting analysis. Two additional participants anticipated conducting further research. One participant expected to engage key stakeholders to galvanize national and international support for HIV resources in order to contribute to health systems strengthening. And another planned to include health systems strengthening in their on-going work (e.g. operational research and teaching).

As an indication of their satisfaction and engagement, almost all surveyed participants (95%) indicated they would like to participate in a follow-up meeting on health systems strengthening (on the eve of the AIDS 2010 conference). Fourteen participants specified the main priorities they would like to see addressed and 18 made suggestions on meeting organization and format, which will be taken into consideration by the meeting organizers. Suggestions included: developing a less HIV-oriented agenda, with a minimum of presentations from researchers focused on health systems strengthening, inviting field workers to present their perspective on health systems strengthening, and including small group discussions in the meeting programme.

Surveyed participants also were asked what else they expected from the IAS as follow-up to the meeting. In addition to requesting that the IAS disseminate all presentations made at the meeting, as well as the final report, the following expectations were expressed (each by one or two respondents): develop a research programme before the follow-up meeting (to be conducted on the eve of AIDS 2010) and secure funding to initiate research before AIDS 2010; provide more information on operations research methodology and tools; track and document progress achieved at individual/country levels since this meeting; create a network of experts and set up a platform to facilitate sharing of their work on HIV and health system strengthening with their peers.

3   CONFERENCE IMPACT

3.1   Media Coverage

3.1.1   Media Representatives

Over 300 media representatives attended IAS 2009 (n=316), a 29% decrease from IAS 2007. **Print journalists (newspaper/journal/e-publication)** were **most represented** (49%), followed by community-based journalists (15%), freelance journalists (12%), radio broadcast journalists (9%), and TV broadcast journalists (7%). The remainder identified as "other media representative" (9%). **Men** represented **55%** of all media representatives (vs. 45% who were women). Looking at the regional coverage, media representatives came **from 54 countries** representing all regions of the world (this compares with representation from 61 countries at IAS 2007). As in 2007, **the largest group came from the host region** (36%), with the host country ranking first (23% of all media representatives lived in South Africa). Other well-represented regions were Western and Central Europe (27%) and North America (22%), as illustrated in Figure 55. The low representation of the remaining regions is most likely due to the difficulty for journalists to find adequate funding to attend the conference[59], and this may also explain the overall reduction in the number of media representatives present.

Figure 55. Regional Breakdown of Media Representatives at IAS 2009

Percentage of media representatives (n=316)
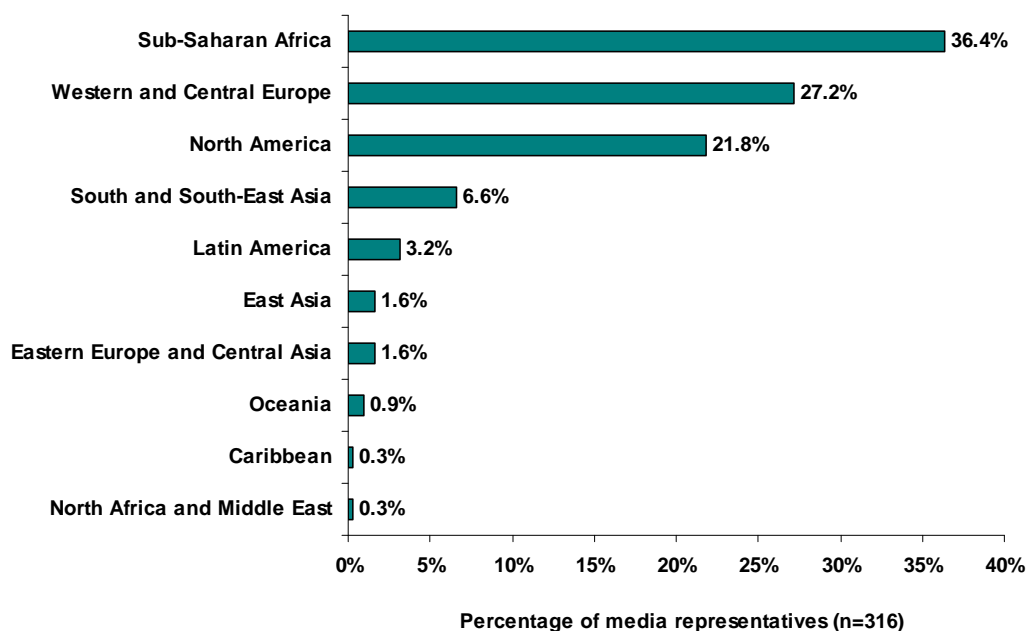
Media representatives who completed the media survey after the conference (n=82) were asked what the **most important factors** were in their decision **to attend IAS 2009.** The most frequently cited reason was **informing the general public of current issues and debates related to**

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[59] The number of scholarships allocated to media representatives increased from seven for IAS 2007 to ten for IAS 2009, including four from Africa (Nigeria, Kenya, Ethiopia and Zambia), three from Asia (Nepal, India and Thailand), one from Latin America (Ecuador), one from Eastern Europe (Estonia) and one from the US. Gender balance was respected (50% women, 50% men).

HIV/AIDS (78%)**. This reflects the important role the media play in outreach and public awareness**, thus enhancing the impact of the conference overall.

Media survey respondents also were asked how many articles or broadcast programmes about IAS 2009 they had written/produced as of early August 2009. The vast majority indicated to have written/produced at least one article (51% selected the answer "1 to 5", 16% selected the answer "5 to 10" and 23% selected the answer "more than 10"). Only eight of the 82 respondents (<1%) said they had written/produced no article at the time they were completing the survey. The **parts of the conference** they had **mainly covered as of early August 2009** were the **opening and/or closing sessions and abstract-driven sessions** (over half selected these two proposed answers). Engagement tours and affiliated events were not well-covered by the media (selected by less than 10% of surveyed representatives). Looking at coverage by track, the majority of the 38 surveyed media representatives who covered abstract-driven sessions and replied to the question reported that the **two tracks** they **mainly covered** were tracks **B and C** (68% and 47%, respectively).

The information sources most used by surveyed media representatives to report on IAS 2009 were sessions they attended (79%), printed materials provided in the Media Centre (65%), interviews with speakers and/or delegates (61%), press conferences held in the Media Centre (59%), the IAS 2009 media kit (50%) and the full text of accepted abstracts available online and on the abstract CD-ROM (45%). The official daily conference news bulletin was used by 43% of surveyed media representatives (http://www.ias2009.org/subpage.aspx?pageId=40).

Daily press releases were also published by the IAS and distributed to the media (http://www.ias2009.org/subpage.aspx?pageId=393). However, no information is available on the extent to which they were useful for media representatives. Online resources were all available through the conference website, which was managed and updated regularly by the IAS 2009 Communications Team. Not surprisingly, the number of unique visitors to the conference website increased substantially during the month of the conference, from 10,165 in June to 18,669 in July 2009 (a 14% increase compared with IAS 2007)[60].

The content of articles produced by media representatives was not covered by the media representative survey. However, section 3.1.3 gives some indication about media articles written on the conference.

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[60] There were 16,350 unique visitors to the IAS 2007 website in July 2007.

3.1.2   Online Partners

The conference had two online partners: Clinical Care Options (CCO) and NAM.

Clinical Care Options (CCO) was the **official provider of online scientific analysis of IAS 2009**. Their online coverage offered four ways for conference participants and non-attendees to keep up-to-date with expert opinion and review the implications of new data for use in their own practice:

- Capsule Summaries: "quick read" reviews of key oral and poster presentations, handpicked by leading experts in HIV. The comprehensive contents were based on the actual data presented at the conference—not the previously published meeting abstracts—providing the most up-to-date information (32 produced during the conference and in the following month).
- Audio Podcasts: downloadable podcasts posted during the conference in which leading experts reviewed the most important clinical data from IAS 2009 (8 produced during the conference and in the following month).
- Expert Analyses: CME-certified modules in which CCO faculty discussed the practical clinical implications of the presented data (3 produced during the conference and in the following month).
- Downloadable PowerPoint Slides: slides developed in consultation with CCO's expert faculty (51 produced during the conference and in the following month).

In the first 4.5 months of CCO's IAS 2009 scientific programming, over 6,300 persons from 220 different countries have accessed CCO's online programming, with each person returning for an average of 2.7 times to use different components of the scientific analysis. Additionally, in the first 90 days, the program's PowerPoint slideset was downloaded over 4,750 times.

The high utilization of CCO's online programming was validated by the IAS 2009 evaluation, which found that **72.3%** of surveyed **delegates** had **used CCO's resources**, of which **76% rated them "very useful" or "useful"**. With regard to those who followed the conference online (also referred to as "non-attendees" in the present report), 82% of survey respondents had used them, of which 74% rated them "very useful" or "useful" (see Figures 12 to 15 in section 1.2).

NAM was the **official provider of online news coverage of IAS 2009**. During the conference and in the days following the event, NAM produced 49 **news reports** and a **daily summary email bulletin, available in English, French, Portuguese, Spanish, Russian or Romanian.**[61] The daily summary email bulletin was received by 46,000 subscribers each day; six bulletins were sent out during the conference and in the days following the event to summarise the key news and provide links to NAM's news coverage. In addition, the bulletin was received by all registered conference delegates. A post-conference survey of bulletin recipients, conducted by NAM and completed by 509 people, showed that 75% both read the bulletin and also clicked through to read news stories. Over half of respondents (53%) reported that the information gained through the conference news coverage would have an effect on their professional practice or advocacy, with changes to vertical transmission regimens, task-shifting and the benefits of treatment as prevention highlighted as areas in which changes would be made. When asked what topics were of most interest in NAM's coverage of the conference, prevention was cited as a topic of major interest by 56%, treatment in resource-limited settings by 52% and new drugs by 58%.

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[61] Daily summary email bulletins can be downloaded from the following website: http://www.aidsmap.com/cms1290216.aspx

During and following the conference, NAM's website (aidsmap.com) hosted a time-limited series of **online discussions** in response to the conference sessions. The objective was to allow participants and non-participants at IAS 2009 **to discuss operational implications of key conference findings for HIV treatment and care in resource-limited settings**. However, a report from NAM indicated that the online discussion forums generated very little post-conference discussion on how the findings presented at the conference would affect practice in the field. The survey conducted by NAM suggested two main reasons for the poor uptake of the discussion forums: insufficient promotion and lack of time to participate. Internet access was also a barrier for a significant minority. There is some evidence from the survey results that respondents place greater value on resources which they can share with their networks, staff and colleagues, such as conference bulletins, news stories and slidesets.

Looking at usage and usefulness of resources produced by NAM, it was found that 76.8% of surveyed **delegates** had used them, of which **77% rated them "very useful" or "useful"**. With regard to those who followed the conference online (referred to as "non-attendees" in the present report), 71% of survey respondents had used them, of which 69% rated them "very useful" or "useful" (see Figures 12 to 15 in section 1.2).

3.1.3   Overview of Online Articles

<u>Methodology</u>

The information presented in this section is based on clippings provided by Meltwater News, an online media monitoring service to which the IAS subscribes. **Articles from across the world were selected using keywords related to HIV and the IAS 2009 conference and content was then analyzed**. This analysis covered two periods: 1) before the conference (1 to 18 July 2009) to see if there was a growing interest in HIV topics and in the conference itself; and 2) during the conference and a few days following (19 July to 2 August 2009). News outlets ranged from print media and wire services, to online media sources. Blogs were not included in the analysis. Articles were generally in English, but not exclusively.

<u>Country Ranking</u>

As shown in Figures 56 and 57, the number of articles related to HIV, the IAS or IAS 2009 produced during the second period was three times the number of articles written during the first period. The **United States, Canada, United Kingdom and Germany were among the top five countries** in terms of coverage during both periods. Looking at the conference host country, **South Africa had very low media coverage during the first period but grew to be one of the top 5 countries in the second period** (a recorded jump from 5 to 100 articles). This clearly illustrates the influence of the conference on local media coverage.

Figure 56. Top Ten Countries for Articles on AIDS, the IAS or IAS 2009 (1 to 18 July 2009)

Country	Number of articles
United States	252
Canada	37
Germany	16
United Kingdom	10
India	7
Africa	6
South Africa	5
Switzerland	5
France	4
Italy	3
TOTAL	**345**

Figure 57. Top Five Countries for Articles on AIDS and IAS or IAS 2009 (19 July to 2 August 2009)[62]

Country	Number of articles
United States	651
United Kingdom	152
Canada	130
South Africa	100
Germany	45
TOTAL	**1,078**

North America led media coverage and was the source of many wire stories, with a number or articles published by the Associated Press. Germany represented Europe in the list of the top five countries, largely due to pharmaceutical companies making announcements for the conference.[63]

Main Topics Covered

In the period prior to the conference, the main subject by far was a warning from *Médecins Sans Frontières* about potentially catastrophic **drug shortages in several countries in Africa**. The widespread coverage of this news was largely the result of an Associated Press story. As illustrated in Figure 58, the other main topics covered by the media were related to AIDS-related drug developments. Such coverage usually resulted from corporate press releases issued by pharmaceutical companies, which mentioned the upcoming IAS conference in Cape Town.

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[62] Due to the very large number of articles published in the United States, a sample was selected and analyzed (40% of the total number, which were randomly selected).

[63] Data in the analysis related to media coverage of drug-related announcements may include actual press releases issued by pharmaceutical companies, which are not technically news stories.

Figure 58. Main AIDS Related Topics Covered by the Media from 1 to 18 July 2009

Topic	Total number of articles
MSF's warning on AIDS drug shortage threatening six African countries	216
AHF/India Cares commending Delhi High Court for overturning anti-gay law	23
Other	22
Theratechnologies's announcement of a new drug to treat HIV complications	19
European Commission's approval of statement on lipid improvement for Viramune® label	17
Schering-Plough Corporation's announcement of extending its clinical study with Vicriviroc® to phase 2	17
PolyMedix's presentation at IAS 2009	13
United States's HIV travel ban	9
Announcement of IAS 2009	9

The main topics of interest **during the conference and a few days following** were the **first human trials of an HIV vaccine in South Africa and the decision by the South African government to cut funding to the vaccine trial**. Vertical transmission was also well-covered, as were results from various studies and research presented at IAS 2009 (see Figure 59).

Figure 59. Main AIDS Related Topics Covered by the Media from 19 July to 2 August 2009

Topic	Total number of articles
South Africa's test of AIDS vaccine/funding interruption	280
Vertical (mother-to-child) HIV transmission	152
Studies/research presented by non pharmaceutical representatives	148
Pharma's news about drug development (corporate releases)	108
PEPFAR's achievements	100
Decrease in Zimbabwe's HIV infection rate	96
Other	78
Funding issues/economic crisis	36
Calls from activists (e.g. better commitment of scientists in advocacy)	29
MSF warning about drug shortage/high price	24
DART study	17
Male circumcision	10

This brief **analysis of IAS 2009-related media coverage is one indicator of the potential impact of the conference,** helping to identify some of the key messages reaching the public through the media.

3.1.4   New Media Tools (Blogs, Facebook, Twitter)

For the first time, IAS 2009 conference organizers used a live blog[64], Twitter[65] and Facebook[66] to communicate with delegates attending the meeting and with those following the conference remotely. With the introduction of these new media tools, many more were able to follow the proceedings from afar. Two days before the opening of the conference, the number of fans on the conference's Facebook fan page jumped by almost 20% within a 24-hour period. By the end of the conference there were 1,145 Facebook fans, 227 followers on Twitter (many with their own, much larger followings) and 2,400 visitors to the IAS 2009 Live blog.

Bringing the conference to those less likely to have the resources to attend – particularly those in areas hit hardest by AIDS – was a goal of the new media pilot. Facebook's tracking data suggests it was achieved: **40% of fans were from five African countries** (South Africa, Kenya, Nigeria, Ghana and Botswana), with another 8% from India. The strong representation from Africa was in large part the result of targeted Facebook advertisements—a very cost-effective way of generating fans.

The **IAS 2009 Live blog, Facebook and Twitter all helped to highlight the many resources on the conference website and broaden the dissemination of important developments**. The blog also offered a forum for the IAS leadership to share their perspectives on some of these developing events, while Twitter was used to convey fast-breaking updates.

Surveyed IAS 2007 delegates and/or IAS members who did not attend IAS 2009 (see survey details in section 1.1.4) were asked if they had used these new tools. As illustrated in Figure 60, **the conference blog was the tool most used** (by 58% of respondents). The fact that about one-third of respondents were not aware of the presence of the conference on either Twitter or Facebook suggests that these two tools could be better promoted for IAS 2011.

Figure 60. Use of New Media Tools by Non-Attendees

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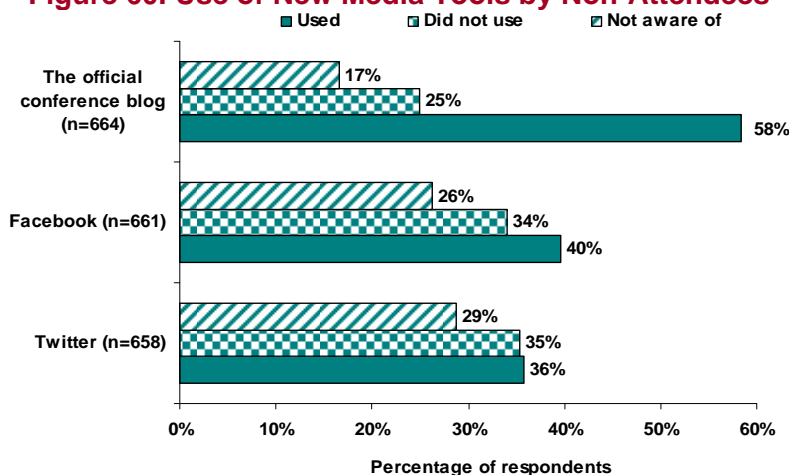
[64] The IAS 2009 Live blog offered updates on important developments, highlights and links to helpful resources and features guest bloggers with their takes on key sessions and events (http://ias2009live.blogspot.com/).

[65] http://twitter.com/ias2009live

[66] http://www.facebook.com/pages/IAS-2009-5th-IAS-Conference-on-HIV-Pathogenesis-Treatment-and-Prevention/99273435939?ref=share

Survey respondents who were aware and who used the above tools were asked to assess their usefulness. As illustrated in Figure 61, **the tool deemed most useful was the conference blog** (58% of respondents said it was "very useful or useful"), followed by the IAS 2009 Facebook fan page (45% said it was "very useful or useful") and IAS 2009's Twitter (39% said it was "very useful or useful").

Figure 61. Usefulness of New Media Tools for Non-Attendees
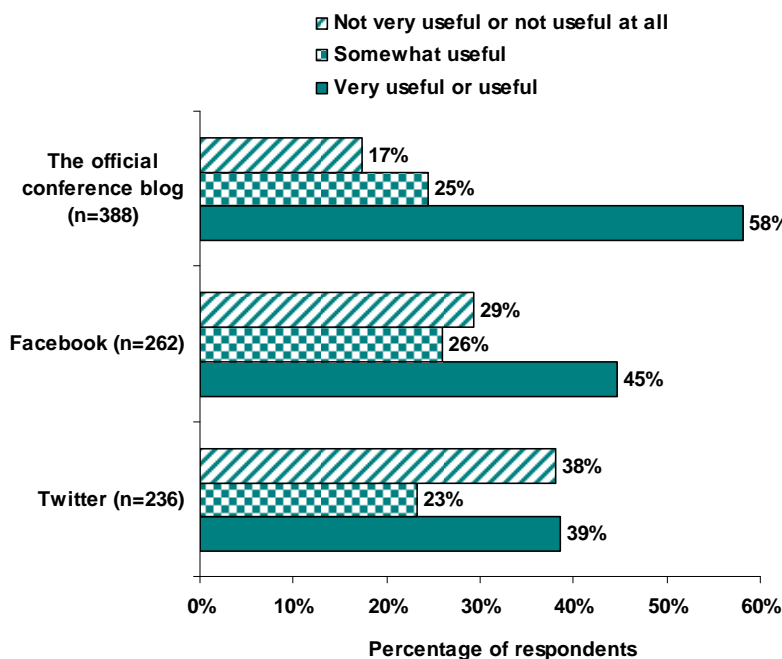
This pilot project demonstrated the potential of these social networking tools to greatly expand the reach of the conference and facilitate more participation in the conference by those who are both on- and off-site. Key lessons learned from this pilot test will be used in planning for the next conference (IAS 2011).

3.2   Conference Outcomes

3.2.1   Achievement of Conference Objectives

Surveyed delegates were asked to assess how successful IAS 2009 was in achieving the following objectives:
- Addressing the challenges of expanding treatment and prevention in resource-limited settings.
- Providing new insights into HIV disease development, biomedical prevention and clinical care that can lead to novel research.
- Focusing on the latest HIV science and its practical applications for public and individual health in the context of the current epidemic status.
- Enabling the international scientific community to focus its attention on the continuous challenge facing South Africa and the region as a whole.

The majority of survey respondents considered the conference "very successful" or "successful" in achieving the above objectives (see Figure 62).

Figure 62. Achievement of Conference Objectives

■ Successful/Very successful
▨ Somewhat successful
▱ Not successful at all/Not very successful

Enabling the international scientific community to focus its attention on the continuous challenge facing South Africa and the region as a whole (n=1,046)
- 77.6%
- 16.4%
- 5.9%

Focusing on the latest HIV science and its practical applications for public and individual health in the context of the current epidemic status (n=1,064)
- 76.7%
- 17.0%
- 6.3%

Providing new insights into HIV disease development, biomedical prevention and clinical care that can lead to novel research (n=1,070)
- 75.7%
- 19.3%
- 5.0%

Addressing the challenges of expanding treatment and prevention in resource-limited settings (n=1,061)
- 73.9%
- 19.6%
- 6.5%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Percentage of respondents

There was no statistically significant association between delegates' professions and their views on the extent to which the conference achieved its objectives.

3.2.2   Benefits Gained at Individual Level

<u>Benefits Gained by Delegates</u>

Surveyed delegates were presented a list of potential benefits and were asked to identify those they had acquired as a result of their participation in IAS 2009. Almost all respondents (n=1,110) selected at least one benefit from the list, with the majority (82%) identifying more than two benefits. **As in 2007, the most frequently noted benefits were new information on HIV treatment and a global perspective on HIV science** (see details in Figure 63).

Figure 63. Main Benefits Gained by Delegates from Attending IAS 2009[67]

Benefit	Percentage
New information on HIV treatment	70%
A global perspective on HIV science	60%
New information on HIV pathogenesis	55%
New information on HIV operations research	52%
New contacts-opportunities for collaboration	51%
New information on HIV biomedical prevention	49%
Affirmation of current research or practice	43%
A renewed sense of purpose	36%
Opportunity for career advancement	16%
Other	1%

Percentage of respondents (n=1,110)

As shown in the figure above, the conference was also successful in connecting HIV professionals and creating opportunities for collaboration. Delegates who reported to have made new contacts were asked how many. Of the 444 who answered this question, **the majority met at least five new people** (74%). Forty-three percent (43%) reported to have met ten or more new colleagues.

The range of benefits gained from attending the conference is likely one of the key reasons why **the vast majority of surveyed delegates** (82%) **indicated they would choose to attend IAS 2011 in Rome, based on their experience at IAS 2009** (the remaining 28% were split, with 15% saying they were not sure and 3% indicating they would choose not to attend IAS 2011). The most frequently cited reasons for choosing not to attend IAS 2011 (specified by 17 of the 29 who said they would not attend) were the excessive costs to attend the conference (n=8) and the IAS 2009 programme (subject of interest not sufficiently treated, not enough focus on HIV pathogenesis, poor quality of some abstracts or the fact that they felt there was nothing new presented at IAS 2009; n=7).

CME Credits

The IAS 2009 Scientific Programme **was accredited by the European Accreditation Council for Continuing Medical Education** (EACCME)[68] to provide Continuing Medical Education (CME) credits for medical specialists. IAS 2009 was awarded a maximum of 18 hours of European external CME credits (ECMEC). The EACCME credit system is based on 1 ECMEC per hour, with a maximum of 3 ECMECs for half-day and 6 ECMECs for a full-day event. Each medical specialist attending IAS 2009 could claim only the hours of credit that he/she had actually spent in the educational activity.

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[67] Total exceeds 100% because respondents were able to select all answers that applied.
[68] The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net. EACCME credits are recognized by the American Medical Association towards the Physicians Recognition Award (PRA).

Nursing continuing education contact hours were provided[69] by the Association of Nurses in AIDS Care (ANAC). ANAC is a U.S.-based nonprofit professional nursing association dedicated to providing educational and professional development opportunities for nurses specializing in HIV care.

Prizes and Awards

The IAS and its partners sponsored a number of scientific prizes and awards at IAS 2009 to reward promising researchers who are doing outstanding work in HIV and AIDS research. A total of six delegates received special scientific prizes, including four who received the "IAS/ANRS[70] Young Investigator Award", one who was awarded the "Young Investigator Prize: Women, Girls and HIV" and one who received the "IAS TB/HIV Research Prize". As shown in Figure 64, award winners were all abstract presenters between the ages of 24 and 36. There was gender balance among the award recipients (50% women, 50% men), and countries of research were mainly in the African region.

Figure 64. Overview of Award Winners

Award Title	Abstract Title	Country(ies) of Research	Gender	Age as of 19 July 2009	Occupation	Country of Residence
IAS/ANRS Young Investigator Award (Track A)	HIV encapsidates viral genomic RNA and APOBEC3G in mRNA processing bodies	Brazil United States	Male	34	Post-doctoral	Brazil
IAS/ANRS Young Investigator Award (Track B)	*High Incidence of Multidrug Resistant and Extensively Drug Resistant Tuberculosis among South African Health Care Workers*	South Africa	Male	36	Physician	USA
IAS/ANRS Young Investigator Award (Track C)	*Diarrhea morbidity and mortality increases with weaning prior to 6 months among uninfected infants born to HIV-infected mothers in Zambia*	Zambia	Male	24	Postgraduate	USA
IAS/ANRS Young Investigator Award (Track D)	*Who Starts ART in Durban, South Africa?...Not Everyone Who Should*	South Africa	Female	36	Clinical Science	USA
Young Investigator Prize: Women, Girls and HIV	A Prospective Cohort Study of the Effect of Antiretroviral Therapy on Sexual Risk Behavior in a High-risk Cohort of Kenyan Women	Kenya	Female	31	Physician	Kenya
IAS TB/HIV Research Prize	Good tuberculosis treatment outcomes and no evidence of increased drug resistance in individuals previously exposed to isoniazid preventive therapy in a population with high HIV prevalence	South Africa	Female	34	Physician	Kenya

Five of the six prize winners completed a short survey two months after the conference. When asked if, in addition to the award money received, the prize had any impact on their career or opened new doors in the HIV field for them, three respondents replied "yes" while two indicated they could not yet assess the impact. Not surprisingly, all survey respondents thought the award had helped them gain recognition from their peers/colleagues.

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[69] ANAC awarded a maximum of 23 nursing continuing education credits for IAS 2009.
[70] Agence Nationale de Recherche Scientifique.

Surveyed prize winners also described opportunities they have had or intended to have as a result of their prize. These included being involved in a research group (four prize winners), being mentioned/referred to in the media (three of them), being able to apply for a specific grant and/or have a job opportunity (one each). When asked if the prize had helped them publish an article on HIV/AIDS, only one respondent replied "yes" and indicated it was in the AIDS journal (http://journals.lww.com/aidsonline/pages/default.aspx).

Voice of a Prize Winner

"This award has made me want to work even harder. I never thought I could get this award and now that I got it, I am aiming higher. I have also received feedback from other young researchers, especially from sub-Sahara Africa, who are now motivated to do good research because of this award."

One delegate wrote a note expressing the wish to see a new category of award for PLHIV having made an outstanding contribution to the HIV response.

Benefits Gained by Speakers and Abstract Presenters

One indication that speakers and oral and poster abstract presenters benefited from the conference is the fact that the vast majority of those who responded to the surveys would recommend that a colleague/friend submit an abstract to the next IAS conference (IAS 2011). This includes 94% of surveyed poster presenters and 93% of surveyed speakers/oral abstract presenters.

Surveyed speakers and oral abstract presenters were also asked to rate the **opportunities to network with other speakers/presenters during the conference**. Of the 158 respondents, the majority rated such opportunities **"excellent" or "good"** (80% vs. 13% who rated this aspect as "fair", 3% who rated it as "poor" and 4% who said they "did not have such opportunity"). Poster presenters were asked to rate the opportunities they had to network with other presenters in their track of interest during the poster viewing time, as well as opportunities to network with other presenters from outside their tracks of interest (275 responded to both questions). To the first question, almost two-thirds answered "excellent" or "good" (60% vs. 26% who rated them as "fair", 9% who said they were "poor" and 5% who "did not have such opportunity"). Not surprisingly, fewer respondents rated the second set of opportunities as highly (47% said such opportunities were "excellent" or "good" vs. 34% who said they were "fair", 10% who said "poor" and 10% who "did not have such opportunity").

Benefits Gained by Media Representatives

The vast majority of surveyed media representatives "agreed" or "strongly agreed" that they were able to **find a satisfactory number of news stories at the conference**, that they had **improved their understanding of a range of issues relating to HIV and of the relationship between their work and the global response to HIV and AIDS**. They also "agreed" or "strongly agreed" that they had acquired a better framework for reporting on HIV (see Figure 65).

Figure 65. Main Benefits Gained by Media Representatives at IAS 2009

■ Strongly agree or agree   ▨ Strongly disagree or disagree

I was able to find a satisfactory number of news stories at the conference (n=75)
- 7%
- 93%

I have improved understanding of the relationship between my work and global response to HIV and AIDS (n=65)
- 8%
- 92%

I have improved understanding a range of issues relating to HIV/AIDS, and can apply these to enhance media coverage of HIV/AIDS (n=70)
- 10%
- 90%

I have acquired a better framework for reporting on HIV/AIDS (n=67)
- 10%
- 90%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Percentage of respondents

Given the above findings, it is not surprising that the majority of surveyed media representatives indicated they planned to attend IAS 2011 as a media representative (79% affirmative vs. 19% not sure).

Benefits Gained by Online Followers

Surveyed delegates and/or IAS members who did not attend IAS 2009, but reported to have used conference-related online resources, were presented a list of benefits and asked to identify any that they had acquired from following the conference through the Internet or other communication channels. Almost all respondents (92%) selected at least one benefit proposed in the list. **Most frequently noted benefits were new information on HIV treatment and a global perspective on HIV science** (see details in Figure 66).

Figure 66. Main Benefits Gained by Online Followers

New information on HIV treatment — 71%
A global perspective on HIV science — 62%
New information on HIV pathogenesis — 51%
New information on HIV operations research — 43%
New information on HIV biomedical prevention — 39%
An affirmation of current research or practice — 37%
A renewed sense of purpose — 24%
Other — 3%
I did not gain anything — 1%

0% 10% 20% 30% 40% 50% 60% 70% 80%

Percentage of respondents (n=681)
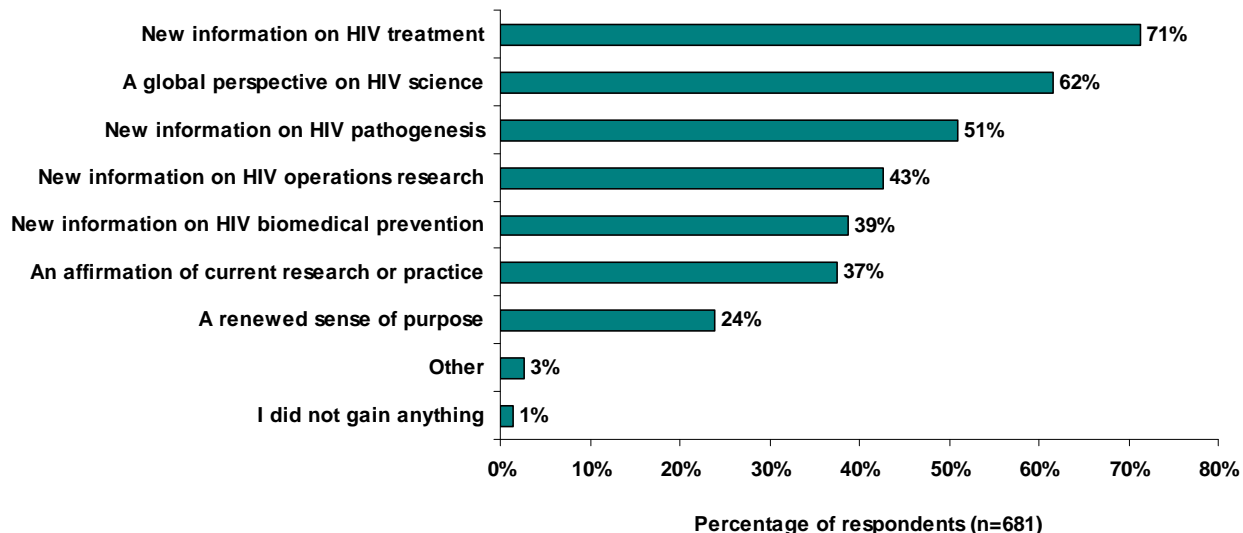
Surveyed online followers were also asked if they thought they would have gained other benefits, had they attended the conference in person. Of the 680 respondents, the vast majority responded "yes" (91% vs. 9% who said "no"). Not surprisingly, networking and information sharing opportunities were the expected gains most frequently cited by respondents as examples.

It is encouraging to note that, when asked, 54% of surveyed online followers said they planned to attend IAS 2011 (n=1,250). The remainder were not sure (36%), intended to follow the conference through the Internet and/or or other communication channels (7%), or did not have plans (3%).

Benefits Gained by Cape Town's Population

A total of **113 random interviews** were conducted in Cape Town, in popular areas with high foot traffic. The objective was to assess the extent to which the conference reached out to the local population and increased its awareness/knowledge about HIV. To this end, a standard survey form was used to guide the interviewers, who were all volunteers working for the conference evaluation team and knew the layout and people of Cape Town well. Results below must be interpreted with caution because they represent a small sample of the overall Cape Town population and many survey questions were not answered.

Interviewees were predominantly between 26 and 40 years of age (50% vs. 24% who were between 41 and 50, 18% who were younger than 26 and 8% who were over 50) and were perfectly balanced in terms of gender (50% women and men). When asked what the most urgent health problem was that South Africa was facing today, the majority replied "HIV", "AIDS" or "HIV/AIDS" (71%). Their main sources of information on HIV were TV (69%) and printed news (46%), followed by radio (38%), workplace (37%), internet (36%) and friends/family (35%). School and educational events were selected as the main sources of information on HIV by just 24% and 19% of respondents, respectively. Just over two-thirds of interviewees (67%) reported to have previously been involved in activities related to HIV, including 58% who had helped individuals or families living with HIV and/or had been affected by the loss of a family member (died from AIDS). Nearly one in three (29%) had participated in AIDS rallies, marches or events, 25% had been a volunteer for HIV activities and 17% had been a member of an HIV organization. Interviewees were also asked how many times they had completed a survey on HIV awareness in the past five years. Just over half (55%) said they had been surveyed at least once. Of those, 39% had been surveyed more than five times.

About half of interviewees (48%) were aware of the conference. When asked if they had learned something interesting about HIV as a result of the conference, 46% said yes (vs. 43% who said "no" and 11% who were "not sure"). The majority of respondents indicated that **TV (58%) and printed news (38%) were the primary sources of information about IAS 2009**. **The main topics they reported to have heard about were new vaccines and new drugs for fighting AIDS**. A small minority (n=4) learned something about HIV prevention and HIV in general, including: "How people get infected with HIV"; to "always use condom"; and the "number of people infected in South Africa and how to reduce that number". One person indicated that they had learned that "people can live with HIV". Over half of survey respondents reported that this was new information, compared with what they had learned from the most recent AIDS awareness campaigns (62% vs. 23% who said this was not new information and 15% who were "not sure").

3.3   Medium- to Long-Term Impact

3.3.1   Snapshot of IAS 2007's Impacts

<u>Sources of Information</u>

The 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007) was held in Sydney, Australia in July 2007.[71] At IAS 2009 the evaluation team **interviewed delegates who had also attended the conference in 2007 to collect feedback on the longer-term impact of IAS 2007**. Delegates were approached at a variety of locations in the conference venue. Those who responded that they had attended IAS 2007 were invited to participate in a short, 5-10 minute interview about its impact on their work in HIV and the HIV work of their organization and their country. Of the 800 delegates who were approached, 122 were interviewed. The remaining 684 could not be interviewed because they did not attend IAS 2007 (66%), did not have time or faced language barriers (24%), or had already conducted a similar interview at IAS 2009 (10%).

The majority of interviewed delegates were men (63% vs. 37% who were women and 0% transgender) and had worked in HIV for more than five years (80%), with over half of this group having worked in the field for more than 15 years. Health care workers/social service providers and researchers comprised the largest group (46% and 33%, respectively) and the most frequently identified affiliations were academia (university, research institute) and hospital/clinic (32% and 26%, respectively). The largest proportions of interviewees worked in North America (27%), in Western and Central Europe (26%) or in sub-Saharan Africa (19%).

IAS 2007 was the first IAS Conference on HIV Pathogenesis, Treatment and Prevention attended by just over half of interviewees (53%). Of those who had attended at least one previous IAS conference, about 60% had attended IAS 2005. Of those who had attended IAS 2005, 44% also attended IAS 2001 and IAS 2003.

Track B was the most frequently identified track of interest for previous conference attendees (55%), followed by Track A (19%). The rest were equally divided between Track C and Track D (13% each), while one interviewee reported to have no main track of interest.

<u>Impact at the Individual Level</u>

Interviewees were asked to identify the most important benefits they had gained from attending IAS 2007. Of the 120 respondents who answered the question, 96 responses were clear and relevant. Of those, 22 indicated that they had had the **opportunity to network and to share information** with other experts and 21 had gained **information on ongoing research, new drugs or new technologies.** Another 18 indicated the most important benefit they had gained was information on HIV **treatment**, with 17 others indicating it was information on HIV **prevention** (including four on vertical transmission). Another 17 benefited most from updates and new information or data/statistics on HIV in general, and another three benefited from information on HIV pathogenesis. Twenty-one (21) interviewees mentioned other benefits, such as new experiences and ideas or opportunities for activism.

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[71] For further information on IAS 2007, visit the IAS 2007 website (www.ias2007.org) and/or read the IAS 2007 evaluation report
(http://www.ias2007.org/admin/images/upload/IAS%202007%20Evaluation%20Report.pdf).

The majority of interviewees reported to have kept in contact with people they met for the first time at IAS 2007 (69%), including over half (55%) who stayed in contact with at least five people they had met. The main motivations for staying in touch were the informal exchange of knowledge, lessons learned and/or suggested solutions, followed by the creation of new partnerships as shown in Figure 67.

Figure 67. Main Motivations to Stay in Contact with People Met at IAS 2007

Percentage of respondents
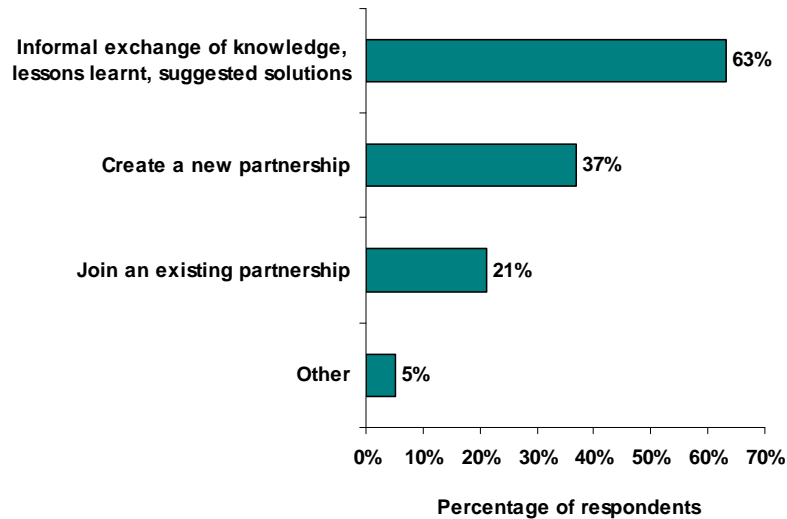
For 68% of interviewees, IAS 2007 was an important opportunity to strengthen collaboration/networking with existing partners. Ideally, these opportunities for professional networking accelerate knowledge sharing and stimulate collaboration on research, clinical practice and other projects.

Just over half of interviewees (55%) reported they had done something differently in their HIV work as a result of attending IAS 2007. Of the 58 respondents whose responses were clear and relevant, 21 said they had changed the way they treated their patients (e.g. through better use of drugs or use of new drugs), 10 mentioned having started a new research project or having modified their research approach, and nine had improved their work in prevention/care. Another four respondents increased their advocacy efforts or shared information, and another four had established new collaborations. Thirteen respondents mentioned other changes they had made, including the formation of a new board of nurses, organizing a follow-up symposium, and more professionalism.

> **Voices of IAS 2007 Delegates about What They Have
> Done Differently in Their HIV Work as a Result of Attending the Conference**
>
> *"Screen all new TB patients for HIV."*
>
> *"Integration of sexual health into care programs."*
>
> *"I have used new techniques."*
>
> *"Was able to come up with ways to raise the profile of social research, especially with regard to prevention."*
>
> *"Use new medication for resistant cases."*

Impact at the Organizational Level

Interviewees were asked if IAS 2007 had directed or influenced their organization's HIV work. Almost half (45%) reported that this had been the case. The remainder stated that the conference had not directed or influenced their organization's HIV work (37%) or that they did not know (17%).

The most frequently noted organizational changes that resulted from respondents' participation in IAS 2007 were a change in direction or focus, the wider dissemination or uptake of information, commencement of a new programme or initiative, and networking or collaboration.

The following quotes typify the kinds of responses interviewees gave when asked to describe the resulting changes:
- "Change in clinical practice." (physician, United States)
- "Start the treatment earlier." (physician, Canada)
- "Integration of sexual health into care programs," (unknown profession and country)

Other Impacts

Interviewees were asked their views as to whether IAS 2007 had influenced HIV work, policies or advocacy in their home country. Just over four in ten replied positively (44%). The remainder indicated that they were not aware of any influence (31%) or did not know (25%). The conference's main reported effect at the national level was on health policies, protocols, guidelines or practice, exemplified by the following quotes:
- "More aggressive approach in giving treatment to the drug addicts." (physician, Canada)
- "Upgrading policies regarding HIV/AIDS treatment." (physician, Uganda)
- "Strengthening health policies." (health care worker/social service provider, Austria)
- "[my] country bought new drugs." (unknown profession and country)

The Sydney Declaration was a consensus statement issued at IAS 2007, which called for 10% of global HIV investments to be allocated to HIV research, particularly operations research, to inform the scale-up of HIV prevention, care and treatment. When asked about the declaration, 46% of interviewees said they had signed it, 26% had not, 23% did not remember it and 5% were not aware of the declaration. No one was aware of any initiative taken and/or change made within his/her organization and/or at country level as a result of the declaration, except for one delegate who said it contributed to an "increase in funding leading to increase in operation research."

Conclusion

Findings from follow-up interviews conducted with 122 IAS 2007 delegates two years after the conference demonstrate delegates' belief that the conference had a marked, positive impact on HIV work undertaken at the individual and organizational levels. It should be noted that the perceived impact of the conference at the country level may be greater than the figures above indicate, as 56% of interviewees reported that they did not know or were not aware of the conference's impact at this level.

3.3.2   Anticipated Actions and Expected Changes Attributable to IAS 2009

Anticipated Use of Benefits Gained by Delegates

Surveyed delegates were asked to specify how they would use the benefits they gained from the conference. Results are not available because technical dysfunctions of the online survey application prevented most survey respondents from answering this question. However, the majority of scholarship recipients who were surveyed a second time (see section 1.8) answered a similar question: how did you already use or do you intend to use what you gained at the conference? As shown in Figure 68, when presented a list of proposed uses, **sharing information with colleagues/peers was by far the most frequently identified way scholarship recipients intended to use the benefits gained**.

Figure 68. Anticipated Use of Benefits Gained by IAS 2009 Scholarship Recipients[72]

Percentage of respondents (n=125)
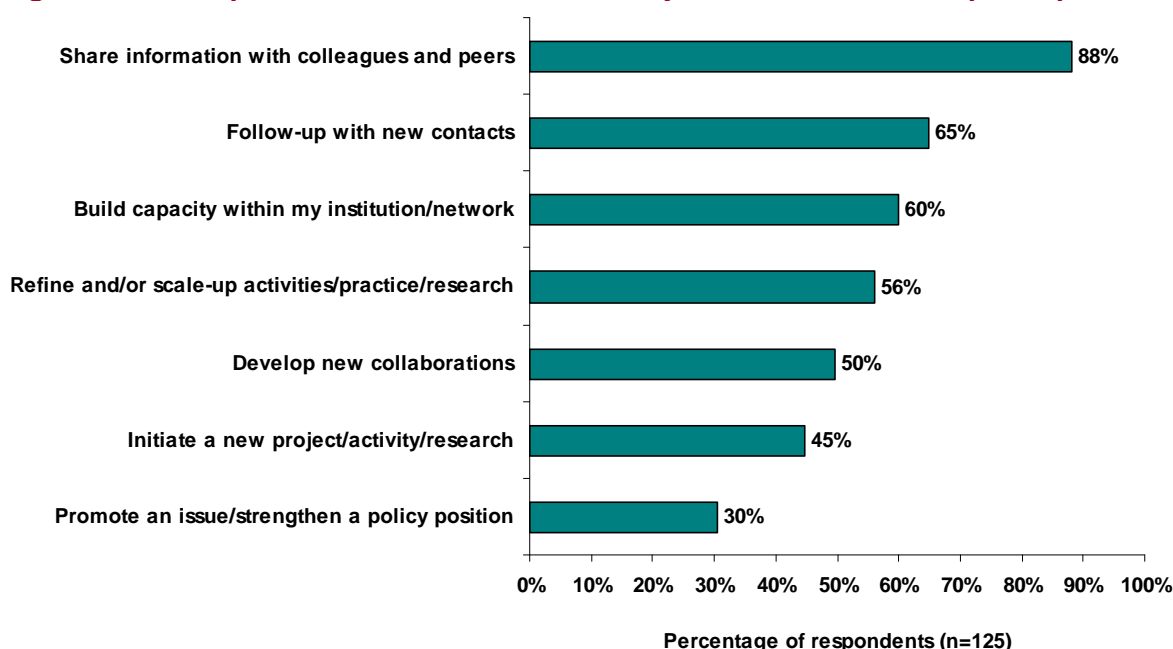
The following quotations exemplify the above results:
- "I have initiated two projects in point of care diagnostics, one in Canada, with arms in India and South Africa. IAS was extremely useful in networking and making the collaborations happen."
- "I am going to do operational research in a general health project that will benefit 8 countries in Latin American. I will apply my new knowledge gained in the Conference about operational research for HIV."
- "Following my IAS oral presentation, I was asked by the ANRS (*Agence Nationale de Recherche Scientifique*) to submit the corresponding manuscript to a special issue of the journal *AIDS.*"
- "After the IAS2009 conference it became clear for me the importance to find new strategies … and try to eliminate viral reservoirs. So, I started in my lab some protocols of in vitro testing of immune approaches in order to contribute in this field."

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[72] Total exceeds 100% because survey respondents were able to select all proposed answers that applied.

- "Following my work presented in IAS 2009 where I demonstrated that HIV assembles in RNA processing bodies … we just started a new project to find the cellular proteins able to drive HIV genome to this compartment."

Anticipated Use of Benefits Gained by Online Followers

Surveyed online followers were asked if they intended to apply what they had learned from IAS 2009 to their work. Of the 662 respondents, the majority responded "yes" (91.5% vs. 8.5% who said "no"). A total of 277 respondents provided specific examples, which were classified into eight themes. As shown in Figure 69, **sharing information** (through formal interventions, in an informal way or through publications/translations) **was the most frequently identified follow-up activity**.

Figure 69. Anticipated Use of Benefits Gained by Online Followers[73]

A summary of activities proposed under each theme is provided below:
- Sharing new information through formal interventions: organize workshops, seminars, meetings and/or deliver talks/lectures to university students or the local community.
- Refining current research/guiding new research: use scientific findings presented at the conference to refine/improve current research and to get new ideas/directions in various research fields, including operations research, clinical science, basic science, development of drugs and microbicides.
- Improving clinical practice: use findings presented at the conference to improve the quality of care, treatment and support provided to patients through early treatment, treatment combinations, scale-up of HIV counseling and testing, and sharing new information on treatment with patients.
- Sharing new information in an informal way: have spontaneous discussions or share reports with colleagues and/or partners.
- Supporting policy and advocacy: use evidence presented at the conference to advocate for and help policy development on early treatment and other strategies, as well as the fight against stigma and discrimination.
- Guiding programme management and strategy building: use evidence presented at the conference to guide development, management, monitoring and evaluation of programmes and strategic plans.

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[73] Total exceeds 100% because some responses were classified in more than one theme.

- Information sharing through publication and/or translations: produce papers, newsletters, handbooks, magazines and/or translate existing documents.
- Other: apply new information on HIV prevention

A sample of concrete follow-up activities illustrating each theme is available in Appendix 1.

These findings are clear **evidence of the conference's potential reach far beyond delegates and online followers**.

Conference's Implications on HIV Research, Policy, Advocacy and Programmes

Surveyed delegates were asked what implications they thought the conference might have for HIV research, policy, advocacy and programmes. Of the 267 delegates who answered this question, 209 provided clear and relevant responses, which were classified as follows:

- **Influence policy makers, programme developers and implementers, guidelines developers and other decision makers** (n=98). The most frequently cited examples were early initiation of ART and vertical transmission, followed by diagnosis, clinical and laboratory monitoring, access to existing and new drugs, stop using stavudine, and removal of travel restrictions.
- **Raise awareness, help advocates and encourage funding and commitment on the part of a range of stakeholders** (n=74).
- **Stimulate research** (through new insights and directions for researchers, identification of new priority research areas) **and improving research quality** (n=72).
- **Improve collaboration between and among key stakeholders** (n=21).
- **Raise interest in the concept of "treatment as prevention"** (n=16).

Eighteen responses were classified as "other". They included implications such as improving capacity-building of developing countries and better outcomes for patients.

Voices of Delegates about Conference's Implications

"A key implication of the conference … is generating more demand and attention to combating and reversing the trend of the epidemic through the design and development of innovative strategies and sustainable approaches that will ultimately lead to achieving the MDGs, most especially MDG 6, in a more integrated, evidence-based research outcomes and rights-based manner for sustainable development."

"[The conference] will change the way we see ART as prevention."

"Hopefully we will start advocating with government to start treatment at 350."

"DART[74] results and some of the breastfeeding studies will have policy implications."

"The new focus on operations research will hopefully encourage more HIV treatment centres to focus on auditing their programmes and implementing site- and culture-specific interventions to improve their delivery of care."

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[74] The DART (Development of Anti-Retroviral Therapy in Africa) trial aimed to find out whether the lab-based strategies used to deliver ART to people with HIV infection in resource rich countries were essential in Africa.

Members of the Cape Town population who were surveyed during the conference were also asked if they expected any changes at the national and/or local level (e.g. with regard to policy, drug price, etc.) resulting from the conference. Of the 84 respondents, the majority responded "yes" (76% vs. 24% who said "no"). Among those who gave specific examples (n=55), 45% mentioned access to drugs (price reduction or free access) or development of new drugs, 16% said vaccines and 13% said the conference would contribute to an improvement in HIV awareness/educational programmes.

The findings presented in this section on impact should be supplemented with the "IAS 2009 Impact Report", a conference publication aimed at summarizing new research data presented at IAS 2009 that is likely to have an impact on HIV policy and practice on a global scale.

The IAS 2009 impact assessment is an ongoing process that includes **tracking progress against commitments made at the conference and** setting up mechanisms to detect **initiatives that may be attributable to the conference**. **Follow-up surveys/interviews** will be also conducted in 2010 with delegates, especially with scholarship recipients.

CONCLUSION AND RECOMMENDATIONS

Conclusion

Despite the current financial crisis, as well as competition with other well-known scientific conferences, IAS 2009 was well-attended and attracted a range of scientific experts from throughout the world, including Africa. The evaluation demonstrated that IAS 2009 was highly rated and was successful in achieving its main goal of providing a forum for the presentation and discussion of the most recent HIV science, thus fostering new insights into HIV disease development, prevention and care. As the first IAS Conference ever held in Africa, IAS 2009 provided an ideal opportunity to refocus the international community's attention on the continued challenges faced by the region.

As the evaluation findings are a reasonable reflection of delegates' views, it is possible to conclude that there was also strong support for the new track on operations research. The aim of the new track was to examine how scientific advances can be translated into action so as to effectively reach populations most in need. Nevertheless, some concerns were raised about the quality of abstracts presented in the first year of this new track.

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

In order to maintain the high profile of the conference and maintain robust levels of attendance in an increasingly challenging fiscal context, the IAS will need to continue being innovative and must remain committed to strengthening existing mechanisms to ensure the delivery of high quality, new and promising scientific research.

Recommendations

The following recommendations are based on the findings presented in this evaluation report, with consideration given to conference organizers' observations on site, and the level of human and financial resources available to the conference secretariat. Unless otherwise specified, these recommendations are expected to be implemented by conference organizers.

CONFERENCE PROGRAMME
- Keep a strong focus on basic science, clinical sciences and biomedical science, while improving the quality of operations research related presentations and ensuring there is sufficient focus on social and behavioural science.
- Provide sessions and/or workshops aimed at developing the professional skills of delegates.
- Make further efforts to ensure equal regional representation among speakers, chairs and moderators.

OPERATIONS RESEARCH TRACK
- Develop guidelines for abstract submitters and abstract reviewers specific to the OR track in order to improve the quality of abstracts selected for the conference programme.
- Publish a clear definition of OR and a list of key OR priorities well before the abstract submission process opens.
- In the selection of OR related abstracts, give priority to abstracts clearly showing how to use OR results to inform/influence policy makers and programme implementers.

ABSTRACT SELECTION
- Review the abstract scoring system and the allocation of selected abstracts to each type of presentation, based on suggestions made by abstract reviewers (see details in Section 2.1.2 of this report).
- Consider the feasibility of implementing a pre-selection process to ensure that all abstracts sent to reviewers meet the minimum requirements.
- Ensure that selected abstracts present new scientific findings rather than simply reviewing old data.

ABSTRACT MENTOR PROGRAMME
- Better promote the Abstract Mentor Programme, including the online self-help tools, to attract more submitters, with a special focus on submitters from non-scientific backgrounds and those working with communities.
- Increase the number of mentors and widen their field of expertise, including mentors who can support submitters from a non-scientific background and/or who are working with communities.
- Develop a scientific writing mentor community of practice, including opportunities for virtual networking and training in mentoring.
- Allow submitters to re-submit an abstract (i.e. the revised version) to their mentor for a maximum of three reviews.
- Consider cost-effective ways to continue collaboration between mentors and submitters after the mentoring process.

SUPPORT TO SPEAKERS AND PRESENTERS
- Eliminate the "SPEAKER" badges since this is an unnecessary distinction from a security point of view and leads to frustration by legitimate satellite organizers or late breaker presenters who are turned away for lack of the right badge.
- Provide better facilities for Mac users to ensure smooth conversion of presentations.

- Revise the procedure for presenters giving consent to publish material onsite to make sure there are no ambiguities and send information about this procedure to presenters prior to the conference.
- Prior to the conference, encourage satellite organizers to submit to the secretariat as much meeting-related information (speakers and topics) as possible in order to better promote their meetings.
- Give clearer instructions/requirements to session chairs, especially abstract-driven session chairs, regarding contact and preparation with presenters prior to the conference.
- Make sure that poster discussion chairs keep the presentations to the maximum number of slides established.

POSTERS
- Provide quality poster hanging materials in greater quantity and facilitate its distribution to poster presenters.
- Increase the number of volunteers at the poster helpdesk to assist poster presenters, especially at peak hours.
- Provide more space between posters and rows/alleys to make room for people standing and discussing the poster, or consider using landscape instead of portrait layout for posters.
- The scheduling of many other events (poster discussions, special sessions) during the poster presentation time limits the number of poster viewers. Consider allocating more time for poster viewing and discussion. For example, dedicate one hour each day only to poster viewing.
- Review the poster numbering system, perhaps adding additional keywords on the poster boards to easily identify the main topic.
- Avoid having cultural performances or other noisy events close to the poster display area.
- Ensure that late breaker posters are clearly visible.

COMMUNITY ACTIVITIES
- Better promote community activities before the conference and make them more visible at the conference.
- Local CAG members should make greater efforts and be supported by the conference secretariat to reach out to local communities and involve them more in the planning of and participation in the conference.
- Offer media training opportunities to community delegates during the conference to build or reinforce their skills in conveying messages to journalists.

ENGAGEMENT TOURS
- Examine the feasibility of offering more engagement tours or accommodate more participants per tour.

SUPPORT TO MEDIA REPRESENTATIVES
- Develop and activate short, focused pop-up messages during the completion of the conference profile and media application processes to clear up misunderstandings.
- Provide fast and reliable internet connection in the Media Centre.
- Provide more space in the Media Centre, with additional work stations.
- Ensure there is consistent video feed from the main plenary hall to the Media Centre, as well as high-quality, functioning headsets to view video feeds.
- Ensure that interview booths for broadcast journalists and all press conference rooms are sound-proof.
- Provide the press kit materials on a CD-ROM or flash drive and put the online press kit in a single location with the option of a single PDF for the entire kit.

- Ensure that volunteers and staff working in the Media Centre have the capabilities to provide media representatives with the necessary guidance for their work at the conference. This should include demonstrations on how to access online resources, especially the Programme-at-a-Glance, using dedicated computers.
- Examine other options for increasing awareness of online resources (signage, information located next to each monitor).

SOCIAL RESPONSIBILITY
- Better promote the "green t-shirt volunteers" and reconsider their mandate and ways they can interact with delegates.
- Better promote the carbon emission offset option and its benefits.
- Reduce the quantity of printed materials distributed during the conference.

ORGANIZATION
- Provide more computers with Internet access at the conference venue for the use of delegates.
- Improve signage to identify where the Internet café is located and provide clear instructions on the way it should be used.
- Provide more networking opportunities (e.g. by having a lounge for networking similar to the Positive Lounge and/or a message centre at the conference venue).

NEW MEDIA TOOLS
- More widely promote the conference's blog, Facebook page and Twitter feed through, among others things, the inclusion of their links in all pre-conference promotional materials and advertisement on other AIDS-related blogs and websites.
- Start tweeting early enough to build interest and encourage Twitter users to follow the conference.
- Provide clear instructions on the way to use the conference's blog and clarify who is entitled to publish posts and/or comment on them.
- Secure enough staff to manage the new media tools during the conference.

EVALUATION
- Reduce the number of surveys and interviews during and after the conference to prevent delegates from being 'overdosed' with evaluation.

APPENDIX 1 – EXAMPLES OF HOW INFORMATION PRESENTED AT THE CONFERENCE IS EXPECTED TO BE APPLIED TO DELEGATES' WORK

Sharing new information through formal interventions
- "I use the information for the different courses/classes/conferences. I give it to students and health personnel."
- "I … train trainers who will than train the community."
- "I … use it for public talks."
- "All information received is applied to update workshops."

Refining current research/guiding new research
- "Continue my research on the role of chronic inflammation in the pathogenesis of many of the HIV-associated co-morbidities."
- "Strengthening operations research."
- "I am involved in HIV clinical trials and will apply some of the research findings to my own research."
- "Study molecular epidemiology of HIV-1 sequences in MSM population."

Improving clinical practice
- "Start early ART in 100% of all HIV positive patients with the available new strategies and new co-formulations."
- "I will be implementing new recommendations on ART regimens in practice."
- "The new information also is useful in providing relevant and up to date treatment options to patients…"
- "I am involved in ART programmes (for more than 10 years now) and the new information is … [improving] my service to my clients and my fellow health managers."
- "I plan to scale up HIV counseling and testing in all health facilities."

Sharing new information in an informal way
- "I will transfer knowledge […] to all clubs and groups that are working to reduce HIV in my city."
- "Sharing knowledge with colleagues through formal and informal meetings."

Supporting policy and advocacy
- "I will also use new [evidence] on opioid substitution therapy [OST] for advocacy."
- "Most likely will cite statistics and reported findings, particularly related to MSM and HIV, for use in advocacy materials for MSM…"
- "Help review treatment policy based on new findings."
- "Push for global start of ARVs at 350."

Guiding programme management and strategy building
- "The information on new prevention technologies and operations research has informed the design of our new HIV programme for the next five years."
- "Use the [conference] insights as a background to strategy and programme development."
- "Apply gained knowledge in programming and implementation, monitoring and evaluation."

Sharing new information through publications and/or translations
- "As a journalist I will continue to update my readership on interesting trends in the ongoing research that they are particularly interested in."
- "I am preparing a questions and answers handbook for peer educators and I am benefiting a great deal from the [conference] site."
- "Share [new information] through the different workshops that we have planned during the year, and last but not least, through our quarterly bulletin …"

APPENDIX 2 - DELEGATE SURVEY

CONFERENCE REACH AND ATTENDANCE

1. How did you first learn about ias 2009 (cape town)?
   Select one

- ○ Attended previous conference/aware of conference schedule
- ○ Conference promotion materials
- ○ IAS website
- ○ Other websites (e.g. Dira Sengwe)
- ○ Other IAS communication (e.g. newsletter, press release)
- ○ Advertisement in a journal or magazine
- ○ Printed news
- ○ Recommended by a colleague/friend
- ○ Not sure
- ○ Other (please specify) [_____]

2. What were your 3 main reasons for attending IAS 2009?
   Select up to 3 choices

- ☐ Scientific programme
- ☐ Global focus (i.e. international focus vs national or regional)
- ☐ Opportunity for networking or collaboration
- ☐ Presenting an abstract
- ☐ Recipient of a scholarship or grant
- ☐ Geographic location (Cape Town, South Africa)
- ☐ Attending a pre-conference event or another meeting
- ☐ Timing
- ☐ Other (please specify) [_____]

3. Who funded your conference attendance?

- ○ My employer
- ○ I received governmental funding (of which I am not an employee)
- ● I received funding from a private company (of which I am not an employee)
- ○ I received funding from an international, intergovernmental or non-governmental organization (of which I am not an employee)
- ○ I received funding from a university or an institution (of which I am not an employee)
- ○ I received funding from the conference scholarship programme (application through the conference website)
- ○ Self-funded
- ○ Other (please specify) [_____]

The following question was only displayed to respondents who did not select the answer "Self-funded", "My employer" or "Other" to Question 3.

3.1 According to you, which of the following criteria were the three most important reasons for which you got financial support to attend the conference?
Select up to 3 choices

☐ Your nationality

☐ Your age

☐ Your gender

☐ Your position within your organization/affiliation

☐ Your leadership role in the HIV/AIDS response

☐ Your involvement in a key HIV/AIDS research project

☐ Your contribution to HIV/AIDS advocacy efforts

☐ Your past awards/prizes won

☐ A letter of recommendation from your chief/manager

☐ The fact that you submitted an abstract which was selected for an oral or poster presentation at IAS 2009

☐ The fact that you submitted an abstract regardless of whether it was accepted or not for IAS 2009

☐ I don't know

☐ Other (please specify) [   ]

The following question was only displayed to respondents who selected the answer "Self-funded" to Question 3.

3.2 If you tried to get any financial support to attend the conference, please answer the question below. Otherwise, go to the next question.
According to you, which were the 3 main criteria/reasons for which you did not get any financial support to attend the conference?
Select up to 3 choices

☐ Your nationality

☐ Your age

☐ Your gender

☐ Your position within your organization/affiliation

☐ Absence of recommendation from your chief/manager

☐ The fact that you did not submit an abstract to the conference programme

☐ The fact that you submitted an abstract to the conference programme that was rejected

☐ The fact that you submitted an abstract to the conference programme that was only accepted for a poster presentation (vs an oral presentation)

☐ The fact that you submitted an abstract to the conference programme that was only included in the CD-ROM

☐ I don't know

☐ Other (please specify) [   ]

4. Which IAS Conferences on HIV Pathogenesis, Treatment and Prevention have you attended?
Select all that apply

- ☐ IAS 2007 (Sydney)
- ☐ IAS 2005 (Rio de Janeiro)
- ☐ IAS 2003 (Paris)
- ☐ IAS 2001 (Buenos Aires)
- ☐ All of the above
- ☐ None of the above

5. Which of the following AIDS conferences have you attended in 2008 and 2009?
Select all that apply

- ☐ CROI 2008 (Conference on Retroviruses and Opportunistic Infections - Boston)
- ☐ AIDS 2008 (International AIDS Conference - Mexico)
- ☐ EECAAC 2008 (Eastern Europe and Central Asia AIDS Conference - Moscow)
- ☐ ICASA 2008 (International Conference on AIDS and STIs in Africa - Dakar)
- ☐ CROI 2009 (Conference on Retroviruses and Infections - Montreal)
- ☐ SA AIDS 2009 (Southern African AIDS Conference - Durban)
- ☐ All of the above
- ☐ None of the above
- ☐ Other (please specify) [   ]

6. Does the IAS Conferences on HIV Pathogenesis, Treatment and Prevention offer something that you do not get from other well-known scientific/health conferences?

- ◉ Yes
- ○ No
- ○ I don't know/not applicable

The following question was only displayed to respondents who selected the answer "Yes" to Question 6.

6.1 Compared to other scientific/health conferences, what is the main added value of the IAS Conference on HIV Pathogenesis, Treatment and Prevention?
Select up to 3 choices

- ☐ International dimension
- ☐ Scientific focus
- ☐ Scope of the scientific programme
- ☐ New information/updates
- ☐ Quality of science
- ☐ Interactive sessions and debates
- ☐ Networking and collaboration opportunities
- ☐ Professional development/skills building opportunities
- ☐ Other [   ]

CONFERENCE PROGRAMME

7. What was your main track of interest at IAS 2009 (the track in which you attended most sessions)?
Select one

- ☐ Track A: Basic Sciences
- ☐ Track B: Clinical Sciences
- ☐ Track C: Biomedical Prevention
- ☐ Track D: Operations Research
- ☐ I had no main track of interest

The following 2 questions were only displayed to respondents who selected the answer "Track A" to Question 7.

8. Thinking back to the objectives and scope of your main track of interest (i.e. Track A), please indicate your level of agreement with the following statements.

Track A sessions addressed:	Strongly agree	Agree	Disagree	Strongly disagree	No opinion	Comment (optional - 30 characters max)
Basic Retrovirology	☐	☐	☐	☐	☐	
Immunology of HIV infection	☐	☐	☐	☐	☐	
Pathogenesis (HIV and SIV)	☐	☐	☐	☐	☐	
Intracellular Restriction of HIV and SIV Replication	☐	☐	☐	☐	☐	
Viral Diversity and Bioinformatics	☐	☐	☐	☐	☐	
Drug Development	☐	☐	☐	☐	☐	
Mechanisms of HIV Transmission and Impact of Co-infection	☐	☐	☐	☐	☐	

9. If you think important issues were missing from Track A, please describe them in the box below.

The following 2 questions were only displayed to respondents who selected the answer "Track B" to Question 7.

10. Thinking back to the objectives and scope of your main track of interest (i.e. Track B), please indicate your level of agreement with the following statements.

Track B sessions addressed:	Strongly agree	Agree	Disagree	Strongly disagree	No opinion	Comment (optional - 30 characters max)
Course of Infection and Disease	☐	☐	☐	☐	☐	
Field Based Trials of Diagnosis and Monitoring Tools	☐	☐	☐	☐	☐	
HIV-Associated Diseases	☐	☐	☐	☐	☐	
Antiretroviral Therapies	☐	☐	☐	☐	☐	
Children and Adolescents-specific Issues	☐	☐	☐	☐	☐	
Complications of Therapy and Adherence	☐	☐	☐	☐	☐	
Other Therapies	☐	☐	☐	☐	☐	

11. If you think important issues were missing from Track B, please describe them in the box below.

The following 2 questions were only displayed to respondents who selected the answer "Track C" to Question 7.

12. Thinking back to the objectives and scope of your main track of interest (i.e. Track C), please indicate your level of agreement with the following statements.

Track C sessions addressed:	Strongly agree	Agree	Disagree	Strongly disagree	No opinion	Comment (optional - 30 characters max)
Prevention of Mother-to-Child Transmission	☐	☐	☐	☐	☐	
Microbicide Research	☐	☐	☐	☐	☐	
Preventive Vaccine Clinical Trials	☐	☐	☐	☐	☐	
AIDS Vaccines (Basic and Animal Studies)	☐	☐	☐	☐	☐	
ART for prevention	☐	☐	☐	☐	☐	
Other Biomedical Prevention Interventions	☐	☐	☐	☐	☐	
Cross-Cutting Issues in Biomedical Prevention	☐	☐	☐	☐	☐	

13. If you think important issues were missing from Track C, please describe them in the box below.

The following 2 questions were only displayed to respondents who selected the answer "Track D" to Question 7.

14. Thinking back to the objectives and scope of your main track of interest (i.e. Track D), please indicate your level of agreement with the following statements.

Track D sessions addressed:	Strongly agree	Agree	Disagree	Strongly disagree	No opinion	Comment (optional - 30 characters max)
Quality of implementation	☐	☐	☐	☐	☐	
Improving scale-up	☐	☐	☐	☐	☐	
Cost-effectiveness	☐	☐	☐	☐	☐	
Resource allocation	☐	☐	☐	☐	☐	
Survallience of PLHIV and co-morbidities	☐	☐	☐	☐	☐	
Diagnostic and monitoring	☐	☐	☐	☐	☐	
Management	☐	☐	☐	☐	☐	
Health care systems	☐	☐	☐	☐	☐	

15. How would you rate the quality of abstracts by presentation type for your main track of interest (or overall if you did not have any track of interest)?

	Excellent	Good	Fair	Poor	I don't know
Oral abstract	☐	☐	☐	☐	☐
Poster discussion	☐	☐	☐	☐	☐
Poster exhibition	☐	☐	☐	☐	☐
CD-ROM	☐	☐	☐	☐	☐

16. How would you rate the quality of speakers (i.e. their capacity to make clear and relevant presentations) for the following sessions?

	Excellent	Good	Fair	Poor	I don't know/Not applicable
Plenary sessions	☐	☐	☐	☐	☐
Abstract driven sessions	☐	☐	☐	☐	☐
Symposia & bridging sessions	☐	☐	☐	☐	☐

17. How would you rate the quality of moderation/chairing for the following sessions?

	Excellent	Good	Fair	Poor	I don't know/Not applicable
Plenary sessions	☐	☐	☐	☐	☐
Abstract driven sessions	☐	☐	☐	☐	☐
Symposia & bridging sessions	☐	☐	☐	☐	☐

18. How would you rate the quality of discussions for the following sessions?

	Excellent	Good	Fair	Poor	I don't know/Not applicable
Abstract driven sessions	☐	☐	☐	☐	☐
Symposia & bridging sessions	☐	☐	☐	☐	☐

19. How relevant were the topics covered by the following sessions?

	Very relevant	Relevant	Somewhat relevant	Not very relevant	Not relevant at all	I don't know/Not applicable
Plenary sessions	☐	☐	☐	☐	☐	☐
Abstract driven sessions	☐	☐	☐	☐	☐	☐
Symposia & bridging sessions	☐	☐	☐	☐	☐	☐

20. How would you rate the range of topics covered by the following sessions?

	Too many topics	About right	Too few topics	I don't know/Not applicable
Plenary sessions	☐	☐	☐	☐
Abstract driven sessions	☐	☐	☐	☐
Symposia & bridging sessions	☐	☐	☐	☐

21. Looking at the conference structure, how useful were the following sessions and activities?

	Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	I did not attend	I attended but have no opinion
Plenary sessions	☐	☐	☐	☐	☐	☐	☐
Special sessions	☐	☐	☐	☐	☐	☐	☐
Oral abstract sessions	☐	☐	☐	☐	☐	☐	☐
Poster discussion sessions	☐	☐	☐	☐	☐	☐	☐
Bridging sessions	☐	☐	☐	☐	☐	☐	☐
Symposia	☐	☐	☐	☐	☐	☐	☐
Rapporteur summary session	☐	☐	☐	☐	☐	☐	☐
Opening session	☐	☐	☐	☐	☐	☐	☐
Closing session	☐	☐	☐	☐	☐	☐	☐
Poster exhibition	☐	☐	☐	☐	☐	☐	☐
Satellite meetings	☐	☐	☐	☐	☐	☐	☐
Commercial and non-commercial exhibitions	☐	☐	☐	☐	☐	☐	☐
Informal networking	☐	☐	☐	☐	☐	☐	☐

22. Please list your top 5 sessions. Enter their title or code in the boxes below (one session per box). Use the Programme-at-a-glance (www.ias2009.org/pag) to help you find the right codes.

1	
2	
3	
4	
5	

23. Please insert in the text box below any other comments you have on the conference programme and/or suggestions for improvement (2,500 characters max).

CONFERENCE ORGANIZATION / SUPPORT TO YOUR PARTICIPATION

24. How useful were the following online resources (i.e. information available on the conference website: www.ias2009.org)?

	Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
Programme-at-a-glance	☐	☐	☐	☐	☐	☐	☐
Abstract search function	☐	☐	☐	☐	☐	☐	☐
Rapporteur reports	☐	☐	☐	☐	☐	☐	☐
Daily news bulletin	☐	☐	☐	☐	☐	☐	☐
Online Scientific Analysis Provided by Clinical Care Options	☐	☐	☐	☐	☐	☐	☐
Online Scientific Reporting from IAS 2009 Provided by NAM	☐	☐	☐	☐	☐	☐	☐

25. How useful were the following resources available on the conference website and onsite to help you select sessions to attend?

	Very useful	Useful	Somewhat useful	Not very useful	Not useful at all	Did not use	Not aware of
Conference programme	☐	☐	☐	☐	☐	☐	☐
Pocket programme	☐	☐	☐	☐	☐	☐	☐
Online roadmaps	☐	☐	☐	☐	☐	☐	☐

26. For the first time e-posters were included on the IAS 2009 Abstract CD-ROM. How useful was this initiative?

- ☐ Very useful
- ☐ Useful
- ☐ Somewhat useful
- ☐ Not very useful
- ☐ Not useful at all
- ☐ I don't know

27. How would you rate the following aspects of the conference?

	Excellent	Good	Fair	Poor	I don't know/not applicable
Pre-conference information	☐	☐	☐	☐	☐
Poster exhibition area	☐	☐	☐	☐	☐
PLHIV Lounge	☐	☐	☐	☐	☐
Signage (of session rooms and other key areas)	☐	☐	☐	☐	☐
Overall organization	☐	☐	☐	☐	☐

28. How important were the following initiatives to make IAS 2009 socially and environmentally responsible?

	Very important	Somewhat important	Not very important	No opinion
Using local suppliers who have good social responsibility policies	☐	☐	☐	☐
Printing on recycled/FSC certified paper	☐	☐	☐	☐
Reducing the number of publications printed	☐	☐	☐	☐

29. How useful were the following features offered to delegates in order to make IAS 2009 socially and environmentally responsible?

	Very useful	Somewhat useful	Not very useful	Did not use/Not applicable	Not aware of
The carbon emission offset option when you registered	☐	☐	☐	☐	☐
The donation programme of all surplus conference material and food	☐	☐	☐	☐	☐
The eco-points at the conference venue to recycle waste	☐	☐	☐	☐	☐
The "green t-shirt" team of volunteers to raise awareness of the conference's greening efforts	☐	☐	☐	☐	☐

30. Please insert in the text box below any comments you have on the conference organization and/or suggestions for improvement.

CONFERENCE OUTCOMES

31. How successful was the conference in achieving the following?

	Not successful at all	Not very successful	Somewhat successful	Successful	Very successful	I don't know
Addressing the challenges of expanding treatment and prevention in resource-limited settings	☐	☐	☐	☐	☐	☐
Providing new insights into HIV disease development, biomedical prevention and clinical care that can lead to novel research	☐	☐	☐	☐	☐	☐
Focusing on the latest HIV science and its practical applications for public and individual health in the context of the current epidemic status	☐	☐	☐	☐	☐	☐
Enabling the international scientific community to focus its attention on the continuous challenge facing South Africa and the region as a whole	☐	☐	☐	☐	☐	☐

32. What have you gained from attending IAS 2009?
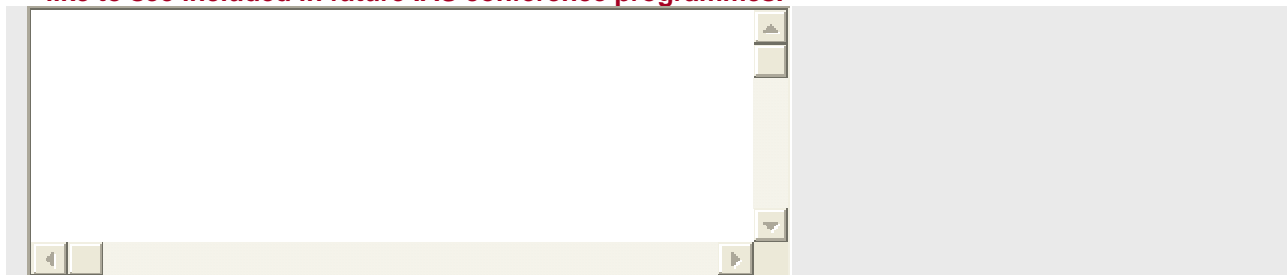*Select all that apply*

- ☐ New information on HIV pathogenesis
- ☐ New information on HIV biomedical prevention
- ☐ New information on HIV treatment
- ☐ New information on HIV operations research
- ☐ A global perspective on HIV science
- ☐ Affirmation of current research or practice
- ☐ A renewed sense of purpose
- ☐ New contacts/opportunities for collaboration
- ☐ Opportunity for career advancement
- ☐ I did not gain anything from the conference (please skip next question)
- ☐ Other [   ]

33. Would you have attended a professional development workshop/session if it were a part of the conference programme?

- ◉ Yes
- ☐ No
- ☐ Not sure

The following question was only displayed to respondents who selected the answer "Yes" to Question 33

33.1 Please briefly explain which kind of professional development workshops/sessions you would like to see included in future IAS conference programmes.

34. How will you use what you gained at the conference?
Select all that apply

☐ Share information with colleagues and peers

☐ Refine existing research

☐ Undertake new research

☐ Apply new insights to prevention and/or treatment programmes

☐ Strengthen advocacy or policy work

☐ Follow-up new contacts

☐ Develop new collaborations

☐ I am unsure

☐ I will not do anything different

☐ Other

35. Based on your experience of IAS 2009, would you choose to attend IAS 2011 in Rome?

○ Yes

○ No

○ Not sure

36. In which country would you like to see the future IAS conferences on HIV Pathogenesis, Treatment and Prevention?

○ Always in a developed/high income country

○ Always in a developing/low income country

○ Alternating between a developed and a developing country (as it is now)

○ I have no preference

37. In the space below, please write down what implications you think the conference may have on HIV/AIDS research, policy, advocacy and programmes (2,500 characters max).

FINALLY, SOME DETAILS ABOUT YOU...

38. What is your gender?

○ Female

○ Male

○ Transgender

39. What is your age?

○ Under 26

○ Between 26 and 40

○ Between 41 and 50

○ Above 50

40. What is your main occupation/profession?

41. In which affiliation/organization do you mainly work?

42. In which country do you mainly work? If you work in more than one country, please select the most suitable region (appearing in capitals).

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

○ Less than 2

○ Between 2 and 5

○ Between 6 and 10

○ Between 11 and 15

○ More than 15

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