8th IAS Conference
on HIV Pathogenesis,
Treatment and Prevention

EVALUATION REPORT

IAS 2015
vancouver, canada
8th IAS Conference on HIV Pathogenesis,
Treatment & Prevention 19–22 July 2015

www.ias2015.org

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We thank all delegates who completed the online survey after the conference and we thank the conference secretariat for its overall support.

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Acronyms and abbreviations

AIDS 2014	20th International AIDS Conference (Australia, 2014)
ARV	Antiretroviral (drug)
ART	Antiretroviral therapy
CCC	Conference Coordinating Committee
CME	Continuing medical education
CROI	Conference on Retroviruses and Opportunistic Infections
HCV	Hepatitis C virus
IAC	International AIDS Conference
IAS	International AIDS Society
IAS 2009	5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (South Africa, 2009)
IAS 2011	6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Italy, 2011)
IAS 2013	7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Malaysia, 2013)
IAS 2015	8th IAS Conference on HIV Pathogenesis, Treatment and Prevention (Canada, 2015)
IAS 2017	9th IAS Conference on HIV Pathogenesis, Treatment and Prevention (to be renamed the IAS Conference on HIV Science) (France, 2017)
MSM	Men who have sex with men
NGO	Non-governmental organization
NIH	National Institutes of Health
PAG	Programme-at-a-Glance
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
START	Strategic Timing of Antiretroviral Treatment (clinicalTrials.gov identifier: NCT00867048)
STI	Sexually transmitted infection
TasP	Treatment as prevention
TB	Tuberculosis
WHO	World Health Organization

Executive summary

The 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015) was held in Vancouver, Canada, from 19 to 22 July 2015, attracting 4,885 delegates from 113 countries. The objective of the IAS 2015 evaluation was to identify strengths and weaknesses of the conference and to assess its immediate outcomes in order to improve planning and delivery of similar conferences in the future.

The leading data collection instrument was an online survey sent to all individually registered delegates with a valid email address at the end of the conference. The survey received a response rate of 20%, with 826 surveys completed.

The main findings of the evaluation include:

What motivated delegates to attend IAS 2015?

The main motivation for attending IAS 2015 was the opportunity to acquire new scientific information/updates on HIV and AIDS, as well as being attracted by the diversity and quality of the programme. Delegates considered the focus of the programme (basic, prevention, clinical and implementation science), with its inclusion of political and social aspects in the response to HIV and AIDS, to be the main added value of this conference compared with other well-known scientific conferences. Other key motivations for attending included opportunities for presenting work/research and getting feedback from other attendees, as well as networking for strengthening partnerships and establishing new collaborations.

What were delegates' main tracks of interest?

Track B was of interest to the greatest number of delegates (56%), followed by Track C (41%), Track D (29%) and Track A (23%). Statistical analysis showed that there was a significant relationship between the profession/occupation of delegates and their main track of interest, with health care workers/social service providers most interested in Track B (82%).

What did delegates find the most useful at the conference?

Non-abstract driven sessions (i.e., plenaries, special sessions, bridging sessions and symposia) were considered to be the most useful activities (66%), followed by abstract-driven sessions (55%), satellite sessions (21%), professional development workshops (14%), poster viewing (12%) and the exhibition area (4%).

How successful was the conference in meeting its objectives?

At least 80% of survey respondents "agreed" or "strongly agreed" that the conference programme ...

- Was relevant to today's challenges (of the response to HIV and AIDS)
- Focused on the latest HIV science (i.e., results of the most recent research vs. repeated presentation of findings over time)
- Explored how the latest scientific developments in HIV-related research can be realistically applied in implementation programmes

- Reviewed implementation research that addresses barriers to scaling up and integrating research and prevention in resource-limited and policy-constrained settings
- Highlighted the situation of HIV in Canada and in the US.

Most respondents (more than 90%) also "agreed" or "strongly agreed" that the scientific programme provided comprehensive updates on biomedical prevention and on the search for an HIV vaccine and cure, and that it fostered strategic discussions around the challenges of HIV co-infections, paediatrics and adolescent research, and the specific needs of key populations.

How did delegates benefit from attending the conference?

Most surveyed delegates (94%) reported that the conference contributed to strengthening their skills and/or expanding their knowledge. They commented that the conference was a great opportunity to: gain new and updated knowledge on a variety of topics; understand better results from recent trials; present research and receive feedback from peers; increase the breadth of knowledge on different HIV-related topics that delegates otherwise would have been unaware of; gain insight from a global perspective; and learn about new techniques and tools that will inform practice and research.

Other benefits included: networking for establishing new collaborations and strengthening existing ones; getting inspiration and motivation for new and existing projects and research; increasing delegates' confidence; raising their awareness and broadening their views on different critical issues; and obtaining new evidence to support advocacy efforts.

What did delegates plan to do with what they gained at the conference?

As with IAS 2011 and IAS 2013, the majority of survey respondents (87%) planned to share information with colleagues, peers and/or partner organizations. The following actions were also anticipated by more than 40% of surveyed delegates:

- Motivate colleagues, peers and/or partners (50%)
- Influence work focus/approach of the respondent's organization (45%)
- Refine/improve existing work/research practice or methodology (43%)
- Build capacity within the respondent's organization/network (42%).

What could be improved to help delegates gain more from attending the IAS conference?

Delegates had the opportunity to suggest how to improve future IAS conferences. The majority of suggestions related to:

- The poster exhibition (have a dedicated poster time and locate the poster exhibition in a strategic place to increase attendance)
- The programme (reduce time conflict between sessions with a similar focus and ensure only ground-breaking science is presented)
- Speakers (increase the number of young investigators and presenters from developing countries)
- General logistics/organizational issues (mainly related to the PAG application, the registration fees and the session room capacity).

What were the main impacts of the previous IAS conference (IAS 2013)?

Delegates who had also attended IAS 2013 were asked to answer a few questions related to that conference. More than two-thirds of these survey respondents reported that IAS 2013 had influenced their individual and/or organization's work in some way. The five most frequently noted influences (each selected by at least 30% of respondents) were: 1) affirming current work focus/strategy; 2) improving or refining work practices and/or methodologies; 3) sharing information, best practices and/or skills gained at the conference with colleagues, managers and/or partners; 4) motivating self, colleagues, managers and/or partners in the work done on HIV; and 5) initiating new projects, programmes and/or research.

Delegates were also asked if they were aware of IAS 2013 influencing HIV work, policies, programmes, research, funding and/or advocacy at the local, national, regional or global level. Almost one-third (30%) replied "yes" (vs. 22% who said "no" and 48% who did not know). The most frequently cited influence related to the new WHO guidelines (updated in 2013) focusing on early treatment.

In conclusion, while some minor areas are recommended for improvement, findings from the evaluation indicate that the IAS Conference on HIV Pathogenesis, Treatment and Prevention continues to be an important platform for a wide range of people and organizations involved in the response to HIV. The conference enabled delegates to share and gain new knowledge, discuss challenges in their current work on HIV, increase motivation and inspiration, and create and reinforce partnerships and alliances.

In order to ensure that the IAS conference remains one of the key events in the HIV response and to ensure continued motivation and interest, efforts should be maintained in providing an innovative, unique and dynamic programme that attracts key stakeholders, including those who are likely to attend other well-known HIV-related conferences.

Specific recommendations are listed on page 42.

Evaluation context

Background and rationale

The 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015) took place in Vancouver, Canada, from 19 to 22 July 2015. Held every two years, the conference is a unique opportunity for all those involved in the global response to HIV, including scientists, clinicians, public health experts, community leaders and media professionals, to meet and examine the latest scientific developments in HIV-related research, and explore how such developments can be realistically applied in implementation programmes.

The IAS 2015 conference objectives were defined as follows:

1 Focus on the latest HIV science and its applications for prevention, treatment and care worldwide

2 Provide new insights into HIV vulnerability and determinants of disease progression

3 Develop strategic discussions around the increasing challenges of TB, viral hepatitis and chronic co-morbidities

4 Continue to support research into treatment as prevention, the search for functional remission/cure and vaccine

5 Review implementation research that addresses barriers to scaling up and integrating research and prevention in resource-limited and policy-constrained settings

6 Highlight the situation of HIV in Canada and in the US.

In order to achieve these objectives, the conference programme featured daily abstract-driven sessions, classified into four tracks, and non-abstract driven sessions that included plenaries, bridging sessions, symposia, special sessions, a rapporteur summary session and a series of professional development workshops. The conference also featured an exhibition space, satellite sessions, community activities and independent affiliated events.

IAS 2015 was the sixth conference of this series to be systematically evaluated. The objective of the evaluation was to identify strengths and weaknesses of the conference and to assess its immediate impacts (outcomes) on the HIV and AIDS response in order to improve planning and delivery of future similar conferences. **Results of the evaluation will be used by the organizers of the next Conference on HIV Pathogenesis, Treatment and Prevention (to be renamed the IAS Conference on HIV Science), which will be held in Paris, France, in July 2017, and by the various IAS 2017 committees during the planning and programme-building phase.** The IAS 2015 evaluation provides a consolidated overview of the conference and is also expected to be used as an accountability and learning tool by all conference participants, online followers, donors and sponsors.

Methodology

Data collection

The primary data collection instrument was an online survey[1] sent to all delegates who were registered as individuals[2] and with a valid email address one day after the conference had ended. The survey was available in English and contained 19 questions, including several open-ended questions to give respondents the opportunity to fully articulate their opinions, provide detailed feedback and provide suggestions for improvement.

Based on lessons learnt from previous conference evaluations, survey questions were mainly focused on: the conference programme (main track of interest, usefulness, quality); the main outcomes of the conference (main benefits gained, anticipated use of benefits); and delegates' motivation for attending this conference in particular. The survey also contained four questions on the impact of IAS 2013, which were put to respondents who reported that they had attended that conference.

Of the 4,200 survey invitation emails sent out on 23 July 2015, 50 were returned as undeliverable. After one reminder, a total of **826 surveys were completed**, resulting in a response rate of 20% (vs. 33% in 2013, 28% in 2011 and 34% in 2009).

In addition to the online survey, quantitative and qualitative data were collected through the following sources:

- IAS 2015 documentation, as well as previous conference evaluation reports
- Consultation with conference secretariat staff
- Statistical data relating to IAS 2015 registration, abstracts and programme
- Data from previous conferences to allow comparison over time.

Data analysis

Data analysis was prepared and conducted using statistical analysis software that included frequencies and cross tabulations for closed questions. Total numbers vary in some instances because non-responses were excluded from valid data. Statistical comparisons, including the chi-square test, were employed in the analysis of the data, although for clarity, the details of these are not included in this report.

Where the term, "significant", is used in the report, differences have been found with a probability of, at most, 0.05. To allow comparison over time, monitoring data from previous conferences were also reviewed.

Data were disaggregated by gender, profession, region, age and other delegates' attributes, where deemed relevant.

The IAS 2015 Evaluation Coordinator conducted the analysis of qualitative responses manually (i.e., to open-ended questions).

[1] A copy of the delegate survey is available in Appendix 1.
[2] As opposed to delegates registered as part of a group.

Promotion

Evaluation promotion activities were conducted to inform delegates of the purpose of the evaluation and to encourage them to complete the post-conference delegate survey. These included advertisements on the conference website through the section, “conference practicalities”. In addition, a dedicated slide was displayed between sessions during the conference.

The post-conference delegate survey was active for more than three weeks, and a reminder was sent out one week before the response deadline.

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

Limitations

The views of delegates whose first language is not English or who do not have ready or reliable Internet access may be slightly under-represented due to the fact that the survey was offered only online and in English.

Some of the survey findings may be open to interpretation given the diversity of surveyed delegates with regards to language, HIV work experience, professional and personal background, and expectations of the conference. These variables should be taken into account when reading this report.

In addition, the scope and diversity of the conference programme did not allow the evaluation to cover all sessions and activities, mainly due to time and logistical constraints.

Finally, the fact that the survey was completed on a voluntary basis probably introduced some bias as most delegates who are not satisfied with a conference tend to ignore post-conference surveys and conference-related announcements.

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Profile of delegates and survey respondents

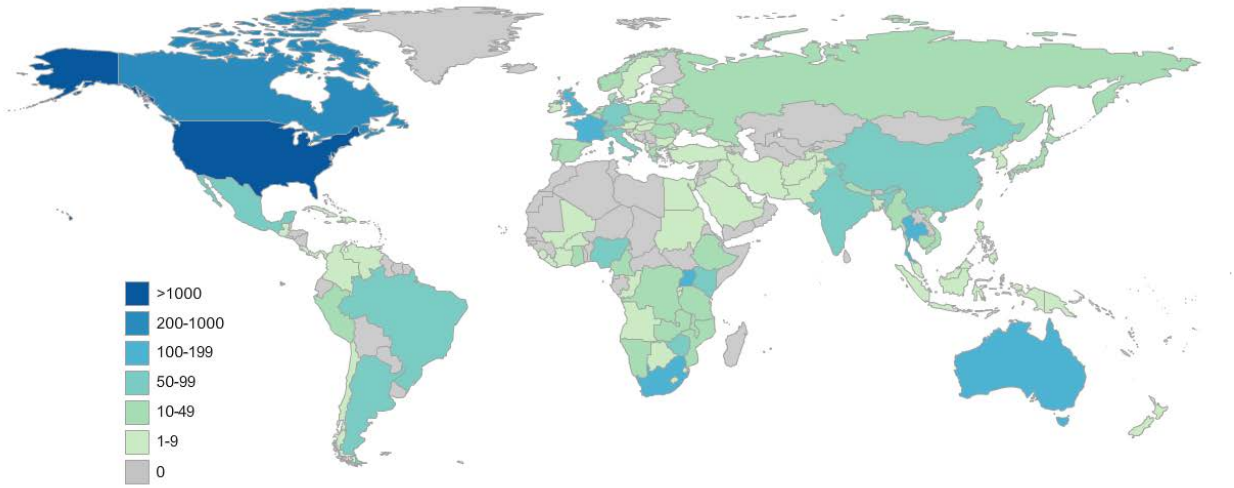
IAS 2015 attracted 5,479 participants, 4,885 of whom were classified as delegates[3], a slight increase compared with IAS 2013 (5,167 participants). Other participants included staff (n=172), organizers (n=63), volunteers (n=250) and accompanying persons (n=109).

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

Country/region

Delegates represented a total of 113 countries[4] (vs. 132 in 2013 and 127 in 2011). The 10 countries most represented were: the United States of America (n=1,349), Canada (n=696), Uganda (n=176), United Kingdom (n=173), South Africa (n=172), France (n=150), Australia (n=109), Thailand (n=105), Brazil (n=86) and Argentina (n=79).

Figure 1. Number of delegates by country (n=4,514)[5]

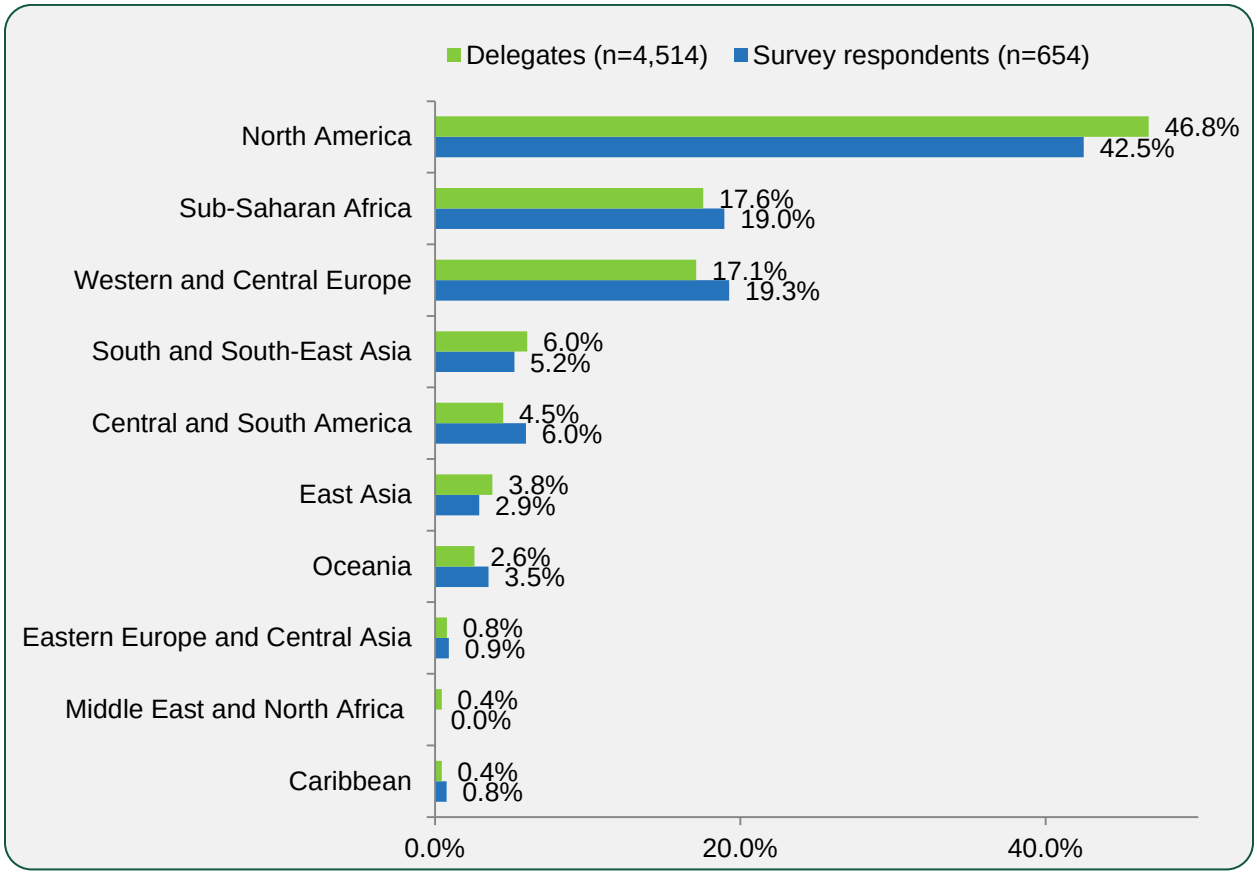


[3] This classification includes regular delegates, student/youth/post-docs, media representatives, scholarship recipients, exhibitors and satellite organizers.
[4] Country refers to the country home address of the delegate.
[5] The map was created with the software, Statplanet (http://www.statsilk.com/software/statplanet).

The exact number of delegates by country is provided in Appendix 3.

As expected, the largest number of delegates lived in the conference host region, i.e., North America. As shown in Figure 2, the second and third most represented regions were sub-Saharan Africa and Western and Central Europe. Comparisons between delegates and survey respondents require caution since the respondent's region is based on the country of work rather than country of residence.

Figure 2. Breakdown of delegates and survey respondents by region[6]

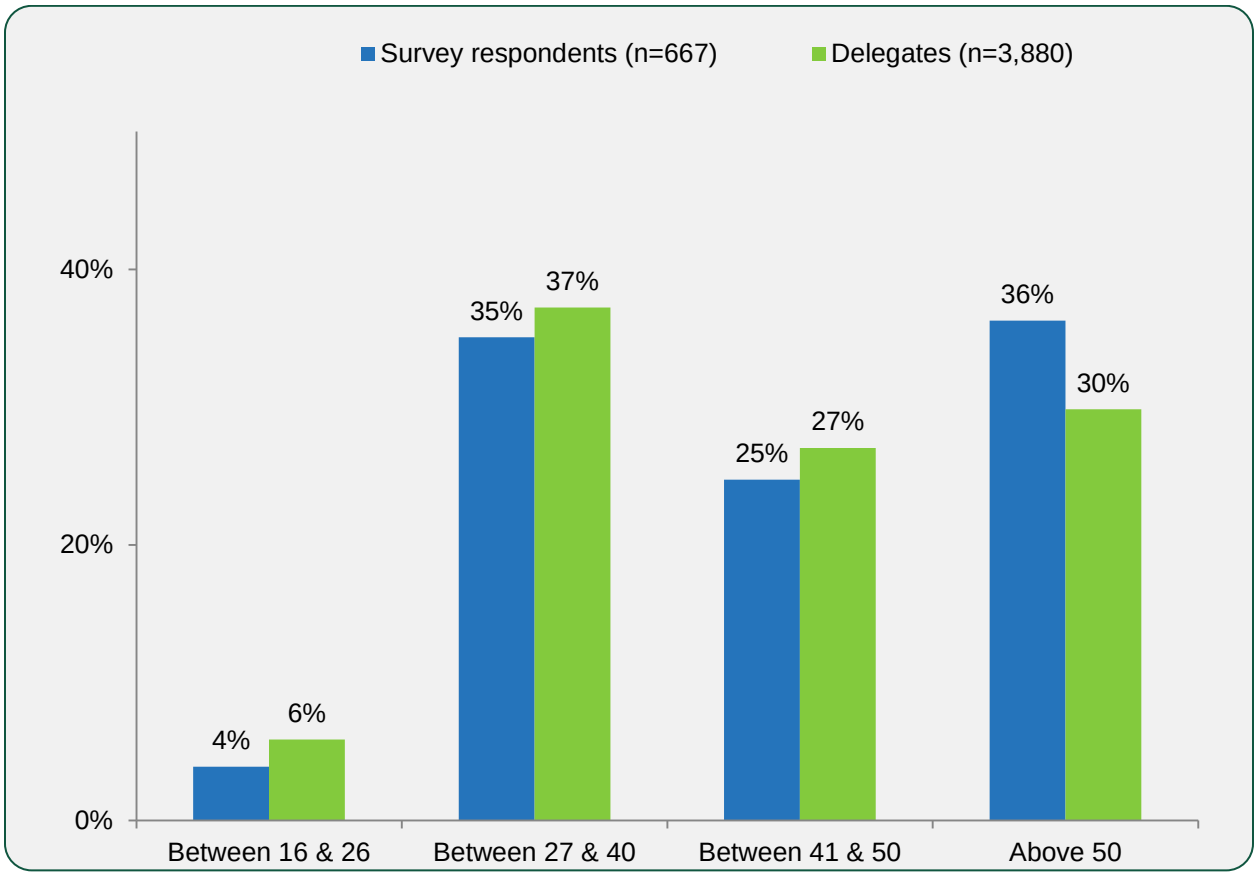


[6] The geographical regions are based on the Joint United Nations Programme on HIV/AIDS classification, available in Appendix 2.

Age

As in 2013 and 2011, the majority of delegates and survey respondents were between 27 and 50 years of age, with almost one-third being older than 50 years and less than 10% being younger than 26 years (see Figure 3).

Figure 3. Age of delegates and survey respondents



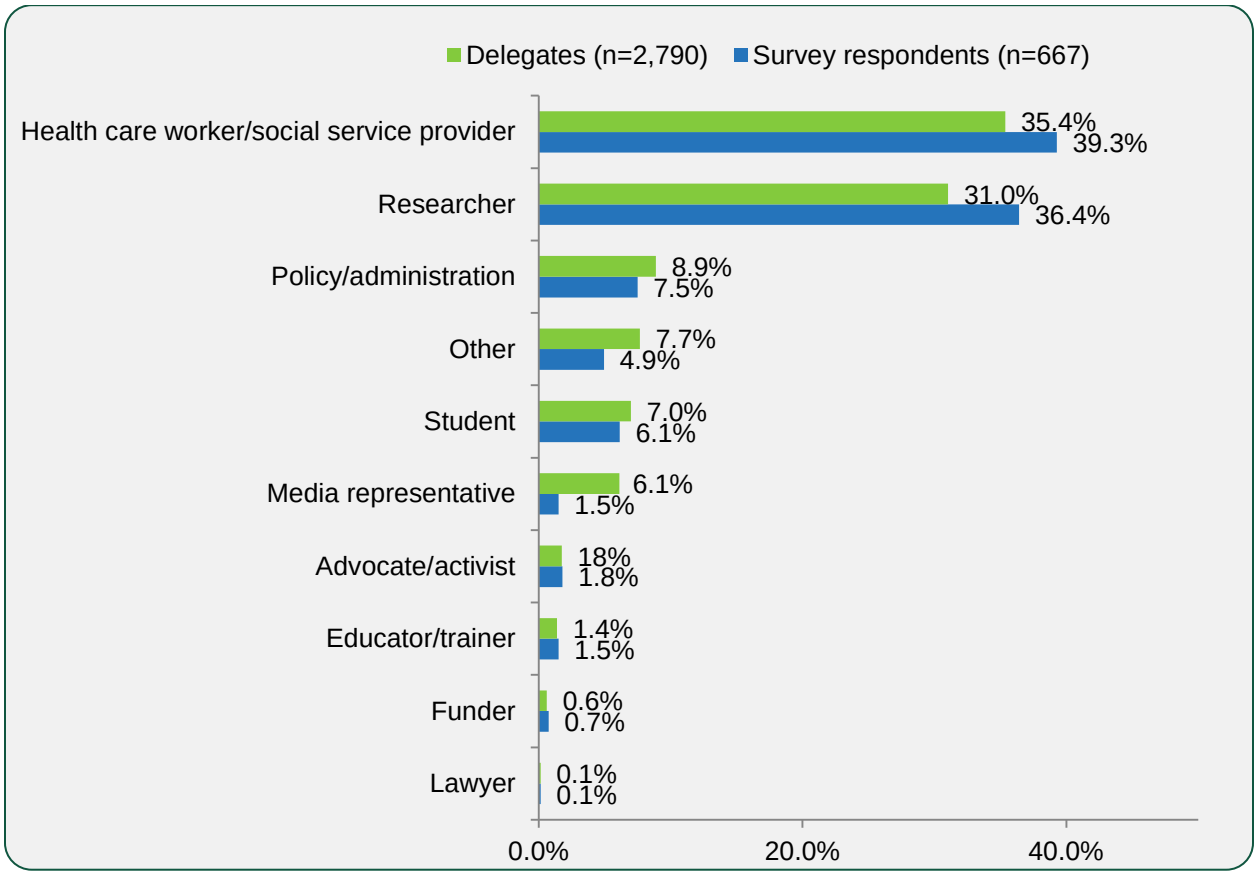
Gender

As in 2011 and 2013, IAS 2015 attracted more males (55.4% vs. 44.5% females and 0.1% transgender). The proportion of males represented in the survey was also bigger (53% vs. 46.8% females and 0.2% transgender). These percentages exclude delegates who did not specify their gender (554 delegates in the registration database and 11 in the survey sample).

Main occupation and affiliation

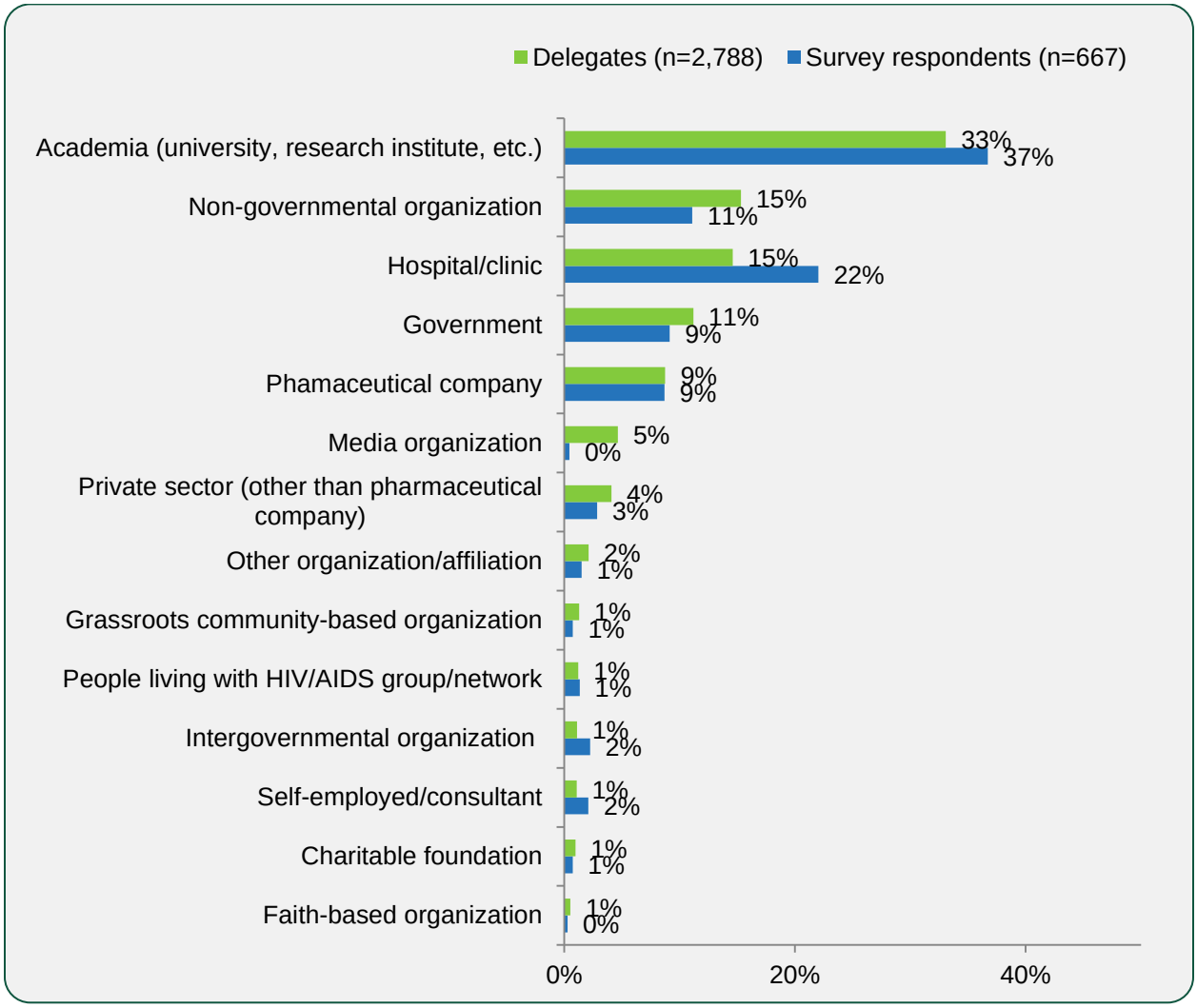
As in 2013 and 2011, health care workers/social service providers and researchers were the most represented professions among delegates (see Figure 4).

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



As in 2013 and 2011, the majority of delegates reported being affiliated with and/or working in the academic sector, NGOs and hospitals/clinics (see Figure 5).

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



Professional experience in HIV

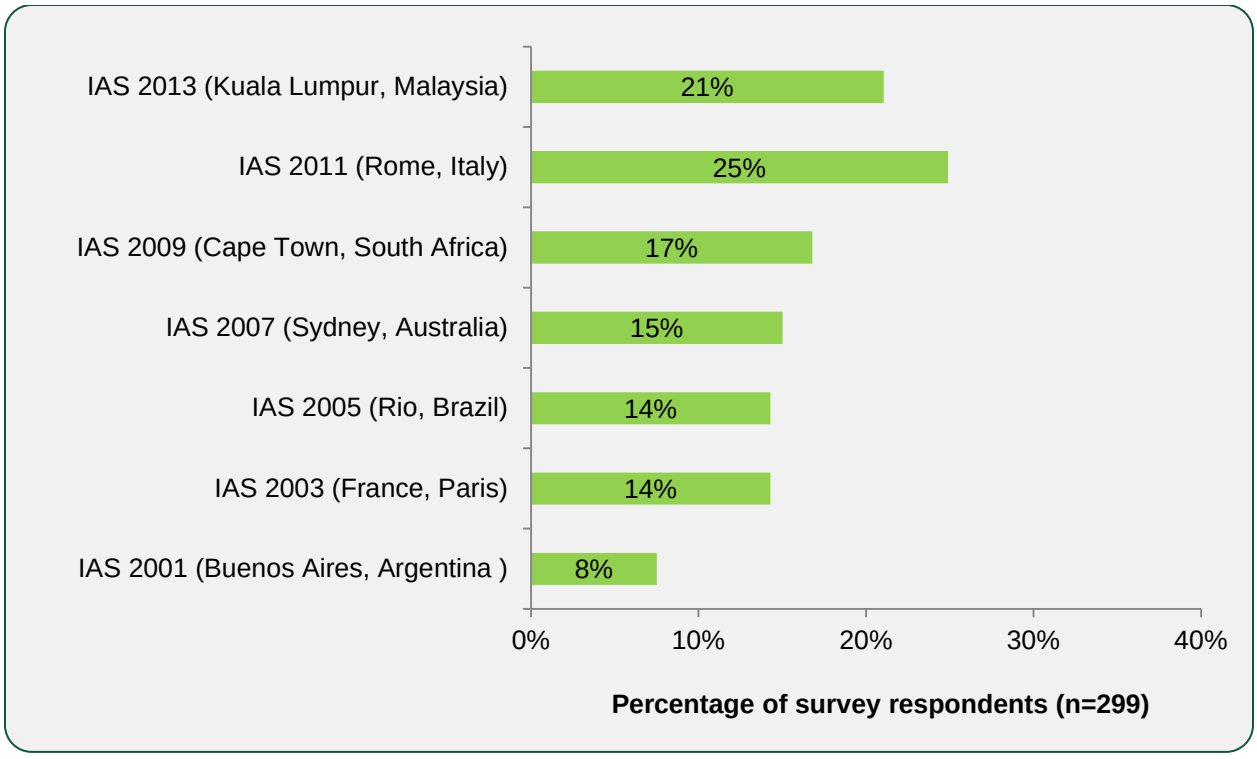
Of the 664 survey respondents who specified the number of years they had been working in the HIV field (full or part time), 8% had less than two years of experience, 15% between two and five years, 20% between six and 10 years, 14% between 11 and 15 years, and 42% of respondents had more than 15 years' experience.

Previous conference attendance

As in 2009, 2011 and 2013, the majority of survey respondents were attending the IAS Conference on HIV Pathogenesis, Treatment and Prevention for the first time (56%).

Among surveyed delegates who had previously attended IAS conferences on HIV Pathogenesis, Treatment and Prevention, 4% had attended all past conferences (since 2001), 4% had attended six conferences, 9% had attended five conferences, 9% had attended four conferences, 13% had attended three conferences, 23% had attended two conferences, and 37% had attended only one conference. The survey also revealed that a higher percentage had attended IAS 2011 than IAS 2013 (see details in Figure 6).

Figure 6. Previous conferences attended



Key findings

What motivated delegates to attend IAS 2015?

Delegates were asked what motivated them to attend this IAS conference. If they had attended other well-known scientific conferences on HIV, they were asked to explain the main differences they perceived with this conference "(what the IAS conference 'does better' or 'could do better')".

A total of 683 delegates gave examples that were classified into themes. As shown in Figure 7, delegates' main motivation for attending IAS 2015 was the opportunity to **acquire new scientific information/updates on HIV and AIDS** combined with the **diversity and quality of the programme** (50%).

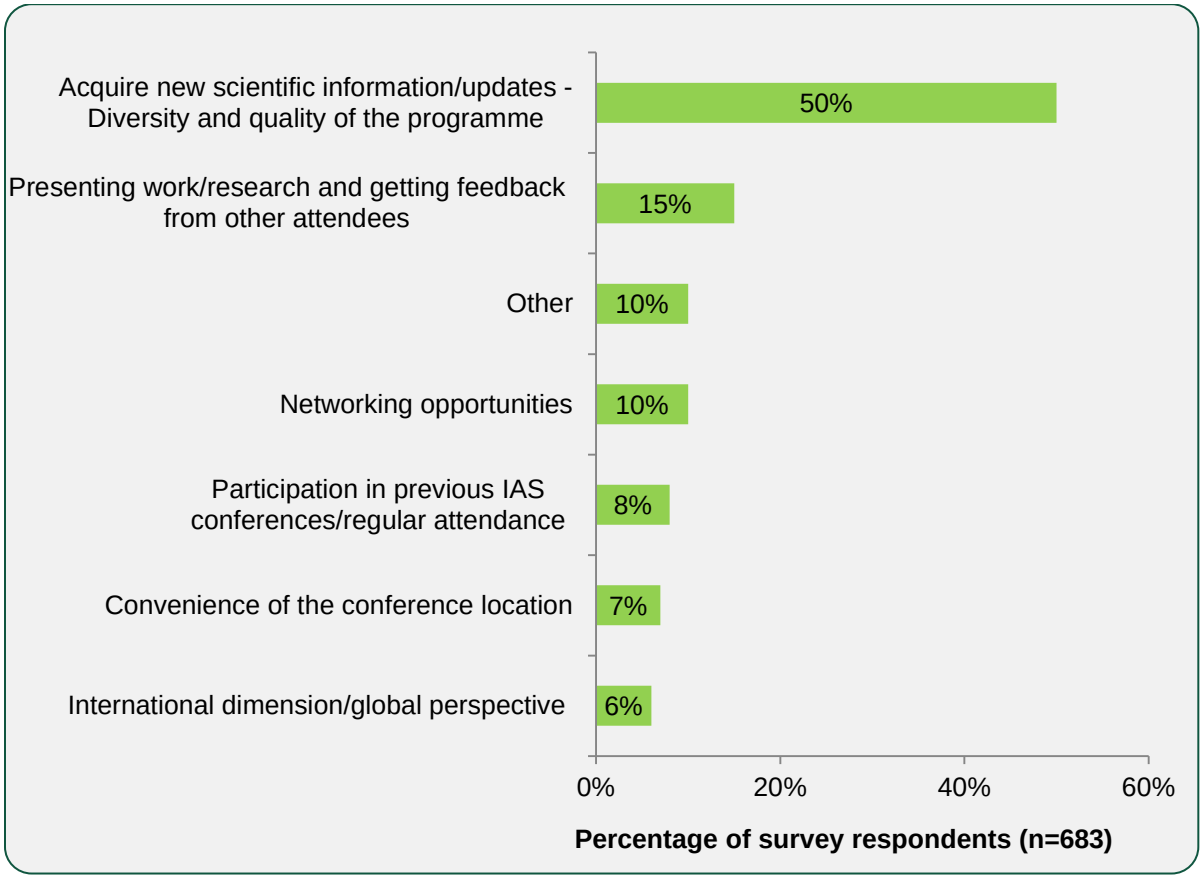
Delegates considered the focus of the programme to be the main added value of this conference compared with other well-known scientific conferences. They appreciated the fact that, unlike CROI (the most frequently cited conference), which mainly focuses on basic and translational science, the IAS conference offers a good balance between basic, prevention, clinical and implementation science, and connects these areas, while also covering political and social aspects of the response to HIV and AIDS.

Some delegates also commented that this is the only international conference that provides the opportunity to hear from resource-limited countries about their difficulties in scaling up HIV prevention, treatment and care. Other main motivations classified under this broad theme included: the focus on science (unlike the International AIDS Conference, which includes non-scientific topics); the **high standard of speakers** (highly regarded researchers) and their presentations (evidence-based and supported with references to publications or guidelines); and the way the tracks are defined and organized (it was considered to be one of the strengths of this conference). Some delegates also specified the topics in the programme that mainly attracted them to IAS 2015, such as TasP, START, PrEP, WHO guidelines, UNAIDS 90:90:90 strategy, HIV cure, HIV vaccines, HCV co-infection and new ARVs.

Delegates were motivated by **opportunities for presenting their work/research and getting feedback from other attendees** (15%). This included: presenting an abstract (oral abstract sessions and/or poster discussions/presentations); giving a speech; organizing a session/satellite/event; and being a panel member or a rapporteur.

Additional motivations for attending IAS 2015 were: opportunities for **networking**, which includes strengthening partnerships and establishing new collaborations (10%); **participation in previous IAS conferences/regular attendance** (8%); the convenience of the **conference location** (7%); and the **international dimension/global perspective** (opportunities to hear practical experiences from a wide range of countries as opposed to national or regional conferences, 6%).

Figure 7. Main motivations for attending IAS 2015[7]



The respondents whose answer was classified into the theme, "other", (10%) cited such reasons as: getting inspiration and motivation; advocacy opportunities; required/essential for work; recommendation by a colleague/friend; attending AIDS 2014 or other HIV conferences where IAS 2015 was advertised; convenient schedule (including attending a meeting just before the conference in Vancouver); getting a sponsorship/funding to attend; and the size being more manageable and effective than the biennial International AIDS Conference.

[7] Some delegates made comments that were classified into more than one theme.

What did the conference programme offer?

This section provides a description of the programme, abstract statistics and key findings of the delegate survey.

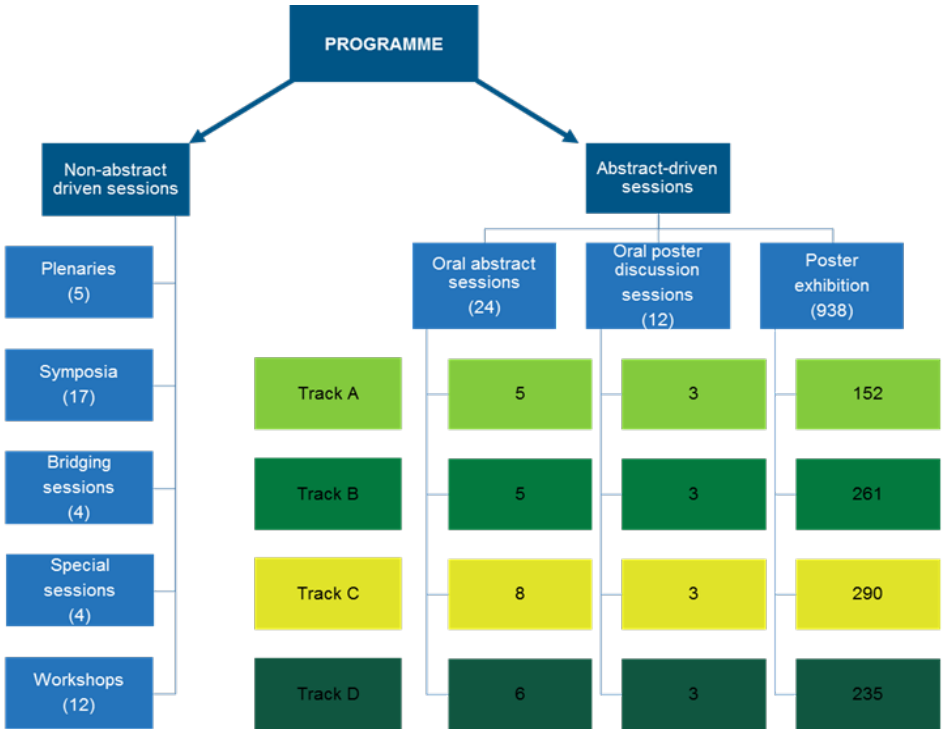
Overview of the programme

The following committees developed the IAS 2015 programme:

- The Conference Coordinating Committee (CCC)[8]
- The Scientific Programme Committee
- Four track committees:
  - Track A: Basic Science
  - Track B: Clinical Science
  - Track C: Prevention Science
  - Track D: Implementation Science

The IAS 2015 programme included a range of sessions and activities (see summary in Figure 8).

Figure 8. Overview of the IAS 2015 programme[9]



[8] The CCC is the conference's highest governing body. It is comprised of an international group of experienced HIV professionals and researchers, including civil society representation. This committee has the mandate to oversee organization of the conference.

[9] A total of 1,052 abstracts were accepted for the poster exhibition. Of these, 938 abstract authors accepted an invitation to exhibit their posters; 854 people actually came to the conference and mounted their posters on site.

IAS 2015 also featured an exhibition, where 50 organizations/companies had the opportunity to showcase their products, programmes and services to a targeted audience, 27 satellite sessions, one engagement tour and 14 affiliated independent events.

Opening Session © IAS/Marcus Rose

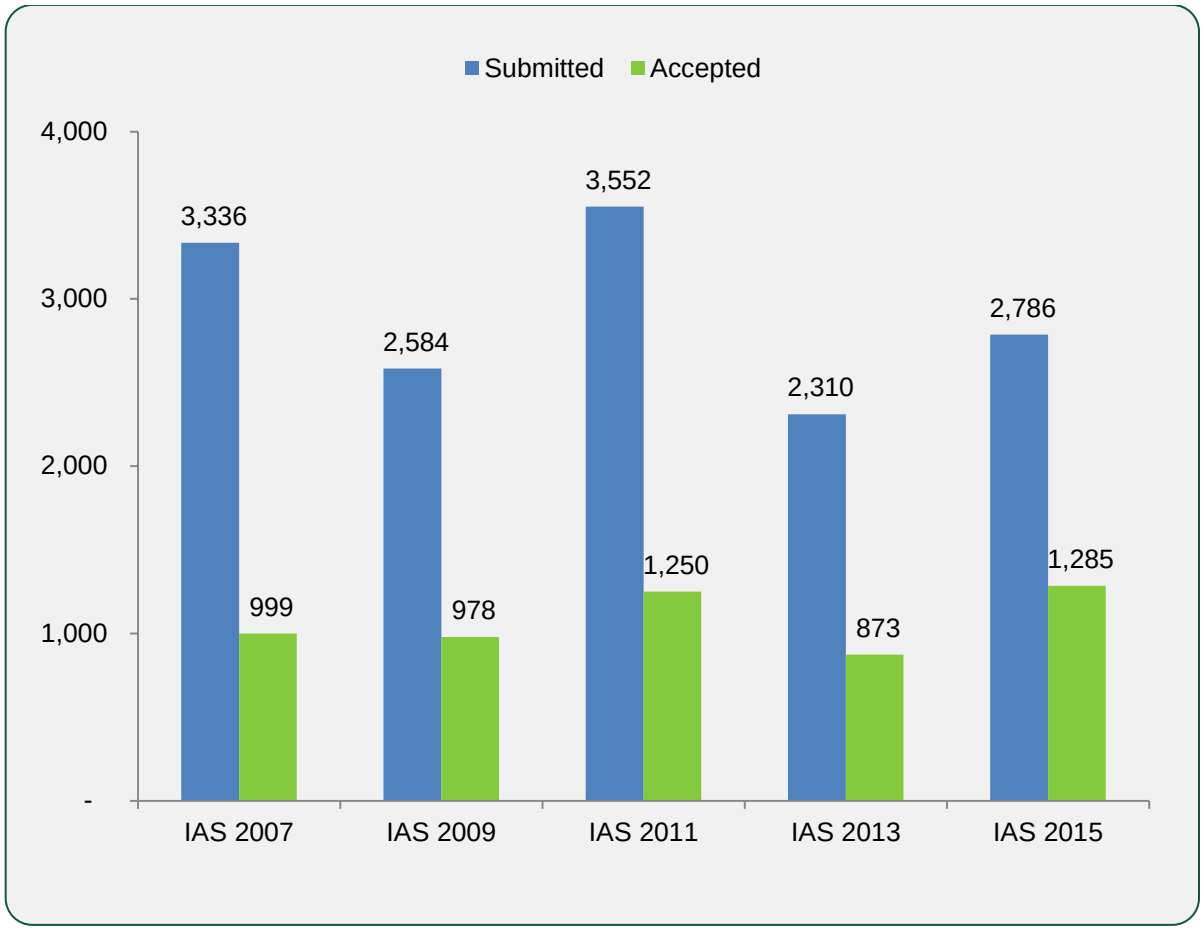
Left: R Lewis, J Lewis, The 30/30 Project
Right: J Montaner, BC Centre for Excellence in HIV/AIDS, University of British Columbia

Overview of abstracts

IAS 2015 received **2,786 submissions**, 222 of which were late-breaker submissions. This represents an increase compared with IAS 2013 (2,310 abstract submissions). After an intensive review process, **1,285**[10] **abstracts**, including 77 late breakers, **were accepted** for inclusion in the programme. IAS 2015 had the **highest-scoring submissions of any IAS conference**. The 46% acceptance rate reflects the number of high-quality submissions and the CCC's decision to include more posters in the poster exhibition.

A comparison of the total number of abstracts submitted and accepted (including both regular submissions and late breakers) from 2007 to 2015 is provided in Figure 9.

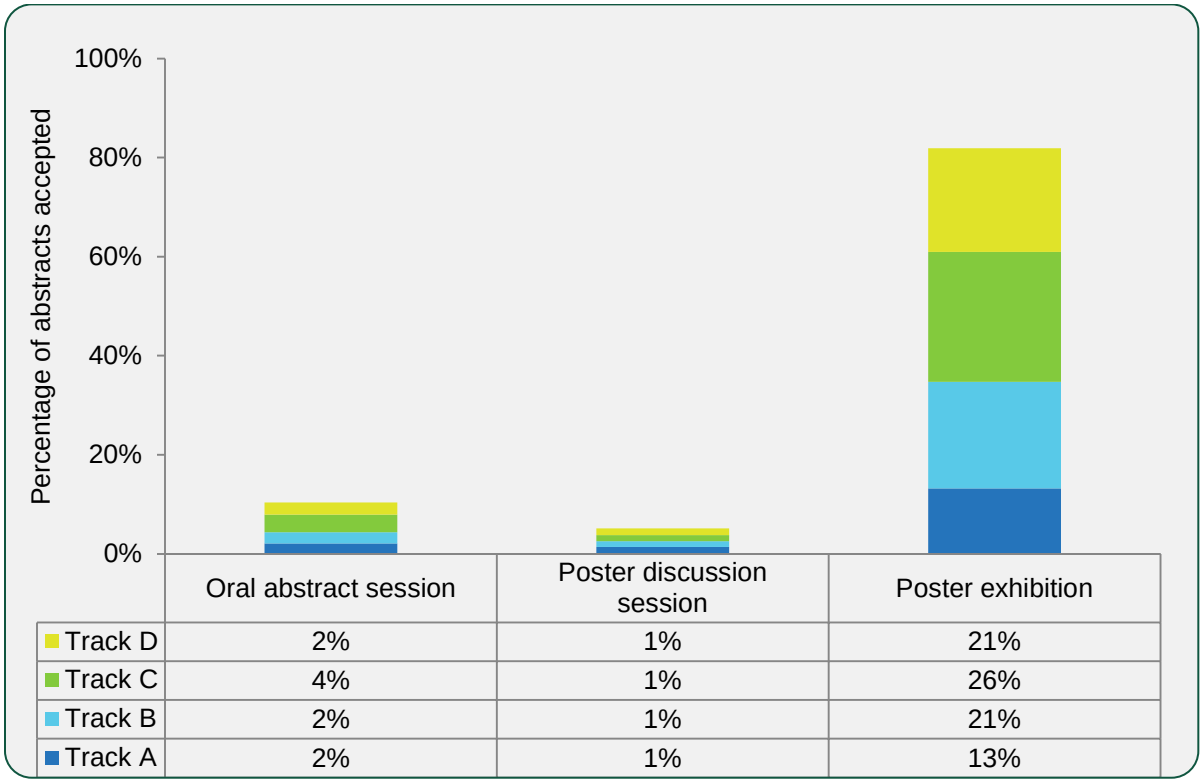
Figure 9. Total number of abstracts submitted and accepted (2007-2015)



[10] This includes a total of 34 abstracts that were accepted for publication only.

As shown in Figure 10, being selected for an oral presentation demanded meeting tough standards, with only 10% of abstracts accepted for oral abstract sessions and 5% for poster discussion sessions.

Figure 10. Breakdown of abstracts accepted by track and presentation type[11]

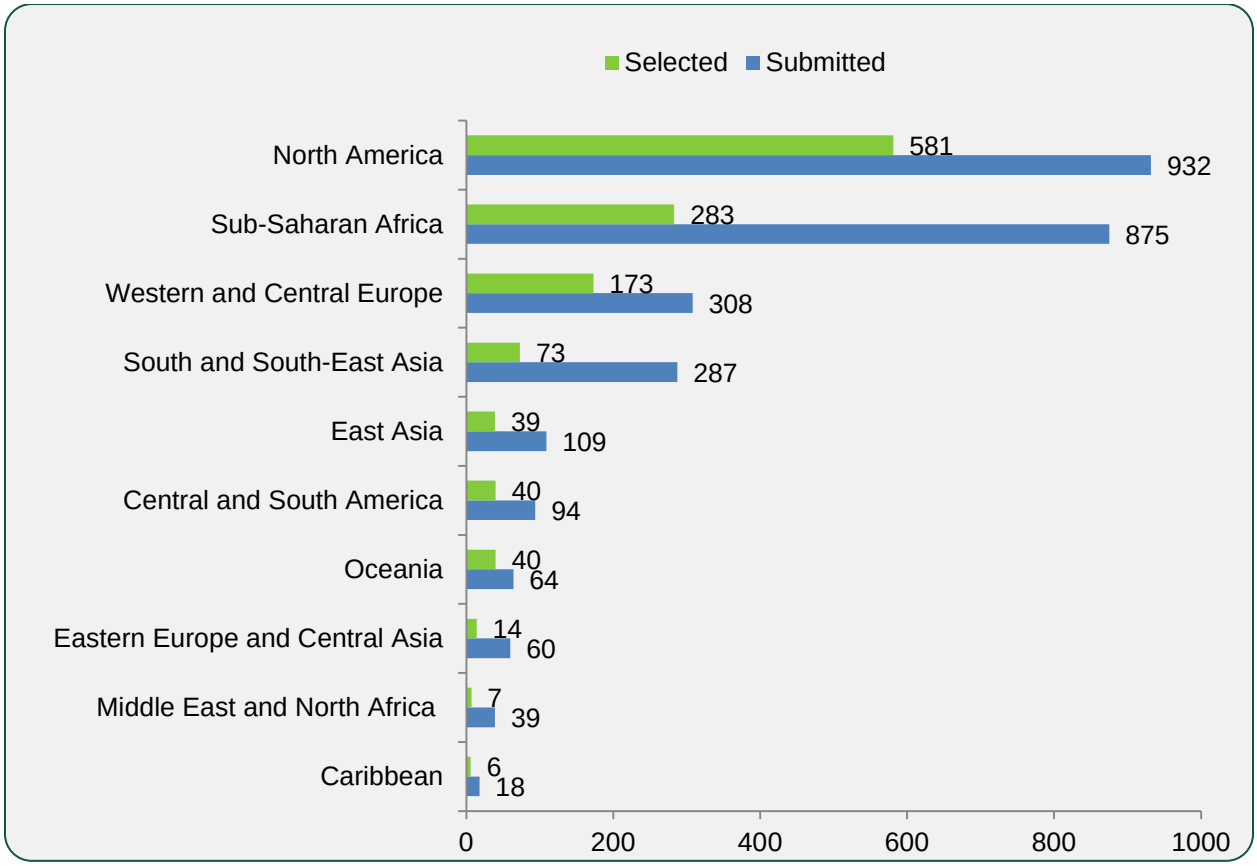


	Oral abstract session	Poster discussion session	Poster exhibition
Track D	2%	1%	21%
Track C	4%	1%	26%
Track B	2%	1%	21%
Track A	2%	1%	13%

[11] Total does not add up to 100% as abstracts selected for publication only are not included in the graph.

As expected, the highest number of submissions came from North America, and surprisingly, almost an equal number of abstracts were submitted from sub-Saharan Africa (see details in Figure 11).

Figure 11. Total number of abstracts submitted and accepted by region

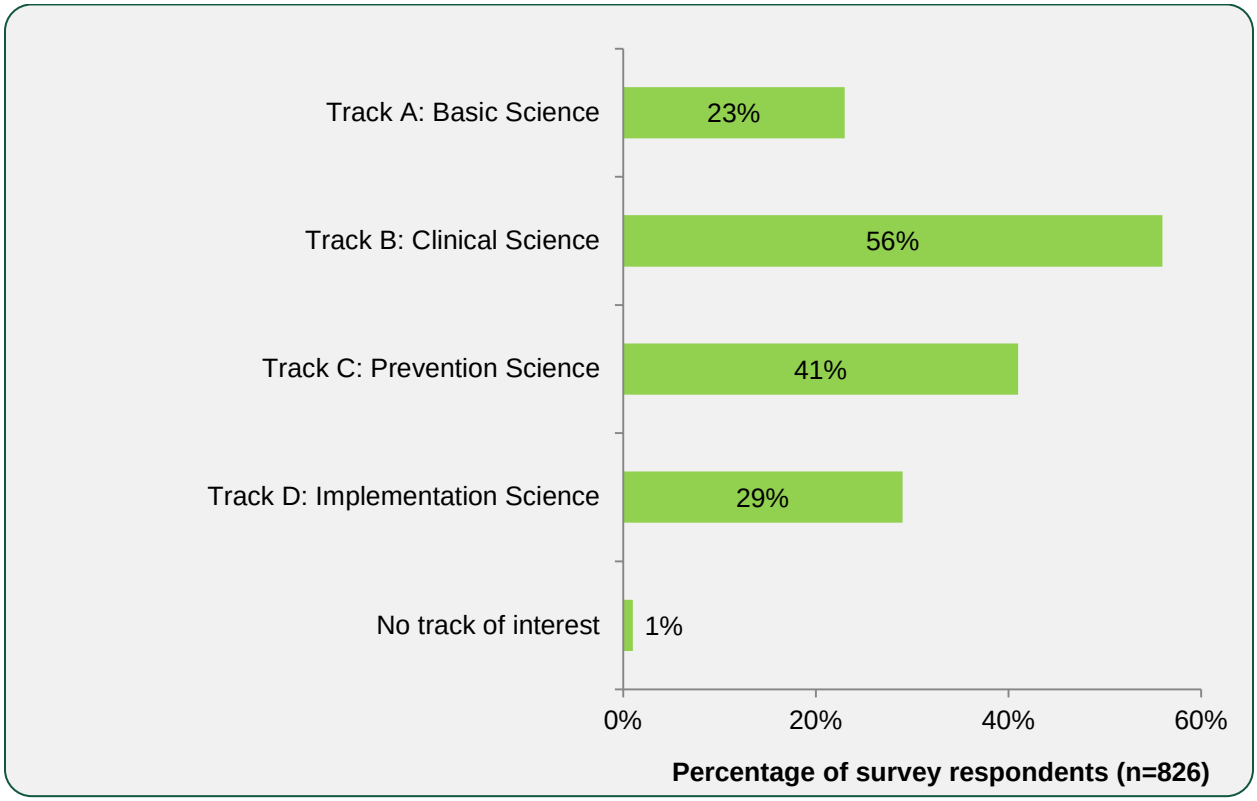


Looking at gender balance, while the proportion of female and male authors who submitted an abstract was almost the same (50.2% were men, 49.6% were women and 0.3% were transgender), the number of abstracts submitted by women that were accepted was slightly higher (52.1% vs. 47.8% from men and 0.1% from transgender).

Main tracks of interest

Surveyed delegates were asked what their main scientific track of interest was at IAS 2015, i.e., the track in which they attended the most sessions. They could select up to two tracks. **Track B was of interest to the greatest number of delegates** (56%), followed by Track C (41%), Track D (29%) and Track A (23%, see Figure 12).

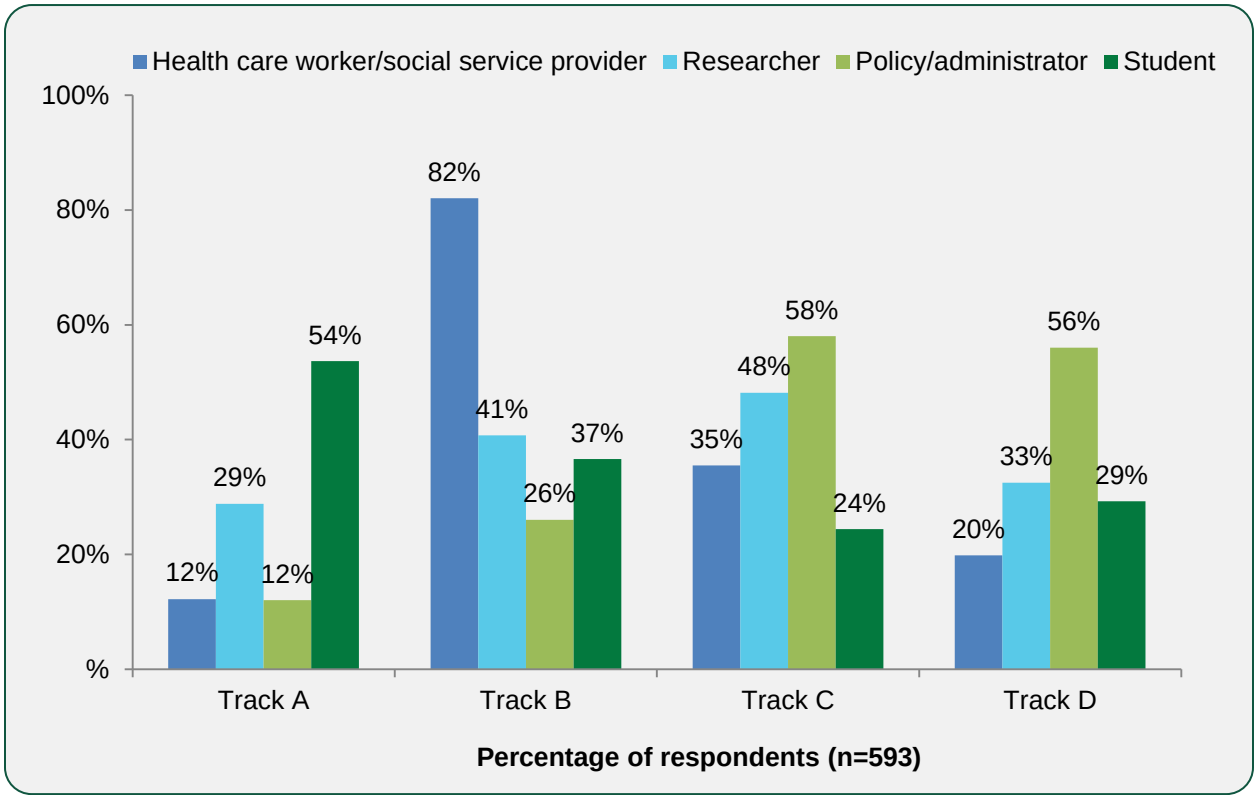
Figure 12. Main track of interest of survey respondents[12]



[12] Total exceeds 100% because respondents could select up to two tracks.

Statistical analysis showed that there was a significant relationship between the profession/occupation of delegates and their main track of interest, with health care workers/social service providers most interested in Track B (82%) compared with delegates in other professions (see details in Figure 13).

Figure 13. Main track of interest by surveyed delegates' professions[13]

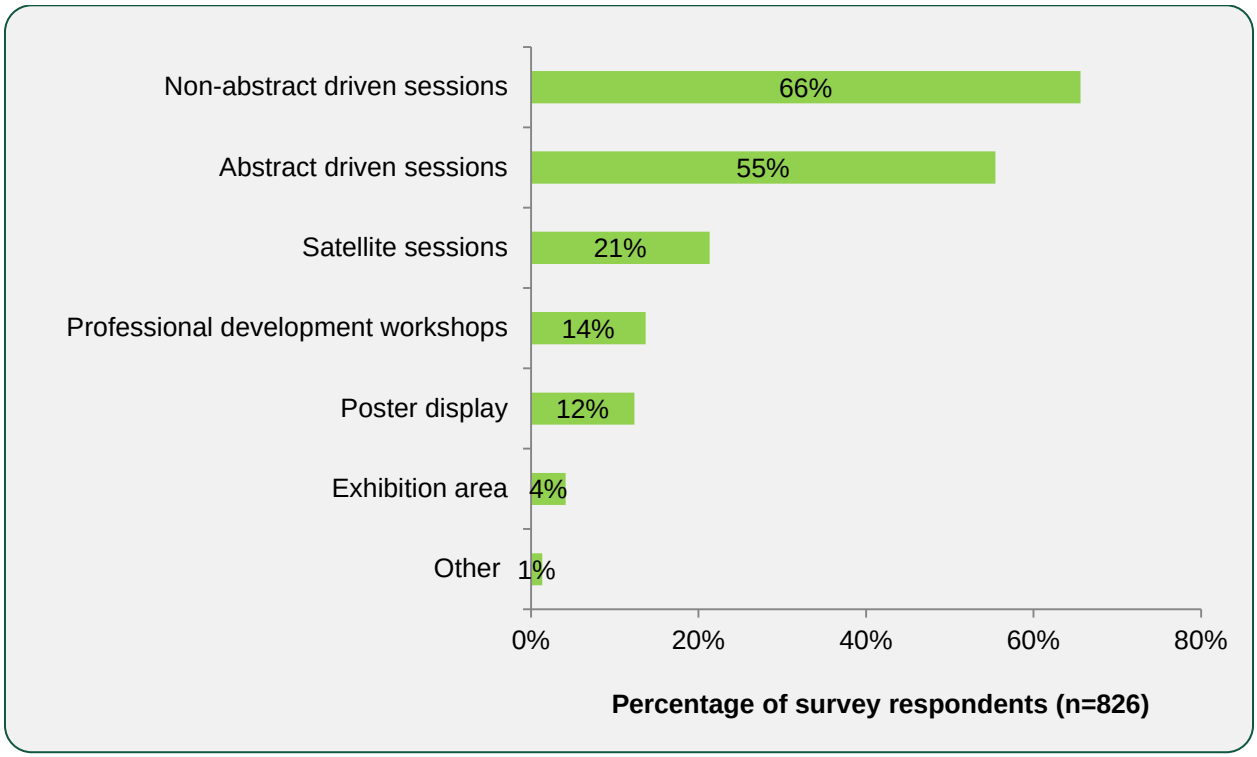


[13] This chart only includes professions that were represented by at least 40 survey respondents.

Most useful activities and areas

Surveyed delegates were asked to select, from a seven-choice list, up to two activities/areas of the conference they found the most useful for their work. As shown in Figure 14, **non-abstract driven sessions** (i.e., plenaries, special sessions, bridging sessions, symposia) **were considered to be the most useful** (66%), followed by abstract-driven sessions (55%).

Figure 14. Most useful activities and areas at IAS 2015



Only 12% of respondents thought the poster display area was useful. This may be explained by the lack of dedicated time to view posters and interact with their author/presenter (see comments on the poster exhibition in the section, *What could be improved to help delegates gain more from attending the IAS conference?*)

Oral Abstract Session Track D – 90-90-90: Delivering on the Targets © Steve Forrest/Workers' Photos/IAS

Plenary of Tuesday, 22 July © IAS/Marcus Rose

How successful was the conference in achieving its objectives?

Overall programme achievements

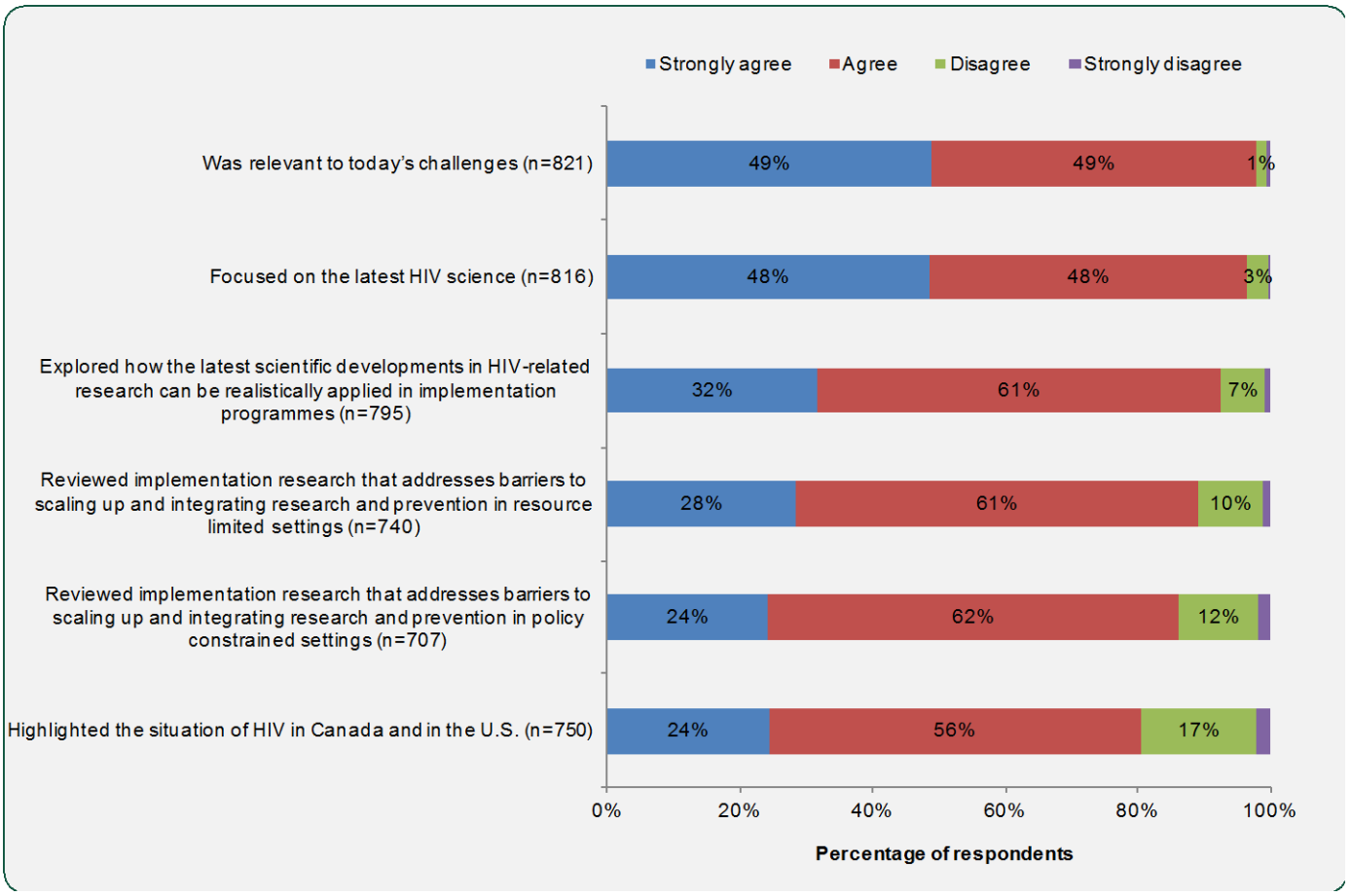
Surveyed delegates were asked to indicate their level of agreement with the following statements aimed at assessing the extent to which the conference achieved its objectives.

The conference programme ...

1. Was relevant to today's challenges (of the response to HIV and AIDS)
2. Focused on the latest HIV science (i.e., results of the most recent research vs. repeated presentation of findings over time)
3. Explored how the latest scientific developments in HIV-related research can be realistically applied in implementation programmes
4. Reviewed implementation research that addresses barriers to scaling up and integrating research and prevention in resource-limited settings
5. Reviewed implementation research that addresses barriers to scaling up and integrating research and prevention in policy-constrained settings
6. Highlighted the situation of HIV in Canada and in the US.

As shown in Figure 15, **at least 80% of survey respondents "agreed" or "strongly agreed" with all statements**. They most agreed with the first and second statements: "the programme was relevant to today's challenges"; and "the programme focused on the latest HIV science". They least agreed with the fifth and sixth statements: "the programme reviewed implementation research that addresses barriers to scaling up and integrating research and prevention in policy-constrained settings"; and "the programme highlighted the situation of HIV in Canada and in the US".

Figure 15. Overall programme achievements[14]



Surveyed delegates were also asked to indicate their level of agreement with the following statements.

1. The scientific programme provided comprehensive updates on ...
    - Biomedical prevention (e.g. TasP, PrEP, circumcision)
    - The search for an HIV vaccine and cure

2. The scientific programme fostered strategic discussions around the challenges of ...
    - HIV co-infections (e.g., viral hepatitis, TB)
    - Paediatrics and adolescent research
    - The specific needs of key populations

As shown in Figure 16 and 17, **more than 90% of survey respondents "agreed" or "strongly agreed" with all statements**.

[14] This figure excludes respondents who selected the answer, "I don't know".

Figure 16. Achievements of the programme regarding biomedical prevention, HIV vaccine and cure

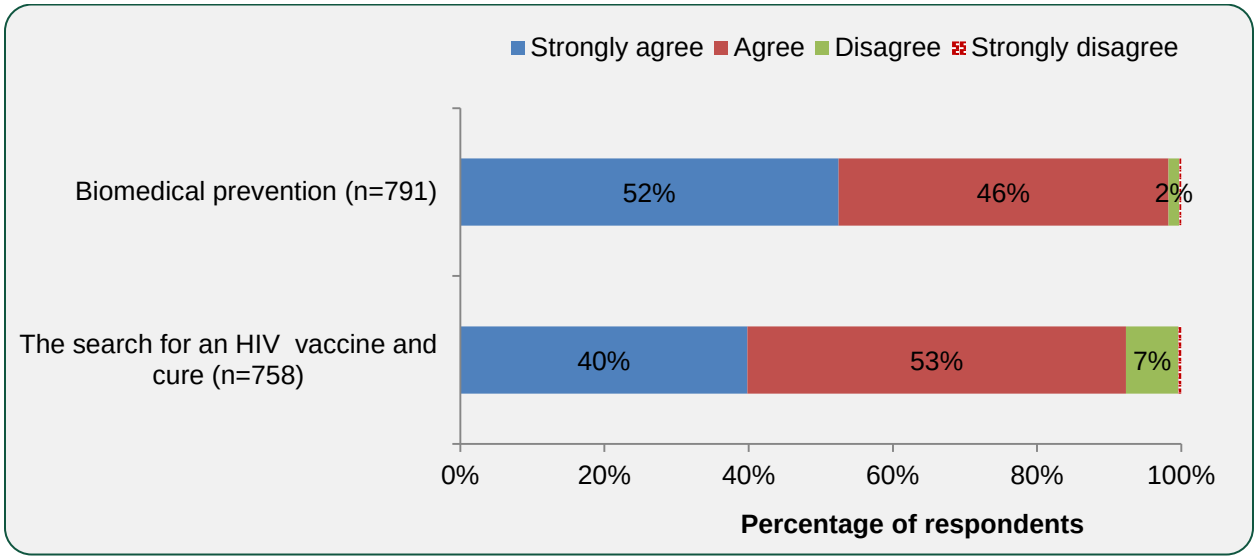
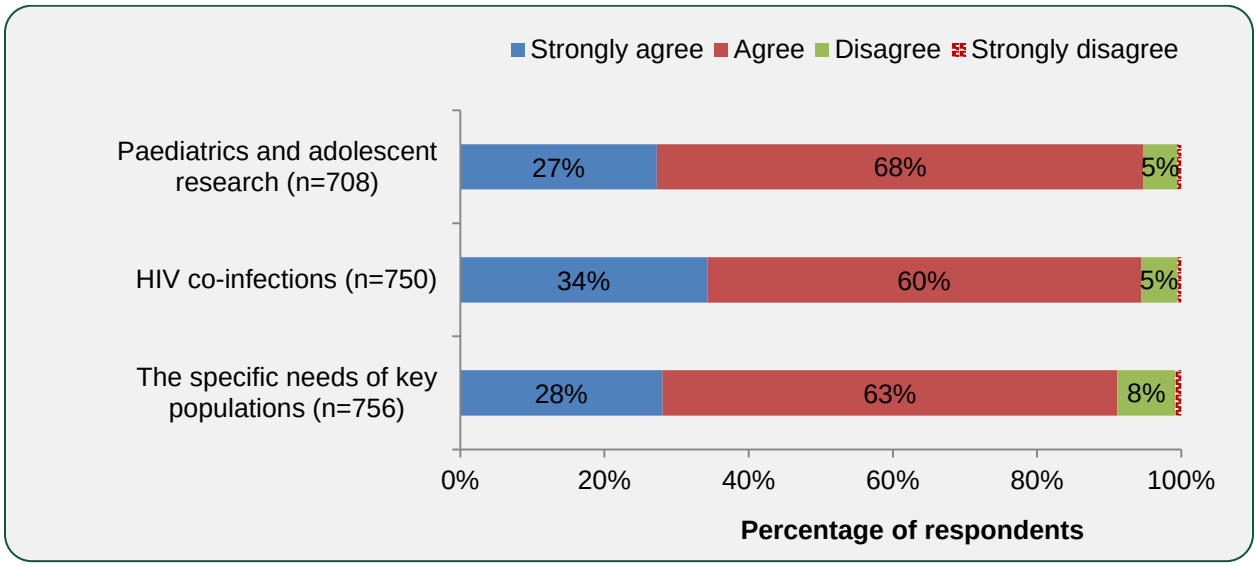


Figure 17. Achievements of the programme regarding HIV co-infections, paediatrics and adolescent research, and the specific needs of key populations



It can be concluded from these percentages that the conference programme performed well in terms of reaching its objectives.

Benefits gained by delegates from attending the conference

Surveyed delegates were asked if the conference contributed to strengthening their skills and/or expanding their knowledge. Out of 710 respondents, the vast majority answered "yes" (94%). There was no statistically significant difference between survey respondents with respect to their profession, affiliation/organization, region of work, age and gender.

Survey respondents who answered "yes" were asked to give one example illustrating how the conference contributed to strengthening their skills and/or expanding their knowledge. Out of 666 examples, 600 were clear and relevant enough to be analysed by the evaluation consultant (see details that follow).

Most delegates commented that the conference was a great opportunity to: gain new and updated knowledge on a variety of topics; understand better results from recent trials; present research and receive feedback from peers; increase the breadth of knowledge on different HIV-related topics that delegates otherwise would have been unaware of; gain insight from a global perspective; and learn about new techniques and tools that will inform practice and research.

With respect to the key topics of interest listed by survey respondents, the top 12 (i.e., most often cited) were:

- PrEP and other prevention technologies and strategies, including mobile technologies
- Implementation of the UNAIDS 90-90-90 strategy
- Data from HPTN 052 strengthening the issue of TasP and data from START showing benefits of early and universal treatment
- Data on new ARVs and drug regimens
- HIV cure (insight into the latest developments and directions for cure research, better understanding on HIV reservoir and latency)
- New WHO HIV testing guidelines and HIV self-testing
- New therapies for HIV-HCV co-infection
- Progress on HIV vaccine trials/research
- PMTCT, including barriers and facilitators of Option B+ implementation in developing countries
- HIV early diagnosis and treatment of children
- HIV and adolescents
- Harm reduction and treatment as prevention in injecting drug users.

Survey respondents also mentioned some workshops that they had found useful for their professional development. The two most frequently cited were the NIH Grantsmanship workshop and the abstract/manuscript writing workshops.

Key data and messages presented at the conference on these topics are not specified in this report: they can be found in the IAS 2015 conference summary report and on the website of the IAS 2015 official online partners for scientific reporting and analysis, namely NAM[15] and CCO[16].

Other benefits included (better) understanding of the following research areas: gaps and barriers to implementing programmes; links between HIV and the care and treatment of other diseases; the policy context (e.g., IAS 2015 provided the opportunity to engage with opinion

[15] http://www.aidsmap.com
[16] http://www.clinicaloptions.com/HIV/Conference%20Coverage.aspx

leaders and to learn about the directions and critical projects that they are focusing on first hand); and economic perspectives (e.g., it was beneficial to understand different factors influencing the shortages of drug supply and future demands for different molecules).

In addition to strengthening of knowledge/skills, delegates reported that the conference provided them with the following benefits: networking for establishing new collaborations and strengthening existing ones; getting inspiration and motivation for new and existing projects and research; increasing their confidence; raising their awareness and broadening their views on different critical issues; and obtaining new evidence to support advocacy efforts.

These findings suggest that the conference has met delegates' expectations because they are consistent with their motivations for attending IAS 2015 (see the section, *What motivated delegates to attend IAS 2015?).*

Survey respondents who answered "no" to the question on whether the conference strengthened their skills and/or expanded their capacity were asked to suggest what could be done differently at the next conference. The summary of their suggestions is available in the section, *What could be improved to help delegates gain more from attending the IAS conference?*

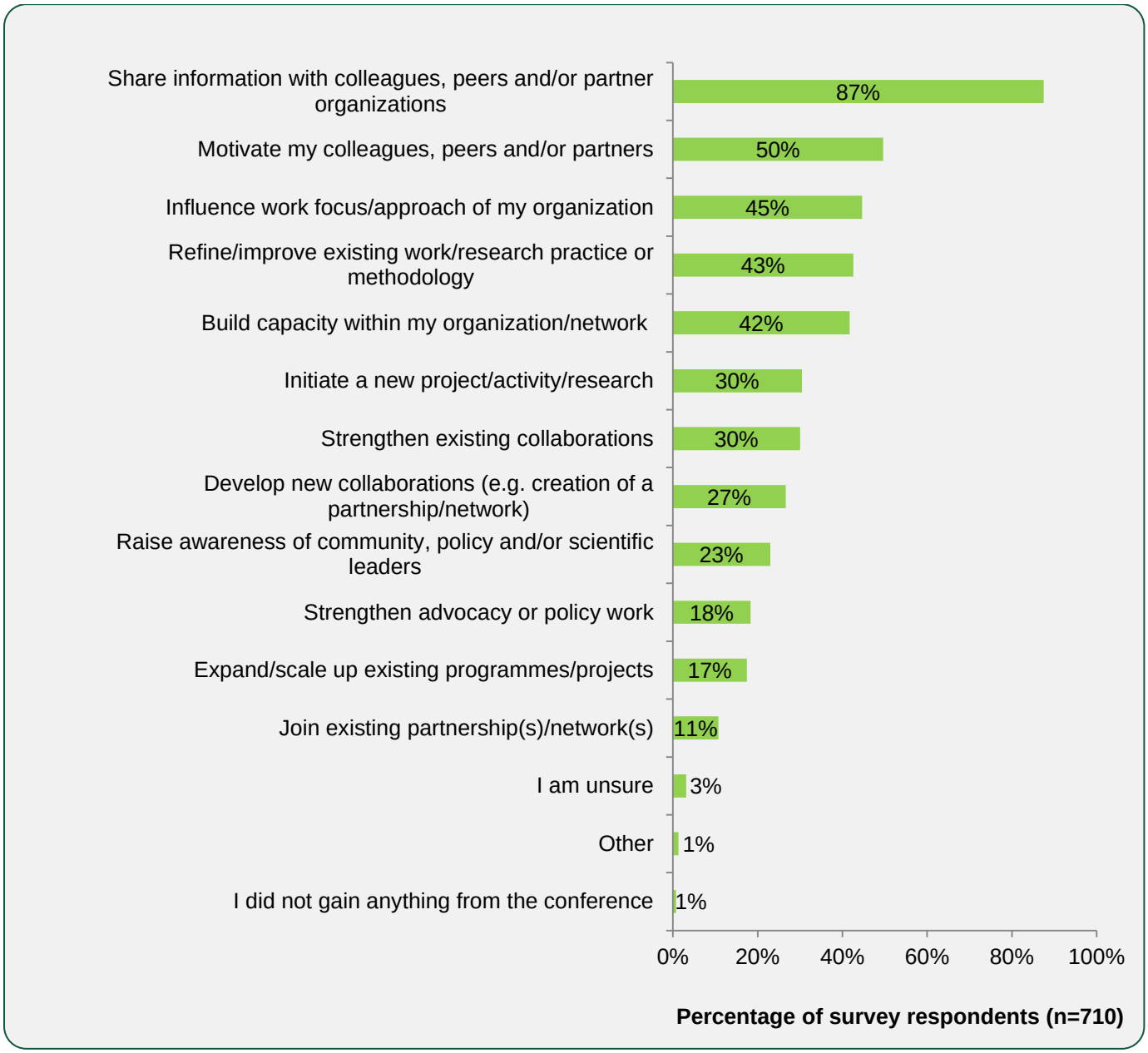
CIPHER Grantees with Linda-Gail Bekker © IAS/Marcus Rose

Anticipated use of benefits gained at the conference

Surveyed delegates were asked to select, from a 15-point action list, how they would use the benefits they gained from the conference. As in 2011 and 2013, **the majority of respondents (87%) would share information with colleagues, peers and/or partner organizations** (e.g., through discussions, presentations, dissemination and/or translation of materials, and writing papers). The four following actions were also well ranked, with more than 40% of respondents selecting them:

- Motivate colleagues, peers and/or partners (50%)
- Influence work focus/approach of the respondent's organization (45%)
- Refine/improve existing work/research practice or methodology (43%)
- Build capacity within the respondent's organization/network (e.g., through training, development/update of guidelines, procedures, manuals, other materials) (42%).

Figure 18. Anticipated use of benefits gained at IAS 2015



The following quotes provide examples of projects, programmes, research and/or collaborations delegates planned to initiate or expand as a result of IAS 2015:

- "We will focus on the results of the START trial and the implications of this work, for instance, increase opportunities for testing; rapid referral to treatment and ensure that patients take and stay on treatment so that their viral load is as low as possible." (community-based researcher, NGO, Canada)
- "If we get funding that we have applied for, we will be contributing to an HCV trial." (community-based researcher, academia, USA)
- "I will seek to implement PrEP in high risk groups and will also accelerate the implementation of the WHO guidelines – aiming to treat more PLHIV." (physician, government, Barbados)
- "We will start new research on the immediate initiation of ART or same day diagnosis and ART which was quite interesting. We are also planning a PrEP pilot project for MSM in Guatemala." (clinical scientist, hospital/clinic, Guatemala)
- "We will investigate the causes that motivate virological failure in patients who have access to ARV drugs." (physician, hospital/clinic, Argentina)
- "I will determine the effectiveness of dolutegravir in combination with standard [ARV] regimens among HIV-1 infected treatment naïve adults in a clinical setting in Tanzania." (clinical scientist, hospital/clinic, Tanzania)
- "We will strengthen partnership with Vodafone on primary outreach and patient testing." (physician, NGO, Lesotho)
- "We will conduct operational studies to evaluate and optimize early initiation of ART." (epidemiologist, NGO, Uganda)
- "We plan for a novel vaccine based on knowledge from others and ours." (researcher, pharmaceutical company, Belgium)
- "Modelling concerning immune activation and prevention or treatment of comorbidities associated with immune activation." (researcher, academia, France)
- "I will engage my organisation to initiate PrEP in India." (manager/director, NGO, India)
- "The new research project is 'Cohort Study of HIV, STI and preventive interventions among young men who have sex with men in Thailand'. Study behaviour of young MSM that relate to HIV positive/STI and provide the prevention interventions." (nurse, government, Thailand)
- "We will build up a more complete protocol in our hospital to take care of PLHIV. Also we will construct our own national guidelines of PrEP, which might include all of the prevention toolbox." (physician, hospital/clinic, Taiwan)
- "Incorporate HIV self-testing into community-based testing sites." (physician, academia, Australia)

What could be improved to help delegates gain more from attending the IAS conference?

This section is a summary of suggestions made by delegates to gain more from the conference and to improve the next IAS conference to enhance the impact of the conference on the response to HIV and AIDS. All suggestions were analysed and classified into the following themes.

Poster exhibition

Most comments related to the lack of promotion and visibility of the poster exhibition and its low attendance. In order to increase the number of visits to the poster exhibition and interaction with poster presenters, delegates recommended that the programme include a dedicated poster time that does not conflict with lunch breaks and other sessions (as is done at CROI and the Keystone symposium). They suggested that the poster display area be located in a visible and easily accessible place (it was reported that other conferences better integrate posters throughout the conference venue so that delegates are required to pass by them). Some delegates also reported it was difficult to find poster numbers in the exhibition area.

Programme

- Content: Key topics that delegates would like to see better covered at IAS 2017 include the following: basic science not related to reservoir research; HIV and TB; management of co-morbidities; pharmacology; adherence to ART; paediatrics and early infant diagnosis; and prevention strategies for and special needs of key populations. A few youth delegates also expressed their wish to see more young investigators present findings of their work, particularly those involved in research in resource-limited settings.

- Schedule: As with previous conferences, many delegates highlighted time conflicts between sessions that were of interest to them (e.g., there were sessions on TasP concurrent with sessions on PrEP, which created scheduling conflicts for those delegates interested in the general area of HIV prevention). They complained about the lack of time for lunch, networking/interaction opportunities and poster viewing. One delegate stressed that sessions in the same scientific track should not be held simultaneously, especially when they are not recorded.

Speakers

Delegates underscored the lack of diversity among speakers, highlighting that the conference was heavily dominated by scientists from North America and Europe. They were disappointed that there was not a stronger presence of scientists from developing countries in the abstract-driven sessions.

Programme-at-a-Glance (PAG) application

Delegates reported that the PAG application was not user-friendly. They provided the following examples:

- A list of available posters was not easily accessible and it was difficult to find poster numbers.
- Plenaries should have been easier to find (e.g., the plenaries were not shown when refining the search to morning sessions).

- It was not possible to take notes, to cut and paste a title or to search by an author's name. In addition, delegates reported discrepancies with the printed programme.

Organization and logistics

Many delegates commented that given the high registration fees, coffee should be provided for free as it is at other conferences, and that more affordable food options should be made available inside the conference venue. This would prevent delegates from arriving late at sessions or even skipping them, simply because they have to leave the venue to buy food or have lunch.

Other suggestions for improvement included the need to:

- Reduce the registration fees and to offer more scholarships (especially for youth delegates and those from developing countries)
- Improve room allocation planning to better match the room size with the expected attendance level (some key sessions were impossible to attend due to limited seating capacity)
- Reduce energy wasting with respect to air conditioning (some delegates reported that they had to leave sessions because the room was too cold).

It should be noted that most of these suggestions are similar to those expressed at previous conferences, which suggests that the conference organizers should invest more efforts in addressing them. However, it seems that many of these challenges are inherent to conferences of this size and nature.

What were the main impacts of the previous IAS conference (IAS 2013)?

In order to assess the long-term impacts of an IAS conference on delegates' work and their organizations, as well as at the local, national, regional and global level, the IAS 2015 post-conference survey contained a series of questions dedicated to delegates who had attended IAS 2013. The 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) was held in Kuala Lumpur, Malaysia, in 2013. Comparisons with the IAS 2011 and IAS 2009 impact assessments are provided in this section where applicable.

A total of 143 surveyed delegates indicated that they had attended IAS 2013 (i.e., 21% of delegates who replied to the question about previous IAS conferences attended).

Delegates were asked if they had kept contact with people they had met for the first time at IAS 2013. Of the 139 respondents, 55% replied "yes" (vs. 66% of IAS 2011 delegates and 73% of IAS 2009 delegates).

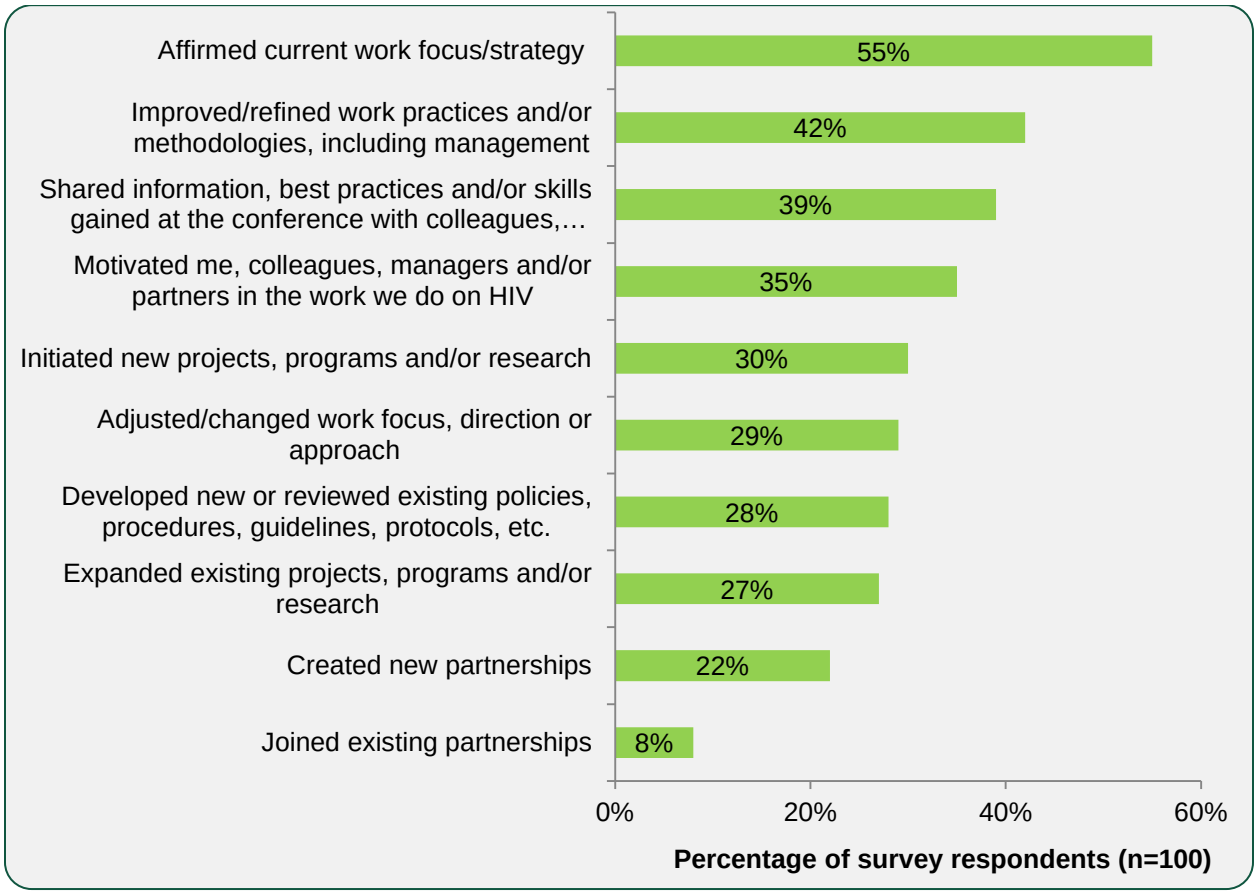
When asked if IAS 2013 had influenced their individual and/or organizations' work in any way, 70% of surveyed delegates replied "yes" (vs. 84% of IAS 2011 delegates). Respondents who reported that this had been the case were asked to select, from an 11-item list, the types of influences that the conference had on their individual and/or organization's work and/or concrete actions taken as a result of attending IAS 2013.

As shown in Figure 19, the five most frequently noted influences (each selected by at least 30% of survey respondents) were: 1) affirming current work focus/strategy (the conference provided evidence that the delegate or his/her organization was doing the right thing and in the right way); 2) improving or refining work practices and/or methodologies; 3) sharing information, best

practices and/or skills gained at the conference with colleagues, managers and/or partners; 4) motivating self, colleagues, managers and/or partners in the work done on HIV; and 5) initiating new projects, programmes and/or research.

These influences were also among the top five selected by delegates who participated in the IAS 2011 impact assessment.

Figure 19. IAS 2013 influences on individual and/or organization's work



The following quotes provide examples of projects, programmes, research and/or collaborations initiated or expanded as a result of IAS 2013:

- "Studies on new drugs aiming at HIV cure and collaboration with Dr Guido Silvestri in the study of interferon-mediated mechanisms in dendritic cells." (biology and pathogenesis researcher, academia, Spain)
- "New database of patients in my country, in collaboration with European colleagues." (physician, hospital/clinic, Israel)
- "Initiated change in policy to Option B+ and developed a transition plan to Option B+ for my country." (manager/director, government, Zimbabwe)
- "Partnerships with direct supply chains were cemented and the vertical integration between organisations increased to get the end product to the users." (manager/director, NGO, South Africa)
- "A rapid testing project … I met an HIV test company that is now providing kits." (physician, academia, Argentina)

- "We pursued new work in HIV incidence determination with South Africa colleagues met at Kuala Lumpur." (researcher, NGO, USA)

Delegates were also asked if they were aware of IAS 2013 influencing HIV work, policies, programmes, research, funding and/or advocacy at the local, national, regional or global level. Almost one-third (30%) replied "yes" (vs. 57% of IAS 2011 delegates and 28% of IAS 2009 delegates); 22% replied "no" (vs. 17% of IAS 2011 delegates and 15% of IAS 2009 delegates); and 48% did not know (vs. 27% of IAS 2011 delegates and 56% IAS 2009 delegates). Those who replied "yes" were then asked to provide an example. A total of 29 delegates did so and 14 delegates skipped the question.

The most frequently cited influence related to the new WHO guidelines (updated in 2013) focusing on early treatment; 10 delegates mentioned the guidelines, but did not provide further details on how they were concretely used and if they were effectively implemented. One delegate wrote that they have influenced Option B+ uptake and another reported that it led to the modification of China's guidelines in the following year.

Three delegates also mentioned the new data that were presented on HIV cure at IAS 2013. One of these reported that the IAS "Towards an HIV Cure" symposium had certainly influenced the NIH and the Obama administration focus on cure, resulting in new investments.

Other examples were generic, except the following one: "[IAS 2013] pushed for PrEP in New Zealand. The New Zealand Aids Foundation continued advocating condom use, for all, despite undetectable viral load status."

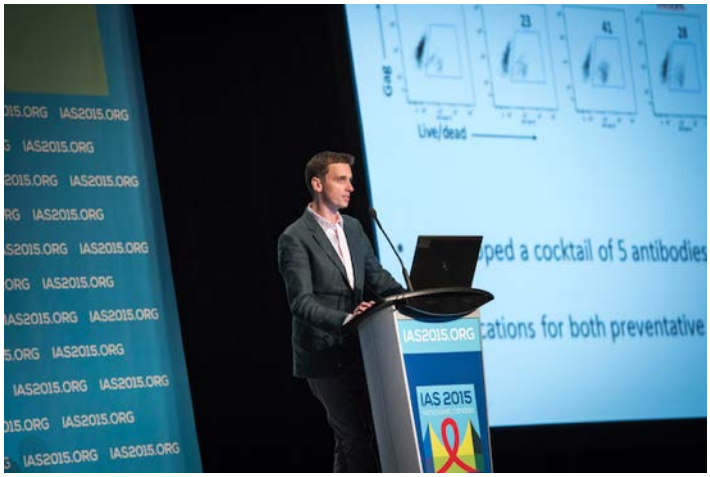
Conclusion

The IAS Conference on HIV Pathogenesis, Treatment and Prevention continues to attract a range of scientific experts, health care workers/social service providers and other stakeholders engaged in the response to HIV and AIDS from around the world. The quality and diversity of the scientific programme (mix of basic, prevention, clinical and implementation science) is considered to be the main added value of the conference compared with other well-known scientific/health conferences. Other motivations to attend this conference include presenting work/research, receiving feedback from peers, and networking opportunities.

Feedback from surveyed delegates confirmed that the conference programme was relevant to today's challenges (of the response to HIV and AIDS) and focused on the latest HIV science, including biomedical prevention, the search for an HIV vaccine and cure, HIV co-infections, paediatrics and adolescent research, and the specific needs of key populations. It also showed that the conference was successful in exploring how the latest scientific developments in HIV-related research can be realistically applied in implementation programmes and in reviewing implementation research that addresses barriers to scaling up and integrating research and prevention in resource-limited and policy-constrained settings.

Most surveyed delegates reported that IAS 2015 contributed to strengthening their skills and/or expanding their knowledge. Other benefits from attending the conference included: networking opportunities; getting inspiration and motivation for new and existing projects/research; increasing delegates' confidence; raising their awareness and broadening their views on different critical issues; and getting new evidence to support advocacy efforts. This suggests that the conference has met delegates' expectations because the benefits they gained are consistent with their motivations for attending IAS 2015.

The evaluation also demonstrated that the previous IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) had a positive impact on HIV work at different levels.



Rapporteur and Closing Session © Steve Forrest/Workers' Photos/IAS

Looking forward, the majority of surveyed delegates planned to share information with colleagues, peers and/or partner organizations. More than 40% anticipated that they would influence the work focus/approach of their organization, refine/improve existing work/research practices or methodology, and build capacity within their organization/network. This indicates that the important messages taken from IAS 2015 will reach far beyond delegates and that the conference is likely to have a real impact at different levels.

Most suggestions for improvement of future conferences are similar to those expressed at previous conferences, which suggests that the conference organizers should invest more efforts in addressing them. However, it seems that many of these challenges, such as time conflicts between sessions, are inherent to conferences of this size and nature.

In conclusion, the evaluation demonstrated that the IAS Conference on HIV Pathogenesis, Treatment and Prevention continues to be a key forum for thousands of researchers, health care workers/social service providers and other key stakeholders engaged in the response to HIV and AIDS. The conference provides delegates with an opportunity to share and gain new knowledge, to discuss challenges in their current work on HIV, and to create and reinforce partnerships and collaborations.

In order to maintain the high profile of the conference and robust levels of attendance in a competitive environment, organizers of the IAS Conference on HIV Pathogenesis, Treatment and Prevention should continue to be innovative compared to other well-known HIV-related conferences. In addition, the conference organizers will have to strengthen existing mechanisms to select the best science, focusing on high-quality, new and promising scientific research.

Recommendations

Based on the key findings presented in this report, the following recommendations were formulated to enhance the impact of future similar conferences, starting with IAS 2017:

Programme and speakers

- Ensure that only high-quality and new scientific findings are presented at the conference.
- Make further efforts to improve age and regional diversity of speakers.
- Avoid schedule conflicts for sessions addressing similar topics or fields of research.

Poster exhibition

- Consider having a dedicated poster time that does not compete with other sessions and lunch times.
- Ensure the poster display area is strategically located within the conference venue and is well promoted.

Logistics and organization

- Develop an updated version of the PAG application to make it more user-friendly.
- Improve the allocation of rooms based on their size to avoid having empty rooms while others are overcrowded.
- Provide more affordable catering options inside the conference venue.
- Better inform participants before the conference on what they can expect and cannot expect during the conference (e.g., complimentary coffee/tea, water fountains, wireless local area network, possible discrepancies between the printed programme and the PAG application, certificate of attendance, and CME credits claim).

Appendix 1: Online delegate survey form

*All questions marked with * are compulsory*

***1. What was/were your main track(s) of interest (in other words, in which track(s) did you attend most sessions)?**

Select up to 2 choices

- ☐ Track A: Basic Science
- ☐ Track B: Clinical Science
- ☐ Track C: Prevention Science
- ☐ Track D: Implementation Science
- ☐ Not applicable (I am not interested in any of these tracks)

***2. Which activities/areas of the conference did you find the most useful for your work?**

Select up to 2 choices

- ☐ Abstract-driven sessions
- ☐ Non-abstract driven sessions (plenaries, special sessions, bridging sessions, symposia sessions)
- ☐ Professional development workshops
- ☐ Satellite sessions
- ☐ Exhibition area
- ☐ Poster display
- ☐ Other (please specify):……

3. Looking at the conference programme, to which extent do you agree with the following statements?

In general, the conference programme ...

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
3.1	**Was relevant to today's challenges (of the response to HIV and AIDS)**					
3.2	**Focused on the latest HIV science (i.e. results of the most recent research vs. repeated presentation of findings over time)**					
3.3	**Explored how the latest scientific developments in HIV-related research can be realistically applied in implementation programmes**					
3.4	**Reviewed implementation research**					

	that addresses barriers to scaling up and integrating research and prevention in resource-limited settings					
3.5	**Reviewed implementation research that addresses barriers to scaling up and integrating research and prevention in policy-constrained settings**					
3.6	**Highlighted the situation of HIV in Canada and in the US.**					

4. The scientific programme provided comprehensive updates on ...

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
4.1	**Biomedical prevention (e.g. TasP, PrEP, circumcision)**					
4.2	**The search for an HIV vaccine and cure**					

5. The scientific programme fostered strategic discussions around the challenges of ...

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
5.1	**HIV co-infections (e.g. viral hepatitis, TB)**					
5.2	**Paediatrics and adolescent research**					
5.3	**The specific needs of key populations**					

***6. Thinking of the benefits you gained from attending IAS 2015, did the conference contribute to strengthening your skills and/or expanding your knowledge?**

- ☐ Yes
- ☐ No

Question displayed to respondents who selected "Yes": **6.1. Please use the text box below to give one example illustrating how the conference contributed to strengthening your skills and/or expanding your knowledge**.

Question displayed to respondents who selected "No": **6.2. What could be done differently at the next conference to strengthen your skills and/or expand your capacity?**

7. How will you use what you gained at the conference?

Select all that apply

- ☐ Share information with colleagues, peers and/or partner organizations (e.g. through discussions, presentations, dissemination/translation of materials, writing papers, etc.)
- ☐ Build capacity within my organization/network (e.g. through training, development/update of guidelines, procedures, manuals, other materials, etc.)
- ☐ Motivate my colleagues, peers and/or partners
- ☐ Influence work focus/approach of my organization
- ☐ Refine/improve existing work/research practice or methodology
- ☐ Initiate a new project/activity/research (please specify):……..
- ☐ Expand/scale up existing programmes/projects (please specify)……
- ☐ Raise awareness of community, policy and/or scientific leaders
- ☐ Strengthen advocacy or policy work
- ☐ Develop new collaborations (e.g. creation of a partnership/network – please specify):…
- ☐ Strengthen existing collaborations
- ☐ Join existing partnership(s)/network(s)
- ☐ Other
- ☐ I am unsure
- ☐ I did not gain anything from the conference

8. What <u>motivated you</u> to attend this IAS conference? If you have ever attended other well-known scientific conferences on HIV, please also include in your response the main differences you perceive between the IAS and these conferences** *(we are interested to know what the IAS conference "does better" or "could do better".)**

9. Please insert in the text box below any suggestions you have to gain more from the IAS conference (in other words, what could be done to help delegates benefit more from the IAS conference) and enhance its impact on the response to HIV and AIDS.

***10. Which IAS Conference(s) did you attend before IAS 2015?**

Select all that apply

- ☐ IAS 2001 (Buenos Aires, Argentina)
- ☐ IAS 2003 (France, Paris)
- ☐ IAS 2005 (Rio, Brazil)
- ☐ IAS 2007 (Sydney, Australia)
- ☐ IAS 2009 (Cape Town, South Africa)
- ☐ IAS 2011 (Rome, Italy)
- ☐ IAS 2013 (Kuala Lumpur, Malaysia)
- ☐ None of the above

Questions highlighted in grey were only displayed to respondents who selected IAS 2013 to Q10.

The following questions are focused on the last IAS conference, held in 2013 (Kuala Lumpur, Malaysia). Your responses will help us assess the long-term impact of this conference.

11. Did you keep contact with anyone that you met for the first time at IAS 2013?

- ☐ Yes
- ☐ No

***12. Did the conference influence your individual and/or organization's work in any way?**

- ☐ Yes
- ☐ No (skip next question)

***12.1. Please select from the list below the types of influences the conference has had on your individual and/or organization's work and/or concrete actions taken as a result of attending IAS 2013.**

Select all that apply

- ☐ Affirmed current work focus/strategy (e.g. the conference provided evidence that I or my organization was doing the right thing and in the right way)
- ☐ Adjusted/changed work focus, direction or approach
- ☐ Improved/refined work practices and/or methodologies, including management
- ☐ Developed new or reviewed existing policies, procedures, guidelines, protocols, etc.
- ☐ Initiated new projects, programmes and/or research (please give an example)…….
- ☐ Expanded existing projects, programmes and/or research (please give an example):…….
- ☐ Created new partnerships (please give an example):……..
- ☐ Joined existing partnerships (please give an example):……
- ☐ Shared information, best practices and/or skills gained at the conference with colleagues, managers and/or partners (e.g. through meetings, workshops, seminars, production and/or dissemination of reports/papers, emails, online forum, Facebook, Twitter, blogs, etc.)
- ☐ Motivated me, colleagues, managers and/or partners in the work we do on HIV
- ☐ Other (please specify):……..

***13. Are you aware of IAS 2013 influencing HIV work, policies, programmes, research, funding and/or advocacy at the local, national, regional or global level?**

- ☐ Yes (please give an example):……
- ☐ No
- ☐ Don't know

FINALLY, A FEW DETAILS ABOUT YOU…

***14. What is your gender?**

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

***15. What is your age?**

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

***16. What is your main occupation/profession?** *[selection from list]*

If you don't find the appropriate occupation/profession in this list, please select the most relevant category appearing in bold and capital letters.

***17. In which country do you mainly work?** *[selection from list]*

***18. With which type of organization or profession are you mainly affiliated?** *[selection from list]*

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

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

You have reached the end of the survey. You will automatically be entered into a prize draw to win US$200 for you, your organization or your nominated HIV and AIDS charity. Three respondents will be randomly selected and will be notified by email (prizes are not linked to survey answers)

Appendix 2: List of countries and corresponding regions

Sub-Saharan Africa

Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
Comoros
Congo, the Republic of
Democratic Republic of Congo
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Ivory Coast
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mayotte
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
South Africa
Swaziland
Tanzania, United Republic of
Togo
Uganda
Zambia
Zimbabwe

Middle East and North Africa

Algeria
Bahrain
Djibouti
Egypt
Iraq
Islamic Republic of Iran
Jordan
Kuwait
Lebanon
Libya Arab Jamahiriya
Morocco
Oman
Palestinian Territory, Occupied
Qatar
Saudi Arabia
Somalia
South Sudan
Sudan
Syria Arab Republic
Tunisia
United Arab Emirates
Western Sahara
Yemen

Eastern Europe and Central Asia

Armenia
Azerbaijan
Belarus
Georgia
Kazakhstan
Kyrgyzstan
Moldova, Republic of
Russian Federation
Tajikistan
Turkmenistan
Ukraine
Uzbekistan

East Asia

China
Democratic People's Republic of Korea
Hong Kong
Japan
Macao
Mongolia
Republic of Korea
Taiwan, Province of China

South and South-East Asia

Afghanistan
Bangladesh
Bhutan
Brunei Darussalam
Cambodia
India
Indonesia
Lao People's Democratic Republic
Malaysia
Maldives
Myanmar
Nepal
Pakistan
Philippines
Singapore
Sri Lanka
Thailand
Timor-Leste
Vietnam

Oceania

American Samoa
Australia
Cook Islands
Federated States of Micronesia
Fiji
French Polynesia
Guam
Kiribati
Marshall islands
Nauru
New Caledonia
New Zealand
Niue
Norfolk Islands
Northern Mariana Islands
Palau
Papua New Guinea
Pitcairn
Samoa
Solomon Islands
Tokelau
Tonga
Tuvalu
Vanuatu
Wallis and Futuna

Central and South America

Argentina
Belize
Bolivia
Brazil
Chile
Colombia
Costa Rica
Ecuador
El Salvador
Falkland Islands (Malvinas)
French Guiana
Guatemala
Guyana
Honduras
Nicaragua
Panama
Paraguay
Peru
South Georgia & the South Sandwich
Suriname
Uruguay

Venezuela

Caribbean

Anguilla
Antigua and Barbuda
Aruba
Bahamas
Barbados
Bermuda
Cayman Islands
Cuba
Dominica
Dominican Republic
Grenada
Guadeloupe
Haiti
Jamaica
Montserrat
Netherlands Antilles
Puerto Rico
Saint Helena
Saint Kitts and Nevis
Saint Lucia
Saint Pierre and Miquelon
Saint Vincent and the Grenadines
Trinidad and Tobago
Turks and Caicos Islands
Virgin Islands, British
Virgin Islands, US

North America

Canada
Mexico
United States of America

Western and Central Europe

Albania
Andorra
Austria
Belgium
Bosnia & Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Holy See (Vatican)
Hungary
Iceland
Ireland
Israel
Italy
Kosovo
Latvia
Liechtenstein
Lithuania
Luxembourg
Macedonia, FYR
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Romania
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Turkey
United Kingdom

Appendix 3: Number of delegates per country

Country	Number of delegates
Afghanistan	1
Albania	1
Angola	3
Antigua and Barbuda	2
Argentina	79
Australia	109
Austria	7
Bangladesh	6
Barbados	1
Belgium	28
Botswana	8
Brazil	86
Bulgaria	1
Burkina Faso	5
Burundi	9
Cambodia	10
Cameroon	25
Canada	696
Chile	8
China	68
Colombia	5
Congo, Democratic Republic of the	18
Congo, Republic of the	2
Costa Rica	3
Cote d'Ivoire	3
Croatia	1
Cuba	2
Czech Republic	10
Denmark	17
Dominican Republic	2
Egypt	4
Estonia	4
Ethiopia	17
France	150
Gambia	5
Georgia	4
Germany	66
Ghana	48
Greece	17
Guatemala	4
Haiti	3
Hong Kong, SAR of China	17
Hungary	3
India	78
Indonesia	4

Country	Number of delegates
Iran, Islamic Republic of	3
Iraq	1
Ireland	3
Israel	9
Italy	69
Jamaica	1
Japan	40
Kenya	53
Korea, Democratic People's Republic of	7
Korea, Republic of	9
Latvia	4
Lebanon	1
Lesotho	4
Liberia	4
Lithuania	5
Macau, SAR of China	3
Malawi	19
Malaysia	7
Mali	2
Mauritius	1
Mexico	66
Mozambique	14
Myanmar	15
Namibia	11
Nepal	11
Netherlands	22
New Zealand	5
Nigeria	74
Norway	10
Pakistan	6
Panama	4
Papua New Guinea	2
Peru	12
Philippines	8
Poland	19
Portugal	28
Puerto Rico	5
Romania	13
Russian Federation	16
Rwanda	3
Samoa	1
Saudi Arabia	6
Sierra Leone	1
Singapore	10
Sint Maarten	1
Slovakia	2
South Africa	172

Country	Number of delegates
Spain	34
Sudan	4
Swaziland	8
Sweden	5
Switzerland	68
Taiwan, Province of China	26
Tajikistan	2
Tanzania, United Republic of	21
Thailand	105
Trinidad and Tobago	2
Turkey	4
Uganda	176
Ukraine	13
United Arab Emirates	1
United Kingdom	173
United States	1,349
Venezuela	1
Vietnam	12
Virgin Islands, British	1
Zambia	32
Zimbabwe	55

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