

CONFERENCE IMPACT REPORT



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

TURNING THE TIDE TOGETHER

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS 2008	XVII International AIDS Conference (Mexico City, Mexico, 2008)
AIDS 2010	XVIII International AIDS Conference (Vienna, Austria, 2010)
AIDS 2012	XIX International AIDS Conference (Washington, D.C., USA, 2012)
ART	Antiretroviral therapy
ARV	Antiretroviral
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention (US)
EECA	Eastern Europe and Central Asia
HAART	Highly active antiretroviral therapy
HCV	Hepatitis C virus
IAC	International AIDS Conference
IAS	International AIDS Society
IDU	Injecting drug user
ILO	International Labour Organization (United Nations)
LGBT	Lesbian, gay, bisexual and transgender
M&E	Monitoring and evaluation
MARP	Most-at-risk population
MNCH	Maternal, neonatal and child health
MSM	Men who have sex with men
NGO	Non-governmental organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission
PrEP	Pre-exposure prophylaxis
SADC	Southern African Development Community
STI	Sexually transmitted infection
TB	Tuberculosis
TG	Transgender
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USA	United States of America
VCT	Voluntary counselling and testing
WHO	World Health Organization (United Nations)

EXECUTIVE SUMMARY

The XIX International AIDS Conference (AIDS 2012) was held in Washington, D.C., United States of America (USA), from 22 to 27 July 2012, attracting more than 23,000 participants, including about 18,000 delegates from 176 countries. As in 2008 and 2010, a comprehensive evaluation of this conference was conducted after the conference. In order to collect feedback from a wide range of delegates on the medium- to long-term influence of the conference, an online follow-up survey was conducted in June 2013 by an independent evaluation consultant. A total of 2,123 conference delegates completed the survey, the majority of whom were health care workers/social services providers and researchers, and worked mainly in North America and sub-Saharan Africa.

The vast majority of surveyed delegates indicated that AIDS 2012 had influenced their individual and/or organizations' work (86%). As for AIDS 2010, the three most frequently noted influences were: 1) motivating people in their work on HIV; 2) affirming current work focus/strategy; and 3) sharing information, best practices and/or skills gained at the conference (each selected by more than 60% of respondents). It is also encouraging to note that half the respondents indicated that they had improved/refined work practices and /or methodologies, and that almost 40% had created new partnerships as a result of attending AIDS 2012.

Thanks to the conference media coverage and information sharing by delegates with those who could not attend the conference, AIDS 2012 has also had some impact on HIV work, policies and advocacy at the local, national, regional and global level.

More than 1,000 concrete examples were provided by delegates to illustrate the conference's impacts at all levels (see details in the report), with the most recurrent themes being:

- Development or revision of policies, strategies, protocols, practices and/or guidelines related to HIV/AIDS prevention and treatment, as well as the protection of rights of the most-at-risk populations (MARPs)
- Better access to or scale up of HIV prevention, treatment, care and/or support services/programmes and better integration of HIV and other health related services
- Increased advocacy efforts, awareness and/or engagement of leaders, including policy makers, through discussions, debates, media coverage, public campaigns, organization of conference hubs and other types of information sharing (mainly related to HIV prevention and treatment, need for more funding and elimination of discrimination)
- Increased focus on prevention
- Increased collaboration and new partnerships at all levels of the response to HIV/AIDS
- New projects, programmes and research initiatives in the field of HIV/AIDS
- Increased confidence, motivation/energy towards the fight against HIV/AIDS at all levels
- Change in behaviour/attitudes towards HIV/AIDS by both PLHIV and HIV negative people.

In conclusion, this follow-up survey confirmed the results of the AIDS 2008 and AIDS 2010 follow-up surveys, proving that far more than being simply a five-day event, the International AIDS Conference is a key forum for those working in HIV and AIDS, influencing both delegates and their organizations, and reaching thousands of non-attendees, thus accelerating the national, regional and global response to HIV.

Although it is very challenging to get a comprehensive picture of the real impacts of the conference through a single online follow-up survey, it is recommended to conduct similar surveys for future International AIDS Conferences and to complement them with phone/skype interviews of delegates and non-attendees in order to validate survey results and get more details on the conference's impacts. If budget permits it, it would be also ideal to make a further assessment to track the implementation status of commitments made at the conference (at the financial, policy and programmatic levels among others) and progress of the advocacy initiatives generated at or catalyzed by the conference.

CONTEXT AND METHODOLOGY

Background

The XIX International AIDS Conference (AIDS 2012) was held in Washington, D.C., USA, from 22 to 27 July 2012, attracting more than 23,000 participants, including about 18,000 delegates from 176 countries. A comprehensive evaluation of AIDS 2012¹ was done, mainly through an online survey sent to delegates 10 days after the conference had ended. This survey had a high level of engagement, representing the views of 4,507 delegates, most of whom were first-time attendees (61%). A number of other instruments were used to gather information on specific conference activities, areas and services. This included online surveys, as well as individual and focus group face-to-face interviews, conducted before, during and after the conference.

The immediate objective of the evaluation was to collect feedback from delegates on the conference programme and support provided by the International AIDS Society (IAS²) on site and online. The evaluation also focused on the main benefits gained by delegates and the way that they anticipated using them. It was found that, similar to the previous International AIDS Conferences that were evaluated (AIDS 2006, AIDS 2008 and AIDS 2010), almost 100% of survey respondents reported that they had gained at least one benefit, with the most frequently reported benefits being new knowledge (73%) and new contacts and/or opportunities for future collaboration (57%). As in 2008 and 2010, most respondents anticipated using what they had gained at the conference by sharing information with colleagues or peers (83%).

In June 2013, the AIDS 2012 evaluation coordinator, an independent consultant, emailed a follow-up survey to about 12,500 delegates³ aimed at assessing the medium-term impact of the conference on their attitudes and practices in their HIV work⁴. After one reminder, sent out about two weeks after the survey was launched, a total of 2,123 survey forms were completed⁵. A similar assessment was done for the two previous conferences AIDS 2008 and AIDS 2010⁶.

Methodology

The online survey remained active for three weeks. The survey was available only in English and contained 10 questions, including two open-ended questions to give respondents the opportunity to fully articulate their opinions.

The online survey was created and administered using Cvent, Inc., a web survey programme.

Data analysis was 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 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.

¹ The AIDS 2012 evaluation report is available on the IAS website (www.iasociety.org) through the Evaluation page, as well as on the AIDS 2012 website (www.aids2012.org).

² The International AIDS Society is acting as the International AIDS Conference Secretariat.

³ Only delegates with a valid email address as of late July 2012 received a survey invitation.

⁴ A copy of the survey form is available in Appendix 1.

⁵ The response rate is 17%. However, it is underestimated since many delegates had changed email address between AIDS 2012 and June 2013 and some ones reported that they eventually did not attend the conference due to visa and/or travel issues.

⁶ The reports are available on the IAS website (www.iasociety.org) through the Evaluation page.

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.

SURVEY RESPONDENTS' PROFILE

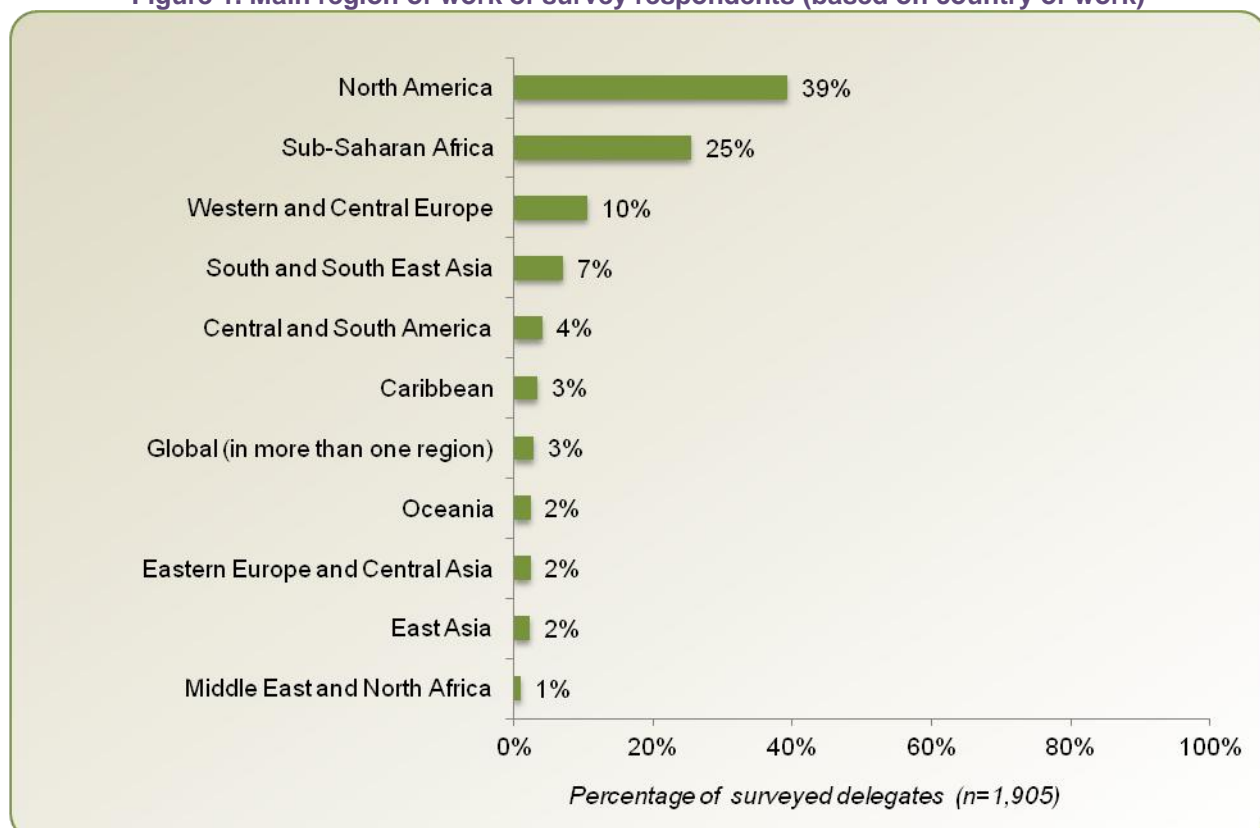
The survey sample was representative overall of the delegate population with respect to their main occupation/profession and their main affiliation/organization type. Comparison of the survey sample with the delegate population for delegates' main country of work/residence was not possible due to differences in the type of data collected (e.g., country of work for survey respondents vs. country of residence for delegates). In addition, some demographic details were not asked for in the follow-up survey, such as delegates' gender, age and the number of years they had worked in the HIV field.

It should be noted that demographic information was not available for all survey respondents (the number of people for which the information is available is provided in brackets in all figures of this section).

Region of work

Surveyed delegates represented a total of 134 countries. The largest number of survey respondents reported that they worked mainly in North America (39%), followed by sub-Saharan Africa (25%) and Western and Central Europe (10%, see Figure 1). This trend was also observed in the post-conference delegate survey.

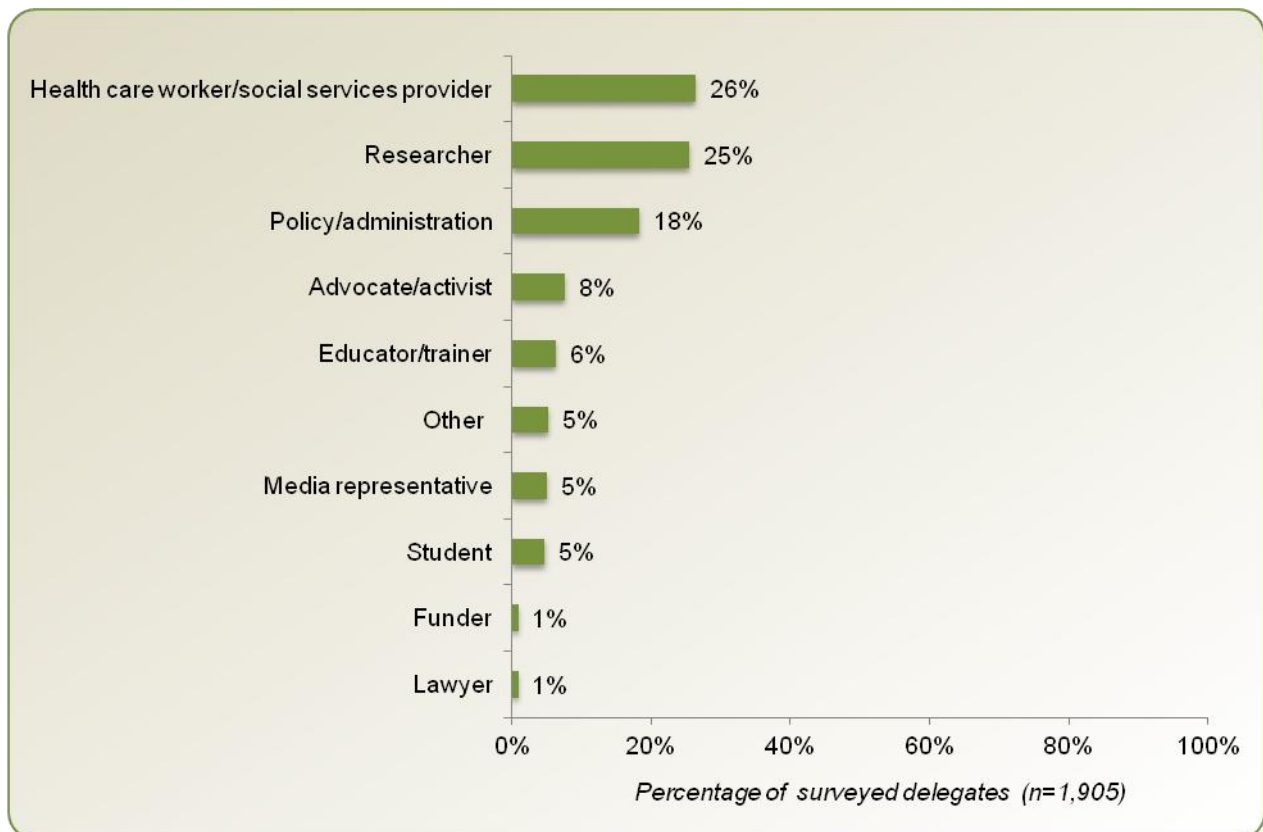
Figure 1. Main region of work of survey respondents (based on country of work)



Main occupation/profession

Health care workers/social services providers and researchers were the most represented professions among survey respondents (see Figure 2).

Figure 2. Main occupation/profession of survey respondents



Main affiliation/organization

The majority of survey respondents reported being affiliated with and/or working in non-governmental organizations (NGOs) and the academic sector (26% and 25%, respectively, see Figure 3).

Figure 3. Main affiliation/organization of survey respondents



Previous conferences attended

For more than half of surveyed delegates, AIDS 2012 was their first International AIDS Conference (54% vs. 46% who had attended at least one similar conference in the past).

MAIN FINDINGS

Did the conference influence delegates' individual and/or organization's work?

Voices of surveyed delegates

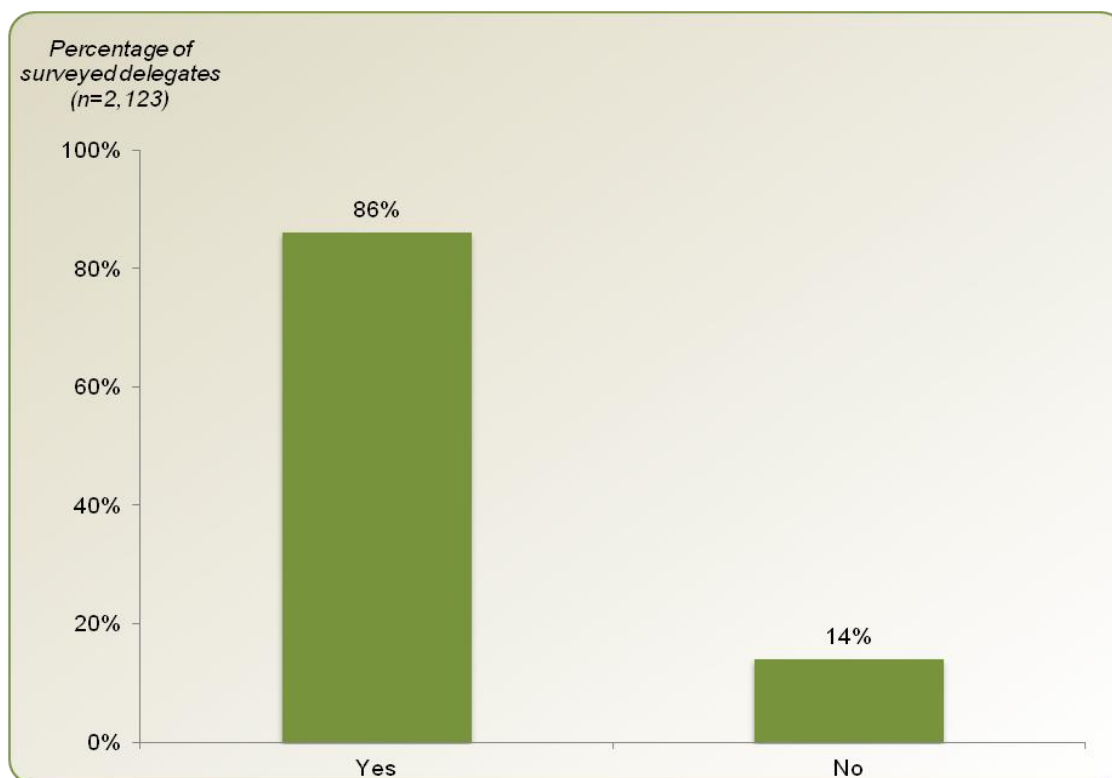
Examples of influences that the conference has had on delegates' individual and/or organizations' work and/or concrete actions taken as a result of attending AIDS 2012

- ✂ "After the conference we have started the Red Cord Initiative, to assist sex workers in receiving risk-reduction education, access to substance abuse treatment, and if they wish, assistance in leaving the streets. We have partnered with local law enforcement, courts, and non-profits to create a system to help women and men who are ready for change or need support while involved in prostitution." (administrator, charitable foundation, USA)
- ✂ "We were able to share all of the HIV-TB integration conference presentations with colleagues across Mexico working in TB-HIV/AIDS collaboration. We were able to refine some of the presentation detailing our own work, based on the integration concepts shared at AIDS 2012." (physician, NGO, Mexico)
- ✂ "The conference has allowed for me to start a new movement in Jamaica and I now have wider advocacy capabilities in reaching out to others. The operation of Healing with hope, a faith based approach, has taken off in Jamaica and has several international partners." (counsellor, people living with HIV/AIDS group/network, Jamaica)
- ✂ "The scientific discoveries and policy issues presented at the conference have been crucial to the formulation of national ... legal framework of universal access to ARV policy in Brazil." (researcher, academia, Brazil)
- ✂ "We had recently started a program in providing service to MSM. Engaging and providing MSM to services had been a major challenge; especially providing HIV testing. Through discussions with other organizations we have been able to expand our intervention using other approaches." (physician, organization unknown, South Africa)
- ✂ "The knowledge gained during the conference assisted in advocacy for the Ministerial management to adopt the implementation of option B+. The national eMTCT plan 2012 - 2015 was developed and launched by His Excellency President Dr M J Kikwete on December 1st, 2012." (physician, government, Tanzania)
- ✂ "At the office we have set up a volunteer team ... to pick street kids and ... counsel them, then take them back to their respective homes." (counsellor, government, Uganda)
- ✂ "News partnerships help us to get new material for testing and new equipment for CD4." (manager/director, private sector, Guinea)
- ✂ "After the conference, we initiated new research, specifically concerning the use of female condoms in our country... We are [also] conducting a survey on condom use among military personnel, youth and truckers and a survey on willingness to pay condoms by Congolese people." (prevention science, NGO, Democratic Republic of Congo)
- ✂ "I attended several sessions on aging in HIV, and was particularly struck by older people living with HIV advocating for themselves and their expertise to be included in developing work for this cohort. I introduced this idea at our organisation and it has been implemented." (health care worker/social service provider, hospital/clinic, United Kingdom)
- ✂ "I have been able to build research collaborations with US collaborators to work with MSM and TG communities in Mumbai, India." (researcher, grassroots community-based organization, India)
- ✂ "The finding on the treatment as prevention was applied to the community, ... Ensuring ART adherence, early treatment was strengthened at the community. As the result from our organization, 1702 couples had maintained their negative status by the end of 2012." (social or behavioural science, NGO, Cambodia)

Overview of results

Surveyed delegates were asked if AIDS 2012 had influenced their individual and/or organizations' work in any way. As shown in Figure 4, the vast majority of survey respondents (86%) reported that this had been the case (vs. 90% of AIDS 2010 delegates).

Figure 4. Did the conference influence delegates' individual and/or organization's work?



WHO WAS MORE LIKELY TO INDICATE THAT THE CONFERENCE HAD INFLUENCED HIS/HER INDIVIDUAL AND/OR ORGANIZATION'S WORK?

When this question was analyzed looking for statistically significant differences in survey respondents' profile and the likelihood the conference had influenced their individual and/or organization's work, the following was found:

- * First-time attendees (89%) compared with delegates who had attended at least one previous International AIDS Conference (83%, $p < 0.05$)
- * Delegates working in/affiliated with NGOs (88%) compared with those working in academia (79%, $p < 0.05$)⁷.
- * Delegates working in sub-Saharan Africa (90%) compared with those working in North America (79%, $p < 0.05$)⁸.

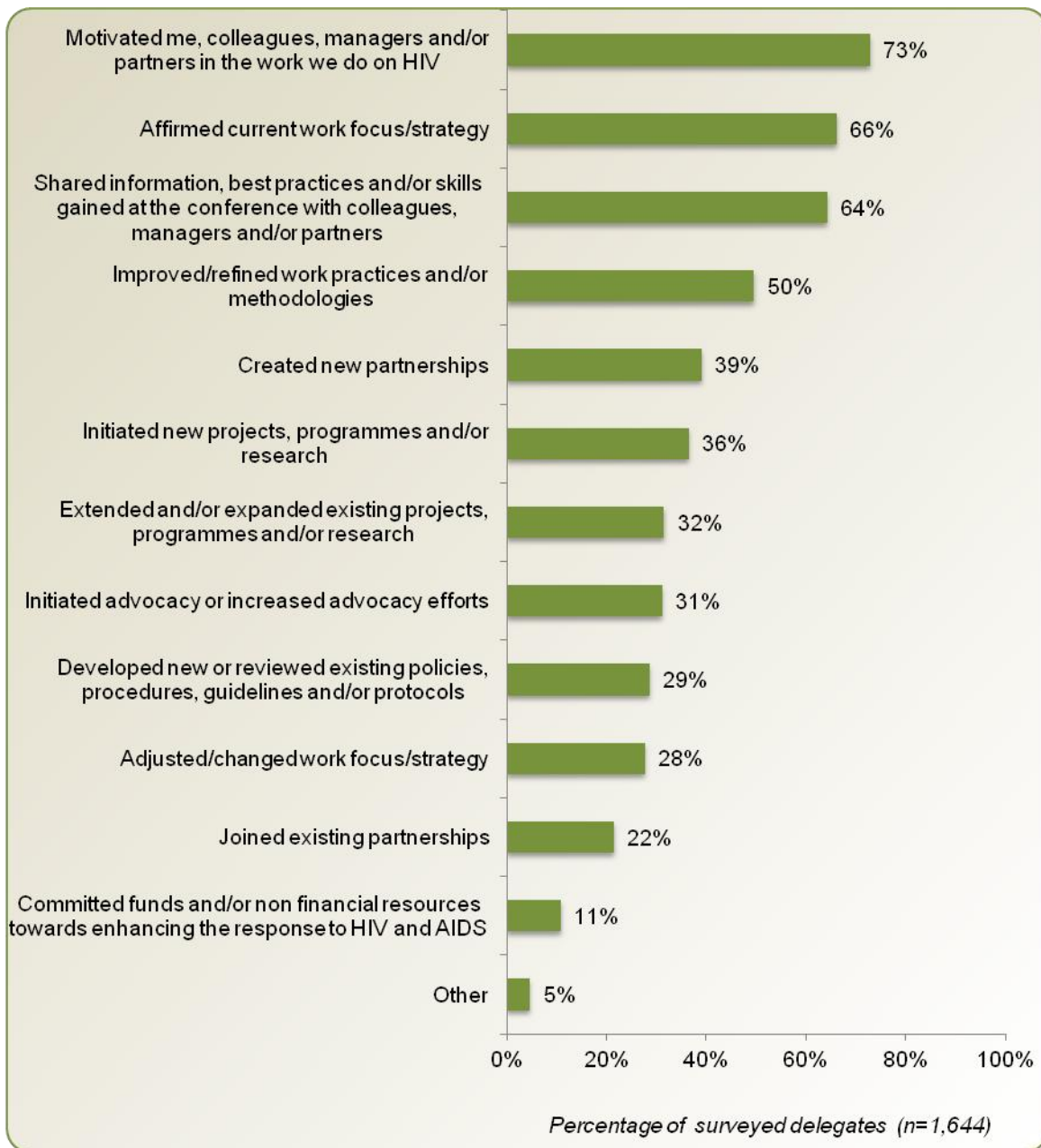
No statistically significant correlation was found between the likelihood that the conference had influenced delegates' individual and/or organization work and their main occupation/profession.

⁷ Only the two most represented affiliation/organization types were included in the analysis.

⁸ Only the two most represented regions (where delegates work) were included in the analysis.

Respondents who reported that this had been the case were asked to select from a 13-item list the types of influences that the conference has had on their individual and/or organizations' work and/or concrete actions taken as a result of attending AIDS 2012. As for AIDS 2010, the three most frequently noted influences were: 1) motivating people in their work on HIV; 2) affirming current work focus/strategy; and 3) sharing information, best practices and/or skills gained at the conference (each selected by more than 60% of respondents). It is also encouraging to note that half the respondents indicated that they had improved/refined work practices and /or methodologies, and that almost 40% had created new partnerships as a result of attending AIDS 2012 (see details in Figure 5).

Figure 5. Types of conference influences on individual and/or organization's work⁹



⁹ Total exceeds 100% because respondents were able to select more than one item.

Surveyed delegates were also asked if they had kept in contact with people they met for the first time at AIDS 2012. Of 2,097 respondents, 65% said "yes" (vs. 72% of AIDS 2010 delegates). This finding is consistent with the fact that half of surveyed delegates reported that they had created new partnerships as a result of attending the conference.

Survey respondents indicating the conference had influenced their individual and/or organizations' work were asked to provide a concrete example to demonstrate that or to describe how they concretely used what they gained at the conference (a total of 771 delegates provided such examples, representing 47% of all eligible survey respondents). A sample of concrete examples (verbatim responses) illustrating each of the top six themes is provided in the following sub-sections (they are ordered by region). It should be noted that many examples contain several different themes; they are only cited once to avoid redundancy across sections¹⁰.

Increased motivation and commitments

Of 1,644 survey respondents, 73% reported that the conference had motivated them, colleagues, managers and/or partners in the work they did on HIV.

The following examples illustrate this theme:

- ✂ "As basic science researcher, ... I had the chance to listen during AIDS 2012 to a researcher in sociology/activist presenting his work about a survey made in the community about the expectation of HIV infected people regarding HIV cure. It changed completely my perception of it, for the best. Knowing the point of view of HIV infected people drives my work." (biology and pathogenesis research, academia, USA)
- ✂ "I personally joined our HIV Prevention Council Combining both perspective of prevention and care was an inspiration from the conference." (policy/programme analyst, academia USA)
- ✂ "I took away a renewed sense of urgency for a cure which seems within our reach. [...] I am pushing my organization to endorse a new policy urging research and efforts towards the cure. Previous to the conference, it, sadly, was not on my radar." (postgraduate, NGO, USA)
- ✂ "Re-energized our work and led to enhanced focus on follow up of ARV exposed, uninfected children." (clinical science, government, USA)
- ✂ "The response of conference attendees to our presentation about the novel vaccine approach encouraged not only people directly involved in the research project, but other collaborators." (researcher, academia, Canada)
- ✂ "Our study group on Epidemiology of Infectious Diseases has resumed research on themes inspired by the conference." (epidemiology, academia, Brazil)
- ✂ "The many youth sessions I attended, motivated and encouraged me to pursue a higher level of education so that I am able to continue my work in community service." (counsellor, NGO, Honduras)
- ✂ "I increased my motivation to do activities ... to decrease the impact of HIV/AIDS in the communities. I had the capacity to do new projects with young people like advocacy training and rebuilt the participation networks." (broadcast journalist - radio, people living with HIV/AIDS group/network, Ecuador)
- ✂ "The conference helped me in terms of disclosure of my HIV status to my peers ... and ways to deal with stigma and discriminations in the MSM community." (community health worker, NGO, Nigeria)
- ✂ "From the workshop [attended during AIDS 2012], I got the motivation to talk to more mothers on the prevention of mother to child infection The importance of ARVs and the frequent check-ups to keep the viral load to undetected levels was made more real during the workshop." (social worker, NGO, Kenya)
- ✂ "I was able to more confidently encourage prophylaxis in HIV positive patients." (physician, private sector, South Africa)
- ✂ "Now I have new vision about HIV and AIDS [and] in our parliament, we are preparing [a] policy for caregivers in Mozambique." (lawyer, government, Mozambique)

¹⁰ The section titles were slightly different from the main themes listed in Figure 5 in order to better reflect the content of examples.

- ✂ "We are now encouraging more people to come forward for testing and treatment initiation..." (community health worker, NGO, Tanzania)
- ✂ "The various meetings and discussions that I had made gave me more energy to move forward. If before I was often behind the scenes, since this conference I come forward and [have] more courage to negotiate and bring new ideas for workshops or meetings with stakeholders. Again, the conference showed that apart from scientific research, psychological and social support is very important in the fight. We were able to develop a more effective support program by mobilizing volunteers of the association." (social worker, NGO, Madagascar)
- ✂ "With the skill sets I obtained, I felt way more energized to advocate for translation of science to implementation & in Africa, this largely implies great advocacy efforts." (prevention science, academia, sub-Saharan Africa)
- ✂ "The conference has inspired me to undertake further research in HIV and change my role to focus on clinical research." (nurse, hospital/clinic, United Kingdom)
- ✂ "A re-commitment to HIV work [at] local, national and international [levels], a further development in the treatment and cure research programmes." (advocate, grassroots community-based organization, Europe)
- ✂ "AIDS 2012 helped us organize a new understanding of the work of community-based organizations in AIDS [and their] role in helping us to treatment and care from prevention campaigns." (social worker, people living with HIV/AIDS group/network, China)
- ✂ "[We are now] considering offering PrEP to MSM, taking into account current research findings and practice around the world." (physician, organization unknown, Hong Kong)
- ✂ "Early treatment of HIV to reduce HIV transmission ... is now being studied in our MSM." (physician, NGO, Thailand)
- ✂ "The increased number of women delegates impressed me and encouraged to motivate more women activists in the field of HIV/AIDS." (manager/director, NGO, India)
- ✂ "It was a fantastic opportunity to see the scope of the work that is being done across the world in such varied circumstances. Also as someone that is now leaving the youth age range it was great to connect with some other young people who are so keen to take on leadership roles." (educator/trainer, grassroots community-based organization, Australia)

Affirmation of current work focus and/or strategy

Of 1,644 survey respondents, 66% reported that the conference allowed them to affirm current work focus and/or strategy (e.g., the conference provided evidence that the delegate or his/her organization was doing the right thing and in the right way).

The following examples illustrate this theme:

- ✂ "The conference added justification to my work on MSM and on intersectionality/homophobia as factor of western men epidemic." (social or behavioural science, academia, Canada)
- ✂ "The conference's broader focus on non-science work (i.e. social justice issues) was really well done and gave me a further appreciation for the work I was doing and the people it could potentially help in the future." (undergraduate, government, Canada)
- ✂ "The conference has led us to re-affirm our commitment to GIPA/MIPA principles and evaluate how PLWH, drug users, sex workers and indigenous people are involved in our organization. In the outreach program I manage we have begun to better incorporate clients into service provision and the decision making process." (advocate, grassroots community-based organization, Canada)
- ✂ "At the conference, I learned about what people outside of my field were doing for the fight against HIV/AIDS. I was also able to learn about and speak with others in my field about their work. This gave me confirmation that I was on the right track with my research and I gained some new strategies for expanding my work." (prevention science, academia, USA)
- ✂ "The conference confirmed, for me, the primacy of addressing social determinants of health." (lawyer, hospital/clinic, USA)

- ✂ "Meeting with other HIV positive advocates reaffirmed my commitment to press for increased legislative action towards adequate funding for treatment and improved access to care." (health care worker/social service provider, hospital/clinic, USA)
- ✂ "Having attended conferences since 1992, the impact was understandably more of an affirmation than a propulsion. I always learn a lot. In this case, I learned that there are a lot of younger people in whom I can have confidence as my own energy declines and personal priorities take more time." (advocate/activist, grassroots community-based organization, USA & Nepal)
- ✂ "I find out that our organization PLANETA AMOR is doing the care and prevention as it should be." (health care worker/social service provider, NGO, Columbia)
- ✂ "We analysed our model of integrated attention for people with HIV and found that most of the international components for combined prevention techniques are present in our model of service." (policy/administration, faith-based organization, Guatemala)
- ✂ "At the conference [by] meeting with many agencies we concluded we were on the right track as testing is the key to good service provision and development We have now intensified our efforts to expand community testing with Rakai area and beyond, and the results are excellent." (manager/director, grassroots community-based organization, Uganda)
- ✂ "My organization looks at the social and economic impact of HIV and AIDS. The conference [confirmed] the need for combination prevention including social mobilization for enhancing community driven responses and ownership of prevention methodologies and programs by communities themselves. The Community Capacity Enhancement program that we presented on the skills building satellite session has influenced the approach to service delivery in the area of OVC programming and support as well as in the area of prevention for all target groups." (manager/director, government, South Africa)
- ✂ "I work on international surveys on violence against children. This conference affirmed that violence and HIV are linked, but also encouraged us to seriously think about adding HIV testing to our survey." (social or behavioural science, organization unknown, Zambia)
- ✂ "The conference reinforced the message that we can defeat AIDS. As a result, increased focus had been put on interventions that have the greatest potential to turn the tide; an example in the enhancement of the PMTCT program with the objective of eliminating mother to child transmission and increased commitment to the 'test and treat' strategy." (manager/director, NGO, Uganda)
- ✂ "The additional information received [at AIDS 2012] and other interactions with constituent members have reinforced my belief that it is only a good balance between prevention, service delivery and advocacy that can make the difference in our response." (policy/programme analyst, government, Ghana)
- ✂ "During the conference I had the opportunity of presenting some case studies on the work we were doing on the meaningful participation of women living with HIV in decision-making and the feedback I got gave me confidence that we were doing the right things...." (pharmacist, NGO, sub-Saharan Africa)
- ✂ "As a donor we are constantly asking questions about our relevance and if we are 'on top' of issues. The [conference] often confirms that we are on track on points ... to where we need to have a closer look." (funder, organization unknown, sub-Saharan Africa)
- ✂ "I used interactions at the conference to extend and re-affirm an ongoing clinical collaboration with another company. The theme of progress towards an AIDS-free generation was highly motivating." (profession unknown, pharmaceutical company, Belgium)
- ✂ "The focus on 'the leaky cascade' and ways of tackling loss-to-follow-up echoed my experience of NIM-ART mentoring in South Africa where I continue to have contact with local mentors and was able to share this." (nurse, hospital/clinic, United Kingdom)
- ✂ "I was affirmed that the work we conduct in the prison system is in line with international standards and procedures. After returning to my home country, myself and my team developed a new project proposal on Healthcare in Prisons and currently we are waiting for results of the tender." (manager/director, NGO, Tajikistan)
- ✂ "The conference ... gave me good feedback that the work we are undertaking is interesting, important and will lead to tangible outcomes. We have since started some new work with new collaborators who we discussed some recent findings with and hopefully this will lead to co-authored publications and new avenues of research." (biology and pathogenesis research, academia, Australia)

Dissemination of knowledge

Of 1,644 survey respondents, 64% reported that they had shared information, best practices and/or skills gained at the conference with colleagues, managers and/or partners.

The following examples illustrate this theme:

- ✂ "We consistently use information and presentation ideas that we gained from the conference when working with all ages, but especially youth. We have developed a Lunch and Learn type workshop for professionals within a local health region and school district focusing on the stigma and discrimination stemming from HIV." (community health worker, NGO, Canada)
- ✂ "All attendees from our organization prepared posters and shared information with all of our employees." (policy/programme analyst, government, USA)
- ✂ "As a perinatally infected young woman I was able to connect with other HIV+ Latino youth and participate in the formation of a Latin American and Caribbean HIV+ Youth network. In my organization I brought back the message of sex positivity that I heard in a panel. I developed a presentation on sex positivity with youth and have been disseminating that message in my community." (social worker, hospital/clinic, USA)
- ✂ "Updated our technology and make a concerted effort to use Facebook to reach a large population." (administrator, faith-based organization, USA)
- ✂ "We organized a AIDS Conference Hub last fall, as sponsored by AIDS 2012." Physician Hospital/clinic USA
- ✂ "I have written numerous blog postings about issues and information I gained at AIDS2012. Many of the advocates I met there remain friends and colleagues. I have taken on new advocacy issues as a result of things learned at AIDS2012." (activist, people living with HIV/AIDS group/network, USA)
- ✂ "As Vice-President of San Juan EMA HIV/AIDS Planning Council (Puerto Rico) I was available to share with other council members new ideas for our work; especially how can we obtain other funds to give the people we serve other categories of services." (lawyer, NGO, Puerto Rico)
- ✂ "We have taken the initiative to conduct weekly life skill sessions with 30 MSMs over a three month period, using edutainment as our platform to attract these individuals. We also conduct monthly VCT sessions with out of school youths." (social or behavioural science, NGO, Jamaica)
- ✂ "What I took back to my country was the information that I gained from the global village." (peer educator, people living with HIV/AIDS group/network, Barbados)
- ✂ "The skills and knowledge gained was also passed on to other people in my organization. For example I learned about a community model that actively makes the community members participate in the project being implemented. This model emphasizes on using the bottom up approach where the implementers ask the community what the problem is and not assume and force a project on them. This model involves the community in coming up with solutions to the problem they are facing thereby ensuring sustainability." (advocate, NGO, Malawi)
- ✂ "I have also toured townships of my country and sharing the extraordinary stories of hope. Some people in denial have come out and [are] now assured of a longer life because they are on ARVs." (broadcast journalist - radio media organization, South Africa)
- ✂ "As a person that works with community based key groups (MSM) I have been able to share my knowledge with these populations I have also been able to influence policy change through the knowledge gained as I am a member of the MARPs Technical Working Group in the Ministry of Health in Swaziland. Beside the knowledge gained, I have also been able to network with organizations like International Rectal Microbicides Advocacy (IRMA) and AVAC which updates me on current affairs. After attending the conference, I have been able to mobilize resource for one of the MSM community based organizations." (skills building trainer, grassroots community-based organization, Swaziland)

- ✂ "After the conference we managed to focus our programming on increasing community mobilisation activities so as to create awareness of available HIV and PMTCT services in hard to reach areas and marginalised communities, and generate demand for HIV testing and counselling services and treatment care and support for both the infected and affected communities and individuals. We worked with commuter drivers, hair saloons and key people in the community so as to increase our coverage with HIV and PMTCT messages. Three community campaigns were conducted and we reached a large number of people with HIV information." (nurse, academia, Zimbabwe)
- ✂ "The report I wrote after attending the conference was approved by my Head of Mission in New York, which was ... widely received [by the] relevant Ministries and Agencies in charge of the subject. My recommendations on how to increase advocacy and awareness and how to improve strategies towards curtailing the disease and changing mindset to avoid discrimination were highly welcomed." (profession unknown, government, Nigeria)
- ✂ "After my return, I went on to the 2 local FM radio stations and held talk shows where there was very good listener participation, ... I was also able to hold the district HIV committee meeting where I gave the report to the district leaders (both political and administrators). I held health talk session at the AIDS support Organization centre, Tororo and shared information with peers concerning what I learnt at the conference ... also visited schools in my catchment area This has helped in my mobilization of peers ..., we now have more members disclosing their status and joining the network of people living with HIV." (teacher/lecturer, people living with HIV/AIDS group/network, Uganda)
- ✂ "Materials and presentations received have assisted to scale up the Mother to Child prevention of HIV In the Zambia Defence Force Health facilities through capacity building , provision of equipment and data management." (educator/trainer, government, Zambia)
- ✂ "[I received] a lot of training material, such as video CD and pamphlets, which I distributed in my work and church. I used the materials I got in to give feedback in my place of work .As a result of this conference the research committee of the hospital was born, of which I am a member. We already came up with some research topics such as "Assessing the adherence situation in Onandjokwe hospital, Namibia." (pharmacist, hospital/clinic, Namibia)
- ✂ "All attendees from leading partner agencies in Scotland that attended the conference presented their learning from the event to a wide group of people from other voluntary and statutory agencies. This has led to a more collaborative approach to leading work for people living with HIV. It led to the development of the first Positive Persons Forum attended by a wide range of people living with HIV and the resulting 'manifesto' led by them. This is out for consultation at the moment." (manager/director, NGO, United Kingdom)
- ✂ "I reported overall insights gained to the 'Working Group on Theology and Ethics' of the German NGO 'Campaign against AIDS', of which I am a member. I reported my experience as chaplan in the inter-faith prayer room of the conference to pastors and priests of German churches who occupy special ministries in that field." (advocate, faith-based organization, Germany)
- ✂ "The conference allowed me to join an international advocacy network working in the field of prevention research. Back to France, I could organize a meeting on PrEPs partially funded by this network." (policy/programme analyst, NGO, France)
- ✂ "I have presented a lot of the lectures about the ... conference news [to] many professionals." (epidemiology, academia, Russian Federation)
- ✂ "I was inspired by reports of scientists about influence of ARV-therapy on the development of the HIV epidemic. After the conference, I began to lobby actively questions of commitment of PLHIV to ARV-therapy at forums, meetings, seminars, trainings for the state and NGOs." (manager/director, NGO, Kyrgyzstan)
- ✂ "We developed the Information Resource Center in the Provincial Implementation Unit of Provincial AIDS Control Program and got it connected with the Digital library of Dow Medical University to provide research facilities to the interns attached with the program and people working for HIV/AIDS Prevention. The knowledge gained during the conference was shared with the people working on HIV/AIDS Prevention both in the program and associated with the program." (manager/director, government, Pakistan)
- ✂ "I conducted conference hubs which were unofficial to the HIV clinic staff and to the patients to improve their knowledge." (physician, hospital/clinic, Sri Lanka)

- ✂ "As a public broadcaster we have enhanced the scope of our programs on HIV/AIDS. Launched more awareness programs about care and support, nutritional supplement etc., We also distributed kits to the children living with HIV highlighting the importance of living together and driving away stigma and discrimination." (broadcast journalist - television media organization, India)
- ✂ "Coming back from the conference, I have shared the experience, ... booklets, CDs, brochures with my colleagues at the bimonthly coordination meetings. What we have done is that in our code of conduct which every employee has to sign, we have inserted that each employee has [to] abide by the organization's HIV/AIDS policy. We have started HIV/AIDS awareness for each staff member who have joined the organization and also strengthened awareness programme among our program participants." (manager/director, NGO, Bangladesh)
- ✂ "After [the conference], I have shared my experience [with] my organization, partner CSOs, my colleagues and our volunteers when I meet them in meetings/workshops." (social worker, grassroots community-based organization, Lao people' democratic republic)
- ✂ "Disseminated information about HIV to students, senior high school and in the University, because according the the Base Health Survey in my country, the knowledge of students aged between 15 to 24 years about HIV-AIDS [is] only about 11%." (community health worker, organization unknown, Indonesia)
- ✂ "Participate in the National HIV programme review team and shared the learning in different stakeholder meetings as well as with the partner NGOs." (administrator, NGO, Nepal)
- ✂ "I could give updated information at seminar for healthcare workers." (physician, academia, Japan)
- ✂ "I contributed a piece to a blog which was widely read and well-received. The conference helped inform my work, my research and the work of my organization by providing a comprehensive snapshot of current thinking about international HIV policy, priorities and interventions. I continue to reference the conference and sentiments expressed there in articles and presentations." (manager/director, NGO, Australia)

New and improved work policies, strategies, methodologies and practices

Of 1,644 survey respondents, 50% reported that they had improved/refined work practices and/or methodologies as a result of attending the conference.

The following examples illustrate this theme:

- ✂ "I attended workshops that reflected my work area and two of the workshops have directly impacted my work: one of them being implemented into a discussion piece for participants to consider stigma, judgment and discrimination (key in addressing HIV) and the other on marketing and messaging to community which has assisted in my own program communications and promotional/poster design and messaging." (counsellor, organization unknown, Canada)
- ✂ "Our HIV/AIDS Clinic is undergoing massive redesign in the face of the Affordable Care Act. Our staff came to the [conference] to learn from others how they are adapting to these changes and we have incorporated the insights we gained into our redesign process." (nurse, hospital/clinic, USA)
- ✂ "It certainly was difficult to apply all I was taking [from the conference]. That said, returning to my program brought with it a renewed vigor to working on issues reflecting HIV and aging, looking at ways to restructure our clinic in order to be more sensitive to issues of aging. Additionally, although I work in the area of HIV treatment, I have begun to develop stronger ties with prevention programs, particularly looking at treatment as prevention and developing smoother transitional practices for linkages to care." (nurse, hospital/clinic, USA)
- ✂ "We brainstormed ideas of how to better focus our program to have the most impact and what we could be doing that we aren't doing. I also learned a different technique for conducting focus groups with high risk groups that will be useful in a project that my organization conducts." (physician, government, USA)

- ✂ "At AIDS 2012 there was considerable emphasis placed on the need for inclusion of commercial sex workers in the fight against HIV. After attending the conference our HIV prevention workers were charged with utilizing these very influential members of our communities to recruit individuals for HIV testing." (educator/trainer, grassroots community-based organization, USA)
- ✂ "The conference has permitted my organization to revise the strategies of 2 main projects targeting the MARPs, and to better address the interventions of these projects." Manager/director NGO Haiti
- ✂ "Subsequent to the conference my organization has revamped and recreated its use of technology in addressing the epidemic among young people." (postgraduate, NGO, Jamaica)
- ✂ "We now work and guide all our programs by evidence. The amount of information gained was overwhelming and I had to come home and review many of my notes. As a direct result we developed an HIV stigma reduction campaign where for the first time in my country we placed a face to HIV, where real Belizeans publicly admitted we are HIV positive. Another direct result is the shift to gather data: since the conference we have done two major studies: the people with HIV risk profile and evaluation of the quality of services from the perspective of the users and will soon start implementing the people living with HIV stigma index." (activist, NGO, Belize)
- ✂ "Our organization has been able to acquire the GeneExpert after the successful presentations at the conference and this has seen our organization improving in the service delivery. I have also personally been more aware of the challenges of commercial sex workers and how they need [to have] their rights respected." (lab technician, academia, Botswana)
- ✂ "PMTCT services have been scaled up by engaging more Health Facilities to provide such services closer to the pregnant women." (administrator, government, Nigeria)
- ✂ "I have been able to rethink through most of my organisation's community engagement work with high risk fishing communities, developing innovative messaging - like designing armbands, community wall paintings." (social or behavioural science, academia, Uganda)
- ✂ "We have adopted innovations such as the use of mobile phones for money transfer and SMS reminders to improve management of logistics. We have improved efficiencies in terms of leveraging resources and ensuring that we maximize outputs for every dollar spent on activities." (manager/director, organization unknown, Uganda)
- ✂ "I am currently applying evaluation methodologies learnt at the conference for our BCC interventions. We are developing our fourth strategic plan and will advocate for a very simple summarized version like for Uganda I saw at the conference." (epidemiology, government, Kenya)
- ✂ "We have started few strategies that enable us to monitor the quality of the clinical service that is provided to patients such as CD4 testing and immunological test, monitor health progress of pediatric on ART and those enrolled to care." (health care worker/social service provider, NGO, Tanzania)
- ✂ "I attended Tony Harries and Rony Zacchariah's excellent Operational Research Workshop and we are implementing what we learned from that workshop. Our monitoring and evaluation manager will be pursuing further training in this area." (manager/director, NGO, Malawi)
- ✂ "After the conference we managed to make programs to enroll all eligible clients on ART. ... We trained TBAs in PMTCT and we are working with them in follow-up of mothers and those eligible to be commenced on ART. ... After the conference we have put in measures to ensure all mothers receive results and eligible children are commenced on ART according to guidelines. We have also started a research in TB surveillance since 70% of our TB patients are HIV co-infected." (health care worker/social service provider, hospital/clinic, Zambia)
- ✂ "Now, I start the treatment of all the patients. I don't wait CD4 [to] be low." (physician, private sector, the Republic of Congo)
- ✂ "We started to move on a new policy for PMTCT in my program, moving from option A to B+ in order to create an AIDS free generation." (physician, NGO, Democratic Republic of Congo)
- ✂ "Reduction of discrimination and stigmatization of workers at workplaces. Improved care and support of workers affected and infected with HIV. Improved voluntary testing and counselling at workplaces." (advocate/activist, trade union, Ghana)
- ✂ "Change on whole program addressing MSM issues." (public servant, government, Burkina Faso)
- ✂ "Community counselor involvement in retention ... of PLHIV under ARV treatment. Our organization has adjusted SOP for counselors; they use reminder calls and document it." (physician, NGO, Ivory Coast)
- ✂ "[We are] starting HAART earlier, more focus on treatment as prevention, start[ed] HAART and studying cases of ARS." (physician, hospital/clinic, Israel)

- ✂ "I work in a national Government and the conference provided me with experience from other jurisdictions and novel approaches to tackling particular problems such as increasing diagnosis. Have been inspired by a piece of work in Paris to implement a different model of testing. Also gathered a great deal of knowledge on key emerging issues such as PrEP and home testing kits which has influenced policy development." (public servant, government, United Kingdom)
- ✂ "We used material on HIV and criminalisation to refine our own protocols and advocacy dossiers." (policy/programme analyst, NGO, Belgium)
- ✂ "TB prevention activities were improved in HIV positive population in our area." (epidemiology, hospital/clinic, Russian Federation)
- ✂ "During the conference I've got new methodologies and practices. I've implemented these methodologies during the seminars that Mykolayiv Association for Gays, Lesbians and Bisexuals 'LiGA' organized for workers of Ukrainian LGBT NGOs as Resource center." (skills building trainer, NGO, Ukraine)
- ✂ "Comprehensive intervention package for injecting drug user with new concept of Hepatitis B vaccination and treatment ... [is being] implemented in both community and closed settings. ...This activity is more meaningful in project provinces where percentage of Hepatitis infection among IDUs is very high." (physician, government, Vietnam)
- ✂ "We have tried to develop the strategic use of ART for further HIV prevention. Another example is on the focus of HIV prevention among youth." (public servant, government, Thailand)
- ✂ "We included TB-HIV coinfection activities in the TB program in order to improve their surveillance. Also before implementing a joint plan of both infection TB and HIV we developed a TB-HIV guideline, reviewed the existing AIDS policies as a legal management tool for both sides." (physician, government, Lao people' democratic republic)
- ✂ "We modified some of our programs after getting inputs from the participants of the program." (peer educator, people living with HIV/AIDS group/network, Bangladesh)
- ✂ "Some of the strategies of working with key population groups was new to me - I decided to implement that strategy in my organization." (policy/programme analyst, NGO, India)
- ✂ "Information from a poster and speaking to the author of the poster gave me new insight into the use of CD31 - a marker of T cells that have recently left the thymus and we have modified the way that this markers was analysed in our laboratory as a result."(biology and pathogenesis research, academia, Australia)

New and strengthened partnerships

Of 1,644 survey respondents, 39% reported that they had created new partnerships as a result of attending the conference.

The following examples illustrate this theme:

- ✂ "The conference gave me the possibility to reinforce partnerships with my colleagues of other French language organizations like Groupe Sida Genève, AIDES France and also Coalition Internationale Sida PLUS. Together, we developed a way to communicate a wide scale of information [presented at] the conference through different communication channels like our web sites or a magazine for people living with AIDS." (community-based journalist, NGO, Canada)
- ✂ "We met with others working in HIV Criminalization efforts and have been able to create a national network of allies." (advocate/activist, faith-based organization, USA)
- ✂ "Due to the conference it led to a partnership with another organization to focus research on that I normally would not have been interested in." (physician, academia, USA)
- ✂ "One of our info-sharing partners met Laurindo Garcia at the conference and then introduced us and the programme I manage is now collaborating to support one aspect of Laurindo's work from which our own project may ultimately benefit." (manager/director, intergovernmental organization, USA)
- ✂ "Our organization developed a partnership with Kenya to implement and create HIV prevention programs for youth." (profession unknown, NGO, USA)

- ✂ "The conference was the opportunity to meet existing partners in person, which strengthened on-going collaborations we had for one big project with several countries in Africa. It was also an opportunity to meet with new organizations from across the globe, which we ended up working with (especially with a team in South Africa we now work with on a regular basis)." (economic research, academia, Mexico)
- ✂ "We were able to start a brand new research collaboration with Dr. Chris Beyrer from Johns Hopkins." (epidemiology, academia, Brazil)
- ✂ "I developed particular partnership with organizations from other countries in my region so we grouped together to submit a project that got approved." (advocate, NGO, Peru)
- ✂ "Partnership with NGOs from other countries, especially USA, was strengthened. More work possibilities were created, for example with the Women Won't Wait Campaign we were able to get in contact with other groups and NGOs and the work with IAS was strengthened." (advocate, NGO, Argentina)
- ✂ "There have been many benefits, but the most important [one was] to create a group for young people with HIV/AIDS Positive Quito, which allowed us to work with youth and adolescents, ..., now we have young leaders working with prevention." (activist, NGO, Ecuador)
- ✂ "The influence was in developing programs in partnership with other stakeholders improving the financial investments. Our organization, the Committee for the Prevention and Control of STI/HIV in the Armed Forces and National Police of Latin America and the Caribbean (COPRECOS LAC), that covers 15 countries, preventing the spread of HIV among military and police populations, their families and surrounding communities, is now working in close partnership with key populations networks in the region integrating programmatic and policy efforts in order to promote human rights, combat HIV stigma and discrimination." (policy/programme analyst, intergovernmental organization, Latin America and the Caribbean)
- ✂ "Housing in South Africa is a huge problem. The company I work for had financial constrains and ... after the conference ..., new partnerships where signed and through this, 2 mobile units were donated plus funds for staff. With this we can serve the communities better and where necessary, refer people for holistic treatment, make sure people take their medication and where possible, hand out food parcels." (manager/director, NGO, South Africa)
- ✂ "We have initiated research in HIV in collaboration with a nearby university." (physician, hospital/clinic, South Africa)
- ✂ "I am forming new partnerships with medical doctors in my country ... so we can work together and also carry studies on HIV/AIDS related malignancies." (postgraduate, academia, Cameroon)
- ✂ "I won partnerships with three networks. They inspired me and, after, I initiated a youth-led NGO named YOWLI BURUNDI (Young Women's Knowledge and Leadership Institute Burundi) gathering young leaders - women and men - and serving as an environment to disclose our skills and contribute to the triple goals of the Millennium: Zero new HIV infections, Zero AIDS related deaths and zero discrimination. YOWLI BURUNDI is now the executive partner of the Global Fund and has implemented three projects in the University." (undergraduate, NGO, Burundi)
- ✂ "Developed partnership with Johns Hopkins University Bloomberg School of Communication and currently we are writing a proposal on prospective behavioural challenges of HIV negative people. We have initiated 3 research paper writing and one is already under review for publication." (social or behavioural science, academia, Ethiopia)
- ✂ "Due to the conference me and my organization got many opportunities in Côte d'Ivoire and we have now the confidence of our Government. After the conference, as we were at Washington with our ministry, the Government gave us money for our projects." (administrator, NGO, Ivory Coast)
- ✂ "In the interest of integrated services we created partnerships with Reproductive Health/Family Planning service to complement the work we are doing." (manager/director, academia, Zimbabwe)
- ✂ "The conference allowed me to meet some partners to discuss with them a big study on EQA (external quality control) in Africa. It allowed me to have a meeting with them and to focus our EQA only on HIV diagnostic and monitoring." (biology and pathogenesis research, government, Senegal)
- ✂ "After attending several presentations on prevention particularly for adolescent girls programming, my organization has established a strong link with organizations programming for adolescent girls in Malawi. Further, my organization has established a centre which will act as a platform for girls to share experiences while at the same time access to sexual reproductive services." (manager/director, NGO, Malawi)
- ✂ "We have now more connections with networks working in HIV." (community health worker, NGO, Lebanon)

- ✂ "Due to new relationships made during conference our organization started new advocacy project in Armenia. ... I was involved in different campaigns during the conference. This allowed to see how we could raise out problems and work in our countries. Now we are going to make such campaigns in my country." (community health worker, NGO, Armenia)
- ✂ "New partnerships are created and new views and perspectives on problems we have, which leads to solving the problems." (activist, NGO, Croatia)
- ✂ "Created data sharing links so that joint analysis of findings can be carried out. Created links to harmonise research inventories so that future data can be pooled." (social or behavioural science, academia, United Kingdom)
- ✂ "The charities AHPN in the UK met with Deutsche AIDS-Hilfe of Germany, to put proposal for cross European HIV project targeting African communities." (profession unknown, NGO, United Kingdom)
- ✂ "I met a colleague I had not seen in a long time. We shared some information and developed a partnership that permitted me to visit him in his lab to develop a new technique that I later standardized in my own lab." (biology and pathogenesis research, academia, Spain)
- ✂ "AIDS 2012 and the Youth pre-conference that I attended gifted me with a huge network and friends. I still have a strong connection with them and that helps immensely in my work. There were many organizations that I got to know about, and I am working with some of them right now." (student, organization unknown, Bangladesh)
- ✂ "The conference gave us an opportunity to interact with academic institutions like JHU in Baltimore as I did a session at the Plenary organized by them. Interacted with some leading researchers on TG issues and wrote and submitted collaborative research proposal to NIH. Developed new partnership with MAC AIDS Fund and wrote proposals for Global Fund for increasing access for PLHIV MSM and TG as a sub-sub recipient. The conference gave an opportunity to understand working of various organisations and came back and started work on developing a strategic plan for the organisation and reviewed and revised the existing work place policies of the organisation. A new code of conduct and gender policy was integrated into the framework of the organisational policy. We strengthened our existing relations with University of Minnesota, Baldwin Wallace in Cleveland, Fenway community health in Boston and met and reviewed our existing partnership with University of Toronto and Albert Einstein in NYC." (manager/director, grassroots community-based organization, India)
- ✂ "Networking connected us with researchers in LSHTM and we [are] developing a research collaboration." (manager/director, NGO, India)
- ✂ "The most [important] influence for me and also my organization after attending the conference is advocacy effort on HIV-nutrition in Asia Region among the partnership we met at the conference i.e. World Food Programme, Albion Centre (Australia). So, after the meeting at the conference, we came back to start establishing the Asia Pacific Collaborating in HIV-Nutrition which is based at Thai Red Cross AIDS Research Centre." (clinical science, NGO, Thailand)
- ✂ "What benefited me and my organization the most is the network and connections that we made during AIDS 2012. We, for example, [we] were able to invite Roger-Mark de Souza, then Vice-President for Research at Population Action International to be our speaker for our conference on HIV/AIDS here in Tacloban. Funding wise our grant with HIV Young Leaders Fund was approved and we continue our partnership with them." (print journalist - newspaper/journal/e-publication, NGO, Philippines)
- ✂ "We are working in collaboration with many existing stakeholders and partners to play a pivotal role in AIDS 2014." (manager/director, government, Australia)
- ✂ "Formed new partnerships such as with Global Network of PLWHA and 7 Sisters in Asia. Committed to have inclusion of Pacific Island voices for next International AIDS Conference in Australia." (funder, government, Pacific Islands)

New projects, programmes and research

Of 1,6444 survey respondents, 36% reported that they had created new partnerships as a result of attending the conference.

The following examples illustrate this theme:

- ✂ "It motivated my co-workers and I to do additional research on Treatment as Prevention and the HIV Treatment Cascade. In addition, we planned and coordinated 2 Conference Hubs in Puerto Rico, in Spanish for over 70 participants." (manager/director, NGO, USA)
- ✂ "As the lead of a Network of organizations working with Latino Gay and Bisexual men in New York State, the conference, and in particular, the session on 'The Lancet special theme series' helped engage the network in conversation about prevention that went beyond the 'condom use.' As a result, the network developed an anti-homophobia campaign to address this social issues within the community we serve. Hopefully we are able to present the results of this social marketing campaign that combines social media and traditional mobilization at the next International AIDS Conference in Sydney." (educator/trainer, NGO, USA)
- ✂ "I gained knowledge about programs outside the U.S. that are using text campaigns to promote HIV prevention, testing and treatment. We are preparing a proposal to secure funding for a text campaign to be implemented locally. We are also working with a representative of GNP in hopes of implementing the HIV Stigma Index locally." (social worker, NGO, USA)
- ✂ "The conference created connections which led to the launch of studies in Africa (Uganda and South Africa) on HIV and Aging and the petitioning of UNAIDS to include data on older adults." Researcher Academia USA
- ✂ "We fund HIV/AIDS research in nonprofit laboratories - after finding out that half of the US HIV+ population will be over 50 soon, we're seeking out those doing aging with HIV studies, etc." (funder, charitable foundation, USA)
- ✂ "We began to do additional work on Cure research. Prior to the conference we did not pay much attention to this." (community-based journalist, NGO, Canada)
- ✂ "Strengthened partnerships and developed new research project to assess the knowledge, attitude, behaviors around Treatment as prevention as in applied to diaspora communities in Canada." (physician, NGO, Canada)
- ✂ "I created a kids and parents living with HIV group, I saw the importance ... that the parents and the kids know each other to create a sense of collaboration between them and the team of care, and with that, more commitment with the children adherence to the treatment." (psychologist, hospital/clinic, Mexico)
- ✂ "Upon my return I created a short feature looking at MAPs in relation to the church and its teaching, soliciting the views of both MARPs and Church officials. This programme aired regionally via the Caribbean Broadcast Media Partnership and HIV/AIDS (CBMP) through LiveUp the Show." (broadcast journalist - television, government, Saint Lucia)
- ✂ "The sessions on HIV and CNCDS have influenced new research in this area." (postgraduate, self-employed/consultant, Barbados)
- ✂ "I coordinate a new project (focused on social networking) against homophobia because in our society (Peru) LGBT communities are discriminated and consequently more vulnerable to HIV/AIDS. The influence of mass media reinforces discrimination, racism, sexism and homophobia. This project has the name QUE NO... (No more...) and in the next months we would create a radio online program about sexual and LGBT rights." (teacher/lecturer, academia, Peru)
- ✂ "The Treatment as Prevention concept was important to adjust our work focus emphasizing wider access to testing, inclusion of rapid test as a way of including new positive results in treatment. We also enhanced our advocacy work based on a human rights approach and started developing projects focused on MARPs ". (manager/director, NGO, Argentina)
- ✂ "After the conference, I started a youth rights project on accessing sexual and reproductive health services in a semi-rural community in South Africa. The project has generated interested in the local government and the city's Mayoral office is interested in a collaboration." (social or behavioural science, academia, South Africa)

- ✂ "We became involved with HTPN 071 and since the meeting I became involved with the Phylogenetics working group of the study." (clinical science, government, South Africa)
- ✂ "The information I learnt from the women I met during the conference has helped me form a women's forum in the community and we are now doing Income generation activities." (peer educator, NGO, Zambia)
- ✂ "We have implemented an adolescent program in order to empower adolescents in preventing themselves from HIV/AIDS, STIs and unintended pregnancy. We have trained peer educators; currently we have adolescent community groups, linked to the hospital friendly corner, to support adolescent pregnant and a committee with expert health workers for sexual violence management." (physician, hospital/clinic, Zambia)
- ✂ "I learned how other organisations engage sex workers into HIV/AIDS programs, this made me to start advocating for sex workers rights in Malawi, our organisation is one of the seven who launched the sex workers Alliance in Malawi. This is a big success after the conference. I also learned how to engage men in PMTCT programs, this made us to introduce the most successful "bring your wife PMTCT campaign". This campaign has helped men to come with their wives for ANC services at the hospital." (manager/director, grassroots community-based organization, Malawi)
- ✂ "My organization is now focusing on interventions that have shown to work and that have a significant impact on HIV reduction. For example, we have intensified operational research around voluntary medical male circumcision. We are also conducting a study to pilot roll out of early infant male circumcision. We had already been running a program to improve sex worker reproductive health; we have additionally added a component to advocate for Treatment as Prevention for HIV positive sex workers." (social or behavioural science, organization unknown, Zimbabwe)
- ✂ "My organization embarked on a project to integrate HIV laboratory services with overall laboratory unit at supported hospitals in Nigeria. This is with the aim of strengthening laboratory systems to support the provision of HIV treatment monitoring services for persons living with HIV/AIDS." (skills building trainer, NGO, Nigeria)
- ✂ "The Lagos State AIDS Control Agency where I worked ... decided to increase community testing by commencing the 1.3 by 13 initiative in which we intend to test 1.3 million people by 2013. This is based on the fact that most clients do not like to get tested at the health facility and community testing especially in the hard to reach areas and underserved populations. The focus here is on MARPs and prisoners and those living in the riverine areas of the state." (manager/director, government, Nigeria)
- ✂ "The organization rolled out eMTCT, embarked on a study to assess factors affecting PMTCT uptake, embarked on a study on size estimation of the MARPs population and scaled up Safe Male Circumcision (SMC), started on rationalization of ART support services to avoid duplicative support and ensure adherence to national treatment guidelines." (manager/director, government, Uganda)
- ✂ "We work on a CDC funded programme. It is aimed at strengthening the Procurement and Supply Chain of ARVs and other relevant commodities (e.g., lab equipment and consumables, Cotrimoxazole and Safe male Circumcision (SMC) kits. As an organization, we have recruited more field staff to support the growing number of both treatment sites and patients up-country. They are training grass root personnel on how to capture and report accurate data that enables us to procure drugs more accurately and in time, we are constantly negotiating for lower prices of drugs so that more people are treated with the funding available." (profession unknown, NGO, Uganda)
- ✂ "I created a group of six graduates and we are writing a proposal to see how we can improve nutrition for HIV/AIDS infected women and their families and economically empower them using kitchen gardening. In my country the issue of food security has partly impeded adherence; therefore by training these women in kitchen gardening we would be contributing to their food basket." (social worker, academia, Uganda)
- ✂ "With the knowledge I got from the conference, I managed to convince the board of directors to invest on new projects to generate funds. The profits gained from these projects so far are used to buy drugs [and] support patients [in] income generating activities through loans and grant for those who can't [reimburse]." (peer educator, trade union, Tanzania)
- ✂ "I was able to allocate more funds to take care of the children and adolescents infected with HIV. I opened adolescent clinics in 11 district hospitals in the south rift valley. I brought in over 100 health care workers who run a pediatric and adolescents 2 day-workshop...." (physician, NGO, Kenya)
- ✂ "I have been able to use knowledge gained to start up a process of developing a Most at Risk Policy for my country." (policy/administration, government, Kenya)

- ✂ "New information obtained from IAS about HIV and hepatitis co-infection motivated us to initiate 2 new research studies about HIV Hepatitis B and C co-infection in our population." (physician, academia, Rwanda)
- ✂ "After the conference we initiated a sustainability drive by engaging in agriculture in the four regional towns in Sierra Leone and had started a vocational skills training centre in the capital city (Freetown). ... We've been able to develop key organizational policies and documents such as Human Resource Manual, Advocacy Policy, News Bulletin, Guidelines on the establishment of Support group manual, Support group meeting outline, etc. We have developed and signed memorandum of understanding with our partners and have started working with telecommunication companies to see how we can put in practice the Kenya HIV intervention using mobile phones." (manager/director, people living with HIV/AIDS group/network, Sierra Leone)
- ✂ "We were only focusing within the urban area but after the conference, more people were involved and we decided to expand the project into the rural areas within the country." (nurse, government, Liberia)
- ✂ "My participation in AIDS 2012 impacted a lot ... my epidemiology surveillance structure and research. In brief, we have started the prospection of groups that were not very well explored in our country, namely MSM and miners." (epidemiology, Government, Mali)
- ✂ "After AIDS 2012, we started in my country a big programme : Gender and HIV, how to include in all interventions equitable participation of youth, women and men to prevent sexual contamination? We started by training 240 CBO members [and] wrote a national gender and HIV plan for 2013." (policy/programme analyst, government, Burkina Faso)
- ✂ "Networking at the conference [gave] us an opportunity to take on a project where we are writing a training manual for health care workers to better meet the needs of MSM in low- and middle-income countries." (epidemiology, academia, Gambia)
- ✂ "The Conference helped me realise the importance of social media in sexual and reproductive health education. For that I co-founded the SpeakAIDS initiative, an online platform aiming to allow young people share and learn about HIV/AIDS and sexual and reproductive health." (skills building trainer, NGO, Comoros)
- ✂ "Initiation of social science projects on HIV cure." (prevention science, academia, France)
- ✂ "VSO presented a poster entitled - "Your son, your brother, my wife": research identifies high incidence of forced sexual encounters between male prisoners in Malawi resulting in high vulnerability to HIV and AIDS. I was able to share the poster presentation with a key donor representative attending the conference who has subsequently developed a relationship with our regional programme and has supported our work to develop a Southern African Advocacy network to lobby for the implementation of agreed SADC minimum standards on health and HIV and AIDS care in prisons across the SADC region." (policy/programme analyst, NGO, United Kingdom)
- ✂ "The concept of combination prevention was adopted to our tool box." (activist, people living with HIV/AIDS group/network, Germany)
- ✂ "We have started new projects connected to art. We have changed our work methods towards more empowerment." (manager/director, NGO, Norway)
- ✂ "Before going to the conference, ... we didn't have our own organization. We have been doing projects, programs and research on HIV [with] other NGOs. Influence [of] the conference has played a major role in the establishment and registration of our own NGO which is already working successfully in the implementation of several projects." (manager/director, NGO, Bosnia & Herzegovina)
- ✂ "My organization has become more professional in advocacy approaches, and we were able to influence more professionals [regarding] HIV and MARPs in Russia..... We have launched several new projects and one new large study, as well as opened an office in Ukraine. Without the ... support from our new partners with whom we have established our relationships during the conference, these achievements would [not] have been impossible. (manager/director, NGO, Russian Federation)
- ✂ "Jointly with the US colleagues we received grant for HIV research." (teacher/lecturer, academia, Kazakhstan)

- ✂ "After getting exposure to the HIV control activities from different countries during the conference both at the sessions and interaction with delegates, we decided to use our data for more evidence based approach and conducted operational research in critical areas for better implementation of various programs. Especially early diagnosis and initiation of ART services was one of the areas we were lagging behind. We are now trying to address this gap by integrating with the general health system. Another area is PMTCT program. The poster from Namibia showing not so effective Sd-Nevirapine and better results with WHO option_B regimen motivated us to push for multi-drug regimen which was launched in our province during September 2012. Now we are happy to announce that the new regimen is showing better prevention of vertical transmission." (administrator, government, India)
- ✂ "The screening of my film 'Project Bolo' at AIDS 2012 and the response it received was very encouraging. We are now working on taking this very significant project ahead with its second phase - Project Bolo 2 with 20 more interviews of LGBT persons in India, with special emphasis on the rights and health work being done among MSM & Transgender communities in India." (advocate, grassroots community-based organization, India)
- ✂ "Besides hosting AIDS 2014, as a result of our participation in AIDS 2012, the State of Victoria will be the first in Australia to implement a working trial of community-based rapid HIV testing." (profession unknown, government, Australia)
- ✂ "Increased knowledge of UNAIDS' and Global Fund's plans assisted us to start working on documents for UNAIDS on New Funding Model." (manager/director, private sector, Global)

Did the conference have had any impact/influences beyond delegates and their organization?

Voices of surveyed delegates¹¹

Examples of conference's influences beyond delegates

- ✂ "Increased availability of antiviral medications to needy patients in international settings." (USA)
- ✂ "In many other countries, the shift from option A to Option B+ for PMTCT has been one of the biggest impact of the conference following an important high level meeting held by UNICEF, WHO, PEPFAR, and other well-known international experts." (Cameroon)
- ✂ "Our government has committed itself to scale up male circumcision including infants. We have received a lot of support even from WHO." (Zimbabwe)
- ✂ "Our state HIV/AIDS project team is more disposed to TB/HIV collaboration and is indeed supporting the state TB/HIV Technical Working Committee financially as a result of the state Project Manager participating in AIDS 2012." (Nigeria)
- ✂ "Conference has helped keep HIV prevention on the agenda, mobilized increased support and commitment to eliminating new infections among children, and helped thinking around rolling out global and regional frameworks, strategies and plans." (Eastern and Southern Africa)
- ✂ "The conference allowed to raise very important questions on drug prices." (Armenia)
- ✂ "The national treatment guideline has moved from CD4 250 to 350. Test and treat has been set up for MSM. Free treatment HCV has been offered. Treatment of TB and HIV has been modified." (Thailand)
- ✂ "The special session of the Lancet on MSM and HIV gave us very important tools for our work on prevention among gay men." (France)
- ✂ "I think that the 'cure' research agenda has moved forward as a result of the presentations and discussions that occurred at the conference." (global - 35 countries)
- ✂ "I have observed that the Global Fund has taken some of the recommendations into account and has rolled out new policies/tools which seem to have been triggered through discussions at the conference (for example, the annual forecasting/disbursement policy)." (global - 69 countries)

Surveyed delegates were asked if they were aware of any impact/influences AIDS 2012 has had on other delegates and/or non attendees. The question included the following probe: "this includes for example new commitments (from donors, national governments and other key stakeholders), introduction or amendment of policies, launch or extension of HIV programmes and advocacy campaigns, change in behaviour/practice of key populations/groups, initiation of research projects at the local, national, regional or global level". Of 1,928 respondents, 25% said "yes" (vs. 49% of AIDS 2010 delegates), 23% said "no" (vs. 11% of AIDS 2010 delegates) and 52% did not know.

¹¹ The main country or region where surveyed delegates reported to work is specified into brackets.

Respondents who were aware of the impact/influence that AIDS 2012 had on other delegates and/or non-attendees were invited to give examples. In about 300 examples, the most recurrent themes were similar to the ones described in the last section of the report (see below):

- Development or revision of policies, strategies, protocols, practices and/or guidelines related to HIV/AIDS prevention and treatment, as well as the protection of rights of MARPs
- Better access to or scale up of HIV prevention, treatment, care and/or support services/programmes and better integration of HIV and other health related services
- Increased advocacy efforts, awareness and/or engagement of leaders, including policy makers, through discussions, debates, media coverage, public campaigns, organization of conference hubs and other types of information sharing (mainly related to HIV prevention and treatment, need for more funding and elimination of discrimination)
- Increased focus on prevention
- Increased collaboration and new partnerships at all levels of the response to HIV/AIDS
- New projects, programmes and research initiatives in the field of HIV/AIDS
- Increased confidence, motivation/energy towards the fight against HIV/AIDS at all levels
- Change in behaviour/attitudes towards HIV/AIDS by both PLHIV and HIV negative people (e.g., disclose HIV status, undertake HIV test, stop discrimination of PLHIV, etc.).

Not surprisingly, the following key words were the most frequently cited:

- Early treatment (initiate treatment at a higher threshold of CD4 count)
- Treatment as prevention
- Prevention of mother to child transmission (adoption/implementation of the option B+)
- HIV cure research
- AIDS-free generation
- Male circumcision
- HIV/AIDS and MSM
- HIV/AIDS and sex workers
- HIV/AIDS and aging populations
- HIV/AIDS and youth
- Human rights
- HIV/AIDS and TB
- Funding of HIV/AIDS programmes
- HIV drug pricing
- Sustainability of the response to HIV/AIDS (including evidence-based interventions).

A sample of concrete examples (verbatim responses) is available in Appendix 2.

CONCLUSION

Results of the online survey completed by more than 2,000 conference delegates 10 months after AIDS 2012 demonstrate that the conference had a marked positive impact on HIV work at different levels.

The work of many delegates and their organizations has been clearly influenced by the conference, resulting among others in: increased motivation to work towards the response to HIV and AIDS; affirmation of current work focus and/or strategy; sharing of information, best practices and/or skills gained at the conference; improvement of work practices and/or methodologies; new partnerships and strengthened collaboration; launch and scale-up of projects, programmes and research; increased advocacy and awareness; development and review of policies, procedures, guidelines and protocols.

Thanks to the information shared by delegates during and after the conference with their constituencies, partners and colleagues, many non-attendees were able to benefit from AIDS 2012. Impacts at country level and within key international organizations were also reported across the globe by surveyed delegates, as a result of leaders attending AIDS 2012 and effective advocacy by delegates and their organizations after the conference.

The diversity of concrete examples (about the conference's influences) provided by survey respondents is a clear indicator that the International AIDS Conference has the potential to influence national, regional and global HIV responses in different areas, and serves as a catalyst for policy change, elaboration of strategies, revision of protocols and/or guidelines, better access to HIV-related services, increased awareness and advocacy, increased engagement of key leaders, better collaboration between national, regional and international stakeholders, new research and initiatives, and increased attention to the rights of most-at-risk populations (mainly MSM and sex workers in the case of AIDS 2012). The adoption/implementation of the option B+ for PMTCT by some national governments and momentum towards the HIV cure research seem to have been two key outcomes of AIDS 2012.

In conclusion, this impact assessment confirmed the results of the AIDS 2008 and AIDS 2010 follow-up surveys, proving that far more than being simply a five-day event, the International AIDS Conference is a key forum for those working in HIV and AIDS, influencing both delegates and their organizations, and reaching thousands of non-attendees, thus accelerating the national, regional and global response to HIV.

Although it is very challenging to get a comprehensive picture of the real impacts of the conference through a single online follow-up survey, it is recommended to conduct similar surveys for future International AIDS Conferences and to complement them with phone/skype interviews of delegates and non-attendees in order to validate survey results and get more details on the conference's impacts. If budget permits it, it would be also ideal to make a further assessment to track the implementation status of commitments made at the conference (at the financial, policy and programmatic levels among others) and progress of the advocacy initiatives generated at or catalyzed by the conference.

APPENDIX 1 – AIDS 2012 follow-up survey form

1. *Was AIDS 2012 your first International AIDS conference?

- Yes
- No

2. Did you keep contact with people you met for the first time at AIDS 2012?

- Yes
- No

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

- Yes
- No (skip next 2 questions – go to Q4)

3.1 Please select from the list below the types of influence the conference has had on your individual and/or organization's work and/or concrete actions taken as a result of attending AIDS 2012.

Select all that apply

- Affirmed current work focus/strategy (e.g., the conference provided evidence that my organization or I was doing the right thing and in the right way)
- Adjusted/changed work focus/strategy
- Improved/refined work practices and/or methodologies,
- Developed new or reviewed existing policies, procedures, guidelines and/or protocols
- Initiated new projects, programmes and/or research
- Extended and/or expanded existing projects, programmes and/or research
- Initiated advocacy or increased advocacy efforts
- Created new partnerships
- Joined existing partnerships
- 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.)
- Committed funds and/or non financial resources towards enhancing the response to HIV and AIDS
- Motivated me, colleagues, managers and/or partners in the work we do on HIV
- Other

3.2 Besides the above categories, we would like to get more details on the conference's impact.

Please insert in the text box below a concrete example of how the conference has influenced your individual and/or organization's work, or how you concretely used what you gained at the conference.

Max 1,000 characters

4. *Are you aware of any impact/influences AIDS 2012 has had on other delegates and/or non attendees? *This includes for example new commitments (from donors, national governments and other key stakeholders), introduction or amendment of policies, launch or extension of HIV programmes and advocacy campaigns, change in behaviour/practice of key populations/groups, initiation of research projects at the local, national, regional or global level.*

- Yes
- No (skip Q4.1)
- Don't know (skip Q4.1)

4.1 Please insert in the text box below a concrete example of any impact/influence AIDS 2012 has had on other delegates and/or non-attendees. We would be grateful if you could avoid general statements such as "the conference allowed to increase advocacy efforts").

Max 1,000 characters

Finally, a few details on you...

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

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

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

APPENDIX 2 – Impacts of the conference beyond delegates (concrete examples)

Verbatim	Main country/region of work
"I have witnessed two women living with HIV gain empowerment and motivation in HIV peer based work. They returned to their communities with increased awareness, inspiration and especially confidence. Both have become strong leaders in the HIV movement."	Canada
"The conference was an unique experience, strengthening friendships and creating new ones, helping to maintain a global networks of HIV activists, advocates, researchers, medical professionals and organizations involved on the global fight to end AIDS."	USA
"AIDS 2012 helped highlight the importance of the HIV epidemic in the host city of Washington DC."	USA
"One example: Hilary Clinton's remarks, in combination with her 2011 State Dept talk about an AIDS-free generation, has provided an impetus for PEPFAR and other organizations such as World Bank priorities and funding goals."	USA
"During the conference, Towards an HIV cure policy has been launched. This text drives the field and it's a key statement."	USA
"PEPFAR is being re-drafted! A great (potential) success for inclusion of sex workers in the fight against AIDS."	USA
"I know that some people from Los Angeles are participating in advocacy. New efforts especially in the area of prevention, more people are taking the HIV test (Hispanic community)."	USA
"The establishment of a National Youth HIV/AIDS Awareness Day in the US."	USA
"Community advocates from Europe & Australia were able to meet with US activists and have now begun to coordinate their activities."	USA
"We had a booth at the conference and later on (this year) a partner in Kenya sent us photos of our materials (stickers) being used by a local NGO working in HIV/AIDS... so our message (Good Catholics Use Condoms) is being adopted in their advocacy."	USA
"Our clinic lead a report back to our local Health Department's Health Commission and provided a new framework for understanding the massive changes that have taken place in HIV care and prevention, thus influencing policy on a city-wide level."	USA
"Circumcision received new emphasis as a legitimate strategy."	USA
"The TAG (Treatment Action Group) from South Africa seems to be implementing some ideas they gathered from the conference."	USA
"AIDS 2012 motivated me to sponsor a post conference Hub in September for clinical and community audiences."	USA
"It seems that the youth who came to the USA had never been out of their country and now are empowered to know so many people live with HIV ... they are now keeping alive an anti-stigma project."	USA
"A friend I met from Panama started a new organization for MSM living with HIV and is doing awesome work."	Belize
"Conference created more awareness of Option B+ and the need to revise guidelines accordingly."	Guyana
"Many people told me they got a lot of information they had never had in the past. I personally introduced Her Royal Highness Crowne Princess of Norway, Mette-Marit to some women living with HIV from Latin America."	Bolivia
" Increased interest to prepare presentations for future conferences."	Southern Africa
"Roll out of option B+ was agreed to by South African Minister of Health."	South Africa
"Increased funding commitment towards HIV/AIDS in South Africa from the DoH, increased emphasis on PMTCT following the presentations by government at the conference."	South Africa

Verbatim	Main country/region of work
"New strategic partnerships [were formed]. The FDA approval of Truvada for PrEP also influenced discussions in our countries."	South Africa
"Adoption of option B+ for Zimbabwe PMTCT program."	Zimbabwe
"Live testimonies that were made by people living with HIV and the other experiences presented in the form of video ... were very influential. In the case of Zimbabwe, these are being used for advocacy in the communities."	Zimbabwe
"The AIDS Vaccine Advocacy Coalition (AVAC) has several fellows who are currently working on interventions that have proven that they work."	Zimbabwe
"New commitments for POC (Point of Care) EID (Early Infant Diagnosis) and viral load devices have been made. R&D resources [have been] channeled to POC devices and, in our country, a proposal [is] on the table to roll-these out."	Zimbabwe
"This has helped the government to reflect on the SRHR (sexual and reproductive health rights) policy by including abortion programme. More debates have been done on this sensitive issue."	Malawi
"I have noted a much greater public understanding of recent advances in using ART as prevention and improving treatment. The public seems to understand the tide is turning, and the need to redouble efforts."	Malawi
"The conference allowed the nation to start looking at the implementation of option B+."	Zambia
"Our Government has increased the health sector budget allocation for 2013."	Zambia
"Liberia National AIDS Programme Manager told me he was fortunate to meet MSF delegate and hear about how to scale up ART. Following that he said his criteria for selecting new ART site have been changed."	Liberia
"The Conference had impact on my Government, as shortly on coming back the Government paid counterpart Funds to HIV response in the State."	Nigeria
"The conference strengthened so many local organizations in terms of advocacy with their health sectors in their various countries."	Nigeria
"A hub conference was conducted as a follow-up in Lagos."	Nigeria
"More involvement with researchers, and opening up new areas for survey."	Nigeria
"I know a delegate who [as a result of] the conference was able to strengthen his partnership with organisations that are working on microbicides."	Nigeria
"Behaviour change on MSM programs. Commitment on fund raising according to the lack of external Financial resources."	Burkina Faso
"Triggered discussion on PMTCT which is likely going to influence policy change."	Gambia
"The process to conduct the PLHIV Stigma Index has started in my country and an advisory team has been set up to ensure that the standards for the country roll out are adhered to, among others."	Ghana
"We initiated a partnership with an NGO in the US. Its VOXIVA and we are working on a web based male circumcision Adverse events reporting system."	Rwanda
"The government has re-energized the HIV prevention efforts; there are a number of public campaigns currently running on this issue."	Uganda
"More strategic planning is being realised at all levels, including national and district [ones]. There are a few changes that have been incorporated in programming and also into policies and guidelines."	Uganda
"There is a recruitment for PrEP in discordant couples going on in one of the towns of Kenya (Kisumu)."	Kenya
"Debate and discussion on how to finance HIV/AIDS sustainably in Kenya."	Kenya
"Kenya has experienced increased advocacy and lobbying for recognition of key populations and inclusion in policies to fight HIV. There have been open demonstrations by MARPs and increased Fora."	Kenya
"The major influence is in the new focus on area like gender-based violence (GBV) and Evidence Based interventions against HIV and AIDS. The discovery of new drug TRUVADA brought a very big impact to PLWHIV."	Tanzania

Verbatim	Main country/region of work
"From available evidence at the conference and post conference, WHO has produced new treatment guidelines which focus on operational issues."	Sudan
"More strategic alliances exist [since] the conference. I also know of organisations that re-looked at their programming and adjusted it."	Sub-Saharan Africa
"A session on dentists approach to HIV testing in clinics (USA) assisted in launching a campaign against discrimination [of] PLHIV from dentists and the general medical services community in Israel."	Israel
"Negotiations of an ecumenical group with pharmaceutical companies about pricing and licenses for generic manufacturers showed a more open attitude of some the companies."	Germany
"More interest in cure research . More awareness of the problems of sex workers (e.g. entering the US)."	Germany
"The ongoing HIV cure initiative has been strengthened. A new collaboration - Delaney towards HIV cure has been launched."	Bulgaria
"The Global Fund committed to additional funding for our developing world in combating HIV/AIDS. It promised to support more care and support programs in the country. The media also responded to put the facts in proper perspective."	India
"It informed our TB/HIV strategy here in Khyber Pakhtunkhwa, Pakistan."	Pakistan
"Influenced us to continue our advocacy on Comprehensive Sexuality Education and emphasis on HIV and AIDS in working with the Department of Education and the Department of Health."	Philippines
"The message of AIDS is treatment for all, especially for children. This make enhancement for my country's national guidelines for children."	Indonesia
"Build up a center of excellence that helps to ensure the quality of training, technical assistance and supervision."	Vietnam
"After the conference, with assistance from many development partners, National Center for HIV/AIDS, Dermatology and STDs has developed Cambodia 3.0 committed to no new infection, no death and no stigma and discrimination."	Cambodia
"Nepal Conference hub jointly organized by FHI 360, MoHP, and UNAIDS."	Nepal
"The conference strengthened the confidence [about] the effect of early ART and resulted in the expansion of ART program at the national level in China."	China

APPENDIX 3 – List of countries and corresponding regions¹²

- North America - NA
- Central and South America - CSA
- Middle East and North Africa - MENA
- Sub-Saharan Africa - SSA
- South and South-East Asia - SSEA
- Eastern Europe and Central Asia - EECA
- Western and Central Europe - WCE

Country	Region	Country	Region	Country	Region
Afghanistan	SSEA	Chad	SSA	Grenada	Caribbean
Albania	WCE	Chile	CSA	Greece	WCE
Algeria	MENA	China	East Asia	Guadeloupe	Caribbean
American Samoa	Oceania	Christmas Island	SSEA	Guam	Oceania
Andorra	WCE	Cocos (Keeling) Islands	SSEA	Guatemala	CSA
Angola	SSA	Colombia	CSA	Guinea	SSA
Anguilla	Caribbean	Comoros	SSA	Guinea-Bissau	SSA
Antigua and Barbuda	Caribbean	Congo, Republic of the	SSA	Guyana	CSA
Argentina	CSA	Cook Islands	Oceania	Haiti	Caribbean
Armenia	EECA	Costa Rica	CSA	Heard Islands and McDonald Islands	SSEA
Aruba	Caribbean	Cote d'Ivoire	SSA	Holy See (Vatican)	WCE
Australia	Oceania	Croatia	WCE	Honduras	CSA
Austria	WCE	Cuba	Caribbean	Hong Kong	East Asia
Azerbaijan	EECA	Cyprus	WCE	Hungary	WCE
Bahamas	Caribbean	Czech Republic	WCE	Iceland	WCE
Bahrain	MENA	Democratic People's Republic of Korea	East Asia	India	SSEA
Bangladesh	SSEA	Democratic Republic of the Congo	SSA	Indonesia	SSEA
Barbados	Caribbean	Denmark	WCE	Iran, Islamic Republic Of	MENA
Belarus	EECA	Djibouti	MENA	Iraq	MENA
Belgium	WCE	Dominica	Caribbean	Ireland	WCE
Belize	CSA	Dominican Republic	Caribbean	Israel	WCE
Benin	SSA	Ecuador	CSA	Italy	WCE
Bermuda	Caribbean	Egypt	MENA	Jamaica	Caribbean
Bhutan	SSEA	El Salvador	CSA	Japan	East Asia
Bolivia	CSA	Equatorial Guinea	SSA	Jordan	MENA
Bosnia and Herzegovina	WCE	Eritrea	SSA	Kazakhstan	EECA
Botswana	SSA	Estonia	WCE	Kenya	SSA
Brazil	CSA	Ethiopia	SSA	Kiribati	Oceania
British Indian Ocean Territory	SSEA	Falkland Islands (Malvinas)	CSA	Kosovo	WCE
Brunei Darussalam	SSEA	Fiji	Oceania	Kuwait	MENA
Bulgaria	WCE	Finland	WCE	Kyrgyzstan	EECA
Burkina Faso	SSA	France	WCE	Laos	SSEA
Burundi	SSA	French Guiana	CSA	Latvia	WCE
Cambodia	SSEA	French Polynesia	Oceania	Lebanon	MENA
Cameroon	SSA	Gabon	SSA	Lesotho	SSA
Canada	NA	Gambia	SSA	Liberia	SSA
Cape Verde	SSA	Georgia	EECA	Libyan Arab Jamahiriya	MENA
Cayman Islands	Caribbean	Germany	WCE	Liechtenstein	WCE
Central African Republic	SSA	Ghana	SSA	Lithuania	WCE

¹² Source: UNAIDS classification used for AIDS 2012.

Country	Region	Country	Region	Country	Region
Luxembourg	WCE	Pakistan	SSEA	Spain	WCE
Macao	East Asia	Palau	Oceania	Sri Lanka	SSEA
Macedonia, FYR	WCE	Palestinian Territory, Occupied	MENA	Sudan	MENA
Madagascar	SSA	Panama	CSA	Suriname	CSA
Malawi	SSA	Papua New Guinea	Oceania	Swaziland	SSA
Malaysia	SSEA	Paraguay	CSA	Sweden	WCE
Maldives	SSEA	Peru	CSA	Switzerland	WCE
Mali	SSA	Philippines	SSEA	Syrian Arab Republic	MENA
Malta	WCE	Pitcairn	Oceania	Taiwan, Province of China	East Asia
Marshall Islands	Oceania	Poland	WCE	Tajikistan	EECA
Mauritania	SSA	Portugal	WCE	Thailand	SSEA
Mauritius	SSA	Puerto Rico	Caribbean	Timor-Leste	SSEA
Mayotte	SSA	Qatar	MENA	Togo	SSA
Mexico	NA	Republic of Korea	East Asia	Tokelau	Oceania
Micronesia, Federated States of	Oceania	Romania	WCE	Tonga	Oceania
Moldova	EECA	Russian Federation	EECA	Trinidad and Tobago	Caribbean
Monaco	WCE	Rwanda	SSA	Tunisia	MENA
Mongolia	East Asia	Saint Helena	Caribbean	Turkey	WCE
Montenegro	WCE	Saint Kitts and Nevis	Caribbean	Turkmenistan	EECA
Montserrat	Caribbean	Saint Lucia	Caribbean	Turks and Caicos Islands	Caribbean
Morocco	MENA	Saint Pierre and Miquelon	Caribbean	Tuvalu	Oceania
Mozambique	SSA	Saint Vincent and the Grenadines	Caribbean	Uganda	SSA
Myanmar	SSEA	Samoa	Oceania	Ukraine	EECA
Namibia	SSA	San Marino	WCE	United Arab Emirates	MENA
Nauru	Oceania	Sao Tome and Principe	SSA	United Kingdom of Great Britain and Northern Ireland	WCE
Nepal	SSEA	Saudi Arabia	MENA	United Republic of Tanzania	SSA
Netherlands	WCE	Senegal	SSA	United States of America	NA
Netherlands Antilles	Caribbean	Serbia	WCE	Uruguay	CSA
New Caledonia	Oceania	Seychelles	SSA	Uzbekistan	EECA
New Zealand	Oceania	Sierra Leone	SSA	Vanuatu	Oceania
Nicaragua	CSA	Singapore	SSEA	Venezuela	CSA
Niger	SSA	Slovakia	WCE	Viet Nam	SSEA
Nigeria	SSA	Slovenia	WCE	Virgin Islands, British	Caribbean
Niue	Oceania	Solomon Islands	Oceania	Virgin Islands, U.S	Caribbean
Norfolk Islands	Oceania	Somalia	MENA	Wallis and Futuna	Oceania
Northern Mariana Islands	Oceania	South Africa	SSA	Yemen	MENA
Norway	WCE	South Georgia and the South Sandwich	CSA	Zambia	SSA
Oman	MENA	South Sudan	MENA	Zimbabwe	SSA



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