



**International
AIDS Society**

Stronger Together



AIDS 2008 FOLLOW-UP SURVEY REPORT

Overview of Long-Term Impact Assessment of the XVII International AIDS Conference

**3-8 AUGUST 2008
MEXICO CITY**

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Thanks are extended to all AIDS 2008 delegates who completed the online survey.

LIST OF ACRONYMS AND ABBREVIATIONS

ABC	Abstinence, Be faithful, use Condoms
AIDS 2000	XIII International AIDS Conference (Durban, 2000)
AIDS 2002	XIV International AIDS Conference (Barcelona, 2002)
AIDS 2004	XV International AIDS Conference (Bangkok, 2004)
AIDS 2006	XVI International AIDS Conference (Toronto, 2006)
AIDS 2008	XVII International AIDS Conference (Mexico, 2008)
ART	Antiretroviral therapy
ARV	Antiretroviral
CADRE	Centre for AIDS Development, Research and Evaluation (South Africa)
CSW	Commercial sex workers
GBC	Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria
GIPA	Greater involvement of people living with or affected by HIV/AIDS
HAART	Highly active antiretroviral therapy
IAC	International AIDS Conference
IAS	International AIDS Society
IDU	Injecting drug user
MSM	Men who have sex with men
NGO	Non-governmental organization
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission
SANAC	South African National AIDS Council
STI	Sexually transmitted infection
TB	Tuberculosis
VCT	Voluntary counselling and testing

EXECUTIVE SUMMARY

The XVII International AIDS Conference (AIDS 2008) was held in Mexico City, Mexico, from 3 to 8 August 2008, attracting more than 20,000 delegates. 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 January 2010 by the International AIDS Society (IAS) Evaluation Team. **A total of 1,195 AIDS 2008 delegates completed the survey**, the majority of which had **over six years of experience in the HIV field (75%)**, were **health care workers/social services providers or researchers (58%)**, were **attending an International AIDS Conference (IAC) for the first time (55%)** and **mainly worked in Latin America and the Caribbean or in sub-Saharan Africa (54%)**.

Nearly all surveyed delegates indicated to have gained at least one benefit by attending the conference. **About two-thirds reported to have learnt something new and to have changed some aspects of their work practice** thanks to the new knowledge gained at the conference. Change in work focus/practice was greatest among delegates who worked in sub-Saharan Africa, health care workers/social service providers and policy/administrators. **Almost half of surveyed delegates also reported that AIDS 2008 had directly influenced their organizations' HIV work**, with the remainder stating that the conference had not directly influenced their organizations' HIV work (22%) or that they did not know if it had (29%). The two most frequently noted organizational changes related to knowledge sharing, awareness or advocacy, and to the commencement or expansion of a programme, initiative or research (26% each).

The conference has also had some impact at national level, with **almost four in 10 surveyed delegates being aware of AIDS 2008's influences on HIV work, policies or advocacy in their countries**. The most recurrent reported influences were on policies, protocols and guidelines, access to treatment, prevention, collaboration with civil society and transparency/accountability.

The impact of the conference would probably not have been so significant without the networking opportunities that AIDS 2008 offered to delegates. **The majority of surveyed delegates reported to have had kept in contact with at least one person they met at AIDS 2008 (75%)**, mainly to **exchange knowledge, lessons learnt and/or suggested solutions (86%)**. For the majority of surveyed delegates, **AIDS 2008 was also an important opportunity to strengthen collaboration and networking with existing partners (86%)**.

In conclusion, the evaluation demonstrated that AIDS 2008 had a clear impact on delegates' work and on their organizations, and that **the conference influence has extended far beyond those who attended, thanks to networking, collaboration, knowledge sharing and advocacy at all levels**. It proved 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, reaching thousands of delegates and non-attendees, thus accelerating the national, regional and global response to HIV.

CONTEXT AND METHODOLOGY

Background and Rationale

AIDS 2008 was held in Mexico City, Mexico, from 3 to 8 August 2008, attracting more than 20,000 delegates. A comprehensive evaluation of AIDS 2008 was conducted by the IAS Evaluation Team. The leading data collection instrument used was an online survey sent to delegates three weeks after the conference had ended. This survey had a high level of engagement, representing the views of 3,605 delegates, most of whom were first-time attendees. A number of other instruments were used to gather information on specific conference sessions, activities and areas. This included online and paper surveys, as well as face-to-face interviews, administered 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 IAS 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 XVI International AIDS Conference (AIDS 2006), almost 100% of surveyed AIDS 2008 delegates reported that they had gained at least one benefit, with the most frequently reported benefits being new knowledge, and new contacts and/or opportunities for future collaboration. Most respondents anticipated using what they had gained at AIDS 2008 by sharing information with colleagues or peers (87% vs. 60% in 2006), while 56% of respondents (vs. 48% in 2006) intended building capacity within their organizations and/or networks.

All delegates who completed the post-conference online survey were also invited, for the first time, to complete an action plan (a template was provided) to describe actions that they planned to initiate in the six months immediately after AIDS 2008. Each action plan described one objective to be achieved within one year, along with expected results, activities, resources required and risks. In December 2008, delegates returned 150 action plans listing concrete activities aimed primarily at sharing knowledge gained at the conference through training, awareness campaigns and advocacy.

Examples of specific action plans submitted include:

- Supporting the establishment of HIV testing and counselling services in an evangelist church's deanery centres (Malawi).
- Raising awareness of sex workers and people who inject drugs (Dominican Republic).
- Conducting training and awareness activities on HIV prevention among school youth, commercial sex workers, fishing communities and long-distance truck drivers in 10 sub-counties of Busia District (Uganda).

Delegates reported activities targeting a variety of key populations, mainly people living with HIV (PLHIV), women, orphans and vulnerable children, youth, men who have sex with men (MSM), sex workers, migrants and people who inject drugs, as well as stakeholders (health care and social workers, teachers, community leaders). This highlights the conference's reach beyond delegates who attended.

In June 2009, the IAS Evaluation Team emailed all authors of action plan a survey to assess whether the impetus given by the conference translated into actual implementation of the action plans and to describe any difficulties they experienced. Ninety-two delegates from 45 countries, mainly in sub-Saharan Africa (42%) and Latin America (28%), completed the survey.

The majority of survey respondents had started implementing their action plans (97%) and reported that they were “very useful” or “useful” (88%). Survey respondents indicated that the benefits of AIDS 2008 that they used most commonly to implement their action plans were new knowledge (82%), new skills (68%), and new contacts (51%). The main constraints faced by delegates in implementing their action plans were difficulties in mobilizing financial and human resources, as well as lack of time.

In January 2010, the IAS Evaluation Team emailed all AIDS 2008 delegates a follow-up survey¹ in order to supplement findings resulting from the action planning process and to collect feedback from a wide range of delegates on the medium- to long-term influence of the conference. Of the 7,700 survey invitation emails sent out,² 747 were returned as undeliverable and 63 delegates opted out because they had been unable to come to the conference. After one reminder, sent about 10 days after the survey was launched, a total of 1,195 survey forms were completed, resulting in a **response rate of 17%**. Of this total, 3% were only partially completed.

This approach allowed the surveying of a greater number of delegates compared with the methodology used for previous conferences, which consisted of interviewing about 50 delegates during the following conference: AIDS 2006 delegates who had also attended the XV International AIDS Conference (AIDS 2004) were randomly approached at AIDS 2006 and invited to complete a face-to-face interview focusing on the impact of AIDS 2004.

Methodology

The online survey was sent to all delegates with an email address and remained active for two weeks. The survey was only available in English and contained 19 questions, including five open-ended ones to give respondents the opportunity to fully articulate their opinion.

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. The information collected was triangulated and cross-checked to illuminate similarities and differences in the perspectives offered and to highlight key issues.³

¹ A copy of the survey form is available in Appendix 5.

² Email addresses were not available for delegates registered as part of a group.

³ Parlett M & Hamilton D (1976). *Evaluation as illumination: a new approach to the study of innovatory programs*. In Glass GV (Ed.) *Evaluation Studies Review Annual*. Sage: Beverley Hills, CA.

MAIN FINDINGS

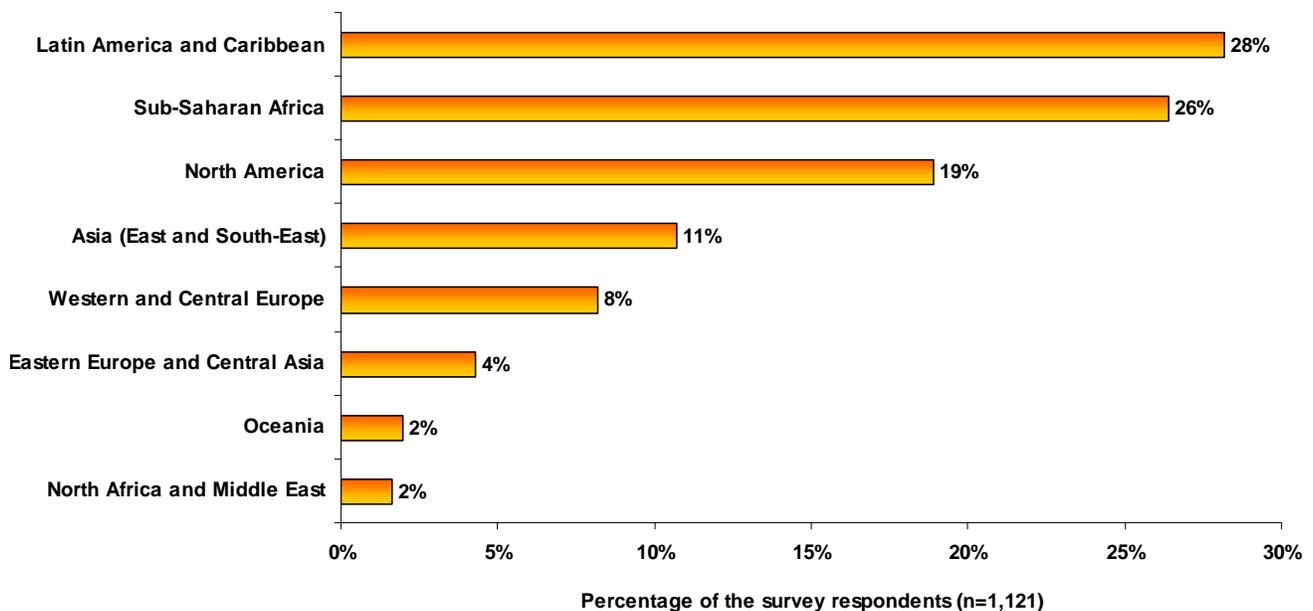
1. Survey Respondents Profile

The survey sample was representative of the overall delegate population unless otherwise stated in the report.

1.1 Region of Work

The largest number of survey respondents reported that they worked mainly in Latin America and the Caribbean and in sub-Saharan Africa (see Figure 1).

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

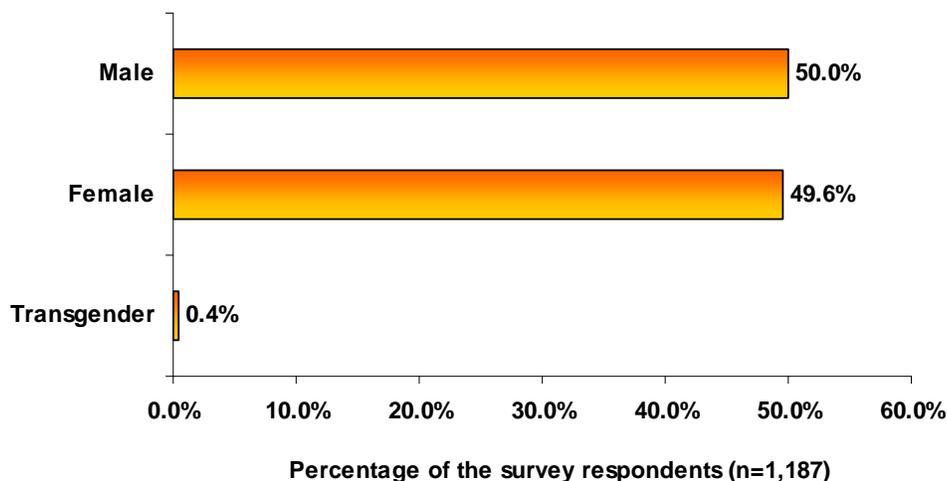


Comparisons with the delegate population showed that survey respondents working in sub-Saharan Africa were over represented in the survey sample, while those working in North America (i.e., Canada and the USA) were under represented.

1.2 Gender

Similar to the trend observed in the delegate population, the proportion of female to male surveyed delegates was almost equal (see Figure 2).

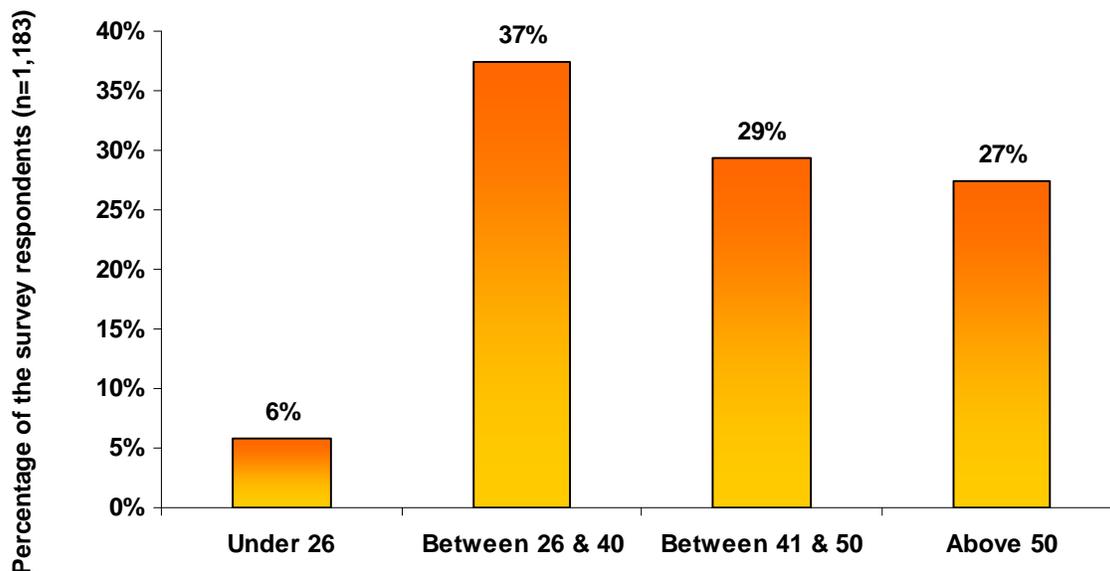
Figure 2. Breakdown of Surveyed Delegates by Gender



1.3 Age

The majority of surveyed delegates were over 40 years of age (56%). Thirty-seven percent were between 26 and 40 years of age, and just 6% were under 26 years of age (see Figure 3).

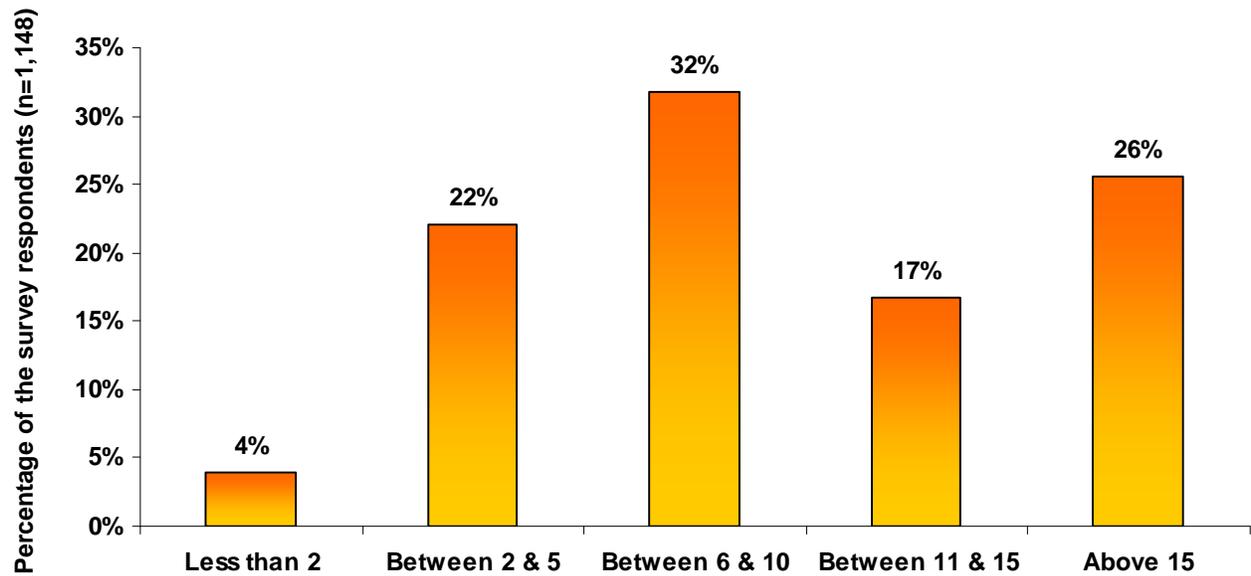
Figure 3. Breakdown of Surveyed Delegates by Age



1.4 Professional Experience in HIV and AIDS

Of the 1,148 survey respondents who specified the number of years that they had been working in the HIV field (full or part time), 75% had over six years of experience in the HIV field, 22% had between two and five years and 4% had less than two years of experience (see Figure 4).

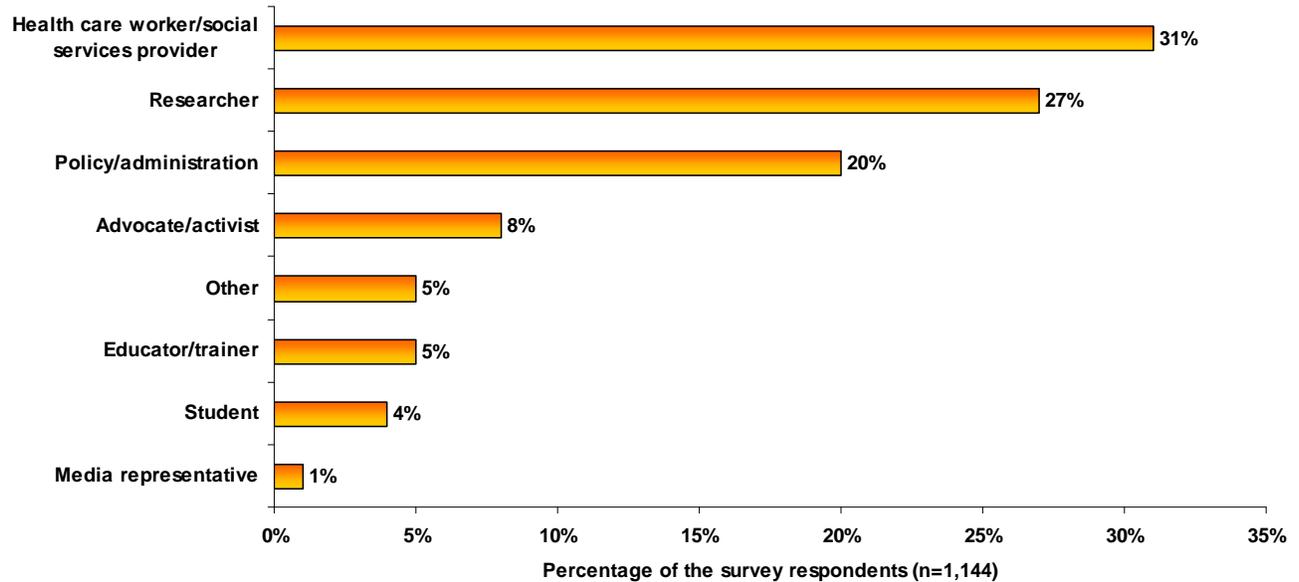
Figure 4. Years of Professional Experience in HIV or AIDS



1.5 Main Occupation/Profession

Similar to the trend observed in the delegate population, health care workers/social services providers and researchers were the most represented professions among surveyed delegates (see Figure 5).

Figure 5. Breakdown of Surveyed Delegates by Main Occupation/Profession



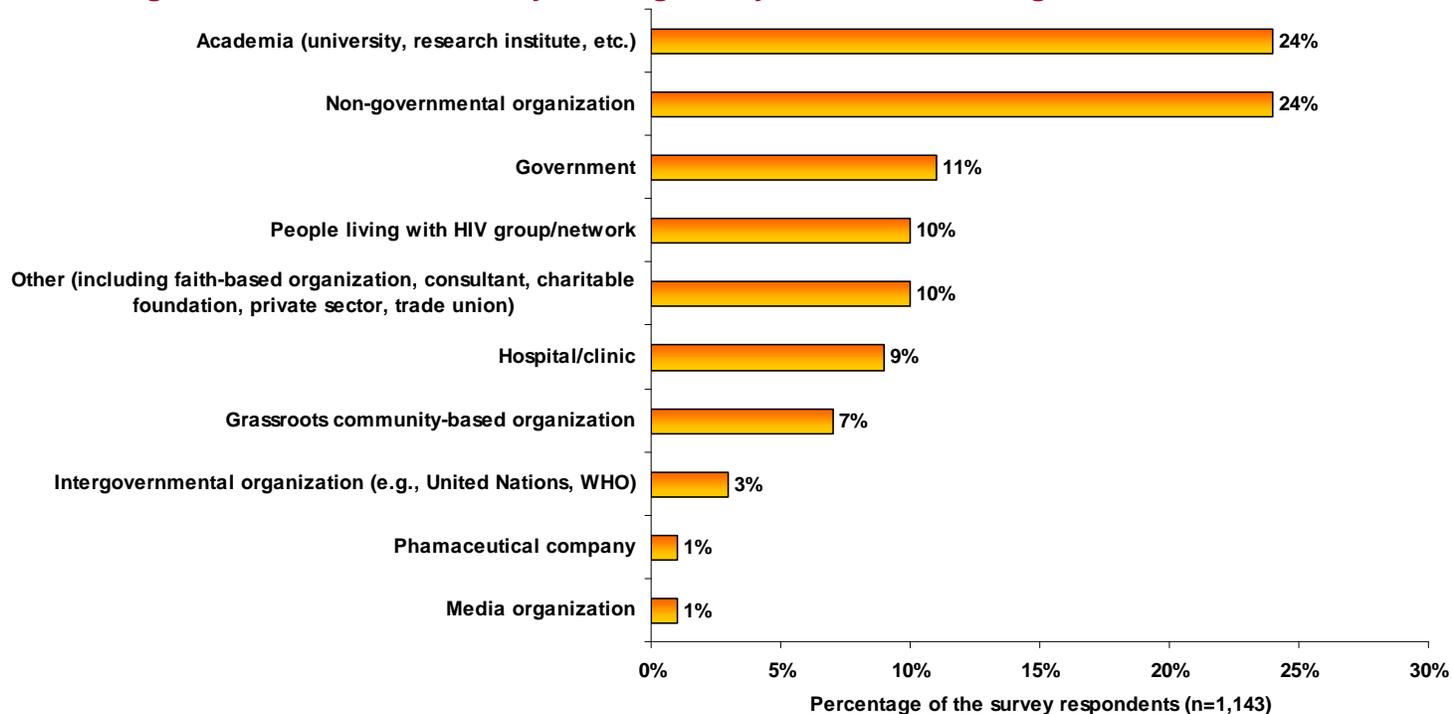
Comparisons with the delegate population showed that respondents who identified themselves as researchers were over represented in the survey sample, while media representatives were under represented. This trend was also observed in the post-conference online survey administered in

August 2008 (researchers represented 21% of survey respondents vs. 15% of the delegate population, and media representatives represented 5% of survey respondents vs. 17% of the delegate population).

1.6 Primary Place of Work

Similar to the trend observed in the delegate population, the majority of survey respondents reported that they worked in the academic sector and in NGOs (see Figure 6).

Figure 6. Breakdown of Surveyed Delegates by Main Affiliation/Organization

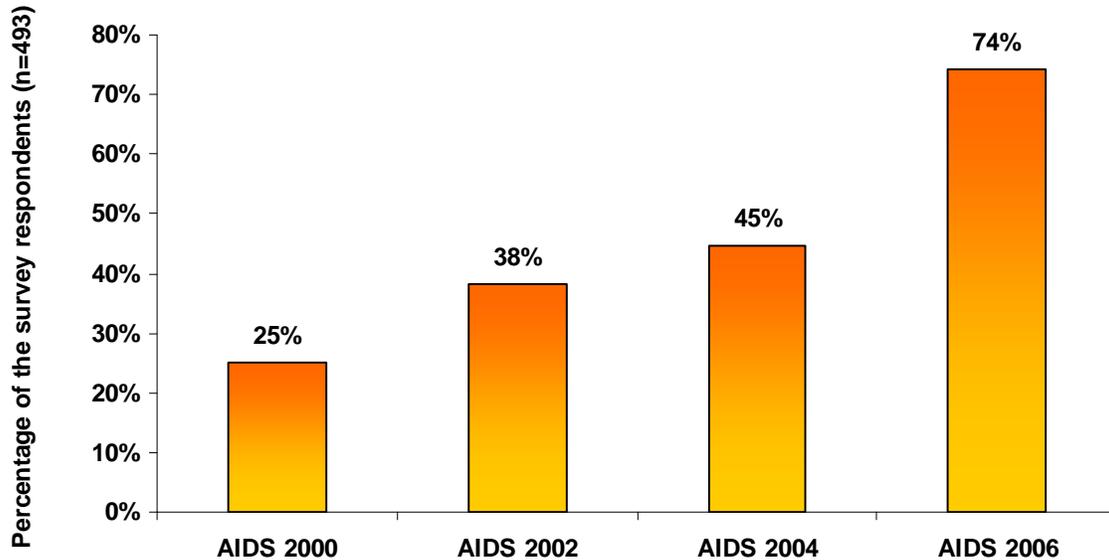


Comparisons with the delegate population showed that respondents whose main affiliations/organizations were networks of PLHIV and grassroots community-based organizations were over represented in the survey sample.

1.7 Previous International AIDS Conferences Attended

Similar to the trend observed in the population of delegates, the majority of surveyed delegates were attending an International AIDS Conference (IAC) for the first time (55% vs. 45% who had attended at least one IAC before AIDS 2008). Of those who had attended a previous IAC, 74% attended AIDS 2006, 45% attended AIDS 2004, 38% attended AIDS 2002, and 25% attended AIDS 2000 (see Figure 7).

Figure 7. Previous International AIDS Conferences Attended



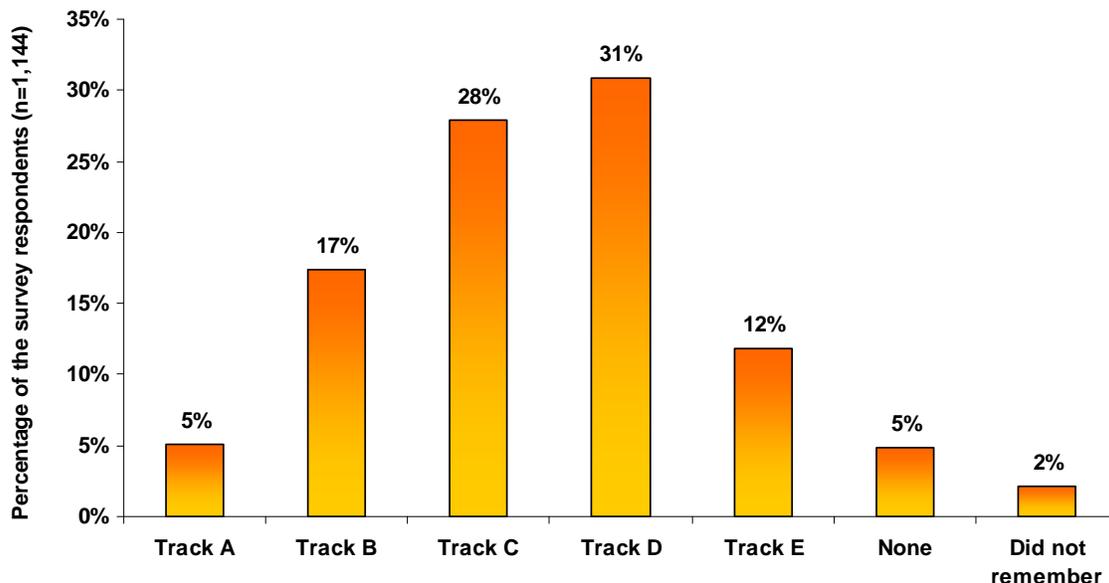
1.8 Participation Type

Among survey respondents, 216 were scholarship recipients (vs. 688 in the population of delegates who were emailed the follow-up survey) and 155 were speakers (vs. 798 in the population of delegates who were emailed the follow-up survey).

1.9 Main Track of Interest

Surveyed delegates were asked what their main track of interest was at AIDS 2008 (defined as the track in which they attended most sessions). As shown in Figure 8, Track D was the first choice (31%), with Track C receiving the second-highest ranking (28%).

Figure 8. Main Track of Interest



Comparisons with responses to the post-conference online survey, administered in August 2008, showed that although Track A and E were also selected by markedly fewer respondents, in that survey, Track B was the first choice (27%), followed by Track C (25%) and Track D (22%).

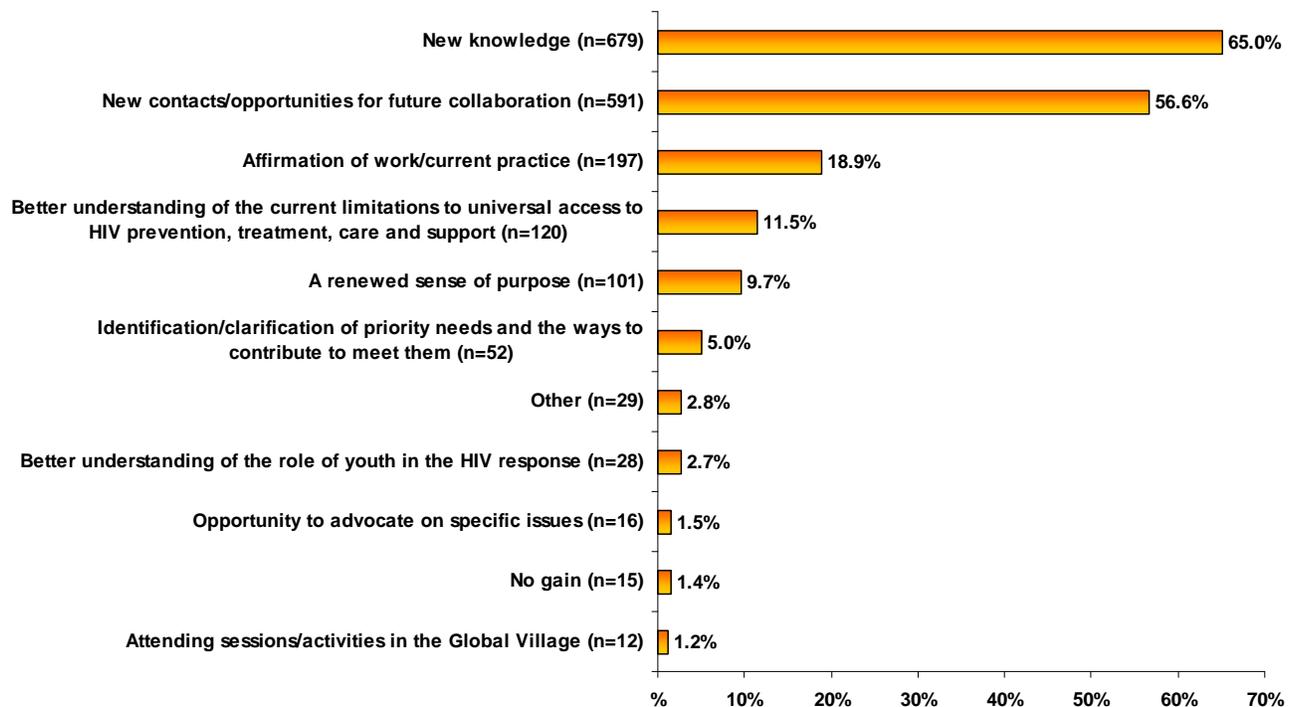
2. Benefits Gained from Attending the Conference

“The conference helped me to learn new strategies for prevention.” (counsellor, Peru)

“It was an excellent opportunity to meet other PLHIV activists from around the world.” (peer educator, United Kingdom)

Surveyed delegates were asked to identify the most important benefits they had gained from attending AIDS 2008. Of the 1,066 delegates who answered the question, 1,044 provided clear and relevant responses. Almost all respondents reported gaining at least one benefit. As shown in Figure 9, **new knowledge** was selected by almost two-thirds of respondents. New contacts/opportunities for future collaboration was the second benefit most frequently identified by respondents.

Figure 9. Main Benefits Gained by Delegates from Attending AIDS 2008⁴



A sample of concrete examples (verbatim responses) illustrating each theme is available in Appendix 1.

⁴ Total exceeds 100% because respondents were able to select all answers that applied.

When this question was analyzed looking for differences in response trends, the following was found:

Group more likely to have gained a renewed sense of purpose

- ➔ **Scholarship recipients** (13.4%) compared with non-scholarship recipients (7.4%, $p < 0.05$).

“I renew my sense of supporting the PLHIV in my country.” (activist, Peru)

“I renewed sense of purpose and optimism regarding people working worldwide to help fight the epidemic.” (physician, United States)

Groups more likely to have gained new contacts and/or opportunities for future collaboration

- ➔ **Advocates/activists and policy/administrators** (61.5% and 60.2%, respectively) compared with other well-represented professions⁵ (46.4% of health care workers/social service providers and 44.8% of researchers, $p < 0.05$).
- ➔ Respondents whose main affiliations/organizations were **NGOs, PLHIV groups/networks, grassroots community-based organizations and government/governmental organizations** (62.4%, 58.0%, 56.6% and 51.5%, respectively) compared with those working in other well-represented affiliation/organization types⁶ (41.6% in academia and 36.1% in hospitals/clinics, $p < 0.05$).

“I have gained new partnerships with other existing PLHIV networks and individuals from around the world.” (advocate/activist, Caribbean)

No other statistically significant correlation was found between the respondents' likelihood to have gained one of the top five benefits (i.e., the top five rows in Figure 9) and the following respondent attributes: main region of work, number of years worked in HIV, previous IAC attendance, age and gender ($p > 0.05$).

3. Impact at the Country Level

“During the conference, there was a lot of discussion on the side effects of D4T with many people advocating its withdrawal from the regimen. In Uganda now, D4T has been withdrawn and substituted with AZT.” (delegate working in Uganda)

Surveyed delegates were asked their views as to whether AIDS 2008 had influenced HIV work, policies or advocacy in their countries. Of 1,160 respondents, almost four in 10 replied positively (39%). The remainder indicated that they were not aware of any influence (20%) or did not know of any (41%).

⁵ Well-represented professions were defined as professions represented by at least 80 survey respondents.

⁶ Well-represented affiliations/organizations were defined as affiliations/organizations represented by at least 80 survey respondents.

No statistically significant correlation was found between delegates' responses and the following attributes: main region of work, main profession/occupation, main affiliation/organization, and main track of interest ($p > 0.05$).

Respondents who were aware of any influence at national level were invited to give examples. The most recurrent themes were: the review of national policies,⁷ treatment protocols and/or guidelines; better access to HIV treatment (including a reduction of ARV prices); increased awareness and/or engagement of national leaders, including policy makers; increased focus on prevention; increased collaboration between civil society and key partners, including national governments; increased advocacy related to HIV prevention, treatment and elimination of discrimination; and increased transparency/accountability.

“During the conference, there was a lot of discussion on the side effects of D4T with many people advocating its withdrawal from the regimen. In Uganda now, D4T has been withdrawn and substituted with AZT.” (delegate working in Uganda)

“Free access to ARVs, more ARV centres opened, talk on decriminalization of PLHIV in the parliamentary sessions.” (delegate working in Cameroon)

“The National AIDS Commission adopted some of the lessons learnt during the conference, such as advocating for the circumcision process in the hospitals and in the community as a method to eliminate infection.” (delegate working in Lesotho)

“Civil society was more involved in the preparation of National HIV Strategic Plan 2009-2012.” (delegate working in Rwanda)

“I think some pressure has been put on our government to come up with a policy for male circumcision scale up in the country and ... a draft was released after the conference which covered some of the issues discussed at the conference.” (delegate working in South Africa)

“Change in government strategies, ways and activities in fighting against AIDS.” (delegate working in Tanzania)

“Influenced the government in drafting the policies related to HIV work and enhanced the government-NGO collaboration.” (delegate working in China)

“Some policies have been changed following the AIDS Conference, such as PMTCT, Strengthening Key Populations, etc.” (delegate working in Indonesia)

“Today Colombia has a great discussion about a generic pharmaceutical product, this discussion begun during the Mexico conference.” (delegate working in Colombia)

“The conference helped to reduce the antiretroviral prices in Mexico.” (delegate working in Mexico)

“The lifting of the US immigration ban was fostered by the publicity and awareness raised at the conference.” (delegate working in USA)

“The sharp critics that Swedish criminal law got at the conference were sure a ringing bell for many of us. That has influenced our advocacy for a change in Swedish criminal law.” (delegate working in Sweden)

⁷ The lifting of travel restrictions on PLHIV in the USA was mentioned by nine surveyed delegates.

It should be highlighted that impacts at country level were reported from a range of countries across the globe. A sample of concrete examples (verbatim responses) is available for each main region in Appendix 2.

4. Impact at the Organizational Level

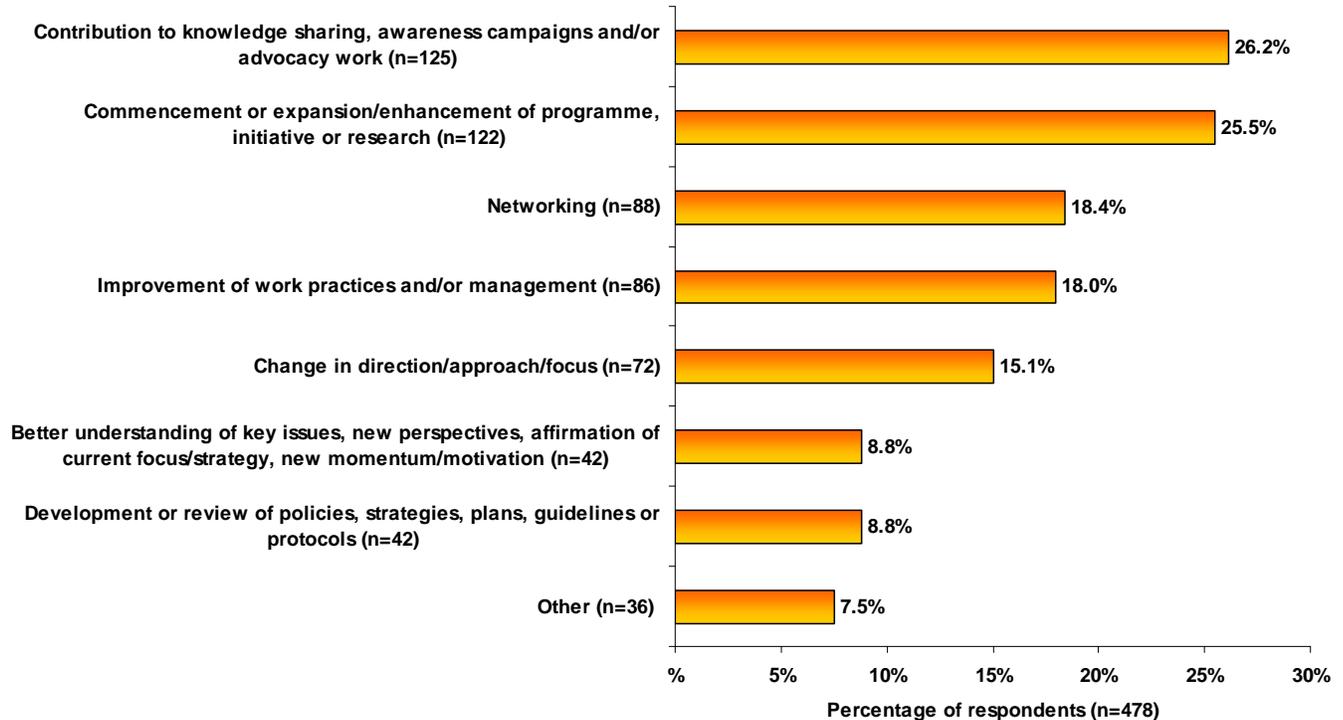
“My organization used to offer services only to adults, but following my interactions with other organizations during AIDS 2008, we have started to focus on children.” (community health worker, Zimbabwe)

“We revisited our strategic plan in order to incorporate new ideals gained during the conference.” (social worker, Tanzania)

“It has helped to start new projects related to HIV drug resistance surveillance and on HIV/TB.” (physician, India)

Surveyed delegates were asked if AIDS 2008 had directly influenced their organizations' HIV work. Of 1,157 respondents, almost half (49%) reported that this had been the case. The remainder stated that the conference had not directly influenced their organizations' HIV work (22%) or that they did not know (29%).

Respondents who reported that this had been the case were invited to give examples. A total of 478 delegates provided clear and relevant examples, which were categorized within eight main themes. As shown in Figure 10, the most frequently noted organizational changes that resulted from respondents' participation in AIDS 2008 were a contribution to knowledge sharing, awareness campaigns or advocacy work, and the commencement or expansion of a programme, initiative or research. Networking and the improvement or work practices and/or management were also identified, each by almost one-fifth of survey respondents.

Figure 10. Main Changes in Organizational HIV Work as a Result of Attending AIDS 2008⁸

An overview of changes and/or influences at the organizational level covered under each theme is provided here:

- Contribution to knowledge sharing, awareness campaigns and/or advocacy work. This takes place through: dissemination of information gained at the conference through, among other things, organization/facilitation of workshops/training; meetings; dissemination of conference materials; development or updating of materials (e.g., manuals, guides and training curricula); production of papers and/or statements; and development of messages.

“A stronger advocacy and communication strategy has been set up to disseminate the institution's position papers and policy guidelines.” (policy/programme analyst, Brazil)

“Knowledge shared at AIDS 2008 on strategies was used on delivering HIV prevention messages.” (nurse, sub-Saharan Africa)

- Commencement or expansion/enhancement of programme, initiative or research. This includes: launch of new projects and initiatives; creation of structures and/or organizations; design of tools; development of HIV drugs; scale up of programmes from local to national level; influence on existing research or stimulation of new research; more outreach; and more funding for HIV-related projects.

“We started programmes that focus on prisoners, MSM, and sex workers.” (policy researcher, Kenya)

“It was a landmark for the beginning of an HIV clinic in my hospital.” (physician, Mexico)

⁸ Total exceeds 100% because respondents were able to select all answers that applied.

- Networking. This includes: creation of new partnerships or strengthening of existing collaborations, thanks to contacts met at the conference.

“The conference helped us make contact with and attract new donors, as well as new members, to our organization.” (student, sub-Saharan Africa)

“It has created a greater interaction with researchers and scholars on social sciences and legal issues, which assists the work.” (lawyer, India)

- Improvement of work practices and/or management. This includes: improvement of skills and work practices (e.g., earlier treatment, better medical treatments, better psychological interventions, involvement of more stakeholders, better communication on sexuality, and HIV prevention) and/or management (including monitoring and evaluation, writing proposals for donors, and better accountability through reporting) through implementation of knowledge and/or skills gained at AIDS 2008, resulting in improved quality of services delivered.

“This was helpful in better implementing the surveillance in our setting.” (epidemiologist, Pakistan)

“We have improved the procedure to communicate the information to our community.” (activist, Chile)

- Change in direction, approach and/or focus. This takes place through: change in work direction or approach (e.g., shift to provision and scale up of testing and counselling); and increased attention to or new focus on a key population (e.g., PLHIV, women, children, orphans, MSM, migrant workers, sex workers, prisoners, people who inject drugs, TB/HIV co-infected patients, and minority groups), a specific region and/or an area of intervention (e.g., prevention, care and support, early infant diagnosis, testing and counselling, public health systems strengthening, and micro-finance assistance for women).

“We changed the approaches used in prevention and treatment of HIV/AIDS.” (policy researcher, Kenya)

“We have expanded some HIV/AIDS intervention, especially in reproductive health.” (manager/director, Tanzania)

- Better understanding of key issues, new perspectives, affirmation of current focus/strategy, and new momentum/motivation. This includes: gaining of new knowledge and experience; better understanding of key challenges and solutions; new perspectives on work and research; evidence that the organization is doing the right thing; and new energy and enthusiasm among the organization’s staff.

“The conference gave us strength and motivation to continue our work.” (policy/administration, Sri Lanka)

“Some reports about implementation of isoniazid preventive programmes for HIV-positive patients in African countries convinced me that it was the right decision to implement TB preventive project in our activity.” (health care worker/social services provider, Russia)

- Development or review of policies, strategies, plans, guidelines or protocols. This includes: development, review or updating of policies (e.g., legislative and policy review on stigma and discrimination, and development of a workplace policy), strategies (e.g., youth and HIV prevention strategy, advocacy and communication strategy, and data analysis strategy), plans (e.g., strategic plan), guidelines (e.g., PMTCT guidelines) or protocols (e.g., protocols on counselling, and training protocols for health care providers) based on new information gained at AIDS 2008.

“Just after attending the conference, we reviewed most of our approaches to see what has worked and not.” (manager/director, Zambia)

“I have designed new study protocols as a result of attending the conference.” (physician, United States)

- Other. This includes: more visibility and recognition from key stakeholders; better utilization of resources; and identification of more researchers.

“Today we are more accepted and the community has more confidence in our work.” (community-based researcher, Brazil)

A sample of concrete examples (verbatim responses) illustrating each theme is available in Appendix 3.

When this question was analyzed looking for differences in response trends, the following was found:

Groups more likely to report their organization had shared knowledge, conducted awareness campaigns and/or done advocacy work

- ➔ **Scholarship recipients** (17.1%) compared with non-scholarship recipients (9.1%, $p < 0.05$).
- ➔ **Advocates/activists, health care workers/social service providers and policy/administrators** (16.5%, 12.3% and 10.8%, respectively) compared with researchers (4.9%, $p < 0.05$).
- ➔ Respondents whose main affiliations/organizations were **PLHIV groups/networks, government/governmental organizations, NGOs and grassroots community-based organizations** (17.0%, 14.6%, 14.0% and 13.3%, respectively) compared with those working in other well-represented affiliation/organization types⁹ (3.7% in academia, and 0.9% in hospitals/clinics, $p < 0.05$).

No other statistically significant correlation was found between the respondents' likelihood to have reported one of the top two conference influences on their organizational work (i.e., the top two rows in Figure 10) and the following respondent attributes: main region of work, number of years worked in HIV, previous IAC attendance, age and gender ($p > 0.05$).

⁹ Well-represented affiliations/organizations were defined as affiliations/organizations represented by at least 80 survey respondents.

5. Impact on Individual Work

“I did a workshop on reproductive health with women living with HIV/AIDS, discussing dangers of unsafe abortions in the community.” (community health worker, Malawi)

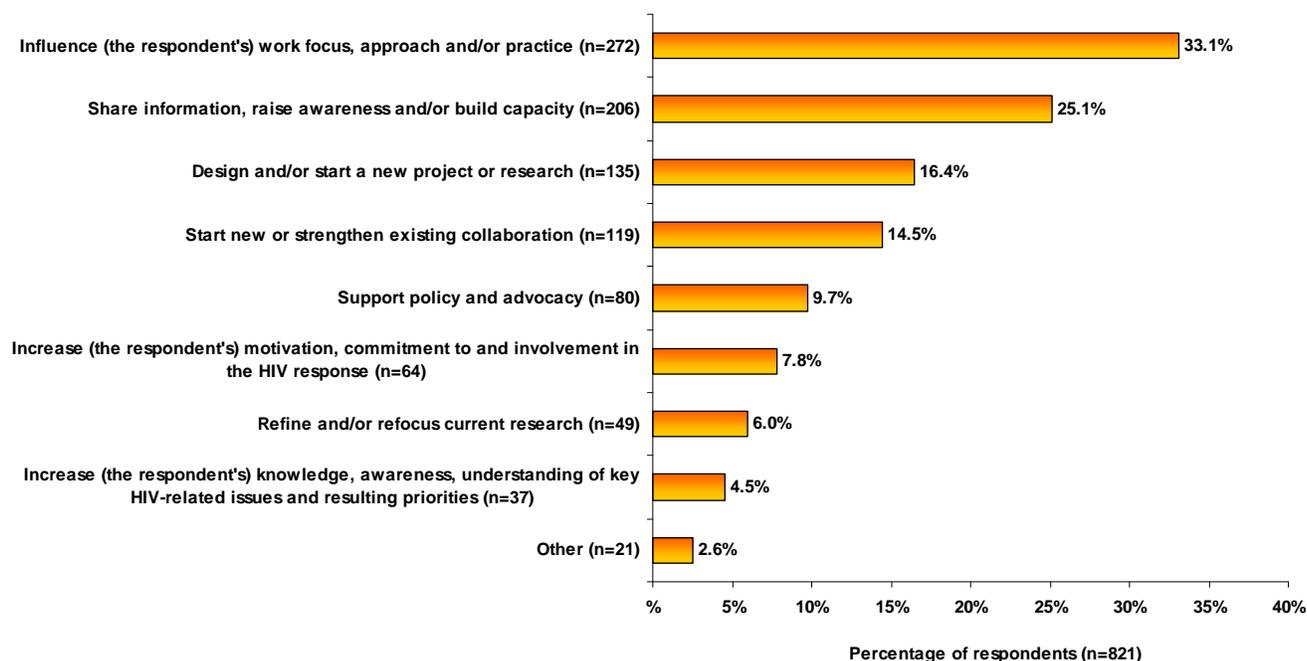
“I started an HIV/AIDS education program for girls of rural areas of Pakistan.” (activist, Pakistan)

“I explored new collaborations with colleagues in countries where we have existing projects.” (administrator, sub-Saharan Africa)

Surveyed delegates were asked if they had done something differently in their HIV work as a result of attending AIDS 2008. Of 1,157 respondents, the majority said “yes” (79% vs. 21% who said “no”).¹⁰

Respondents who reported that the conference had influenced their work were invited to give examples. A total of 821 respondents provided clear and relevant examples, which were categorized within nine main themes. As shown in Figure 11, the most frequently reported influence concerned the respondent's work focus, approach and/or practice.

Figure 11. Main Changes in Individual's HIV Work as a Result of Attending AIDS 2008¹¹



¹⁰ Respondents who did not change anything in their work as a result of the conference were asked to explain why. Of 140 responses, the most frequently cited reason was that the delegate had not learnt anything new in his or her area of expertise and/or work at the conference (n=31). Twenty-eight respondents indicated that there was no need to change their work (in most cases, it was because the conference had confirmed their current directions/approaches and practices); 12 respondents reported that they lacked resources (mainly staff and funds) and/or time to use or implement what they had learnt at the conference; 10 respondents were still studying (i.e., they were not yet involved in practical HIV work) or no longer worked in HIV; eight respondents highlighted the lack of new scientific findings presented at the conference; and two respondents could not change their work focus, scopes or methodologies because of grant restrictions (i.e., they had to comply with initial agreements signed with donors). Twenty-four respondents wrote that there was no reason to change anything in their work, but did not elaborate further.

¹¹ Total exceeds 100% because respondents were able to select all answers that applied.

An overview of changes and/or influences at the individual's work level covered under each theme is provided here:

- Influence (the respondent's) work focus, approach and/or practice. This takes place through: development, adjustment or improvement of strategic plans, programmes, projects, guidelines, practices and/or methodologies based on new knowledge, lessons learnt from international projects, standards and best practices presented at the conference; new focus on or more attention to specific topics, e.g., sexual diversity, prevention, harm reduction, paediatric treatment, human rights and decriminalization, lab monitoring of patients on antiretroviral therapy (ART), HIV prevention among pregnant women and female injecting drug users (IDUs), fight against homophobia, and gender; more involvement of most-at-risk populations in HIV programmes at key phases, including the planning process.

Concrete examples of improved work practices included the following: review of current practices in HIV testing and counselling; review of protocols; implementation of rapid tests; enhancement of the monitoring and evaluation system; implementation of tools to more accurately capture qualitative and quantitative data from programmes; improvement in antiretroviral (ARV) therapy; integration of nutrition and food security into treatment; change in drug prescriptions; update of care standards; better accountability to partners; strengthening of prevention measures; provision of more information to patients about side effects; new management of HIV drug resistance; better writing of scientific papers, including abstracts; better implementation of workshops; improvement of services to HIV-affected orphans, vulnerable children and widows; better communication; and more use of evidence.

"I have changed my practice according to updated skills in paediatric HIV care." (physician, Burundi)

"Our prevention efforts have now focused much more on multiple concurrent partners." (social worker, Namibia)

- Share information, raise awareness and/or build capacity. This takes place through: dissemination of information gained at the conference through, among other things, writing papers, articles, manuscripts, reports and/or newsletters; producing new or revising existing materials, including guidelines and training curricula; translating materials; distributing materials; organizing seminars, workshops, conferences, awareness campaigns or other events; delivering speeches, lectures and presentations; providing online mentoring; speaking with patients, colleagues, friends and family; improving communication and teaching methods; creating a library; creating a newspaper; launching a website; and using radio to convey key messages.

"I began to mentor others by email." (prevention scientist, United States)

"It influenced content in a course taught to undergraduate students." (teacher/lecturer, United States)

- Design and/or start a new project or research. This includes: new projects or programmes on HIV prevention, treatment, care and/or support; more research on co-infections, such as tuberculosis (TB) and HIV; more research on women and children; more research on MSM; launch of a clinical trial; creation of new distribution sites for female condoms; needs assessment; new capacity-building activities; mobilization of resources, including submission

of proposals to donors/partners; and creation and/or registration of a new organization working in HIV.

"I started a research on social policy aspects of the epidemic and living conditions of PLHIV."
(community-based researcher, Norway)

"I have developed a church-based HIV prevention programme being implemented by six northern Anglican Diocese in the Province of the Church of Uganda." (social or behavioural scientist, Uganda)

- Start new or strengthen existing collaboration. This takes place through: networking activities, including creation of new partnerships, networks, task force or forum; joining existing networks; expanding current networks; and launching joint initiatives.

"I developed new networks with Latin American researches and currently we are in Central America and Mexico-Guatemala border making collaborative projects." (social or behavioural scientist, Latin America)

"I strengthened links and collaboration with the Global Forum on HIV and MSM." (policy/programme analyst, Middle East or North Africa)

- Support policy and advocacy. This includes: supporting policy and advocacy efforts for reducing stigma and discrimination of most-at-risk populations (especially youth, women, MSM, people who inject drugs, disabled people, etc.); accelerating the HIV response (e.g., through better prevention, earlier treatment, better access to treatment, more research to support evidence-based programmes, and reducing or eliminating travel restrictions for PLHIV); and better integrating programmes on TB and HIV through, among other things, advocacy campaigns, policy reviews, declarations, promotion of existing networks and tools, research and meetings or workshops with key stakeholders, including policy makers and teachers.

"I review existing policies in my country and work in partnership with existing organizations to lobby and advocate for the PLHIV and AIDS rights." (manager/director, Lebanon)

"I established an advocacy programme for disability and HIV/AIDS." (community-based researcher, Kenya)

- Increase (the respondent's) motivation, commitment to and involvement in the HIV response. This includes: new momentum; new ideas and perspectives; reaffirmation of current work; and participation in HIV-related workshop.

"I applied to medical school after AIDS 2008 in order to become a HIV specialist, and to take care of the patients who are living with HIV/AIDS." (student, Canada)

"It encouraged me to continue doing work in this area of research." (social or behavioural scientist, United States)

- Refine and/or refocus current research. Ways to do this are through: inclusion of new ideas, perspectives or concepts; changes in research approaches and/or objectives; and creation and/or application of new research techniques, methodologies or protocols.

“It gave me better research design concepts to help collect multivariate data with limited resources. I also learnt how to best overcome retention challenges faced by my ongoing longitudinal research projects.” (social or behavioural scientist, South Africa)

“I refocused my research on young MSM populations.” (social or behavioural scientist, United States)

- Increase (the respondent's) knowledge, awareness and understanding of key HIV-related issues and resulting priorities. This takes place through: new knowledge; more awareness; and better understanding of a range of issues and resulting needs.

“I have a better understanding of the many HIV-positive refugees from Africa, the Caribbean and Latin America.” (community health worker, Canada)

“I learnt a lot more about stigma that can be encountered and I am much more aware of it now.” (physician, Brazil)

- Other. This includes: reaching out to more people; changing the way of preparing (him or herself) for conferences; strengthening management and governance structures of the (respondent's) organization; and fostering a much more strategic approach to HIV funding.

A sample of concrete examples (verbatim responses) illustrating each theme is available in Appendix 4.

When this question was analyzed looking for differences in response trends, the following was found:

Groups more likely to have shared information, raised awareness and/or built capacity

- **Scholarship recipients** (27.3%) compared with non-scholarship recipients (14.9%, $p < 0.05$).
- **First-time attendees** (21.2%) compared with those who attended previous IACs (13.1%, $p < 0.05$).
- Respondents whose main affiliations/organizations were **PLHIV groups/networks** (38.4%) compared with those working in other well-represented affiliation/organization types¹² (19.3% in grassroots community-based organizations, 17.6% in NGOs, 15.7% in hospitals/clinics, 15.4% in government/governmental organizations, and 8.6% in academia, $p < 0.05$).
- **Advocates/activists, health care workers/social service providers and policy/administrators** (34.1%, 20.2% and 18.2%, respectively) compared with researchers (9.2%, $p < 0.05$).

¹² Well-represented affiliations/organizations were defined as affiliations/organizations represented by at least 80 survey respondents.

"I have disseminated the information I gathered to my colleagues at two seminars organized by my organization. I also had a media briefing with a TV channel and print media." (policy/administration, Sri Lanka)

Groups more likely to have been changed their work focus, approaches and/or practices

- Delegates who worked mainly in **sub-Saharan Africa** (32.1%) compared with respondents working in other well-represented regions¹³ (22.4% in Latin America and the Caribbean, 19.6% in western and central Europe, 16.0% in North America, and 15.8% in east and south-east Asia, $p < 0.05$).
- **Health care workers/social service providers and policy/administrators** (30.8% and 26.8%, respectively) compared with other well-represented professions¹⁴ (19.0% of researchers and 13.2% of advocates/activists, $p < 0.05$).

"I reviewed our PMTCT programme, by best use of ARVs and good support of women coming [into] our ambulatory treatment centre." (physician, Congo)

Groups more likely to have supported policy and advocacy

- **Advocates/activists** (20.9%) compared with other well-represented professions¹⁵ (8.2% of policy/administrators, 5.9% of researchers, and 4.6% of health care workers/social service providers, $p < 0.05$).
- Respondents whose main affiliations/organizations were **grassroots community-based organizations, PLHIV groups/networks and NGOs** (12.0%, 11.6% and 11.5%, respectively) compared with those working in other well-represented affiliation/organization types¹⁶ (3.8% in government/governmental organizations, 1.1% in academia, and 0.9% in hospitals/clinics, $p < 0.05$).

"I became more determined to, and concretely began efforts at, combating homophobia in my home country, and the government's insufficient action to address this structural drive of HIV epidemic." (activist, United States)

No other statistically significant correlation was found between the respondents' likelihood to have reported one of the top five conference influences on his/her work (i.e., the top five rows in Figure 11) and the following respondent attributes: number of years worked in HIV, age and gender ($p > 0.05$).

¹³ Well-represented regions were defined as regions represented by at least 80 survey respondents.

¹⁴ Well-represented professions were defined as professions represented by at least 80 survey respondents.

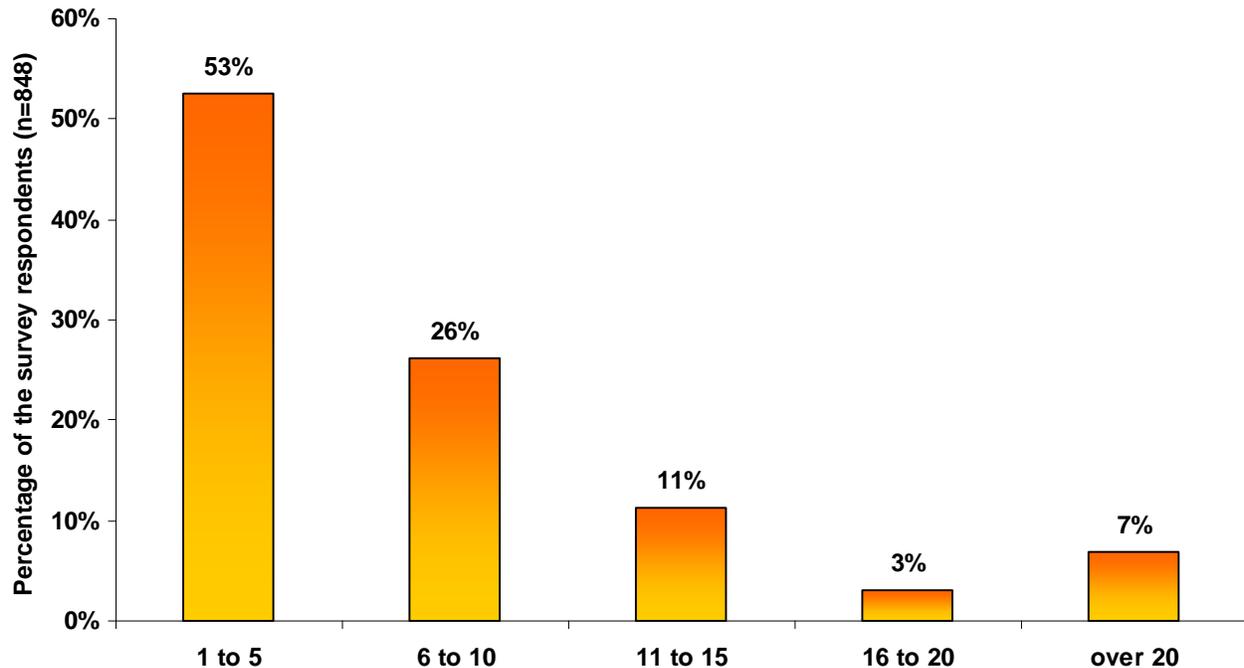
¹⁵ Well-represented professions were defined as professions represented by at least 80 survey respondents.

¹⁶ Well-represented affiliations/organizations were defined as affiliations/organizations represented by at least 80 survey respondents.

6. Impact on Networking

Surveyed delegates were asked if they had kept in contact with people they met for the first time at AIDS 2008. Of 1,153 respondents, 75% said “yes”, including almost 50% who stayed in contact with more than five people they had met (see Figure 12).

Figure 12. Number of People (met at AIDS 2008) that Delegates Stayed in Contact With



When this question was analyzed looking for differences in response trends, the following was found:

Groups more likely to have kept in contact with people met for the first time at AIDS 2008

- **Scholarship recipients** (86.0%) compared with non-scholarship recipients (72.4%, $p < 0.05$).
- **Advocates/activists and policy/administrators** (88.9% and 82.0%, respectively) compared with other well-represented professions¹⁷ (72.7% of health care workers/social service providers and 67.2% of researchers, $p < 0.05$).
- **Male respondents** (78.9%) compared with female respondents (70.3%, $p < 0.05$).
- Respondents whose main affiliations/organizations were **PLHIV groups/networks, NGOs, grassroots community-based organizations and government/governmental organizations** (88.2%, 85.0%, 76.8% and 70.9%, respectively) compared to those working in other well-represented affiliation/organization types¹⁸ (63.5% in academia and 59.3% in hospitals/clinics, $p < 0.05$).

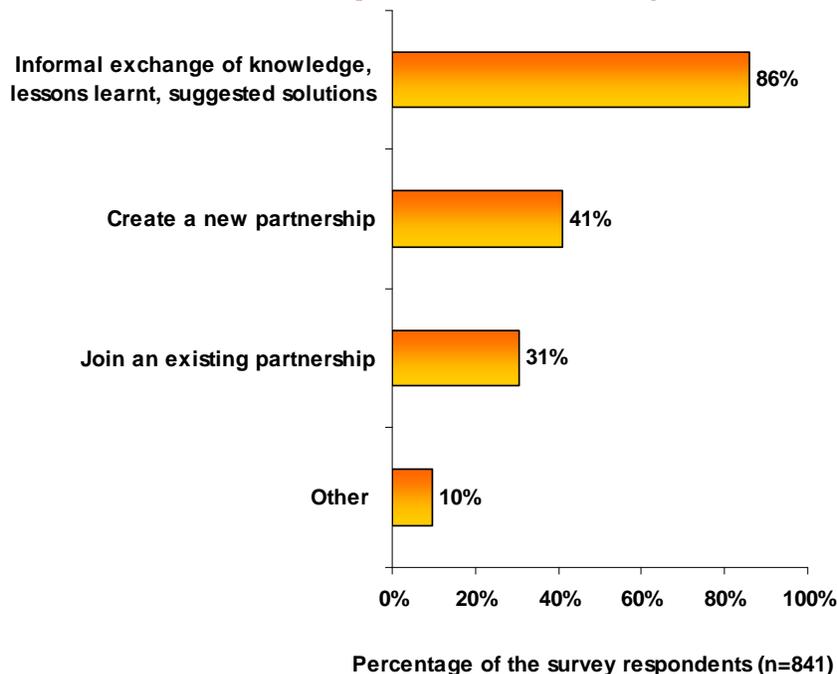
¹⁷ Well-represented professions were defined as professions represented by at least 80 survey respondents.

¹⁸ Well-represented affiliations/organizations were defined as affiliations/organizations represented by at least 80 survey respondents.

No statistically significant correlation was found between the respondents' likelihood to have kept in contact with people they met for the first time at AIDS 2008 and the following respondent attributes: age, main region of work, number of years worked in HIV, and previous IAC attendance ($p>0.05$).

The main motivations for staying in touch were the informal exchange of knowledge, lessons learnt and/or suggested solutions, followed by the creation of new partnerships, as shown in Figure 13.

Figure 13. Main Motivations to Stay in Contact with People Met at AIDS 2008¹⁹



Almost all respondents (n=80) who selected the answer, “other”, specified what they did. The most frequently cited themes were friendship (n=12) and fundraising (n=9). Other relevant responses included the following: organize joint activities; prepare meetings; help each other in writing abstracts and raising funds; share best practices; write joint papers or proposals; lobbying and advocacy; training and peer education; technical cooperation; and research collaboration.

For 86% of survey respondents, AIDS 2008 was also an important opportunity to strengthen collaboration and/or networking with existing partners (i.e., people they already knew before AIDS 2008).

¹⁹ Total exceeds 100% because respondents were able to select all answers that applied.

CONCLUSION

Results of the online survey completed by over 1,000 AIDS 2008 delegates a year and a half after the AIDS 2008 conference demonstrate that AIDS 2008 had a marked, positive impact on HIV work at different levels.

Impacts at country level were reported across the globe thanks to a strong presence of leaders at the conference and effective advocacy by delegates and their organization after the conference. Concrete examples provided by surveyed delegates clearly show that the International AIDS Conference has the potential to influence national HIV responses in different areas and serves as catalyst for policy change, adaptation of protocols/guidelines, better collaboration between national stakeholders and increased transparency/accountability.

The work of organizations represented by delegates has been also influenced by the conference, resulting in new projects and initiatives, expansion of current programmes and enhancement of capacity building, awareness raising and advocacy. This would probably not have occurred to such a large extent without the contribution of delegates who were almost two-thirds to report they had gained new knowledge at AIDS 2008 and one-third to have changed their own practices in their daily work based on what they learnt during the conference. That 75% of surveyed delegates reported keeping in contact with people they met for the first time at AIDS 2008, mainly to share knowledge, lessons learnt and/or suggested solutions, demonstrates that the relationships established during such conferences are essential and sustainable.

All these findings clearly show that the influence of AIDS 2008 has extended far beyond those who attended, thanks to networking, collaboration and knowledge sharing at all levels (community, organization, national, regional and international).

In conclusion, this follow-up survey proved 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.

APPENDIX 1 – EXAMPLES OF MAIN BENEFITS GAINED BY DELEGATES AT THE CONFERENCE

New knowledge, including good practices and methodologies (vertical transmission, circumcision, human rights ...)

- "I learnt very important case studies and current situation of HIV/AIDS worldwide." (manager/director, Nicaragua)
- "The conference helped me to learn new strategies for prevention." (counsellor, Peru)
- "I learnt more about vertical transmission, more about antiretrovirals (ARVs), more about treatments, more about the job that other agencies and organizations do in the field of HIV/AIDS, and more about sexually transmitted disease." (manager/director, Bolivia)
- "Sessions about human rights in general were the most illuminating since I can get a lot of science information." (advocate, United States)

New contacts and/or opportunities for future collaboration, including professional development and career advancement

- "I have gained new partnerships with other existing PLHIV networks and individuals from around the world." (advocate/activist, Caribbean)
- "I was able to make new contacts that ended up allowing me to collaborate with one of the most prominent researchers in my area." (epidemiologist, Brazil)
- "I met and networked with other PLHIV like myself about how it is to live with HIV/AIDS in other parts of the world and which kind of programmes they have, such as prevention and treatment." (trainer/educator, United States)
- "It was an excellent opportunity to meet other PLHIV activists from around the world." (peer educator, United Kingdom)

Affirmation of work and/or current practice

- "Affirmation that the issue I am working on – migrant workers – is under represented in the AIDS arena and, therefore, my work is important." (administrator, Thailand)
- "Affirmation of current clinical practice." (physician, Denmark)
- "Opportunity to highlight the work that I'm involved in." (public servant, Canada)
- "Affirmation of current practices in using the ABC model, with some modifications for programming." (social or behavioural scientist, Nigeria)

Better understanding of the current limitations to universal access to HIV prevention, treatment, care and support (including awareness on human rights)

- "I learnt how stigma, homophobia, misogyny helped spread the virus." (peer educator, Canada)
- "The persistent discrimination against MSM is pervasive in many countries, undermining HIV prevention efforts and the provision of care and treatment to the population." (advocate/activist, United States)
- "Many programmes, especially in Africa and Asia, do not cover issue of rights and MSM due to social stigma." (social or behavioural scientist, Botswana)
- "I had the opportunity to discuss further some issues regarding access to treatment and intellectual property and research and development of new drugs." (advocate, Latin America)
- "Ignorance and stigma still exist." (nurse, Canada)

A renewed sense of purpose

- "I renew energy to continue working with HIV/AIDS." (activist, Finland)
- "I renew my sense of supporting the PLHIV in my country." (activist, Peru)
- "I renewed sense of purpose and optimism regarding people working worldwide to help fight the epidemic." (physician, United States)
- "I found the inspiration for keeping up the fight after being a part of it for more than 25 years." (activist, United States)

Opportunity to advocate on specific issues

- "I got media coverage for advocacy for HIV awareness in Pakistan." (activist, Pakistan)
- "I had the opportunity to facilitate discussions on human rights and access to sexual and reproductive health at the global village." (other, Saint Lucia)
- "I participated in advocacy for Caribbean HIV response." (policy/administration, Caribbean)

Identification and/or clarification of priority needs and the ways I can contribute to meet them

- "I got a solid overview of immune activation and HIV disease we could investigate in studies." (clinical scientist, United States)
- "I [found] out how important it was to address the gender issue and MSM rights in my country ... " (manager/director, Haiti)
- "I recognized a need for a basic level of standardization to facilitate country-to-country comparisons." (epidemiologist, United States)
- "I identify the need for more work on social justice and the late breaking issues." (researcher, sub-Saharan Africa)
- "What are the gaps in the media that we need to work on?" (social or behavioural scientist, Middle East or north Africa)

Better understanding of the role of youth in the HIV response

- "There were many children and youth having HIV/AIDS who openly participated in various sessions." (social worker, Thailand)
- "I was impressed by the emerging social mobilization of youth organizations and youth leadership in the response on HIV and AIDS." (manager/director, Philippines)
- "The friends I have made from the Youth Force have been vital support structures in the development of my non-profit organization." (post-graduate student, South Africa)
- "I learnt about the role of youth in the AIDS response." (prevention science researcher, Venezuela)

Other

- "The field visits were excellent, actually seeing how organizations operated." (counsellor, Barbados)
- "Because it was my first time to attend an IAC, it was an opportunity to be an IAS member." (policy/programme analyst, Burkina Faso)
- "I went to the first international march against homophobia." (social or behavioural scientist, United States)

APPENDIX 2 – EXAMPLES OF THE CONFERENCE INFLUENCES ON HIV WORK, POLICIES AND ADVOCACY AT COUNTRY LEVEL

SUB-SAHARAN AFRICA

Botswana

- “Most institutions and organizations now have an AIDS Coordinator to streamline HIV programmes into wellness programmes and provide support for personnel on therapy.”
- “Uptake of male circumcision as a prevention method.”

Burundi:

- “Work and collaboration with the Global Business Coalition on HIV/AIDS, TB and Malaria (GBC).”
- “This gets done through the Botswana Business Coalition on AIDS, a member of the GBC.”

Cameroon:

- “Free access to ARVs, more ARV centres opened, talk on decriminalization of PLHIV in the parliamentary sessions.”

Democratic Republic of Congo:

- “In my country, we are conducting an operational research to understand why few women attending antenatal care go back there for delivery and reduce mother to child transmission of HIV. The aim is to come up with models that can be used for advocacy with the government.”

Ethiopia:

- “The Federal HIV/AIDS Prevention and Control Office put prevention and research as priority agenda.”
- “The Government of Ethiopia is now giving due attention to sex workers and other most-at-risk populations in its prevention strategy.”

Ivory Coast:

- “More advocacy is being done. Financial support has increased.”

Kenya:

- “The results of work in PMTCT have now influenced the revision of PMTCT guidelines in our country, Kenya.”
- “People with disabilities are currently recognized and included in the Kenya National AIDS Strategic Plan 2009-2013. This is the product of policies advocacy we learnt about at AIDS 2008.”
- “There is a little bit more attention given to the needs of internally displaced people on HIV. This was probably influenced by the talks given in the post-conflict settings session.”
- “The National AIDS Control Council called all those who participated and had held follow-up meeting to strengthen their partnerships.”
- “Scaling up of counselling and testing as a national agenda. Giving priority to programmes that address MSM as a matter of priority because they are an emerging driver of the epidemic in the country.”
- “National AIDS Control Council, the coordinating unit for all HIV/AIDS activities in the country, invited all the participating individuals to brainstorm on some of the issues learnt from the conference and agree on how to make use of findings and lessons learnt.”
- “New HIV and AIDS legislation in the pipeline.”

Lesotho:

- "The National AIDS Commission adopted some of the lessons learnt during the conference, such as advocating for the circumcision process in the hospitals and in the community as a method to eliminate infection."

Malawi:

- "There have been research ... done by the government through the Ministry of Health to find out how serious the problem about abortion is in Malawi. And there have been meetings between ... representatives in Malawi putting the issue of safe and unsafe abortions in context with relevant stakeholders, such as the law commission, the human rights groups and women themselves who experience these problems."
- "The government has introduced counsellor registration and strengthened supervision in order to [monitor] the quality of counselling given to patients. This will [allow] the government to know the number of [active] counsellors and see if there is need for trainings ..."

Namibia:

- "I believe the conference was instrumental in getting the national Ministry of Health to actively begin adding male circumcision to prevention efforts."

Rwanda:

- "A national technical working group for palliative care policy has been set up and the draft policy document is underway."
- "Civil society was more involved in the preparation of National HIV Strategic Plan 2009-2012."

South Africa:

- "The South African Government has realized the need to prioritize on prevention and treatment. On World AIDS Day, our President announced the need [for] upscaling VCT and HAART rollout. He announced the need for patients to start HAART at the CD4 count of 350 instead of 200, as it has been in the past in South Africa."
- "The 2008 and 2006 conferences [were] very influential in restructuring our Health Ministries and their responses to HIV. I also know that the CADRE programme in South Africa has adjusted its support response to national education campaigns since 2008."
- "I think some pressure has been put on our government to come up with a policy for male circumcision scale up in the country and ... a draft was released after the conference which covered some of the issues discussed at the conference, including the implication on women, and how scale up would affect ... existing prevention programmes."
- "We have collaborated with other partners to help us develop HIV workplace policies specifically for farm workers."
- "SANAC, our country coordinating body, was definitely strengthened and more collaboration was realized with all stakeholders."
- "Update on initiation guideline for paediatrics and adults on treatment with 350 CD4 count, PMTCT guidelines."
- "The South African government changed their policy on HIV, from denial to action."

Tanzania:

- "Focus on prevention and now on the process to initiate ART early to HIV patients, especially those with TB and HIV positive pregnant women. Also a lot of [emphasis] on early infant diagnosis."
- "The National Policy on HIV/AIDS that tells about ... rights of persons living with HIV ... prevention of HIV through sexual transmission, HIV testing ... institutional and organizational structure of the Tanzania Commission for AIDS."
- "Change in government strategies, ways and activities in fighting against AIDS."

Togo:

- "Advocacy to the authorities facilitated the inclusion of MSM in prevention programmes."

Uganda:

- "During the conference, there was a lot of discussion on the side effects of D4T with many people advocating its withdrawal from the regimen. In Uganda now, D4T has been withdrawn and substituted with AZT."
- "Policies implemented are [based] on the information and presentations heard during the conference. Even the national strategic plans have been revised."
- "Following AIDS 2008, the country set up the National HIV Prevention Committee, finalized the modes of transmission study that has resulted in an increased commitment to development of a comprehensive national prevention plan. There have equally been increased resources allocated for prevention."
- "My country is now trying to see how gays, lesbians and sexual workers can be protected."
- "I heard from other delegates in the northern part of Uganda [that they] have scaled up their HIV prevention campaign as a result of their participation [in AIDS 2008]."
- "Issue of rights of vulnerable groups and most-at-risk population are being considered, i.e., CSW, MSM."
- "We have influenced other organizations to develop workplace policies for their employees."
- "I think the conference has always been a visible and effective ground for raising human rights issues related to HIV, from the days of fighting for treatment access to a focus on criminalization laws and housing rights."

Zambia:

- "There is more focus on prevention strategies and access to care has been influenced."

Zimbabwe:

- "When we came back we had a feedback meeting together with Ministry of Health and other AIDS service organizations. There was a lot of advocacy on different groups on prevention, care and treatment."
- "After the conference our country organized a post-conference meeting ... I was one of the presenters with various other organizations that were at AIDS 2008. Many organizations and individuals were appreciative of the knowledge that we had brought and promised to implement the lessons learnt."

Country not specified:

- "Most important was the presence of our Minister of Development Cooperation. The conference made a big impression on him in terms of organizations, people attending and issues raised. This greatly increased his awareness and appreciation for the international HIV/AIDS work."
- "There is a greater focus on human rights – especially around the issue of criminalization of transmission and drug use."
- "More people are now accessing VCT centres and free ARVs. Ministry of Health setting up tracking systems of people on ARVs. More NGOs looking after vulnerable people, e.g., orphans, widows ... Issue of human trafficking now on top of government's agenda, laws being put in place."
- "I work overseas as a technical advisor and I noticed that in all countries in southern Africa, government (MoH) officials are looking into way to increase uptake of male circumcision."
- "I can't surely say that the currently ongoing review process of existing HIV laws in Ivory Coast and in the West Africa region is [resulting from the] fact that it has been debated largely in Mexico, but I can surely say that so many countries are reviewing their HIV laws based on critics from the conference."

- “We are aware that many African governments ... are now including in their strategic plans: GIPA (SSIIP+), treatment access and literacy and ensuring treatment uptake and adherence. Uptake of proper use of donor funds is being seen in many African countries.”
- “It raised the profile of MSM in the epidemic with the keynote and other activities. This has been a useful fact that helps confirm that MSM are a priority population.”
- “Although can not prove the direct influence of AIDS 2008 in policies or advocacy activities in my country, new National Strategic Plan for fighting HIV/AIDS is now taking more into account the men's role in fighting HIV/AIDS, as well as paediatric treatment and care for HIV/AIDS.”
- “Ministry of Health and collaborating partners are encouraging HIV workplace programmes/policies.”

MIDDLE EAST AND NORTH AFRICA

Morocco:

- “More empowerment of NGOs.”

Country not specified:

- “Better involvement of the civil society and religious leaders. PLHIV are more vocal. Increased and joint efforts to decrease stigma and discrimination. Increased and joint effort to support the review of existing laws regarding most-at-risk populations and proposing law amendments.”
- “SIDC worked with a group of PLHIV and in partnership with a group of NGOS to develop a chart for the rights of PLHIV – Declaration of Beirut for the Rights of PLHIV. Contacts were made with ILO and companies to know more about the restriction made on PLHIV. A meeting was done in Cairo for the deputies in order to inform them and encourage them to lobby for the rights of PLHIV and to protect them from stigma.”

EASTERN EUROPE AND CENTRAL ASIA

Ukraine:

- “Conference is very powerful event, it gives strong motivation to do something. In February 2009, the National Ukrainian Programme on HIV/AIDS Prevention (2009-2013) was signed by the President of Ukraine.”

Country not specified:

- “MSM activities in the country are stronger and international links developed.”

ASIA

Bangladesh:

- “Along with other friends and colleagues who attended the conference, we raised voices/conducted advocacy/lobbying in government and other platforms to change the existing laws/polices.”

China:

- “Invite the key person from outside ... for legislation, [for instance] the famous lawyer from South Africa was invited to China.”

- “Influenced the government in drafting the policies related to HIV work and enhanced the government-NGO collaboration.”
- “The 'Testing Millions' campaign that was advertised [at] AIDS 2008 has also been done in Taiwan c/o the Taiwan government agencies (CDC and Health Dept) in cooperation with major hospitals all over the country.”
- “The concept of comprehensive prevention was included in the HIV policy.”

India:

- “Health Minister of India, Anbumani Ramadoss, said that he supported the repeal of his country's 145-year-old British-era law which criminalizes same-sex sexual relations in an event at AIDS 2008.”

Indonesia:

- “Some policies have been changed following the AIDS Conference, such as PMTCT, Strengthening Key Populations, etc.”

Laos:

- “MSM advocacy by NGOs. Scale up MSM interventions by NGOs. Task Force on HIV and IDU established by Ministry of Health, Police and Lao Commission for the Drugs Control and Supervision.”

Sri Lanka:

- “Other non-health sector ministries and PLHIV organizations were falling in line to develop policies.”

Vietnam:

- “We are developing the programme to [manage] HIV drug resistance in Vietnam.”

Country not specified:

- “Because members of our government were present in the conference, I know that their participation made them even more committed in pursuing and supporting HIV-related programmes in the country. Some of these government officials have become our partners in the field.”

OCEANIA

Australia:

- “The NAPWA Monograph on criminalization of HIV transmission was influenced by the work presented in Mexico.”

Papua New Guinea:

- “AIDS 2008 was an important event for one of our political leaders who was able to increase his understanding of the HIV epidemic worldwide scene and implications for Papua New Guinea.”

LATIN AMERICA**Brazil:**

- "The demand for an integrated and comprehensive approach of drug use, TB, hepatitis and HIV has been focused by national AIDS policies."
- "More monitoring and evaluation of the UNGASS in Brazil."
- "We are trying to build a new national policy on testing mental health patients for HIV and offering and distributing condoms in mental health facilities."
- "The most visible point is the influence on advocacy. After the conference, we came back home with more enthusiasm to work to strengthen strategies or change things. I can see many activists and health workers more excited and mobilized to fight HIV. At the same time, the conference stimulated a great discussion about the use of ARVs for common prophylaxis."
- "Co-infections gained more space, reviews of guidelines."

Colombia:

- "Today Colombia has a great discussion about a generic pharmaceutical product, this discussion begun during the Mexico conference."

Mexico:

- "The conference helped to reduce the antiretroviral prices in Mexico."
- "Improvements in health systems, expansion of antiretroviral schemes and increased number of personnel in this area."
- "Our city of Juarez has been considering the creation of a municipal area to supervise sex workers."
- "Effects of anti-homophobia march on Mexican policies."
- "Improvement of the quality care assurance."
- "Civil society is more linked with regional and international partners, the national programme is now working with international standards and using the best practices and guidelines from UNAIDS."
- "AIDS 2008 changed at different levels the vision of this disease, both socially and political level. Moreover, the policy [on] support for HIV research has improved."
- "The conference helped to add pressure to policy makers to talk about HIV, sign agreements and so on."
- "Fight against homophobia and discrimination by Ministry of Health."
- "Mexican Government approved the production of generic, affordable ARVs in the country as a result of the conference."

Nicaragua:

- "Government has been more involved in increasing mechanisms to raise awareness of HIV-AIDS. More resources have been allocated in specialized centres."

Venezuela:

- "The conference ... empowered new leaders who also had the opportunity to attend AIDS 2008."

Country not specified:

- "Contribute to reduce ARV prices ... and to develop governmental strategies to reinforce NGOs collaboration to implement AIDS preventive policies."
- "The Ministers' Meeting and Declaration has greatly influenced our work."

CARIBBEAN

Barbados:

- "Some AIDS organizations have drafted legislation in conjunction with employer bodies/organizations."
- "The policies are now geared toward behavioural change and not just focused on protecting self and others."

Cuba:

- "Hospitals are using new ARV guidelines."

Haiti:

- "Last year on 1 December, we had an important march in Jacmel. MSM were openly participating and marching in the streets."

Jamaica:

- "There are more policies, advocacy and education about HIV in my country [and] persons are now more open to hear and support persons living with HIV."

Saint Lucia:

- "Caribbean Harm Reduction Coalition was also influenced by the AIDS Conference."

Saint Vincent and the Grenadines:

- "The Ministry of Health (members attended the conference) is implementing and strengthening data collection and is now moving to build national and regional capacity, to develop a sustainable response to implement a unified approach in addressing the disease, to strengthen monitoring and evaluation, to document strategic information and to integrate responses into the health care system."

Country not specified:

- "The civil society works better with the National Programme on HIV/AIDS, it is influencing the advocacy agenda in terms of making changes on policies, laws etc., [and] it is influencing the way programmes, activities and intervention are planned for PLHIV."

NORTH AMERICA

Canada:

- "Strengthening of networks (i.e., sex workers network)."
- "Renewed emphasis on prevention/treatment in youth, female and minority populations."
- "Vaccine was a major topic at AIDS 2008. Canada put money into vaccine research, and this was applauded by most HIV advocates."
- "There is new work and new energy around renewing our country's five-year strategic plan on HIV/AIDS. I can't attribute these developments directly to AIDS 2008 but I do feel that the International AIDS Conference provides a critical venue for mobilizing efforts and energy, for helping to identify key current and upcoming priorities, and for renewing dialogue and vocabularies. So I believe there has been some impact in terms of what is happening in our country that has come out of the conference."

USA:

- "The lifting of the US immigration ban was fostered by the publicity and awareness raised at the conference."
- "I think out of AIDS 2008 we saw more advocacy around the impact of HIV on black Americans. This has influenced much of the new campaigns on HIV prevention in the US. Also we saw the removal of the HIV travel ban this year. This is a direct result of advocacy out of AIDS 2008."
- "Helping to repeal the HIV travel ban to the US."
- "The housing satellite held at the AIDS 2008 was instrumental in forging the international housing task force that now works on AIDS housing issues internationally."
- "As a result of the conference, the Department of Education is now working with the Department of Health to design a k-12 HIV Prevention curriculum."
- "Research findings were incorporated into practice."

WESTERN AND CENTRAL EUROPE

Hungary:

- "More frequent use of drug resistant tests (genotyping) at the time of diagnosis of primary HIV infection by clinicians."

Netherlands:

- "I understood it influenced and reinforced the policy of the Ministry of Foreign Affairs of the Netherlands and Dutch NGOs."

Norway:

- "Development of a new national strategy."

Sweden:

- "The sharp critics that Swedish criminal law got at the conference were sure a ringing bell for many of us. That has influenced our advocacy for a change in Swedish criminal law."

United Kingdom:

- "The Swiss study has changed perceptions even within the medical profession and has led to a lot of interesting discussions."
- "I know through the network, a number of women who attended the conference talk about what positive influences it had, like starting small groups that are supporting other people."
- "There are two other organizations involved in HIV/AIDS advocacy, these are the Cayman AIDS Foundation and the Cayman Islands Red Cross."

APPENDIX 3 – EXAMPLES OF HOW BENEFITS GAINED AT THE CONFERENCE INFLUENCED DELEGATES' ORGANIZATIONAL WORK

Contribution to knowledge sharing, awareness campaigns and advocacy work

- "A stronger advocacy and communication strategy has been set up to disseminate the institution's position papers and policy guidelines." (policy/programme analyst, Brazil)
- "We have started running football tournaments, teaming up with others to raise awareness of HIV." (manager/director, United Kingdom)
- "I shared the new scientific information with my colleagues." (epidemiologist, Pakistan)
- "We have trained community volunteers who work in an ART clinic." (physician, Uganda)
- "Knowledge shared at AIDS 2008 on strategies was used on delivering HIV prevention messages." (nurse, sub-Saharan Africa)

Commencement or expansion/enhancement of programme, initiative or research

- "We started programmes that focus on prisoners, MSM, and sex workers." (policy researcher, Kenya)
- "We did research on monitoring sexual and reproductive health services for women living with HIV in Botswana." (counsellor, Botswana)
- "I was able to set up a counselling unit within my work to give psycho-social assistance [to] MSM." (activist, Suriname)
- "It was a landmark for the beginning of an HIV clinic in my hospital." (physician, Mexico)
- "It has helped to start new projects related to HIV drug resistance surveillance and on HIV/TB." (physician, India)

Networking

- "The conference helped us make contact with and attract new donors, as well as new members, to our organization." (student, sub-Saharan Africa)
- "It has created a greater interaction with researchers and scholars on social sciences and legal issues, which assists the work." (lawyer, India)
- "We established relationships with a funder, which funds our research on disability and HIV/AIDS." (community-based researcher, Kenya)
- "With the contacts that we have gained, we were able to share ideas on different projects." (other, Trinidad and Tobago)

Improvement of work practices and/or management

- "This conference has created a great impact in our community, improving the quality of the services that we have been providing." (nurse, United States)
- "This was helpful in better implementing the surveillance in our setting." (epidemiologist, Pakistan)
- "We are better prepared and able to serve needs of the Spanish-speaking population, refugees living with HIV." (psychologist, Canada)
- "We have improved the procedure to communicate the information to our community." (activist, Chile)

Change in direction/approach/focus

- "My organization re-prioritized our activities based on new information from the conference." (activist, North America)

- “We started focusing more on the relationship between substance abuse and HIV/AIDS.” (activist, Mexico)
- “We changed the approaches used in prevention and treatment of HIV/AIDS.” (policy researcher, Kenya)
- “Some of the papers presented led us to identify 'gaps' in the research area, and then allowed us to include those 'gaps' as a focal area.” (lawyer, sub-Saharan Africa)
- “My organization used to offer services only to adults, but following my interactions with other organizations during AIDS 2008, we have started to focus on children.” (community health worker, Zimbabwe)
- “We have reinforced/implemented our actions in counselling and testing, particularly for the elderly and heterosexual population.” (physician, Brazil)
- “We have expanded some HIV/AIDS intervention, especially in reproductive health.” (manager/director, Tanzania)
- “We are more focused on ... housing as an international civil right and more focused on providing prevention, screening and care to MSM in culturally competent and relevant settings.” (advocate/activist, United States)

Better understanding of key issues, new perspectives, affirmation of current focus/strategy, new momentum/motivation

- “Some reports about implementation of isoniasid preventive programmes for HIV-positive patients in African countries convinced me that it was the right decision to implement TB preventive project in our activity.” (health care worker/social services provider, Russia)
- “The conference gave us strength and motivation to continue our work.” (policy/administration, Sri Lanka)
- “It helps us to better understand the true effects of HIV/AIDS on an individual and their family.” (educator/trainer, Guyana)
- “We renewed our energy and enthusiasm to strengthen HIV/AIDS prevention programmes and activities in our association.” (activist, Slovenia)

Development or review of policies, strategies, plans, guidelines or protocols

- “We were able to develop a new strategic plan for the organization for the next five years (2009-2014).” (social worker, Uganda)
- “Just after attending the conference, we reviewed most of our approaches to see what has worked and not.” (manager/director, Zambia)
- “Some of the new ideas presented during the sessions (e.g., community mobilization and involvement) were considered and implemented while planning for 2009.” (manager/director, Mozambique)
- “We revisited our strategic plan in order to incorporate new ideals gained during the conference.” (social worker, Tanzania)
- “I have designed new study protocols as a result of attending the conference.” (physician, United States)

Other

- “Today we are more accepted and the community has more confidence in our work.” (community-based researcher, Brazil)

APPENDIX 4 – EXAMPLES OF HOW BENEFITS GAINED AT THE CONFERENCE INFLUENCED DELEGATES' WORK

Influence (the respondent's) work focus, approach and/or practice

- "I reviewed our PMTCT programme, by best use of ARVs and good support of women coming [into] our ambulatory treatment centre." (physician, Congo)
- "I have increasingly integrated nutrition and food security thinking into treatment programming." (nurse, sub-Saharan Africa)
- "I have changed my practice according to updated skills in paediatric HIV care." (physician, Burundi)
- "The new knowledge I obtained in the conference helped me to improve my intervention and to offer a better service." (social worker, Mexico)
- "We are implementing tools to more accurately capture qualitative and quantitative data from our programmes." (skills building trainer, United States)
- "I gave more attention [to] providing access to HIV-related services for people with disability." (physician, Ethiopia)
- "I incorporated knowledge about syphilis prevention into my HIV and STI prevention work." (manager/director, Australia)
- "Our prevention efforts have now focused much more on multiple concurrent partners." (social worker, Namibia)
- "It provides me with the opportunity to frame the work I do in a way that aligns with what is going on internationally." (public servant, Canada)
- "It reinforces HIV prevention activities and ensures that the interventions are evidence based." (social or behavioural scientist, sub-Saharan Africa)
- "I found new and original ways to implement prevention programmes for young MSM." (activist, Mexico)
- "I have intensified door-to-door HIV awareness and testing since people have problems with transport due to poor road infrastructure and money problems." (nurse, Malawi)

Share information, raise awareness and/or build capacity

- "I have disseminated the information I gathered to my colleagues at two seminars organized by my organization. I also had a media briefing with a TV channel and print media." (policy/administration, Sri Lanka)
- "It influenced content in a course taught to undergraduate students." (teacher/lecturer, United States)
- "I did a workshop on reproductive health with women living with HIV/AIDS, discussing dangers of unsafe abortions in the community." (community health worker, Malawi)
- "I bring updated information to other health offices and people living with AIDS/HIV." (advocate/activist, United States)
- "I began to mentor others by email." (prevention scientist, United States)
- "I introduce updated news to Chinese readers through the mailing list." (community-based researcher, China)

Design and/or start a new project or research

- "I have developed a church-based HIV prevention programme being implemented by six northern Anglican Diocese in the Province of the Church of Uganda." (social or behavioural scientist, Uganda)

- "I developed the 'Peertrepreneurship Ventures' aimed at transforming peer educators into social entrepreneurs." (manager/director, Philippines)
- "I have been part of an initiative to develop a new ART in South Africa." (clinical scientist, United States)
- "I developed an analysis of inflammatory metrics associated with response to antiretroviral agents." (physician, United States)
- "I contributed to developing a new nursing programme." (nurse, Zambia)
- "I started an HIV/AIDS education program for girls of rural areas of Pakistan." (activist, Pakistan)
- "I started a research on social policy aspects of the epidemic and living conditions of PLHIV." (community-based researcher, Norway)

Start new or strengthen existing collaboration

- "I explored new collaborations with colleagues in countries where we have existing projects." (administrator, sub-Saharan Africa)
- "We started international partnerships." (manager/director, France)
- "I strengthened links and collaboration with the Global Forum on HIV and MSM." (policy/programme analyst, Middle East or North Africa)
- "I work in partnership with another organization in order to increase the quality of our AIDS work." (manager/director, Mexico)
- "I developed new networks with Latin American researches and currently we are in Central America and Mexico-Guatemala border making collaborative projects." (social or behavioural scientist, Latin America)
- "I was able to join an international youth AIDS organization and with them, expand my outreach." (advocate, North America)
- "I joined the Youth Coalition for Sexual and Reproductive Health and I also integrated the Peru Youth Force for the Latin American Forum on HIV and STI." (peer educator, Brazil)

Support policy and advocacy

- "I had the chance to empower my advocacy work in the access-to-treatment field." (advocate, Latin America)
- "I have shared the effects of stigma and discrimination with many persons, especially youths." (community health worker, Caribbean)
- "I review existing policies in my country and work in partnership with existing organizations to lobby and advocate for the PLHIV and AIDS rights." (manager/director, Lebanon)
- "I became more determined to, and concretely began efforts at, combating homophobia in my home country, and the government's insufficient action to address this structural drive of HIV epidemic." (activist, United States)
- "I established an advocacy programme for disability and HIV/AIDS." (community-based researcher, Kenya)

Increase (the respondent's) motivation, commitment to and involvement in the HIV response

- "It reinigorated the efforts and increased the motivation." (other, sub-Saharan Africa)
- "I have been much more active in the subject, as well as volunteering and interning." (undergraduate student, United States)
- "It changed my view regarding work with vulnerable women and other target groups." (manager/director, Tajikistan)
- "I am more committed to PLHIV." (community health worker, Mexico)

- "It encouraged me to continue doing work in this area of research." (social or behavioural scientist, United States)
- "It gave me good ideas about the dissemination of research findings to non-researchers who do work on HIV/AIDS." (social or behavioural scientist, United States)
- "I return to work in HIV/AIDS, after several years of working in other areas." (community-based researcher, Mexico)
- "I applied to medical school after AIDS 2008 in order to become a HIV specialist, and to take care of the patients who are living with HIV/AIDS." (student, Canada)

Refine and/or refocus current research

- "I changed some of the way I present information and conduct research." (media representative, United States)
- "It gave me better research design concepts to help collect multivariate data with limited resources. I also learnt how to best overcome retention challenges faced by my ongoing longitudinal research projects." (social or behavioural scientist, South Africa)
- "I started planning and organizing my experiments in another way." (biology or pathogenesis researcher, Bulgaria)
- "I refocused my research on young MSM populations." (social or behavioural scientist, United States)
- "The conference allowed me to rethink my studies and research strategies, adding new ideas and methods to my study about survival of patients living with HIV/AIDS for more than 10 years." (epidemiologist, Brazil)

Increase (the respondent's) knowledge, awareness, understanding of key HIV-related issues and resulting priorities

- "I have a better understanding of the many HIV-positive refugees from Africa, the Caribbean and Latin America." (community health worker, Canada)
- "I learnt about a specific topic: anorectal sexual health." (psychologist, Mexico)
- "I learnt a lot more about stigma that can be encountered and I am much more aware of it now." (physician, Brazil)
- "I am more aware to fight criminalization of transmission both in my country and internationally." (social or behavioural scientist, Norway)
- "The research works in the conference updated my knowledge." (biology and pathogenesis researcher, Mexico)

APPENDIX 5 – AIDS 2008 FOLLOW-UP SURVEY FORM

Thank you for verifying the below information.

*First Name: _____

*Last Name: _____

*Email Address: _____

All fields with an asterisk () are required.*

→ Was AIDS 2008 your first International AIDS Conference? (Select one)

- Yes
- No (Answer next question)

→ Which conference(s) did you attend? (Select all that apply)

- AIDS 2000, Durban
- AIDS 2002, Barcelona
- AIDS 2004, Bangkok
- AIDS 2006, Toronto

→ Thinking back to AIDS 2008, can you recall the most important things you gained from attending?

Please be as specific as possible and provide concrete examples.

For example: new knowledge on vertical transmission, affirmation of current practice or research, renewed sense of purpose, new contacts/opportunities for collaboration, etc.

→ Did you keep contact with people you met for the first time at AIDS 2008? (Select one)

- Yes (Answer question number 3.2. and 3.1.)
- No

→ **With how many approximately? (Select one)**

- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- Over 20

→ **To do what? (Select all that apply)**

- Create a new partnership
- Join an existing partnership
- Informal exchange of knowledge, lessons learnt, suggested solutions
- Other (please specify):

→ **Did AIDS 2008 give you the opportunity to strengthen collaboration/network with existing partners (i.e., people you already knew before AIDS 2008)? (Select one)**

- Yes
- No

→ **Have you done anything differently in your HIV work as a result of attending AIDS 2008? In other words, did the conference influence your work in any way? (Select one)**

- Yes (Answer next question)
- No (Answer second question)

→ **What have you done?**

→ **Was there a reason for this?**

→ Did AIDS 2008 directly influence any of the HIV work undertaken in your organization? (Select one)

- Yes (Answer next question)
- No
- Don't know

→ Please describe:

→ Outside your organization, are you aware of AIDS 2008 influencing HIV work, policies or advocacy in your country? (Select one)

- Yes (Answer next question)
- No
- Don't know

→ Please describe:

That's the end of the survey except for some details...

→ What was your main track of interest at AIDS 2008 (i.e., the track in which you attended most sessions)? (Select one)

- Track A: Biology and Pathogenesis of HIV
- Track B: Clinical Research, Treatment and Care
- Track C: Epidemiology, Prevention and Prevention Research
- Track D: Social, Behavioural and Economic Sciences
- Track E: Policy and Political Sciences
- I had no main track of interest
- I don't remember

➔ **What is your main occupation/profession in relation to HIV? (Select one)**

- Physician
- Nurse
- Community health worker
- Pharmacist
- Psychologist
- Counsellor
- Social worker
- Traditional or complementary therapy practitioner
- Lab technician
- Other health care worker/social services provider
- Biology and pathogenesis research
- Clinical Science
- Prevention Science
- Epidemiology
- Social or Behavioural Science
- Economic Research
- Policy Research
- Community-based Research
- Other researcher
- Teacher/lecturer
- Print journalist - Newspaper/journal/e-publication
- Broadcast journalist - Radio
- Broadcast journalist - Television
- Freelance journalist
- Community-based journalist
- Other media representative
- Policy/programme analyst
- Manager/director
- Public servant
- Administrator
- Other policy/administration
- Advocate
- Activist

- Other advocate/activist
- Undergraduate
- Postgraduate
- Post-doctoral
- Other student
- Lawyer
- Funder
- Skills building trainer
- Peer educator
- Other educator/trainer
- Other

→ Approximately, for how many years (full or part time) have you worked in HIV? (Select one)

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

→ What is your main affiliation/organization in HIV/AIDS? (Select one)

- Hospital/clinic
- Academia (university, research institute, etc.)
- Government
- Intergovernmental organization (e.g., United Nations, UNAIDS, WHO)
- Grassroots community-based organization
- People living with HIV/AIDS group/network
- Faith-based organization
- Other non-governmental organization
- Charitable foundation
- Trade union
- Cooperative

- Pharmaceutical company
- Private sector (other than pharmaceutical company)
- Media organization
- Self-employed/consultant
- Other

→ In which country do you mainly work? (Scrolling menu)



“The conference has been a great success from the very beginning. (...) I would say that we finished [the conference] fortified in the fight against AIDS.”

Dr Pedro Cahn, AIDS 2008 Chair and IAS President 2006-2008, Global Voice, 08/08/08

“This conference has given out a message of hope for all people living with HIV and AIDS”,

Dr Luis Soto Ramirez, AIDS 2008 local co-chair, Global Voice, 08/08/08



**XVII INTERNATIONAL
AIDS CONFERENCE**

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