

IAS Strategy 2010-2014

Draft for consultation

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Our Mission

Who we are

The International AIDS Society (IAS) is the world's leading independent membership association of individuals working professionally¹ in HIV around the world.

What we do

We connect and convene. By organizing the world's foremost international HIV conferences and specialized fora, we provide critical platforms for presenting the best evidence, promoting dialogue and building consensus to tackle key challenges in the response.

We support and sustain. By providing access to up-to-date evidence and best practice, and strengthening the capacity of individuals and organizations to apply it in their work, we improve the quality of HIV prevention, treatment, care and support.

We mobilize and influence. By advocating, together with our members and partners, for an evidence-based response and for research to address gaps in knowledge, we continuously improve the response to HIV.

Our Vision

The future we see

A worldwide force of professionals working together to develop, share and use the best evidence and practices in order to promote the health and rights of all people living with and affected by HIV and bring an end to the HIV epidemic.

¹ Persons professionally engaged in activities related to HIV and AIDS may become individual members of the IAS, Article 6.2, IAS Bylaws, www.iasociety.org We use the term, "professional", to mean any person whose work focuses on responding to HIV. However, our core membership is the health workforce and research community. See members by profession, page 5.

Our Values

What we believe

We believe that the knowledge, experience and technologies to reverse the epidemic already exist, and that social and biomedical research to refine our understanding about their application and to find a vaccine and cure must continue.

We believe that programmes must be targeted to respond to the dynamics of the epidemic in specific contexts and be of sufficient scale in order to be effective.

We believe that universal access can only be achieved when the human rights of people living with and affected by HIV are protected.²

We believe that knowledgeable, skilled and committed people are central to an effective response, and investing in them and their professional development is fundamental.

We believe that social and economic inequities exacerbate the HIV epidemic and that an effective response contributes to improving broader health, social and economic conditions.

How we work

The IAS:

- is committed to excellence
- is open, transparent and accountable
- encourages innovation and creativity
- fosters professional and personal development
- sets ambitious and realistic goals
- respects, listens and responds to all stakeholders in the HIV response
- is ethical internally and in its relations with its members, partners, contractors and clients
- promotes and invests in the meaningful participation of people living with HIV (PLHIV) and affected communities
- is committed to diversity and gender equality
- works in a socially, environmentally and economically sustainable way.

² *Human rights and HIV/AIDS – Now more than ever, 10 reasons why human rights should occupy the centre of the global AIDS struggle*, Open Society Institute, 2007.

Setting the Scene

Background

“The history of the International AIDS Society lies in its conferences, and in the struggle for evidence and experience to prevail over ignorance and political expediency in the global response to HIV/AIDS.”³

In 1988, as the scope of the HIV epidemic emerged and the International AIDS Conference grew in size and complexity, a group of prominent scientists from around the world met and decided to form the International AIDS Society (IAS). Its roles were to oversee the conference and to provide an international forum for information exchange. It also began to represent the international scientific community, providing a voice of reason in controversies that were hampering an evidence-based response.⁴ The IAS and its role in the global response have changed considerably since then, particularly in the past five years.

Achievements 2005-2009: Foundations for the future

In September 2004, the IAS Secretariat moved from Stockholm, Sweden to Geneva, Switzerland to be physically closer to other international health and development organizations. These include: the Global Fund to fight AIDS, Tuberculosis and Malaria; the Joint United Nations Programme on HIV/AIDS (UNAIDS); and the World Health Organization (WHO). The IAS’s Governing Council also wanted to strengthen the Secretariat to ensure institutional memory of the society’s conferences and to leverage the platforms they provide to expand programmes for education and policy and advocacy. *Stronger Together, Strategic Framework 2005-2009* was developed in the early stages of this period of growth and change. Much has been achieved.

Strengthened membership base

Our membership is the base on which the organization acts as the independent voice of professionals working in HIV around the world. We have invested in strengthening our membership, with commensurate benefits in both the number and diversity of members. The membership has grown from 5,802 in 2004 to 13,010 in 2008, an increase of 125%. It has also become increasingly representative of all five regions. (See Figures 1 and 2)

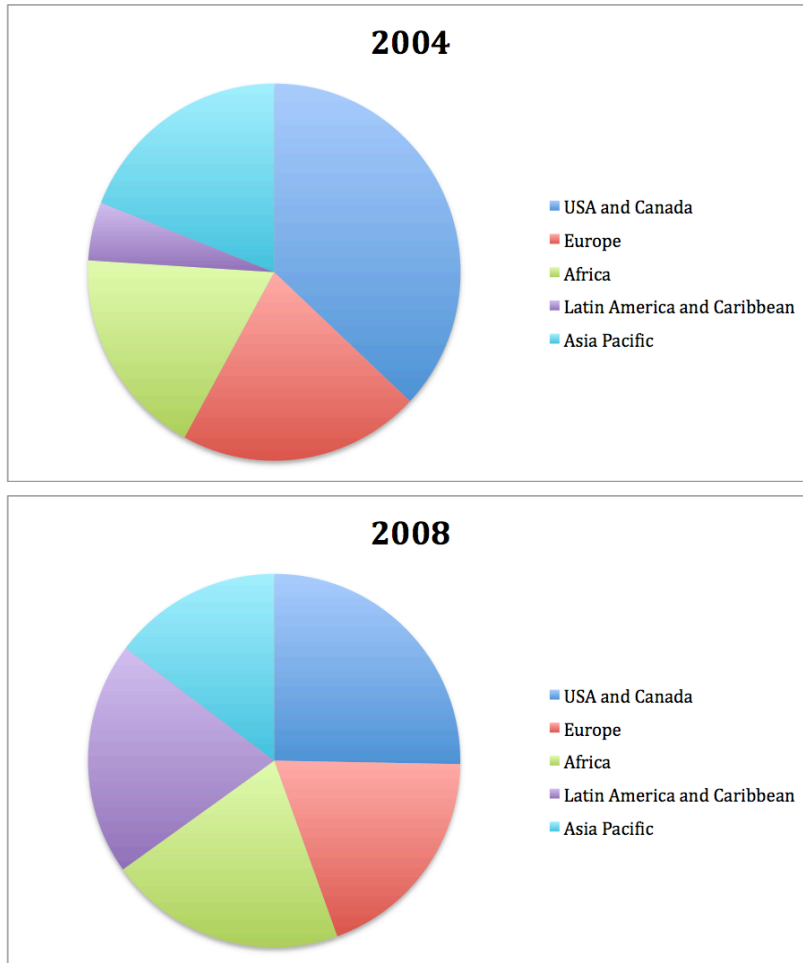
Figure 1: Membership numbers and % by region, 2004 and 2008

Members by region	2004	2004 %	2008	2008 %
USA and Canada	2,149	37%	3,289	25.3%
Europe	1,209	21%	2,500	19.2%
Africa	1,064	18%	2,683	20.6%
Latin America and the Caribbean	309	5%	2,626	20.2%
Asia and the Pacific Islands	1,071	19%	1,912	14.7%
Total	5,802	100%	13,010	100%

³ *20 years of the International AIDS Society*, L Kallings, C McClure, 2008, page 6.

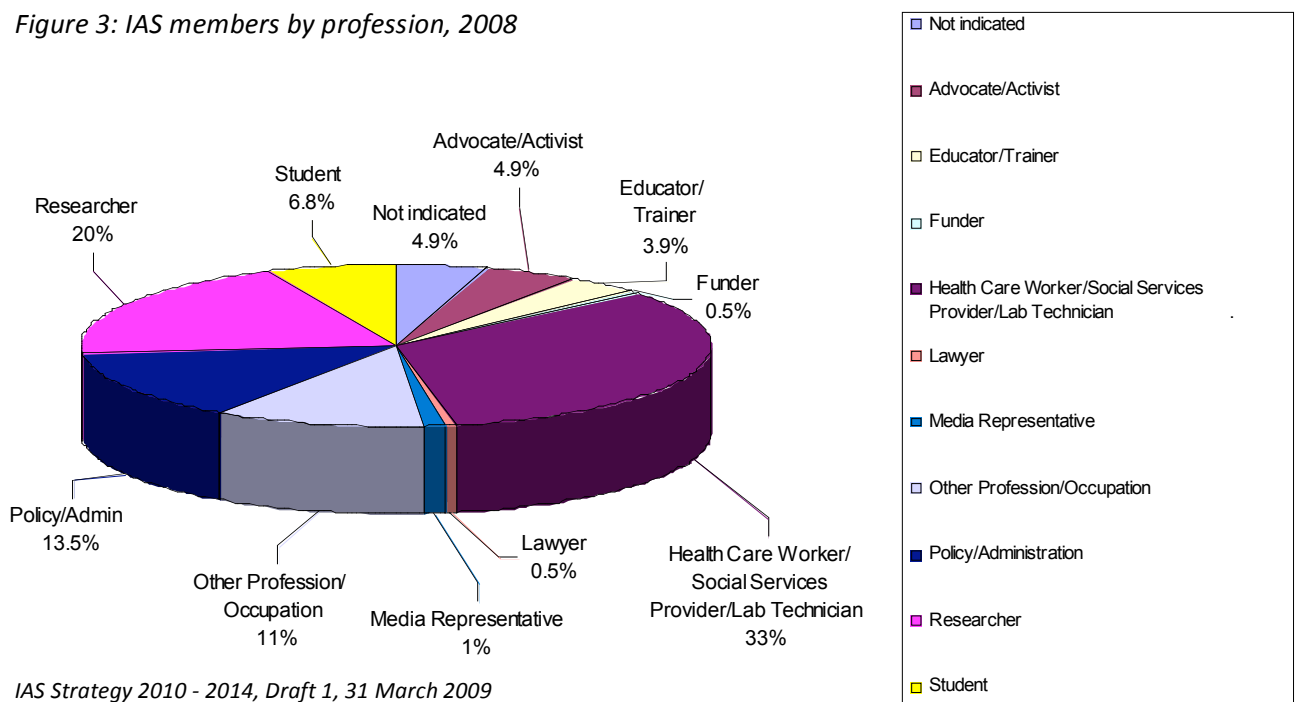
⁴ See *20 years of the International AIDS Society* for a history of the evolution of the IAS and the International AIDS conferences 1985-2008.

Figure 2: Membership – % by region, 2004 and 2008



Data about IAS members' professions first began to be collected in 2006. Health care workers and researchers comprise the largest categories of members, together making up 53% of the membership, with a wide range of other professionals working in HIV also represented.

Figure 3: IAS members by profession, 2008



Improved transparency and regional representation of Governance

The Governing Council is directly elected by the membership. It is comprised of 29 members, made up of five members from each of the five geographical regions (See Figures 1 and 2) and the President, President-elect, immediate past President and Treasurer. The composition of the IAS Governing Council has evolved, reflecting the changes in the HIV response, IAS membership and role of international conferences. The Council includes clinicians, biomedical and social researchers, and public health and human rights experts.

In 2004, election procedures were improved by implementing an online voting system that has been continuously refined to ensure democratic and transparent elections. In 2008, changes were implemented to ensure more diverse representation within each region. Within the USA and Canada, at least one seat must be filled by a Canadian; within Europe, at least one seat must be filled by an Eastern European member; within Africa, at least one seat must be filled by a Francophone; and within Latin America and the Caribbean, at least one seat must be filled by a Caribbean.

Expanded Secretariat and programming

In 2003, the Secretariat consisted of three staff. By September 2004, when the Secretariat moved to Geneva, that number had increased to eight. In March 2009, the Secretariat has a staff of 40 people from 15 countries in all regions of the world.

A significant part of this increase is the result of hiring in-house conference professionals, rather than outsourcing conference organization.⁵ Two thirds of staff work primarily on the international conferences. As a result, we have accumulated a wealth of knowledge and expertise which ensures:

- greater continuity in conference planning and systems
- more attention to conference design that addresses current challenges in the HIV response and providing fora for dialogue to address these challenges
- effective conference evaluation that supports continuous improvement
- expertise, skills and systems that are shared with partners involved in organizing regional conferences.

During 2005, a comprehensive review of the International AIDS Conference was undertaken. The review, *Future Directions*, involved wide-ranging consultation. The final report made recommendations related to the mission, objectives, programme elements and organizing structure of the conference. The recommendations have been progressively implemented since 2006.⁶

We have significantly expanded our online conference presence, increasing access to the wealth of information presented at international conferences through providing:

- abstracts that are digitally archived and searchable
- webcasts and a permanent collection of slides, video and audio presentations

⁵ Between 1988 and 2003, prior to building this in-house capacity, the IAS was responsible for selecting venues in consultation with co-organizers and outsourcing the planning of international conferences to entities in the host country. This resulted in significant loss of institutional memory, with new systems and skills being developed as each conference was planned anew by different agencies.

⁶ Maximizing the Impact of the International AIDS Conference, *Future Directions*, www.iasociety.org

- virtual conferencing techniques: During AIDS 2008, an additional 2,000 people participated in person at regional hubs both during and after the conference.

We have also expanded other communication tools and technical resources, including:

- the *Journal of the International AIDS Society (JIAS)*, an online peer-reviewed journal
- our partnership with the journal, *AIDS*
- our quarterly newsletter.

Expanding staffing has also enabled a wider range of programming, including:

- increased role in policy and advocacy
- professional development initiatives
- partnerships with regional AIDS societies and networks involved in organizing regional conferences.

Our policy and advocacy work is targeted to our strengths. We have focused on issues of most relevance to our membership, and where an independent, technically credible voice advocating for evidence-based approaches can make a difference. We have led the push for greater investment in operations research that enables providers and policy makers to: “learn by doing”; identify solutions to problems that limit programme quality and effectiveness; and use the evidence generated to refine programmes for better outcomes.

We convened the Vancouver Summit in 2009 to develop expert consensus on research needed to optimize the individual and societal benefits of the public health approach to delivering antiretroviral therapy (ART). We have convened summits that promote and ensure evidence is used to guide policy and programmes, such as the regional leadership summit on expanding access to opioid substitution therapy for injecting drug users in eastern Europe and central Asia. We have focused on stigma and discrimination in specific areas, such as leading efforts to eliminate HIV-specific travel restrictions.

We have developed our relationships with innovator pharmaceutical companies through our conferences and the Industry Liaison Forum (ILF), which focuses on identifying gaps in knowledge and accelerating research to address them. For example, the ILF played a central role in advancing pre-exposure prophylaxis research. We have also been active in contributing to current debates through providing commentaries and opinion pieces in journals and leading media, as well as making rapid-response media statements on urgent issues.

We have strengthened partnerships with regional AIDS societies and networks involved in organizing regional conferences⁷ to:

- ensure that issues of regional significance are examined in international conferences and that regionally specific challenges identified in international conferences are addressed in depth at regional conferences
- provide technical assistance for regional conference planning, programme building and logistics

⁷ Throughout this Strategy, reference to “regional partners” means regional AIDS societies or other networks responsible for convening regional conferences. Our key regional partners are: Asia Pacific – AIDS Society of Asia and the Pacific; Africa – Society for AIDS in Africa; Eastern Europe and Central Asia – AIDS InfoShare and CIS Council for HIV; Europe – European AIDS Clinical Society; Latin America and Caribbean – Horizontal Technical Cooperation Group.

- support for organizational development and opportunities for mutual learning and collaboration
- support activities in the regions to advance evidence-based policy and programming.

We have developed and delivered educational programmes, both within and outside of conference settings. We focus on drawing on our particular expertise and meeting the professional development needs of our members. Our programmes include: building the skills of researchers in writing abstracts and developing manuscripts for publication; training of health care workers to undertake operations research; and examining experience in ART scale up to improve practice.

The Strategy development process

The Governing Council and Secretariat are involved in an iterative process to develop and refine the Strategy during 2009.

A comprehensive desk review was conducted to inform the development of this draft. This included reviewing the outcomes of major consultative processes undertaken in recent years. These were:

- *2008 IAS Membership Survey: Reporting Findings*
- *The IAS and its Pharmaceutical Sponsors: Looking Forward, 2007*
- International AIDS Conference – *Future Directions, 2006*.⁸

This first draft will be the subject of wide-ranging consultations with our members and key stakeholders, including our international and regional partners and donors. The process will involve key informant interviews and face-to-face and email consultations to be conducted during April and May 2009. The draft will then be revised and reviewed by the Governing Council and Secretariat, with the final draft submitted to Council for approval in November 2009.

⁸ These reports are available on the IAS website, www.iasociety.org

Overview of Strategy

Our distinctive contribution

As the lead organizer of the International AIDS Conference, we provide a unique global forum for the interaction of science, community and leadership to advance an evidence-based response. As the organizer of the IAS Conference on HIV Pathogenesis, Treatment and Prevention, we bring together researchers and clinicians from around the world to share the latest evidence and address current challenges in HIV basic, clinical, biomedical prevention science and operations research. We have also developed considerable expertise in convening specialized summits on specific topics, bringing global stakeholders together to discuss and agree on a common agenda for action.

Our convening power is the foundation for developing our strengths:

- a large, growing, professionally and geographically diverse membership
- a credible and independent voice for an evidence-based response
- a key portal for access to and analysis of the wealth of information presented at the conferences.

The new directions that we have forged over the past five years harness these strengths.

Our strategic approach

Strategy 2010-2014 builds on our strengths and guides the consolidation and further development of our work.

Figure 4: Our strategic approach



Vision

A worldwide force of professionals⁹ working together to develop, share and use the best evidence and practices in order to promote the health and rights of all people living with and affected by HIV, and bring an end to the HIV epidemic.

Goals

We will pursue three interconnected goals to achieve our vision:

- Goal 1: HIV professionals have up-to-date knowledge and skills to make an effective contribution to preventing, treating and controlling HIV.
- Goal 2: The best available evidence and evidence-based approaches are used to guide allocation of resources, and policy and programmes.
- Goal 3: Research capacity is strengthened, gaps in evidence are identified, and new research that addresses the gaps is undertaken.

Foundations

These two “foundations” provide the support that enables us to achieve our goals:

- Foundation 1: International conferences are gold standard: effective, inclusive and participatory.
- Foundation 2: Our organization is innovative, effective, accountable and sustainable.

By providing critical platforms for presenting up-to-date evidence, promoting dialogue and building consensus, our international conferences contribute directly to achieving our goals. This is reflected within each of the three goals. However, there is also considerable work that goes into making conferences of this scale and complexity happen. While holding a conference does not, in itself, achieve our goals, it is critical that the “nuts and bolts” of this work is reflected clearly in the Strategy. Similarly, the organization’s infrastructure, processes and people are also essential to enable us to achieve our goals.

Highlights of this Strategy

While this Strategy consolidates and builds on our work to date, there are some key themes that cut across our goals and foundations.

Leveraging our convening power

We are committed to using our convening power strategically to bring about progressive policy and programmatic change, and to identify critical questions and stimulate new research to answer them.

Harnessing information technology

Innovations in information technology are creating new opportunities to maximize access to evidence and enable a dynamic dialogue between people working in HIV throughout the world. We will invest in applying these interactive technologies to better understand and address the challenges in the response, mindful of responsive to the current inequities in access.

⁹ We use the term “professional” to mean any person whose work focuses on responding to HIV. However, our core membership is the health workforce and research community. See Figure 3, IAS members by profession, page 5.
IAS Strategy 2010 - 2014, Draft 1, 31 March 2009

Investing in learning by doing

Our commitment to support professional development and advance operations research is intended to foster a culture of learning by doing. By promoting greater investment in operations research and the people to do it, we are supporting implementers to reflect on practice, document their learning, and adjust approaches to improve the quality, reach and impact of the response.

Advancing preventive and therapeutic technologies

The commitment to universal access provides a critical stimulus for scaling up the interventions we know work. Nonetheless, it is vital not to lose sight of the pursuit for a vaccine and a cure. We will work to stimulate awareness of, investment in, and capacity for basic science and clinical research that has the potential to end the epidemic.

Synergizing international and regional efforts

Our work at the international level must be grounded in an appreciation of the realities of epidemics in different contexts. Deepening our relationships with our regional partners will help us ensure that international and regional conferences provide opportunities to tackle the challenges of responding to HIV in each region. Together, we will also strengthen professional development and advocacy globally and in the regions.

Engaging our members

Our worldwide membership is a formidable force. We are committed to supporting our members in their work, connecting them to one another, and engaging them in advancing an evidence-based response and building the evidence base of the future.

Our Goals: How we will Achieve our Vision

Goal 1: HIV professionals have up-to-date knowledge and skills to make an effective contribution to preventing, treating and controlling HIV

To achieve this goal, the IAS will:

Increase access to state-of-the-art information and analysis

1.1 Provide high quality, independent, accessible, up-to-date evidence and critical analysis on current debates by developing and maintaining a state-of-the-art online digital library for integrated access to:

- international conference materials, including abstracts, audio-visual materials and post-conference analysis, including international conference summary reports
- the *Journal of International AIDS Society* (JIAS) and the journal, *AIDS*
- policy and advocacy materials
- professional development resources
- conference evaluation resources
- partnership sites (e.g., Hivtravel.org).

1.2 Maximize use of our communication channels to inform and engage our members in our work, including an effective website, members' updates, media releases and policy statements, and social networking.

1.3 Expand the reach of our online, open-access, peer-reviewed JIAS, and encourage submissions in areas where more research is needed. (Also see Goal 3 regarding research capacity)

1.4 Maximize media coverage of conferences in order to generate the widest possible access to the evidence and debates that conferences generate.

Optimize conferences as platforms for access to information and learning

1.5 Deliver quality international conferences that provide access to the latest evidence, and address current debates and challenges in the HIV response.

1.6 Ensure international conferences provide opportunities for professional development, including delivery of skills-building programmes.

1.7 Maximize participation in international AIDS conference and IAS conferences, including participation by young scientists, health professionals, media, community advocates and affected communities, particularly but not exclusively those from low-income and middle-income countries, through fair and transparent international and media scholarship programmes.

1.8 Increase virtual access to conference content and learning opportunities through participatory hubs, improved online coverage, social networking and other emerging interactive and community web technologies.

Develop professional “Communities of Practice”¹⁰

1.9 Identify members’ professional development needs, and target programmes, both during conferences and through collaborative technologies for distance learning, to address identified needs.

1.10 Develop existing partnerships and identify new partner organizations, such as regional training institutes, for expanding professional development programmes, including online.

1.11 Facilitate effective professional development for HIV professionals in partnership with regional and other training organizations to:

- establish “Communities of Practice” and facilitate learning through knowledge sharing and collaboration in areas of identified need, and support networks to become self sustaining
- develop curricula and online modules, drawing on resources available through digital libraries and in partnership with organizations that develop curricula.

1.12 Establish and maintain a database of training resources and opportunities for health care workers and expand to other professionals working in HIV.

Strengthen regional conferences, regional partners and professional networks

1.13 Collaborate with regional partners to ensure:

- high quality regional conference programmes, focusing on the current debates and issues of relevance to each regional epidemic
- strong links between international and regional conferences, including sessions with regional perspectives in international conferences and sessions on key themes from international conferences and their implications in the regions.

1.14 Collaborate with regional partners to provide professional development programmes¹¹ in regional conferences and foster ongoing professional networks.

1.15 Strengthen our members’ links with regional partners, regional training organizations and regional conferences to support the development of regional networks for professional development.

1.16 Provide technical assistance to support regional partners in planning, coordinating and delivering regional conferences, and to ensure that regional conference knowledge, capacities and systems are retained and developed.

1.17 Support organizational development of regional partners to ensure:

- clear and democratic governance and organizational structure and systems
- organizational capacity, including: recruiting, retaining and supporting members; planning, monitoring and evaluation; fundraising; and providing effective finance and management systems.

¹⁰ The term “communities of practice” is used to refer to ongoing professional networks of people who share a common interest and/or expertise in specific areas, and who come together to share good practices, develop skills on how to do it better, transfer knowledge and advance the state of the art.

¹¹ For example, at IAS 2009, we will conduct “Learning by Doing – Using Operations Research to strengthen HIV Prevention, Care and Treatment Scale-up in Resource-limited Settings”, to support professional development of researchers interested in conducting operations research on HIV/AIDS service delivery programmes.

Goal 2: The best available evidence and evidence-based approaches are used to guide allocation of resources, and policy and programmes

Our approach to advocacy

To contribute effectively to achieving this goal, we will focus our advocacy efforts on specific issues where we are well placed to have an impact. Our policy and advocacy work to date has been targeted to our strengths. We have focused on issues of most relevance to our membership and where an independent, technically credible voice advocating for evidence-based approaches can make a difference. The objectives below include specific advocacy priorities that build on work to date. There are also more general objectives that will enable us to be responsive to new opportunities and emerging issues during the life of the Strategy.

We will use a range of different methods to distil the evidence and advocate for specific outcomes:

- *Summits*: Convene meetings, conference sessions and expert panels to foster dialogue, build consensus and facilitate collective action
- *Policy positions*: Undertake policy analysis, and prepare policy position papers, journal articles and conference reports that distil the evidence and define the course of action required
- *High-level representation*: Utilize our positions of influence on governing bodies, and participation in committees and high-level fora
- *Public statements*: Provide media comment, opinion pieces, statements and declarations
- *Partnerships*: Identify and actively contribute to specific global partnerships to ensure collaboration on issues of common concern
- *Membership engagement*: Effectively utilize our members to contribute to global and regional advocacy, including online campaigns.

Thematic priorities for global advocacy

To achieve this goal, we will focus our global efforts on advocating for:

2.1 Timely revision of international normative guidance on HIV treatment and prevention as new evidence emerges, including ART guidelines and prevention of mother to child transmission.

2.2 Protection of human rights of, and equitable access to treatment and prevention programmes for, marginalised and most affected populations.

2.3 Implementation of comprehensive harm reduction interventions to expand prevention and treatment for injecting drug users, particularly opioid substitution therapy.

2.4 Integration of services for HIV, TB and other co-infections together with key partners, including the StopTB Partnership.

2.5 Implementation of models for best practice and guidance on strengthening and sustaining the global health workforce.

2.6 Compliance with relevant international guidance and standards to address health care worker crises, such as the *WHO Code of Practice on International Recruitment of Health*

Personnel and Treat, Train, Retain: Global Recommendations and Guidelines, in partnership with the Global Health Workforce Alliance (GHWA). This includes:

- monitoring progress and reporting on compliance with key international guidance and standards, in partnership with the GHWA and our members
- developing, disseminating and using analyses of compliance with key international guidance for global advocacy.

2.7 Elimination of HIV-specific travel restrictions by:

- leading the Global Task Team efforts, together with UNAIDS
- directly engaging with governments when considering potential conference locations
- maintaining and promoting the Global Database on HIV travel restrictions to inform advocacy efforts, together with our partners, the European AIDS Treatment Group and Deutsche AIDS-Hilfe.¹²

2.8 Elimination of HIV-related stigma and discrimination in health care settings, both by health care workers and against health care workers working in HIV.

2.9 Accountability of leaders for their political and financial commitments through:

- the International AIDS Conference Leadership and Accountability Programme
- analyses of commitments and targeted advocacy for fulfillment, for example, G8 universal access commitments.

Supporting regional policy and advocacy efforts

To achieve this goal, we will support regional advocacy efforts by:

2.10 Supporting regional partners to engage their members and professional networks to advocate for evidence to inform policy and practice regionally and at country level. (Also see Goal 1, Objectives 1.9-1.11 and 1.14-1.15)

2.11 Supporting regional partners to develop, disseminate and use regional conference summary reports to prioritize regional advocacy efforts, together with their partners in each region, including UNAIDS.

2.12 Convening regional summits to bring diverse stakeholders and/or expert groups together to decide on action to address specific impediments to evidence-based policy and programmes in each region, and to support development of capacity for sustained joint action.

2.13 Developing and implementing mechanisms for engaging the Governing Council in its regions to promote evidence and mobilize members to contribute to global and regional advocacy efforts.

¹² www.hivtravel.org

Goal 3: Research capacity is strengthened, gaps in evidence are identified and new research that addresses the gaps is undertaken

To achieve this goal, the IAS will:

Support development of research capacity

3.1 Maximize the use of existing tools and develop new tools to support researchers, particularly in low-income and middle-income countries, to improve skills in preparing grant applications, abstracts for conferences and publications, and manuscripts.

3.2 Provide and promote prizes and fellowships that support both high quality, innovative biomedical, social and operations research, and talented researchers, including:

- young researchers
- researchers from low-income and middle-income countries
- attracting basic and experimental scientists from other disciplines to apply their expertise to HIV research
- specific types of research in areas of identified need.

3.3 Promote information about available external sources of financial and other support for researchers.

3.4 Mobilize other providers, including industry and academia, to provide financial and other support for research in areas of identified need.

Identify research needs and advocate to meet them

3.5 Ensure that conferences, including those in the regions, provide opportunities to identify and discuss research needs, and to advocate for research needs that have been identified.

3.6 Review and analyze gaps in knowledge identified at conferences and disseminate widely for use in advocacy.

3.7 Convene the Industry Liaison Forum, bringing together pharmaceutical companies and other stakeholders to identify research needs that pharmaceutical companies can support, with a focus on increasing the number of HIV clinical research projects that industry is involved with in resource-limited settings that address the needs of women and children through 2011.

3.8 Convene specific fora to identify gaps in knowledge and agree on priorities for social, biomedical and operations research, and advocate for the necessary research.

3.9 Continue to lead advocacy efforts for expanding operations research in order to continuously improve HIV programmes, including developing a better understanding of the most effective approaches to:

- antiretroviral therapy and prevention
- integrate HIV and primary care, tuberculosis, maternal and child health, and sexual and reproductive health services
- strengthen health systems through the HIV response.

3.10 Develop and maintain a database detailing existing operations research and monitor and report on progress in expanding resources devoted to it, in line with the Sydney Declaration, for use in advocacy efforts.¹³

3.11 Continue to strengthen the contribution of social and political sciences to the HIV response through identifying gaps in knowledge, setting priorities for research, and advocating for the necessary research to be undertaken.

3.12 Improve understanding and revitalise the commitment to basic science among all stakeholders in the response to ensure that the search for a vaccine and cure continues.

¹³ The Sydney Declaration: Good Research Drives Good Policy and Programming – A Call to Scale Up Research, July 2007
www.iasociety.org

Our foundations: Support to Achieve our Goals

Foundation 1: International conferences are gold standard: effective, inclusive and participatory

To maintain and strengthen our conference foundation, we will:

Provide effective conference planning, coordination and evaluation

1a) Ensure political support and engagement of the host city and country, including support for visas and appropriate policies and procedures that enable a conference environment that is accessible and free of discrimination for all delegates.

1b) Ensure effective, representative and transparent governance and planning of conferences through quality project planning and Secretariat support to conference coordinating, programme and track committees, and working groups.

1c) Secure the necessary resources for international conferences by retaining current donors and expanding and diversifying our donor base.

1d) Ensure efficient systems for submission and review of proposals, abstracts and scholarships, including verifying that all submissions considered are genuine, authentic, ethical and free of conflicts of interest.

1e) Select and support local partners, including office, staff, information technology and budget, to provide effective local support.

1f) Provide efficient systems for delegate participation and conference registration, including an online system, visa support, and accommodation and transportation options.

1g) Develop and coordinate conference programmes, including sessions and activities (Global Village, Youth Programme, cultural programmes), professional development and skills-building programmes, satellites and affiliated events, and local engagement tours.

1h) Conduct conference process evaluations, and disseminate and use evaluation findings to ensure continuous improvement.

Coordinate communications

1i) Ensure clear messaging and branding for international conferences is widely promoted, including doing so through comprehensive, accessible websites for each conference.

1j) Coordinate conferences' media presence and centres, including a media accreditation system, media releases, briefings, press conferences and press kits.

Ensure effective on site logistics and venue management

1k) Ensure appropriate set up of all session rooms, offices, speaker's centre, media centre, registration area, Global Village, PLHIV lounge, and poster, commercial and non-commercial exhibition spaces.

1l) Ensure effective set up and management of information technology and audio-visual facilities on site.

1m) Ensure a safe, secure environment that enables smooth movement of delegates by good signage, attention to traffic flow, protocols systems for high-level delegates, and appropriate security staffing.

1n) Ensure delegates can register and access information and interpretation through training, coordinating and supporting on-site staff.

1o) Implement social responsibility in the conduct of international conferences:

- reduce the negative environmental impact of the conference, for example, by increasing virtual access to conferences, carbon off setting for all IAS flights, and providing options for delegates that support the local economy
- reuse of conference material and products to local community organizations
- recycle through an organized waste management system
- communicate these efforts to all stakeholders, such as staff, suppliers, delegates and exhibitors.

Determine future conference locations

1p) Ensure a transparent selection process for conference locations that assess both infrastructure needs and the commitment to hold the conferences in both developed and developing countries.

Document and disseminate conference expertise

1q) Develop, maintain and disseminate an up-to-date in-house manual that documents all processes and systems used for conference planning, coordination and delivery. (Also see Goal 1, Objectives 1.13-1.17)

1r) Contribute to the Association Conferences Forum, an association of organizations involved in conducting large-scale events, to share our expertise, learn from others, and leverage the influence of the forum to secure better venues and supply contracts.

Foundation 2: Our organization is innovative, effective, accountable and sustainable

To maintain and strengthen our foundation, we will focus on:

Effective governance

2a) Ensure governance structure and processes that enable effective strategic and financial oversight, with regular review by the Governance Working Group, reporting to the Council.

2b) Ensure democratic and transparent election procedures and timely conduct of elections.

2c) Ensure effective support for Governing Council members, including clearly defining roles and responsibilities of members, and developing and implementing an orientation programme.

2d) Develop and implement mechanisms for ensuring that the expertise and influence of Governing Council members is used to advance the organization's vision and to improve communication between Governing Council members and IAS members in their regions.

Informed and engaged membership

2e) Retain and expand membership, including doing so through outreach at conferences.

2f) Further develop and maintain a comprehensive and up-to-date membership database.

2g) Provide member services, such as benefits and expanded communication with and between members, including developing virtual fora for members to engage in our work. (See Goal 1, Objectives 1.2, 1.9, 1.12, and Goals 2)

Organizational visibility and accountability

2g) Ensure clear visual identity, messaging and effective communication of the organization's role and ongoing work to all stakeholders.

2h) Ensure transparency of organization's work, including doing so through the website, annual reports and audited financial statements.

Effective human capacity

2i) Recruit and retain a skilled and dedicated Secretariat, striving to ensure geographic diversity and gender balance and apply the principles of greater involvement of people living with and affected by HIV/AIDS.

2j) Invest in staff professional development through effective management, annual performance reviews and professional development plans for all staff.

2k) Review and update human resources policies and procedures as needed and ensure that they are effectively applied.

2l) Provide ethical internship opportunities that foster learning and develop skills to better equip interns to contribute to the response to HIV.

Effective operational systems

2m) Ensure clear operational policies and procedures:

- review, update and develop policies and procedures as needed
- ensure their effective implementation.

Responsive information technology services and systems

2n) Develop and implement innovative platforms and programmes to support a state-of-the-art digital library, effective virtual conferencing, interactive communications, online professional development and advocacy.

2o) Provide high quality responsive information technology services and support for staff.

2p) Develop and maintain websites, including the IAS website, conference websites and the Intranet.

2q) Consolidate, integrate and maintain information technology servers and systems to streamline enable greater efficiency.

Financial stability and management

2r) Expand core and project funding by maintaining relationships with existing donors, and identifying and cultivating relationships with new donors.

2s) Develop funding proposals and provide timely grant reports.

2t) Maintain appropriate financial reserves for conferences and IAS core programmes.

2u) Minimize financial risks through fiscal routines and control mechanisms, including effective fund management, realistic income assessment, and protection from currency fluctuations.

2v) Provide clear financial reporting for effective budget management and donor reporting.

Social responsibility

2w) Develop and implement guidelines for social responsibility in accordance with the values set out in this Strategy and building on our approach to social responsibility in the conduct of international conferences. (See Foundation 1, Objective 1o)

Integrated planning, monitoring and evaluation

2x) Develop annual operational plans, including budgets, and indicators for monitoring progress and outcomes, and regularly review and adjust these plans to ensure we achieve our goals.

2y) Evaluate progress annually against the operational plan and conduct a formal evaluation of the Strategy, to report by the end of 2013, to inform the development, in 2014, of the next strategy.

Putting the Strategy into Practice

Annual operational plans and budgets

In developing this Strategy, attention has been paid to striking the right balance between defining objectives that are specific enough to provide clear strategic guidance to the work of the organization, but broad enough to be relevant and enable flexibility and responsiveness over a five-year period. Given this, they are not of a level of specificity necessary for effective monitoring and evaluation. However, we will prepare annual operational plans to implement, monitor and evaluate this Strategy (See Foundation 2, Objectives 2x-2y).

The goals and the foundations, and the objectives under each, will be used as the framework for operational plans that will outline specific activities, responsibility, time frames, data to be collected, and indicators for monitoring progress and outcomes and evaluating impact. Regular review of our operational plans and budget will enable us to monitor our progress and make changes needed to meet our goals. This ensures a culture of continuous learning as we work towards achieving our vision.