

IAS-INDUSTRY CONSULTATION

Creating synergies:

How can the IAS and industry address the challenges in HIV and related co-infections?

22 July 2014

AIDS 2014, Melbourne, Australia

Evaluation Report



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Introduction

The International AIDS Society-Industry Liaison Forum ([IAS-ILF](#)) held the first IAS-Industry Consultation in Boston, USA, on 4 March 2014. This closed meeting was an occasion for the [IAS](#) to present its strategic priorities while getting insights from industry partners regarding their interests in order to foster further collaboration. Following short presentations by IAS Governing Council (GC) members and staff, the meeting was devoted to a roundtable discussion about industry partners' interests and how the IAS can support industry and benefit from this interaction. The broad, high-level industry representation included drug manufacturers, diagnostics companies, condom manufacturers, circumcision device manufacturers and companies involved in HIV cure and vaccine research, as well as programme implementers.

In conjunction with [AIDS 2014](#), the IAS-ILF convened the second IAS-Industry Consultation (see agenda in Appendix A), bringing together a large number of industry stakeholders along with a similarly large number of IAS GC and staff members, highlighting the continued mutual interest in such discussions.

Attendance

Forty-eight people participated, and most (60%) were males. Approximately half the participants (26 people, 54%) represented industry (19 companies); the rest represented the IAS (30% IAS GC members and 16% IAS staff members). Diagnostics were represented by 13 people (50%), while ARV originators represented 27% (seven people). ARV generics areas were represented by 8% (two people), while other areas were represented by 4% each (condoms, circumcision, vaccine/HIV cure, and others: one person each).

Feedback from participants

Participants were invited by email to fill in an online survey (see Appendix B). Eight surveys were completed (a response rate of only 17%). Most respondents were based in Europe (50%) and others were in the USA (25%) and Africa (13%). Eighty-eight percent of respondents (seven people) represented the diagnostics industry and 25% (two people) represented programme implementation. ARV originators and ARV generics were represented by 13% each (one person each). See Figure 1 for a display of these results, along with a comparison from the full list of participants. Fifty percent of respondents (four people) came from companies with more than 200 employees, two people came from companies with 25-200 employees, and two people came from companies with less than 25 employees.

When asked about the main reasons for attending the meeting (respondents were asked to select all options that applied), 75% (six respondents) attended mainly to seek collaboration with the IAS, 63% (five respondents) wanted to network with people from the IAS, and 38% (three respondents) wanted to get to know the IAS better. Thirty-eight percent (three respondents) attended the meeting to network with other industry representatives, 25% (two respondents) wanted to seek collaboration with other industries, and 13% (one respondent) wanted to get to know HIV/AIDS better.

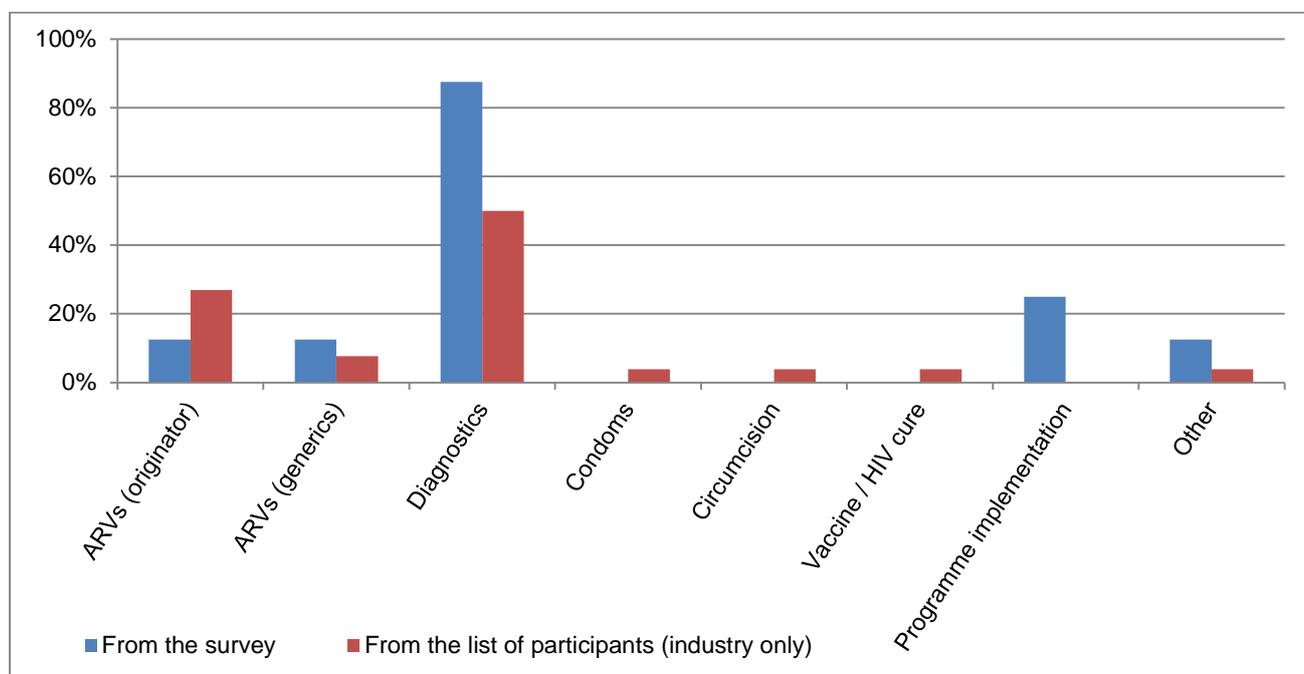


Figure 1. Industry representation. The comparison with the list of participants included only the participants from industry. In addition, a single field was assigned to each company.

On a scale of one to four (4 = excellent; 3 = good; 2 = fair; and 1 = non-existent), respondents were asked about their knowledge of the IAS prior to the consultation. The respondents' knowledge of the IAS as a whole was good (3.0 average rating, good knowledge). Respondents' knowledge of IAS conferences got an average rating of 2.9 (fair/good knowledge). The respondents had also fair/good knowledge of the IAS membership, the IAS-ILF and the IAS Priorities: Key Affected Populations, Towards an HIV Cure, and Paediatric HIV (CIPHER). Respondents had the least knowledge (between non-existent and fair) about the *Journal of the International AIDS Society* and IAS Prizes & Awards and Grants & Fellowships. See Figure 2 for a display of these results.

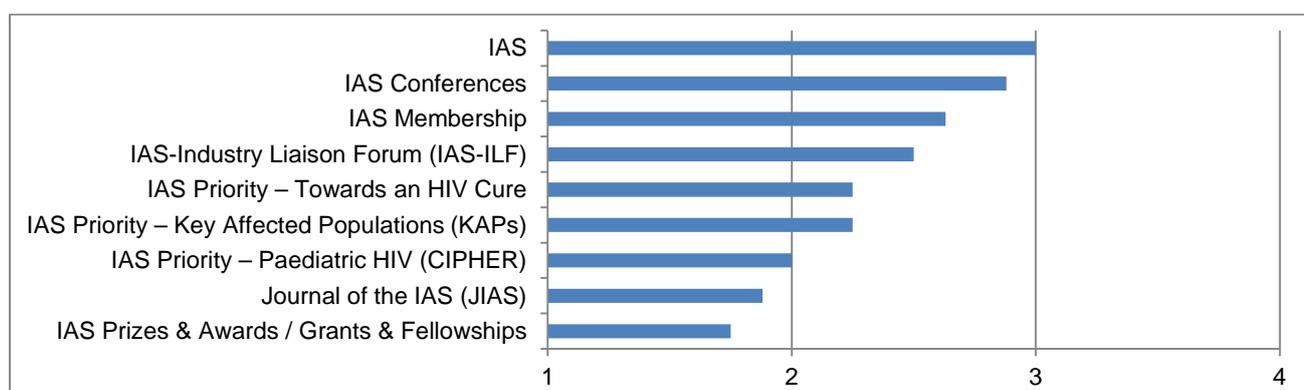


Figure 2. Knowledge of participants regarding different areas of the work of the IAS prior to the consultation.

When asked what they gained by attending the meeting (respondents were asked to select all options that applied), 50% (four respondents) gained new insights about the IAS, 50% (four respondents) gained new contacts at the IAS, and 50% (four respondents) gained the opportunity for collaboration with the IAS. Thirty-eight percent (three respondents) gained new contacts in other industries, and 13% (one respondent) gained the opportunity for collaboration with other companies. Seventy-five percent (six respondents) said that they would follow up on the new contacts made while 25% (two respondents) said they might.

Respondents were asked to comment on when and where it would be best to hold IAS-Industry Consultations. The majority of the respondents suggested holding these meetings during HIV/AIDS-focused meetings and conferences. Additional suggestions included:

- Geographically relevant meetings, such as ASLM and ICASA
- Before or after IAS meetings
- International conferences
- Evenings at various conferences
- Europe.

Respondents raised numerous ideas when they were asked: “What do you see as the next step for the IAS-Industry Consultations? How could we best follow up with your organization?” These ideas included:

- “Network with current ongoing projects with ASLM, CHAI, London School of Hygiene & Tropical Medicine, etc. as they already have efforts to streamline the regulatory/clinical trials for diagnostics and pipeline for the co-morbidities.”
- “We need to decide on specific plans of action.”
- “Create working groups focused on key initiatives (e.g. UNAIDS 90-90-90).”
- “Sharing the outcomes from the 1st meeting.”
- “Further engagement of industry to support IAS operations.”
- “Follow-up on discussed new potential activity areas as definition of diagnostics target product profiles and professional education for simplified ARV roll-out.”
- “To generate a solution together in order to offer education or training centres in resource-limited countries.”

When asked how to improve future IAS-Industry Consultations (respondents were asked to select all options that applied), 75% (six respondents) suggested allowing more time for the roundtable discussion, 38% (three respondents) suggested allowing more time for informal discussion during the reception and 25% (two respondents) suggested allowing industry to make presentations.

Respondents made positive comments regarding the meeting, such as “well organized and really open roundtable giving the opportunity to everyone to participate”, “the IAS is already proactive which is a good thing”, and “Thank you for the open and candid conversation and reach out. Keep on fostering the dialogue.” In addition to these positive comments, constructive comments included:

- “The meetings are well organized but I feel we need to develop something constructive; the last two meetings were very similar to each other.”
- “Networking prior to meeting so people can mingle and meet each other before diving into sensitive topics as many of the companies are competitors to each other.”
- “Much better if we can get concrete next actions by each participant.”

IAS-INDUSTRY CONSULTATION

Organized by the International AIDS Society-Industry Liaison Forum (IAS-ILF)

Tuesday, 22 July 2014, 18:30 – 20:30 AEST (Dinner reception until 22:00 AEST)

Fig/Pear Room, Mercure Melbourne Treasury Gardens
13 Spring Street, Melbourne VIC 3000 Australia

18:30 – 18:35	Opening and welcome <i>Co-Chairs: Celia Christie Samuels (IAS-ILF Co-Chair from the IAS GC) Sandra Lehrman (IAS-ILF Co-Chair from industry)</i>
18:35 – 18:45	A word from the IAS President-Elect <i>Chris Beyrer (IAS President-Elect)</i>
18:45 – 19:10	Overview of IAS Programmes <ul style="list-style-type: none">➤ Membership➤ Conferences➤ Prizes and Awards / Grants and Fellowships➤ Journal of the International AIDS Society (JIAS)➤ Key Affected Populations (KAPs)➤ Towards an HIV Cure➤ CIPHER (Paediatric HIV)➤ Co-Infections➤ IAS-Industry Liaison Forum (IAS-ILF) <i>Bernard Kadasia (IAS Director of Advocacy and Research Promotion)</i>
19:10 – 20:25	IAS-Industry Consultation: Creating synergy How can the IAS and industry address the challenges in HIV and related co-infections? <i>Facilitators: Anton Pozniak (IAS GC member / IAS Treasurer) Stefano Vella (IAS GC member / IAS Past President 2000-2002)</i>
20:25 – 20:30	Summary and closing <i>Co-Chairs: Celia Christie Samuels (IAS-ILF Co-Chair from the IAS GC) Sandra Lehrman (IAS-ILF Co-Chair from industry)</i>
20:30 – 22:00	Dinner reception for additional informal exchanges between participants

Appendix B: Evaluation form (page 1 of 2)

1. What were the main reasons for attending this meeting? (Please select all that apply.)

<input type="checkbox"/> Get to know the IAS better	<input type="checkbox"/> Seek collaboration with other industries
<input type="checkbox"/> Get to know HIV/AIDS better	<input type="checkbox"/> Network with people from the IAS
<input type="checkbox"/> Seek collaboration with the IAS	<input type="checkbox"/> Network with other industry representatives
<input type="checkbox"/> Other: _____	

2. What did you gain from attending this meeting? (Please select all that apply.)

<input type="checkbox"/> New insights about the IAS	<input type="checkbox"/> Opportunities for collaboration with other companies
<input type="checkbox"/> New insights about HIV/AIDS	<input type="checkbox"/> Opportunities for collaboration with the IAS
<input type="checkbox"/> New contacts at the IAS	<input type="checkbox"/> Nothing
<input type="checkbox"/> New contacts in other industries	

3. Will you follow-up on new contacts made at this symposium?

Yes: <input type="checkbox"/>	Maybe: <input type="checkbox"/>	No: <input type="checkbox"/>
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4. How could future IAS-Industry Consultations be improved?

<input type="checkbox"/> Invite more companies
<input type="checkbox"/> Invite only companies from a single area (e.g., ARVs or diagnostics)
<input type="checkbox"/> Allow more time for presentations by the IAS
<input type="checkbox"/> Allow industry to make presentations
<input type="checkbox"/> Allow more time for the roundtable discussion
<input type="checkbox"/> Allow more time for informal discussion during the reception
<input type="checkbox"/> Reduce the total duration of the meeting
<input type="checkbox"/> Increase the total duration of the meeting

5. When and where would it be best to hold IAS-Industry Consultations?

6. What do you see as the next step for the IAS-Industry Consultation?
How could we best follow up with your organization?

Appendix B: Evaluation form (page 2 of 2)

7. Do you have any general comments, suggestions, and/or questions regarding the meeting?

8. Which industrial area do you belong to??

<input type="checkbox"/> ARVs (originator) <input type="checkbox"/> ARVs (generics) <input type="checkbox"/> Diagnostics <input type="checkbox"/> Condoms <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Circumcision <input type="checkbox"/> Vaccine <input type="checkbox"/> HIV cure <input type="checkbox"/> Programme implementation
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9. What is the size of your company (i.e. the number of employees)?

< 25 <input type="checkbox"/>	25-200 <input type="checkbox"/>	> 200 <input type="checkbox"/>
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10. In which country are you based?

11. Prior to the IAS-Industry Consultation, what was your knowledge of the following?

	Excellent (Insider)	Good	Fair	Non-existent
IAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IAS Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IAS Membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IAS-Industry Liaison Forum (IAS-ILF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journal of the IAS (JIAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IAS Priority – Key Affected Populations (KAPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IAS Priority – Paediatric HIV (CIPHER)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IAS Priority – Towards an HIV Cure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IAS Prizes & Awards / Grants & Fellowships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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