

4th IAS Conference on HIV Pathogenesis, Treatment and Prevention



Appendices

1. IAS 2007 Evaluation: Delegate Survey
2. Report of the longer-term impact of the 3rd IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2005)



IAS 2007 Evaluation: Delegate Survey

Thank you for participating in this survey. The information you provide will assist the conference organizers to assess the impact of IAS 2007, to plan for the next conference (IAS 2009), and to build on conference achievements.

The survey is being sent to all delegates and findings will be analyzed by the Evaluation Coordinator, IAS 2007. The final evaluation report will be posted on the conference website.

By returning your completed survey you consent to the information being used for reporting purposes. If you have any questions about the evaluation or this survey please contact conference.evaluation@iasociety.org

[This survey is anonymous.](#)

[Begin survey](#)

This survey is managed by E-evaluate-IT.
View the E-evaluate-IT [privacy statement](#).



Questions marked (*) are mandatory | GO TO END »

Completing the survey ...

Please stay connected to the internet while you complete the questions below. If you close the survey window without submitting the survey your responses will not be recorded.

Conference Attendance

1. Which IAS Conferences on HIV Pathogenesis, Treatment and Prevention have you attended?

Select all that apply

- IAS 2007 (Sydney)
- IAS 2005 (Rio de Janeiro)
- IAS 2003 (Paris)
- IAS 2001 (Buenos Aires)

2. Did you attend the XVI International AIDS Conference (AIDS 2006) in Toronto?

- no
- yes

3. How did you first learn about IAS 2007 (Sydney)?

Select one

- Attended previous conference/aware of conference schedule
- Conference Invitation Programme
- IAS website
- Other IAS communication
- ASHM website/other ASHM correspondence
- Advertisement in a journal
- Media coverage
- Recommended by a colleague/friend
- Not sure
- Other (*please specify*)

4. What were the two most important factors in your decision to attend IAS 2007?

Select up to two

- Scientific programme
- Global focus
- Opportunity for networking or collaboration
- Presenting a paper or poster
- Recipient of a scholarship or grant
- Geographic location (Sydney, Australia)
- Usually attend ASHM conference
- Other (*please specify*)

Conference Programme

5. What was your main track of interest at IAS 2007 (the track in which you attended most sessions)?

Select one

- Track A: HIV Basic Science
- Track B: Clinical Research, Treatment and Care
- Track C: Biomedical Prevention
- I had no main track of interest (*go to Question 9*)

Thinking about your main track of interest, please indicate your level of agreement with the following statements

	strongly disagree	disagree	agree	strongly agree	no opinion
6. The track presented state-of-the-art science and new findings	<input type="radio"/>				
7. The track addressed current research questions	<input type="radio"/>				
8. The track examined how scientific advances can inform policy and programmes	<input type="radio"/>				

9. Which two types of sessions or activities did you find the most valuable at IAS 2007?

Select up to two

- Plenary sessions
- Oral abstract sessions
- Non-abstract sessions (e.g. symposia)
- Poster discussion sessions
- Poster exhibition
- Satellite meetings
- Commercial and non-commercial exhibitions
- Informal networking
- Other (*please specify*)

Thinking about the overall conference programme, how would you rate the following?

	poor	fair	good	excellent
10. Quality of sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Quality of speakers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Quality of discussion and debate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Range of topics covered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Usefulness to you of information presented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you change the mix of the programme for the next conference?

	less of these sessions	no change	more of these sessions	no opinion
15. Plenary sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Oral abstract sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Non-abstract sessions (e.g. symposia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Poster discussion sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Satellite meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Do you have additional comments about the conference programme?

Conference Organization

Listed below are some of the services offered to delegates

Please rate those you used

	not aware of	did not use	not very useful	somewhat useful	useful	very useful
21. Conference profile	<input type="radio"/>					
22. Online programme-at-a-glance	<input type="radio"/>					
23. Abstract search function on website	<input type="radio"/>					
24. Abstract CD-ROM	<input type="radio"/>					
25. Delegate connector	<input type="radio"/>					
26. Daily conference news on website	<input type="radio"/>					

27. How would you prefer to receive the daily conference news?

Select one

- Electronically on the conference website
- In a printed newspaper
- I have no preference

Please rate the following aspects of conference organization

	poor	fair	good	excellent	don't know/ not applicable
28. Pre-conference information	<input type="radio"/>				
29. Abstract submission process	<input type="radio"/>				
30. Online registration	<input type="radio"/>				
31. On-site registration	<input type="radio"/>				
32. Collection of badge/bag/CD-ROM	<input type="radio"/>				
33. Opening session	<input type="radio"/>				
34. Closing session	<input type="radio"/>				
35. Time-tabling of sessions	<input type="radio"/>				
36. Poster display areas	<input type="radio"/>				
37. PLWHA Lounge	<input type="radio"/>				
38. Venue and facilities	<input type="radio"/>				

39. Do you have additional comments about the organization of the conference ?

Conference Impact

Overall, how successful was the conference in achieving the following?

	not very successful	somewhat successful	successful	very successful	don't know
40. Providing new insights into HIV disease development, prevention and care that will lead to new research	<input type="radio"/>				
41. Addressing the challenges of expanding treatment and prevention in resource-limited settings	<input type="radio"/>				
42. Focussing on the latest HIV science and its application for clinical practice and prevention programmes	<input type="radio"/>				

43. What are the main benefits you gained from attending IAS 2005?

Select all that apply

- New insights into HIV pathogenesis
- New insights into HIV biomedical prevention
- New insights into HIV treatment and care
- A global perspective on HIV science
- Affirmation of current research or practice
- New connections/opportunities for collaboration
- A renewed sense of purpose
- Opportunity for career advancement
- I did not gain anything from the conference (*go to Question 45*)
- Other (*please specify*)

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

Select all that apply

- Share information with colleagues and peers
- Refine existing research
- Undertake new research
- Apply new insights to prevention programmes
- Apply new insights to clinical practice
- Strengthen advocacy or policy work
- Follow-up new contacts
- Develop new collaborations
- I am unsure
- I will not do anything different
- Other (*please specify*)

45. Are you aware of the Sydney Declaration?

- no (*go to Question 47*)
- yes

46. Have you signed the Sydney Declaration?

- no
- yes

47. Would you recommend the IAS Conference on HIV Pathogenesis, Treatment and Prevention to a colleague or peer?

- no
- yes

48. Based on your experience of IAS 2007, would you choose to attend IAS 2009 in Cape Town?

- no
- yes

If you answered 'no', why is this?

49. Do you have any final comments about the conference?

Finally, some brief details about you

The following questions are mandatory and are included to help us analyse the survey results.

50. * Your gender?

- Male
- Female
- Transgender

51. * Your age?

- Under 26 years
- 26 to 40 years
- Over 40 years

52. * Your main occupation/profession in HIV/AIDS?

Select one

- Researcher - biology and pathogenesis
- Researcher - clinical science
- Researcher - biomedical science
- Researcher - other
- Clinician/physician
- Other health care worker
- Student
- Media representative
- Policy/administrator
- Pharmaceutical representative/manufacturer
- Advocate/activist
- Educator/trainer
- Funder
- Other (please specify)

53. * Your main affiliation/organization in HIV/AIDS?

Select one

- Hospital/clinic
- Academia (e.g. university, research institute)
- Large non-government organization
- Government
- Intergovernmental organization (e.g. UN, WHO)
- Grass-roots community-based organization
- People living with HIV/AIDS group/network
- Media organization
- Pharmaceutical company
- Other (please specify)

54. * Approximate number of years (part-time or full-time) you have worked in HIV/AIDS?

- 2 or less
- 3 to 5
- 6 to 10
- 11 to 15
- More than 15

55. * Country where you mainly live?

Select one

If other please specify

56. * Country where you mainly work?

Select one

If other please specify

57. * How would you describe your level of spoken English?

- Proficient
- Fair
- Limited

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Thank you for your time.

Please submit the survey if you are satisfied with your responses.

Submit

Reset



Thank you for participating in the IAS 2007 Conference Evaluation survey.

Your survey responses have been submitted!

If you would like to enter the prize draw to win US \$200 for you, your organization or your nominated HIV/AIDS charity, please enter your email address below. Ten respondents will be randomly selected.
The address you provide will be saved to a separate file, and will not be linked to your survey answers.

Email:

Submit



**Report on the longer-term impact of
3rd IAS Conference on HIV Pathogenesis,
Treatment and Prevention
(IAS 2005)**

December 2007

1. Introduction

The 3rd IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2005) was held in Rio de Janeiro, Brazil, July 2005. The conference attracted approximately 6,000 participants, including 4,400 delegates. A comprehensive evaluation was undertaken of the conference that focused on key processes and immediate and short-term impact and findings have been reported elsewhere.¹ Two years after IAS 2005, the longer-term impact of the conference was investigated with a selection of clinicians, scientists and researchers who had attended. Findings are presented in this report.

2. Method

The 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007) was held in Sydney, Australia, July 2007. The opportunity was taken to collect feedback about the longer-term impact of IAS 2005 from delegates attending IAS 2007 who had also attended IAS 2005.

Delegates were approached at a variety of locations including exhibition and poster areas, networking areas and cafes, and outside session rooms. They were asked if they had attended the 3rd IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2005) in Rio. Those who replied 'yes' were invited to participate in a short, 5-10 minute interview about the impact of IAS 2005 on their work in HIV, and the HIV work of their organization and their country.

The interview comprised 10 closed questions and five open-ended questions. It sought information about any benefits the delegate had gained from attending IAS 2005, the impact of the conference at the individual, organizational and country levels, and brief demographic details. Responses to open-ended questions were transcribed and analysed for content and key themes. Frequencies were tallied for closed questions. Total numbers varied in some instances because non-responses were excluded from valid data.

3. Findings

3.1 The interview sample

Fifty-five people were interviewed. Physician/clinicians and clinical researchers comprised the largest group of interviewees (62%) and the most frequently identified affiliation was hospital/ clinic (45%). A large majority of interviewees (86%) had worked in HIV for more than five years, with over half this group having worked in the area for more than 15 years. The largest proportion of interviewees worked in the USA/Canada region. IAS 2005 had been the first IAS Conference on HIV Pathogenesis, Treatment and Prevention attended by 50% of interviewees (see Table 1).

¹ D. McConachy. 3rd IAS Conference on HIV Pathogenesis, Treatment and Prevention: Evaluation Report, October 2005, International AIDS Society, Geneva.

Table1: Summary of respondents' demographic details

<i>Attribute</i>	<i>Percent (n=55)</i>
Occupation	
Physician/clinician	38
Researcher, clinical treatment and care	24
Pharmaceutical representative/manufacturer	13
Researcher, HIV basic science	7
Affiliation/organization	
Hospital/clinic	45
Academia	22
Pharmaceutical company	18
Years worked in HIV/AIDS	
5 or less	14
6 - 10	22
11 - 15	13
More than 15	51
Region of work	
USA/Canada	42
Europe	20
Asia/Pacific	20
Latin America/Caribbean	13
Africa	5
Previous conferences attended	
No previous	50
IAS 2003 (Paris)	44
IAS 2001 (Buenos Aires)	31

3.2 Benefits gained at IAS 2005

Interviewees were asked to identify the most important benefits they had gained from attending IAS 2005. Forty-six people (84%) identified at least one gain (see Table 2).

The most frequently identified gains related to clinical and treatment information, for example, data about new anti-retroviral therapies, results of drug trials and information about treatment resistance. Other, less frequently noted, gains were new contacts, information about biomedical prevention and basic science, and the gaining of a broader scientific perspective.

Table 2: Benefits gained by delegates at IAS 2005

<i>Gain</i>	<i>Percent respondents who identified gain (n=46)</i>
Clinical and treatments information	58
Networking/new contacts	20
Biomedical prevention information	15
Basic science information	9
Broader perspective	9

Seven interviewees indicated that they had gained very little or nothing at all from the conference, several noted that this was because the conference offered little new scientific content. Several other interviewees could not remember due to the passage of time and/or number of other conferences they had attended since IAS 2005.

3.3 Impact of IAS 2005 at the individual level

Interviewees were asked if they had done anything differently in their HIV work as a result of attending IAS 2005. Just over half (n=29, 53%) reported they had. The incorporation of new clinical and HIV treatment information into clinical practice was the most frequently identified change, exemplified by the following quotes:

It influenced the way I deal with mother-to-child transmission and the way I prescribe the new therapeutical treatments. It generally influenced my medical/clinical area of work (Clinician, Europe)

I incorporated the new treatments into my patients' regimen. I actively switched my patients from AZT to prevent them from developing lypodystrophy (Clinician, USA/Canada)

Other differences identified were a changed way of thinking about current or future work, dissemination of information to peers, follow-up with new contacts and refinement of research design (see Table 3).

Table 3: Changes in individual HIV work

Change	% respondents who identified change* (n=29)
Incorporated new clinical/treatments information into practice	41
Changed way of thinking about current/future work	17
Disseminated information through papers, mentoring	17
Followed up new contacts or established collaboration	14
Incorporated new information into research design	10
Other	6

*Total exceeds 100 as more than one change could be identified

3.4 Reasons why IAS 2007 did not have an impact on delegates' work

Interviewees who reported that they had not made any changes as a result of attending IAS 2005 (n=26, 47%) were asked if there was a reason for this. Thirteen people offered reasons and the most frequently noted were that IAS 2005 had no specific application to their current practice, it confirmed their practice, or it was not appropriate to make changes (n=6), and that IAS 2006 offered nothing new or lacked strong science (n=5).

3.5 Impact of IAS 2005 at the organizational level

Interviewees were asked if IAS 2005 had directed or influenced any of the HIV work undertaken in their organization. Just over one third (n=21, 38%) reported that this had been the case. The remainder stated the conference had not directed or influenced HIV work (41%) or they did not know (20%).

The most frequently noted changes that had resulted were a change in direction or focus, the wider dissemination or uptake of information, commencement of a new programme or initiative, and networking or collaboration (see Table 5).

Table 5: Changes made at the organizational level

<i>Change</i>	<i>% Respondents who identified change* (n=21)</i>
Changed direction or focus	43
Wider dissemination/uptake of information	33
Commenced new programme/initiative	19
Established a collaboration/network	14

*Total exceeds 100 as more than one change could be identified

The following quotes typify the kinds of responses interviewees gave when asked to describe the changes:

We now provide better clinical care to our patients (Clinician/clinical researcher, Latin America/Caribbean)

Data from the conference has been discussed at advisory board meetings and has informed research and marketing strategies within the company (Pharmaceutical representative/manufacturer, Europe).

3.6 Impact of IAS 2005 at the country level

Interviewees were asked if they were aware of IAS 2005 having influenced HIV work in their country. One quarter (n=14) reported that the conference had an influence at the country level. The remainder indicated that they were not aware of any influence (49%) or did not know (26%).

The conference's main reported effect at the national level was an influence on national protocols, guidelines or practice, exemplified by the following quotes:

A lot of work has been developed in my country as a result of that conference, including research on male circumcision, new ARV drugs, generic drugs, and development of community-based programme (Media representative, Asia/Pacific)

We developed a guide to treat patients including to switch them from AZT as a treatment (Clinician, USA/Canada)

4. Discussion and Conclusions

Findings from follow-up interviews conducted with 55 conference participants 24 months after IAS 2005 demonstrated that the conference had a marked, positive impact on some HIV work undertaken at the individual, organizational and country levels.

A large majority of interviewees (84%) recalled professional benefits they had gained at the conference two years previously. Just over half reported that they had made a change in their practice

as a result. This was a positive finding given that 64% interviewees had worked for over 10 years in the field, a group on whom the conference may have been expected to have had less impact. There was also a high level of congruence between the main benefits gained at the conference by participants (clinical and treatment information) and the practice changes reported.

It is evident that IAS 2005 also had an impact at the organizational level, with just over one third of interviewees (38%) reporting that the conference had directed or influenced the HIV work undertaken in their organization. One quarter of interviewees also reported that the conference had influenced or directed HIV work in their country. It should be noted that the impact of the conference at the country level may be greater as 26% of interviewees reported that they were unable to comment on the conference's impact at this level.

The evaluation findings also provided some useful information about the conference programme. Reasons cited by interviewees for limited or no gains from IAS 2005, and for lack of change in individual practice, highlighted issues relating to professional relevance, as well as the importance of presenting high quality, state-of-the-art science that addresses current research questions.

Interview: IAS 2005

Hello! I am a member of the Conference Evaluation Team. May I ask you a few questions? You won't be identified and it will take about 5 minutes? I actually want to talk about the 3rd IAS Conference on HIV Pathogenesis, Treatment and Prevention.

Filter: Did you attend the 3rd IAS Conference on HIV Pathogenesis, Treatment & Prevention?

If yes – proceed with interview

If no - Thank and end interview

1. Was IAS 2005 your first International AIDS Conference?

1 Yes

2 No

1b. Which other IACs have you attended?

2. Thinking back to IAS 2005, what were the most important things you gained from attending?

3. Have you done anything differently in your HIV work as a result of attending IAS 2005?

(Probe: did the conference influence your work in any way?)

1 Yes

2 No

3a. What have you done?

3b. Was there a reason for this?

(Probe: What do you mean?)

4. **Did IAS 2005 direct or influence any of the HIV work undertaken in your organisation?**

1 Yes

2 No

3 Don't know

4a. If yes, please describe this

5. **Outside your organisation, are you aware of IAS 2005 influencing HIV work in your country?**

1 Yes

2 No

3 Don't know

5a. If yes, please describe

That's the end of my questions except for some demographic details ...

6. What is your main track of interest at IAS 2007? _____

7. What is your main occupation/profession in HIV/AIDS? _____

8. Approximately how many years (part-time or full-time) you have worked in HIV/AIDS?

8. What is your main affiliation/organization in HIV/AIDS? _____

10. In which country do you mainly work? _____

Thank you for participating in this interview. Enjoy the conference!