



3rd IAS Conference on HIV Pathogenesis and Treatment

24 - 27 July 2005

Evaluation Report

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for the International AIDS Society

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Finally, thanks are extended to the Conference delegates, abstract mentors, abstract submitters, scholarship recipients and members of the Conference Organising Committee who participated in interviews or completed surveys. Without their contribution it would not have been possible to portray in such depth the process and impact of the 3rd IAS Conference on HIV Pathogenesis and Treatment Conference.

Glossary

ART	AntiRetroviral Therapy
ARVs	AntiRetrovirals
CROI	Conference on Retroviruses and Opportunistic Infections
EAC	European AIDS Conference
HAART	Highly Active AntiRetroviral therapy
IAC	International AIDS Conference
IAS	International AIDS Society
ICAAC	Interscience Conference on Antimicrobial Agents and Chemotherapy
IDSA	Infectious Diseases Society of America
PMTCT	Prevention of mother to child transmission

Executive Summary

The Evaluation

In mid-May 2005, Diana McConachy was contracted by the International AIDS Society (IAS) to evaluate the 3rd IAS Conference on HIV Pathogenesis and Treatment, held in Rio de Janeiro, 24 – 27 July, 2005.

The evaluation had three objectives

1. To assess the overall impact of the Conference
 - reviewing its place in relation to other HIV conferences;
 - identifying key things delegates take from the Conference and the relevance and application of these to their work.
2. To identify the strengths and weaknesses of specific activities and processes, illuminating achievements, identifying areas of difficulty and assessing impact.
3. To identify emergent issues to guide future planning and decision-making.

The development of the evaluation plan was guided by the need to be realistic about what can be achieved during a four-day conference, the fact that previous Conferences on HIV Pathogenesis and Treatment had not been formally evaluated, and the tight timeframe. The evaluation focussed on process and short-term impact; it was not appropriate to use long-term outcome indicators to judge effectiveness.

A range of methods was used to collect information to address the objectives

- Review of conference documentation;
- Interviews with and surveys of key informants – conference delegates, scholarship recipients, abstract mentors and abstract submitters;
- Consultation with key stakeholders;
- Review of statistical data;
- Observation of selected conference sessions and activities.

Approximately 1 000 people contributed to the evaluation.

Key findings

1. The Conference achieved its aim of bringing together participants from around the world by providing an environment for researchers and clinicians to address current issues in HIV research, prevention and treatment.
2. The Scientific Program achieved its aim of providing new insights into HIV disease development, prevention and care.
3. The Conference provided an important forum for learning and development for many delegates.

4. Approximately 50% of respondents considered that the Conference offered them something that they do not get from other conferences, especially the global focus, emphasis on science, new information and updates, and opportunities for networking.
5. Many respondents reported that the Conference would assist or influence their work in HIV/AIDS because it provided updates, offered new information to change practice, or facilitated networking. There is also evidence that some changes have occurred in research and clinical settings that are a direct result of the Conference and that will have a direct and positive impact on people living with HIV/AIDS.
6. Although overall Conference attendance figures were lower than for the 2nd Conference, more countries were represented and there was an increase in the number of abstracts submitted and accepted at the 3rd Conference.
7. Approximately 60% of respondents were first time attendees. The single most important factor in delegates' decision to attend the 3rd Conference on HIV Pathogenesis and Treatment was the scientific program.
8. The majority of respondents viewed the expansion of the program to include the Prevention Sciences concentration favourably. Other initiatives introduced at the Conference (eg Abstract Mentor Scheme, Delegate Connector, networking areas) were generally well received, although areas for improvement were identified. Approximately 50% of respondents also offered suggestions to change or improve other aspects of the Conference and the program.

Recommendations

1. Future Conferences

The evaluation of the 3rd IAS Conference on HIV Pathogenesis and Treatment has highlighted the value of the Conference in bringing together people from around the world to address HIV/AIDS.

It is recommended that future IAS Conferences on HIV Pathogenesis and Treatment continue to provide an opportunity for scientists, public health experts and community leaders to examine the latest scientific developments related to HIV and to explore how these can inform the global response to the epidemic.

2. Conference scientific program

The Conference on HIV Pathogenesis and Treatment is one of a number of international AIDS and AIDS-related conferences. Ensuring that it continues to offer something different, as well as a program that is relevant, stimulating and of a high quality is a particular challenge. This is especially true given the enormous range among delegates in terms of backgrounds, experience, skills and work settings.

It is recommended that discussion and debate continue about the focus and balance of the scientific program, to ensure that that the Conference offers a quality program that is balanced, stimulating and relevant.

2. Conference initiatives

A key feature of the Conference was the introduction or consolidation of a variety of processes and activities, including

- Abstract Mentor Scheme
- Delegate Connector facility
- Networking areas
- Interactive sessions
- Conference website

Although generally well received, there is considerable potential for improvement to enhance take-up at the 4th Conference in Sydney, 2007.

It is recommended that an action group be established for each initiative to develop specific implementation strategies, consolidating and building on the successes achieved at the 3rd Conference.

4. Conference logistics

Some poor Conference organisation and logistics (eg long distance between venue and accommodation, inadequate audio visual equipment) impacted on delegates' engagement with and enjoyment of some elements of the Conference.

It is recommended that the IAS develop a set of criteria or benchmarks with agreed minimum standards for such things as venue proximity, facilities and technical systems. These benchmarks would be employed in conference pre-planning to ensure quality control is maintained.

5. Conference evaluation

The Conference on HIV Pathogenesis and Treatment sits within the IAS Strategic Plan. Whilst evaluation should be an integral part of future conferences, it should also address the strategic needs of the organisation.

It is recommended that the IAS develops an organisational evaluation strategy of which conference evaluation is a key element. This would involve

- Working with staff and other key stakeholders to establish planning and evaluation systems;
- Setting in place a range of strategies to collect data, including demographic details of conference attendees;
- Providing opportunities for in-depth review of areas of particular interest;
- Disseminating key findings in appropriate ways to inform future work.

1. Context and Methodology

1.1 Introduction

The IAS Conference on HIV Pathogenesis and Treatment has been held biennially since 2001. The Conference provides an opportunity for scientists, public health experts and community leaders to examine the latest scientific developments related to HIV, and to explore how advances in basic, clinical and prevention sciences can inform the global response to the epidemic.

The 3rd IAS Conference on HIV Pathogenesis and Treatment was held in Rio de Janeiro, 24 – 27 July, 2005. Organised by the IAS, together with the Universidade Federal de Rio de Janeiro and Sociedade Brasileira de Infectologia, the Conference had the following aim

To bring together participants from around the world by providing an environment for researchers and clinicians to address current issues in HIV research, prevention and treatment.

The Scientific Program, the major component of the Conference, had three concentrations: Basic Sciences, Clinical Sciences and Prevention Sciences. The aim of the Scientific Program was

To provide new insights into HIV disease development, prevention and care that can

- lead to new research directions;
- help advance translational research;
- move theoretic advances into clinical practice and prevention programs.

The Conference comprised plenary speeches, abstract driven sessions, poster presentations, debates, fora, late-breaker sessions, satellite symposia and exhibitions. Innovations introduced at the Conference included the Prevention Sciences concentration, an Abstract Mentor Scheme, a Delegate Connector facility and designated networking areas.

1.2 The Evaluation

In mid-May 2005, Diana McConachy was contracted by the IAS to evaluate the 3rd IAS Conference on HIV Pathogenesis and Treatment, with submission of a final draft report due mid-October 2005. In the absence of a written evaluation brief or terms of reference, discussions involving the Evaluator, IAS Executive Director and IAS Conference Director articulated the following key purpose

To conduct an evaluation that will investigate the role the Conference plays in helping to inform the global response to the epidemic in a range of settings.

The evaluation was conceptualised at two levels

1. Review of the Conference as a whole focusing, where appropriate, on context, process, impact and outcome;
2. Review of specific Conference activities, processes and innovations.

1.3 Evaluation Objectives

Three objectives were identified by the Evaluator for the evaluation

1. To assess the overall impact of the Conference
 - reviewing its place and role in relation to other HIV conferences;
 - identifying the key things delegates take from the Conference and investigating the relevance and application of these to delegates' work in the field.
2. To identify the strengths and weaknesses of specific activities, processes and innovations
 - illuminating achievements;
 - identifying areas of difficulty and barriers to implementation;
 - assessing impact.
3. To identify emergent issues to guide future planning and decision-making.

1.4 Evaluation Method

To learn why some interventions are successful and others less so, it is important to consider the processes involved as well as assessing the impact of the intervention.¹ Acknowledging that IAS Conferences on HIV Pathogenesis and Treatment operate within complex political, social and economic milieux, the Evaluator used a naturalistic inquiry approach that actively sought to collect and consider a range of views about the process and short-term impact of the Conference.² Due to the evaluation timeframe, it was not possible to assess the Conference's long-term outcomes.

A range of methods was used to collect qualitative and quantitative data and these are described in the following sections.

1.4.1 Review of Conference documentation

The Conference website was reviewed, as well as specific information about the Abstract Mentor Scheme, Scholarship Program, abstract selection, online registration, and the roles of the Conference Organising and Scientific Program Committees.

1.4.2 Surveys of key informants

Delegate Survey

On the final day of the Conference a three page self-administered survey (see Appendix 1) was distributed to 1 500 delegates at a variety of locations – on buses coming to the venue in the morning, at entry points to morning and afternoon plenary sessions, at the IAS Secretariat booth and IAS Networking Area, in two other networking areas, at the internet island, at the Japanese restaurant, in the poster exhibition area and at the Toronto 2006 and Sydney 2007 exhibition booths.

Information sought in the survey included

- Demographic details (eg country of residence, country of work, main occupation);
- Factors that influenced decision to attend (eg scientific program, global focus);
- Conference feedback (eg whether the conference offers something unique, comment on specific initiatives, suggestions for improvement);
- Conference impact (eg how successful was the Conference in facilitating knowledge sharing, providing insights).

The survey comprised 28 closed and three open-ended questions.

Of the 1 500 surveys distributed, 721 were returned (representing a 48% response rate). A total daily attendance figure is not available for Day 4,

¹ Owen, J (1999) *Program Evaluation: Forms and Approaches*. Allen & Unwin: Sydney.

² Guba, E. & Lincoln, Y (1983) *Effective Evaluation*, San Francisco: Jossey-Bass.

however, mid-morning sessions (the most popular) attracted 2 500 delegates. Therefore it can be conservatively estimated that at least 25% of delegates at the Conference on Day 4 provided evaluation feedback. The results of the analysis of 707 surveys are presented in Chapter 3 (14 surveys with less than two pages completed were excluded).

Delegate Interviews

Two interviews were conducted at different times during the Conference with a convenience sample of delegates. Interviewers approached people queuing to enter sessions or in casual situations (eg sitting beside the reflection pool, and in networking areas and cafes). Of the 300 or so delegates approached, 15 declined to participate, generally because they were about to attend a session or waiting for someone. Interviews lasted 5 – 10 minutes, with interviewers recording participants' responses to closed questions and noting key points of responses to open-ended questions. Delegates who had participated in the first interview were excluded from participating in the second interview.

Interview 1

The first interview was conducted on Days 1 and 2 of the Conference. This interview sought brief demographic details, information about whether the Conference offered the delegate something unique, as well as feedback about the Conference website and factors to be considered when selecting future Conference locations. It comprised 13 closed and three open-ended questions (see Appendix 2). Interviews were conducted with 161 delegates; however, data from 10 were excluded because of unclear responses. Findings from the analysis of 151 interviews are presented in Chapter 4.

Interview 2

The second interview was conducted on Days 3 and 4 of the Conference. Like the first interview, it sought brief demographic details and information about whether the Conference offered the delegate something unique. In contrast to the first interview, it also sought information about whether the Conference would assist or influence the delegate's work in HIV/AIDS, as well as suggestions for improvement. The interview comprised 10 closed and four open-ended questions (see Appendix 3). Interviews were conducted with 137 delegates; however, data from four incomplete interviews were excluded. Findings from the analysis of 133 interviews are presented in Chapter 5.

Abstract Mentor and Abstract Submitter Surveys

Prior to the Conference, feedback about the Abstract Mentor Scheme was sought from abstract mentors and abstract submitters. Seventy-one abstract mentors were emailed a short online survey comprising five closed and two open-ended questions (see Appendix 4). The survey sought feedback about the

usefulness of the scheme, clarity of instructions, submitter’s understanding of the mentor’s role, and any suggestions for improvement. Thirty-three mentors returned surveys, representing a 47% response rate.

Sixty-three abstract submitters were emailed a short online survey comprising six closed and two open-ended questions (see Appendix 5). The survey sought comment about the clarity of instructions, match between assistance provided and assistance expected, usefulness of the advice provided, and any suggestions for improvement. Nineteen submitters returned surveys, representing a 30% return rate. Findings are presented in Chapter 6.

Scholarship Holder Survey

Six weeks after the Conference, 50 scholarship recipients (representing 45 countries and 29% of recipients who attended the Conference) were emailed a short online survey comprising one closed and two open-ended questions (see Appendix 6). The survey sought feedback about the type of scholarship received, whether the conference has assisted their work in HIV/AIDS and any comments regarding the Scholarship Program. Thirty people completed surveys, representing a 62% response rate (two emails were undeliverable). Findings are presented in Chapter 6.

An overview of the information collected by interview and survey is presented in Table 1.1.

Table 1.1: Summary of data collected by interview and survey

<i>Data Collection Tool</i>	<i>Timing</i>	<i>No. distributed/ conducted</i>	<i>No. of respondents</i>	<i>Response rate</i>
Delegate Survey	Day 4	1500	721	48 %
Delegate Interview 1	Days 1 & 2	161	161	100 %
Delegate Interview 2	Days 3 & 4	137	137	100 %
Abstract Mentor Survey	Pre-Conference	71	33	47 %
Abstract Submitter Survey	Pre-Conference	63	19	30 %
Scholarship Holder Survey	Post-Conference	48	30	62 %

1.4.3 Consultation with key stakeholders

Prior to the Conference, members of the Conference Organising Committee were invited to participate in a short individual interview which sought information about their overall impressions of the Conference/Scientific Program, the role of the Conference in relation to other conferences, and any significant issues that should be addressed before the next conference. Three Committee members (the IAS

President, a Conference Co-Chair and the IAS Executive Director) could be interviewed.

Discussions also were held with a number of IAS Secretariat Staff (eg Conference Director and Program Manager) about aspects of the Conference (eg program development, networking rooms, delegate connector and electronic scanning). The information collected provided useful background to areas addressed in the evaluation.

1.4.4 Review of monitoring data

The IAS Secretariat provided the Evaluator with statistical information on

- Conference registration;
- Abstract submission and acceptance;
- Scholarship application and acceptance;
- Abstract Mentor Scheme participation;
- Applications for IAS membership prior to and during the Conference;
- Media monitoring.³

1.4.5 Review of previous conference data

Data from the 2nd HIV Pathogenesis and Treatment Conference was reviewed, as well as the Internal Report on the Monitoring and Evaluation Project of the XV International AIDS Conference, Bangkok, 2004.

1.4.6 Observation of Conference

The Evaluator attended a variety of Conference sessions (plenary, fora, debates, poster presentations) and spent time in all networking and exhibition areas to gain an overview of attendance, usage, technical features, physical layout and conditions.

1.4.7 Data analysis

The information collected was triangulated⁴ and cross-checked to illuminate similarities and differences in the perspectives offered and to highlight key issues. Frequencies and cross-tabulations were tallied for closed questions and responses to open-ended questions were transcribed and analysed for content and key themes. Total numbers (Ns) 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

³ This information has not been included in the evaluation report as a separate report has been prepared by the IAS Media Consultants.

⁴ Parlett, M. & Hamilton, D. (1976). Evaluation as Illumination: a new approach to the study of innovative programs. In Glass, G (Ed.) *Evaluation Studies: Review Annual*. Sage: Beverley Hills, CA.

not included in this report. Where the term *significant* is used in the report, differences have been found with a probability of at most α 0.05.

1.5 Methodological and Design Issues

Several methodological and design issues were associated with the evaluation.

1.5.1 Timing of the evaluation

Planning for the evaluation commenced in late May, by which time key conference processes (eg registration and abstract mentoring) were in place. It was not possible, therefore, for the Evaluator to have input into the type of information collected or to gather additional monitoring information by 'piggy backing' on to these processes. It also meant that there was limited opportunity for IAS Secretariat staff and other key stakeholders to have input into the evaluation plan and the design of data collection instruments. Moreover, the evaluation was quite separate from the Conference planning process. A mid-October deadline for the evaluation report, coupled with summer holidays in the northern hemisphere, influenced the type and timing of Conference follow-up.

1.5.2 Process versus outcome

The need to be realistic about what can be achieved during a four-day conference, the fact that previous Conferences on HIV Pathogenesis and Treatment had not been formally evaluated, and the tight evaluation timeframe were key considerations in the development of the evaluation plan. The plan focussed on process and short-term impact. It was not appropriate to use long-term outcome indicators to judge the effectiveness of the Conference.

1.5.3 Lack of comparative data

As previous Conferences on HIV Pathogenesis and Treatment had not been formally evaluated, the Evaluator did not have access to monitoring or evaluation information about the first conference and only limited monitoring information about the second. Also, limited demographic information was collected from delegates when they registered for the third conference. Therefore, the demographic information presented in this report only relates to those delegates who participated in the evaluation, and it is not possible to say how representative it is, except in relation to region of work.

Figure 1.1 compares, by region of work⁵, the delegates surveyed, the delegates interviewed and the total number of Conference delegates. It is

⁵ The Conference Organiser, K.I.T. GmbH Association & Conference Management Group, categorised countries into geographic regions and this classification was used by the Evaluator.

evident that there is considerable congruence between all conference delegates (Column 1) and those delegates surveyed (Column 2). There is greater disparity between the delegates interviewed (Columns 3 & 4) and all conference delegates (Column 1).

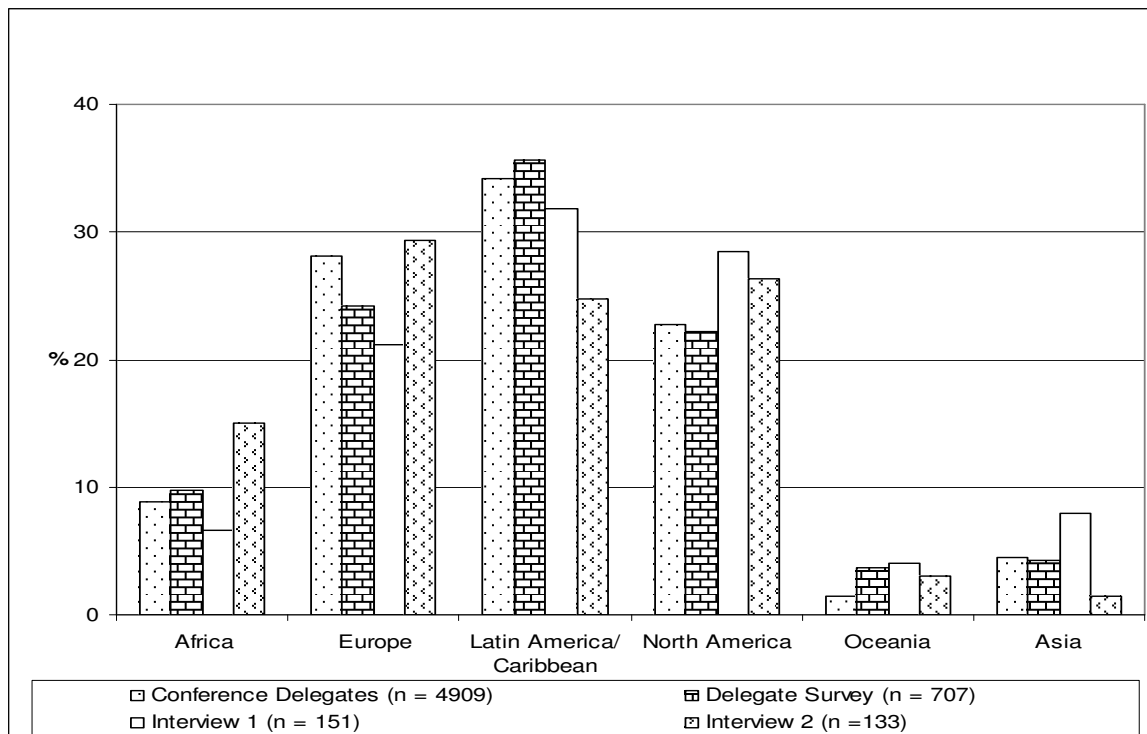


Figure 1.1: Comparison by region of total number of Conference Delegates and those who participated in the Evaluation

1.5.4 Sampling and data collection

A range of qualitative and quantitative methods was used to collect information from different groups about key aspects of the Conference. This strategy resulted in a series of ‘snapshots’ that contributed to the development of a comprehensive picture of Conference process and impact. Data were collected from approximately 1 100 people. It is not possible to know how many of these people made more than one contribution to the evaluation (eg completed an abstract mentor survey and participated in an interview), with the exception of 125 (18%) respondents who indicated on their Delegate Survey that they had participated in a Delegate Interview.

1.5.5 Ethical Issues

The evaluation was undertaken in line with the internationally recognised Code of Ethics of the Australasian Evaluation Society. A key tenet of the Code is respect for the rights, privacy and dignity of those affected by and contributing to an evaluation. Issues relating to language and culture were partly addressed by the use of a Portuguese-speaking

interviewer. However, most data collection was undertaken in English, the official language of the Conference, which inevitably affected access to and representation of some groups.

Summary of evaluation method and data collection strategies

Table 1.2 provides an overview of the evaluation objectives, focus, data collection strategies and location of findings.

Table 1.2: Summary of evaluation method and data collection

<i>Evaluation Objective</i>	<i>Focus</i>	<i>Data collection strategy</i>	<i>Findings Reported</i>
1. To assess the overall impact of the Conference <ul style="list-style-type: none"> ○ reviewing its place and role in relation to other HIV conferences; ○ identifying key things delegates take away and the relevance and application of these to their work in the field. 	Other conferences attended	Delegate S ^a , Interviews 1 & 2	Ch ^b 3,4,5
	Factors influencing attendance	Delegate S	Ch 3
	Unique features	Delegate S, Interviews 1 & 2	Ch 3,4,5
	Things taking away	Delegate S & Interview 2	Ch 3,5
	Application to work	Scholarship Holder S	Ch 6
2. To identify the strengths and weaknesses of specific activities, processes and innovations <ul style="list-style-type: none"> ○ illuminating achievements; ○ identifying areas of difficulty and barriers to implementation; ○ assessing impact. 	Abstract mentor scheme	Mentor & Submitter S	Ch 6
	Scholarship program	Scholarship holder S	Ch 6
	Delegate connector	Delegate S	Ch 3
	Networking areas	Delegate S	Ch 3
	Interactive sessions	Delegate S	Ch 3
	Conference website	Delegate S & Interview 1	Ch 3, 4
	Prevention Sciences	Delegate S	Ch 3
3. To identify emergent issues to guide future planning and decision-making.	Suggestions for change/improvement	Delegate S & Interview 2, Mentor & Submitter S, Scholarship holder S.	Ch 3, 4 Ch 6 Ch 6
	Future locations	Delegate Interview 1	Ch 4

a. Survey has been abbreviated to S

b. Chapter has been abbreviated to Ch.

2. Conference Statistics

2.1 Conference attendance

The total number of registrations for the 3rd IAS Conference on HIV Pathogenesis and Treatment was 5 563. Table 2.1 shows paid registrations by type, as well as free registrations.

Table 2.1: Total conference registrations^a

<i>Registration type</i>	<i>Frequency</i>
OECD Country Delegates	2245
Non-OECD Country Delegates	1825
Student (OECD & non-OECD countries)	303
Accompanying persons & children	162
Free registrations (including scholarship & media)	961
Exhibitors	67
Total	5563

a. Data provided by IAS Secretariat 15.11.05

Table 2.2 presents the number of delegates (paid and unpaid) by region. One hundred and twenty seven countries are represented.

Table 2.2: Number of delegates by region^a

<i>Region</i>	<i>Frequency*</i>	<i>Percent</i>
Africa	438	8.9
Europe	1375	28.1
Latin America/ Caribbean	1682	34.2
North America	1115	22.8
Oceania	75	1.5
Asia	224	4.5
Total	4909	100.00

a. Data (dated 10.10.05) provided by Conference Organiser, K.I.T. GmbH Association & Conference Management Group
 Figures do not include registrations for Accompanying Persons, Faculty, Maintenance, Staff, Organisers, Exhibitors, Media and delegates without country.

There is a disparity in numbers between the two data sets because Table 2.2 does not include figures for media, exhibitors and accompanying persons.

It is not possible to provide other information about delegates (eg main occupation, length of time in field, number of previous Conferences attended) because this data is not collected during registration. However, delegates are asked about IAS membership.

During the registration process

- 501 people applied for membership;
- 91 people renewed their membership;
- 143 people received extended membership (for the next year, having already paid current membership).

In addition, 72 people applied for membership during the conference.

2.1.1 Comparison with 2nd Conference

The 2nd Conference on HIV Pathogenesis and Treatment was attended by 5 720 people representing 120 countries. Of these, 4 216 were fully paying delegates.⁶ The 3rd Conference was attended by 157 fewer people, but seven more countries were represented. There were 146 fewer full paying delegates at this Conference.

Table 2.3 presents attendance figures for the two Conferences where participant categories are the same and final numbers were available.

Table 2.3: Registration figures for 2nd & 3rd Conferences^a

<i>Category</i>	<i>2nd Conference (Paris) attendance figures</i>	<i>3rd Conference (Rio) registration figures</i>
Regular delegate	4216	4070
Student	288	303
Scholarship	380	205

a. Information provided by IAS Secretariat.

Attendance figures can also be compared by delegates' geographic region of work (see Figure 2.1). Not surprisingly, a greater number of delegates from the Latin America/Caribbean region attended the 3rd Conference; however, far fewer participants attended from Africa (in part attributable to the strike involving South African Airways). Interestingly, attendance figures from Europe were similar for both Conferences. Although providing a useful overview, the data must be viewed with caution because some countries were incorrectly classified in the data set for the 2nd Conference (eg Australia and New Zealand were placed in the North America region).

⁶ Information provided by IAS Secretariat.

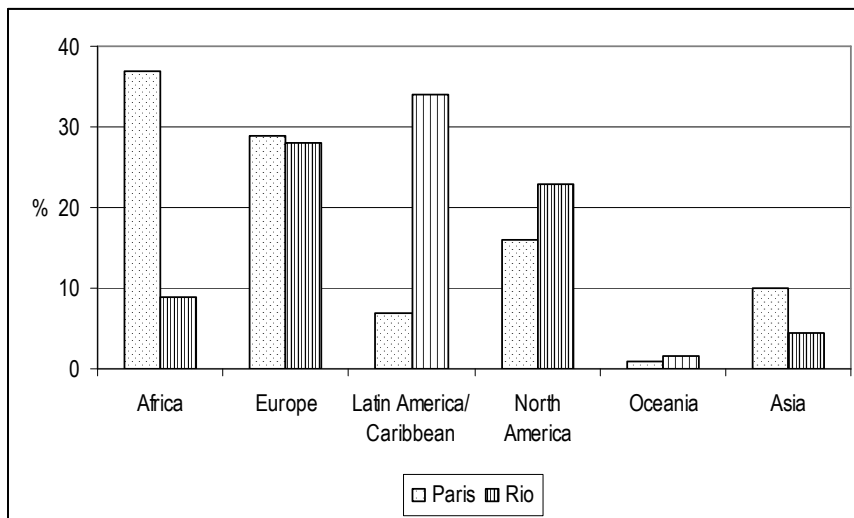


Figure 2.1: Percent of delegates by region for 2nd (Paris)^a & 3rd (Rio)^b Conferences

a. Data provided by IAS Secretariat

b. Data (dated 10.10.05) provided by Conference Organiser, K.I.T. GmbH Association & Conference Management Group

2.2 Conference abstracts

Researchers from 114 countries in all regions submitted a total of 2 060 abstracts for presentation at the Conference. Each abstract was blind-reviewed by three reviewers from the 250-member International Abstract Review Committee, with final selection being made by the Scientific Program Committee. A total of 1 356 abstracts was accepted from submitters in 91 countries representing all regions (see Figure 2.2).

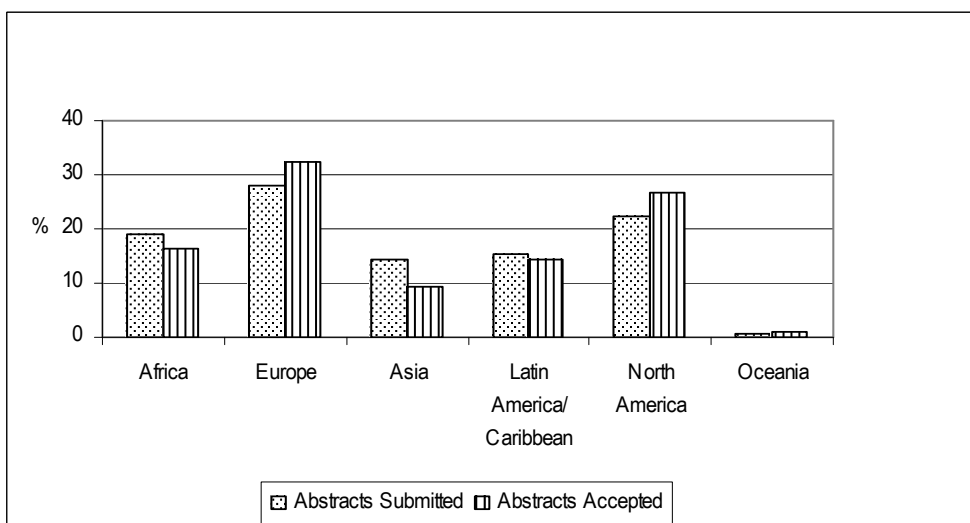


Figure 2.2: Comparison by region of submitted and accepted Abstracts

There were 17 main abstract categories and 123 subcategories. Just under 60% of abstracts submitted were in the Clinical Sciences concentration, just over 20% in the Prevention Sciences concentration and 20% in the Basic Sciences concentration. Twenty percent of all abstracts submitted focused on treatment and care in resource-constrained settings.

The top five submitting countries were the USA (392), Brazil (141), India (126), Spain (124) and Italy (117).

2.2.1 Comparison with 2nd Conference

The number of abstracts submitted and accepted represents a 10% increase on the number of abstracts submitted (1 888) and accepted (1 227) at the 2nd Conference on HIV Pathogenesis and Treatment in Paris, 2003.

The top five submitting countries for the 2nd Conference - United States, France, India, Spain and Brazil – were similar to those of the 3rd Conference, suggesting that the Conference’s geographic location does not affect abstract submission. This is confirmed in Figure 2.3 where abstracts submitted by region are presented for the 2nd and 3rd Conferences.

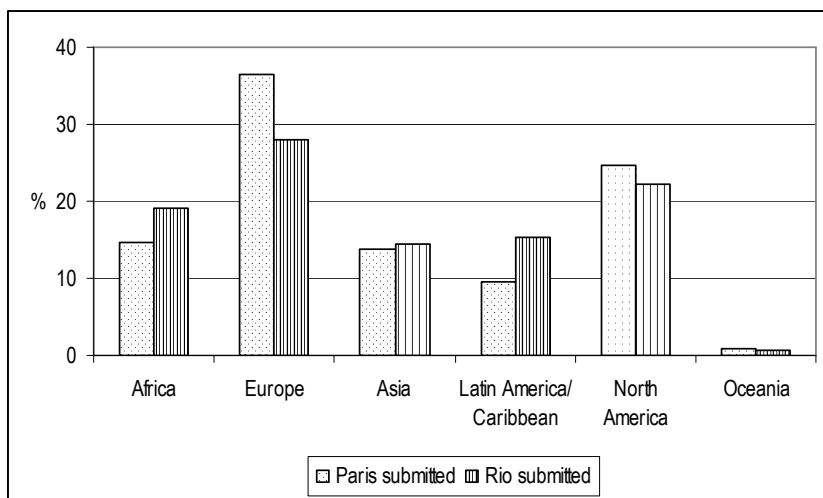


Figure 2.3: Abstracts submitted for the 2nd (Paris) & 3rd (Rio) Conferences

3. Findings: Delegate Survey

On the final day of the Conference a three-page survey was distributed to delegates. Findings from the analysis of 707 completed surveys are reported in this chapter under the following headings

- Demographic details
- Engagement in the Conference
- Feedback about the Conference
- Conference impact

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3.1 Delegates' demographic details

3.1.1 Main occupation

Table 3.1 shows that the main occupation selected by most respondents was physician/clinician (53.4%), followed by researcher (18.3%).

Table 3.1: Main occupation

<i>Occupation</i>	<i>Frequency</i>	<i>Percent</i>
Student	8	1.1
Researcher	129	18.3
Physician/Clinician	377	53.4
Nurse/Health care worker	14	2.0
Alternative/traditional medicine collaborator	2	0.3
NGO/CBO worker	32	4.5
Public sector worker	6	0.8
Government official or international policy maker	20	2.8
Pharmaceutical representative or manufacturer	45	6.4
Journalist or media representative	10	1.4
Other	28	4.0
More than 1 selection	35	5.0
Total	706	100.0

Occupations listed under 'Other' included epidemiologist, pharmacist, immunologist, health economist, medical writer and diagnostic company. Where more than one main occupation was selected, the most frequently chosen were researcher and physician/clinician.

3.1.2 Years worked in HIV/AIDS field

Just over half the respondents (53.7%) had worked full- or part-time in the HIV/AIDS field for 10 or more years (see Figure 3.1). The mean number of years worked was 10.7 and the median was 10.0 years.

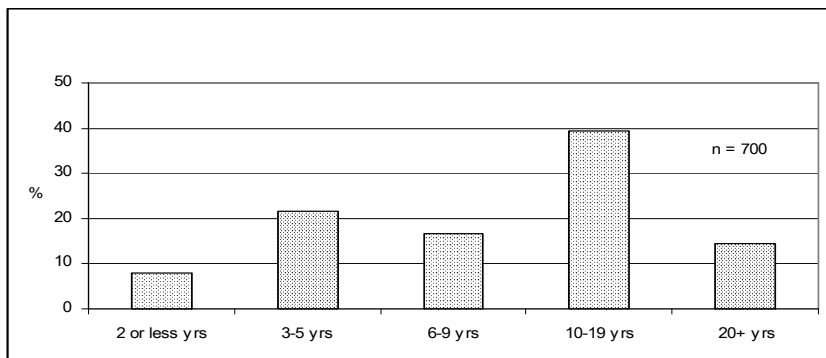


Figure 3.1: Years worked in the HIV/AIDS field

HIV/AIDS was the primary area of work for 79.6% of respondents. Physicians/clinicians were the most likely occupations to report that HIV/AIDS was not their primary area of work (26.5%).

3.1.3 Country of work and country of residence

Delegates were asked in which country they mainly worked and in which country they mainly resided. Responses were recorded and grouped into regions. Figure 3.2 presents respondents' country of work and country of residence by region. Eighty-three countries are represented, the most frequently nominated being Brazil (23% of respondents) and the USA (17% of respondents). The majority of respondents (36%) worked and resided in countries in the Latin America/Caribbean region (with over of these half working and residing in Brazil). Most delegates' country of work was also their country of residence.

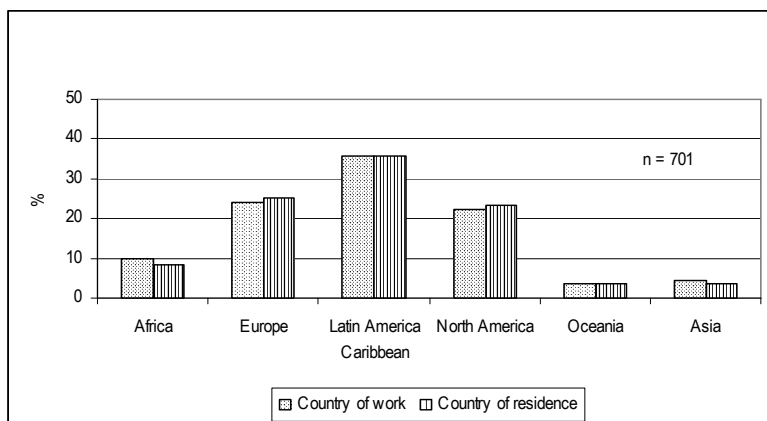


Figure 3.2: Country of work and country of residence by region

Delegates who worked in Africa, Latin America or Asia were significantly more likely to have worked in the field for less than 5 years while delegates who worked in Europe and North America were significantly more likely to have worked in HIV/AIDS for 10 or more years.

3.2 Delegates' engagement with the Conference

3.2.1 Factors influencing decision to attend

Delegates were asked to rate the importance of the following factors in their decision to attend the Conference

- Scientific program
- Global focus
- Opportunity to meet with colleagues about collaborative work
- Recipient of scholarship or specific funding
- Geographic location

Figure 3.3 shows that the majority of respondents rated the scientific program (95%), the global focus (87%), and the opportunity to meet with colleagues (83%) as 'very' or 'fairly' important in their decision-making.

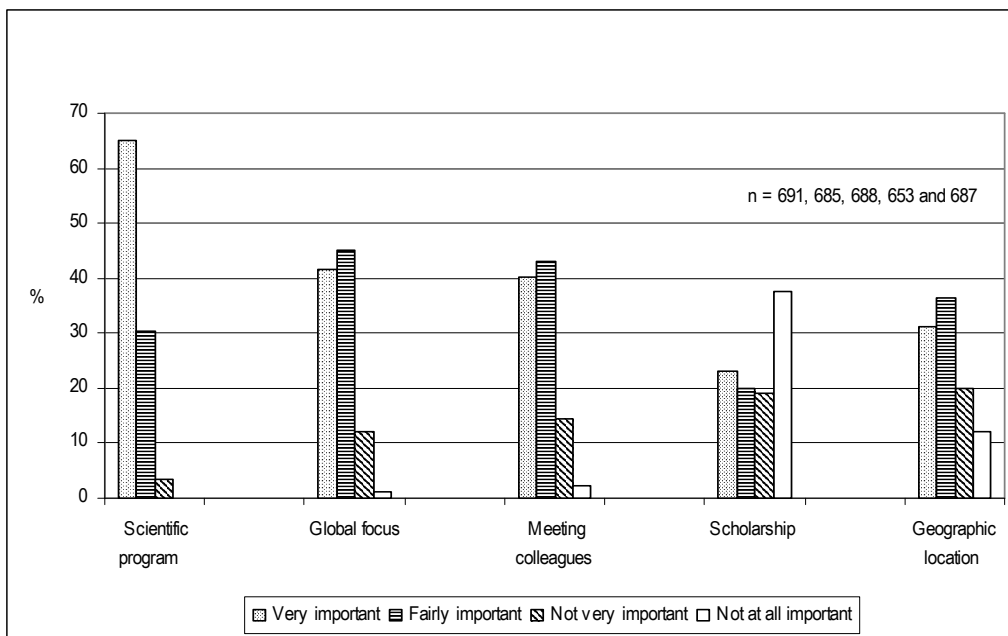


Figure 3.3: Importance of factors in decision to attend Conference

(n = 691, 685... is the number of responses for each factor category on the x-axis, from left to right)

The single most important factor (identified by 51% of respondents) was the scientific program, followed by the global focus (identified by 17%).

Delegates from Africa (20.3%), Latin America/Caribbean (16.5%), and Asia (16.7%) were significantly more likely to say that the most important factor was receiving a scholarship or specific funding to attend the Conference.

Researchers (15.9%) were significantly more likely than other groups to rate meeting with colleagues as the single most important factor in their decision to attend.

3.2.2 Concentration of main interest

The Scientific Program comprised three concentrations – Basic Sciences, Clinical Sciences and Prevention Sciences. Table 3.2 shows that Clinical Sciences was the concentration of most interest to the majority of respondents.

Table 3.2: Concentration of most interest

<i>Concentration</i>	<i>Percent (n=696)</i>
Basic Sciences	12.5
Clinical Sciences	74.1
Prevention Sciences	9.8
More than one selection	3.6
Total	100.0

When more than one concentration was selected the most frequently chosen were Clinical Sciences and Prevention Sciences. Respondents who worked in Africa were significantly more likely than other respondents to identify Prevention Sciences as the concentration they were most interested in (23.9%).

3.2.3 Presenting at Conference

One third of respondents (33.0%) indicated that they were making an oral or a poster presentation. Delegates who worked in Africa and Asia were significantly more likely to be making a presentation (49.3% and 50.0% respectively), possibly due to a funding requirement or being a scholarship recipient.

3.2.4 Previous Conference attendance

Delegates were asked if they had attended any of the following conferences

- the IAS Conference on HIV Pathogenesis and Treatment in 2001 or 2003;

- the International AIDS Conference (IAC) in 2004;
- the Conference on Retroviruses and Opportunistic Infections (CROI) in 2004 or 2005;
- the European AIDS Conference (EAC) in 2004 or 2005;
- the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) in 2004 or 2005;
- the Infectious Diseases Society of America (IDSA) Conference in 2004 or 2005.

Responses are presented in Table 3.3. It should also be noted that 28.6% of delegates had not attended any of the conferences, and that 36.2% had only attended a Conference(s) on Pathogenesis and Treatment.

Table 3.3: Conference attendance

<i>Conference attended</i>	<i>Percent^a (n=707)</i>
HIV Pathogenesis & Treatment Conference 2003	31.9
HIV Pathogenesis & Treatment Conference 2001	20.2
IAC 2004	39.3
CROI 2004 or 2005	31.4
1 of EAC, ICAAC, IDSA in 2004 or 2005	27.3
2 of EAC, ICAAC, IDSA in 2004 or 2005	6.5
EAC, ICAAC & IDSA in 2004 or 2005	1.3

a. As some delegates gave more than one response the sum of the percentages is greater than 100.

This was the first Conference on Pathogenesis and Treatment for 60% of delegates. Almost one third (31.9%) had attended the 2nd Conference in Paris, 2003, a 10% increase on the number of delegates who reported attending the 1st Conference in Buenos Aires in 2001 (20.2%).

Approximately 30% of respondents had attended CROI in 2004 or 2005. Those delegates working in North American (64.1%) and Europe (38.2%) were significantly more likely to have attended CROI. They were also more likely (37.2% and 42.9% respectively) to have attended ICAAC or EAC or IDSA. Researchers (42.6%), pharmaceutical representatives or manufacturers (48.9%), government officials or international policy makers (35.0%), followed by physicians/clinicians (28.9%) were significantly more likely to have attended CROI.

3.2.5 Features that make Conference on HIV Pathogenesis and Treatment different

Delegates were asked if the Conference on HIV Pathogenesis and Treatment offered them something that they do not get from other conferences. Just under half (45%) agreed that the Conference offered something different.

Delegates who worked in Africa, Oceania and Asia (one fifth of survey respondents) were significantly more likely than respondents in other regions to say that the Conference offered something different (61.3%, 68.0% and 66.7% respectively). Delegates who attended CROI (one third of survey respondents) were significantly more likely to report that this conference did not offer something special (62.4%). There was no significant difference with respect to occupation or length of time working in HIV/AIDS between those delegates who felt that the Conference offered something special and those who did not.

Two hundred and fifty delegates provided details about the nature of the difference. Responses were coded and the following key themes identified

- Global focus and exposure to international ideas;
- Updates and new information;
- Emphasis on Science;
- Opportunities for international collaboration and networking;
- A broad, comprehensive program.

Table 3.5 summarises the main responses. Each feature is illuminated by quotations from delegates.

Table 3.5: Features that make Conference different

<i>Feature</i>	<i>No. of Respondents (n=250)</i>	<i>Percent of respondents^a</i>
Global focus	63	25.2
New information and updates	56	22.4
Emphasis on Science	46	18.4
International networking and collaboration	31	12.0
Scope and breadth of program	34	14.0
Specific comparison with other conference/s	20	8.0
Other	48	19.0

a. As some delegates identified more than one feature, the sum of the percentages is greater than 100.

Global focus and exposure to international ideas

Opportunity to have an insight on a global perspective as to how the AIDS problem is being addressed elsewhere and to be aware of new treatments
Physician/clinician, 4 years working in HIV/AIDS, Latin America/Caribbean region

Greater presence of researchers from developing countries.
CBO/NGO worker, 16 years work in HIV, Europe

Excellent international perspective while concentrating on clinically relevant, current research.

Physician/clinician, 13 years work in HIV, North America

New information and updates

offering both general and specific information (eg vaccines, paediatric HIV, immune reconstruction, resistance)

Explanation and new information provided by drug companies which I otherwise wouldn't get, though now prescribing drugs. Also resistance issues and more about side effects, and a lot of literature which is not available in my country.

Physician/clinician, 14 years work in HIV, Africa

Results of new clinical and prevention research

Physician/clinician, 5 years work in HIV, Latin America/Caribbean region

Scientific focus and quality of science

Strong emphasis on clinical/basic sciences at an intermediate level

Physician/clinician, 8 years work in HIV, Latin America/Caribbean region

Up to date overview of current and upcoming AIDS science

Physician/clinician, 20 years work in HIV, North America

Scope and breadth of the program

covering Basic, Clinical and Prevention Sciences.

A mix of basic science and community activism and care provision

Researcher, 10 years work in HIV, Latin America/Caribbean region

A balanced and comprehensive update on treatment and prevention of HIV/AIDS

Physician/clinician, 10 years work in HIV, Asia

Opportunities for international networking and collaboration

The possibility of interchange of experiences with people living all over the world and who work in HIV/AIDS

Nurse/Health care worker, 8 years work in HIV, Latin America/Caribbean region

Interaction with international colleagues

Researcher, 20 years work in HIV, North America

Specific comparison with other conferences

Comments primarily related to focus and size, with the Conference on HIV Pathogenesis and Treatment variously described as 'smaller', 'more manageable', 'easier to negotiate' and 'more focused'. Also comments in relation to the timing of the Conference in relation to other conferences.

Global focus of scientific program as opposed to politics, as is the case with IAC; similar to retrovirus conference but with a greater range of international perspectives.

Researcher, 16 years work in HIV, North America

Have access to investigators and people who are treating PLWHA. Plus the timing is unique – having a big HIV conference at this time of year.

Researcher, 25 years work in HIV, North America

Other comments about difference

These included the fact that there were more interactive sessions and debates and skill building opportunities, the conference location was Rio with exposure to the Brazilian HIV context, and the conference had an HIV focus (from people whose primary work is not HIV).

3.2.6 Attendance at 4th Conference on Pathogenesis and Treatment

Delegates were asked if they would choose to attend the next conference, based on their experience of the 3rd Conference. Table 3.6 shows that only 10% of delegates would choose not to attend the 4th Conference in Sydney in 2007.

Table 3.6: Attendance at next conference

<i>Attendance</i>	<i>Percent (n=701)</i>
Yes	45.4
Maybe	43.2
Probably not	9.6
No	1.9
Total	100.0

Delegates who work in Africa (73.5%) were significantly more likely to say they would attend the Conference in 2007, followed by delegates from Oceania (64.0%). Not surprisingly, those delegates who agreed that the conference offered something different were significantly more likely to say they intended to attend IAS 2007 (62.9%) (30.7% said ‘maybe’).

3.3 Feedback about the Conference

3.3.1 Conference initiatives

A number of innovations were introduced at the Conference and feedback was sought about the following

Prevention Sciences concentration

Four of the 17 main abstract categories focused on this new concentration.

Interactive sessions

These included an increased number of debate, fora and discussion sessions.

Networking areas

Five clearly marked areas were established and set up with tables, couches and chairs to promote and facilitate networking in the two Conference pavilions.

Delegate Connector

This facility allowed delegates to connect to each other through the Conference website or the Delegate Connector desk. During the Conference

- 420 people checked for messages, totalling around 3,000 log-ins;
- 64 people sent a total of 500 messages;
- 100 people signed-up for the Delegate Connector.

Respondents were asked to rate the usefulness of each initiative. They were also asked to rate the usefulness of the Conference website. Figure 3.4 shows that both the Prevention Sciences concentration and the interactive sessions were regarded as 'very useful' or 'fairly useful' by more than 80% of respondents. Around 60% of respondents rated the Delegate Connector facility and the networking areas as 'very useful' or 'fairly useful', although more than 10% were unaware of these initiatives.

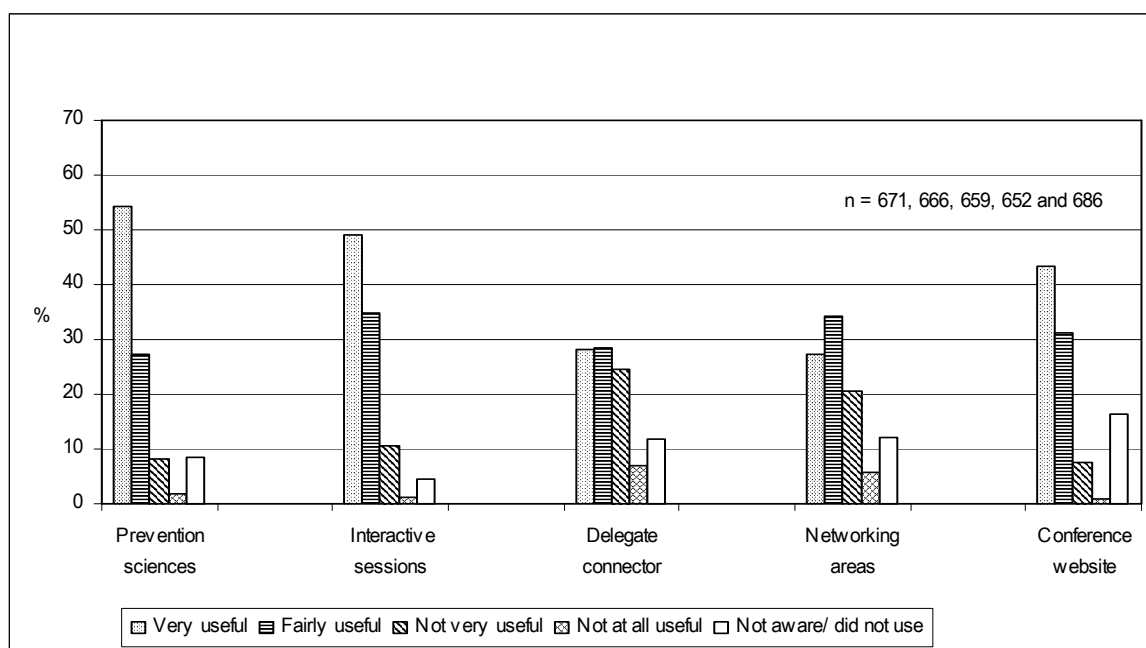


Figure 3.4: Usefulness of initiatives
(n = 671, 666...is the number of responses for category on the x-axis, from left to right)

3.3.2 Delegates' suggestions for improvement and change

Delegates were asked if the Conference Program or other aspects of the Conference should be changed or improved. Table 3.7 shows that approximately half the respondents offered suggestions. There were no significant differences between those delegates who made suggestions and those who did not with respect to occupation or length of time in the field.

Table 3.7 Delegates' suggestions for improvement and change

<i>Suggestion for change</i>	<i>Percent who would change Program (n=647)</i>	<i>Percent who would change other aspect (n=627)</i>
Yes	53.0	51.2
No	47.0	48.8
Total	100.0	100.0

3.3.3 Conference Program

Delegate's suggestions to improve or change the Conference Program were coded into key themes that are summarised in Figure 3.5, followed by a discussion of each theme.

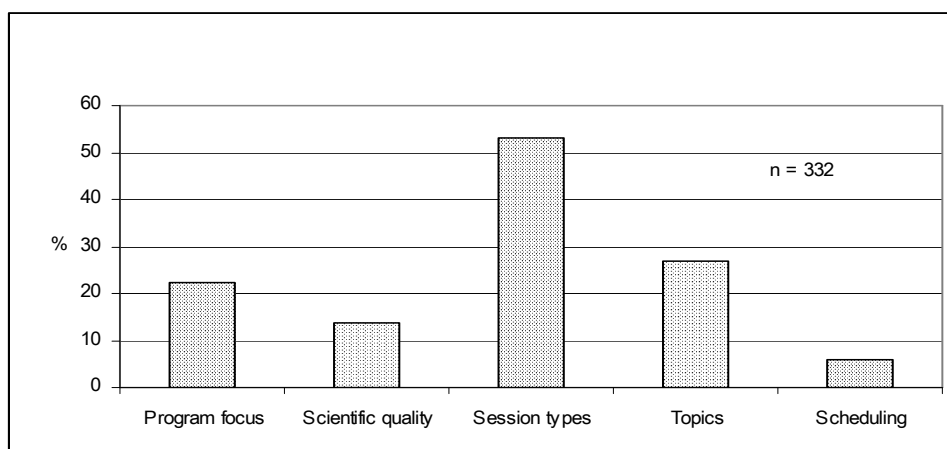


Figure 3.5: Suggestions to change or improve Conference Program*

*As some delegates suggested more than one improvement, the sum of the percentages is greater than 100.

Program focus

Comments here related to the balance and focus of the program. Of the 74 delegates who made suggestions about the program, 28% wanted more Basic Sciences, 25% wanted more Basic and Clinical Sciences, 9% more Clinical Sciences, and 18% more Prevention Sciences. The remainder (20%) focused on a variety of aspects including a greater emphasis on developing countries and more community participation. A selection of representative comments follow.

More emphasis on basic research. Future new developments in pathogenesis and treatments. The controversial issues.

Researcher/physician, 20 years working in HIV/AIDS, Asia

Focus on new, translational research

Researcher, 10 years working in HIV/AIDS, Europe

More Basic and Clinical Science sessions reviewing current knowledge on resistance and treatment

Physician/clinician, 5 years working in HIV/AIDS, Europe

Prevention and social science are an important thing about the IAC, not for this conference.

Physician/clinician, 20 years working in HIV/AIDS, Latin America/Caribbean region

Whilst I appreciate that this conference is primarily about pathogenesis and treatment, I would have like to see much more on prevention and evaluation of non-clinical interventions

Researcher, 15 years working in HIV, North America

Added focus in prevention stream/plenaries on the science of behavioural prevention, not just biomedical prevention.

CBO/NGO worker, 20 years work in HIV, Oceania

Scientific quality

Comments here related to the need to improve the quality of the science in the Conference program. Many respondents simply wrote 'better science needed' or 'better scientific program'. Others made specific suggestions including a greater emphasis on innovative science and new findings (including more late breakers), improved scientific content of oral sessions, and more rigorous abstract selection. Almost half the respondents (43%) who commented on the quality of the science were researchers, followed by physicians/clinicians (37%).

Conference sessions

More than half (52%) of the 176 comments made about conference sessions related to the poster exhibition. Feedback was also received about interactive sessions and debates (25%), oral and plenary sessions (15%), and other aspects (8%).

Posters

Most delegates felt that the organisation of posters was extremely poor, exemplified by the following quote

I went through the book and made a list of posters I wanted to see - then wasted my time trying to find them.

Physician/clinician, 25 years in HIV field, North America

Suggestions for improvement included numbering the posters and displaying them in sequence - grouped according to subject and mounted at eye level with appropriate tape. Other comments related to the poor scientific quality of

some posters, poor visibility and acoustics for poster presentations, the early removal of posters, and the somewhat isolated location of the poster exhibition area. Timetabling of poster presentations against other sessions also resulted in some presenters not turning up and may have impacted on a potential audience.

Debates and interactive sessions

Comments about debates were generally positive, with most respondents indicating that they were a valuable feature of the Conference. Some noted that it is important to allocate sufficient time and to ensure that the issues debated are relevant and useful, and do not simply repeat old arguments.

Many respondents highlighted the importance of interactive sessions and the need to build these into the Conference – not only through debates and fora, but also by creating opportunities for delegates to speak with each other and ‘experts’ (eg setting up small interest groups, having more question and answer and ‘meet the plenary speaker’ sessions).

Install more opportunities for interactive exchange of experiences - about questions, structures, strategies and difficulties of treatment.

Physician/clinician, 20 years in HIV, Europe

Plenary and oral sessions

Comments about oral sessions primarily related to the value of having time to ask questions and discuss issues raised at the end of each presentation. Comments about plenary sessions primarily noted the benefits of presenting overviews, state-of-the-art lectures and updates (including more late-breakers) in these sessions, and the need for high quality presentations.

Topics

A wide variety of topics were identified by 89 delegates, with respondents generally requesting more information. The two topics most frequently identified were treatments and paediatric HIV, followed by opportunistic infections and co-infections, prevention, resistance, and women and HIV.

Scheduling

Comments mainly referred to the concurrent timetabling of sessions (eg clinical plenary sessions; poster presentations and symposia). To overcome the problems this creates, some respondents suggested extending the conference, or having shorter sessions.

3.3.4 Suggestions for changing or improving other aspects of the Conference

Half the respondents offered suggestions for changing or improving other aspects of the Conference. Responses were categorised into key themes. These are presented in Figure 3.6, followed by a discussion of each theme.

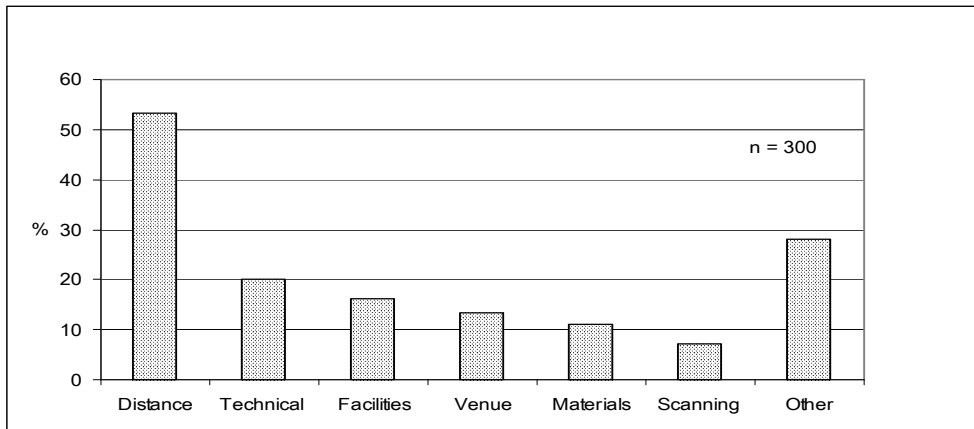


Figure 3.6: Suggestions to change or improve Conference*

*As some delegates suggested more than one improvement, the sum of the percentages is greater than 100.

Distance and transport

Comments primarily related to the need for the conference venue and conference hotels to be near each other. Some respondents reported spending more than two hours each day travelling to and from the venue. Moreover, bus timetabling made it difficult for delegates who wished to arrive later or to return to their hotel in the middle of the day prior to attending an evening session.

Technical aspects

Comments primarily related to the need for high quality audiovisual equipment, good acoustics in all rooms, and the strategic placement of screens to ensure visibility during presentations.

Venue

Comments primarily related to the need for appropriately sized session rooms, adequate seating and good ventilation. Some observations were also made in relation to venue layout, and distance and time taken to move between session rooms.

Facilities

Over half the comments related to the need for good quality food. Other suggestions included the provision of morning tea and free bottled water, post office and banking facilities, and clean bathroom amenities.

Conference Materials

Comments primarily related to what was considered inappropriate charging for the Conference Abstract book. Some respondents noted that the free Abstracts on CD-ROM were only accessible to delegates with laptops. Other suggestions included making available detailed program information prior to the

conference, posting a searchable program on the Conference website, and increasing the font size of the Pocket Program.

Delegate scanning

Comments revealed that many respondents were unclear why they were being electronically scanned. Most advocated that the process be discontinued because it was intrusive and caused bottlenecks at session entry points.

Other suggestions for change or improvement, each made by fewer than 20 respondents, included

- Overall improvement in Conference organisation;
- A more streamlined registration process;
- Increased number of scholarships, especially for delegates from resource-poor settings;
- Increased number of English-speaking staff and volunteers, and improved local language translation;
- Provision of guidelines for speakers and chairpersons covering aspects such as the use of slides and microphones, and timing for presentations;
- Improvements in the PLWHA lounge including better food and easier access;
- More internet access points.

3.4 Conference Impact

Delegates were asked to rate the Conference's success in achieving the following

- Giving them new insights into HIV disease development, prevention and/or care;
- Promoting productive debate;
- Facilitating knowledge sharing among participants;
- Offering an opportunity to meet with colleagues about collaborative work;
- Assisting them to make new contacts that may lead to collaborative work.

Figure 3.7 shows that 80% or more respondents rated the Conference as 'very' or 'fairly' successful in giving new insights and facilitating knowledge sharing. Although approximately 70% of delegates rated promoting debate, offering opportunities to meet with collaborating colleagues and to make new contacts as 'very' or 'fairly' successful, close to 30% did not.

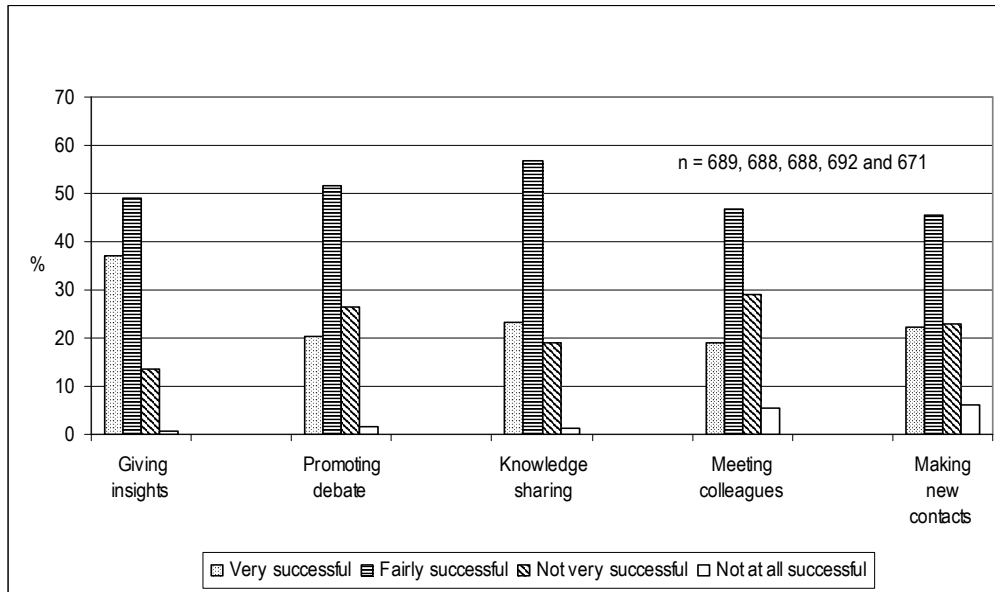


Figure 3.7: Impact of the Conference
 (n = 689, 688...is the number of responses for category on the x-axis, from left to right)

There was no significant difference between those delegates who felt that the Conference was successful in a particular area and those who did not with respect to occupation or length of time working in HIV/AIDS.

3.5 Summary

A considerable amount of detailed data has been presented in this chapter. To assist with understanding and uptake, key findings are summarised below.

Demographic details

Of the 707 delegates who completed the survey

- 53% classified their main occupation as physician/clinician, followed by researcher (18%);
- 80% stated HIV/AIDS was their primary area of work;
- almost all worked and resided in the same country; the majority (23%) working/residing in Brazil, and in the Latin America/Caribbean region (35%);
- average length of time worked in HIV/AIDS was 10.7 years.

Engagement in the Conference

Of the 707 delegates who completed the survey

- 51% identified the scientific program as the single most important factor in their decision to attend, with over 40% rating scientific program, global focus and meeting colleagues as 'very important' factors;
- 74% were most interested in the Clinical Sciences concentration;
- 33% were making an oral or poster presentation;
- 60% had not attended a previous Conference on HIV Pathogenesis and Treatment, 20% had attended the 1st Conference, and 32% had attended the 2nd Conference;
- 31% had attended CROI in 2004 or 2005, and 40% had attend IAC in 2004;
- 45% considered that the Conference on HIV Pathogenesis and Treatment offered them something that they don't get from other conferences, the features most frequently identified being the global focus and new information and updates;
- 45% plan to and 43% may attend the 4th Conference on HIV Pathogenesis and Treatment

Feedback about the Conference

Of the 707 delegates who completed the survey

- Around 80% rated the addition of the Prevention Sciences concentration and interactive sessions, and the Conference website as 'very useful' or 'fairly useful'
- Around 60% rated the delegate connector facility and networking areas as 'very useful' or 'fairly useful', but over 10% were unaware of these provisions
- 50% offered suggestions to change or improve the Conference Program, the most frequent relating to poster exhibition, inclusion of specific topics, and changing the program balance/focus
- 50% offered suggestions to change or improve other aspects of the Conference, the most frequent relating to distance between venue and accommodation, technical aspects and facilities.

Conference impact

Of the 707 delegates who completed the survey

- Approximately 80% rated the Conference as 'very successful' or 'fairly successful' in giving them insights into HIV and facilitating knowledge sharing among participants.
- Although approximately 70% rated the Conference as 'very successful' or 'fairly successful' in promoting productive debate, and offering an opportunity to meet with colleagues, around 25% did not consider the Conference was successful in these areas.

4. Findings: First Delegate Interview

Findings from the analysis of 151 interviews conducted during the first two days of the Conference are reported in this chapter under the following headings

- Delegates' demographic details
- Delegates' engagement in the Conference
- Feedback about the Conference

4.1 Delegates demographic details

4.1.1 Main occupation

Table 4.1 shows that the majority of delegates interviewed were physicians/clinicians (50%), followed by researchers (18%).

Table 4.1: Respondents main occupation

<i>Occupation</i>	<i>Frequency</i>	<i>Percent</i>
Student	3	2.0
Researcher	27	17.9
Physician/Clinician	76	50.3
Nurse/Health care worker	4	2.6
Alternative/traditional medicine collaborator	7	4.6
NGO/CBO worker	3	2.0
Public sector worker	3	2.0
Government official or international policy maker	10	6.6
Pharmaceutical representative or manufacturer	8	5.3
Journalist or media representative	4	2.6
Other	6	4.0
Total	151	100.0

Occupations listed under 'Other' included research analyst and pharmacist.

4.1.2 Years worked in HIV/AIDS

Figure 4.1 shows that just over half the respondents (54%) had worked in the HIV/AIDS field (full- or part-time) for 10 or more years, with 9.83 years being the average number of years worked and 10.00 years being the median. HIV/AIDS was the primary area of work for 81% of respondents.

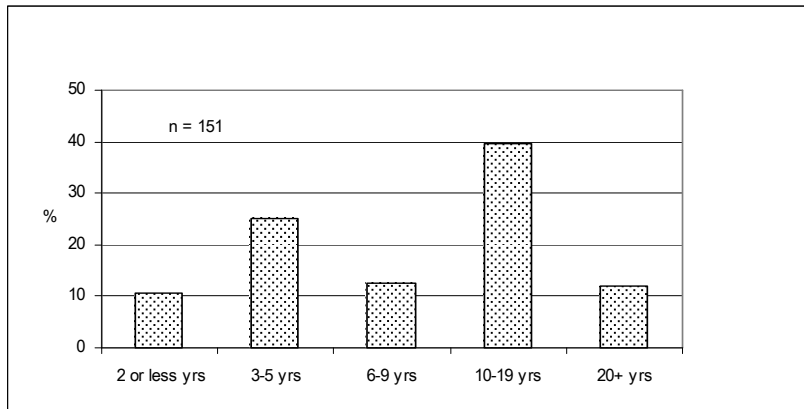


Figure 4.1: Years worked in HIV/AIDS

4.1.3 Country of work and country of residence

Delegates were asked in which country they mainly worked and in which country they mainly resided. Responses were recorded and grouped in regions. The majority of respondents (31.8%) worked and resided in countries in the Latin America/Caribbean region (with almost two thirds working and residing in Brazil). Figure 4.2 presents respondents' country of work and country of residence by region. Forty-three countries are represented, the most frequent being the USA (24% of respondents) and Brazil (20% of respondents). There were no significant differences between delegates' region of work and the length of time in the field.

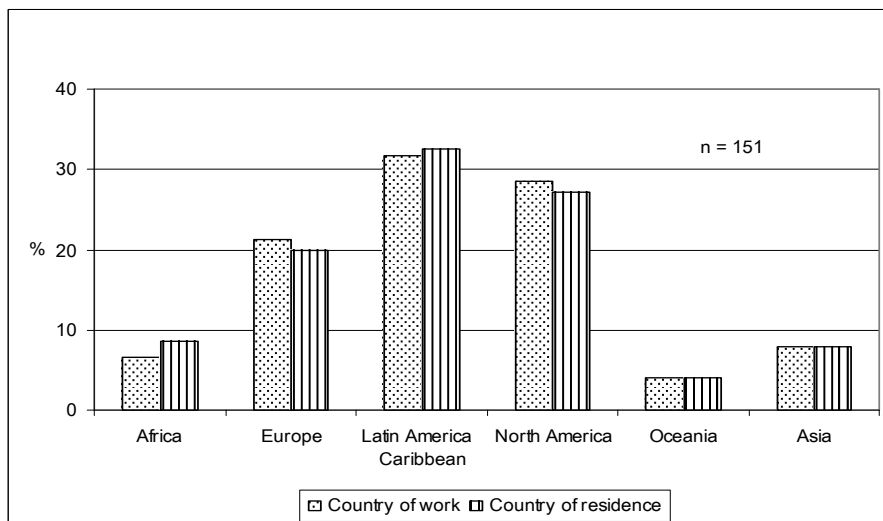


Figure 4.2: Country of work & country of residence by region

4.2 Delegates' engagement with the Conference

4.2.1 Previous conference attendance

Almost two thirds of delegates (62.9%) had not attended a previous Conference on HIV Pathogenesis and Treatment. Almost one third (32.7%) had attended the 2nd Conference in Paris, 2003. Half this number of respondents (16.7%) reported attending the 1st Conference in Buenos Aires, 2001.

4.2.2 Presenting at Conference

Just under one third of respondents (31.3%) were making an oral or poster presentation at the Conference.

4.2.3 Main concentration of interest

Table 4.2 shows that the concentration the majority of respondents were most interested in was the Clinical Sciences concentration.

Table 4.2: Concentration most interested in

<i>Concentration</i>	<i>Percent (n=149)</i>
Basic Sciences	12.8
Clinical Sciences	68.5
Prevention Sciences	16.8
More than 1 stream selected	2.0
Total	100.0

4.2.4 Difference offered by Conference

Delegates were asked if the Conference on HIV Pathogenesis and Treatment offered them something that they do not get from other conferences. Sixty per cent of respondents (n=90) agreed that the Conference offered something unique. Twenty per cent of respondents felt that they could not answer this question because it was the first time they had attended a Conference on HIV Pathogenesis and Treatment. There were no significant differences between delegates who said that the Conference offered something different and those who did not in relation to occupation or length of time in field.

Eighty-seven delegates provided details about the nature of the difference. Their responses were coded in the following categories

- Global focus and exposure to international ideas

- Updates and new information
- Emphasis on Science
- Opportunities for international collaboration and networking
- A broad, comprehensive program

Figure 4.3 summarises the responses. The categories are discussed in more detail in Chapter 3: Findings: Delegate Survey.

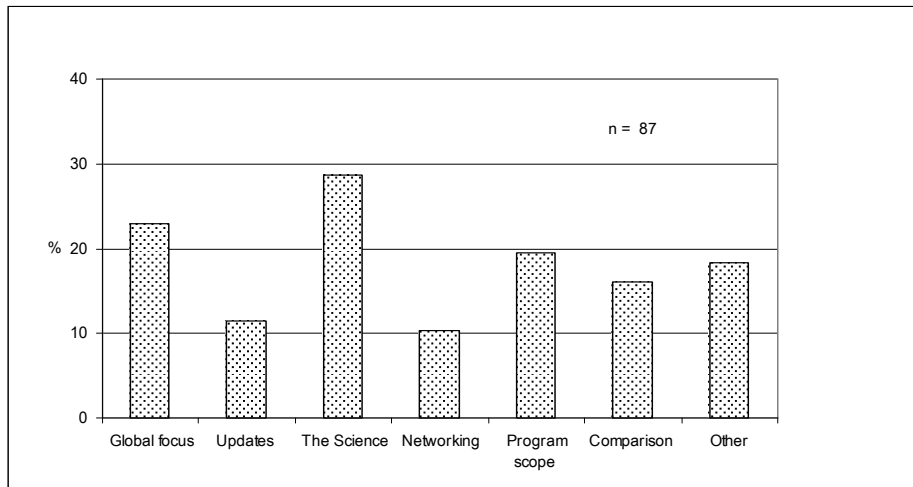


Figure 4.3: Features the Conference offers that are different

4.3 Feedback about aspects of Conference

4.3.1 Conference Website

Feedback was sought from delegates about the usefulness of the Conference website, as well as any suggestions for change or improvement. Figure 4.4 shows that the majority of delegates rated the Conference website as 'very' or 'fairly' useful.

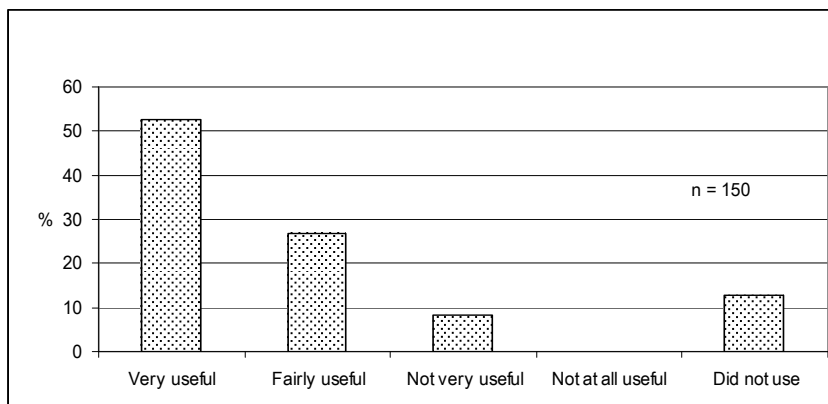


Figure 4.4: Usefulness of Conference website

Twelve of the 19 people who did not use the website provided reasons for this. The most commonly cited were lack of time or assisted by someone else. Only two respondents reported minimal internet access.

One third of respondents (52 delegates) made suggestions to change or improve the website. The most frequent suggestions related to

- Providing more information about the Conference program (eg post detailed program earlier, classify the program in topics, post abstracts, provide more details about speakers).
- Making the website easier to navigate (eg keep information and instructions clear and simple, reduce the amount of information on each page).
- Addressing specific problems (eg simplify online processes for conference and delegate connector registration and abstract submission, advise if online registration is not available in final week, post guidelines for poster presentation, increase font size on print version of Program-at-a-Glance).
- Providing other things (eg detailed and accurate information about hotels and maps, bilingual information) and maintaining the same website format for several conferences.

The most frequent comments, relating to the need for more program information and a simpler website, are encapsulated in the following quotes

The display is rather crowded. The layout could be clearer like some other conference websites, for example, having a search to make your own program by topic/ author, though I know this is costly.

Physician/clinician, 12 years working in HIV, Europe

The program-at-a-glance is a bit confusing, especially the layout. Also there was not a lot of information right up to the conference – only potential areas/topics and speakers weren't designated. It made planning difficult.

Physician/clinician, 3 years working in HIV, North America

Responses are summarised in table 4.3.

Table 4.3: Suggestions for website changes or improvements

<i>Suggestion</i>	<i>Percent (n=52)^a</i>
Provide more information about Conference program	42.3
Increase navigability of website	26.9
Address specific problem areas	26.9
Other	15.3

a. As some respondents made more than one suggestion, the sum of the percentages is greater than 100.

4.3.2 Location of future conferences

Delegates were asked to rate the importance of the following factors in selecting future conference locations

- Different geographic region from previous conference;
- Mix between developed and developing countries;
- Always in Europe, but alternating between developed and developing countries, or in different countries.

Figure 4.5 shows that the majority of respondents consider it is important to have a mix between developed and developing countries and to hold the conference in different geographic regions. Very few respondents believe it is important to hold the conference continually in Europe.

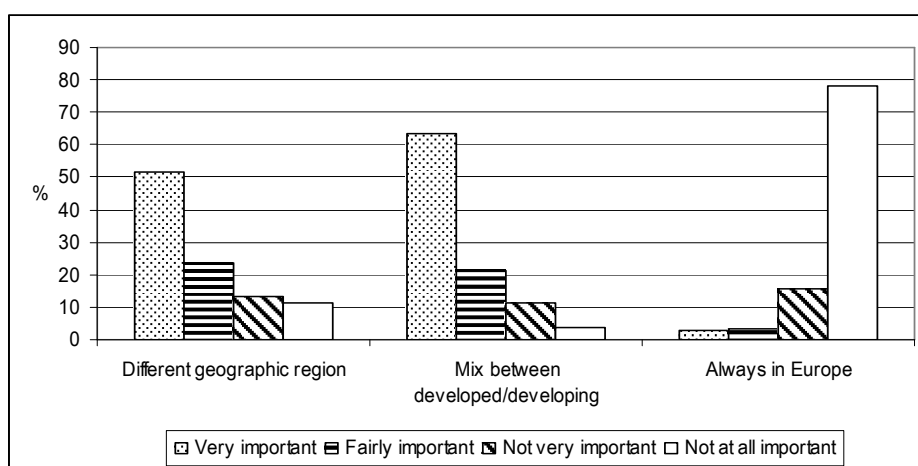


Figure 4.5: Future conference location

Delegates were asked if there were other important factors that should be considered when selecting a conference location. Sixty five percent (n=95) indicated there were other factors to consider, the most commonly identified being

- Proximity of the conference venue to accommodation (36%);
- Good infrastructure and logistics eg venue facilities, technical systems (25%);
- Prevalence or significance of HIV/AIDS in the country (24%);
- Accessibility of country in terms of affordability, entry requirements for people with HIV/AIDS (10%);
- Personal safety and security (8%).

Delegates were asked to identify the single most important factor to be considered when selecting a conference location. Having a mix between developed and developing countries was identified by 44% of respondents, followed by being in a different geographic region to the previous conference (identified by 24% of respondents).

4.4 Summary

Key findings from the First Delegate Interview are summarised below.

Demographic details

Of the 151 delegates who participated in the first interview

- 50% classified their main occupation as physician/clinician, followed by researcher (18%);
- 81% stated HIV/AIDS was their primary area of work;
- 54% had worked in HIV/AIDS for 10 or more years (average 9.83 years);
- almost all worked and resided in the same country; the majority (22%) working/residing in Brazil, and in the Latin America/Caribbean region (32%);

Engagement in the Conference

Of the 151 delegates who participated in the first interview

- 68% were most interested in the Clinical Sciences concentration;
- 31% were making an oral or poster presentation;
- 63% had not attended a previous Conference on HIV Pathogenesis and Treatment, 33% had attended the 1st Conference, and 18% had attended the 2nd Conference;
- 60% considered that the Conference on HIV Pathogenesis and Treatment offered them something that they don't get from other conferences, the features most frequently identified being the science and the global focus (20% did not feel they could respond because it was their first Conference Pathogenesis and Treatment).

Feedback about Conference website and Conference location

Of the 151 delegates who participated in the first interview

- 80% rated the Conference website as 'very useful' or 'fairly useful', and 34% made suggestions for change or improvement, the most frequent being the need for more program information and a simpler website;
- 44% identified having a mix between developed and developing countries as the single most important factor to be considered when selecting a conference location.

5. Findings: Second Delegate Interview

Findings from the analysis of 133 interviews conducted on Days 3 and 4 of the conference are presented in this chapter under the following headings

- Delegates' demographic details
- Delegates' engagement with Conference
- Feedback about Conference
- Impact of Conference.

5.1 Delegates' demographic details

5.1.1 Main occupation

Table 5.1 shows that the majority of delegates interviewed were physicians/clinicians (40%), followed by researchers (26%).

Table 5.1: Main occupation

<i>Occupation</i>	<i>Frequency</i>	<i>Percent</i>
Student	8	6.0
Researcher	34	25.6
Physician/clinician	53	39.8
Nurse/Health Care worker	3	2.3
Alternative/traditional medicine collaborator	1	0.8
NGO/CBO worker	8	6.0
Public Sector Worker	2	1.5
Government official/International policy maker	4	3.0
Pharmaceutical representative or manufacturer	9	6.8
Journalist or media representative	3	2.3
Other	5	3.8
More than one selected	3	2.3
Total	133	100.0

Occupations listed under 'Other' included activist, pharmacist and foundation worker. HIV/AIDS was the primary area of work for 82% of respondents.

5.1.2 Years worked in HIV/AIDS

Less than half the respondents (43.2%) of had worked (full- or part-time) in the HIV/AIDS field for 10 or more years (See Figure 5.1). The mean number of years worked was 9.36 years and the median was 8.0 years.

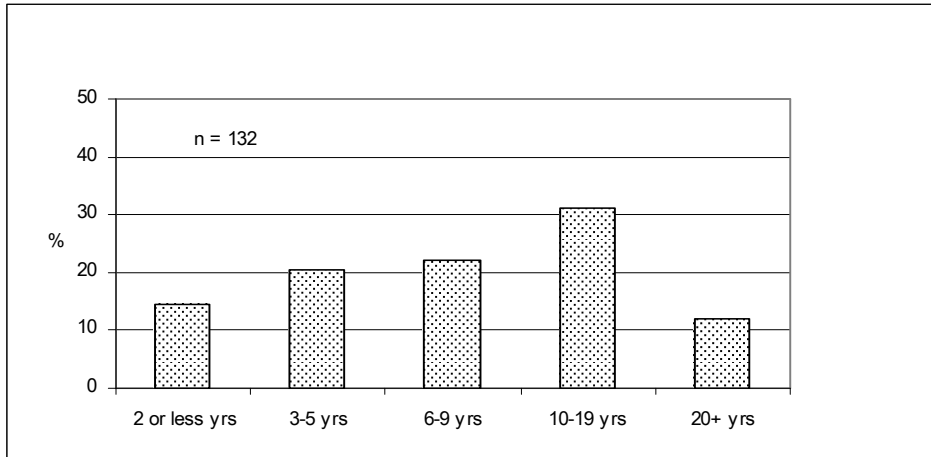


Figure 5.1: Years worked in HIV/AIDS

5.1.3 Country of work and country of residence

Delegates were asked in which country they mainly worked and in which country they mainly resided. Responses were recorded and grouped into regions. The majority of respondents (29.3%) worked and resided in Europe (with over one third working and living in the UK). Thirty-eight countries are represented, the most frequent being the USA (23% of respondents) and Brazil (16% of respondents). Most delegates' country of work was also their country of residence.

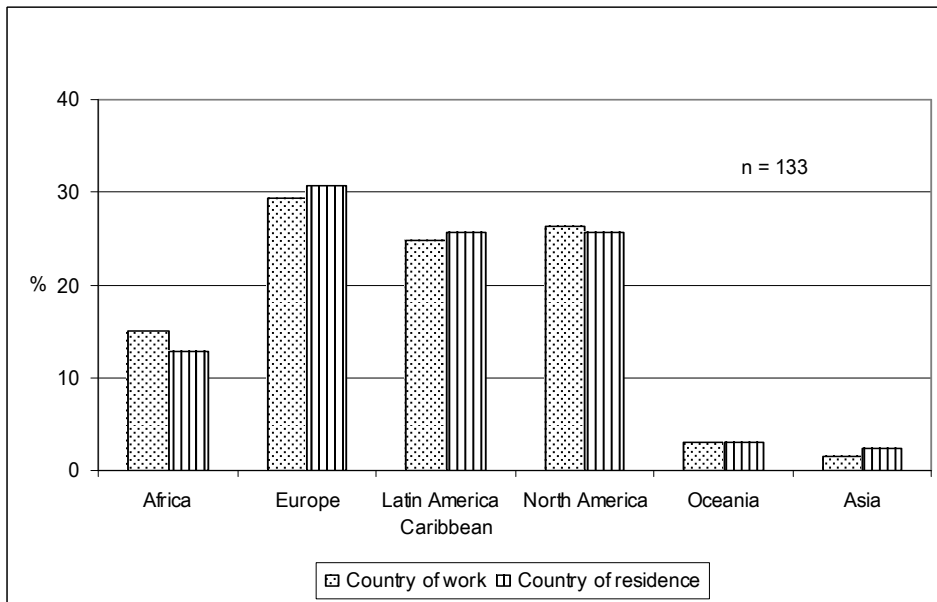


Figure 5.2: Country of work and country of residence by region

5.2 Delegates' engagement with the Conference

5.2.1 Previous conference attendance

Two thirds of delegates (66.2%) had not attended a previous Conference on Pathogenesis and Treatment. Almost one third (28.6%) had attended the 2nd Conference in Paris, 2003, double the number (12.8%) who reported attending the 1st Conference in Buenos Aires in 2001.

5.2.2 Presenting at Conference

Just over one third of respondents (36.8%) were making an oral or poster presentation at the 3rd Conference.

5.2.3 Concentration of most interest

Clinical Sciences was the concentration that the majority of respondents reported they were most interested in (see Figure 5.2).

Table 5.2: Concentration most interested in

<i>Concentration</i>	<i>Percent (n=132)</i>
Basic Sciences	17.4
Clinical Sciences	63.6
Prevention Sciences	15.9
More than 1 stream selected	3.0
Total	100.0

5.2.4 Features that make Conference different

Just under half the respondents (47%) considered that the Conference on HIV Pathogenesis and Treatment offered them something that they do not get from other conferences. More than one fifth of delegates (22%) did not respond to this question because this was their first Conference on HIV Pathogenesis and Treatment.

Sixty-two delegates provided details about the nature of the difference. Their responses were coded in the following categories

- Global focus and exposure to international ideas
- Updates and new information
- Emphasis on Science
- Opportunities for international collaboration and networking
- A broad, comprehensive program

Figure X summarises the responses. The categories are discussed in more detail in Chapter X: Findings: Delegate Survey.

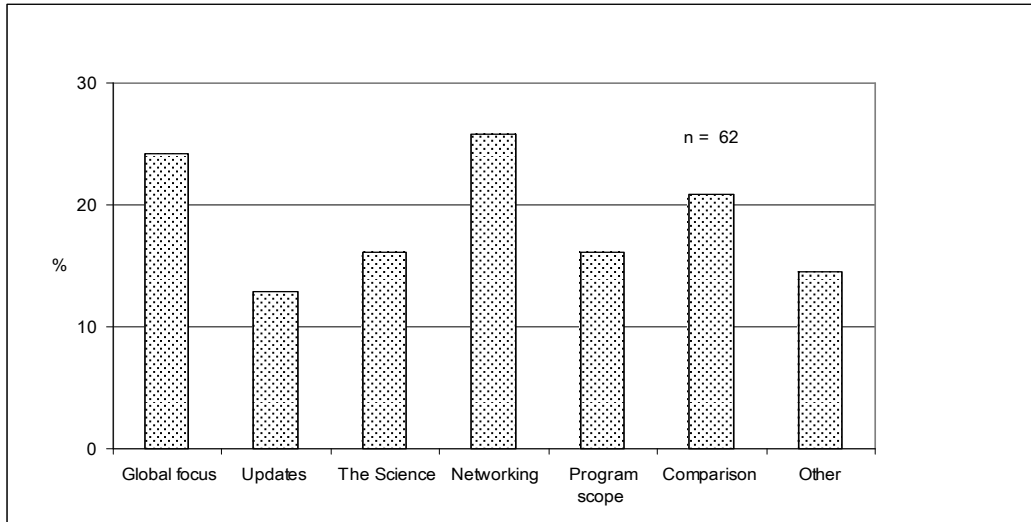


Figure 5.4: Features the Conference offers that are different^a

a. As some respondents identified more than one feature, the sum of the percentages is greater than 100.

Delegates who worked in Africa or North America were significantly more likely than other delegates to agree that the HIV Pathogenesis and Treatment Conference offered them something they don't get from other conferences. (60.0% and 68.6% respectively, versus Europe 33.3%, Latin American 36.4%, Oceania 50.0% and Asia 0%).

Delegates who were most interested in the Basic Sciences concentration were more likely (73.9%) to report that this conference offered them something different (cf Clinical 38.1%, Prevention 42.9%).

There was no significant difference between delegates who said that the Conference offered something different and those who did not in relation to occupation or length of time in field.

5.2.5 Attendance at 4th Conference on Pathogenesis and Treatment

Delegates were asked if they would choose to attend the next Conference on HIV Pathogenesis and Treatment in Sydney, 2007, based on their experience of the 2005 Conference. The majority of delegates (74%) said 'yes'.

The 11 delegates who indicated that they probably would not attend the next conference cited a variety of reasons including cost, poor organisation of 3rd Conference, too many AIDS conferences, and other commitments.

5.3 Suggestions for change or improvement

Respondents were asked if there was a key aspect of the Conference Program another aspect of the Conference that should be changed or improved.

5.3.1 Conference Program

Sixty percent of delegates offered suggestions about the Conference Program. Responses were coded and categorised into the following key themes

- Program balance and focus
- Quality of the Science
- Type of session eg interactive, plenary, poster exhibition.
- Specific topics
- Program scheduling.

The most frequently received comments related to poster organization. A summary of responses is presented in Figure 5.7. The categories are discussed in more detail in Chapter 3: Findings from the Delegate Survey.

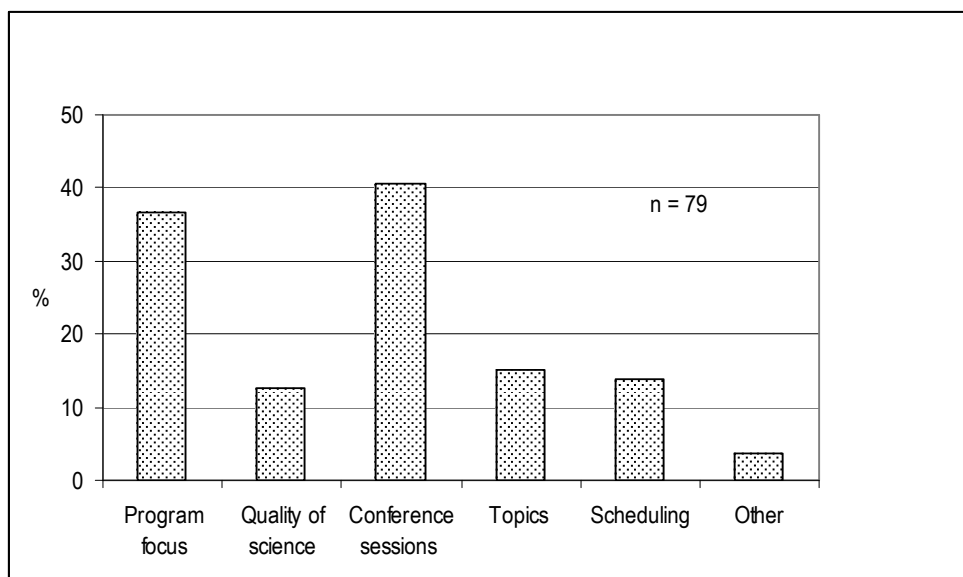


Figure 5.7: Suggestions to change or improve Conference Program^a

a. As some respondents made more than one suggestion, the sum of the percentages is greater than 100.

5.3.2 Suggestions for changing or improving other aspects of the Conference

Almost 70% of delegates offered suggestions or comments about other aspects of the Conference. Responses were categorised into the following themes

- Distance between venue and accommodation
- Technical aspects eg audio visual equipment, acoustics

- Facilities eg food, post, banking
- Venue eg layout, session rooms, seating
- Conference materials eg online program, abstract book
- Electronic scanning of delegates
- Other eg registration process, scholarships, translation

A summary of responses is presented in Figure 5.8. The categories are discussed in more detail in Chapter 3: Findings from the Delegate Survey.

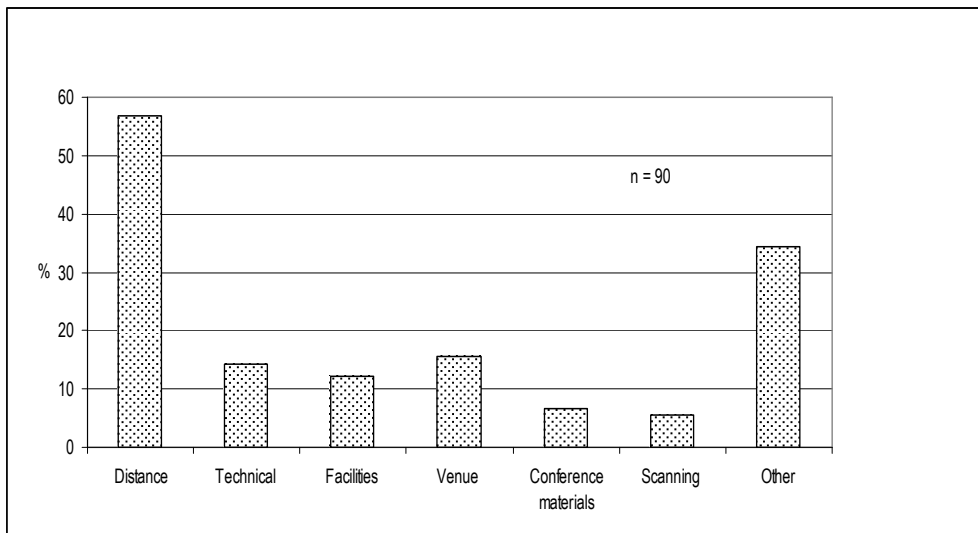


Figure 5.8: Suggestions to change or improve Conference*

*As some respondents made more than one suggestion, the sum of the percentages is greater than 100.

5.4 Impact of Conference

Delegates were asked if the Conference would assist or influence their work in HIV/AIDS. A majority of respondents (88%, 117 people) stated that the Conference would assist or influence their work and almost all explained how it would do this. Responses fall into three main categories

- Conference provided information that will influence or confirm clinical practice, lead to changes in practice, or guide new work or future research.
- Conference provided updates about specific topics and broad up-to-date information.
- Conference provided opportunities for making new contacts and networking.

Responses are summarised in Figure 5.9 followed by quotations from delegates to illuminate meaning in each category.

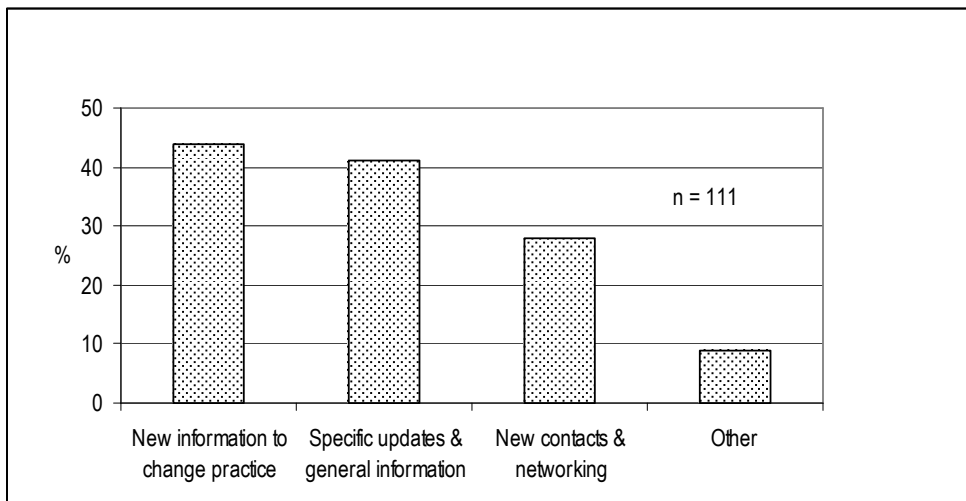


Figure 5.9: How Conference will assist work^a

a. As some respondents identified more than one way, the sum of the percentages is greater than 100.

Conference provided information that will influence or confirm clinical practice, lead to changes in practice, or guide new work or future research.

I will change the focus of my research in the light of new ideas gained.
 Researcher, Latin America/Caribbean region, 4 years working in HIV

Learning about first world approaches and drugs etc that we don't know about or can't use, they give us great help. Plus a welcome emphasis on prevention.
 Physician/clinician, Africa region, 4 years working in HIV

The metabolic issues that were presented will affect my practice. The Conference also confirmed practice methods about which I may have had questions.
 Physician/clinician, Latin America/Caribbean region, 8 years working in HIV

The prevention side is not yet part of my clinical work. I will now integrate it into my care and treatment program
 Physician/clinician, North America region, 10 years working in HIV

New scientific information will change my opinion and actions about treatments
 Pharmaceutical representative/manufacturer, Oceania region, 20 years working in HIV/AIDS

Conference provided updates about specific topics and more general information

I'm bringing back new information, especially about trials and treatments to teach to other colleagues
 Physician/clinician, Latin America/Caribbean region, 20 years working in HIV

Good discussion on side effects, treatments and new therapies. Microbicides is new and I'll follow it up.
 Physician/clinician, Europe region, 16 years working in HIV

I'm now aware of the most up-to-date information regarding maturation inhibitors and will pursue a couple of companies about Phase 1 trials

Physician/clinician, North America region, 11 years working in HIV

Conference provided opportunities for making new contacts and networking

Networking with people I only see at the conference; hearing people discuss the nuances of their clinical interventions, getting cutting-edge information – even more so than journals

Physician/clinician, North America region, 17 years working in HIV

I met a counsellor to assist with problems with some patients.

Physician/clinician, Africa region, 9 years working in HIV

I've been able to connect with people who can provide advice and guidance for my research, and I've also got ideas for future research.

Researcher, Latin America/Caribbean region, 15 years working in HIV

I met with different companies working in this area in genotyping. You gain more useful, concentrated information in a four-day conference than in a year of reading – it's much easier to get different perspectives

Researcher, Europe region, 20 years working in HIV

Other aspects identified included the global focus, insights into developing countries and looking at similar work.

The six delegates who stated that the Conference would not assist or influence their work indicated that this was because there was not a lot of new information presented to change practice, or the Conference did not focus sufficiently on science.

5.5 Summary

A considerable amount of data has been presented in this chapter and key findings are summarised below.

Demographic details

Of the 133 delegates who participated in the second interview

- 40% classified their main occupation as physician/clinician, followed by researcher (25%);
- 82% stated HIV/AIDS was their primary area of work;
- almost all worked and resided in the same country; the majority (24%) working/residing in USA, and in the Europe region (29%);
- average length of time worked in HIV/AIDS was 9.3 years.

Engagement in the Conference

Of the 133 delegates who participated in the second interview

- 64% were most interested in the Clinical Sciences concentration;
- 37% were making an oral or poster presentation;
- 13% had attended the 1st Conference on HIV Pathogenesis and Treatment, and 29% had attended the 2nd Conference;
- 47% considered that the Conference on HIV Pathogenesis and Treatment offered them something that they don't get from other conferences, the features most frequently identified being opportunities for international networking and collaboration and a global focus.

Feedback about the Conference

Of the 133 delegates who participated in the second interview

- 60% offered suggestions to change or improve the Conference Program, the most frequent relating to conference sessions (including poster exhibition) and program balance and focus.
- 68% offered suggestions to change or improve other aspects of the Conference, the most frequent relating to distance between venue and accommodation.

Conference impact

Of the 133 delegates who participated in the second interview

- 88% agreed that the Conference would assist or influence the work they do by offering
 - new information to change practice (44%)
 - specific updates and general information (41%)
 - new contacts and networking opportunities (28%).

6. Findings: Abstract Mentor Scheme and Scholarship Program

Prior to the Conference abstract mentors and abstract submitters were surveyed about the Abstract mentor Scheme. Six weeks after the Conference a sample of scholarship recipients was surveyed about the Scholarship Program. Findings from the analysis of these surveys are reported in this chapter.

6.1 Abstract Mentor Scheme

The Abstract Mentor Scheme was introduced at the 3rd Conference on HIV Pathogenesis and Treatment. Volunteer mentors help less experienced abstract writers – people who had not previously presented at a conference or published in a journal - to improve the quality of their abstract. Mentors provide advice on practical issues and formal abstract requirements, but not on the quality of the data or the actual findings. Facilitated by the IAS Conference Secretariat, the Scheme is promoted through postings on the Conference website.

Approximately 70 mentors and 70 submitters participated in the Scheme. Table 2.3 shows their dispersion by region. Findings from the analysis of 34 surveys completed by abstract mentors and 19 surveys completed by abstract submitters are presented in this chapter.

Table 6.1: Participants in Abstract Mentor Scheme

<i>Region</i>	<i>Mentors</i>	<i>Submitters</i>
Africa	8	35
Europe	10	8
Latin America/Caribbean	6	5
North America	36	4
Oceania	2	0
Asia	8	16
Total	71	68

6.1.1 Getting involved in the Scheme

The majority of mentors (78%) had mentored at the 2004 International AIDS Conference, where the scheme was first introduced. Most submitters (84%) had learned of the scheme through the website for the Conference on HIV Pathogenesis and Treatment; the remainder had heard of it from a colleague.

6.1.2 Clarity of instructions

Although most mentors found their instructions clear, six people (four of whom had mentored previously) did not find the instructions easy. Just under two thirds of submitters found their instructions clear; however more than one third (40%) did not.

6.1.3 Submitter's understanding of the role of the mentor

The majority of the 24 mentors who responded to this question reported that the submitter they had worked with understood the role of the mentor 'very well' (25%) or 'fairly well' (50%). The remainder indicated that their role had not been clearly understood. Five mentors did not submit a rating because they had not worked with a submitter; two felt they could not rate because they did not hear back after responding to the submitter's question.

6.1.4 Usefulness of the scheme and match between advice and expectation

Almost all mentors considered that the scheme was useful. Two thirds of submitters rated the advice they were given as useful; one third did not.

Half the submitters reported that the assistance they received matched their expectations; however, half reported that the assistance did not. Seven (of 18 submitters) had their abstract accepted at the Conference, one of whom did not receive any advice from a mentor.

All mentors would consider mentoring again; 78% 'definitely' and 22% 'probably'. Sixty percent of submitters would recommend the Abstract Mentor Scheme; the remainder would not.

6.1.5 Suggestions for improvement

Approximately half the respondents (mentors and submitters) offered suggestions to improve the Abstract Mentor Scheme, variously identifying a need for

- A clearer description of the Scheme outlining its purpose, the type of assistance that can be provided, and the roles of mentors and submitters.
- Clearer guidelines for mentors about the nature of their contribution and how to deal with particular issues eg when the content of the abstract is a description rather than a study, or when a submitter does not understand the abstract writing process.
- Clearer guidelines for submitters about the general requirements of writing and submitting abstracts, and the specific requirements of framing questions for mentors.

- An improved system of communication between mentors and submitters that is time specific and encourages two-way dialogue. Currently, a mentor cannot determine if his or her response has been received by a submitter. Several submitters reported that they did not receive a response to the question they posed, and several mentors reported difficulties connecting with a submitter.
- Specific promotion of the Abstract Mentor Scheme to new investigators, those in developing countries, and those whose first language is not English.

Mentors and submitters were given the opportunity to make other comments. Five mentors (15%) made additional comments, mostly commending the scheme, although one person also raised the issue of mentors from developing countries who lack the resources to attend the conference. Seven submitters (39%) provided additional comments relating to the need for more scholarships, the importance of accepting abstracts from people in developing countries, and of providing reasons for the rejection of an abstract.

2.4 Scholarship Program

The aim of the Scholarship Program is to make the Conference more accessible to scientists and clinicians from developing countries, as well as to young scientists (eg post-doctoral students) and young clinicians from around the world. In addition, a limited number of community scholarships are allocated to treatment advocates. Two types of scholarships are awarded - full scholarships (covering registration, air travel, accommodation and providing a small living allowance) and partial scholarships (covering some of these elements). Not all applicants are eligible for full scholarships (eg applicants from North American and Europe only receive support for travel and registration). Criteria for selection are established by the Scholarship Working Group and include geographical region, field of activity, occupation, years worked in HIV/AIDS field and applicant profile.

Eighteen hundred people applied for scholarships to attend the 3rd Conference on HIV Pathogenesis and Treatment. Two hundred and five scholarships were awarded to applicants from 59 countries. Of these, 88 were full scholarships and 117 were partial scholarships. Most recipients (95%) had not received previous assistance to attend a Conference on HIV Pathogenesis and Treatment. Figure 6.1 shows main country of work by geographic region for scholarship applicants and scholarship recipients.

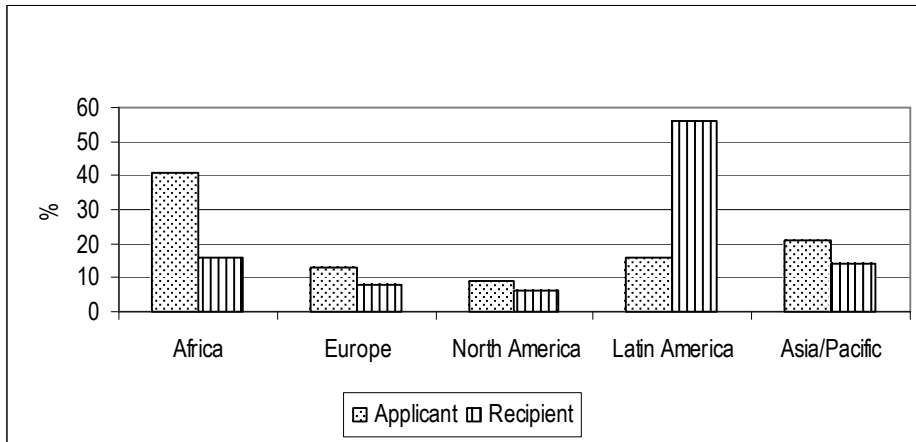


Figure 6.1: Scholarship Program - applicants and recipients country of work by region

Most scholarships were awarded to physicians/clinicians, followed by researchers (see Figure 6.2). The majority of recipients (72%) had submitted an abstract for the Conference.

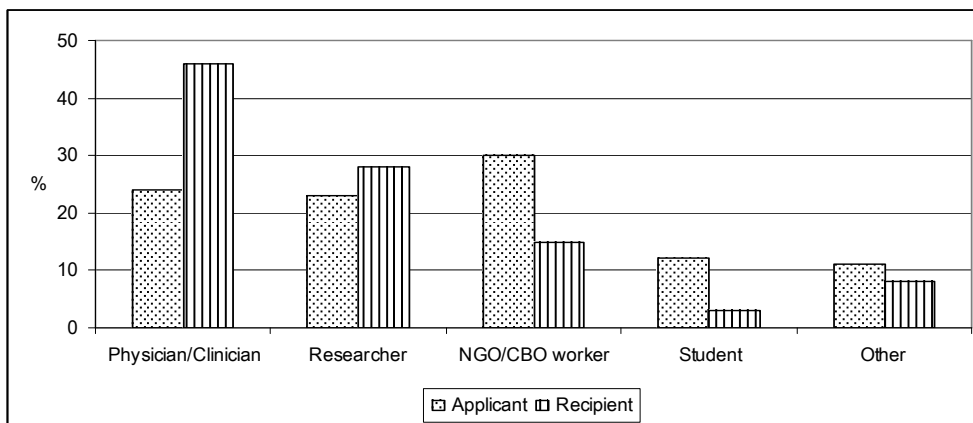


Figure 6.2: Scholarship Program - main occupation of applicants and recipients

Although 205 scholarships were awarded, only 173 scholarship recipients attended the Conference. A number of people withdrew (seven in the week before the Conference) because they had secured funding from other sources (this was especially true for some speakers who were awarded registration scholarships only), because they could no longer attend due to personal reasons or because of problems with visas. The strike involving South African Airways also prevented 12 scholarship recipients from attending.

Six weeks after the Conference, 50 recipients (representing 44 countries) were emailed a short survey. Findings from the analysis of 30 surveys are reported. Representing 29 countries, 17 respondents had received a full scholarship and 13 a partial scholarship.

2.4.1 Impact of conference

Delegates were asked if the Conference had assisted or influenced their work in HIV/AIDS. All respondents provided examples of how this had occurred, their responses falling into three main themes.

The first related to the **Conference providing insights that have led to a new direction in research**

I have embarked on HIV research, particularly in the field of genetic diversity of HIV and ARV drug resistance.

Delegate from Africa

The conference has influenced my work in brainstorming on HIV related research priorities in the resource restricted setting to enable us to plan clinical studies.

Delegate from Asia

The second related to the **application of research to clinical practice and prevention programs**

It has broadened the perspective of treating PLWHA, and given me ideas on how to accelerate access in prevention, especially PMTCT by learning about the best practices and problems other countries had in starting PMTCT.

Delegate from Latin America/Caribbean region

Recent and up to date information obtained at the conference has helped me treat my patients on HAART much better, especially regarding ART drug toxicities and interactions. This information is also becoming very useful in managing our general HIV/AIDS infected patients better as well as duplicating some models of HIV care such as Brazil. The information gained at the conference is also being shared with my colleagues to provide better care for the thousands of infected clients under our care. Contacts and colleagues met at the conference have been useful in sharing experiences and collaborative linkages even after the conference.

Delegate from Africa region

The third relates to **information sharing with colleagues** – either researchers and physicians/clinicians, or community members.

I have since been able to disseminate loads of information to the HIV/AIDS unit of the teaching hospital and this is being applied to the running of the clinic. I have also been able to make a better case for access to ARVs.

Delegate from Africa

I was able to report to my community new information about work in field of new antiretroviral drugs and clinical research. PLWHA have a big interest to know what is going on in this field.

Delegate from Europe

The fourth area identified **increased knowledge and skills**. Figure 6.3 summarises scholarship recipients' responses.

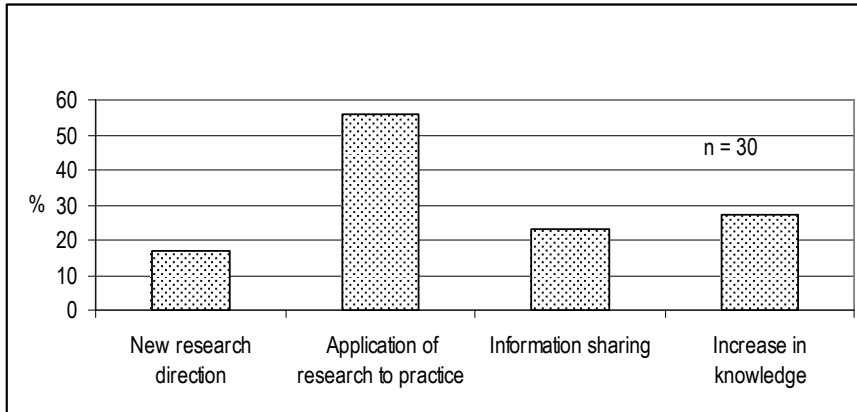


Figure 6.3: Impact of Conference on work^a

a. As some respondents identified more than one impact, the sum of the percentages is greater than 100.

2.4.2 Feedback about the Scholarship Program

All but one delegate offered a comment or suggestion about the Program. Their responses fall into four main categories (see Figure 6.4)

- Expression of appreciation for receiving a scholarship
- Recommendation that the IAS continue the Scholarship Program
- Recommendation that the Program focus on delegates in developing countries and resource-constrained settings
- Comment about a specific aspect of the Program.

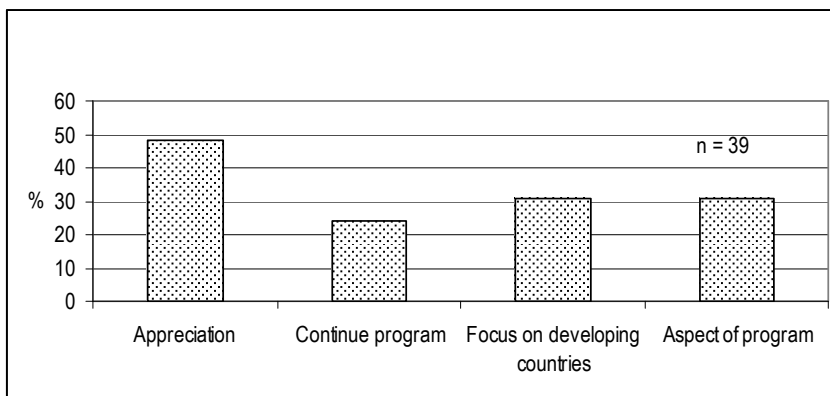


Figure 6.4: Comments or suggestions regarding the Scholarship Program^a

a. As some respondents made more than one suggestion, the sum of the percentages is greater than 100.

Comments included noting how well the Scholarship Program had been organised and coordinated, suggestions that the living allowance for the next conference be increased, that scholarships be offered to previous recipients as well as new, and that more scholarships be awarded to community members and people with HIV/AIDS to 'link science with the end user'.

7. Discussion, Conclusions and Recommendations

7.1 Discussion

The evaluation of the 3rd Conference on HIV Pathogenesis and Treatment was framed by three objectives

1. To assess the overall impact of the Conference
 - reviewing its place and role in relation to other HIV conferences;
 - identifying key things delegates take from the Conference and investigating the relevance and application of these to their work.
2. To identify the strengths and weaknesses of specific activities, processes and innovations
 - illuminating achievements, identifying areas of difficulty and barriers to implementation, and assessing impact.
3. To identify emergent issues to guide future planning and decision-making.

The views of approximately 900 Conference delegates, 30 scholarship holders, 40 abstract mentors and 20 abstract submitters were collected during the evaluation to address these objectives. Delegates' willingness to be interviewed, pleasing return rates for most online surveys, and wide-ranging responses to the self-administered survey indicate a high level of engagement in the evaluation. Detailed findings relating to specific Conference initiatives and activities have been presented in Chapters 3 - 6. Broad findings relating to the overall achievement of the objectives are discussed in this chapter.

7.1.1 Overall impact of the Conference

Role of the Conference in relation to other conferences

It is evident that the Conference plays an important role in the professional development of many delegates, particularly those people who attend only Conferences on HIV Pathogenesis and Treatment, and those who in recent years have not attended another international HIV or HIV-related conference.

The Conference's importance is further highlighted by the fact that around half the delegates stated that it offered them something they don't get from other conferences. Some features listed (eg the opportunity to hear new information and updates) may relate to the timing of the Conference or have been identified by delegates who do not attend other conferences. Features such as the global focus and emphasis on science; however, appear to distinguish the HIV Pathogenesis and Treatment Conference from other

conferences, supported by delegates' high ranking of these factors in their decision to attend.

Key things delegates took from the Conference and relevance and application to work in the field

Many delegates indicated that the Conference had facilitated knowledge sharing and provided them with new insights into HIV/AIDS. Others reported that the Conference would assist or influence their work in HIV/AIDS because it provided updates, offered new information to change practice, and facilitated networking.

All scholarship recipients reported that the Conference had directly influenced their work - through the application of research findings to clinical practice and prevention programs, the modification of existing research or the development of new research, or the sharing of information with colleagues. Some of the examples provided indicated that the Conference had directly and positively impacted on people living with HIV/AIDS.

7.1.2 Strengths and weaknesses of specific activities, processes and innovations

Abstract Mentor Scheme

Overall, the Scheme was viewed positively. There was a high commitment on the part of mentors, who rated the Scheme's usefulness more highly than abstract submitters. This may be partly attributable to the fact that some submitters were unclear about the role of the mentor and the purpose of the Scheme. The important role the Conference website plays in promoting the Scheme was demonstrated. Both mentors and submitters offered some useful suggestions to improve the Scheme.

Conference website

The majority of delegates found the website helpful; however, some people had not used it. It would appear that the reasons for this might have more to do with a lack of time than issues of internet access. Delegates made a variety of suggestions to improve or change the website.

Delegate Connector

Delegates provided mixed feedback about this facility. Whilst around 50% considered it useful, approximately 25% did not. The reasons for the lower rating are not immediately clear. However, the fact that the Delegate Connector was only introduced at the Conference (with more than 10% of respondents unaware of it and usage rates relatively low) indicates that its potential has not yet been fully exploited.

Networking areas

Delegates provided mixed feedback about the networking areas. Whilst around 50% considered they were useful, approximately 25% did not, and more than

10% were unaware of them. Given that networking is viewed as an important reason for attending the Conference, and that around 30% of delegates did not consider that the Conference had been particularly successful in offering opportunities to meet with colleagues or make new contacts, the concept of networking areas requires further consideration. Several of the designated areas were located in 'low traffic' zones, making them more difficult to find and possibly less attractive to be in. The amount of time delegates spent travelling to and from (and within) the venue and the fullness of the Conference program also may have inhibited networking.

Interactive sessions

Although the vast majority of delegates considered that the inclusion of more interactive sessions such as fora and debates was useful, approximately 30% did not believe that the Conference had been particularly successful in promoting debate. A small proportion of delegates recommended the introduction of smaller, more focused discussion and interest groups, in addition to the other types of interactive sessions offered.

Prevention Sciences concentration

The expansion of the scientific program to include the Prevention Sciences concentration was viewed favourably by the majority of delegates; however, there was no clear indication of the amount of time that should be allocated to Prevention Sciences within the program. A small proportion of delegates suggested the focus should be increased, but equally, a small proportion thought not.

Scholarship Program

All scholarship recipients viewed the Scholarship Program very favourably. The importance of the Program was emphasised, especially for people in developing countries. A small proportion of delegates also commented on the Program, suggesting that the number of scholarships should be increased and that people in developing countries and resource-poor settings should be the primary (or sole) recipients.

7.1.3 Emergent issues

Overall attendance at the 3rd Conference was lower than for the previous Conference, although there was an increase in the number of countries represented and the number of abstracts submitted and accepted. The reason for the decrease in attendance is not known, as it was not possible to contact people who had attended the 2nd Conference but not the 3rd Conference.

An ongoing challenge for the IAS is to engage people in areas where the epidemic is emerging, where HIV/AIDS is not a national priority, and where resources to attend conferences are limited. The Scholarship Program is one

strategy to bring people to the Conference; however, there are issues around the number of scholarships available and to whom these should be allocated.

Geographic location is another important factor in determining attendance for some potential Conference participants. Advice provided by delegates suggests that the two most important considerations in selecting future conference locations are ensuring a mix between developed and developing countries, followed by being in a different geographic region each time.

Although no pressing issues emerged during the evaluation, approximately half the delegates surveyed provided some thoughtful comments and suggestions about key aspects of the Conference. These were mainly of a logistical nature, the most frequent relating to the reduction of travel time between venue and accommodation, and the improved organisation of posters.

Some comments related to the balance and focus of the program and to the quality of the science. Although made by a relatively small proportion of delegates, these are important issues because it is the scientific program that is the most influential factor in drawing people to the Conference.

7.2 Conclusions

The 3rd IAS Conference on HIV Pathogenesis and Treatment and its Scientific Program each had a specific aim. It is evident from the evaluation that

- the Conference has achieved its aim of bringing together participants from around the world by providing an environment for researchers and clinicians to address current issues in HIV research, prevention and treatment; and
- the Scientific Program has achieved its aim of providing new insights into HIV disease development, prevention and care that can lead to new research directions, help advance translational research and move theoretic advances into clinical practice and prevention programs.

Moreover, there is evidence that some changes have occurred in research and clinical settings that are a direct result of the Conference and that will have a direct and positive impact on people living with HIV/AIDS.

These conclusions reaffirm the important role of the IAS in providing a forum for learning and development that is acknowledged by members of its key target groups.

7.3 Recommendations

7.3.1 Future Conferences

The evaluation of the 3rd IAS Conference on HIV Pathogenesis and Treatment has highlighted the value of the Conference in bringing together people from around the world to address HIV/AIDS.

It is recommended that future IAS Conferences on HIV Pathogenesis and Treatment continue to provide an opportunity for scientists, public health experts and community leaders to examine the latest scientific developments related to HIV and to explore how these can inform the global response to the epidemic.

The evaluation has also highlighted a number of issues that, given appropriate attention, will strengthen future Conferences.

7.3.2 Conference scientific program

The Conference on HIV Pathogenesis and Treatment is one of a number of international AIDS and AIDS-related conferences. Ensuring that it continues to offer something different, as well as a program that is relevant, stimulating and of a high quality is a particular challenge. This is especially true given the enormous range among delegates in terms of backgrounds, experience, skills and work settings.

It is recommended that discussion and debate continue about the focus and balance of the scientific program, to ensure that that the Conference offers a quality program that is balanced, stimulating and relevant.

7.3.3 Conference initiatives

A key feature of the Conference was the introduction or consolidation of a variety of processes and activities, including

- Abstract Mentor Scheme
- Delegate Connector facility
- Networking areas
- Interactive sessions
- Conference website

Although generally well received, there is considerable potential for improvement to enhance take-up at the 4th Conference in Sydney, 2007.

It is recommended that an action group be established for each initiative to develop specific implementation strategies, consolidating and building on the successes achieved at the 3rd Conference.

7.3.4 Conference logistics

Some poor Conference organisation and logistics (eg long distance between venue and accommodation, inadequate audio visual equipment, limited food options) impacted on delegates' engagement with and enjoyment of some elements of the Conference.

It is recommended that the IAS develop a set of criteria or benchmarks with agreed minimum standards for such things as

- *Conference geographic location, and*
- *Venue proximity, facilities and technical systems.*

These benchmarks would be employed in conference pre-planning to ensure quality control is maintained.

7.3.5 Conference evaluation

The Conference on HIV Pathogenesis and Treatment sits within the IAS Strategic Plan. Whilst evaluation should be an integral part of future conferences, it should also address the strategic needs of the organisation.

It is recommended that the IAS develops an organisational evaluation strategy of which conference evaluation is a key element. This would involve

- *Working with staff and other key stakeholders to establish planning and evaluation systems;*
- *Setting in place a range of strategies to collect data, including demographic details of conference attendees;*
- *Providing opportunities for in-depth review of areas of particular interest;*
- *Disseminating key findings in appropriate ways to inform future work.*

Appendices

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Conference Evaluation

Delegate Survey

Office Use Only

Date: 24 25 26 27

No: _____

As a Conference delegate, your opinion about IAS 2005 is important. Please take a few minutes to complete this survey. The International AIDS Society will use the findings to assess the impact of the Conference and to inform the planning of future Conferences.

Participation is voluntary and your answers will be confidential and anonymous. The survey results will be analysed by Diana McConachy, an independent evaluator who has been engaged to evaluate the Conference. By returning your completed survey you consent to the use of the information for reporting purposes. If you have any queries about the evaluation or this survey please contact dmcconachy@people.net.au

Firstly, a little information about you...

1. In which country do you do **mainly work**? _____
2. What is your country of residence? _____
3. What is your **main occupation**? (✓ one)
 - 1 Student
 - 2 Researcher (includes PhD students and post-docs)
 - 3 Physician/Clinician
 - 4 Nurse/ Health Care Worker
 - 5 Alternative or Traditional medicine collaborator
 - 6 NGO/CBO worker
 - 7 Public Sector worker
 - 8 Government official or international policy maker
 - 9 Pharmaceutical representative or manufacturer
 - 10 Journalist or media representative
 - 11 Other (please specify) _____
4. How many years (full or part-time) have you worked in the HIV/AIDS field? _____
5. Is HIV/AIDS your primary area of work?
 - 1 Yes
 - 2 No
6. Did you, or will you attend any of these Conferences in 2004 or 2005? (✓ one or more)
 - 1 IAC (International AIDS Conference)
 - 2 CROI (Conference on Retroviruses and Opportunistic Infections)
 - 3 ICAAC (Interscience Conference on Antimicrobial Agents and Chemotherapy)
 - 4 EACS (European AIDS Clinical Society Conference)
 - 5 IDSA (Infectious Diseases Society of America Conference)
7. Did you attend the 1st HIV Pathogenesis & Treatment Conference in Buenos Aires 2001?
 - 1 Yes
 - 2 No
8. Did you attend the 2nd HIV Pathogenesis and Treatment Conference in Paris 2003?
 - 1 Yes
 - 2 No

Turning to the 2005 HIV Pathogenesis and Treatment Conference...

9. Which Stream are you most interested in? (please ✓one)
 1 Basic Sciences 2 Clinical Sciences 3 Prevention Sciences
10. Are you making an oral or poster presentation
 1 Yes 2 No
11. Does this Conference offer something that you do not get from other conferences?
 1 Yes, What is this? 2 No

How did each of these factors rate in your decision to attend the Conference?

- | | very
important | fairly
important | not very
important | not at all
important |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| 12. Scientific Program | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 13. Global focus | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 14. Opportunity to meet with colleagues about collaborative work | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 15. Recipient of scholarship or specific funding to attend | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 16. Geographic location | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
17. Which **single factor** was the most important in your decision to attend? (✓ one)
- 1 Scientific Program
 - 2 Global focus
 - 3 Meeting with colleagues
 - 4 Scholarship or specific funding
 - 5 Geographic location

**This Conference introduced or refined some initiatives.
 How useful has it been to...**

- | | not
aware | very
useful | fairly
useful | not very
useful | not at all
useful |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 18. Expand the Scientific Program to include a Prevention Sciences Stream | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 19. Offer a range of interactive sessions | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 20. Have Themed Networking Rooms available | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 21. Offer a Delegate Connector facility | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

- | | did not use | very useful | fairly useful | not very useful | not at all useful |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 22. How useful was the Conference website? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

Reflecting on the Conference as a whole, how successful has it been in ...

- | | very successful | fairly successful | not very successful | not at all successful |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| 23. Giving you insights into HIV disease development, prevention and/or care? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 24. Promoting productive debate? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 25. Facilitating knowledge sharing among participants? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 26. Assisting you to make new contacts that may lead to collaborative work? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 27. Enabling you to meet up with people you collaborate with on shared projects? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

Thinking about the next Conference in 2007

28. Is there a key aspect of the 2005 Conference **Program** that should be changed or improved?

1 Yes *What is this?* 2 No

29. Is there any other key aspect of this Conference that should be changed or improved?

1 Yes *What is this?* 2 No

30. Based on your experience of this Conference, would you choose to attend in 2007?

1 Yes 2 Maybe 3 Probably not 4 No

31. Have you been interviewed as part of the Conference Evaluation?

1 Yes 2 No

Thank you for participating in this Evaluation. Please put your survey in the marked box.



Conference Evaluation

Delegate Interview 1

Office Use Only

No: _____

Date: 24 25 26 27

Instructions for Interviewer

1. Begin by introducing yourself and this interview as part of the conference evaluation process
2. Information gathered will be used to inform future planning. Delegate's opinion is important!
3. Indicate interview will take less than 10 minutes
4. Participation is voluntary; answers are confidential; no identifying information will be included
5. By providing information delegate consents for it to be used for reporting purposes
6. Check delegate is happy to proceed...

Firstly, a little information about you...

1. In which country do you do **mainly work**? _____
2. What is your country of residence? _____
3. What is your **main occupation**? (please ✓ one)
 - 1 Student
 - 2 Researcher (includes PhD students and post-docs)
 - 3 Physician/Clinician
 - 4 Nurse/ Health Care Worker
 - 5 Alternative or Traditional medicine collaborator
 - 6 NGO/CBO worker
 - 7 Public Sector worker
 - 8 Government official or international policy maker
 - 9 Pharmaceutical representative or manufacturer
 - 10 Journalist or media representative
 - 11 Other (please specify) _____
4. How many years (full- or part-time) have you worked in the HIV/AIDS field? _____
5. Is HIV/AIDS your primary area of work?
 - 1 Yes
 - 2 No

Now turning to the HIV Pathogenesis and Treatment Conference ...

6. Which Stream are you most interested in? (please ✓ one)
 - 1 Basic Sciences
 - 2 Clinical Sciences
 - 3 Prevention Sciences
7. Are you making an oral or poster presentation?
 - 1 Yes
 - 2 No
8. Did you attend the Conference in 2001 in Buenos Aires?
 - 1 Yes
 - 2 No
9. Did you attend the Conference in 2003 in Paris?
 - 1 Yes
 - 2 No

10. Does the HIV Pathogenesis and Treatment Conference offer something that you don't get from other conferences? (please ✓ one)
- 1 Yes — ask *What?* 2 No 3 Don't know - first conference

- | | did not use | very useful | fairly useful | not very useful | not at all useful |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 11a. How useful was the Conference website? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

11b. For those who didn't use it... **ask** *Why?*

11c. For those who did use it... **ask** *Is there a key aspect that should be changed or improved?*

Looking to the future ...

How important are these factors in selecting a conference location?

- | | very important | fairly important | not very important | not at all important |
|--|---|----------------------------|-------------------------|-------------------------|
| 12. Different geographic region from previous conference | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 13. Mix between developed and developing countries | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 14. Always in Europe (eg developed/developing) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 15. Are there other important factors that should be considered? | | | | |
| | 1 <input type="radio"/> Yes ask <i>What?</i> | 2 <input type="radio"/> No | | |

16. Overall, which **single factor** is the most important?

Thank you for participating in this Interview



Conference Evaluation

Delegate Interview 2

Office Use Only

No: _____

Date: 24 25 26
27

Instructions for Interviewer

1. Begin by introducing yourself and this interview as part of the conference evaluation process
2. Information gathered will be used to inform future planning. Delegate's opinion is important!
3. Indicate interview will take less than 10 minutes
4. Participation is voluntary; answers are confidential no identifying information will be included
5. By providing information delegate consents for it to be used for reporting purposes
6. Check delegate is happy to proceed...

Firstly, a little information about you...

1. In which country do you do **mainly work**? _____
2. What is your country of residence? _____
3. What is your **main occupation**? (please ✓ one)
 - 1 Student
 - 2 Researcher (includes PhD students and post-docs)
 - 3 Physician/Clinician
 - 4 Nurse/ Health Care Worker
 - 5 Alternative or Traditional medicine collaborator
 - 6 NGO/CBO
 - 7 Public Sector worker
 - 8 Government official or international policy maker
 - 9 Pharmaceutical representative or manufacturer
 - 10 Journalist or media representative
 - 11 Other (please specify) _____
4. How many years (full or part-time) have you worked in the HIV/AIDS field? _____
5. Is HIV/AIDS your primary area of work?
 - 1 Yes
 - 2 No

Now turning to the HIV Pathogenesis and Treatment Conference ...

6. Which Stream are you most interested in? (✓ one)
 - 1 Basic Sciences
 - 2 Clinical Sciences
 - 3 Prevention Sciences
7. Are you making an oral or poster presentation?
 - 1 Yes
 - 2 No
8. Did you attend the Conference in 2001 Buenos Aires?
 - 1 Yes
 - 2 No
9. Did you attend the Conference in 2003 in Paris?
 - 1 Yes
 - 2 No

10. Does the HIV Pathogenesis and Treatment Conference offer something that you don't get from other conferences? (please ✓ one)

1 Yes — ask *What?* 2 No 3 Don't know - first conference

11. Will this Conference assist or influence the work you do?

1 Yes, ask *How?* 2 No, ask *Why not?*

Thinking about the next Conference in 2007

12. Is there a key aspect of the 2005 Conference Program that should be changed or improved?

1 Yes, ask *What?* 2 No

13. Is there any other key aspect of this Conference that should be changed or improved?

1 Yes, ask *What?* 2 No

14. Based on your experience of this Conference, would you choose to attend in 2007?

1 Yes 2 Maybe 3 Probably not
ask *Why?* 4 No
ask *Why?*

Thank you for participating in this Interview

IAS 2005 Conference Abstract Mentoring Scheme

Evaluation Survey for Mentors

About this survey...

The Abstract Mentoring Scheme is an initiative of the IAS 2005 Conference and is being evaluated as part of the overall conference evaluation.

As an Abstract Mentor, your opinion about the Scheme is important. Please take a few moments to complete this short survey. The International AIDS Society will use the findings for future conference planning.

Participation is voluntary and your responses will be treated in confidence. Any identifying information will be removed before responses are collated. The survey results will be analysed by Diana McConachy, an independent evaluator who has been engaged by the IAS to evaluate the Conference. By returning your completed survey you consent to the information collected being used for reporting purposes. If you have any queries about the evaluation or this survey please contact dmconachy@people.net.au

To complete the survey...

1. First hit 'Reply' on this email message
 2. Then type your responses to the questions directly on the email.
 3. When you have finished, hit 'Send' to return the email to the Conference Evaluator
-

1. Was this your first time as an Abstract Mentor? *(please type an 'X' beside your response)*

Yes
 No

2. Did you find the Instructions for Mentors clear? *(please type an 'X' beside your response)*

Very clear
 Fairly clear
 Not very clear
 Not at all clear

3. How do you rate the usefulness of the Abstract Mentoring Scheme? *(please type an 'X')*

Very useful
 Fairly useful
 Not very useful
 Not at all useful

4. Did the person you mentored clearly understand the role of the Mentor? *(please type an 'X')*

- Very well
- Fairly well
- Not very well
- Not at all well

6. Would you be a Mentor again? *(please type an 'X' beside your response)*

- Definitely
- Probably
- Probably not
- Definitely not

7. Do you have any suggestions to improve the Abstract Mentoring Scheme? *(please type your response below)*

8. Any other comments? *(please type your response below)*

Thank you for taking the time to answer the questions

Now hit 'Send' to return it to the Conference Evaluator, Diana McConachy

IAS 2005 Conference Abstract Mentoring Scheme

Evaluation Survey for Abstract Submitters

About this survey ...

The Abstract Mentoring Scheme is an initiative of the IAS 2005 Conference. The Scheme is being evaluated as part of the overall Conference evaluation.

As an Abstract Submitter, your opinion about the Scheme is important. Please take a few moments to complete this short survey. The International AIDS Society will use the findings for future conference planning.

Participation is voluntary and your responses will be treated in confidence. Any identifying information will be removed before responses are collated. The survey results will be analysed by Diana McConachy, an independent evaluator who has been engaged by the IAS to evaluate the Conference. By returning your completed survey you consent to the information collected being used for reporting purposes. If you have any queries about the evaluation or this survey please contact dmcconachy@people.net.au

To complete this survey ...

1. First hit 'Reply' on this email message
 2. Then type your responses to the questions directly on the email.
 3. When you have finished, hit 'Send' to return the email to the Conference Evaluator
 4. Please reply no later than **Friday 15 July**.
-

The Survey

1. How did you hear about the Abstract Mentoring Scheme (*please type an 'X' beside your response*)

- Conference website
- colleague
- Other - *please specify* ->

2. Did you find the Instructions for Abstract Submitters clear (*please type an 'X' beside your response*)

- very clear
- fairly clear
- not very clear
- not at all clear

3. Did the type of assistance you received from the Mentor match your expectations? *(please type an 'X' beside your response)*

- very well
- fairly well
- not very well
- not at all well

4. Did you find the advice given by the Mentor useful? *(please type an 'X' beside your response)*

- very useful
- fairly useful
- not very useful
- not at all useful

5. Would you recommend the Abstract Mentoring Scheme to another, less experienced Abstract Submitter? *(please type an 'X' beside your response)*

- yes
- no

6. Was your Abstract accepted at IAS 2005 *(please type an 'X' beside your response)*

- yes
- no

7. Do you have any suggestions to improve the Abstract Mentoring Scheme? *(please type your response below)*

8. Any other comments? *(please type your response below)*

Thank you for taking the time to complete the survey

Now hit 'Send' to return it to the Conference Evaluator, Diana McConachy

3rd IAS HIV Pathogenesis and Treatment Conference

Scholarship Recipients - Follow-up Evaluation Questions

Now that some time has passed since the Conference, a selection of scholarship recipients are being contacted as part of the overall Conference evaluation. You are being asked to respond to three, short evaluation questions. Your opinion is important - please take a few minutes to answer the questions.

The results will be used by the International AIDS Society to inform future conference planning. Participation is voluntary and your responses will be treated in confidence. Any identifying information will be removed before responses are collated. The results will be analysed by Diana McConachy, an independent evaluator engaged by the IAS to evaluate the Conference. By returning your completed questions you consent to the information collected being used for reporting purposes. If you have any queries about the evaluation or the questions please contact dmccconachy@people.net.au

To submit your response ...

1. First hit 'Reply' on this email message
 2. Then type your response to each question below directly on the email.
 3. When you have finished, hit 'Send' to return the email to the Conference Evaluator
 4. Please reply no later than **Friday 30 September**.
-

The questions ...

1. *What type of scholarship did you receive? (please type an 'x' beside your response)*

Full International

Partial International

Full media

Partial media

2. *Has the Conference assisted or influenced the HIV work you do?*

Yes

No

Please explain your answer

3. *Do you have any comments or suggestions regarding the Scholarship Program?*
-

Thank you for taking the time to answer the questions

Now hit 'Send' to return it to the Conference Evaluator, Diana McConachy
