AIDS 2006 Toronto Local Host
Post Conference Report
Global Village
Monitoring and Evaluation

AIDS 2006

Time to Deliver

AIDS 2006 Toronto Local Host Post-Conference Report

Global Village Monitoring and Evaluation

There's neither need nor justification to wallow in the trough of mediocrity. When it happens it should be identified. Too much is at stake.

Stephen Lewis in *Race Against Time*

**The Conference organizers gratefully acknowledge
the generous support provided by the following donors**

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Mark A. Wainberg, Chair, Board of Directors
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2. BACKGROUND

2.1 The Global Village – evolution of community involvement in International AIDS Conferences

The first International AIDS Conferences in the mid to late 1980's were scientific gatherings and did not reach out to "community" – people living with HIV/AIDS, community advocates and workers in emerging AIDS Service Organizations. However, community members and activists attended from the first Conference in Atlanta in 1985. Through advocacy the voices of community and people living with HIV/AIDS began to be heard in the Conference programme.

The International AIDS Conference in Montreal, Canada in 1989 involved community in planning and special sessions. A pre-Conference Community Forum was held to further efforts at international community mobilization and networking. At the opening ceremonies, a large group of AIDS activists stormed the stage to protest the exclusion of Persons Living With HIV/AIDS (PLWHA) and affected communities. Demands were made for greater involvement of people living with and affected by HIV/AIDS in the International AIDS Conferences, and in all decisions and processes affecting their lives.

Seven years later at AIDS 1996 in Vancouver, Canada, the organizers supported community and activist involvement including a specific community-led section called "Community Aspects", in addition to a two-day Community Forum in advance of the main Conference.

For AIDS 1998 in Geneva, Switzerland, scientific and community organizers adopted the "Geneva Principle" stating

> Community involvement in the planning of an International AIDS Conference is as important as that of the scientific community and that representatives of both groups should participate on an equal footing towards this goal.

AIDS 2002 in Durban, South Africa was the first held in a developing country and called attention to the devastating impact of HIV/AIDS and related stigma (*Break the Silence*). Innovative community activities sought to "complement the scientific aspects" and "integrate and involve the infected and affected community perspectives and voices in all aspects" of the conference (Mellors).

At AIDS 2004 in Bangkok, Thailand, there was no pre-conference community forum but a "community gathering" that focused on networking. Community planners introduced a new initiative, the Global Village, to increase access by community to the International AIDS Conference. The Global Village marked the start of a new space within the Conference, community-run space that was partially integrated with overall Conference proceedings, concurrent with the Conference sessions and open to the public. It was a space rich in diversity and

with greater opportunity to learn from one another.

At AIDS 2006 in Toronto, Canada, the concept of the Global Village was expanded as accessible, community-run space, open to both delegates and the public and became physically part of the main Conference site. Connections were made between the Global Village and Conference Programme Sessions. The Global Village contributed to the Conference as a whole, intended to serve as a community-focused space integrating community, science and leadership, reflecting and supporting the overall theme of AIDS 2006, *Time to Deliver*. In the Global Village, diverse communities affected by HIV/AIDS were able to interact, learn from and network with one another. This programme activity facilitated the exchange of knowledge and information related to all facets of the human experience in the awareness, experience of and response to HIV/AIDS.

(Sources include "A tale of three cities – Geneva, Durban and Barcelona. A personal perspective of community involvement at International AIDS Conferences" Shaun Mellors (2002), "Planning for Impact: A Guide for Planners of the Community Aspects of the International AIDS Conference" ICASO (2005)).

2.2   Global Village at the XVI International AIDS Conference

The International AIDS Conference (IAC) is the world's largest global forum on HIV/AIDS. The XVI International AIDS Conference was organised in partnership between the International AIDS Society (IAS), and the AIDS 2006 Toronto Local Host and Co-organisers.

The IAS is the custodian and lead organiser of the International AIDS Conferences (IACs). The AIDS 2006 Toronto Local Host, the organizer from the host country, was created in July 2003, as an independent non-governmental organisation (NGO), three years before the actual Conference, and one year prior to AIDS 2004 Bangkok. The Local Host was tasked to link and coordinate with Canadian stakeholder groups; conduct consultations on issues, ideas, potential problems and solutions related to the Conference; initiate early government support and involvement; and undertake specific responsibilities in services, events and programming related to the Conference, including the AIDS 2006 Global Village.

The Co-Organisers - Joint United Nations Programme on HIV/AIDS (UNAIDS), Global Network of People living with HIV/AIDS (GNP+), the International Community of Women Living with HIV/AIDS (ICW), and the International Council of AIDS Service Organisations (ICASO) represented the international community and the United Nations family of agencies. In addition, the Canadian AIDS Society represented Canadian community organisations (NGOs).

Representatives from all of these organizations served on the Conference Organizing Committee (COC) together with the Local (Canadian) Co-Chair from each of the Scientific, Community and Leadership Programme Committees. The Community Programme Committee (CPC) provided guidance and oversight to all

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of the Programme Activities coordinated by the Local Host.

The Conference received extensive financial, administrative and other support from the three levels of government in Canada, including various departments and agencies of the Government of Canada as well as the Province of Ontario and the City of Toronto. Political and administrative levels worked very closely with the AIDS 2006 Toronto Local Host and other community organisations, creating a strong partnership in support of the hosting of the Conference.

2.3   The Vision: *Engage! Challenge! Inspire!*

Marginalized communities have historically faced and continue to face barriers accessing International AIDS Conferences. Such barriers include, for example:

- Conference fees for AIDS 2006, ranging from $730 - $995 USD for OECD or non-OECD countries (OECD refers to the Organisation for Economic Co-operation and Development);

- Language of access and of participation, particularly with English as the language specified for abstract and scholarship application and as the official language of Conference sessions and proceedings. More sessions were translated at this Conference than at previous International AIDS Conferences. Also, the Canadian Scholarship programme allowed applications in English and French.

- Historical under-representation of community members and issues in the Conference programme and selection and decision-making processes.

Engage! The AIDS 2006 Global Village aimed to meaningfully involve marginalized communities as well as communities from the most affected regions of the world, by providing opportunities to influence programme building and decision-making on volunteer programme committees and, as participants in Global Village programme activities, to raise their priority issues and to advocate for change on key challenges that these communities face.

Challenge! Through the AIDS 2006 Global Village programme, activities and events were selected from over 380 applications worldwide, intending to showcase and offer perspective, dialogue and discussion of new and emerging challenges at the forefront of global and community debates surrounding current HIV-related issues.

Inspire! Acting as a catalyst for change, the AIDS 2006 Global Village also sought to empower persons living with or affected by HIV/AIDS. Looking to compel greater action to end the pandemic, the AIDS 2006 Global Village expected to build bridges between science, community and leadership components of the Conference.

2.4   Guiding Principles

The AIDS 2006 Toronto Local Host Secretariat and the Global Village Committee volunteers organised the Global Village programme collaboratively. To achieve the careful design of an interactive and participatory space, the Global Village Committee developed the following guiding principles for the creation of the Global Village with the aim of promoting dialogue, encouraging networking, building solidarity, and promoting inclusion within the global community:

- Meaningfully involve historically and traditionally marginalized communities. These included, for example, people living with HIV/AIDS (PLWHA), youth, women, people of colour, Aboriginal and Indigenous peoples, gay/lesbian /bisexual/transsexual/transgendered people (LGBTQ), sex workers, prisoners/former prisoners; people who are street-involved or homeless, people living with disabilities, and the elderly;

- Value the diversity and greater involvement of HIV-affected individuals and communities;

- Uphold the principles of non-discrimination, access, equity and inclusion;

- Emphasize the human, social and cultural aspects of local, national and global responses to HIV/AIDS;

- Build solidarity and encourage collaboration and partnership between and among stakeholders; and

- Conduct a transparent process and commit to accountable decision-making.

2.5   Global Village Objectives

The Global Village aimed to intensify the involvement of affected and marginalized communities in the Conference and in the global response to HIV/AIDS, in order to bring effective prevention and treatment to communities.

The Global Village was intended to:

- Engage marginalized communities in the XVI International AIDS Conference through the Global Village programme, providing opportunities to raise priority issues and to create change on key challenges they face in responding to HIV/AIDS issues;

- Host activities at the forefront of the debate surrounding key current HIV-related issues while at the same time provoking discussion on new and emerging challenges in the field;

- Provide opportunities for change, by providing an environment for delegates and members of the public to learn and connect in ways that will enhance their work when they return home;

- Provide space and opportunities for the creation of new or strengthened coalitions;

- Provide opportunities and support for marginalized individuals and communities to organise; share lessons learned; advocate to influence policy and programme change; network including across sectors; deliver care, support and prevention programmes.

2.6 Location and Space: Toronto, Canada

AIDS 2006 was held at the Metro Toronto Convention Centre in downtown Toronto, and was, in general, easily accessible to pedestrian, public transit, rail and automotive traffic. Within the Conference centre, the Global Village was hosted in an indoor area of 7,000 square metres that was immediately adjacent to the Conference registration area and linked directly to sessions, presentation and poster halls/exhibits, and common areas.

The main entrance of the Global Village served as the major thoroughfare for all AIDS 2006 conference registrants to reach the Conference registration area where delegates obtained official passes and related Conference materials. The entrance to the Global Village was accessible to participants from the public as well as delegates.

2.7 Global Village Programme Activities

Activities for the Global Village were generated primarily from submissions received through the official application process that opened on December 1, 2005. Programme development decisions were made by the Global Village Committee with advice and input from Global Village staff of the AIDS 2006 Toronto Local Host Secretariat.

Programme development guidance was provided by the Community Programme Committee (CPC), one of three Programme Committees of the Conference. The CPC was comprised of people living with HIV/AIDS, representatives from NGOs and other community stakeholders. Four CPC members participated on the Global Village Committee, and the Local Co-Chair of the CPC played an extensive role in programme building and committee liaison. General administrative oversight was provided by the AIDS 2006 Toronto Local Host Board of Directors.

The following is a list of programme activities at the AIDS 2006 Global Village:

Sessions, forums and oral presentations: The Global Village hosted a broad range of interactive and participatory sessions, forums and oral presentations organised in partnership with various non-governmental organisations, AIDS service organisations, and other HIV/AIDS focused organisations. (Refer to Appendix 1: Global Village Sessions by each Conference Day for a complete listing of AIDS 2006 Global Village sessions, forums and oral presentations). Sessions, forums and oral presentations were held in two separate session halls, the Community Dialogue Space (see below), the Youth Pavilion and the Main Stage.

Daily live plenary broadcasts and "Meet the Plenary Speakers" sessions: The four daily plenary sessions (held each Monday to Thursday morning) were simultaneously broadcast onto screens in the Global Village session halls 1 and 2 and the Main Stage. At lunch time each day, the plenary speakers from the morning session came to the Global Village Main Stage to deliver a summary of their presentation and to participate in a moderated question and answer session. These sessions provided the opportunity for delegates, public participants (non-delegates) and the plenary speakers to engage in interactive discussion, an opportunity not available in the time and space allotted to the plenary speakers during their plenary address.

Networking zones: Networking zones were selected and allocated following a review of submitted applications. Canadian and international organisations collaborated to host networking zones. The organisations involved in each networking zone developed the activities, interactive awareness-raising and educational displays, workshops, identified and coordinated guest speakers and facilitated discussions. Each networking zone was supported by the AIDS 2006 Toronto Local Host Secretariat with a small grant within the Global Village budget, to develop materials and coordinate activities.

Below is a list of the 21 networking zones in the AIDS 2006 Global Village:

Aboriginal/Indigenous Peoples	Middle East
African	Multi-Faith
African/Black Diaspora	New Prevention Technologies
Caribbean	People Living With HIV/AIDS
Children	Prisoners
Complementary Therapy/	Sex Workers
Traditional Healers	South Asian
Eastern Europe	South East/East Asian
Gay and other Men who have	Women
Sex with Men (MSM)	Youth Pavilion
Harm Reduction/Drug Users	
Latino Café	
LGBT-Queer	

The **Youth Pavilion** was a dedicated youth space in the Global Village created by the AIDS 2006 Youth Programme and the Toronto YouthForce. Applications were coordinated through the Global Village and Cultural Activities Programme and selections were made by the Youth Advisory Committee. The space served as a mini-Global Village for youth meetings, forums, evening sessions, cultural performances, art and advocacy.

The Youth Pavilion served as a space to highlight and showcase youth achievements in the global response to HIV/AIDS, and to facilitate networking opportunities with youth and adults. It operated as a youth media hub (online discussions, blogs, and audio podcasts), and a lounge. These activities continued and built on the momentum from the Youth Pre-Conference. Within the Youth Pavilion programme, daily sessions were arranged to prepare young delegates to direct and execute advocacy planning, to support rapporteur coordination and skills development and to support knowledge transfer throughout the Conference.

NGO exhibition booths: Free (i.e. no fee charged) booth space was provided for selected NGO's, AIDS service organisations (ASO's) and grassroots, community-based organisations (CBO's) to display, provide, and share their work, programming, resources, strategies and other related information. NGO booths were run by their own organisation's staff or volunteers and were supported by the Global Village and Congress Canada staff. (Congress Canada was the local Toronto-based professional conference organiser on contract to the AIDS 2006 Toronto Local Host Secretariat to support Global Village planning and coordination). Organisers received many more applications than available booths so in many instances, organisations were matched up with others in their field to consider or facilitate sharing booth space.

Marketplace booths: HIV-related income-generating programmes are a critical component of the HIV/AIDS response in many developing countries. Marketplace booths in the Global Village provided space for organisations to raise awareness of their programming and efforts, while allowing them to fundraise by selling their products.   Products were created by and/or for people living with HIV/AIDS, as well as caregivers and others affected by the pandemic.

Virtual Global Village: A Global Village website was created to enable people from across the world to have access to the Global Village sessions, forums and oral presentations and to participate in discussion boards and e-forums. This was a way of including people who could not attend the Conference and allow them to have some experience of and participate in the Conference.

Cultural activities: Several stages and areas for live performances were available in the Global Village to showcase performance and artistic expressions related to HIV/AIDS (e.g. Main Stage, Youth Pavilion, Networking Zones). Cultural activities included music, song, theatre, dance, puppetry and video. The Global Village had dedicated gallery space for photo exhibits,

literature, film and video screenings, and other visual art and information. The Video Lounge featured a schedule of screenings of films that were included in the AIDS 2006 Film Festival (Refer to the Cultural Activities Programme -- Viral Culture report for details) and an extensive library of videos that could be viewed on individual terminals at any time.

For more information on AIDS 2006 Global Village programme activities, refer to www.aids2006.org and to the Global Village Report.

3. MONITORING AND EVALUATION: Objectives and Methods

Background

One of the primary funders of the AIDS 2006 Global Village, GlaxoSmithKline (GSK) Positive Action programme, and the AIDS 2006 Toronto Local Host Secretariat, agreed on the importance and value of a comprehensive evaluation of the Global Village. This was incorporated into the project funding agreement. The GSK Positive Action programme provided support and contracted technical expertise to help develop and carry out the evaluation.

The Ontario HIV Treatment Network supported, with funding and research expertise, the expansion of the evaluation to include a follow up component and additional staffing. (Details of the follow-up component were not available at publication of this report).

Objectives

The Monitoring and Evaluation Consultant provided by GSK Positive Action programme worked with the Global Village Coordinator and Programme Activities Manager to develop the Monitoring and Evaluation project. A day-long workshop meeting in April 2006 included the Global Village Committee co-chairs, Youth Advisory Committee co-chairs, Global Village Coordinator, Youth Programme Coordinator, Outreach Coordinator, Programme Activities Manager and Local Host Executive Director. The outcome of the workshop was a consensus around the monitoring and evaluation objectives, operational definitions and a matrix describing the indicators and tools to measure each objective. (Refer to Appendix 2, Monitoring and Evaluation workshop – objectives, definitions and matrix of indicators).

The workshop resulted in a definition of marginalized communities as those who are vulnerable to HIV, as evidenced by rates of infection as well as limited community capacity to respond to the epidemic; and communities whose voices and issues tend not to be included as traditional participants in global health forums on HIV/AIDS. The term *engagement* refers to the level of participation in the Global Village programme, either as participants or visitors.

In relation to the overall programming objectives of the Global Village, four monitoring and evaluation objectives guided the development of the

methodology and the measurement of associated indicators for the Global Village Monitoring and Evaluation project.

The Monitoring and Evaluation objectives included:

- Document and assess the engagement of marginalized communities;

- Document and examine the presence of new and emerging issues;

- Document and examine the degree of exposure and engagement of new sectors and the strengthening and/or formation of new organisations and coalitions; and

- Document and examine the coordination of the Global Village with the proceedings of the XVI International AIDS Conference.

For purposes of this report and the objectives stated above, "document" means identify and collect data and other information for assembly as a record for study and reference purposes.

Methodology

The Monitoring and Evaluation Committee was created approximately six weeks prior to the Conference when the project was expanded with additional funding from GSK-Positive Action programme and the support of an Ontario HIV Treatment Network (OHTN) grant. This funding allowed the AIDS 2006 Toronto Local Host Secretariat and project team to employ a Monitoring and Evaluation Research Coordinator and a Research Assistant and add a six-month follow-up component to the project.

The Monitoring and Evaluation Research Coordinator and Research Assistant began ten days prior to the Conference and worked with the Monitoring and Evaluation Consultant to refine and further develop the data collection instruments, train and supervise volunteers and conduct the evaluation process.

A total of 13 data collection segments (including nine questionnaires) were required to meet the evaluation objectives. These segments or tools included the list below. ("N" refers to the number of completed segments received and accepted for research purposes).

Audit of diversity of Global Village sessions, forums and oral presentations. The diversity audit was applied to all the applications for sessions that were received as well as those that were accepted. [N=381]

Attendance at Global Village sessions, forums and oral presentations. Volunteers with manual, hand held clickers counted the number of delegates and public (non-delegates) in a random selection of 20 sessions. [N=21]

Global Village **Rapporteur reports** from the sessions, forums and oral presentations. [N=20]

Public Exit Questionnaire. Administered in person by trained volunteers and/or monitoring and evaluation staff with members of the public as they were leaving the Global Village. [N=432]

Delegate Intercept Questionnaire. Administered in person by trained volunteers and/or monitoring and evaluation staff with those wearing delegate badges. These questionnaires were administered as people left the Global Village and at three other Conference venue exits. [N=555]

Networking Zone Exit Questionnaire. Administered in person by trained volunteers and/or monitoring and evaluation staff with people who were leaving a networking zone (both delegates and public). [N=142]

Networking Zone Lead Coordinator Questionnaire. Administered in person by trained volunteers and/or monitoring and evaluation staff. [N=14]

Coalition Coordinator Questionnaire. Sent by email to identified leaders of coalitions.

"Meet the Plenary Speakers" Questionnaire. These questionnaires were left on the audience seats to be completed after the session. The session moderators encouraged audience members to complete the questionnaires and volunteers collected them. [N=75]

Plenary Speakers Questionnaire. Sent by email to all the plenary speakers for their feedback on these sessions.

NGO Booth Questionnaire. Administered in person by trained volunteers and/or monitoring and evaluation staff. [N=65]

Marketplace Booth Questionnaire. Administered in person by trained volunteers and/or monitoring and evaluation staff. [N=20]

Global Village Committee Focus Group. This was held in person, facilitated by the Monitoring and Evaluation Research Coordinator, on September 13, 2006. Two Committee members who could not attend the focus group agreed to a personal interview with the Research Coordinator where all the focus group issues were covered.

Volunteer interviewers attended a half day training session and were re-briefed on questionnaire administration prior to each volunteer shift.

Where NGO booth, marketplace booth and networking zone lead organisers were unavailable for in-person completion of the questionnaire, these questionnaires were hand-delivered to them for completion and returned to the staff office in the Global Village prior to the close of the Global Village on August 18, 2006. Non-responders were later emailed a copy of the survey and invited to complete the instrument and fax it back to the AIDS 2006 Toronto Local Host Secretariat by September 8, 2006. A reminder notice was also sent to remaining non-responders inviting them to complete the

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questionnaire and return it by September 15, 2006. No additional responses were accepted after September 15, 2006.

The Monitoring and Evaluation Research Coordinator and Evaluation Consultant conducted key informant consultations with Global Village staff, networking zone coordinators, volunteer coordinators, NGO and marketplace booth representatives during, and in the weeks following the Conference.

(Refer to Appendix 3, Monitoring and Evaluation questionnaires and discussion guides)

The following pages present evaluation results, a synthesis of the data in relation to the monitoring and evaluation objectives, followed by concluding remarks, issues and recommendations and a final section which outlines the limitations of the Monitoring and Evaluation project and provides related recommendations. A section of this report is reserved for unsolicited testimonials that were received post-conference (Refer to 4.3.4: Ongoing networking and coalition momentum and action outcomes, pages 38-39).

4.   RESULTS

This section reports on the regional and topical diversity of applications submitted for sessions, forums and oral presentations at the AIDS 2006 Global Village. This section also includes an analysis of the diversity of these applications, documents attendance counts at sessions and estimates the public (non-delegate) attendance at the AIDS 2006 Global Village.

4.1   Engagement of Marginalized Communities: Diversity Audit

Marginalized communities have historically faced barriers accessing International AIDS Conferences. The Global Village was intended to meaningfully involve these communities through the selection of sessions, forums and oral presentations for the Global Village programme and thereby give opportunities for voices from the most affected regions of the world to raise their priority issues and to advocate for change.

The Global Village issued a call for submissions in six main activity areas including:

- Sessions, forums and oral presentations

- Networking zones

- Youth Pavilion

- Non-Governmental Organisation (NGO) booths

- Marketplace booths, and

- Cultural activities, performances and art exhibits.

The Global Village Committee, Cultural Activities Programme Committee and the Youth Advisory Committee made decisions about inclusion in the AIDS 2006 Global Village Programme. The decisions were presented to the Local Host Board for approval. Committee members represented diverse cultural, advocacy, treatment support, community-based and international organisations serving PLWHA communities, communities of sexual and social diversity, youth, children and academia. Committee members reviewed and assessed all submissions. Applications were assessed with a commitment to transparency, consensus and discussion guiding the decision making process. (Refer to the Global Village Report for further details about the process of developing the committee and building the programme).

4.1.1 Assessing for Diversity – Methods

Applications submitted to the activity area of Session, Forum or Workshop were assessed for diversity.   Three categories of assessment were chosen, and each application was measured against these categories. The categories are described below:

Regions: The United Nations categories of global regions were used to establish the region of focus for each session (sometimes different from the country and region of the organisation submitting the application). The list of regions follows:

Sub-Saharan Africa
East Asia
Oceania
South and South-East Asia
Eastern Europe and Central Asia
Western Europe
North Africa and Middle East
Caribbean
Latin America
Global/multi-regional*

* Note: The global/multi-regional category was used for applications that had no specific region of focus and dealt with global issues. Applications that focused on more than one specific region, were counted for each of these regions separately.

Populations: Fifteen HIV-affected populations were identified and a list assembled using the Community Programme Committee (CPC), Leadership Programme Committee (LPC) and Scientific Programme Committee (SPC) priorities developed at their respective meetings in November 2005. A list of gaps in programming generated from the Joint Programme Committee (JPC) meeting in January 2006 was also used. These populations of focus are listed as follows:

People living with HIV/AIDS
Youth
Children
Women
Gay/men who have sex with men
Transgendered/transsexual
Heterosexual men and women
Black/people of colour
Aboriginal/indigenous peoples
Sex Workers
Prisoners
People living with Hepatitis C/HIV co-infection
Migrant/mobile populations
Injection and other drug users
Faith-based communities

Issues: Twenty-two issues of treatment, prevention and community relevance to the AIDS 2006 Global Village Sessions Programme were identified and assembled, also using the CPC, LPC and SPC priorities and the JPC gaps. The identified issues are listed as:

25 year anniversary of HIV
Legal issues and criminalisation
Poverty and development
Human rights
Harm reduction
Universal Access
Sexual and Reproductive health
Stigma and discrimination
Gender violence
Parenting
Microbicides and vaccines
Psychology and trauma
Low prevalence countries
Prevention – Community Perspectives
Men and gender equity
Toronto-Mexico linkages
Transitional AIDS adolescence to adulthood
Palliative care
Labour and workplace issues
Capacity building in vulnerable communities
Treatment literacy and education
Transmission in health care settings

4.1.2 AIDS 2006 Global Village: Submitted Applications

Applications were received from 381 organisations in 62 countries. The largest number of applications were received from Canadian organisations (37%) followed by organisations from the United States (13%), Nigeria (6%), Uganda (6%); and India (3%). Seventy-six percent of all submitted applications were from countries listed in Table 1.

Table 1. Regional Diversity of Submissions to Global Village

Country of Submitting Organisation	Submitted Applications (n)	Percent of Submissions %
Canada	141	37%
United States of America	51	13%
Nigeria	22	6%
Uganda	22	6%
India	11	3%
South Africa	10	3%
Thailand	10	3%
China	9	2%
Kenya	7	2%
United Kingdom	6	2%
Total Percentage of submitted applications		77%

4.1.3 Global Village Sessions, Forums and Oral Presentations

AIDS 2006 Global Village received a total of 171 applications for sessions, forums or oral presentations. One hundred and four (104) applications (61%) were accepted and sixty-seven (67) applications (39%) were declined.

Table 2 illustrates accepted and declined applications by UN global region of focus related to the topic content of the proposed session. Percentages were calculated over the total number of submissions to Sessions accepted (N=104) and declined (N=67).

Table 2. Diversity of Global Village Session Focus by Region

| | Global Village Session | | | | | |
| | Accepted (N=104) | | Declined (N=67) | | Total (N=171) | |
Session Focus	n	%	n	%	n	%
Sub-Saharan Africa	21	20%	27	40%	**48**	28%
Global - Multi-regional	38	36%	9	13%	**47**	27%
North America	23	22%	21	31%	**44**	26%
Western Europe	5	5%	4	6%	**9**	5%
South / South East Asia	2	2%	4	6%	**6**	4%
Latin America	5	5%	1	2%	**6**	4%
Caribbean	4	4%	0		**4**	2%
North Africa/Middle East	4	4%	0		**4**	2%
East Asia	1	1%	1	2%	**2**	1%
Oceania	1	1%	0		**1**	1%
Eastern Europe / Central Asia	0		0		**0**	

A high percentage of global applications were accepted compared to other categories. This result points to the importance of applications that focused on global issues at an international conference.

81% of applications focused on Sub-Saharan Africa, North America and global issues. For the next Conference, the Global Village Committee will need to discuss regions of priority and how they intend to do outreach to these regions to encourage communities in these under-represented regions to apply.

Very small numbers of applications were received from some large regions where community organisations are strong and active. The reasons for this unexpected result are beyond the scope of this evaluation.

4.1.4 HIV-affected human and socio-cultural populations

The Global Village Committee's goal to include sessions with a focus on marginalized communities that have faced historical barriers to accessing international AIDS conferences is demonstrated in the proportion of accepted and declined session applications.

Table 3. Diversity of HIV-affected populations

| HIV-affected populations focus | Global Village Session | | | | | |
| | Accepted (N=104) | | Declined (N=67) | | Total (N=171) | |
	n	%	n	%	N	%
People Living with HIV	20	19%	12	18%	**32**	19%
Women	14	13%	4	6%	**18**	10%
Youth (does not include Youth Pavilion sessions)	7	7%	10	15%	**17**	10%
Children	6	6%	6	9%	**12**	7%
Faith Based	8	8%	4	6%	**12**	7%
Sex Workers	6	6%	2	3%	**8**	5%
Black / People of Colour	5	5%	2	3%	**7**	4%
IDU (Injecting drug users)	7	7%	0		**7**	4%
Gay / MSM	7	7%	0		**7**	4%
Migrant / Mobile Populations	4	4%	1	2%	**5**	3%
Aboriginal / Indigenous Peoples	3	3%	0		**3**	2%
Prisoners	2	2%	0		**2**	1%
Transgender / Transsexual	2	2%	0		**2**	1%
Heterosexual Men & Women	0		0		**0**	
Hepatitis C / Co-infection	1	1%	1	2%	**0**	

Note: Youth sessions statistics do not include sessions in the Youth Pavilion. This table reflects numbers only for youth sessions in other Global Village session halls. Forty forums, sessions and performances were held in the Youth Pavilion selected from approximately 200 submissions. Refer to AIDS 2006 Youth Programme report for more details about youth sessions in the Youth Pavilion.

Almost 20% of the applications had people living with HIV/AIDS as a focal population. This demonstrates how centrally important this lived experience is for community-based organisations in this field.

Women and youth constituted an important focus area for applications. These groups are disproportionately affected by HIV in most developing and developed countries.

A focus on children and faith-based responses to the epidemic (the next largest number) indicate an emphasis on these populations in many parts of the world.

A number of vulnerable and marginalised groups were the focus of 3-4% of the applications (sex workers, people of colour, drug users, migrant and mobile populations, gay and other men who have sex with men). Few applications dealt with Aboriginal and Indigenous populations. Canada has a significant and disproportionately affected Aboriginal population.

The low numbers of applications focusing on prisoners, Aboriginal/Indigenous peoples and transsexual/transgendered vulnerable groups suggest that these groups might need more support and resources to participate in the Conference.

4.1.5 Issues of treatment, prevention and community relevance

The content of session applications spanned twenty-two specified areas related to HIV treatment, prevention or community relevance, as identified by the CPC, LPC and SPC (as described above). Table 4 illustrates accepted and declined applications by issue focus of session submissions.

The presence of current, new and emerging issues at AIDS 2006 is illustrated in part by issue focus of sessions noted below in Table 4.

Table 4. Diversity of issues as focus of Global Village Sessions

Issue focus	Global Village Session					
	Accepted (N=104)		Declined (N=67)		Total (N=171)	
	N	%	N	%	N	%
Capacity building and vulnerable communities	18	17%	5	7%	**23**	13%
Stigma and discrimination	17	16%	5	7%	**22**	13%
Prevention - community perspectives	9	9%	12	18%	**21**	12%
Poverty and development	9	9%	11	16%	**20**	12%
Universal access	10	10%	1	1%	**11**	6%
Treatment literacy and education	7	7%	3	4%	**10**	6%
Harm reduction	6	6%	2	3%	**8**	5%
Human rights	7	7%	1	1%	**8**	5%
Legal issues and criminalization	5	4%	0		**5**	3%
Microbicides and vaccines	4	4%	0		**4**	2%
Gender violence	1	1%	2	3%	**3**	2%
Sexual and reproductive health	1	1%	2	3%	**3**	2%
Transmission in healthcare settings	0		3	4%	**3**	2%
Low prevalence countries	1	1%	1	1%	**2**	1%
Palliative care	2	2%	0		**2**	1%
25 yr Anniversary of HIV	1	1%	0		**1**	1%
Labour and workplace issues	1	1%	0		**1**	1%
Parenting	1	1%	0		**1**	1%
Men and gender equity	0		0		**0**	
Psychology and trauma	0		0		**0**	
Transitional AIDS adolescence to adulthood	0		0		**0**	
Toronto-Mexico Linkages	0		0		**0**	

Fifty percent (50%) of the applications focused on four issue areas: capacity building in vulnerable communities; stigma and discrimination; prevention-community perspectives; poverty and development. This group of four issues was clearly the most important to the pool of applicants to the Global Village sessions.

Universal access (to treatment and care) and treatment literacy and education were the two next most important topics (6% each), followed by harm reduction and human rights (5%).

Most applications focused on between one and three issues. Very few applications focused on more than three issues. Topics covered most of the

priority areas highlighted by the three programme committees (CPC, LPC and SPC). In most areas, more applications were accepted than declined.

Conducting an assessment of the diversity of the applications to the AIDS 2006 Global Village gave the Monitoring and Evaluation team a great deal of useful information. A lot was learned through this process, and, the team had to re-examine and re-calculate the information to ensure accuracy. Refer to Recommendations on page 50 to assist with this process in the future.

4.1.6 Participation of the Public* at the Global Village

*Public= non-delegates including individuals, volunteers/staff from AIDS groups, communities affected by HIV/AIDS, students and members of the general public

Global Village public attendance

A rough estimate of public attendance at the Global Village was comprised of a one-hour head count at the main Global Village entrance on August 16 at the midpoint in the Conference week, with projected estimates for attendance throughout the day. Throughout the course of the week, an estimated 8,900 members of the public visited the Global Village at AIDS 2006 Toronto.

Global Village sessions attendance

Random attendance counts, respectively of delegates and members of the public, were taken for 20 Global Village sessions held in session halls 1 and 2 and the Main Stage. Attendance was not taken for sessions held on August 17.

Table 5. Global Village session attendance — direct counts

Session Location	Session Time	Session Date	D-Total (n)	P-Total (n)	Total (n)	Delegate Percent	Public Percent
SH1	am	13 Aug	73	5	78	94%	6%
SH1	pm	13 Aug	82	27	109	75%	25%
SH2	pm	13 Aug	82	27	109	75%	25%
SH2	am	14 Aug	95	29	124	77%	23%
SH1	am	14 Aug	24	24	48	50%	50%
Main Stage	am	14 Aug	56	10	66	85%	15%
SH1	pm	14 Aug	31	40	71	44%	56%
SH2	pm	14 Aug	41	52	93	44%	56%
SH1	pm	14 Aug	38	146	184	21%	79%

Session Location	Session Time	Session Date	D-Total (n)	P-Total (n)	Total (n)	Delegate Percent	Public Percent
SH1	am	15 Aug	101	17	118	86%	14%
Main Stage	am	15 Aug	22	22	44	50%	50%
SH1	pm	15 Aug	62	45	107	58%	42%
SH2	pm	15 Aug	84	59	143	59%	41%
SH2	pm	15 Aug	35	37	72	49%	51%
SH1	Pm	15 Aug	40	84	124	32%	68%
Main Stage	Pm	15 Aug	41	30	71	58%	42%
SH2	pm	16 Aug	82	38	120	68%	32%
SH2	pm	16 Aug	68	48	116	59%	41%
SH2	pm	16 Aug	33	53	86	38%	62%
*	pm	16 Aug	98	58	156	63%	37%
SH1	pm	*	23	11	34	68%	32%

*Missing Data point
D-Total = Delegate Total   P-Total = Public Total

Morning Plenary Telecasts

August 15:   77 % Delegates, 23 % Public
August 16:   67 % Delegates, 33 % Public

[based on attendance taken at both Global Village Session Halls and Main Stage]

Main Stage - observed attendance at sessions and cultural events

Observed attendance counts were taken, on a random basis, for 10 Main Stage sessions and/or Cultural activities. Seven out of ten Main Stage sessions and events were over two thirds seating capacity (N=3) or were standing room only (N=4). The remainder of the sessions and events observed had between one third to two thirds seating capacity.

Public exit survey

The public was solicited for interview-completed questionnaires at the main Global Village entrance/exit points (the only entrance/exit point accessible to the public) on the first three days of the Conference week.

Awareness of the AIDS 2006 Global Village was achieved primarily through word of mouth or personal contacts (45%) or media advertisements/news stories (32%), followed by posters and other publications in community organisations (11%). A small percentage discovered the Global Village by just walking past the Conference Centre (5%).

Most (66%) of the public who attended the Global Village reported being from the local Metropolitan or Greater Toronto area. Among the public not from Metro or the Greater Toronto Area (34%), half (50%) came to Toronto

with the specific intent to visit the Global Village, and others (50%) came to Toronto for 'some other reason'. On average, members of the public spent two hours visiting the Global Village, ranging from 30 minutes to over 10 hours.

For the 63% (268) of public respondents who expressed an intent to return to the Global Village, 23% indicated that they were planning to return to attend a specific session, forum or oral presentation, 13% intended to return to the marketplace, 13% to visit NGO booths and 9% planned to attend the "Meet the Plenary Speakers" lunch time session at the Global Village Main Stage. Other reasons for returning to the Global Village included visiting the Youth Pavilion, attending a Main Stage event, "meet and talk to people/network", for information, and "spend more time", among other reasons.

Regarding the impact of their visit(s) to the Global Village, for the local Toronto and visiting public, the overwhelming majority (90% and 92% respectively) stated that they found new information on programmes and services. Further, 84% and 85%, respectively, learned something about communities they did not know before and over half of both local and visiting public (57% and 57% respectively) stated that the Global Village enabled them to establish new connections or networks.

The above information indicates consistent and engaged participation of the local and visiting public throughout the Conference week.

4.2   Discussion of current, new and emerging issues

4.2.1 Global Village sessions and audience participation

Rapporteur reports (refer to Appendix 4, Rapporteur reports on Global Village sessions) were returned for 20 Global Village sessions. The results indicate that audience members of Global Village sessions were engaged or extremely engaged with the subject matter of the session, and described the discussion as either lively – with half or more of the audience of the session participating in the discussion (32%), or lively – dominated by a fraction/small number of audience members (56%).

Rapporteurs indicate that both delegates and the public were similarly engaged with Global Village session discussion segments. Rapporteurs report that at most, 40% of participants who asked questions and/or were engaged in discussions were wearing delegate badges. This observation indicates that the public was present at sessions in the Global Village and were engaged and active participants. The Global Village provided a space where members of the public felt comfortable enough to participate actively in sessions, asking questions and joining the debates.

Global Village rapporteur reports for Global Village sessions note that for 78% of these sessions, seating was at or near capacity, with 39% of sessions halls more than half full or at standing room only (39%). In 22% of Global Village sessions, rapporteurs observed attendance as half full or less.

4.2.2 Evidence of the presence and discussion of current, new and emerging issues

Various spontaneous and planned activities and events in the Global Village illustrate both the presence and discussion of current, new and emerging issues in the global discourse of HIV and AIDS. These activities included a march through the Global Village supported by the Traditional Healers Networking Zone leading to the presentation of a declaration, to the AIDS 2006 Toronto Local Host Executive Director, who accepted it on behalf of the Conference. The declaration called for greater recognition of and support for traditional healing knowledge, methods and experience in the global response and dialogue on HIV/AIDS.

The Sex Workers Networking Zone supported a protest march through the Global Village to the Media Centre, calling for human rights, government recognition, and health and other support for sex workers.

A press conference was organised by the Gay and MSM Networking Zone in response to a column published in Canada's leading national newspaper (*The Globe and Mail,* the Official Print Media Sponsor of the Conference). The column made statements perceived as perpetuating stigma and discrimination against people living with HIV, primarily gay and other men who have sex with men and migrant populations.

Other specific activities and documentations that emerged during the Conference, supported through the networking zones included:

- Youth Pavilion Commitments book in which the commitments of leaders to youth and youth issues were recorded (refer to Youth Report for details)

- International Indigenous Peoples HIV/AIDS Secretariat formed

- Global Network for African/Black Diaspora on HIV/AIDS formed*

- Declaration of Traditional Healers presented at the Conference*

- Available resources of Traditional Healing and Complementary Therapies (survey results)

- Global Village Community Dialogue Space – daily reports*

- Use of Global Village meeting rooms by different networks, working groups and coalitions

* Refer to Appendix 5 for documents associated with the above activities.

4.3 Strengthening and/or formation of new organisations and coalitions

The strengthening and/or formation of new organisations or coalitions requires space to support such communication between people. Networking, which may be defined as the communications and practice of relating, exchanging and sharing information between two or more persons, often requires a physical space to facilitate relationship building and trusted information sharing, two key elements of sustainable and retainable knowledge transfer and exchange. This contact can and does increasingly happen virtually. The value of face-to-face contact is a critical investment in building social and professional relationships.

In academic literature, networking is increasingly being referred to as an element of social capital. Social capital discusses how variations in human relationships invested within local and broader communities have the potential to translate into increased citizenship (for example, voting and member participation in civic organisations), improved health, mental health, and safer, more stable communities and neighbourhoods.

In the context of HIV/AIDS, the opportunity to network results in benefits such as reduced social isolation, stigma, and increased social support and awareness of and access to resources and treatments. Networking assists and supports staff and volunteers in organisations to enhance, augment or share success in their work.

To this end, networking zones, a key feature of the first Global Village at AIDS 2004 Bangkok, were also a significant component in the design and coordination of the AIDS 2006 Global Village.

4.3.1 Networking zones at the Global Village

Networking serves as the primary mode for community, issue and/or regional networking practice and facilitation. The purpose of the networking zones was to bring together local and international groups to plan and implement relevant programming to enhance opportunities for sharing and for transfer of knowledge and experience. Networking zones were designed to facilitate the active engagement of both delegates and the public in their respective issues and to enhance learning and awareness.

Proactive efforts were made by the Global Village Committee and staff to address identified gaps in the application process (e.g. regional gaps such as Middle East zone, African zone) and assist communities to coordinate a networking zone.

Networking zone participant organisations were selected from Global Village submissions applying to this activity area. Among the 381 applications to the Global Village, a total of 59 organisations requested space to host a networking zone. In most cases, several applicants were asked to work together on a joint or combined networking zone, thus encouraging

collaboration between organisations who might not have worked together previously. These organisations then identified a lead coordinator for their networking zone who was the contact person for the Global Village staff. Networking zones were allotted large spaces (with dimensions of approximately 6 by 9 metres) within the Global Village, positioned interchangeably or alternately with NGO booth space, marketplace sectors and Global Village session halls (refer to Appendix 6 for the Global Village floor plan).

Data to access networking practices were drawn from the following sources:

- Interviewer administered questionnaires (Networking Zone Lead Coordinator Questionnaire; Networking Zone Exit Questionnaire)

- Written reports from Networking Zone Coordinators and coalition coordinators; and

- Unsolicited feedback from leaders representing community-based or non-governmental organisations.

Reports from 14 of 20 Networking Zone Lead Coordinators confirm that most networking zones involved at least two collaborating organisations or as many as 12. Among these 14 zones, five involved a total of five partnering organisations. The Youth Pavilion uniquely involved the collaboration of 46 organisations through the AIDS 2006 Youth Programme and the Toronto YouthForce.

The majority of Networking Zone Coordinators report that the space provided was an effective forum where individual participants felt encouraged to raise their own concerns, 71% (10); was a good way for participants to learn about issues of respective community or regions 86% (12); and allowed individual participants to build networks with people from different parts of the world 86% (12).

Visitors to networking zones, both delegates and participants from the public, were interviewed on August 15, 16 and 17, 2006 in or within the vicinity of one of the 21 networking zones. A total of 141 questionnaires were completed, (73% delegates and 27% public participants). During the final three days of the Conference week, the majority of networking zone exit questionnaire respondents (57%) had spent time visiting the Global Village before, and had visited at least one or more networking zones on the day of the interview or in the days prior (68%).

The delegates and public participants confirmed that they visited networking zones to build networks with people from different parts of the world (81% and 92%, respectively) and to learn about issues of the networking zone community or region (81% and 92%, respectively). Approximately one third of delegates (37%) and the public participants (37%) who visited networking zones did so to raise their own issues or concerns.

This data suggests that the networking zones functioned less as a forum to independently bring issues to the fore, or as venues of independent advocacy. These zones were primarily used to facilitate learning and the building of professional and inter-personal connections with people from or with an interest in those communities and/or global regions.

The similarity between public participants and delegate responses in their intent to visit networking zones indicates that the networking zones served both audiences similarly, with similar effect on knowledge transfer and networking opportunities. The responses indicate networking zones were also a space where advocacy could occur, though that was not the main reason for participation.

Table 6 (below) indicates elements of networking zones that attracted delegates and participants from the public. A shared interest in the theme, region or community focus was the main element that drew both delegates (43%) and the public (29%) to visit and spend time in each networking zone. Networking zones also attracted participants with signage, posters or décor (12% delegates; and 21% public respectively). Networking zones were often equipped with comfortable seating and the walls were decorated with art, information, and/or research posters.

Curiosity drew delegates and the public into the zones (21%). Global Village organizers and evaluators believe that curiosity was piqued by the events and activities coordinated in each networking zone, such as guest speakers, educational demonstrations, cultural performances, or crafts and/or goods for sale. Other reasons respondents were attracted into the networking zones included qualitative mentions of "comfortable places to relax" or to "sit down", "smiles", the "very social" atmosphere, "diversity" and "language".

**Table 6. Elements of attraction to Networking Zones –
delegates and public participants**

	Delegate (N=100)		Public (N=38)	
Promotional and other attributes of Networking Zones	**n**	**%**	**n**	**%**
Programme announcements	10	10%	5	13%
Word of mouth/ personal contacts	12	12%	6	16%
Sign/ poster or décor	12	12%	8	21%
Shared interest in the theme, region or community	43	43%	11	29%
Curiosity, walked by	21	21%	8	21%
Food, music or cultural activity	8	8%	0	-

As an example, Figure 1 below illustrates a large poster displayed by the Gay and MSM Networking Zone, tracking the "Question of the Day". The poster illustrates that on August 14, questions about human rights featured the most on that day. The poster often served as a focal point of inquiry and conversation to engage with the public participants and delegates.

Figure 1. Example of signage from the Gay /MSM Networking Zone
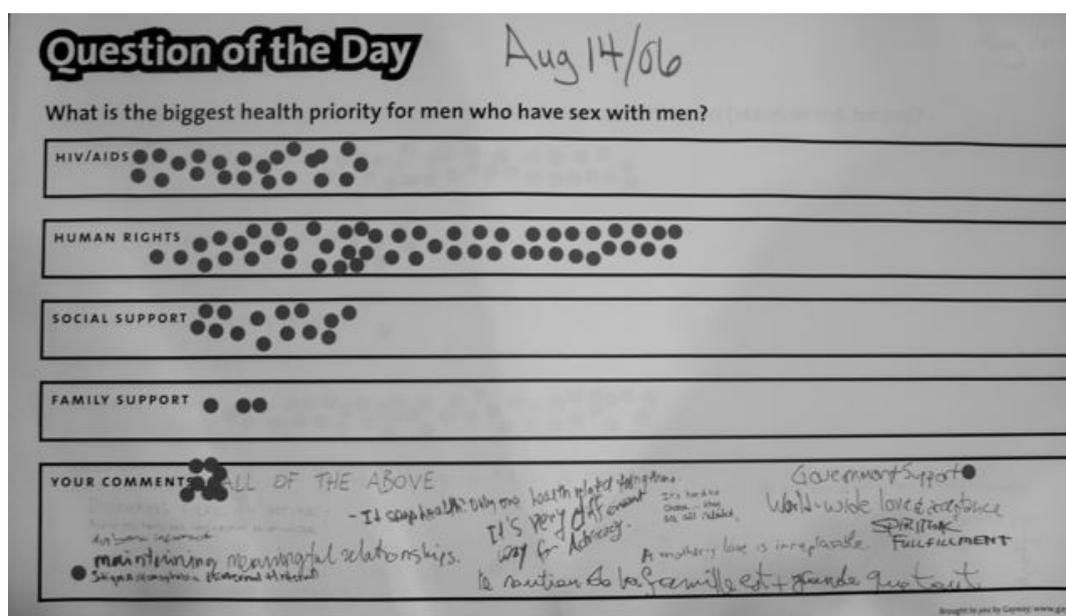
4.3.2 NGO and marketplace booths – networking practices

The Global Village provided mid-size booth-space areas to 120 organisations (non-governmental, grassroots and community-based organisations) to showcase their programmes, strategies, and outcomes. In the Global Village marketplace, 34 income-generating programmes, mainly from developing countries, were provided with a small space to display their programmes and sell products. Most of the products were created by and/or for people living with HIV/AIDS, as well as caregivers and others affected by the pandemic. (Refer to Appendix 6 for the Global Village floor plan.)

NGO booths and marketplace booths were asked to participate in the Global Village Monitoring and Evaluation project. Personnel at each booth were approached on August 17 and August 18, the last two days of the Conference, and either completed the short questionnaire in-person with one of the Monitoring and Evaluation volunteers or staff, or were asked to self-complete the questionnaire and return it to the Global Village office or return it by fax or email. Sixty-five NGO booth organisations (54% of the total) and 20 marketplace booth organisations (58% of the total) completed the questionnaire.

All respondents reported that they networked at the Global Village with other NGOs sharing the same concerns as their organisation and 94% reported networking with non-governmental organisations from other sectors. They attached a high degree of importance to reaching other non-governmental organisations (100%), policy makers (98%), current or potential donors/funders (98%), the public (95%), and their organization's target communities (92%) while at the Global Village.

Bridging the gap between the scientific research community and community-based organisations remains one of the biggest challenges of an effective and collaborative response to the HIV/AIDS pandemic today. Approximately two thirds of the non-governmental organisations responded that it was important for them to reach scientists (67%).

Table 7 (below) presents the importance for the non-governmental organisations and marketplace exhibitors to reach various audiences and their satisfaction (satisfied or very satisfied) with the space they were provided to effectively facilitate networking relationships. Most respondents who placed a high degree of importance on networking with other non-governmental organisations, the public, the organisation's target communities and current or prospective donors and funders reported that the booth space at the Global Village was effective to reach these respective audiences.

For non-governmental organisations that placed a high degree of importance on networking with scientists or policy makers, data suggest that the booth space provided at the Global Village was not very effective (21% and 42% respectively).

Table 7. Effectiveness of NGO booths and marketplace sectors to facilitate networking

Very/Extremely Important to network with …	N	Very/Extreme importance to reach audience and satisfied with space/sector provided to effectively network or sell goods	
		N	%
Other NGOs	83	65	78%
General public	84	61	73%
Organisation's target communities	80	46	58%
Scientists	83	17	21%
Policy makers	82	34	42%
Current or prospective donors and funders	83	42	51%

4.3.3   New and strengthened coalitions created at the Global Village

Networking zones provided space for coalitions to meet and encouraged the formation of new coalitions to address community or regional issues of importance. Eight of the 14 Networking Zone Lead Coordinators who completed the questionnaire, reported that their networking zone facilitated or assisted the creation of new coalitions or the strengthening of existing coalitions. Four coordinators reported at least five coalitions were affiliated with the networking zone, and two networking zones had up to seven coalitions formed or active during the Conference. (Refer to Appendix 7 for list of coalitions).

In addition to networking zones, the Global Village offered meeting rooms to delegates and Global Village participating organisations to facilitate the formation and strengthening of community and global coalitions. Meeting rooms were available for between one and two hour slots and were intended for networking, coalition building and sharing best practices. According to room schedules, the three meeting rooms at the Global Village were used every day during Conference week. Rooms were booked most regularly in the afternoons and on some days the rooms were fully booked between 14.00 and 20.00 hours.

4.3.4   Ongoing networking and coalition momentum and action outcomes

The African/Black Diaspora Global Network, highlighted in section 4.2.2 as a newly formed coalition at AIDS 2006, attributes ongoing activities directly to the networking zone in the Global Village. This network debriefed about the Conference via international teleconference and began planning its next steps.

> There is a lot of interest around the Network nationally [in Canada] and globally. Even groups working with African and Caribbean or other

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black populations outside of Europe and North America who were not part of our target at the conference also want to get involved - we have had inquiries from several groups from Australia and New Zealand who were at the Conference.

<div align="center">Wangari Esther Tharao</div>

Coordinators of the African/Black Diaspora Global Network have received support from the Public Health Agency of Canada, a federal government agency, to develop an international advisory committee to continue the network's planning activities.

Also noted in section 4.2.2, in conjunction with the International Indigenous People's Satellite Planning Committee, the Aboriginal/Indigenous People's Networking Zone has supported the formation of an International Indigenous HIV/AIDS Secretariat to continue working toward raising Indigenous HIV/AIDS issues within Canada, and maintain global networks with Aboriginal and Indigenous Organisations made at AIDS 2006. The Canadian Aboriginal AIDS Network (CAAN) will host the Secretariat.

> We will work with Indigenous people in Mexico to strive toward hosting another Indigenous Peoples Satellite [at AIDS 2008], which may not have the same resourcing as what we saw here in Canada. We will also make attempts to secure more non-abstract driven and Indigenous-led sessions.

<div align="center">Kevin Barlow</div>

The Canadian Aboriginal AIDS Network (CAAN), was tasked with following up on the networking and global engagement of Indigenous peoples after AIDS 2006. CAAN indicated it would prepare a special edition communications segment for their members featuring an AIDS 2006 overview and highlights, especially for those sessions CAAN and affiliated members delivered or attended.

The following statement is excerpted from a letter from Dr. Marcus Day, Caribbean Networking Zone Coordinator and Director, Caribbean Drug Abuse Research Institute, St Lucia.

> The Prime Minister of St Kitts (who has since come out to support decriminalising sex work and the repeal of the buggery laws) visited [the Caribbean Networking Zone]. The Assistant Secretary General of CARICOM passed a few times. The Chancellor of the University of the West Indies and former Director of PAHO came by and after a discussion on prisons said how he learned something new and would advocate for a standard of health care in prisons comparable to that of the general population. The Minister of Health of Saint Vincent was a regular visitor. As for the rank and file of Caribbean people - they all came and limed, our PLWHA community came and limed, our NGOs, our academics, our Diaspora community all came and enjoyed the flavour. It was unbelievable.

<div align="center">Marcus Day</div>

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4.3.5 "Meet the Plenary Speakers" sessions – Exposure to and engagement with field leaders and new knowledge

The Peter Busse* Memorial "Meet the Plenary Speakers" sessions brought the plenary speakers to the Global Village each lunchtime for a one hour moderated interactive panel discussion on the Main Stage. This segment of the Global Village programme was intended to enable delegates and public participants to engage with the plenary speakers, raise concerns and ask questions, a forum not offered when the speakers gave their morning plenary address. This was one of the most successful programme elements at AIDS 2004 in Bangkok, Thailand, where it was conducted for the first time; those sessions were moderated by Peter Busse. *Peter was a passionate and committed AIDS activist in South Africa and internationally who had lived with HIV/AIDS for over 20 years. Peter died in January 2006.

The "Meet the Plenary Speakers" sessions were expected to stimulate discussion about the objectives and issues raised in the plenary address, provide opportunities for marginalized communities to raise priority issues, and provide an environment where delegates and the public could learn and connect. To evaluate this segment of the Global Village, copies of a brief questionnaire were placed on audience chairs prior to the session, and the session moderator encouraged the audience to fill out the questionnaires at the end of the session.

The "Meet the Plenary Speakers" sessions were moderately well attended. Seventy-four audience questionnaires were completed. Respondents were mainly (61%) delegates, (in accordance with attendance counts in Section 4.1.2) and overwhelmingly (99%) report that "Meet the Plenary Speakers" sessions be included in future International AIDS Conferences.

Table 8 (below) illustrates the perceptions of delegate and public participants on whether "Meet the Plenary Speakers" sessions met specified objectives. On the whole, both delegates and the general public felt that these sessions were very successful in enabling the audience to ask questions (96% and 100% respectively), raise priority issues (96%) and stimulate discussion (87% and 86% respectively).

Delegates reported that the sessions were successful (84%) in providing an environment in which delegates and public participants were able to learn and connect with one another. The public participants indicated a similar response (79%). The ability of these sessions to provide an opportunity for marginalized communities to raise priority issues was also deemed a success by both delegates and the public participants (76% respectively). A number of delegates indicated that each "Meet the Plenary Speakers" session should have been promoted in the morning at the beginning of each daily plenary session address. If these sessions are to be successful and well attended, it is essential that those delegates attending the morning plenaries are made aware of the lunch time Global Village follow up where they will be given the opportunity to ask questions of the speakers.

Table 8. Achievement of "Meet the Plenary Speakers" sessions to engage and challenge

"Meet the Plenary Speakers" – Session Objective	Percent indicating successful or very successful in session in achieving objective			
	Delegate (N=45)		Public (N=29)	
	n	%	n	%
Enabling the audience to ask questions to speakers	43	96%	29	100%
Enable audience to raise issues of concern	43	96%	28	96%
Stimulate discussion about objectives raised in morning address	39	87%	25	86%
Opportunity for marginalized communities to raise priority issues	34	76%	22	76%
Environment for delegates and public to learn and connect	38	84%	23	79%

4.3.6   Exposure to and engagement with Global Village Activity Areas

As noted in the preceding sections, the Global Village was designed around seven main activity areas (refer to page 15 for activity areas). Table 9 below reports actual engagement with these seven activity areas for NGO booth and marketplace sector participants and delegates as well as awareness ratings (based on intent to visit if returning to Global Village) for the public. The column reporting the public participants' intent to visit Global Village activity areas essentially captures "top of mind" awareness and potential points of first-contact should they return.

Engagement with other non-governmental organisations was the top area of engagement for NGO booth and marketplace respondents (89%) at the Global Village, followed by engagement with networking zones (80%) and marketplace vendors (77%). Non-governmental organisations had a high degree of engagement with Global Village sessions (72%), Main Stage sessions and cultural events; and the Youth Pavilion (64%).   Non-governmental organisations were least engaged (52%) with "Meet the Plenary Speakers" sessions; this figure is nevertheless considerable and significant.

Two-thirds of the delegates interviewed had visited an NGO booth and nearly half had participated in a Global Village session or networking zone. Forty-three percent reported attending a Main Stage or cultural event. Nearly a quarter (23%) of the delegates interviewed had participated in a "Meet the Plenary Speakers" session. This finding is noteworthy, given that these sessions were short and held at the lunch hour.

The public participants reported being most intent on returning to the Global Village to engage with sessions, forums or oral presentations. A total of 63% of public respondents who stated they would probably return to the Global Village would return to attend a session. Recall that 12% of Global Village visitors within the first three days of the Conference were repeat visitors to the Global Village. The Monitoring and Evaluation Committee noted this finding because the Committee had expected the public participants to be drawn more to networking zones and booths than formal sessions. This response of 63% demonstrates the effectiveness of the interactive sessions in attracting and engaging the public.

The returning public participants were most likely to visit NGO booths (32%), the marketplace (25%), networking zones (24%), and the "Meet the Plenary Speakers" sessions (23%). The public participants interviewed were least likely to return to visit the Youth Pavilion (8%).

Table 9. Engagement with Global Village activity areas

Global Village Activity Area	Based on actual reported visitation of Global Village Activity Area				Based on intent to return to GV would visit…	
	NGO Booth and Marketplace sector (n=85)		Delegate (n=556)		Public (n=268)	
	n	%	n	%	n	%
Sessions/forums/presentations	61	72%	266	48%	169	63%
Networking zone(s)	68	80%	261	47%	65	24%
"Meet the Plenary Speakers" sessions	44	52%	130	23%	61	23%
Main Stage session or cultural event	57	67%	241	43%	29	11%
Youth Pavilion	54	64%	206	37%	21	8%
NGO booth(s)	76	89%	366	66%	85	32%
Global Village marketplace	65	77%	218	39%	66	25%

These findings demonstrate a true synergy with the design and coordination of the Global Village and the subsequent high level of engagement of participating community-based and international non-governmental organisations, delegates and the public participants with key Global Village activity areas. This supports the Global Village's primary role of knowledge transfer and exchange that imbued the daily activity of the AIDS 2006 Global Village.

The activity in the Global Village generated a high level of noise. Noise was a common complaint reflected in the "Meet the Plenary Speakers" audience questionnaires and in discussions with Networking Zone Lead Coordinators.

Many lead coordinators made reference to the challenge of competing with the surrounding noise from session halls and neighbouring booths at the times when their networking zone was hosting meetings, engaging visitors, hosting a visiting speaker; and/or facilitating a workshop or educational demonstration.

The noise factor was an issue at the Global Village at AIDS 2004 in Bangkok, Thailand and the Global Village staff and committee took this into consideration in many areas. The very fact that many Global Village participants, audience members and even plenary speakers commented on the noise level in the Global Village is perhaps a good point of evidence of the networking and the meeting of people that occurred on a daily basis in the AIDS 2006 Global Village.

A few recommendations are included regarding managing noise for future International AIDS Conferences, such as having enclosed session halls and having an alternative venue in the Global Village for the "Meet the Plenary Speakers" sessions (enclosed session hall rather than the Main Stage).

4.4   Coordination of the Global Village with the Conference Sessions Programme of the XVI International AIDS Conference

The AIDS 2006 Toronto Local Host and the International AIDS Society (International AIDS Conference *custodian*) were lead organisers for the XVI International AIDS Conference. Responsibilities were divided between the two organisations and noted in a written agreement.

The proceedings of AIDS 2006 that were accessible to registered delegates only were located in a separate section of the Conference venue (Metro Toronto Convention Centre). The main entrance to the building led delegates through the Global Village on their way to the Conference Registration area.

The Global Village programme was displayed on the official AIDS 2006 conference website (www.aids2006.org) where registration, abstract submission and all related information could be found. The sessions and other activities were included in the Programme at a Glance page, although added after the Conference Sessions Programme. The Monitoring and Evaluation Committee has identified this delay as a potential factor affecting Global Village participation levels and activity. Delays in accessing critical programme information may have affected delegates in choices and decision-making about including Global Village activities in their advance planning of their Conference schedule (itinerary).

A profile of the Global Village was accessible from the main page of the Conference website and linked visitors to the official Global Village website – called the Virtual Village (http://globalvillage.aids2006.org).

The International AIDS Conference Secretariat, Programme Department facilitated orientation and instructions for official Conference Rapporteurs. This orientation did not include the Global Village and more specifically, the Global Village sessions in the schedule that conference rapporteurs were

given. This orientation approach resulted in a substantive gap in coordination and integration of other Conference proceedings with activities in the Global Village.

4.4.1 Global Village media communications

Promotional media for the AIDS 2006 Global Village included outreach materials (flyers, posters, postcards), communications in print, television, via the Internet and electronic mail and poster/flyer campaigns. Mass promotions were directed toward the local Toronto population and targeted communications were coordinated by the Communications staff at the AIDS 2006 Toronto Local Host Secretariat.

A staggered promotional campaign at the local, national and international level was employed by the AIDS 2006 Toronto Local Host Communications team. Postcards, flyers, posters for community agencies, press releases and forms of electronic push-mail were also used to promote the Conference and the Global Village. Promotional materials that were distributed locally in Toronto highlighted that the Global Village was open and free-of-charge to the public.

During the Conference week, media clippings were collected from Toronto's four major daily newspapers, two of which are Canada's national newspapers with Metro Toronto editions. *The Toronto Star* has highest readership at the local City level, and is also available in editions distributed across Canada. All publications are available online, with accessibility for subscribers and moderate accessibility for non-subscribers.

Table 10 (below) reports the print mentions in the newspapers of the Global Village during the Conference week (one day prior to conference opening and one day after the Conference close).

A total of 229 articles were reported to have mentioned the XVI International AIDS Conference between August 12 and 19. Clippings were scanned for mentions of Global Village. The Conference as a whole was mentioned every day in *The Toronto Sun* and *The Toronto Star.* Canada's two national papers, *The Globe and Mail* and the *National Post* mentioned the Conference specifically on all publication days. Both *The Toronto Star* and *The Globe and Mail* published multi-page special daily sections on AIDS 2006 with news reports and commentary every day during the Conference.

Overall, the Global Village was mentioned in only 10 articles (4%). The Global Village was mentioned once on Monday, August 14, four times on Tuesday, August 15, twice on Wednesday, August 16 and three times on Thursday, August 17 (data not presented). The Conference and as a result, the whole news coverage field on HIV/AIDS is an extremely competitive environment for media attention during the week. Overall, the Global Village specifically was not highlighted in the print media coverage, and this may present some opportunity for recommendations for future publicity planning and promotion, especially given the high popularity, energy and engagement witnessed in the AIDS 2006 Global Village.

Table 10. Print mentions of the Global Village during Conference

	The Toronto Sun	The Globe and Mail	The National Post	The Toronto Star	Total Daily Mentions
Total Articles mentioning the Conference (by Source)	63	57	29	80	229
Total Global Village Mentions	1	3	0	6	10
% Global Village Mentioned	1.5%	5%	0	7.5%	4%

The Global Village did not capture local Toronto print media attention during AIDS 2006. Reasons for this may vary, and are likely attributable to a variety of potential factors, such as the process and practice of media integration in the Conference, and where media sites (press rooms) were located separately from the Global Village. The size and scope of the Conference, its formal and informal activities, may be another reason given the fact that many key media outlets had teams of reporters and editorial staff dedicated to AIDS 2006 coverage. Another possibility is the shortage of human resources at the Conference Secretariats to facilitate optimal media activity for all aspects of the Conference.

The absence of Global Village mentions in the few days prior to August 13, the date of the Conference Opening, when the Global Village also opened and within the first two days of the Conference, represents an important missed opportunity and communications gap especially vis-à-vis the public. Local Host communications personnel had undertaken several efforts to promote the Global Village to major media including senior reporters and editors, before and during the Conference.

In the few days leading up to the opening of the Conference, promotional stories, if published in the press, could have resulted in increased public engagement and participation in the Global Village throughout the course of the week and may have increased media interest in the rich human interest stories that emerged. Additional paid publicity and advertising may have helped to further raise public awareness and public attendance.

No measures or standards are available on maximum limits or ideal capacity for the Global Village, in addition to the already noted challenges regarding participation levels and excessive noise.

4.4.2 Delegate engagement and participation

Delegate engagement and participation at Global Village sessions was relatively high, as noted in Section 1. Of the 20 sessions where data were collected, 15 sessions had 50% or more of the audience represented as delegates. In six of the 20 sessions, over 75% of the audience was delegates.

Delegate engagement with the Global Village was assessed using multiple evaluation instruments and points of contact. Table 11 (below) reports on delegate engagement with each of the Global Village activity areas and the impact of this engagement on increased knowledge and connections and networks. Results are presented by delegate interview site as it was anticipated that delegates leaving the Metro Toronto Convention Centre from an exit other than the Global Village might differ with regard to delegate engagement and participation with the Global Village.

Overall, 89% (535) of the delegates surveyed spent time visiting the Global Village. For delegates who did not spend time visiting the Global Village, 89% said the reason for this was that they did not have the time or they were too busy. An interesting finding is that differences by Conference exits were minimal. If only delegates leaving through the Global Village exit had been surveyed, this could have skewed the results. The results show that a large percentage of delegates in general visited the Global Village. As noted in the previous section, delegates were most likely to spend time visiting NGO booths, Global Village sessions and networking zones.

Table 11. Delegate engagement, impact and participation

Delegate Interviewed at :	Main Global Village entrance/exit (n=211)		Other Conference entrance/exit (n=324)	
	n	%	n	%
Spent time visiting the Global Village	**201**	**96%**	**278**	**86%**
Engagement with Global Village Activity Area	**% Visited Activity Area**			
	n	%	n	%
Community sessions	112	56%	180	65%
Networking zone(s)	112	56%	140	50%
"Meet the Plenary Speakers" sessions	69	34%	58	21%
Main Stage session or cultural event	106	53%	131	47%
Youth Pavilion	92	46%	111	40%
NGO booth(s)	145	72%	209	75%
Global Village marketplace	87	43%	125	45%
Impact of Global Village by interview site	**% Agree/Strongly Agree**			
	n	%	n	%
At Global Village I found new information on programs and services.	182	91%	211	76%
At Global Village I learned something new about communities I did not know before.	180	90%	210	76%
The Global Village enabled me to establish new connections / networks.	138	69%	155	56%

On the whole, delegates commented on the Global Village as a place where they found new information on communities, programmes and services. Delegates also saw the Global Village as a place where they were able to establish new connections and networks. Data indicates that this viewpoint was somewhat more apparent among delegates who were interviewed at the main Global Village entrance/exit.

Table 12 (below) reports that most AIDS 2006 Conference delegates interviewed were attending their first International AIDS Conference. Less than 20% of delegates interviewed attended AIDS 2004 in Bangkok. For those delegates that had attended the Conference in Bangkok, most reported having visited the first Global Village.

Table 12. Engagement with AIDS 2004 Global Village (Bangkok)

Engagement with AIDS 2004 Global Village	Main Global Village entrance/exit (n=211)		Other Conference entrance/exit (n=324)	
	n	% yes	n	%yes
Delegate in 2004 and **attended** the Global Village	38	19%	51	18%
Delegate in 2004 and **did not attend** the Global Village	1	-	8	3%
Not in Bangkok for AIDS 2004	141	70%	216	78%

Notable barriers to improved delegate participation and engagement with the Global Village included:

- Inadequate signage throughout the Conference venue allowing delegates to easily locate the Global Village from main session halls and poster areas on the initial days of the Conference.

- Inadequate signage within the Global Village and the confusing nature of the floor plan map did not allow people to easily navigate the Global Village.

Refer to the Global Village Report for more discussion and suggestions about signage.

4.4.3 Importance of the Global Village at future International AIDS Conferences

All of the organisations participating in Global Village NGO booths or marketplace booths reported that it is important for future International AIDS Conferences to host a Global Village as part of the Conference. In fact, 95% of NGO-Marketplace participants and 92% NGO booth space participants reported that it is extremely important. Similarly, 100% of delegates and the public participants who completed networking zone exit questionnaires thought that the presence of the Global Village at future International AIDS Conferences is extremely important (93% and 97% respectively).

Over two thirds of delegates completing "Meet the Plenary Speakers" evaluation and delegate intercept questionnaires at other Conference entrances/exits think it is extremely important to host a Global Village at future International AIDS Conferences (76% and 72% respectively). Regardless of location of interview or activity area, the public participants, the delegates and the NGOs were virtually unanimous in their support for the Global Village.

Table 13. Support for the Global Village at future International AIDS Conferences

Total Mentions of Global Village	"How important do you think it is for future International AIDS Conferences to host a Global Village as part of the Conference?"				
		Extremely Important	Important	Not important/ Not at all Important	Neutral
	n	%	%	%	%
Delegates completing questionnaire at:					
"Meet the Plenary Speakers" sessions	41	76%	22%	2%	-
Networking zones	98	93%	7%	-	-
Main Global Village entrance/exit	205	86%	11%	2%	1%
Other entrance/exit	275	72%	22%	2%	5%
Public participants completing questionnaire at:					
"Meet the Plenary Speakers" sessions	25	92%	4%	-	4%
Networking zones	36	97%	3%	-	-
Global Village Participants					
NGO booth spaces	62	92%	8%	-	-
Marketplace sectors	20	95%	5%	-	-

5. Concluding Remarks, Issues and Recommendations

The second Global Village was intended to engage, challenge and inspire Conference delegates and the public. Through the design of an interactive and participatory space, the committed team of Global Village volunteers and staff aimed to meaningfully include members of marginalized communities in decision-making processes and in the overall Global Village programme.

This community-based, operational outcomes evaluation has demonstrated the outstanding and impressive impact of the AIDS 2006 Global Village in achieving:

- Intensified involvement of affected and marginalized communities

- Improved access to and engagement of traditionally marginalized communities in the XVI International AIDS Conference

- A presence and discussion of new and emerging issues

- Networking and strengthened and/or new coalition building among Conference delegates, the public participants, community-based organisations and other non-governmental organisations.

This evaluation highlighted important areas for improvement, outlined below as issues and recommendations. Recommendations that respond specifically to the limitations and challenges of the efforts to evaluate the Global Village follow in section 6.

Evaluation evidence indicates that the AIDS 2006 Global Village was successful in setting inclusive, collaborative and meaningful foundations for networking and the transfer of knowledge and experience.

Recommendations – Future Planning and Improvement, Issues and Options

Four issues have been identified for attention and improvement in the future planning of the Global Village for AIDS 2008 Mexico City, and beyond:

Issue 1: The success of the Global Village depends on it being organised at a community level.

Recommendations

1. A strong community-based background and/or experience is critical for Global Village Committee members and staff to assess fairly and properly the diverse applications from community organisations and individuals. The Global Village Committee achieved diversity in the selection of the programme applications in part because the Committee took the time to closely examine each application. Many applications were written by people whose first language was not English or French (the two official languages of Canada, the host country). The Committee looked beyond

that barrier to find the essence of the programme or idea that was being presented.

An online application process might have been more efficient, and the manual process was very accessible. It was also useful to many organisations to have the application forms available in French.

2. It is essential that Global Village staff, including management, have frontline community experience and understand the constraints of working in resource-poor settings. Dedicated staff were available to assist Global Village participants with the development of their sessions, networking zones and booths.

3. Conduct the Diversity Audit as the Global Village applications are being received (Refer to Recommendation 7). As the applications come in, track them on a prepared Diversity Chart. This assessment will save a lot of time later on and will give the staff and committee a feel for the nature of the applications being received. It will also allow the Global Village Committee to identify gaps as early as possible and help inform outreach and further programme development.

4. Draw up a set of written guidelines and train staff who are going to conduct the Diversity Audit. It is very important to make sure that the staff who are going to enter the data for the Diversity Audit have a common understanding of what the categories mean and how to interpret them from the applications. This can be done with clear written instructions as well as some brief training on this topic. It is best to use staff who are familiar with the work of the Programme Committees and have a good understanding of grassroots HIV/AIDS issues in a global context.

Issue 2:   Improved and sustained inclusion of marginalized communities and global regions

Recommendations

5. Allocate to the Local Host (if applicable), local and/or international partner organisation(s) or other responsible organisation(s), sufficient financial and human resources at the outset to plan, implement, monitor and evaluate the Global Village given its importance, magnitude and demonstrated impact.

6. Involve community members in all levels of international and local organisation (for example, planning, process development, submission review, programming, coordination) of the Global Village as volunteers and on staff.

7. Programme Committee priorities (issues and HIV affected populations), should be identified and shared with all volunteer committees before process and application development and as a minimum, in advance of the review of applications.

8. Promote and solicit applications from organisations known to focus on marginalized or under-represented communities; identify and plan outreach to encourage applications from organizations in regions where under representation may be anticipated.

9. For Global Village application processes, include a privacy statement and option for applying organisations to have their organisational contact information available to other applying organisations to facilitate Global Village staff.

Issue 3: Bridging the scientific and grassroots, community-based organisations.

Recommendations

10. Consult with non-governmental organisations and scientists on potential events, sessions or activities that may best facilitate the bridging of these two communities. Include in this collaboration institutes and organizations engaged or interested in community-based research (CBR).

11. Involve representation of the Scientific Programme Committee in the planning committee of the Global Village.

12. Proactively organise inter-disciplinary thematic sessions on key issues and key challenges to bring together different sectoral perspectives.

Issue 4: Collaborative and community-based promotional and media engagement

Recommendations

13. Using local and community-based media outlets and sources, and with adequate human and financial resources, target outreach and local publicity to ensure the public is aware that the Global Village is accessible and free of charge throughout the conference.

14. Create a section on the conference website that will draw public attention to the Global Village as a free venue for participation and access to many different communities and organisations working in HIV/AIDS across the world.

15. Coordinate and synchronize website content uploading and cross-referencing with the rest of the conference programme.

16. Proactive media outreach immediately prior or during the conference to highlight specific activities, sessions, networking zones, etc.

17. Track ethnic, cultural and community-based media coverage to assess impact as more population specific activities may draw more interest in

smaller and cultural and linguistic media that will have major impact on their respective communities.

18. Promote the "Meet the Plenary Speakers" session in the Global Village immediately before each daily plenary session.

6. Monitoring and Evaluation Project: Limitations, Challenges and Recommendations for Future Planning

6.1 Background

The Global Village Monitoring and Evaluation (M&E) project was developed to document and assess the effectiveness of the Global Village in achieving its stated objectives of:

- Engagement of marginalized communities
- Enabling discussion of current, new and emergent issues
- Engage new sectors and strengthen new coalition/network
- Coordination with rest of Conference

The following instruments were used to collect data to evaluate the specific objectives:

Objective	Evaluation Instruments: data sources
1. Engagement of marginalized communities	**Systemic Diversity Audit on all GV session submissions on**: • Geographic diversity – using UN categories of Global Regions • 15 affected human and socio-cultural populations /communities • Issues of treatment and prevention relevance • Public* Attendance Estimate at main GV entrance *non-delegates including individuals, volunteers/staff from AIDS groups, communities affected by HIV/AIDS, students and members of the general public.
2. Discussion of new and emerging issues	*Rapporteur reports* on GV Forum/Session audience participation. *Organic evidence from Global Village*. • MSM news conference • International Indigenous Peoples Global Network • Community demonstrations and documentations (women, traditional healers, Commitments to Youth) • "Meet the Plenary Speaker" audience and speaker questionnaires

Objective	Evaluation Instruments: data sources
3. Exposure to and engagement with new sectors, strengthening and/or formation of new organizations and coalitions.	**Evidence of networking, coalition building, and knowledge transfer.** • NGO Booth Questionnaires • Marketplace questionnaires; • Networking Zone Lead Coordinator Questionnaire • Public Exit Interview • Delegate Intercept interview • Networking Zone Exit Interviews on exposure to Global Village activity areas, learning and enablement of making connections/ networks.
4. Integration with the International AIDS Conference (IAC) Conference Sessions Programme	• Public and delegate attendance at GV community forums/sessions • Rapporteur reports • Analysis of local daily news print media on GV mentions in the Toronto mainstream media • Evaluator report from IAC Rapporteur orientation meeting • "Meet the Plenary Speakers" sessions audiences and plenary speakers questionnaires • Planning committee focus group on process evaluation

General comments

This evaluation project was successful in generating quantitative evidence to assess how effective the Global Village programme was in achieving its originally stated objectives. The project was limited in scope and capacity in evaluating certain areas of the programme. The following section identifies some of the key challenges and limitations of the project and puts forth recommendations for monitoring and evaluation processes for the Global Village at future conferences.

Resources and planning processes

The AIDS 2006 Global Village achieved a diverse and dynamic programme. The Global Village was developed with very limited resources until the last few months before the Conference, in comparison to the resources available to the overall Conference programme. Monitoring and evaluation were part of the stated Global Village objectives from the very beginning. The initial planning processes involved primarily the programme staff and the Monitoring and Evaluation consultant provided by GSK-Positive Action as well as the Global Village Committee co-chairs, but not Committee members. The Global Village Monitoring and Evaluation Committee was not established until six weeks prior to the Conference, after the M&E project expanded due to additional funding from the Ontario HIV Treatment Network.

The activities of this Global Village represented a significant growth from the first Global Village in 2004. Most of the resources were dedicated to

developing the core programmes. Resources and attentions were not focused on the specifics of the M&E processes until about eight weeks prior to the Conference. The Monitoring and Evaluation Research Coordinator and Research Assistant were hired only ten days prior to the actual Conference. This not only demanded the research team to overcome a major learning curve and to achieve very complex tasks within a very short time, but also put tremendous pressure onto the Programme Activities Manager and the M&E committee members for staff orientation and supervision.

The monitoring and evaluation of the Global Village was approached as a community-based research initiative and a collaborative venture amongst different stakeholders. There were challenges in coordinating all aspects of the M&E processes to ensure meaningful and appropriate input from all the programme staff, research staff, programme consultants, funding partners, volunteer programme committee members and frontline M&E volunteers. Understandably, during the actual conference period, the participation of the Global Village M&E committee members and programme staff was seriously restricted by the competing demands of organizing and participating in the actual activities of the Conference. This placed the major burden of all M&E activities onto the Research Coordinator, Research Assistant, the GSK Evaluation consultant and frontline M&E volunteers.

Resource limitations further restricted the participation of Global Village programme staff in the evaluation process as most of the staff's contracts ended shortly after the Conference. Programme staff were therefore not able to engage fully in the M&E process and carry out comprehensive post-conference follow up for gathering longitudinal data.

Recommendations:

19. The monitoring and evaluation (M&E) component of the Global Village needs to be adequately budgeted to ensure sufficient staffing and resources. The Global Village is relatively new, and by building on lessons learned through the M&E process at AIDS 2006, an M&E process at AIDS 2008 will provide comparative and additional data and valuable planning information for the longer term.

20. M&E processes should be developed, driven and overseen by the community from the beginning. A Global Village M&E Committee should be established as a core working group of the overall Global Village Committee as soon as it is established.

21. M&E professional advice should be contracted as early as feasible – preferably when the overall conference evaluator is in place - and at least several months before the actual conference. A dedicated M&E coordinator should be hired at least three months prior to the conference.

Data collection and interpretation

A major limitation in the M&E project is the over emphasis on quantitative data. The capacity of the research team to collect and include detailed

qualitative information was limited by the lack of time and resources. The quantitative data demonstrated high level of participation from and meaningful impact on target groups, thereby justifying the value and importance of the Global Village.

Data was insufficient to enable us to gain insights and draw conclusions about specific barriers or facilitating factors that affected the participation of different sectors (i.e. scientists, community workers, PLWHA, advocates), communities or regions. Resource limitations further prevented detailed compilation and in-depth analysis of some of the qualitative data collected in the M&E processes. The discussion below highlights specific limitations on data collection pertaining to the four original Global Village M&E objectives.

In the diversity audit conducted to assess *the engagement of marginalized communities*, the scope of the audit and the lack of qualitative data analysis did not enable us to draw conclusions about the different populations, or causative factors that might have affected their participation or representation. The diversity audit was not conducted for all activities of the Global Village, and also not conducted in the same way for other parts of the Conference, thereby limiting the capacity to compare data with those from the rest of the Conference.

In assessing the Global Village's effectiveness in *enabling discussion of new and emerging issues*, the diversity audit provided data only on issues identified prior to the Conference but did not capture data on new issues that emerged during the actual Conference. In addition, the guidelines on the issue audit were not entirely clear and therefore depended partly on the subjective interpretation of the research staff. Similarly, the organic evidence cited in the report was not collected in a systematic manner and was not meant to be a comprehensive representation of the breadth of the issues covered in the Global Village programme.

In assessing the *engagement of new sectors and strengthening of coalitions*, resource limitations prevented both the collection and the analysis of qualitative data from the various instruments. These included qualitative data from the networking zone coordinators interviews, comments from the general public and delegates, and networking zone exit interviews. In addition, some questions from the surveys were developed but not implemented due to feasibility constraints and difficulty in collecting valid information.   Further, no evaluation data was obtained about specific programming within the individual networking zones as well as specific action initiatives that were generated from the networking zone programming.

In terms of *integration with the rest of the International AIDS Conference*, there were significant challenges in coordinating parallel monitoring and evaluation processes between the Global Village and the rest of the Conference. These were related to differences in the division of organizing roles between the Local Host and the IAS. Underlying these issues is the fact that the Global Village was not fully resourced and accepted as a priority programme in the Conference as a whole until later in the Conference planning process.

Recommendations:

22. A coordinated approach, supported by a clear articulated vision, should be developed in future IACs for monitoring and evaluation activities of all aspects of the conference. This will allow comparable data to be collected from different components of the conference and facilitate more meaningful data interpretation and more effective future planning.

23. Adequate resources and planning need to be put in place to enable and ensure more in-depth qualitative data are collected from different target groups on the barriers and facilitating factors that affect their participation in the Global Village and on whether their participation in the Global Village met their original stated objectives.

24. Resources should be planned for longitudinal follow-ups after the conference to further assess the impact of the conference.

25. To provide further insights that will assist the organizing of future conferences, the Global Village M&E report needs to be cross referenced with information from other reports, specifically the Global Village Report that covers the evaluative insights on the experiences in programme planning, logistic administration and specific issues affecting staff and frontline volunteer management.

Appendices to Post Conference Report – AIDS 2006 Toronto
Global Village – Monitoring and Evaluation

No.   **Appendix Document Name or Description**

1   Global Village sessions by each Conference day

2   Monitoring and evaluation workshop – objectives, definitions and matrix of indicators

3   Monitoring and evaluation questionnaires and discussion guides

4   Rapporteur reports on Global Village sessions

5   Documents related to Global Village audience participation

6   Global Village floor plan

7   New and strengthened coalitions (as a result of Global Village networking zones)