Report of the Evaluation of the

XVI International AIDS Conference

13 – 18 August 2006

Toronto Canada

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- Conference delegates;
- Skills building workshop participants;
- Scholarship recipients;
- Conference Co-organizers; and
- Members of the Conference Organizing, Programme and Track Committees.

Without their contribution it would not have been possible to portray in such detail the process, impact and outcomes of the XVI International AIDS Conference.

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- The 25 conference evaluation volunteers who assisted with data collection and data entry during the conference.

Glossary

AIDS 2004	XV International AIDS Conference
AIDS 2006	XVI International AIDS Conference
ART	Antiretroviral treatment
ARVs	Antiretrovirals
COC	Conference Organizing Committee
GNP+	Global Network of People Living with HIV/AIDS
HAART	Highly active antiretroviral treatment
IAC	International AIDS Conference
ICASO	International Council of AIDS Service Organizations
ICW	International Community of Women Living with HIV/AIDS
IAS	International AIDS Society
OECD	Organization for Economic Cooperation and Development
PMTCT	Prevention of mother to child transmission
PLWHA	People living with HIV/AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS

EXECUTIVE SUMMARY

The Evaluation

The XVI International AIDS Conference (AIDS 2006) was held in Toronto, Canada, 13 – 18 August, 2006, attracting more than 21,000 delegates. The AIDS 2006 Evaluation Coordinator worked with members of the Conference Organizing Committee, the Conference Co-organizers and the secretariats of the International AIDS Society (IAS) and Toronto Local Host to design and implement an evaluation of the conference.

The evaluation had four objectives:
i.   To identify the immediate and longer term impact of the conference on delegates.
ii. To build on existing, and establish new evaluation processes that will allow the individual and collective impact of International AIDS Conferences to be monitored over time.
iii. To review different types of conference sessions.
iv. To make evaluative comment on key elements of the conference planning process.

A range of methods was used to collect information to address these objectives, including:
• review of conference documentation and the AIDS 2006 website;
• consultation with conference organizers and secretariat staff;
• observation of different conference sessions, activities and processes;
• written surveys of and interviews with conference delegates.

The views of approximately 7,500 delegates, 900 skills building workshop participants, 65 workshop moderators, 120 scholarship recipients and 50 committee members were collected during the evaluation. The leading data collection instrument was an online survey sent to delegates two weeks after the conference had ended. This survey had a very high level of engagement, evidenced by a 43% response rate representing 7,119 delegates working in 187 countries, 56% of whom were first-time attendees.

Key findings

1. AIDS 2006 attracted unprecedented global interest and was attended by a broad range of people from all areas of HIV/AIDS endeavour:
   ▪ A record 21,198 delegates attended the conference representing 187 countries.
   ▪ English language print media coverage during the week of the conference was more than double that of AIDS 2004.
   ▪ The number of online visitors to Kaisernetwork's Toronto webcasted page during the week of the conference was more than three times that of AIDS 2004.
   ▪ More than 3,000 volunteers were involved in conference planning and implementation.
   ▪ A record 13,112 scientific abstracts were submitted.

2. The conference made substantial progress towards achieving its goals:
   - A pleasing number of delegates surveyed rated AIDS 2006 'very successful' (as opposed to 'somewhat successful' or 'not very successful') in:
     - raising awareness of HIV/AIDS (68%),
     - supporting the engagement of people living with HIV/AIDS (49%),
     - providing opportunities to share best practice (46%),
     - building the capacity of people working in HIV/AIDS (42%) and
     - presenting strong evidence-based research (41%).

     Fewer than 10% of delegates rated the conference 'not very successful' in achieving these goals.
   - The conference was perceived to be less successful in achieving the goal of influencing policy makers to increase commitment and action (rated 'very successful' by 29% delegates surveyed and 'not very successful' by 16%).

3. The conference provided an important forum for learning and development:
   - The opportunity for personal and/or professional development was the second most frequently cited factor (following 'networking') in survey delegates' decision to attend the conference (40%)
   - Almost all survey delegates (98%) reported they had benefited professionally from attending AIDS 2006, with 68% identifying more than three benefits gained and 'new knowledge' the most frequently identified benefit (76%).
   - Almost all skills building workshop participants surveyed (96%) reported they had benefited professionally from attending the workshop, although only 27% indicated they had acquired a new skill.
   - AIDS 2006 was of particular benefit to survey delegates attending their first International AIDS Conference, those with two years or less experience in the HIV/AIDS field, young people (under 26 years), and those working in the Africa, Asia-Pacific and Latin America/Caribbean regions.

4. For many delegates AIDS 2006 was more than an occasion for learning and development:
   - The majority of survey delegates reported that the conference had offered them an opportunity to reflect on their work (59%).
   - Half reported that the conference had renewed their sense of purpose.
   - Half reported that the conference had affirmed their current work.

5. There is clear evidence that the impact of AIDS 2006 will reach far beyond the delegates who attended:
   - The vast majority of delegates surveyed (91%) anticipated undertaking at least one activity using benefits gained at the conference, including:
     - disseminating new information (60%),
     - working more strategically (50%),
     - following up with new contacts (50%),
     - building capacity within their organization or network (48%) and
     - undertaking advocacy or promoting an issue (40%).

     The majority (85%) intended to undertake more than one activity.

   - Follow-up with 135 delegates (predominantly scholarship recipients who were first-time International AIDS Conference attendees) found that in the four-month period following

AIDS 2006, all had undertaken at least one activity related to the conference. Ninety percent had undertaken more than one activity, including:

- disseminating new information (66%),
- building capacity within their organization/network (64%),
- working more strategically (62%),
- following up with new contacts (52%), and
- undertaking advocacy or promoting an issue (51%).

6. Overall, the conference programme was well received:
   - More than 80% of survey delegates rated the overall quality of sessions and speakers, and usefulness of information presented 'good' to 'excellent'.
   - The majority of survey respondents (60%) rated the coverage of their main issue or area of interest 'good' to 'excellent'; 13% rated the coverage 'poor'.

7. Delegates viewed networking, coalition building and knowledge generation outside the formal programme as very important conference elements:
   - The opportunity for networking/collaboration was the reason most frequently given by survey delegates (45%) for attending AIDS 2006.
   - New contacts/opportunity for collaboration was the second most frequently identified benefit (65%) gained from attending the conference (after 'new knowledge').
   - Half the survey delegates intended to follow up with new contacts after the conference.

Discussion and conclusions

The evaluation demonstrated that the XVI International AIDS Conference had a wide-reaching and positive effect. AIDS 2006 substantially influenced the HIV/AIDS work undertaken by many delegates surveyed, as well as expanding global awareness of the epidemic, supporting the engagement of people living with HIV/AIDS, providing opportunities to share best practice and building the capacity of people working in HIV/AIDS.

The evaluation also highlighted three important issues that warrant further exploration:

i. Impact of conference size

Findings about the large and growing attendance at International AIDS Conferences were equivocal. A sizeable majority of survey delegates (77%) indicated that the number of participants attending AIDS 2006 would have no impact or a positive impact on their decision to attend future International AIDS Conferences. However, just under half the survey delegates (45%) considered that AIDS 2006 offered too many choices in relation to sessions and activities, and approximately one third reported that they did not find it very easy to get to sessions on time or to meet colleagues and friends during the conference. One of the main reasons provided by the 9% of delegates who said that they would not choose to attend AIDS 2008 was the large size of AIDS 2006. Survey delegates who had attended more than one International AIDS Conference were significantly more likely than first-time attendees to view the size of the conference negatively.

ii. Status of basic sciences and policy research

A record number of abstracts were submitted at AIDS 2006; however, Track A (Biology and Pathogenesis of HIV) and Track E (Policy) drew markedly fewer abstracts compared to AIDS 2004. The number of abstracts submitted in these two tracks at AIDS 2006 also represented a small proportion of total abstracts (4% and 12% respectively). Although statistics from previous conferences must be used with caution because of changing track configurations and nomenclature, there appears to be a clear downward trend in both the basic sciences and policy tracks. This trend may also be reflected in the small proportion of survey delegates who stated that they had 'mostly attended' sessions at AIDS 2006 in Track A and Track E (each 9%).

iii. Quality of science

Despite the introduction of measures to improve the quality of science at AIDS 2006, findings suggest that more can be done. In interviews conducted with 45 scientist/researchers, the majority of interviewees (60%) rated the quality of science at AIDS 2006 similar to that of previous International AIDS Conferences they had attended, with only 17% rating the quality higher. Although these findings represent the views of a small number, scientists/researchers as an occupational group of survey delegates (21%) were significantly more likely than other occupational groups to rate the overall quality of conference sessions 'fair' to 'poor' and to report that AIDS 2006 was 'not very successful' in presenting strong evidence-based research.

The resolution of issues relating to the size of the conference, the status of basic and policy research, and the quality of science is linked to broader questions about the purposes of the International AIDS Conference. Since its inception in 1985 the conference has changed in focus, scope and size. It continues to evolve, evidenced by the conceptualization of the conference as a far-reaching process, rather than a week-long event, and the growth of the 'virtual' conference. At the same time, the challenge remains for conference organizers and those involved in building the conference programme to maximize opportunities for the participation of those engaged in the fight against HIV/AIDS and to ensure that identified priority areas are equitably addressed.

1.   CONTEXT AND METHODOLOGY

1.1   Introduction

Since its inception in 1985 the International AIDS Conference has become the world's largest global forum on HIV/AIDS. The XVI International AIDS Conference (AIDS 2006) was held in Toronto, Canada, 13 – 18 August, 2006. Over 21,000 delegates attended the conference, including scientists, health care providers, people living with HIV/AIDS (PLWHA), members of communities most affected by and at most risk of HIV/AIDS, political, community and business leaders, journalists, and government, non-governmental and intergovernmental representatives.

The conference theme, *Time to Deliver*, was rooted firmly in the vision that the International AIDS Conference must foster an environment of scientific inquiry, forthright dialogue, collective action, and greater accountability among all parties[1].

The conference sought to achieve its vision through the following goals:
- Expand public awareness of the continued impact of and global response to HIV/AIDS;
- Highlight recent successes, as well as current challenges, and the potential to overcome them;
- Underscore the central role of basic, clinical and prevention science in the global response to HIV/AIDS and the need for evidence-based programming that is based on sound research;
- Influence key policy makers to increase commitment and responsible action based on evidence;
- Support the engagement and de-stigmatization of PLWHA and those working professionally in HIV/AIDS;
- Enable those working in the field of HIV/AIDS to be better prepared to meet the needs of those affected by and living with HIV/AIDS; and
- Be inclusive of those engaged in the response to AIDS, and transparent in the way that it is planned and implemented[2].

1.2   The Evaluation

1.2.1   Objectives

AIDS 2006 was the sixteenth International AIDS Conference; however, it was only the second conference to be systematically evaluated[3]. In the absence of an evaluation brief, the AIDS 2006 Evaluation Coordinator met with members of the Conference Organizing Committee, Conference Co-organizers and the International AIDS Society (IAS) and Toronto Local Host Secretariats in May 2006 to discuss evaluation purposes and methodology.

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[1] XVI International AIDS Conference Invitation Programme (undated), p5.
[2] *ibid*
[3] Lalonde, B. et al. A process and outcome evaluation of the XV International AIDS Conference: Who Attends? Who Benefits Most*? eJournal of the International AIDS Society*, 2007, 9(1):6.

During these discussions three themes consistently arose relating to:

- The size of the conference: *Is the conference too big? What is the optimum size?*
- Participants' expectations of the conference: *What do people expect? Can their expectations be met? Is the conference trying to be all things to all people?*
- The value of the conference: *How does the conference make a difference? What will constitute a successful conference? How can success be gauged?*

The discussions culminated in the development of an evaluation plan, and the identification of four evaluation objectives:

  i To identify the immediate and longer term impact of the conference on delegates.

 ii To build on existing[4], and establish new evaluation processes that will allow the individual and collective impact of International AIDS Conferences to be monitored over time.

iii To review different types of conference sessions, to identify their strengths and weaknesses and assess their impact.

iv To make evaluative comment on key elements of the conference planning process[5].

1.2.2 Methodology

Given the conference's complex context, a naturalistic inquiry approach was adopted which sought to collect and consider a range of views about AIDS 2006, using both quantitative and qualitative methods:

> *Naturalistic inquiry focuses upon the multiple realities that, like the layers of an onion, rest within and complement each other. Each layer provides a different perspective of reality and none can be considered more 'true' than any other... Moreover, the layers cannot be described or understood in terms of separate and independent variables, rather, they are intricately interrelated to form a pattern of 'truth'. It is these patterns that must be searched out, less for the sake of prediction and control, than for the sake of understanding[6].*

The methodology provided for process, impact and outcome evaluation:

- Process evaluation sought to shed light on how and why the conference worked, and to highlight areas requiring change or improvement.
- Impact evaluation focused on the immediate effects of AIDS 2006 and the extent to which progress was made towards the achievement of conference goals.
- Outcome evaluation considered the longer term effects of the conference over time on delegates. Discussions were also initiated about the impact of the conference on groups and institutions in civil society, government and private sectors and how this might be assessed[7].

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[4] *ibid*

[5] D. McConachy (2006). AIDS 2006 Evaluation Plan.

[6] Guba, E. & Lincoln, Y (1983) *Effective Evaluation.* San Francisco: Jossey Bass, p.74.

[7] Owen, JM (1999). *Program Evaluation: Forms and Approaches*. Sydney: Allen & Unwin.

Data collection strategies

A range of methods was used to collect qualitative and quantitative data to address the evaluation objectives. These are described in detail in Appendix 1 and include:

- Review of conference documentation, the AIDS 2006 website and previous conference evaluation reports;
- Consultation with selected staff at the IAS and Local Host Secretariats, Conference Co-organizers and the Conference Organizing Committee;
- Structured and informal observation of selected conference sessions, activities and processes;
- Interviews with and surveys of key informants before, during and after the conference.

The data collection instruments used in the evaluation are presented in Appendix 2. The leading instrument was an online survey sent to all delegates with an email address two weeks after the conference had ended [8]. Of the 16,654 surveys received, 43% (n=7,119) were completed and returned. Due to the large sample size, the survey primarily collected quantitative data and a number of other instruments were used to gather information to expand and illuminate the survey findings.

Four additional surveys (online and paper) were administered before, during or after the conference (the number of useable responses is bracketed):

- Skills building workshop participant survey (n=900);
- Skills building workshop facilitator survey (n=64);
- Committee member survey (n=47);
- Delegate follow-up survey (n=135).

Ten short intercept interviews were also conducted during the conference with delegates from each of the following groups (the number of useable responses is bracketed):

- Scientists who had attended at least two International AIDS Conferences (n=45);
- Young people under 26 years of age (n=45);
- Delegates who had attended at least three International AIDS Conferences (n=44);
- First-time attendees of an International AIDS Conference (n=44);
- People using the PLWHA Lounge (n=43);
- Delegates about networking opportunities (n=47);
- Delegates about key challenge areas (n=45);
- Delegates attending interactive sessions (n=55);
- Moderators of interactive sessions (n=11);
- Members of the general public (n=57).

The interviews were conducted by members of the evaluation team and 25 evaluation volunteers. All volunteers had a background in research or evaluation, had participated in a half-day training session and were briefed and debriefed each day they worked.

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[8] The list of delegates was provided by the onference organizer, K.I.T. GmbH Association and Conference Management Group. To increase accessibility the survey was offered in English, French and Spanish, a link was posted on the AIDS 2006 website for people who have difficulty accessing email, and the link and the availability of print copies on the final day of the conference were advertised in the conference newspaper. Of the 17,311 emails sent out, 3.7% could not be delivered (bounced back).

To allow comparison over time, some monitoring and activity data were also reviewed from previous conferences[9].

Data analysis
Responses to open-ended questions were transcribed and analysed for content and key themes. Frequencies and cross-tabulations were tallied for closed questions. Total numbers vary in some instances because non-responses were excluded from valid data. Statistical comparisons including chi-square were employed in the analysis of the data, although for clarity the details of these are not included in this report. Where the term *significant* is used in the report, differences have been found with a probability of at most α 0.05. The information collected was triangulated and cross-checked to illuminate similarities and differences in the perspectives offered and to highlight key issues[10].

1.3   Other conference-related reporting and evaluation

In addition to the evaluation of AIDS 2006 the following reporting and evaluation was undertaken:
- An in-depth evaluation of the Global Village[11];
- An economic impact assessment of AIDS 2006 on Toronto, the host city[12];
- A conference policy report[13];
- Process reports of individual conference programmes and projects[14].

The above areas were not included in the evaluation of AIDS 2006 to maximize available resources and avoid duplication. It is recommended that the report of the evaluation of the Global Village be read in conjunction with this report.

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[9] It should be noted that audited financial data was not available at the time of writing and will be reported separately.

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

[11] AIDS 2006 Toronto Local Host Post Conference Report: Global Village Monitoring and Evaluation.February 2007
Report, November 2006.

[12] XVI International AIDS Conference Economic Impact Assessment, Paradigm Consulting Group, August 2006.

[13] Undertaken by the International AID Society.

[14] Prepared by individual Programme Coordinators at IAS and Toronto Host secretariats.

2. CONFERENCE OVERVIEW AND DEMOGRAPHIC DETAILS OF SURVEY RESPONDENTS

The evaluation focused on four main areas:
- Conference attendance, potential reach and delegate participation;
- Impact of the conference on delegates and the contexts in which they work;
- Elements of the conference programme; and
- Components of conference planning and organization.

The results reported are primarily drawn from the data collected in the online survey. Additional evaluation data gathered during interviews and other surveys are included where appropriate. To frame the evaluation findings an overview of the conference structure and programme as well as demographic details of the delegates who participated in the online survey are presented in this chapter.

2.1 Overview of AIDS 2006 structure and programme

The conference was organized by the International AIDS Society (IAS) and the Toronto Local Host in collaboration with the Conference Co-organizers: the Global Network of People Living with HIV/AIDS (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the International Council of AIDS Service Organizations (ICASO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Canadian AIDS Society.

Committees working at three levels had primary responsibility for conference planning and programme building. These committees were:

i. The Conference Organizing Committee (COC), comprising 16 people.

ii. Three Programme Committees, each comprising 14 or 15 people:
    - Community;
    - Leadership;
    - Science.

iii. Five Scientific Track Committees, each comprising 21 to 23 people:
    - Track A: Biology and Pathogenesis of HIV;
    - Track B: Clinical Research, Treatment and Care;
    - Track C: Epidemiology, Prevention and Prevention Research;
    - Track D: Social, Behavioural and Economic Sciences;
    - Track E: Policy.

2.1.1 Conference programme

The conference programme comprised two main components: Programme Sessions and Programme Activities. The Programme Sessions component included:
· Plenary sessions;
· Abstract driven sessions in the five scientific tracks (including oral abstract sessions, poster discussions and poster exhibition and viewing sessions);
· Non-abstract driven sessions (including symposia, bridging, learning from practice and controversy and common ground sessions);
· Skills building workshops.

The Programme Activities component covered four main areas:
· Cultural Programme;
· Youth Programme;
· Outreach Programme;
· Global Village.

Each of the above areas had a comprehensive programme overseen by a programme committee. For example, the Global Village offered sessions, forums and oral presentations, live plenary broadcasts and 'meet the plenary speakers' sessions, networking zones, a Youth Pavilion, NGO exhibition booths, marketplace booths, a virtual Global Village and cultural activities[15].

In addition to the Programme Sessions and Programme Activities there were opening and closing ceremonies, satellite meetings and exhibitions, as well as a variety of affiliated events held before and after the conference.

2.2 Delegate survey respondents

A range of demographic information was collected from the 7,119 survey respondents. Where available, data collected at registration from all delegates is presented for comparison[16].

2.2.1 Country/ region of work and residence
Survey delegates were asked to identify their main country of work and their main country of residence. A total of 187 countries of work and 193 countries of residence were identified. The 10 countries most frequently identified are presented in Table 2.1.

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[15] Monitoring and Evaluation: AIDS 2006 Global Village, *op. cit* .p.12-15.
[16] Demographic data for approximately 17,300 delegates (referred to as 'all delegates') is presented; this information was not available for group and one-day registrants.

Table 2.1: Primary country of work and primary country of residence

	Survey Respondents	
Country	Percent work (n=7055)	Percent live (n=7102)
Canada	24.5	26.5
United States	16.4	19.7
South Africa	4.3	3.3
India	2.9	2.5
Kenya	2.7	2.3
United Kingdom	2.6	3.4
Nigeria	2.5	2.2
Uganda	1.9	1.5
Thailand	1.6	1.3
China	1.5	1.4
More than one country	2.5	0.4

The countries reported were grouped into regions and a breakdown by region is presented for survey respondents and all delegates in Figure 2.1 (Region where live) and Figure 2.2 (Region where work). Not surprisingly the majority of respondents lived and worked in Canada/USA[17].

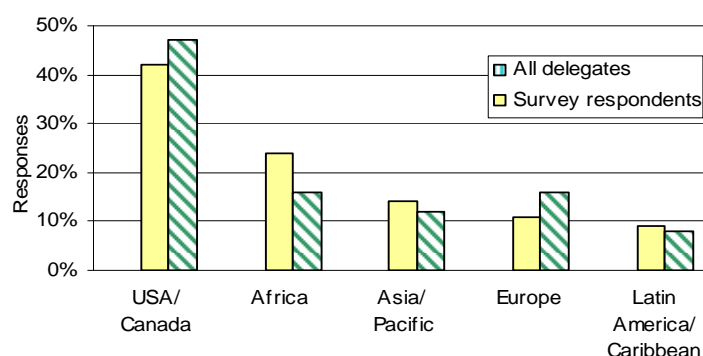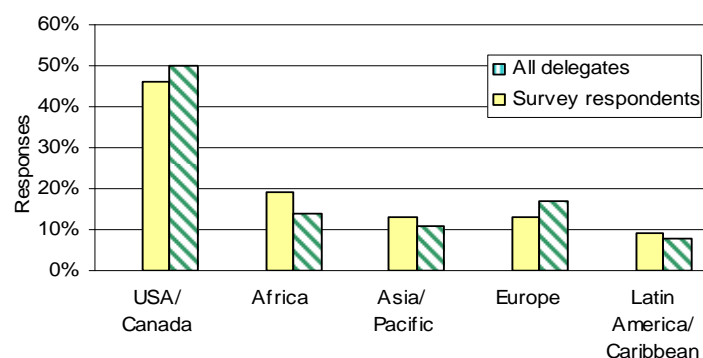**Figure 2.1: Region where live: survey respondents and all delegates**

Figure 2.2: Region where work: survey respondents and all delegates

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[17] International AIDS Society regional groupings were used.

2.2.2 Primary occupation/profession and primary place of work

Although the two largest groups of respondents were health care workers/social services providers and researchers/scientists, people from a wide a wide spectrum of professions and occupations attended AIDS 2006, as shown in Table 2.2.

Table 2.2: Primary occupation/profession: survey respondents and all delegates

Occupation/profession*	Survey respondents Percent (n=7119)	All delegates Percent (n=16120**)
Health care worker/social services provider/lab technician (eg clinician, physician, counsellor)	24	29
Researcher/scientist	21	16
Policy/administration	12	13
Educator/trainer	10	6
Advocate/activist	9	5
Student	6	6
Media representative	6	11
Funder	2	1
Other (eg lawyer, priest, writer, volunteer)	10	13
Total	100	100

* The occupation/profession categories are those used on the conference registration form
** Delegates were excluded whose occupation/profession was not known

Although more survey respondents worked in non-government organizations and academic institutions than any other type of organization, a wide variety of affiliations were represented at the conference, as shown in Table 2.3. The majority of respondents who classified themselves as health care worker/social services provider/lab technician worked in a hospital/ clinic (33%) or a non-government organization (26%).

Table 2.3: Primary place of work/affiliation: survey respondents and all delegates

Organization Type*	Survey respondents Percent (n=7119)	All delegates** Percent (n=16296)
Non government organization	26	21
Academia (university, research institute)	20	17
Hospital/clinic	11	10
Government	9	10
Grassroots community-based organization	7	4
PLWHA group/network	5	4
Media organization	4	11
Intergovernmental organization	4	3
Pharmaceutical company	4	7
Other (eg, faith-based organization, charitable foundation, trade union, private sector)	10	13
Total	100	100

* The categories are those used on the conference registration form
** Delegates were excluded whose primary place of work was not known

2.2.3 Age and gender

Nine percent of survey respondents were under 26 years of age and were categorized as youth delegates[18]. The occupation of the majority of these delegates was student (39%), followed by advocate/activist, healthcare worker/social services provider and educators/trainers (each 11%).

Over half the respondents were female, as shown in Table 2.4.

Table 2.4: Gender: survey respondents and all delegates

Gender	Survey respondents Percent (n=7119)	All delegates Percent (n=17271)
Female	55.7	51.3
Male	43.9	48.4
Transgender	0.4	0.3
Total	*100*	*100*

2.2.4 Years worked in HIV/AIDS field

Although the majority (57%) of respondents had worked in the HIV/AIDS field, full or part-time, for at least six years, AIDS 2006 still attracted many attendees who were relatively new to the field, as shown in Table 2.5.

Table 2.5: Years worked in the HIV/AIDS field

Length of time in years	Percent (n=7103)
2 or less	17
3 – 5	26
6 – 10	28
11 – 15	14
16 – 20	11
more than 20	4
Total	100

Table 2.6 presents the length of time survey respondents had worked in the HIV/AIDS field by region. Fewer delegates from the African region had worked for more than 10 years.

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[18] AIDS 2006 Conference Organizing Committee definition.

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Table 2.6: Years worked in the HIV/AIDS field

Years worked in field	USA/Canada Percent	Latin America/ Caribbean Percent	Asia/Pacific Percent	Africa Percent	Europe Percent
2 or less	24	11	11	10	16
3 – 5	23	26	28	31	25
6 – 10	21	30	33	40	28
11 – 15	14	16	17	12	14
16 – 20	12	14	9	6	14
over 20	6	3	2	1	4
	100	100	100	100	100

2.2.5 Number of International AIDS Conferences attended

Survey respondents had attended between one and 16 International AIDS Conferences; however, more than half (56%) reported that AIDS 2006 was their first International AIDS Conference. The majority of first-time attendees lived (59%) and worked (53%) in the Canada/United States region. Most other respondents had only attended one or two previous International AIDS Conferences as shown in Table 2.7.

Table 2.7: Number of conferences attended

Conferences attended	Percent (n=7103)
1	56
2	18
3	10
4	5
5 or more	11
Total	100

2.2.6 Programme area of main interest

Survey delegates were asked if the majority of sessions they had attended were in the community, leadership or science programme area. Almost half (45%) indicated that the sessions they had mostly attended were in more than one area. Respondents who selected only one area most frequently selected science (29%), followed by community (18%) and leadership (6%).

Respondents who identified science as one of their main programme areas were asked to indicate which track/s (up to two) they had mostly attended. Track A (Biology and Pathogenesis of HIV) and Track E (Policy) were selected by markedly fewer respondents, as shown in Table 2.8.

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Table2.8: Scientific tracks mostly attended

Track	Percent* (n=7119)
A: Biology and Pathogenesis of HIV	9
B: Clinical Research, Treatment and Care	29
C: Epidemiology, Prevention and Prevention Research	28
D: Social, Behavioural & Economic Science	21
E: Policy	9
There was no main tracks/s	4
Not sure	2

* Percentages total more than 100% because some respondents selected two tracks

Half the survey respondents had submitted an abstract for AIDS 2006.

2.2.7   Representativeness of survey sample

A comparison of survey respondents with all delegates shows that, overall, the survey sample was representative with respect to gender, occupation, place of work/organizational affiliation, region where work and region where live.

It was not possible to determine if the proportion of survey delegates (56%) who reported that AIDS 2006 was their first International AIDS Conference accurately reflected all delegates as information about attendance at previous conferences was not collected at registration.

3. FINDINGS: CONFERENCE ATTENDANCE, REACH AND PARTICIPATION

The inclusion and engagement of the broadest possible array of stakeholders was integral to the achievement of the goals of the XVI International AIDS Conference [19]. The evaluation examined conference inclusion and engagement from three perspectives:

- Conference attendance, reach and participation;
- Potential barriers to participation;
- Support for participation.

3.1 Conference attendance

Attendance at International AIDS Conferences has been increasing, as shown in Figure 3.1[20]. AIDS 2006 attracted 21,206 delegates and when staff, exhibitors and accompanying persons are added to this figure, a total of 26,341 people participated in the conference

Figure 3.1: Total delegate registrations
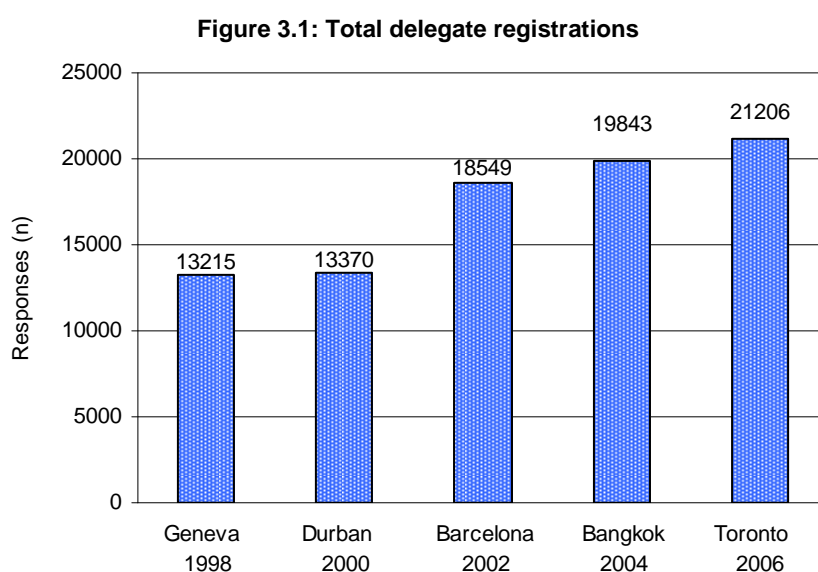
To increase the attendance of people from non-OECD countries a new fee structure was introduced prior to AIDS 2006, reducing the registration fee for delegates from these countries. Approximately one third of delegates who attended the conference came from non-OECD countries[21].

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[19] XVI International AIDS Conference Invitation Programme (undated), p5.

[20] Comparative conference data was drawn from the Report on the XV International AIDS Conference, Bangkok, Thailand, 11-16 July 2004, p.36. Available at: www.iasociety.org/pdf/BangkokReport.pdf

[21] Figures are approximate because country data was not available for all delegates.

3.2   Conference reach

3.2.1   Media coverage[22]

Print media, radio and television broadcasts, and online media coverage played a key role in extending the reach of AIDS 2006. The conference was attended by 2,428 registered journalists representing 94 countries from all regions of the world. Most, if not all, top-tier print, radio and broadcast outlets and all major wire services attended the conference, as well as several international groups with global reach. The largest group of journalists (39%) came from the host country and representatives from all major Canadian media were in attendance. Fewer local journalists attended AIDS 2006 than AIDS 2004 (937 Canadian journalists versus 1,665 Thai journalists) which is reflected in the total attendance figure (see Figure 3.2)[23]. The difference in these figures may be an indicator of the prevalence and position of the epidemic in each country.

Figure 3.2: Accredited media representatives attending conferences 1998 – 2006
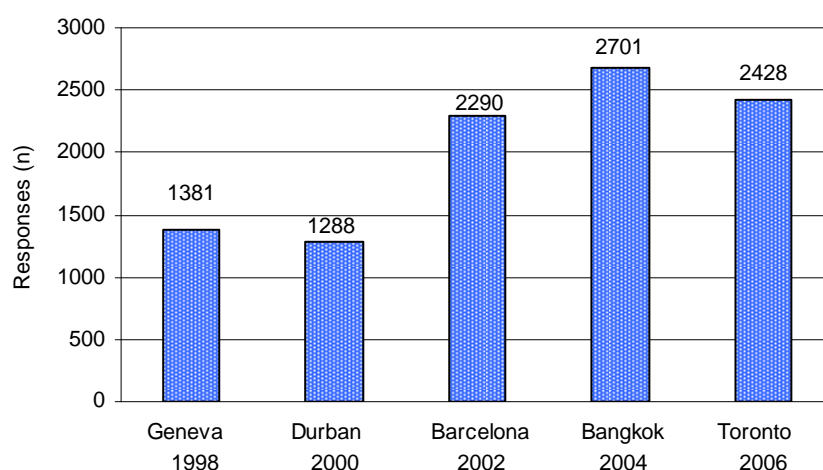
The data presented about media coverage focus on print and online coverage[24].

Print media coverage
Media monitoring by Magenta News reported international print media stories about AIDS 2006 using a key word search function. Table 3.1 presents the number of English-language stories containing the words 'International AIDS Conference' in the weeks before, during and after the conference. It should be noted that the data presented under-represent the total conference news coverage because the service only tracks English-language stories and does not track radio and television broadcasts. During the week of the conference 2,692 articles mentioned AIDS 2006, more than double the number of articles about AIDS 2004 for the same period of time.

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[22] Information provided by Communications Department, IAS
[23] Comparative data was drawn from the Report on the XV International AIDS Conference, *op. cit.*, p.44.
[24] Resource limitations precluded more extensive media monitoring at AIDS 2006.

Table 3.1: English-language print media coverage as tracked by Magenta News

Report Date (2006)	Articles mentioning International AIDS Conference
8 August	65
14 August	282
15 August	616
16 August	602
17 August	588
18 August	604
19 August	600
20 August	596
21 August	189
28 August	45

Online Coverage

The growing importance of online coverage was evident at AIDS 2006. Some participating journalists wrote exclusively for online information sources and all top-tier news outlets relied on their websites and online news services to distribute breaking news. Online coverage was also an important resource for journalists who were unable to attend the conference (many from resource-limited countries), allowing them to track events in real time.

AIDS 2006 had two online partners:

- Clinical Care Options which tracked and reported scientific information presented at the conference and was oriented to a research and clinical audience.
- kaisernetwork.org, a service of the Kaiser Family Foundation which produced webcasts of key conference sessions as well as a daily summary of English-language news coverage of AIDS 2006 (distributed in email form to 17,000 subscribers daily).

Kaisernetwork's coverage included 64 session webcasts (some live), 13 newsmaker interviews, five Toronto Notebook interviews, five daily roundup video highlights and, for the first time, podcasts in English/Spanish/French. Programming was made available through the AIDS 2006 website, Kaisernetwork's own site, and through 100 organizations in 22 countries which asked to syndicate coverage during the conference. This represented a substantial increase from AIDS 2004 online coverage and extended the reach of AIDS 2006.

During the week of the conference, Kaisernetwork's Toronto page had 109,000 visitors from 179 countries, totalling over 154,000 page visits. This was more than triple the volume of traffic at AIDS 2004. Moreover, more than one-third of visitors had not been to the site before, indicating that AIDS 2006 helped to broaden Kaisernetwork's own reach. Kaisernetwork also worked with the World Bank to feed webcasts to parallel meetings organized by the bank during the conference. As a result, groups of up to several hundred people at sites in 15 countries throughout Africa watched sessions taking place in Toronto and engaged in follow-up discussion. The World Bank estimates approximately 4,000 people participated in South Africa.

Almost half of the web traffic to kaisernetwork.org came through the AIDS 2006 website. There were over 112,500 unique visitors to the website during August, with the majority of visits taking pace in the week before and during the conference. During this same period, there were 27,800 views of the Virtual Media Centre page and nearly 13,000 views of the trilingual (English, French, Spanish) conference newspaper, *The Daily Voice*, which was produced and distributed on-site each day of the conference.

3.2.2   AIDS 2006 Scholarship Programme

The aim of the International AIDS Conference Scholarship Programme is to make the conference accessible to people who otherwise could not afford to attend. The AIDS 2006 scholarship programme comprised five components:

i. **International Scholarship Programme**
This programme prioritised people from resource-constrained environments and young scientists globally. In order to expand the reach of AIDS 2006 to delegates in non-OECD countries the budget for the international scholarship programme was increased by 20%. Scholarships were awarded according to selection criteria developed by the International Scholarship Working Group (reporting to the Conference Organizing Committee). Following review of 16,063 applications, 812 scholarships were awarded to applicants from 131 countries. Recipient attributes are presented in Table 3.2.

Table 3.2: Attributes of international scholarship recipients

Attribute		Percent (n=812)
Region		
Asia/Pacific		24
Africa		26
Latin America/Caribbean		22
North America		15
Europe		13
	Total	100
Gender		
Male		38
Female		61
Transgender		1
	Total	100
HIV status (optional)		
HIV+		42
HIV-		41
Unknown		10
Unselected		7
	Total	100
Type of recipient*		
Abstract		43
Non Abstract		57
Skills Building		13

* Percentages total more than 100% as these categories are not mutually exclusive

ii. **Canadian Scholarship Programme**

The aim of this programme was to support Canadian conference delegates and participants in the AIDS 2006 Cultural Programme. The programme was administered by the Toronto Host Secretariat and a volunteer committee reviewed applications using established criteria, awarding 994 scholarships to Canadian residents.

iii. **Media Scholarship Programme**

Following review of over 1,000 applications, the conference provided media scholarships to 60 individuals from 49 countries, 30 of whom participated in a three-day pre-conference training hosted by the National Press Foundation.

iv. **Global Village registrations**

Each organization registered in the Global Village (n=264) was offered free conference registration for one member of their delegation. One hundred and eighty four registrations were distributed.

v. **Programme sponsorships**

Financial support was provided to approximately 230 people involved in the AIDS 2006 programme, including speakers, facilitators, session chairs and programme committee members.

A total of 2,280 delegates received support at AIDS 2006. The total number of scholarships/sponsorships awarded at the conference and the four previous International AIDS Conferences are presented in Figure 3.3[25]. The figures presented for each conference must be used with caution because they do not allow for influencing variables such as conference location and type of scholarship. For example, 812 international scholarships were awarded at AIDS 2006 and 990 at AIDS 2004. However, the average cost of a full scholarship at AIDS 2006 was more than double that of AIDS 2004, with more full scholarships awarded at AIDS 2006.

Figure 3.3: Total number of scholarships/sponsorships awarded (international and local) 1998 – 2000

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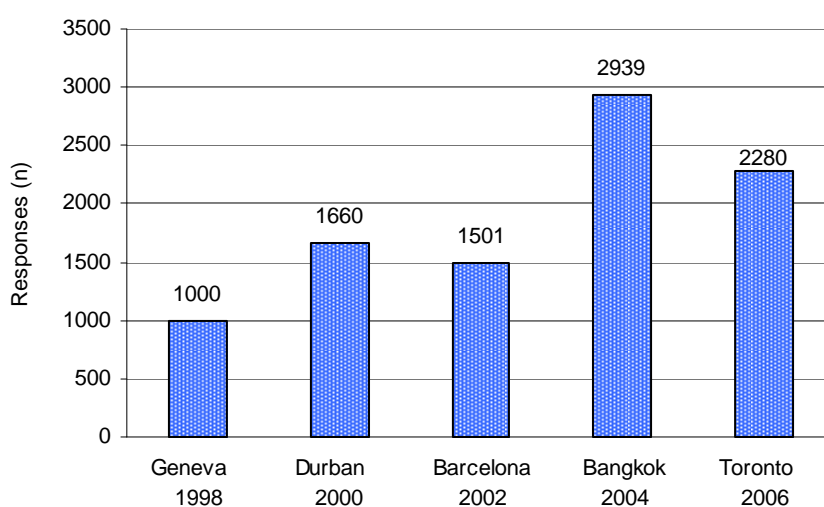
[25] Report on the XV International AIDS Conference, *op. cit.*, p.40.

3.2.3   Volunteer involvement in AIDS 2006

The success and strength of International AIDS Conferences is dependent on the participation of volunteers. Two volunteer programmes operated at AIDS 2006; one run by the conference organizing group, K.I.T, and the other by the Toronto Local Host. These programmes offered people who would not usually attend the conference an opportunity to participate. Around 950 volunteers worked with K.I.T in all areas except the Global Village and community activities. Approximately 780 volunteers worked with the Local Host on a wide range of local activities, including the Global Village.

In addition to registered volunteers, many people in the HIV/AIDS field volunteered their time before, during and after the conference. For example, approximately 150 programme and track committee members and 1,300 abstract reviewers contributed to programme building for AIDS 2006. The Toronto Local Host was supported by around 20 programme and advisory committees, groups and task forces, involving several hundred volunteers.

3.3   Conference participation

3.3.1   Initial source of information about AIDS 2006

A range of outreach and other activities were undertaken to raise awareness of and promote participation in AIDS 2006. Survey delegates were asked how they had first learned about the conference. A recommendation by a colleague or friend (31%) or attendance at a previous International AIDS Conference or awareness of the conference schedule (23%) were the two most commonly selected sources of information from a seven-item list (see Figure 3.4).

Figure 3.4: Initial source of information about AIDS 2006 (n=7104)*
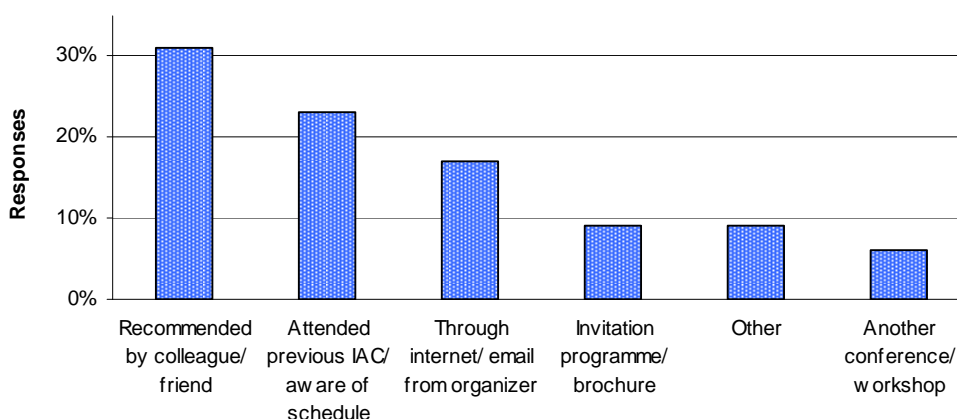
*Sources identified in the 'Other' category included work/employer and local HIV/AIDS organization.

3.3.2 Reasons for attending AIDS 2006

Survey delegates were asked to identify the two most important factors in their decision to attend AIDS 2006. Opportunities for networking (45%) and personal and professional development (40%) were the factors most commonly identified from a 10-item list (see Figure 3.5). The least reported factors were 'attending other meetings' (3%) and 'recommended by a colleague' (2%).

Figure 3.5: Main reason for attending conference* (n=7119)
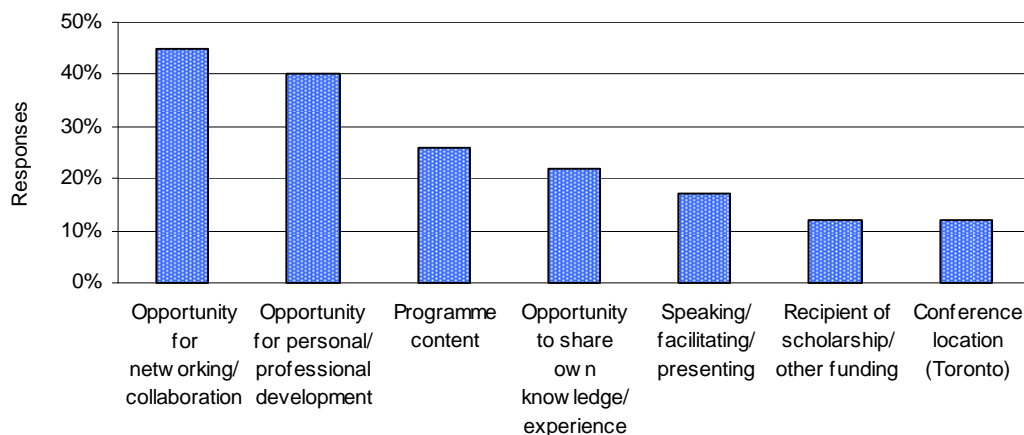
*Percentages total more than 100% because respondents identified up to two factors

3.3.3 Main sources of funding to attend conference

Survey delegates were also asked to identify their main source/s of funding for AIDS 2006 from a list of seven possible sources. Although 'Employer' was most frequently selected, one fifth of respondents had received a conference scholarship, as shown in Figure 3.6. Sources identified in the 'Other' category included grants and non-conference scholarships.

Figure 3.6: Source of funding for conference (n=7119)
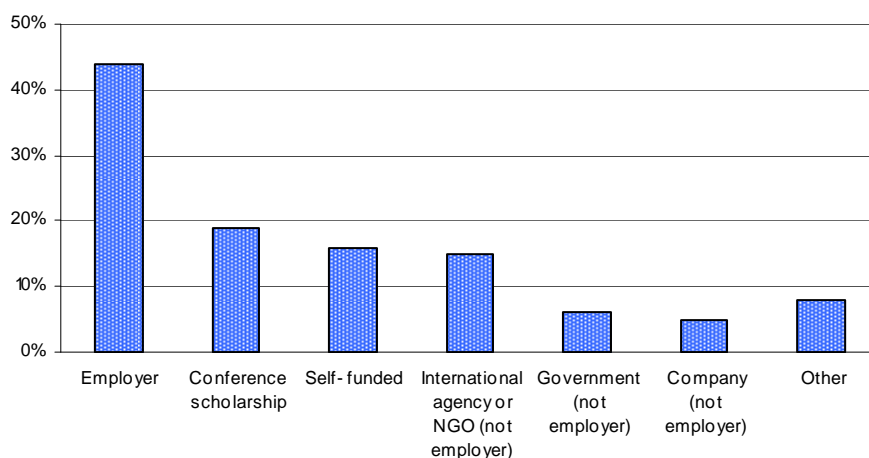
*Percentages total more than 100% because some respondents identified more than one source

3.4   Potential barriers to participation

3.4.1   Number of participants

In interviews conducted with delegates who had attended at least three International AIDS Conferences[26] (n=44), interviewees were asked for their views on the number of delegates attending AIDS 2006. Forty identified a range of positive and negative effects.

The most commonly noted positive effects (n=19) of the increase in number of delegates included:
· Increased representation of diverse populations affected by HIV/AIDS reflecting the diversity of the epidemic.
· Increased opportunities for interaction and learning;
· Greater visibility of issues and enhanced capacity to tackle these.

The most commonly noted negative effects (n=23) of the increase in number of delegates included:
· Logistical difficulties relating to the busier programme, moving around the venue, accessing sessions and networking.
· A decreased focus on science; and an overall broadening of topics;
· The fact that few developing countries have the infrastructure to host future conferences.

More commonly noted effects are reflected in the following quotations:

> *The more the merrier. The face of the conference has changed, as it should, to reflect the diversity of the pandemic*

> *The impact of the size of the conference really depends on the focus of the conference. If it's non-scientific the large size is fine. For my interests this conference is too big.*

> *The conference is too big. I had hoped to network but couldn't seem to locate an area where I could contact people. .*

Survey delegates were asked how the number of participants at AIDS 2006 would impact on their decision to attend future International AIDS Conferences. Table 3.3 shows that for the majority of respondents (77%) the growing conference size would have no impact, or a positive impact.

Table 3.3: Impact of number of delegates at AIDS 2006

| Impact of number of delegates	Percent (n=7078)
Negative impact	23
No impact	38
Positive impact	39
Total	100

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[26] Interviewees had attended between 3 and 16 IACs (average 4), came predominantly from USA/ Canada (47%), Africa (19%) and Europe (16%) regions, and were mainly researcher/scientist (49%) and health care worker/social services provider (27%).

Some delegates were significantly more likely than others to report that the number of delegates would have a negative impact, including:
- Researchers (38%) and funders (31%) versus healthcare workers/social services providers (22%) and educator/trainers (15%).
- Delegates who had attended two (27%) or three (33%) previous International AIDS Conference versus delegates attending their first International AIDS Conference (18%).

Survey delegates were also asked to rate ease of movement and session accessibility in the conference venue. Although some respondents had faced no difficulties, approximately one third had found it 'not very easy' to get to sessions on time or to meet up with friends/colleagues (see Figure 3.7).

Figure 3.7: Ease of moving around convention centre (n=7119)
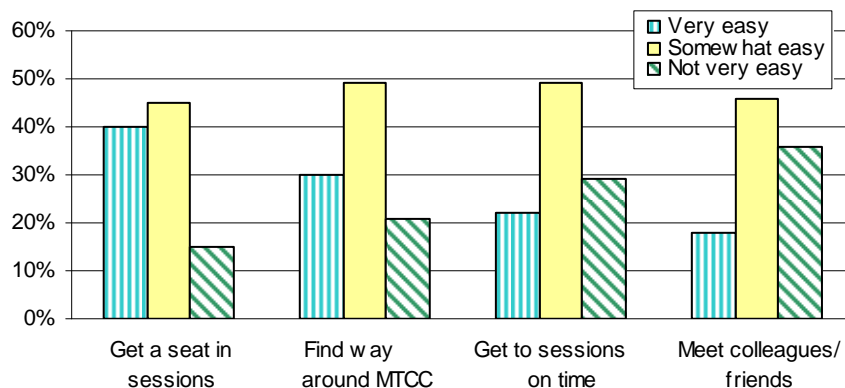
Respondents who had attended more than one International AIDS Conference were significantly more likely than first-time attendees to report that it had not been very easy to find their way around (26% versus 18%), get to sessions on time (37% versus 24%) or get a seat in sessions (16% versus 13%). This difference may be attributable to the fact that first-time attendees had no experience of previous, smaller International AIDS Conferences.

3.4.2   Number of sessions and activities

Survey delegates were also asked for their views on the range of sessions and activities offered at AIDS 2006. Although 50% respondents indicated that the number of choices was 'about right', almost the same number (45%) considered that there were 'too many' choices.

There was no significant difference between a delegate's rating of 'too many' choices and
- the number of conferences the delegate had attended;
- the delegate's main are of interest (community, leadership, science); or
- the length of time the delegate had worked in the field.

3.4.3 Pre-conference processes

A number of important pre-conference processes rely on delegates' capacity to access the internet and to follow written instructions in English. Survey delegates were asked to rate their level of spoken English. The majority rated themselves as 'proficient' (79%); the remainder described their level of English as 'fair' (12%) or limited (9%).

Survey delegates were also asked to rate the ease with which they had:
▪ accessed the AIDS 2006 website;
▪ accessed online registration;
▪ understood the information on the website;
▪ followed the registration process; and
▪ submitted an abstract.

Although the majority of respondents rated these processes 'very easy', as shown in Figure 3.8, approximately 10% rated it 'not very easy' to follow the registration process or to submit an abstract. Respondents who rated these processes 'not very easy' were significantly more likely to have described their level of spoken English as 'limited' (13%) as opposed to 'fair' (10%) or 'proficient' (8%).

Figure 3.8: Rating of pre-conference processes
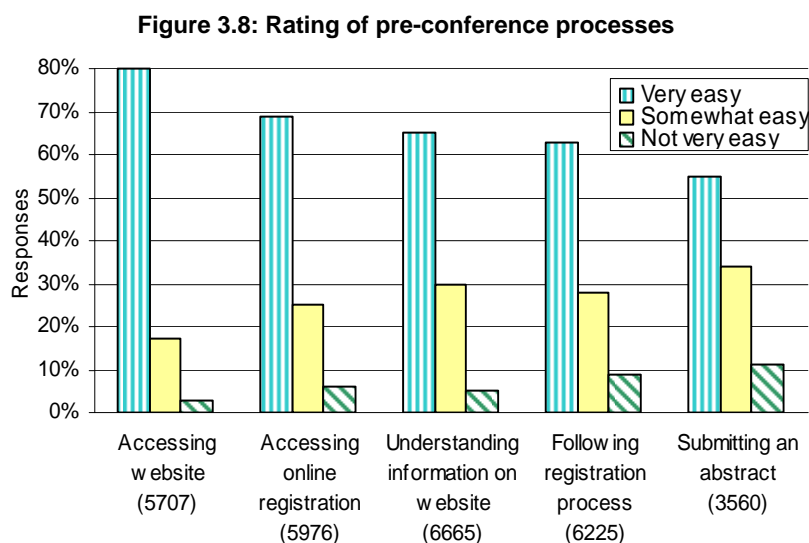
The above results should be used with caution because although measures were taken to increase accessibility of the survey, those delegates who have limited (or no) internet access or whose English is poor or may have not been able to retrieve or complete the survey. As already noted, of the 17,311 emails sent to addresses in 184 countries, 3.7% could not be delivered ('bounced back').

3.5   Support for conference participation

A number of established initiatives, as well as some introduced at AIDS 2006, supported conference participation. These include the youth programme, PLWHA Lounge, interpretation services and resources for selecting sessions and activities.

3.5.1   Lounge for people living with HIV/AIDS (PLWHA Lounge)

The PLWHA Lounge was designed to support and maximize the participation of people living with HIV/AIDS (delegates, volunteers, staff) at AIDS 2006. Although the proportion of people living with HIV/AIDS attending the conference is not known, the Lounge was extremely popular with daily attendance counts exceeding 2,500 on the third and fourth days of the conference[27],

Feedback about the Lounge was sought during interviews with delegates using the Lounge on the second and fourth days (n=43)[28]. Although the majority of interviewees reported that the Lounge had been easy to find, one quarter had not found it easily. Most interviewees indicated that this was not their first visit. Those interviewed on Day 2 (n=23) had visited between two and 15 times (average: three visits); those interviewed on Day 4 (n=20) had visited between three and 20 times (average: seven visits). This finding suggests that daily attendance counts may over-represent the actual number of individuals who visited the Lounge. The typical amount of time people reported spending on each visit varied from 10 minutes to one hour.

Interviewees were asked to identify the most important benefit/s the Lounge offered people living with HIV/AIDS. Most noted more than one benefit and their responses fell into four main categories:

- *Importance of having a place to rest and relax* was identified by three quarters of interviewees who described physical aspects of the Lounge such as comfortable seating, relaxing music and welcoming staff, as well as a 'safe', 'calm' and 'gentle' atmosphere.

- *Availability of free food and drink* was identified by two thirds of interviewees, some of whom specifically mentioned their need to take medication with food or drink. Others commented on the availability of nutritious food and/or fresh fruit, or the high cost of food in the convention centre.

- *A place to network with other people with HIV/AIDS and/or to meet friends* was highlighted by half the interviewees.

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[27] J van Veen (September 2006). Lounge for Persons Living with HIV/AIDS: Final Report. XVI International AIDS Conference, Toronto, Canada.

[28] Interviewees mainly came from USA/ Canada (37%), Europe (28%) and Asia/Pacific (16%) regions; were mostly health care worker/social services provider (37%), advocate/activist (22%) and educator/trainer (15%); and 53% had attended at least one previous IAC.

- *Provision of a massage service* was noted by one third of interviewees.

The following quotations exemplify the role of the Lounge:

> *It's a comfort zone – a calming and serene space made this way to make us feel comfortable. There is nourishment for when I feel weak and I can network in comfort.*

> *It has nutritional food which helps to take meds. It has a good atmosphere [and] it's somewhere to meet nice people who are PLWHA.*

Asked if they would be able to attend the conference if the PLWHA Lounge did not provide the features they had identified, the majority of interviewees (74%) indicated that they would still attend. The remainder (n=9) were unsure.

Forty interviewees provided additional comments or suggestions about the Lounge. One third specifically said they did not have any comments because the current arrangement was fine. The remainder (n=26) offered a variety of suggestions or identified issues, the most frequently noted being:

- Need for greater variety of and/or more food (38%);
- Issues around over-crowding and/or the need for stricter monitoring to reduce the number of HIV negative people using the Lounge (23%);
- Expansion of existing services (including massage or places to be quiet/lie down), or the introduction of new services (including support for vision-impaired people or a facility to connect people with HIV/AIDS) (19%);
- Distance of the Lounge from the medical centre and some session rooms; the need for better signage (9%);
- Extension of opening hours to accommodate people attending evening sessions (9%).

3.5.2   Youth-related initiatives

AIDS 2006 was the first International AIDS Conference to have a designated youth website and youth pavilion. These and other youth-oriented activities served two main purposes: to support young people attending the conference, and to profile youth issues to ensure young people had a voice in conference proceedings. Feedback about the website and the pavilion was solicited in the delegate survey and in interviews conducted with 45 young people during the conference. The extent to which there was permeability between youth-oriented events and sessions and other conference events and sessions was also investigated.

Nine percent of survey delegates were under 26 years of age. The vast majority of these delegates (90%) were aware of the youth website and just over half had used it. A similarly large proportion of respondents over 26 years (91%) were also aware of the youth website and just over one third had used it. Overall, respondents found the website useful, as shown in Table 3.4.

Table 3.4: Usefulness of youth website

Rating	Youth delegates Percent (n=340)	Other delegates Percent (n=2361)
Not very useful	12	12
Somewhat useful	41	47
Very useful	47	41
Total	100	100

Almost all youth respondents (97%) were aware of the youth pavilion and just over two thirds had visited it. The vast majority of respondents over 26 years (90%) were also aware of the pavilion, with 38% reporting they had visited it. Table 3.5 shows that, overall, respondents regarded the pavilion favourably, although a higher proportion of young people rated it 'very useful'.

Table 3.5: Usefulness of youth pavilion

Rating	Youth delegates Percent (n=443)	Other delegates Percent (n=2258)
Not very useful	9	12
Somewhat useful	33	49
Very useful	58	39
Total	100	100

Interviews were also conducted with 45 youth delegates[29] who were asked whether it was useful to have youth-oriented activities at AIDS 2006. Most interviewees (88%) considered these were valuable, the most commonly cited reasons including:
- Young people require support/education to prepare for their role as future leaders in HIV/AIDS (40%);
- Youth Pavilion provides a friendly, non-intimidating space where young people can meet (38%);
- Young people are a vulnerable group with high HIV incidence rates; it is important that they have a presence and their issues are profiled (28%).

The following quotations exemplify the range of comments:

> *The earlier you incorporate young people in the fight against AIDS, the better. Young people are key to education.*

> *It is important to engage youth in research activities. As they will be doing research in the future, they need to learn now.*

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[29] Most interviewees were first-time attendees (91%), predominately came from USA/ Canada (62%), Asia/Pacific (20%) and Africa (13%) regions, and were mainly student (33%) and educator/trainer (31%).

It is good to know where the other youths are hanging out. [It was also] nice to see how youth view things differently compared to the older delegates, and to listen to young people's views and to see how they advocate for HIV education.

The remaining five interviewees were unsure whether youth-oriented activities were useful. Interviewees were also asked if they had found it easy, overall, to participate in the conference. Most reported that it had been easy. Those who did not find it easy indicated this was primarily due to the large number of activities and sessions on offer, making selection and participation difficult at times.

Information was also sought about the proportion of time interviewees had spent at sessions or activities outside the youth programme. Three quarters reported spending between half and all of their time outside the youth programme, suggesting ease of movement between the programme and other conference sessions and activities.

3.5.3   Resources for selecting sessions and activities

A variety of resources were available to assist delegates organize their time and select sessions during the conference (see Figure 3.9). Delegates surveyed were asked about their use of the resources. Overall, the resources were well-known, with at least 85% of respondents reporting awareness of each resource.

The resources most frequently used were the AIDS 2006 website, the abstract book/CD-ROM and the online programme-at-a-glance. Three of the four least-known and least-used resources (daily poster maps, road maps, searchable abstract data base) were introduced at AIDS 2006.

Figure 3.9: Awareness and use of resources (n=6716–6833)
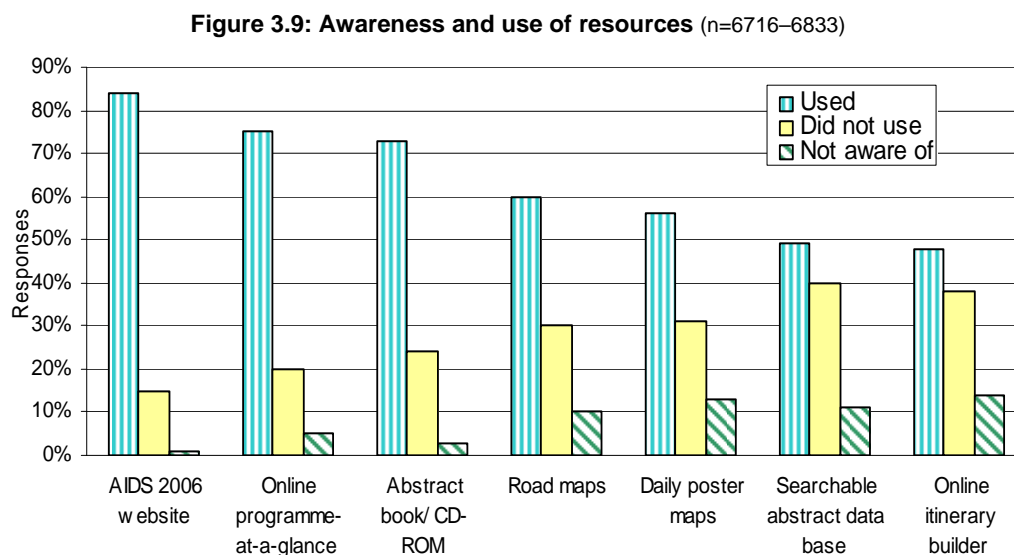
Delegates were also asked to rate the usefulness of each resource they had used. Overall, the, resources rated quite highly, with approximately half the respondents rating the AIDS 2006

website, abstract book/CD-ROM and online programme-at-a-glance 'very useful', as shown in Figure 3.10.

Figure 3.10: Usefulness of resources
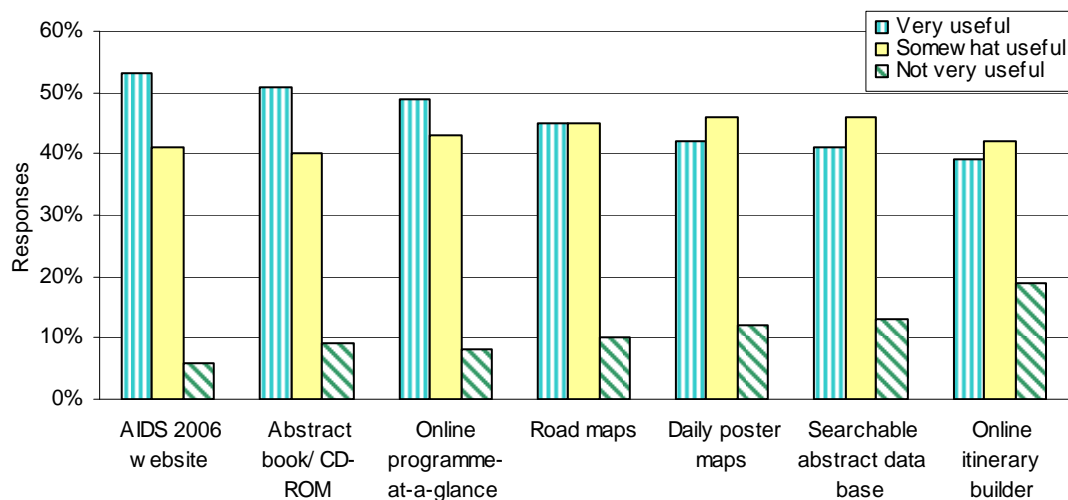
Delegates who were attending their first International AIDS Conference were significantly more likely than other delegates to rate as 'very useful' the online itinerary builder (21% versus 16%) and the daily poster maps (24% versus 21%). They were also significantly more likely than other delegates to report that they were not aware of or had not used the abstract book/CD-ROM (12% versus 7%) or the searchable abstract data base (44% versus 37%).

3.5.4   Interpretation services

English is the official language of the International AIDS Conference. Accessibility of information before, during and after the conference is of concern to organizers, especially for those delegates whose first language is not English. In an attempt to address this issue 70 programme sessions, seven satellite sessions and the opening and closing ceremonies were interpreted in one or more languages other than English[30].

Survey delegates who had used the conference interpretation services (11% of respondents) were asked to rate the quality of the service. Although the majority of respondents (60%) rated the service they had used 'good' or 'excellent', 11% rated it as 'poor' as shown in Table 3.6 . Half the respondents who rated the interpretation service as 'poor' described their level of English as 'limited'.

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[30] The conference opening ceremony was interpreted in the five official United Nations languages (French, Spanish, Russian, Mandarin, Arabic) and American Sign Language. All Plenary, Rapporteur and Closing sessions were interpreted in French, Spanish, Russian, Mandarin and American Sign Language. French and Spanish interpretation was provided for 59 parallel sessions and Russian for seven parallel sessions. Special lunchtime sessions were interpreted in French, Spanish and Russian.

Table 3.6: Rating of interpretation service

Rating	Percent (n=745)
poor	11
fair	29
good	43
excellent	17
Total	100

Respondents who described their level of English as 'limited' (n=607) were asked to identify their first language. More than 80 different languages were identified by 585 delegates. Not surprisingly the languages most commonly noted were Spanish (23%) and French (22%), the two other languages in which the delegate survey was available, followed by Chinese (5%), Portuguese (5%), Japanese (3%), Russian (3%) and Thai (2%). In retrospect, it would have been more helpful to have asked these delegates to identify their preferred language for future conferences, rather than their native language.

4.   FINDINGS: CONFERENCE IMPACT

The impact of AIDS 2006 was investigated in terms of progress towards the achievement of key conference goals and the effect of the conference on individual delegates and the contexts in which they work.

4.1   Success in achieving conference goals

The conference sought to achieve its vision by:
·   raising awareness about the impact of HIV/AIDS;
·   presenting strong evidence-based research;
·   providing opportunities to share best practice;
·   supporting the engagement of people living with HIV/AIDS;
·   building capacity of people working in HIV/AIDS; and
·   influencing key policy makers to increase commitment and action.

Survey delegates were asked to rate the success of the conference in achieving these goals. Less than 10% of respondents rated AIDS 2006 'not very successful' in achieving each goal but the last, as shown in Figure 4.1. The conference was deemed less successful in influencing key policy makers to increase commitment to action. In part, this may be attributable to the fact that a system was not in place to review commitments made at AIDS 2004, and that any progress made may not have been evident until after the conference had ended (an example of this is the contribution AIDS 2006 may have made to the South African government's shift on HIV/AIDS which occurred two months after the conference).

Figure 4.1: Rating of achievement of conference goals (n=6946–7024)
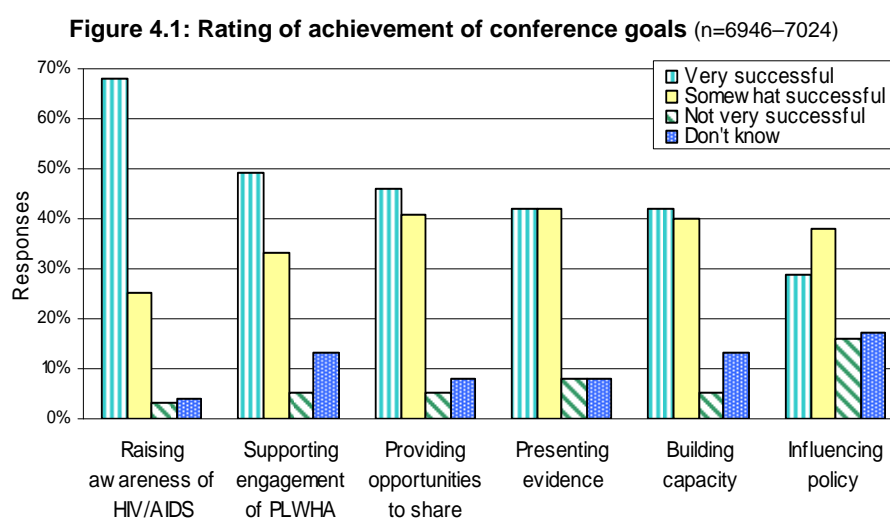
Some delegates were significantly more likely than others to rate the conference 'very successful' in achieving particular goals, including the following:
▪   Health care workers/social service providers (44%), educators/trainers (44%) and policy/administrators (43%) were significantly more likely than researchers/scientists

(37%) to rate the conference 'very successful' in presenting strong evidence-based research.

- Health care workers/social service providers (49%), educators/trainers (48%) and policy/administrators (47%) were significantly more likely than researchers/scientists (35%) to rate the conference 'very successful' in providing opportunities to share best practice.
- Educators/trainers (50%) and health care workers/social services providers (47%) were significantly more likely than researchers/scientists (33%) and policy/administrators (36%) rate the conference 'very successful' in building the capacity of people working in HIV/AIDS.

Almost two thirds of respondents (62%) affiliated with PLWHA groups/networks rated the conference 'very successful' in supporting the engagement of PLWHA.

4.2   Conference impact on delegates

4.2.1   Professional benefits gained from attending AIDS 2006

Survey delegates were presented with a list of benefits that would enhance their work in HIV/AIDS (eg new skills, a renewed sense of purpose) and asked to identify any they had acquired as a result of attending AIDS 2006. Almost all respondents (98%) reported that they had benefited professionally from attending the conference, with new knowledge and new contacts/opportunities for future collaboration the benefits most frequently reported (by 76% and 65% respondents respectively). A breakdown of responses is shown in Figure 4.2.

Figure 4.2: Benefits gained from attending AIDS 2006 (n= 6970)
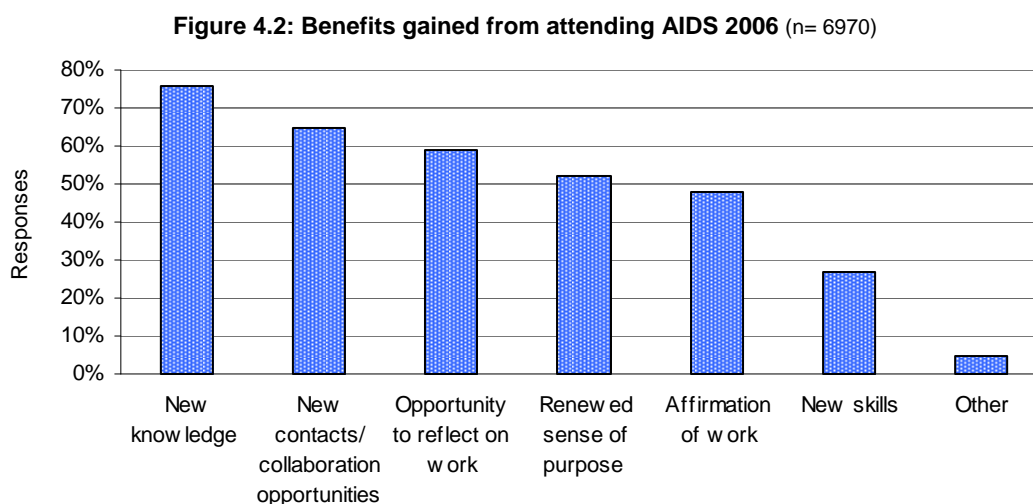
*Percentages total more than 100% because some respondents identified more than one gain

Some delegates were significantly more likely than others to report they had gained particular benefits, for example:
- Delegates attending their first International AIDS Conference were significantly more likely than delegates who had attended more than one conference to report that they had

acquired new skills (65% versus 35%), new knowledge (61% versus 39%), a renewed sense of purpose (58% versus 47%), an opportunity to reflect on what they do (64% versus 56%) and affirmation of their work (59% versus 47%).

- Delegates who had worked in the field for two years or less were significantly more likely than delegates who had worked in the field for six or more years to report they had acquired new skills (30% versus 25%) and new knowledge (86% versus 76%).

- Delegates from Africa (41%), Latin America/Caribbean (37%) and Asia/Pacific (33%) regions were significantly more likely than delegates from USA/Canada (21%) and Europe (16%) to report that they had acquired new skills.

The vast majority of respondents who had benefited from attending the conference reported that they had gained more than one benefit (87%), with approximately 70% reporting three or more benefits, as shown in Table 4.1.

Table 4.1: Number of benefits gained from attending AIDS 2006

Benefits	Percent (n=7081)
1	13
2	19
3	24
4 or more	44
Total	100

Some delegates were significantly more likely than others to report they had gained more than three benefits, including:
- First-time International AIDS Conference attendees (50%) versus delegates who had attended more than one conference (39%);
- Young people (52%) versus delegates 26 years or older (43%).
- Delegates from the Africa region (55%) versus Asia/Pacific (42%) and Latin America/Caribbean (44%) regions.
- Delegates affiliated with PLWHA networks/groups (67%) or grassroots/community-based organizations (60%) versus delegates affiliated with hospital/clinic (38%) and academia (33%).

4.2.2   Benefits gained from skills building workshops

Eighty-seven skills building workshops were run during the conference. Nine hundred delegates provided feedback about 58 workshops[31]. It should be noted that response rates varied for each workshop and participants who attended more than one workshop may have filled out more than one feedback sheet. Although almost all respondents (96%) reported

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[31] Respondents predominately worked in Africa (34%), USA/Canada (32%) and Asia/Pacific (16%) regions; mainly had worked in the field for 0 - 4 years (44%) or 5 – 9 years (26%), and 49% reported that their main area of interest was 'community'.

that they had benefited professionally from the workshop they had attended, only 27% reported gaining a new skill (see Figure 4.3). As an indicator of the perceived professional value of the skills building workshops, respondents were asked if they would recommend the workshop they had attended to a colleague. The vast majority (86%) would do this.

Figure 4.3: Benefits gained from attending skills building workshop*
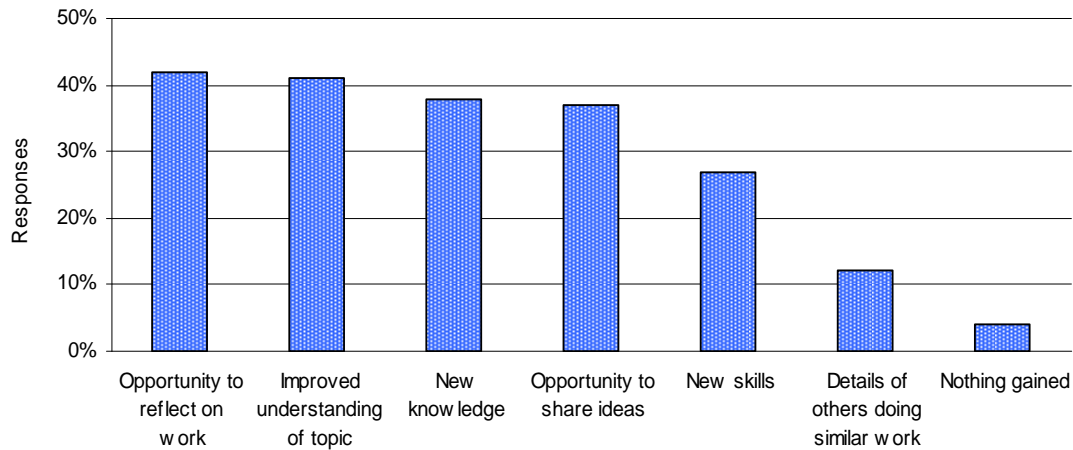
*Percentages total more than 100% because some respondents identified more than one gain

4.2.3   Anticipated use of benefits gained at AIDS 2006

Survey delegates were asked how they anticipated using the benefits they had gained at the conference. Most respondents (91%) intended undertaking at least one activity (eg working more strategically, building organizational capacity) from a list provided (see Figure 4.4). The remainder reported that they would not do anything different (4%), were not sure (3%) or had not gained anything from the conference (2%). Many respondents (85%) intended to undertake more than one activity, and almost half (48%) intended undertaking more than three activities. A total of 22,432 activities were identified by the 6,539 respondents.

Figure 4.4: Anticipated use of benefits gained* (n=6539)
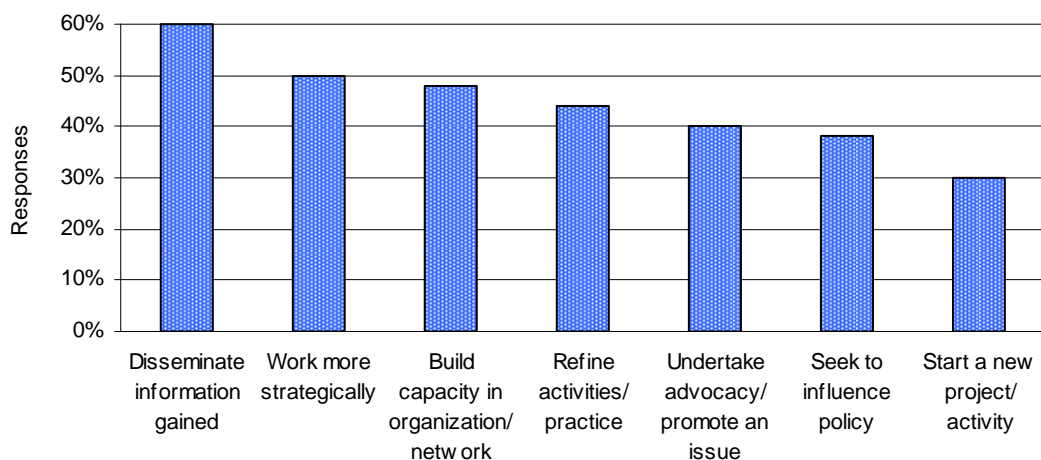
*Percentages total more than 100% because some respondents identified more than one activity

4.2.4 Actual use of benefits gained

Mindful that people often leave conferences with good intentions, and that the acquisition of skills and knowledge is only one element in the transfer of learning to the workplace, a follow-up survey was sent to 294 delegates (200 scholarship recipients and 94 skills building workshop participants) 15 weeks after the conference. The survey sought information about how respondents had used any benefits gained at AIDS 2006 in their professional practice. One hundred and thirty-five delegates responded (a 48% return rate) and their demographic details are summarized in Table 4.2.

Table 4.2: Summary of demographic details for follow-up survey respondents

Attribute	*Percent (n=135)*
Occupation	
Advocate/activist	25
Healthcare worker/social services provider	15
Researcher/scientist	13
Educator/trainer	13
Affiliation/organization	
Non-government organization	33
PLWHA group/network	24
academia	12
Hospital/clinic	10
Years worked in HIV/AIDS	
Less than three	19
3 – 5	51
6 – 10	18
Region of work	
Africa	29
Latin America/Caribbean	26
Asia/Pacific	22
First IAC	76
Scholarship recipient	87
Under 26	9

The follow-up survey respondents differed from the larger sample of survey respondents in a number of ways, including:
- more had received a conference scholarship (87% versus 19%);
- more were attending their first IAC (76% versus 56%);
- more were advocates/activists (25% versus 9%);
- more had worked in the field for three to five years (51% versus 26%);
- more worked in (Africa (29% versus 24%), Latin America/Caribbean (26% versus 14%) and Asia/Pacific (22% versus 9%) regions.

As the follow-up survey respondents are not representative of the larger sample of survey respondents (or all delegates) care must be taken in using the results.

All follow-up survey respondents reported that they had benefited professionally, with new contacts (85%) and new knowledge (77%) the most frequently noted benefits. All respondents had also undertaken at least one activity related to the conference (see Figure 4.5). The vast majority (90%) had undertaken more than one activity, with approximately half (52%) undertaking more than three. A total of 511 activities had been undertaken by the 135 delegates.
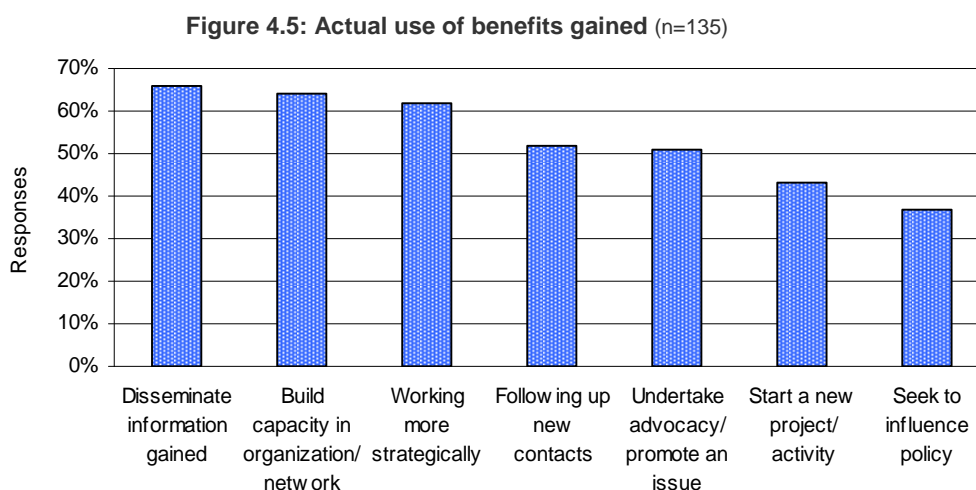
Figure 4.5: Actual use of benefits gained (n=135)

*Percentages total more than 100% because some respondents identified more than one activity

4.2.5   Challenges faced in introducing change

Follow-up survey delegates were also asked to describe any major challenges they had faced when undertaking new activities. Just over one third of respondents (n=46) reported that they had faced difficulties and most briefly described these. The challenges most frequently identified were:
- Lack of or inadequate resources, generally financial (36%);
- Limited treatment and monitoring facilities in resource-poor settings (17%);
- Amount of time required to implement change, for example, build capacity or empower people with HIV/AIDS (15%); and
- Challenge of motivating people who were not at the conference to understand/take up key issues or to tailor new information/strategies to their own context (12%).

The following quotations exemplify the challenges identified:

> *Our new project is related to basic nutrition and food supplementation for sick people's families. Our main challenge is collection of funds and /or foods donations from developed countries to [our] communities.*

> *[A major challenge is] the issue of when to switch drugs when patients have developed resistance to ART. Resistance studies cannot be done routinely in my country.*

> *The pressures of day to day work make it difficult to ensure that priorities identified at the Conference are carried through into the organisation - particularly if there were only one or two people at the Conference so enthusiasm is not shared.*

Although the majority of respondents reported that they had partly (61%) or fully (22%) overcome the challenges of implementing things gained, 17% indicated that they had not been able to do this.

4.2.6   Main impact of AIDS 2006 on delegates' work in HIV/AIDS

Follow-up survey delegates (n=135) were also asked to briefly describe the main impact, if any, that AIDS 2006 had had on their work in HIV/AIDS. The majority (82%) identified at least one impact and those most frequently identified are presented in Table 4.3.

Table 4.3 : Main impact of AIDS 2006 on delegates' work in HIV/AIDS

Impact	Percent (n=111)
Increase in personal knowledge and/or skills	55
Development of a new programme or refocus/change to an existing one	32
Increase in motivation for work/opportunity for reflection	18
Expansion of networks	17
Confirmation of current programme/approach to work	11
Dissemination of information gained at conference	10

* Percentages total more than 100% because some respondents identified more than one impact

The conference appears to have had two main types of impact on this group of delegates, most of whom were scholarship recipients attending their first International AIDS Conference:

▪ It provided support for respondents' professional practice by increasing their knowledge and skills, expanding their networks, increasing their motivation and/or confirming their current work.

▪ It provided an impetus to change practice, resulting in the development of new programmes or refinement of existing ones, and/or the education of others who were not able to attend the conference.

The types of impact identified by respondents are exemplified in the following quotations:

▪ Increase in personal knowledge and/or skills

> *I learnt more about world advocacy efforts and ways in which we can work together with other countries for lobbying, information exchange and advocacy issues.*

> *I gained a better understanding of what HIV/AIDS means for real people. I also had some insights regarding therapeutic adherence.*

▪ Development of a new programme or change to an existing one

> *The conference helped us to focus our work, before we were working assisting children with HIV/AIDS, now we want to assist sick mothers in pregnancy condition, in an attempt to decrease the number of infected children at birth.*

It has given me a broader understanding of the challenges of HIV/AIS prevention elsewhere which has enabled me to implement strategies with certainty that they are right for the environment. It has also encouraged me to use the best practice examples of others.

- Increased motivation and/or opportunity for reflection

  [I have a] renewed sense of purpose knowing that I am not in this fight alone. There are so many people in this world that are helping in big and small ways to stop the spread of HIV/AIDS.

  [AIDS 2006] has helped me to progress my work, mainly through the stimulating of my mind to explore and act on ideas that I have been thinking about for some time.

- Expansion of networks

  It was very useful for my job because I got new knowledge and I met people who are helping me with my work now. Furthermore, I met people who work in HIV/AIDS in a very different way to me (I am a basic researcher), and it came in useful to learn about my topic with a different view.

  [I can]maximize limited resources with what I have gained from other delegates' experiences and with strong collaboration and networks with other institutions and organizations.

- Confirmation of work

  What is being practised in my center is globally what is happenings elsewhere. We are on track.

  It has confirmed what we are doing is valid and necessary. It has given me a real experience of the number of people working to combat or alleviate the destruction caused by HIV/AIDS. I have made some good contacts with whom I shall continue to share experiences and contacts.

- Education of others through the dissemination of information gained at AIDS 2006

  [I] am able to impart new information to my co-workers and to groups with whom we do workshops. It has made me more knowledgeable.

  I've gained knowledge and I've been able to think about the work everybody is doing here. I believe that me attending the conference has helped everybody in my organization because I've shared everything I learned with them. I wrote a couple of articles too.

4.2.7   Extent to which AIDS 2006 met delegates' expectations

Survey delegates were asked whether AIDS 2006 had met their expectations. The vast majority (87%) reported that their expectations had been met 'fairly' to 'very' well (see Table 4.4). It should be noted that respondents were not asked what their expectations were.

Table 4.4: Extent to which expectations were met

Rating	Percent (n=7049)
not at all	2
not very well	11
fairly well	50
very well	37
Total	100

Some delegates were significantly more likely than others to report that their expectations of AIDS 2006 had not met very well or at all, including:

- Delegates who had worked in the field for six or more years (17%) versus delegates who had worked for two years or less (8%).
- Researchers/scientists (22%) versus healthcare/workers/social services providers (12%), policy/administrators (10%), educators/trainers (10%).

Delegates' expectations of AIDS 2006 were explored in interviews conducted with scientists (n=45), young people (n=45), delegates who had attended three or more International AIDS conferences (n=45), first-time conference attendees (n=44) and people living with HIV/AIDS (n=43). The updating of knowledge and/or gaining of new information and ideas was the conference expectation most frequently identified, as shown in Table 4.5.

Table 4.5: Summary of delegate expectations of AIDS 2006[32]

Expectations	Scientist Percent (n=45)	Attended 3+ conferences Percent (n=44)	First conference Percent (n=44)	Young person Percent (n=44)	PLWHA Percent (n=43)
Update knowledge, gain new information and ideas	42	30	34	41	81
Gain a broad, international focus	28	9	23	16	33
Networking opportunities	12	22	14	20	37
Location/ new area	9	11	11	2	2
Other eg advocacy, activism	9	0	2	7	7

* Percentages do not total 100% because some respondents gave more than one reason, and some responses have been excluded

Interviewees' expectations of AIDS 2006 are exemplified by the following quotations:

> *I'm hoping to get new ideas and topics for my work in HIV prevention.*

> *[I'm hoping to gain] an understanding of the global perspective for my work for a small NGO in South Africa. Also [to get] information about funding opportunities and partnerships and resources.*

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[32] Due to concerns about interpretation of the phrase 'What are your expectations of the conference?' the question was also phrased as 'What are you hoping to get from the conference' or 'Why did you decide to attend AIDS 2006'? As a consequence, some respondents provided pragmatic reasons for their attendance (eg received scholarship, presenting a paper) and these responses were excluded.

I am interested to learn more, to network, to get more ideas, to take something back to my country to implement.

[I hope] to get the most recent information in general and information specifically about medications for HIV.

Those interviewees across the interview sets who stated that the conference was not meeting their expectations (n=39) provided a variety of reasons. Scientists (n=12) and people who had attended three or more conferences (n=14) generally noted the overall lack of scientific content or the limited information provided about particular topics. Young people (n=6) and first time attendees (n=7) offered more diverse reasons including the fact that the conference was too large, that there were limited networking opportunities, or insufficient attention had been paid to their area of interest.

4.2.8   Perceived professional value of AIDS 2006

As an indicator of the perceived professional value of AIDS 2006, survey delegates were asked if they would choose to attend AIDS 2008. The majority (60%) indicated that they would choose to attend the conference, 31% said they may attend, and 9% stated that they would not attend.

Reasons for attending AIDS 2008 were explored in interviews conducted with first-time International AIDS Conference attendees (n=44) [33]. Interviewees (n=39) who indicated that they planned to attend the next conference offered a variety of reasons, including:
· furthering education and building on things learned at AIDS 2006 (41%);
· obtaining information, especially global updates (32%)
· coming together at global level to evaluate progress in key areas (16%);
· networking (11%)
· gaining a different, location/region-specific perspective and experience of HIV/AIDS (11%).

The following quotations exemplify the reasons most commonly provided:

[I will attend AIDS 2008] because I have learned so much at this conference and met many interesting people.

I don't know why but I am still very hopeful about developments that may come out of this conference. The next conference would be a good forum for evaluation of progress made in two years.

As a researcher, this is where all the ideas are bounced around. Conferences help ideas flow through the system. It is also a great place to find out what governments/institutions are doing.

Survey delegates who would not choose to attend AIDS 2008 (9%) were asked for their reasons. Those most frequently provided are presented in Table 4.6.

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[33] Interviewees came predominantly from USA/Canada (65%), Africa (11%) and Asia /Pacific (11%) regions; and were mostly researcher/scientist (26%), educator/trainer (19%) and health care worker/social services provider (17%).

Table 4.6: Reasons for not attending AIDS 2008

Reason	Percent (n=585)
AIDS 2006 too big *(eg too many delegates, too many sessions/activities)*	30
Limited quality/type of information presented at AIDS 2006 *(eg lack of focus, too general, nothing new, specific topics not addressed)*	30
Cost of attending AIDS 2008	23
AIDS 2006 not cost-effective *(eg not conducive to learning, too extravagant, information on web)*	18
Poor logistics/organization at AIDS 2006 *(eg onsite registration, poster area, issues for people with special needs, programming, session accessibility)*	17
Not enough science/ poor science at AIDS 2006	16
Location of AIDS 2008 *(eg safety, security, summer in Mexico City)*	13
AIDS 2006 too political	10
Other conferences more useful *(eg conferences that focus on science alone or an aspect of science)*	8
Other *(eg others in organization will attend, not able to attend conference outside own country, too exhausting for PLWHA, conference mainly in English)*	23

* Percentages total more than 100% because some respondents gave more than one reason

The following quotations exemplify some of the issues more commonly identified by respondents who would not choose to attend AIDS 2008:

I found that the conference was too big, too political, too many sessions, too overwhelming, and the sessions I attended were misleading from the descriptions given - mainly there was a lot of talk and theorising, but not much practical 'where to from here', or 'how to' or these are our suggestions on how to solve/ approach/ deal with said problem/challenge.

[I would attend] only if the number of delegates decreases. I found the whole thing to be more an 'event' than a conference about sharing cutting-edge research. I realized that intellectually I get more from smaller conferences specializing in one particular area ... I think the AIDS conference in Toronto was very successful in raising international awareness and engaging political commitment to policy change - but not in creating an intellectual environment where knowledge is being disseminated among researchers. Too many people, not enough research.

AIDS 2006 was far too large. So much time was required to physically navigate the Convention Centre that I lost valuable time and was late for/unable to get into many of the sessions. Given the expense of flying delegates from all over the world to attend a conference where there really were not groundbreaking developments (as there were in Vancouver 1996) I question the long term value of such a huge financial investment.

Some delegate groups were significantly less likely than others to say they would attend AIDS 2008, including:
- Researchers (50%) versus other occupational groups (63%).
- Delegates who had attended five or more International AIDS Conferences (50%) versus delegates who had attended one conference (60%).

Not surprisingly, delegates who said that they would not choose to attend AIDS 2008 were significantly more likely than other delegates to report that AIDS 2006 did not meet their expectations 'very well' or 'at all' (32% versus 6%).

4.3   Conference impact on general public

AIDS 2006 received extensive local media coverage in the lead up to and during the conference. Interviews were conducted with members of the Toronto general public (n=57) during the week of the conference to investigate their levels of awareness about the conference and whether, as a result of AIDS 2006, they had learned anything about HIV/AIDS. The interviews were conducted outside the conference precinct (eg in the Toronto business district and on the subway).

Most respondents (93%) were aware that the conference was happening. The majority (81%) had heard about the conference via the media, most commonly though a newspaper or television. Just over half (55%) reported that they had learned something about HIV/AIDS as a result of the conference. The most commonly identified types of information related to:
- infection rates and other statistics (eg number of people infected and affected in Canada; number of orphans world-wide; worsening epidemics in Russia, China and India);
- political issues (eg non attendance of Canadian Prime Minister);
- issues for particular groups (eg women and empowerment);
- scientific advances (eg prevention and treatment);
- the role of prevention.

The following quotations highlight the types of learning that occurred:

> *[I] have become more aware of the different factors in play or obstacles in effecting real change, this includes the link between culture and politics and how money is not the issue. It has refreshed and renewed my interest in the subject.*

> *I have learned about the women in India, who did not realize that HIV/AIDS is a risk until they get it and then are surprised by it. I think that this conference is great because it is bringing awareness to these issues.*

5. FINDINGS: CONFERENCE PROGRAMME

The structure and content of the conference programme are integral to the achievement of the conference goals. The Future Directions Project (undertaken after AIDS 2004) recommended altering the structure of some sessions to encourage dialogue and debate, organizing some sessions around key challenges, and increasing the presence and quality of science[34]. The evaluation investigated these changes and other aspects of the programme.

5.1 Changes to conference programme over time

The programme at International AIDS Conferences has changed in scope and focus over time. Delegates interviewed (n=44) who had attended at least three conferences were asked to identify any major changes they had observed in the conference programme. Most interviewees (88%) noted a variety of changes including:

- An increase in the breadth and number of attendees, a larger youth presence, increased community awareness, and greater involvement and integration of people from developing countries;
- A broader perspective and many more issues of interest, a greater emphasis on practical information and skills building, and a change in focus from science alone to social science and public health, reflecting the changing needs of the epidemic;
- A reduction in useful scientific data, a shift away from basic and clinical sciences, and a greater emphasis on biomedical prevention;
- A shift from research to intervention, a tendency to conflate advocacy with social sciences, and an increased political emphasis.

5.2 Overview of abstracts submitted

AIDS 2006 attracted a record 13,112 abstracts as shown in Figure 5.1[35].

Figure 5.1: Total abstracts submitted at International AIDS Conferences 1998 – 2006

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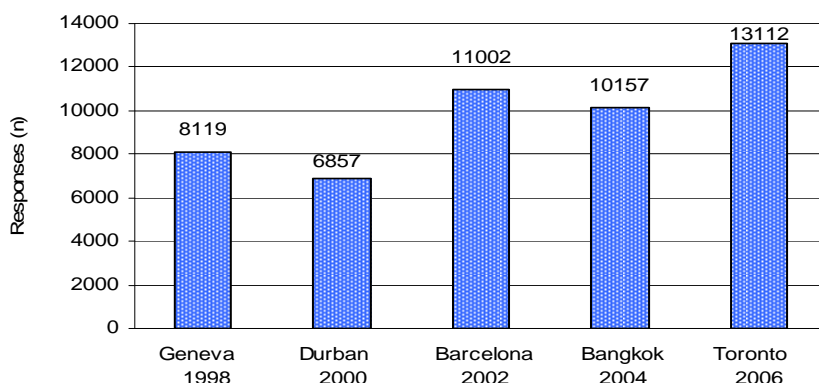
[34] Maximizing the Impact of the International AIDS Conference. Report of the Future Directions Project. Geneva, International AIDS Society, undated.

[35] Comparative data was drawn from the Report on the XV International AIDS Conference, *op.cit* .p.39.

Although there was an increase in the number of abstracts submitted at AIDS 2006, this did not occur across all tracks. Figures 5.2 - 5.6[36] present comparative abstract submission data by track for AIDS 2006 and the four previous International AIDS Conferences. Caution must be used in interpreting the statistics as the number of tracks and track descriptors have changed over time; however, the tracks can be broadly categorized as:

· Basic Sciences;
· Clinical Research, Treatment and Care;
· Epidemiology and Prevention;
· Social Sciences and Economic Issues, and
· Policy, Advocacy and Interventions.

Figure 5.2: Abstracts submitted by track – Basic Sciences

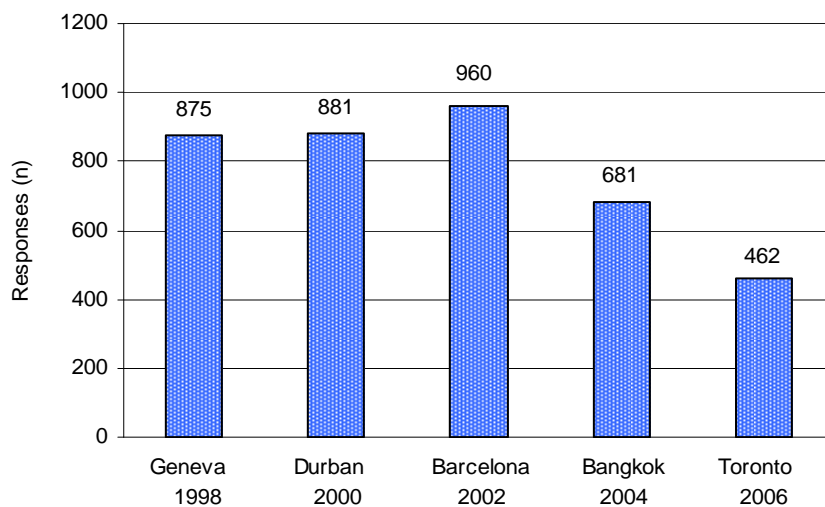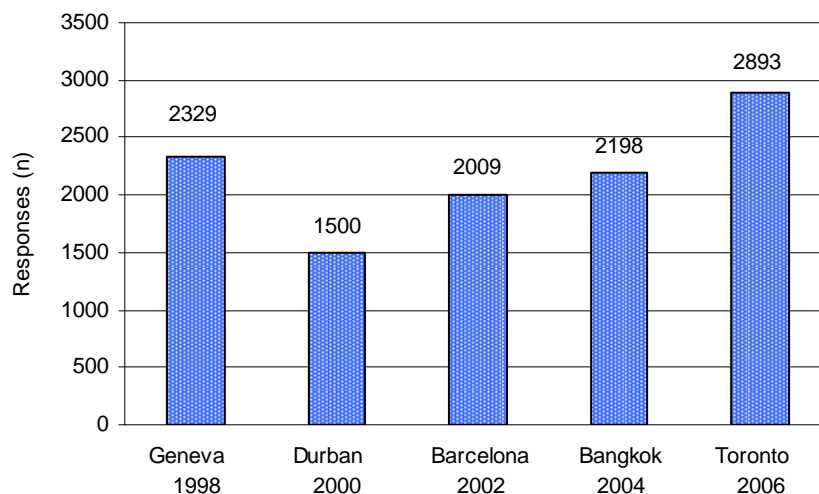**Figure 5.3: Abstracts submitted by track – Clinical Research, Treatment and Care**

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[36] *Ibid* p.36-39

Figure 5.4: Abstracts received by track – Epidemiology and Prevention
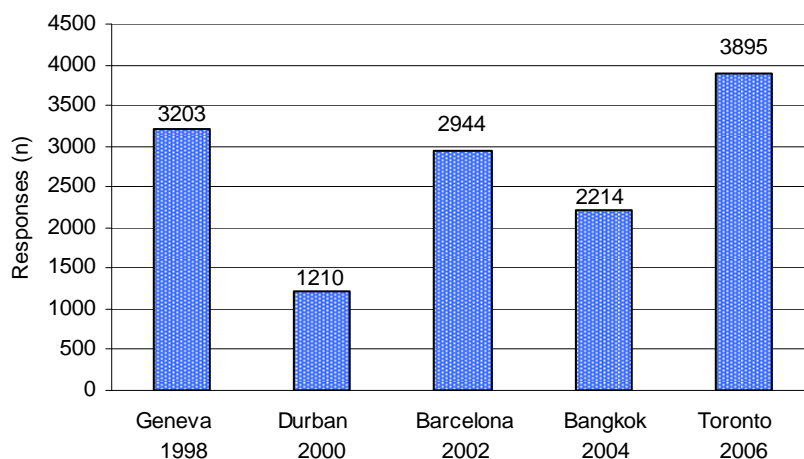

Figure 5.5: Abstracts submitted by track – Social Sciences and Economic Issues
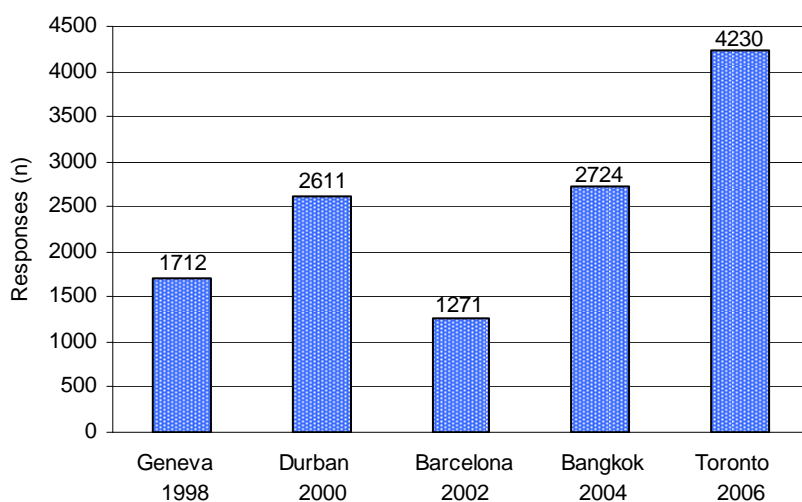
Figure 5.6: Abstracts submitted by track – Policy, Advocacy and Interventions
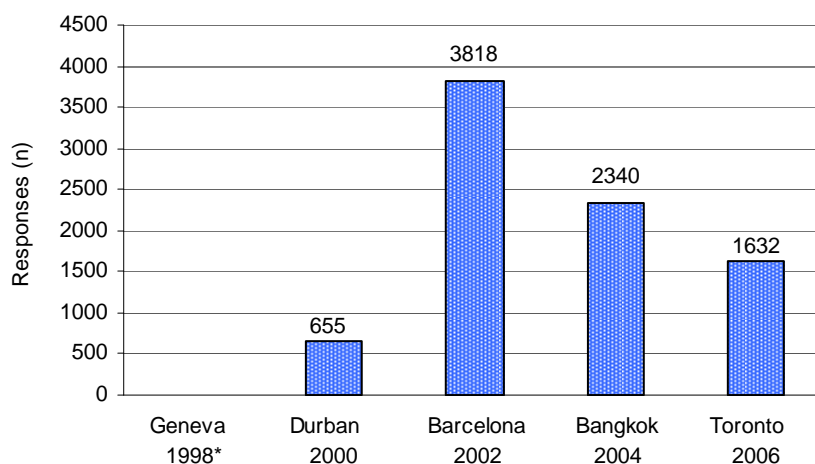
* There was not a policy track at this conference

While there is a clear upward trend for abstracts in the social sciences and epidemiology and prevention tracks, there is a marked downward trend for abstracts in the basic sciences and policy tracks. Moreover, the basic sciences and policy tracks at AIDS 2006 only attracted a small proportion of overall abstracts submitted (4% and 12% respectively), as shown in Table 5.1.

Table 5.1: Abstracts submitted by track at AIDS 2006

Track	Percent (n=13112)
Biology and Pathogenesis of HIV	4
Clinical Research, Treatment and Care	22
Epidemiology, Prevention and Prevention Research	30
Social, Behavioural & Economic Science	32
Policy	12
Total	*100*

A total of 9,789 abstract presentations were made at AIDS 2006 in the following categories:
· Oral presentation (n=364)
· Poster discussion (n=199)
· Poster presentation (n=3815)
· CD ROM presentation (n=5411)

The top 10 abstract-submitting countries are presented in Table 5.2.

Table 5.2: Abstract submitted and accepted: top 10 countries

Country	Abstracts submitted Percent (n=13112)	Abstracts accepted Percent (n=10233)
United States	16.0	18.9
India	8.4	7.3
Nigeria	6.9	5.9
Canada	5.4	6.1
South Africa	4.1	4.5
Brazil	4.0	4.1
Uganda	3.8	3.6
Kenya	2.9	2.7
United Kingdom	2.7	3.3
Thailand	2.5	2.6

5.3   Quality of the AIDS 2006 programme

Survey delegates were asked to rate the quality of the overall conference programme. Respondents in general were very positive, with at least 80% rating the overall quality of sessions and speakers, and the usefulness of information presented, 'good' to 'excellent', as shown in Figure 5.7.

Figure 5.7: Rating of overall conference programme (n=7119)
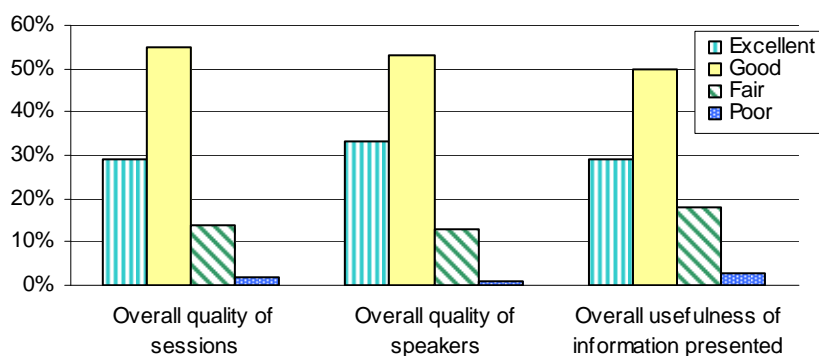

Some delegates were significantly more likely than others to rate the overall quality of sessions, speakers and information 'fair' to 'poor', including:

- Delegates who had worked in the HIV/AIDS field for six or more years versus delegates who had worked in the field for two years or less, and delegates who had worked three to five years: sessions (19% versus 13%, 10%); speakers (16% versus 13%, 9%); usefulness: (25% versus 19%, 17%).
- Researchers/scientists versus other occupations: sessions (23% versus 14%); speakers (19% versus 13%); usefulness (30% versus 20%).

It was not possible undertake statistical comparisons to determine the category of researcher/scientist (eg basic, clinical) who gave a lower rating due to the type of question asked about respondents' main track/s of interest (multiple choice) and the small number of respondents in each of these categories who gave a 'fair' to 'poor' rating.

5.3.1   Quality of the science

Several measures were introduced at AIDS 2006 to raise the quality of the science at the conference. The cut-off score for abstract presentation was increased, a fourth category of acceptance was created (abstract printed in abstract book) and the number of oral presentations per session was reduced from six to five to allow more time for discussion.

The quality of the science was investigated in interviews conducted with scientists who had attended at least two International AIDS Conferences (n=45)[37]. Asked to rate the overall quality of the science at AIDS 2006:

- 40% rated the quality 'good';
- 47% rated it 'fair'; and
- 13% rated it 'poor'.

Interviewees were also asked to compare the quality of the science at AIDS 2006 with that of previous International AIDS Conferences they had attended:

- 17% rated the quality of science at AIDS 2006 'higher';
- 60% rated it 'similar'; and
- 23% rated it 'lower'.

Scientists who rated the science 'lower' (n=10) were asked to explain their rating. These interviewees noted that there was little reporting on new treatments or strategies, or the science was too general, less research-oriented or more focussed on social aspects.

All interviewees were asked how the quality of science could be improved at future conferences. The majority (n=26) offered a variety of suggestions, including:

- Increasing the focus on basic and clinical sciences; improving the quality of social science abstracts;
- Offering more oral abstract sessions and poster presentations; better delineating session types;
- Marketing the conference in such a way that science is a key focus;
- Providing more scholarships for scientists.

Some other interviewees (n=7) felt that a different type of conference is needed to cater for some types of science (eg basic science) or for some topic areas (eg children), or that these should be segregated within the International AIDS Conference to ensure that they receive attention. Six other interviewees suggested that large size of the conference impacted negatively on the focus and quality of science, reducing expectations of the International AIDS Conference as a scientific conference, or the possibility of improving the quality of the science.

5.3.2   Coverage of main topic/issue of interest

Survey delegates were asked to identify the broad area or issue that was of most interest to them when they decided to attend AIDS 2006. They were then asked to rate the coverage of that issue/area in the conference programme. Whilst only 13% of respondents rated the coverage 'poor' (see Table 5.3), researchers/scientists (27%) were significantly more likely to give this rating than other occupational groups, for example, healthcare workers/social services providers (19%). Scientists/researchers who indicated that Track A (Biology and Pathogenesis of HIV) was the track they had mostly attended were more likely than other scientists/researchers to say their main area of interest had been poorly covered (n=112).

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[37] Interviewees had attended 2 – 16 IACs (average:4); predominantly came from USA/Canada (31%), Europe (19%), Asia/Pacific (19%) and African (17%) regions; and were mainly clinician (34%), basic scientist (29%) and epidemiologist and prevention scientist (29%).

Table 5.3: Coverage of delegates' main issue of interest

Rating of coverage	Percent (n=7029)
poor	13
fair	28
good	43
excellent	16
Total	100

The respondents who rated the coverage of their main issue or topic of interest as 'poor' (n=958) identified an extremely broad range of issues and topics. These included:

- prevention in general, and specific areas such as men who have sex with men, mother to child transmission, harm reduction and prevention programmes;
- science and research in general, and specific areas such as basic science, clinical science and epidemiology;
- treatment, therapies and clinical issues;
- care and support, including palliative care;
- specific groups including children and young people, women, aboriginal and indigenous people and women.

The broad topics or issues whose coverage was most frequently rated 'poor' were prevention, children and young people and treatment and anti-retroviral therapy.

5.4 Programme sessions and activities

AIDS 2006 offered a broad range of programme sessions and activities. Survey delegates were asked to identify those which they had attended from a list of 10 provided. Plenary sessions, the Global Village, posters, exhibitions and oral abstract sessions were the most well-attended (each by more than 80% of respondents), as shown in Table 5.4.

Table 5.4: Sessions and activities attended by delegates (n=6525-6929)

Session/activity	Attended Percent	Did not attend Percent	Not aware of Percent
Plenary	91	8	1
Global Village sessions/activities/networking	87	12	1
Posters	85	14	1
Exhibition	84	14	2
Oral abstract	82	16	2
Key Challenge	69	25	6
Satellites	67	29	4
Networking areas inside conference	66	28	7
Skills building workshops	59	37	3
Cultural events outside venue	45	48	7

Respondents were also asked to rate the usefulness of the sessions and activities that they had attended. Plenary sessions and Global Village sessions and activities were considered the most useful. Posters and cultural activities were considered less useful (see Figures 5.8 and 5.9).

Figure 5.8: Ratings of sessions and activities
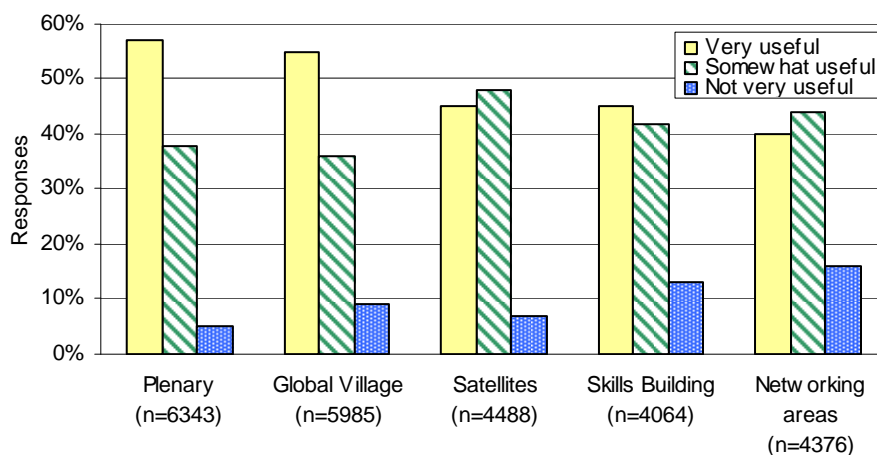
Figure 5.9: Ratings of sessions and activities
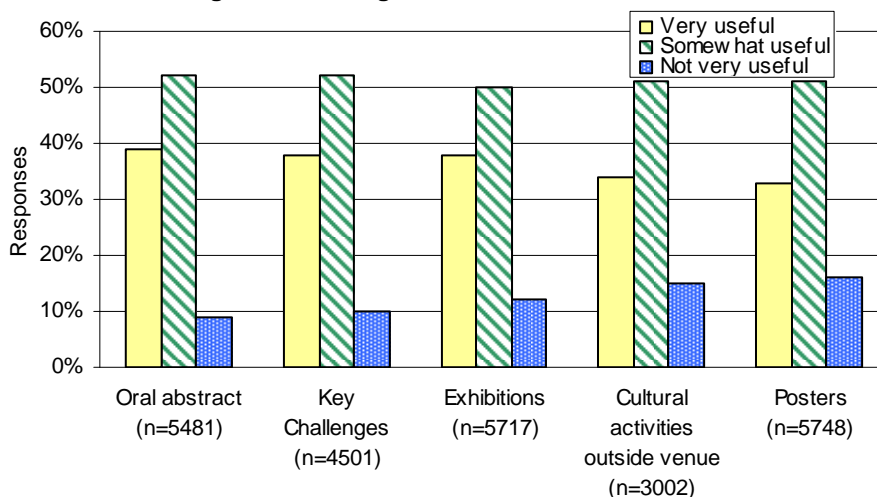
Some delegates were significantly more likely than others to rate the Global Village 'very useful', including:

- First-time attendees versus delegates who had attended more than one conference (61% versus 47%).
- Youth delegates versus delegates aged 26 year or older (68% versus 53%).
- Advocate/activist (76%), educator/trainer (65%) and media (65%) versus researcher/scientist (36%).

Some delegates were significantly more likely than others to rate the skills building workshops 'very useful', including:

- Delegates who worked in Africa (39%), Latin America/Caribbean (34%) and Asia/Pacific (33%) regions versus delegates from Europe (20%) and USA/Canada (20%) regions.
- Youth delegates versus delegates aged 26 years or older (54% versus 44%).
- First-time attendees versus delegates who had attended more than one conference (47% versus 43%).

5.4.1 Key Challenge focus areas

Introduced at AIDS 2006, the concept of key challenges involved the grouping of conference sessions around five themes, each representing an important issue that crossed conference tracks and professional disciplines. The themes were:
- Accelerating research to end the epidemic;
- Expanding and sustaining human resources to scale up treatment and prevention;
- Intensifying involvement of affected individuals and communities;
- Building new leadership to advance the response;
- Scaling up: Lessons from the field.

Just over two thirds of delegates surveyed (69%) reported that they had attended a key challenge session; the majority rating it 'very' or 'somewhat' useful (38% and 52% respectively).

Additional feedback about the key challenge focus areas was sought from 45 delegates interviewed during the conference[38]. Sixteen interviewees (36%) were unaware of the key challenge focus areas, 12 reported that they had not attended a key challenge session, and 17 had attended a session. Interviewees who had attended or planned to attend a key challenge session were asked to identify the area. Their responses revealed some confusion around the term 'key challenge' with some interviewees identifying a challenge faced in HIV/AIDS work such as 'viral evolution', 'prisons' and 'long-term survivors', rather than a challenge associated with the five key challenge themes.

Comments about the key challenges were also solicited from members of the Conference Organizing Committee and the Programme Committees (surveyed as part of the evaluation). Asked about the process for identifying key challenges, half the respondents who had been involved rated the process 'very effective'; however, some committee members also felt there was a lack of clarity around the concept or that the key challenges added another (unnecessary) structure to or duplicated existing elements of the conference programme.

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[38] Interviewees mainly described themselves as health care worker/social services provider (36%), advocate/activist (18%) and researcher (16%), and predominantly came from USA/Canada (47%) and Africa (30%) regions.

5.4.2 Interactive sessions

Conventional conference sessions at International AIDS Conferences have generally involved five or six presentations followed by questions from the floor, time permitting. In an attempt to increase opportunities for dialogue and productive debate, AIDS 2006 offered more interactive sessions, predominantly in the symposium and learning from practice session categories.

As part of the evaluation, 11 sessions described in the conference programme as 'discussion' or 'interactive' were reviewed to investigate whether these sessions offered something different to more conventional sessions. Members of the evaluation team observed the sessions and interviewed session moderators. Brief intercept interviews were also conducted with 55 delegates as they left a total of six sessions.

Observation of sessions
The majority of sessions observed attracted 200 to 300 attendees, although several had between 300 and 500 delegates in attendance. In all but one session the speakers sat on a podium as a panel, with delegates sitting, theatre-style, in straight rows below. One session had speakers sitting in grouped chairs on the podium and delegates sitting in circles of 10 below. To varying degrees each moderator outlined the purpose/aim of the session, explained how it would run, kept speakers to time, managed delegates' contributions and questions, and moved discussions forward. Several sessions, although advertised as round table or interactive, followed a conventional format.

A number of valuable learnings emerged from the observation:
- Importance of strong and engaging facilitation (eg moderator well-versed on the issue, managing time well, summarizing key points and moving discussion forward);
- Importance of speakers being fully briefed with a structure for their presentation or other contribution;
- Importance of delegates contributing to the interactive process rather than merely making statements from the floor;
- Major impact and influence of room size, room set up and acoustic quality, podium arrangement, and number of attendees;
- Potential for different types of interaction: between speakers, between moderator and speakers, between delegates and speakers, and between delegates.

Moderator feedback
All moderators interviewed (n=11) felt that the session they had moderated offered something different to more conventional conference sessions. Differences identified included a more informal approach, an opportunity to pose questions and discuss complex issues, and greater participant involvement through the sharing of ideas and experience. The majority of interviewees also considered that interactive sessions required more planning and preparation on the moderator's part, and more support from the conference organizers. Several noted the need for the moderator to be skilled and experienced; the majority had used and valued the moderator's guidelines.

Most moderators provided additional comments. These included a recommendation that more sessions of this type be offered at future conferences, session objectives be clearly spelled out and different room set-ups be considered (eg chat show and living room) to enhance opportunities for interaction.

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Delegate feedback

Although almost all delegates interviewed (n=55) stated that they had attended the session because of the topic, three-quarters also reported that the approach used in the session differed from other sessions they had attended. Around half noted that the session was different because it was more interactive or participatory. Approximately one third noted that the focus of the session or the things discussed were different (eg youth issues or the military) or the speakers were different (eg all young people). Some interviewees noted poor moderation or poor presentations.

Interviewees were asked to rate the session in terms of interest level using a five-point scale, where 1= 'uninteresting, boring' and 5 = 'stimulating, thought provoking'. The majority (65%) rated the session 'stimulating and thought provoking' (giving a '4' or '5' rating). Interviewees were also asked to rate the session in terms of balance using a five-point scale, where 1= 'too much presentation, not enough interaction' and 5 = 'too much interaction, not enough presentation'. Although the majority (59%) felt there was a good balance between presentation and interaction (giving a '3' rating), there was a difference in this rating between those respondents who reported that the approach was different (64%) and those who did not (43%).

5.4.3   Skills building workshops

Skills building workshops are another type of interactive session offered at International AIDS Conferences. Feedback was sought from workshop facilitators and participants about workshop dynamics and whether these were conducive to learning. Sixty-four workshop facilitators provided feedback. The vast majority of facilitators 'agreed' to 'strongly agreed' that the size of the group had suited the workshop (98%) and that the session room had met their requirements (85%). However, 10 facilitators also highlighted the need for greater flexibility around room set up and a space where participants and facilitators can speak afterwards. Five facilitators also felt that the time allocated was insufficient for this type of activity.

Nine hundred skills building workshop participants provided feedback about a total of 58 workshops. The vast majority 'agreed' to 'strongly agreed' that the size of the group suited the workshop (89%) and appropriate learning techniques had been used (85%). Workshop participants who rated the workshop they had attended 'good' or 'excellent' (78%) were asked to identify the factor/s that most contributed to this rating. Although the use an engaging and creative learning approach was a factor in a high rating, it was not as important as the relevance or interest of the workshop topic, as shown in Table 5.5.

Table 5.5: Factors that contributed to a good to excellent workshop rating

Factor	Percent (n=682)
Relevance of topic to work	61
General interest/appeal of topic	60
Use of engaging/creative learning approach	43
Dynamic mix of participants	42
Facilitator's extensive knowledge	40

* Percentages total more than 100% because some respondents identified more than one factor

5.4.4 Networking

Networking represents another style of interactive learning and was the reason most frequently cited by delegates (45%) for attending AIDS 2006. The concept of networking was examined in interviews conducted with 47 delegates who were asked what the term meant to them[39]. Interviewees' responses fell into three broad, related categories:

▪ *Meeting people* was identified by 50% of interviewees who primarily referred to meeting new people working in a similar field or with common skills and interests, as well as people from different disciplines and different regions. Several broadened the concept to include the establishment of links with other groups and organizations, and re-connection with people met previously.

▪ *Sharing information* was identified by 40% of interviewees, with several highlighting the benefits gained from hearing other perspectives or ideas.

▪ *Working together* was noted by 20% of interviewees who suggested that networking was about establishing relationships and potential future partnerships, collaborations or coalitions; often for the purpose of sharing resources or working more strategically.

Outcomes of previous networking
Interviewees (n=23) who had attended a previous International AIDS Conference were asked if they had networked at that conference. Sixteen (70%) indicated that they had, 12 reporting that the relationship/s had been maintained over time through the continued exchange of information and ideas via email and visits, or research collaborations and the undertaking of common projects.

Networking at AIDS 2006
A second group of interviewees (n=24) was asked on Day 4 of the conference if they had made any new contacts or connections at AIDS 2006, and if the provision of designated networking areas was important for networking. Most interviewees (n=21) reported that they had made new contacts. Sixteen considered that the availability of designated areas was important, noting that they provided a relaxed environment for people to come together, or supported delegates who didn't know many people or who had poor communication skills; however, only six had used a networking area themselves.

All interviewees (n=47) were asked if the conference organizers could further facilitate networking and 39 offered a variety of suggestions, falling into three main areas:

▪ *Providing contact information*, for example, using an online database with delegates' contact details during the conference; posting people's areas of interest; advertising and supporting networking electronically; advising which organizations will be attending and grouping these in the program.

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[39] Interviewees were mainly health care worker/social services provider/lab technician (28%), researcher (21%), policy/administrator (15%) and educator/trainer (13%); and mostly came from USA/Canada (40%), Africa (21%) and Europe (17%) regions.

- *Using space creatively*, for example, positioning chairs in a way that facilitates discussion, providing signage in several languages; offering a place to leave business cards or postings for 'skills offered/skills needed' and jobs; posting more information on walls and less on small screens; offering more internet points; locating networking areas near refreshments.

- *Reorganizing sessions*, for example, scheduling more free time to allow people to gather and talk without feeling rushed; offering times in networking areas when people can discuss certain topics or issues and advertise these widely; reorganizing the timing of talks to place similar themes together so people can gather after and talk with speakers; offering sessions with more intimate dialogue, including panels.

Eight interviewees were unsure, felt nothing more could be done or that having designated networking zones at conferences was 'forced' because networking tended to be spontaneous.

6.   FINDINGS: CONFERENCE PLANNING AND ORGANIZATION

The evaluation focused on five areas relating to conference planning and organization:
- Onsite registration
- Poster display
- Issues for people with special needs
- Location of future conferences
- Conference Organizing, Programme and Track Committees

6.1   Onsite registration

Members of the Evaluation Team observed the onsite registration process. The first day of conference registration was marred by a number of problems. These predominately stemmed from an unexpectedly large number of onsite registrants due to the non-arrival of mailed badges, as well as confusion around the queuing system. As a result, delegates who wished to register, pick up their delegate badge, or collect their conference bag had to queue for several hours. Queuing was exacerbated by hot and humid weather conditions and there was no apparent provision for people with special needs.

6.2   Poster exhibition area

Members of the Evaluation Team observed the poster exhibition area and sought informal feedback from approximately 20 delegates viewing and presenting posters. Some survey delegates also commented on the poster exhibition in response to the question 'Please explain why you would choose not to attend AIDS 2008?' and their responses were reviewed. The general consensus was that the poster area was well organized in terms of poster identification and navigation; however, access to posters was limited by narrow walkways between the poster display 'walls' which led to overcrowding. When people gathered to hear poster presentations the walkways became completely blocked, impeding access to other posters. The following quotation exemplifies the key issues:

> *The poster sessions should be one of the most important opportunities to meet other investigators in my field … [but] the space was much too small, and the vertical orientation of the posters increased the crowding even further. During the sessions I tried to attend it was nearly impossible to see the posters I wanted to see, and more importantly, meet the investigators I wanted to meet.*

6.3   Support for people with special needs

Some conference delegates had mobility problems, others were wheelchair-bound or hearing or vision impaired. In order for them to participate fully in the conference particular requirements had to be met (eg wheelchair access, allocation of special seating). Feedback

offered by approximately 10 delegates (in response to the survey 'Please explain why you would not choose to attend AIDS 2008' or given directly to members of the evaluation team) suggests that even when these requirements were articulated well in advance, they were not always met. This was attributed to a combination of factors including deficits in venue design, changing security arrangements and no single person being seen to have responsibility for the issue. The importance of having a person with special needs involved in conference planning was also highlighted. The following quotation illuminates some of the key issues:

> *There was minimal assistance/support for those with disabilities (eg. mobility problems) within the conference centre itself. No counter or identified area for those needing this kind of assistance on arrival and throughout the conference, with necessary resources available to provide the assistance needed … There are several kinds of disability, visible and not visible. In most everyday lives people can accommodate their needs and may or may not need assistance from their employer or where they volunteer. In this venue, given the vastness and complexity, many would need support.*

6.4   Location of future conferences

International AIDS Conferences held prior to the conference in Durban were hosted by developed countries. In 2000 a decision was made to alternate between developed and developing countries, largely due to the perceived positive effect of the conference on the host country and region. Survey delegates at AIDS 2006 were asked if future conferences should continue to alternate between developed and developing countries, or if they should always be held in a developing country. The majority of respondents considered the current arrangement should continue, as shown in Table 6.1.

Table 6.1: Location of future conferences

Option	Percent (n=7063)
Alternate between developed and developing country	61
Always hold in developing country	11
No preference	22
Unsure	6
Total	100

6.5   Conference Committees

The role of committees is integral to the planning and implementation of International AIDS Conferences. Information was collected from members of the AIDS 2006 Conference Organizing Committee (COC), the three Programme Committees and the five Track Committees about committee selection, representation and operations, and about programme-building for AIDS 2006. Forty seven people provided feedback, a 40% response rate, and all committees were represented (see Table 6.2).

Table 6.2: Committees represented by respondents

Committee type	Frequency
Conference Organizing Committee	8
Conference Programme Committee (Science, Community and Leadership)	13
Track Committee (Basic, Clinical, Epidemiology &Prevention, Social, Policy)	26
Total	*47*

6.5.1   Committee selection, representation and operations

Selection and representation
Committees seek to be representative in terms of such factors as geographic region, people living with HIV/AIDS, affected communities, experience in the field and professional expertise. The majority of respondents rated their committee as 'somewhat' or 'very' representative (45% and 49% respectively). Proportionally more members of the COC and Program Committees rated their committee 'very representative' (60% each) than Track Committee members (38%). This may be because Track Committee members are primarily selected to build abstract driven sessions, and representation may not be as important as other selection criteria.

The majority of respondents also rated the committee selection process as 'somewhat' or 'very' transparent (51% and 34% respectively). Proportionally, more COC members rated the process 'very transparent' (62%) than did Programmme Committee (30%) and Track Committee (26%) members

Twenty committee members (44%) provided additional comments about committee selection and representation. Their comments primarily focused on issues relating to representation, including:
· the need to reconsider the meaning of representation and how best to achieve it (eg balance versus size);
· the importance of establishing clear committee selection criteria to ensure equitable gender, regional and interest group balance;
· the importance of having members who are motivated and accountable.

Operations
The majority of respondents were 'somewhat' or 'very' clear (47% and 38% respectively) about their committee's mandate and tasks when they joined the committee. Most COC members (86%) indicated that the amount of work undertaken had matched their expectations; however, half the Programme Committee members (54%) reported more work than expected, and one third of Track Committee members (34%) reported less than expected. The majority of respondents (56%) rated the quality of the overall support provided to their committee by the IAS and Toronto Host secretariats as 'good'; 37% rated it as 'fair'.

Twenty-one committee members (45%) offered additional comments about committee operations, primarily relating to:
▪ Improving communication between committee members, and between the committees and the International AIDS Society secretariat;
▪ Clarifying the nature and amount of committee work;

▪ Recognising the effort and voluntary nature of the work undertaken by committee members.

6.5.2   Programme building for AIDS 2006

A variety of interrelated processes are involved in building the conference programme, including:
- formulating the conference vision;
- identifying the conference theme;
- setting conference goals;
- identifying key challenges;
- selecting plenary topics and speakers;
- selecting non-abstract driven sessions;
- selecting abstract driven sessions.

Members of the COC and Programme Committees had responsibility for all processes but the last, which was the primary responsibility of members of the Scientific Programme Committee and the five Track Committees. Committee members were asked to identify which aspects of programme building their committee had been involved with and, where applicable, to rate the effectiveness of the process. Responses from people who rated a process their committee had not been involved with, or who were unsure if their committee had been involved, were excluded. .

Figure 6.1 presents the proportion of respondents who rated each process 'very effective' (as opposed to 'somewhat effective' or 'not very effective'). The number of respondents is bracketed.

Figure 6.1: Effectiveness rating of 'very effective' for programme-building processes
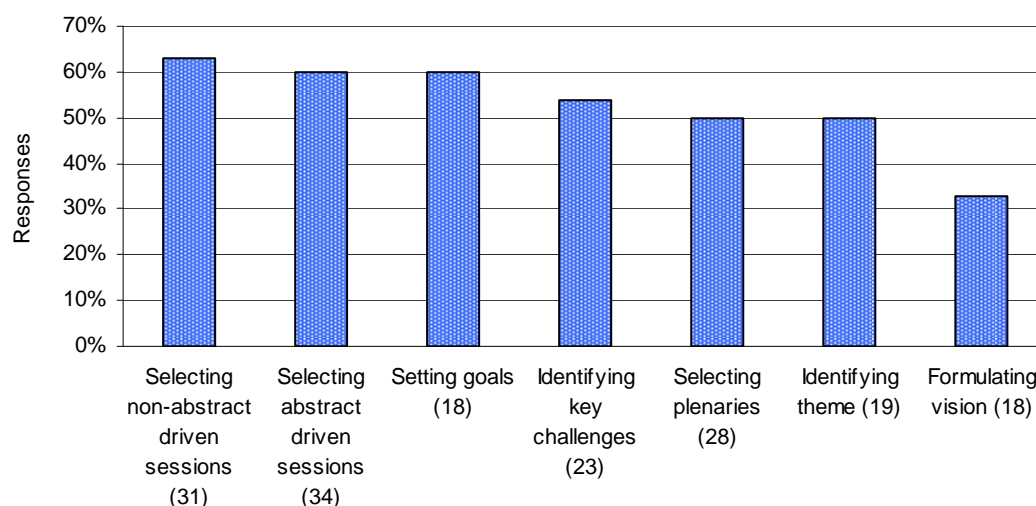
Additional feedback was sought from committee members about the selection of abstract and non-abstract driven sessions. Twenty-one people provided comments regarding abstract-driven sessions. These included suggestions for improving the timing and management of the process, changing the procedure for scoring abstracts to remove outlying scores, and establishing clear selection criteria for abstract reviewers to ensure they have the necessary skills and knowledge.

Seventeen committee members provided comments about the selection of non-abstract driven sessions. The majority highlighted issues relating to the selection process which was variously

described as 'clear and effective', to 'somewhat unclear', and 'open to individual and group self-interest'. Other comments included a concern that the detailed application process may set high expectations from submitters that could not be met, and the possibility of offering fewer but higher quality sessions, or more participatory sessions.

A variety of general comments (n=12) were also received about programme building, including the need for better and more transparent consultation and decision-making processes, more strategic placements in the programme, and clearer links between the conference programme and programme activities, especially speaker sessions in the Global Village.

7.   KEY FINDINGS, DISCUSSION AND CONCLUSIONS

The evaluation of the XVI International AIDS Conference was framed by four objectives:

   i To identify the immediate and longer term impact of the conference on delegates;

  ii To build on existing, and establish new evaluation processes that will allow individual and collective impact of International AIDS Conferences to be monitored over time;

 iii To review different types of conference sessions;

 iv To make evaluative comment on key elements of the conference planning process.

The views of approximately 7,500 conference delegates, 900 skills building workshop participants, 65 workshop moderators, 120 scholarship recipients and 50 committee members were collected during the evaluation to address these objectives. The leading data collection instrument was an online survey sent to delegates two weeks after the conference had ended. This survey had a very high level of engagement, evidenced by a 43% response rate, representing 7,119 delegates working in 187 countries, 56% of whom were first-time attendees.

Detailed findings relating to conference participation, impact, programme and planning are presented in Chapters 3 to 5. Key findings relating to the overall objectives are reported and discussed in this chapter.

7.1   Key findings

1. AIDS 2006 attracted unprecedented global interest and was attended by a broad range of people from all areas of HIV/AIDS endeavour:
   - A record 21,198 delegates attended the conference representing 187 countries.
   - English language print media coverage during the week of the conference was more than double that of AIDS 2004, with 2,692 articles recorded.
   - The number of online visitors to Kaisernetwork's Toronto webcasted page during the week of the conference was more than three times that of AIDS 2004, with 109,000 visitors from 179 countries recorded.
   - More than 3,000 volunteers were involved in conference planning and implementation.
   - A record 13,112 scientific abstracts were submitted.

2. The conference made substantial progress towards achieving its goals:
   - A pleasing number of delegates surveyed rated AIDS 2006 'very successful' (as opposed to 'somewhat successful' or 'not very successful') in:
     - raising awareness of HIV/AIDS (68%),
     - supporting the engagement of people living with HIV/AIDS (49%),
     - providing opportunities to share best practice (46%),
     - building the capacity of people working in HIV/AIDS (42%) and
     - presenting strong evidence-based research (41%).

     Fewer than 10% of delegates rated the conference 'not very successful' in achieving these goals.

- The conference was perceived to be less successful in influencing policy makers to increase commitment and action (rated 'very successful' by 29% delegates surveyed and 'not very successful' by 16%).

3. The conference provided an important forum for learning and development:
   - The opportunity for personal and/or professional development was the second most frequently cited factor (following 'networking') in survey delegates' decision to attend the conference (40%)
   - Almost all survey delegates (98%) reported they had benefited professionally from attending AIDS 2006, with 68% identifying more than three benefits gained and 'new knowledge' the most frequently identified benefit (76%).
   - Almost all skills building workshop participants surveyed (96%) reported they had benefited professionally from attending the workshop, although only 27% indicated they had acquired a new skill.
   - AIDS 2006 was of particular benefit to survey delegates attending their first International AIDS Conference, those with two years or less experience in the HIV/AIDS field, young people, and those working in the Africa, Asia-Pacific and Latin America/Caribbean regions.

4. For many survey delegates AIDS 2006 was more than an occasion for learning and development:
   - The majority reported that the conference offered them an opportunity to reflect on their work (59%).
   - Half reported that the conference had renewed their sense of purpose.
   - Half reported that the conference had affirmed their current work.

5. There is clear evidence that the impact of AIDS 2006 will reach far beyond the delegates who attended:
   - The vast majority of delegates surveyed (91%) anticipated undertaking at least one activity using benefits gained at the conference, including:
     - disseminating new information (60%),
     - working more strategically (50%),
     - following up with new contacts (50%),
     - building capacity within their organization or network (48%) and
     - undertaking advocacy or promoting an issue (40%).
   The majority (85%) intended to undertake more than one activity.

   - Follow-up with 135 delegates (predominantly scholarship recipients who were first-time International AIDS Conference attendees) found that, in the four months since AIDS 2006, all had undertaken at least one activity related to the conference. Ninety percent had undertaken more than one activity, including:
     - disseminating new information (66%),
     - building capacity within their organization/network (64%),
     - working more strategically (62%),
     - following up with new contacts (52%) and
     - undertaking advocacy or promoting an issue (51%).

6. Overall, the conference programme was well received:
   - More than 80% of survey delegates rated the overall quality of sessions and speakers, and usefulness of information presented 'good' to 'excellent'.
   - The majority of survey respondents (60%) rated the coverage of their main issue or area of interest 'good' to 'excellent'; 13% rated the coverage 'poor'.
   - There was evidence of considerable delegate movement within and between programme sessions and programme activities:
     - Almost half the survey delegates reported that most sessions they had attended had been in more than one of the three programme areas (science, community, leadership);
     - More than 80% of survey delegates had attended plenary sessions, oral abstract sessions, Global Village, the poster exhibition and general exhibition.
     - High levels of awareness of the youth website and youth pavilion were reported by survey delegates.

7. Delegates viewed networking, coalition building and knowledge generation outside the formal programme as very important conference elements:
   - The opportunity for networking/collaboration was the reason most frequently given for attending AIDS 2006 by survey delegates (45%).
   - New contacts/opportunity for collaboration (65%) was the second most frequently identified benefit gained from attending the conference (after new knowledge).
   - Half the survey delegates intended to follow up with new contacts after the conference.

7.2 Discussion and conclusions

The evaluation demonstrated that the XVI International AIDS Conference had a broad and positive effect. AIDS 2006 substantially influenced the HIV/AIDS work undertaken by many delegates, as well as expanding global awareness of the epidemic, supporting the engagement of people living with HIV/AIDS, providing opportunities to share best practice and building the capacity of people working in HIV/AIDS.

In many instances evaluation findings confirmed existing practice; in others they highlighted issues for discussion or areas for improvement. These findings related to conference planning and implementation, providing a focus for discussion and review by planning groups and other relevant stakeholders.

Among these are findings pertaining to:
- Conference participation and, in particular, how people find out about the conference, sources of funding for attendance, the roles of the PLWHA Lounge and the youth-oriented activities, resources supporting conference participation, the accessibility of pre-conference processes and information for first-time attendees.
- Conference programming, especially aspects relating to programme building, skills building workshops, key challenge focus areas, interactive sessions and networking.
- Conference planning, in particular the location of future conferences, committee processes, conference registration, the poster display area and the requirements of participants with special needs.

The evaluation also highlighted three important issues that warrant further exploration:

i.   Impact of conference size

Findings about the large and growing attendance at International AIDS Conferences were equivocal. A sizeable majority of survey delegates (77%) indicated that the number of participants attending AIDS 2006 would have no impact or a positive impact on their decision to attend future International AIDS Conferences. However, just under half the survey delegates (45%) considered that AIDS 2006 offered too many choices in relation to sessions and activities, and approximately one third reported that they did not find it very easy to get to sessions on time or to meet colleagues and friends during the conference. One of the main reasons provided by the 9% of delegates who said that they would not choose to attend AIDS 2008 was the large size of AIDS 2006. Survey delegates who had attended more than one International AIDS Conference were significantly more likely than first-time attendees to view the size of the conference negatively.

ii.   Status of basic sciences and policy research

A record number of abstracts were submitted at AIDS 2006; however, Track A (Biology and Pathogenesis of HIV) and Track E (Policy) drew markedly fewer abstracts compared to AIDS 2004. The number of abstracts submitted in these two tracks at AIDS 2006 also represented a small proportion of total abstracts (4% and 12% respectively). Although statistics from previous conferences must be used with caution because of changing track configurations and nomenclature, there appears to be a clear downward trend in both the basic sciences and policy tracks. This trend may also be reflected in the small proportion of survey delegates who stated that they had 'mostly attended' sessions at AIDS 2006 in Track A and Track E (each 9%).

iii.   Quality of science

Despite the introduction of measures to improve the quality of science at AIDS 2006, findings suggest that more can be done. In interviews conducted with 45 scientist/researchers[40], the majority of interviewees (60%) rated the quality of science at AIDS 2006 similar to that of previous International AIDS Conferences they had attended, with only 17% rating the quality higher. Although these findings represent the views of a small number, scientists/researchers as an occupational group of survey delegates (21%) were significantly more likely than other occupational groups to rate the overall quality of conference session 'fair' to 'poor' and to report that AIDS 2006 was 'not very successful' in presenting strong evidence based research.

The resolution of issues relating to the size of the conference, the status of basic and policy research, and the quality of science is linked to broader questions about the purposes of the International AIDS Conference. Since its inception in 1985 the conference has changed in focus, scope and size. It continues to evolve, evidenced by the conceptualization of the conference as a far-reaching process, rather than a week-long event, and the growth of the 'virtual' conference. At the same time, the challenge remains for conference organizers and those involved in building the conference programme to maximize opportunities for the participation of those engaged in the fight against HIV/AIDS and to ensure that identified priority areas are equitably addressed.

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[40] Interviewees were predominately clinicians (n=15), basic scientists (n=13) and epidemiologists/prevention scientists (n=13).

7.2.1   Limitations of the evaluation

The goals of AIDS 2006 were broad, focusing on individual and collective gain. The conference sought to influence change through processes such as health promotion, capacity building, partnership development and knowledge transfer. These types of change processes are difficult to define precisely or to standardize. Some, such as health promotion, have long and complex causal pathways meaning that long term changes may be difficult to attribute to a specific intervention. Others, such as transfer of knowledge and skills into practice, involve a variety of methods, with the training activity only one element in the process. It was not within the scope of the evaluation to investigate these types of changes because the evaluation was constrained in its capacity to collect wide-ranging, complex and longitudinal information.

AIDS 2006 was only the second International AIDS Conference to be systematically evaluated and a primary goal was to collect feedback from a large number of delegates[41]. This goal was achieved, with 34% of conference delegates responding to the online survey (a 43% response rate to the total number of surveys distributed). Although the survey gathered much useful quantitative data about many facets of the conference, it was not possible to ask open questions as resources were not available to do justice to a large amount of qualitative information. Furthermore, although survey respondents were representative, overall, in terms of gender, occupation, place of work and region, it is not known if the 56% response from first-time conference attendees was an accurate reflection of all conference delegates as this information was not collected at registration. Qualitative data was gathered in delegate interviews and in other surveys but this was brief, in recognition of the demands of the conference programme on delegates' time.

Building on the evaluation of AIDS 2004, the evaluation of AIDS 2006 primarily focused on key processes and immediate and short-term impact on delegates. Now that a solid baseline has been established, and recognizing the conference's global role, it is timely to expand the focus of future evaluation efforts and to consider aspects such as the following:
·   the impact of expanded online coverage and the creation of a 'virtual' conference;
·   linkages between International AIDS Conference, regional conferences and other meetings;
·   the ripple effect of the conference on groups and institutions in civil society, government and private sectors, and at national and regional levels.

Some preliminary discussions about how this might be achieved over time were initiated at AIDS 2006. AIDS 2008 represents an opportunity for further discussion, planning and implementation, drawing on the experiences of a wide range of stakeholder groups.

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[41] 16% of conference delegates at AIDS 2004 completed an evaluation survey (a 33% response rate to the total number of surveys distributed). Lalonde, *op. cit.*

AIDS 2006 Evaluation Methodology

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A variety of methods was used to collect data for the evaluation of AIDS 2006:

1. Perusal of conference documentation and website
2. Consultation with conference organizers and members of the secretariats
3. Observation during conference
4. Survey of delegates
5. Interviews with delegates
   - 5.1 Interview with scientists
   - 5.2 Interview with young people
   - 5.3 Interview with attendees of three or more International AIDS Conference
   - 5.4 Interview with first-time International AIDS Conference attendees
   - 5.5 Interview with members of the general public
   - 5.6 Interview about the PLWHA Lounge
   - 5.7 Interviews about networking
   - 5.8 Interview about key challenges
   - 5.9 Interview with moderators of interactive sessions
   - 5.10 Interviews with delegates attending interactive sessions
6. Surveys of skills building workshop participants and facilitators
   - 6.1 Participants' survey
   - 6.2 Facilitators' survey
7. Survey of AIDS 2006 Committee members
8. Follow-up survey of delegates

Each method is described in the following pages.

1.   Perusal of conference documentation and website
Prior to and during the conference, the Evaluation Coordinator reviewed the Invitation Programme, the AIDS 2006 website, concept papers and proposals for the programme and skills building workshops, and the conference newspaper. The *Internal Report on the Monitoring and Evaluation Project of the XV International AIDS Conference* (AIDS 2004) and AIDS 2004 programme reports were also perused.

2.   Consultation with conference organizers and members of the secretariats
Following distribution of an AIDS 2006 evaluation concept paper, May 2006, the Evaluation Coordinator consulted with members of the IAS and Toronto Local Host secretariats, and the Conference Organizing Committee and Co-organizers about the focus and scope of the evaluation. These discussions guided the development of the *AIDS 2006 Evaluation Plan*, July 2006.

3.   Observation during conference
Members of the Evaluation Team attended a variety of conference sessions, including the opening and closing ceremonies, and plenary, concurrent, skills building and satellite sessions. They also spent time in the poster, exhibition, networking and registration areas, the Global Village, the internet island and cafes, to gain an overview of usage, technical features, physical layout and conditions.

Structured observation of eight interactive sessions was also undertaken to investigate whether these sessions offered something different to more conventional sessions. Ares of focus included:

- Room set up and speaker and participant seating;
- Main session elements and moderator's management of these; balance between presentation and discussion;
- Process and impact of the session – articulation and analysis of problems/challenges, sharing of strategies, opportunities for discussion and dialogue;
- Perceived features of the session that made it different from other conference sessions.

Interviews were also conducted with the moderators of these sessions and a selection of participants (see 5.9 and 5.10 below)

4.   Survey of delegates

A key strategy in the evaluation of AIDS 2006 was the surveying of delegates. An online survey comprising 61 closed question questions and two open questions was developed which sought a range of information, including:

- demographic details (eg main country of work, main occupation, length of time working in HIV/AIDS);
- conference attendance (eg number of International AIDS Conferences attended, reason for attending AIDS 2006, funding for attendance);
- conference participation (eg ease of movement during the conference, use of translation service, accessibility of website, online registration and abstract submission processes)
- conference programme (eg types of sessions attended, coverage of main area of interest, quality of sessions, speakers and information)
- conference impact (eg achievement of conference objectives, impact of conference on the individual).

The survey was emailed to all delegates with an email address two weeks after the conference had ended. The list of delegates was provided by the conference organizer and included OECD and non-OECD delegates, students/youth/youth under 16/post-doctoral students (OECD, non-OECD), speakers, media, scholarship recipients (international, Canadian, media), and Global Village non-government organizations.. It should be noted that although the list included all real registrations (fully paid) with a printed and active name badge, this did not mean that the delegate definitely attended the conference (e.g. a group leader could have collected name badges for a group and some members may not have attended the conference).

A variety of strategies was employed to enhance access to and take-up of the survey:
- it was offered in English, French and Spanish;
- a link to the survey was posted on the AIDS 2006 website for people who may have had difficulties accessing email;
- the link was advertised in the conference newspaper, as was the fact that print copies of the survey were available at the Evaluation Office on the final day of the conference;
- the survey was 'live' for three weeks, during which time two reminders were emailed to delegates who had not returned a survey;
- delegates were invited to enter a draw to win one of 10 prizes of US $200 for themselves, their organization or their nominated HIV/AIDS charity upon completion of the survey.

Of the 17,311 emails sent out, 657 (3.7%) could not be delivered ('bounced back'), resulting in 16,654 delivered emails. Seven thousand one hundred and forty three (7,143) surveys were returned, 24 of which had to be discarded because they were duplicates or had not been

completed, leaving a total of 7,119 returned surveys. This figure represents a return rate on delivered surveys of 43%. Table A1 shows the distribution of returned surveys.

Table A1: Distribution of returned surveys

Language	Email	Website	Print	Total
English	6 269	9	1	6 278
French	494	0	0	494
Spanish	346	1	0	347
Total	7 109	10	1	7 119

The prize draw elicited great interest, with 6,036 (85%) respondents entering.

5.   Interviews with delegates

Short, intercept interviews lasting approximately five minutes were conducted with a variety of delegates and some members of the general public during the conference. People were invited to participate in interviews
- because they represented a particular sub-group (scientist, young person, first-time conference attendee, attendees of three or more conferences), or
- to provide feedback about a particular aspect of AIDS 2006 (networking, interactive sessions, PLWHA Lounge).

The delegates interviewed were approached in a variety of locations including exhibition and poster areas, networking zones and cafes, and while waiting outside sessions rooms.

5.1   Interview with scientists

Interviews were conducted with 45 delegates and who had attended at least two International AIDS Conferences, including AIDS 2006, and who self-classified as a scientist or a researcher. The interviews were conducted on the third and fourth days of the conference and comprised nine closed and three open questions. The interviews sought the following information:
- brief demographic details;
- expectations of AIDS 2006 and whether these were being met;
- rating of the quality of the science and any suggestions for improvement;
- awareness of Key Challenge sessions.

The respondents
- *had attended between two and 16 International AIDS Conferences, the average being four conferences;*
- *predominantly came from USA/Canada (31%), Europe (19%), Asia/Pacific (19%) and African (17%) regions;*
- *mainly classified themselves as clinician (34%), basic scientist (29%) and epidemiologist and prevention scientist (29%).*

5.2   Interview with young people

Interviews were conducted with 45 young people (defined by the Conference Organizing Committee as someone under 26 years of age). The interview comprised eight closed and four open questions and sought the following information:
- brief demographic details;
- expectation of the AIDS 2006 and whether these were being met;
- ease of participation in the conference.
- the most useful activities and sessions; and the value of youth specific activities.

The respondents
- *were mostly attending their first International AIDS Conference (91%);*
- *came predominantly from USA/Canada (62%), Asia/Pacific (20%) and African (13%) regions;*
- *mainly described themselves as student (33%), educator/trainer (31%), advocate/activist (11%) and researcher (9%).*

5.3   Interview with attendees of three or more International AIDS Conference

Interviews were conducted with 45 people who had attended at least three International AIDS Conferences. The interview comprised five closed and four open questions and sought the following information:
- brief demographic details;
- expectations of AIDS 2006 and whether these were being met;
- major programme changes observed over time;
- views about the number of delegates attending AIDS 2006.

The respondents
- *had attended between 3 and 16 International AIDS Conferences, the average being four conferences;*
- *came predominantly from USA/Canada (47%), Africa (19%) and Europe (16%) regions;*
- *mainly described themselves as researcher (49%) and health care worker/social services provider/lab technician (27%).*

5.4   Interview with first-time International AIDS Conference attendees

Interviews were conducted with 44 people who were attending the International AIDS Conference for the first time. The interview comprised four closed and five open questions and sought the following information:
- brief demographic details;
- reasons for attending/expectations of the conference, and whether these were being met;
- most valuable activities/sessions;
- whether they would choose to attend AIDS 2008.

The respondents
- *came predominantly from USA/ Canada (65%), Africa (11%) and Asia/Pacific (11%) regions;*
- *mainly described themselves as researcher (26%), educator/trainer (19%) and health care worker/social services provider/lab technician (17%).*

5.5   Interview with members of the general public

During the first two days of the conference, interviews were conducted with 57 members of the general public in public places away from the Metro Toronto Convention Centre (eg on the subway, in downtown streets at lunchtime). The interview comprised two closed and two open questions and sought the following information:
- whether the interviewee was aware that the International AIDS Conference was happening and, if so, how they had found out;
- whether the interviewee had learned anything about HIV/AIDS as a result of the conference being held in Toronto and, if so, what had been learned.

Interviewers were also asked to note the respondents' gender and to broadly classify them as young (under 35), middle aged (35 – 60) and older (over 60).

The respondents
- *Female (46%), male (54%);*
- *Young (65%), middle-aged (30%), older (5%).*

5.6 Interview about the PLWHA Lounge

Interviews were conducted with 45 people in the PLWHA Lounge on the second (n=25) and fourth (n=20) days of the conference. People were approached in informal settings (eg sitting at tables, relaxing in armchairs) and the following information was collected during the interview:
- brief demographic details;
- expectations of the conference;
- feedback about the PLWHA Lounge – number and length of visits, important things provided by Lounge, comments and suggestions.

Data from two interviews conducted on Day 4 was excluded when it became apparent that these people were waiting for someone (as opposed to using the lounge themselves), leaving a total of 43 Interviews

The respondents
- *were predominantly male (74%); female (26%)*
- *mainly described themselves as health care worker/social services provider/lab technician (37%), advocate/activist (22%) and educator/trainer (15%);*
- *predominantly came from USA/ Canada (37%), Europe (28%) and Asia/Pacific (16%) regions;*
- *just over half (53%) had attended at least one previous International AIDS Conference (range: 2 - 10 conferences; average: 3.6 conferences).*

5.7 Interviews about networking

Two interviews were developed to gather information about networking at International AIDS Conferences. The first interview sought information from delegates who had attended at least one previous International AIDS Conference. This interview was conducted on Day 2 and respondents (n=23) were asked about their networking experiences at past conferences as well as any networking goals for AIDS 2006. The second interview was conducted on Day 4 and sought feedback about respondents' (n=24) networking experiences at AIDS 2006.

The respondents
- *mainly described themselves as health care worker/social services provider/lab technician (28%), researcher (21%), policy/administrator (15%) and educator/trainer (13%);*
- *mostly came from USA/Canada (40%), Africa (21%) and Europe (17%)regions.*

5.8 Interview about key challenges

A new feature of AIDS 2006 was the introduction of conference sessions that focused on five key challenges. Feedback about key challenge sessions was collected during an interview conducted with 45 delegates. The interview comprised six closed and two open questions and sought information about
- brief demographic details;
- awareness of /attendance at key challenge sessions;
- perceived usefulness of key challenge sessions.

The respondents
- *mainly described themselves as health care worker/social services provider/lab technician (36%), advocate/activist (18%), researcher (16%) and educator/trainer (11%);*
- *came predominantly from USA/Canada (47%) and Africa (30% regions.*

5.9 Interview with moderators of interactive sessions

A number of sessions at AIDS 2006 were publicised as 'interactive' and guidelines were developed to assist with their facilitation. Interviews were conducted with the moderators of the eight interactive sessions observed (see 3. above) to collect information about:
- planning, preparation and support required for this type of session;
- things that worked particularly well;

- suggestions for future sessions.

5.10   Interviews with delegates attending interactive sessions
Interviews were also conducted with approximately 10 delegates as they left each of the seven interactive sessions that were observed (n=72). The interview comprised four closed and four open questions and sought the following information:
- reason for attending;
- whether the session differed in approach compared to other sessions attended;
- rating of the session and the balance between interaction/presentation.

Data collected about two sessions of the first day of the conference was excluded from analysis because a number of delegates felt it was too early compare interactive session with other types of conference sessions.

6.   Surveys of skills building workshop participants and facilitators
Eighty-four skills building workshops were offered in English during the conference. Thirteen of these were repeated in a second language. Two workshops were offered in Spanish only and one workshop was offered in French only. Feedback was collected from the workshop facilitator/s and a sample of participants at 82 of the English-speaking workshops and the French-speaking workshop.

6.1   Participants' survey
A 28 item closed question survey was developed to collect the following information:
- brief demographic details;
- reason for attending workshop;
- feedback about workshop processes and content and overall rating;
- feedback about workshop impact

Skills Building Workshop volunteers were asked to distribute between 20 and 30 surveys (offered in both English and French) to participants entering a workshop, and to collect the completed surveys as participants left. The number of surveys distributed was capped at 30 due to the large number of workshops reviewed; however, the actual number distributed was not recorded. Moreover, a number of participants left workshops at the break or before the workshop had finished, so workshop attendance counts do not always accurately reflect the number of people who were present at the end of a workshop. Survey responses rates varied from 3 to 30 surveys and data was only entered and analyzed for workshops where nine or more feedback sheets had been completed.

Individual summary feedback sheets were prepared for 58 workshops. This data was also pooled to provide an overview of the Skills Building Workshop programme from the perspective of 900 participants. It should be noted that participants who attended more than one workshop may have filled out more than one feedback sheet.

The respondents
- *mainly worked in Africa (34%), UAS/ Canada (32%) and Asia/Pacific (16%) regions;*
- *mostly had worked in the field for 0 - 4 years (44%) or 5 – 9 years (26%);*
- *49% reported that their main area of interest was 'community'.*

6.2   Facilitators' survey
A survey comprising 17 closed questions and one open question was also distributed to facilitators by Skills Building Workshop volunteers. The survey sought the following information:
- brief demographic details;
- feedback about planning and organization of the Skills Building Workshop Programme;

- support and requirements for the workshop;
- workshop attendance and processes.

Sixty-four facilitators provided feedback about 52 workshops (the number of surveys distributed was not recorded and feedback about 11 workshops was provided by two facilitators).

The respondents
- *were mainly from USA/Canada (45%) and Europe (21%) region;*
- *the majority (77%) had worked in the field for five or more years; 49% had worked for 10 or more years.*
- *45% reported that their main area of interest was 'community'.*
- *31% had not attended a previous IAC.*

7. Survey of AIDS 2006 Committee members

Members of the AIDS 2006 Conference Organizing Committee, the three Programme Committees, and approximately two thirds of the members of each Track Committee and the committee co-chairs were emailed an online evaluation survey three weeks prior to AIDS 2006 (n=118). The survey comprised 19 closed and seven open-ended questions and sought feedback about committee selection, representation and operations, and programme building for AIDS 2006.

Initially it was planned to close the survey immediately prior to AIDS 2006; however, as participants were slow to respond the survey was kept open until two weeks after the conference had ended. During the five weeks that the survey was 'live' three reminders were emailed to people who had not responded.

The survey was completed by 47 people, representing a 40% response rate. Table 1 shows the number of responses by committee type.

Table 1: Responses by committee type

Committee	Committee members represented by surveys distributed	Committee members represented by surveys returned	Response rate for each committee*
1. Conference Organizing Committee	16	10	63%
2. Programme Committees			
Leadership	14	2	
Community	14	7	43%
Science	14	9	
3. Track Committees			
A: Basic Sciences	13	8	
B: Clinical Sciences	14	8	
C: Prevention Sciences & Epidemiology	13	8	52%
D: Behaviourial, Social & Economic Sciences	13	8	
E: Policy	12	2	

*Responses add up to more than 100% because some respondents were members of more than one committee

8.   Follow-up survey of delegates

Approximately 15 weeks after the conference, 200 scholarship recipients and 96 skills building workshop participants were emailed a short online survey (the latter had provided their email address on the workshop participants' survey).

The survey comprised 11 closed questions and two open questions and sought a range of information, including:
- demographic details (eg main country of work, main occupation, length of time working in HIV/AIDS);
- professional gains from attending AIDS 2006;
- activities undertaken using professional gains;
- challenges faced in implementing change;
- main impact of AIDS 2006 on HIV/AIDS work.

Of the 296 emails sent out, 18 (6%) could not be delivered ('bounced back'), resulting in 278 delivered emails. One hundred and thirty-five emails were returned, a 48% return rate.

The respondents
- *mostly worked in NGO (33%), PLWHA group/network (24%), academia (12%), hospital/clinic (10%), grassroots/community-based organization (10%);*
- *predominately were advocate/activist (25%), healthcare worker/social services provider (15%), researcher/scientist (13%), educator/trainer (13%);*
- *mainly worked in Africa (29%), Latin/America Caribbean (26%), Asia/Pacific (22%) region;*
- *had worked in the field for 3-5 years (51%), for less than three years (19%), for 6 – 10 yearsa (18%);*
- *mainly were first-time International AIDS Conference attendees (76%);*
- *55% were female, 45% were male;*
- *9% were under 26 years;*
- *87% were AIDS 2006 scholarship recipients.*

AIDS 2006 Evaluation Data Collection Instruments

1.   Delegate Survey
2.   Follow-up Delegate Survey
3.   Committee Survey
4.   Delegate Interview: 3+ conferences
5.   Delegate Interview: 1st conference
6.   Delegate Interview: Scientist
7.   Delegate Interview: Youth
8.   Delegate Interview: Networking (1)
9.   Delegate Interview: Networking (2)
10.   Delegate Interview: Key Challenges
11.   Delegate Interview: PLWHA Lounge
12.   General Public Interview
13.   Delegate Interview: Interactive Sessions
14.   Moderator Interview: Interactive Sessions
15.   Participant survey: Skills building workshop
16.   Facilitator survey: Skills building workshop